

IHP news 564 : Lockdown, state of emergency, a national disaster, physical distancing, ‘Enemy against humanity’ ... (but also social solidarity)

(20 March 2020)

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

Dear Colleagues,

As you will have noticed, lately this weekly global health policy, governance & HPSR focused newsletter has been featuring a substantial **Covid-19 section**. Chances are that won't change anytime soon – at least as long as hackers haven't come up with a virus to also let the Internet implode ☹️. While the Covid-19 pandemic is increasingly wreaking havoc around the globe, including also on some continents and in LMICs that had so far been relatively spared, let me just offer you a few personal comments (from a European point of view). Below, Radhika Arora (member of the IHP editorial team, based in Delhi) offers another take.

Earlier this week, as Belgium was preparing for a lockdown that for some reason shouldn't be called one (“*Ceci n'est pas un lockdown*”), I went to **the supermarket**. That's quite an adventure these days, given how [contagious](#) SARS-Cov-2 seems to be. And so, as I was queuing with other (also somewhat worried looking) Belgians, we were treated by the radio DJ to ‘*Ba-a-a-by Jane*’ (Rod Stewart), which felt strangely familiar and weird at the same time, and then, a little bit later, of course, to “[This is the rhythm of the night](#)” (from **Corona**), which certainly reminded me of happier/wilder days. Only Paul Hardcastle's “**19**” was still missing from the dj set.

As countries and governments are slowly ‘**converging**’ towards a package of measures to try “flatten the curve”, some rather [reluctantly](#), or just trying to pre-empt the worst, declaring a “state of emergency”, “national lockdown” or a downright “national disaster” in the process, worried citizens applaud the very hardworking health staff who find themselves now in the line of fire in country after country, and everybody wonders with Ezra Klein (Vox) whether “[social solidarity can replicate faster than the virus](#)” (or not). The jokes have largely gone, although we'll surely need [some humour](#) to get collectively through coronavirus times.

I only see one (potential) (tiny) **silver lining**. Covid-19 is an absolute disaster, yes – *by the way, nobody can come up with “worst case scenarios” like Laurie Garrett and she delivers once again on Covid-19* ☹️. But the pandemic can also lead to an absolute breakthrough for [the transition towards a more sustainable and fairer economic system](#) (via a Global Green New Deal) which we need so badly and urgently. But only if we get this right in the coming years. The global Covid-19 disruption, the “**4th global narrative collapse**” of our times (according to [Venkatesh Rao](#)) should not just spark an abundance of great and timely 21st century economic experiments and ideas (see for example Jim O'Neill's [A People's Quantitative Easing](#)), we should really put them into practice

now and scale them up, while our leaders and institutions frantically try to prevent total economic collapse.

Just a few examples from the top of my mind: let's link 'bail outs' (or nationalisations) of airlines to planetary health & 21st century economics (eg: with a tax rising exponentially as you take more flights). The Euro 2020 tournament, postponed till 2021, should just take place in one country (as compared to 12 !). Etc. **David Steven & Alex Evans** work this out in far more detail in their great analysis, [Planning for the World After the Coronavirus Pandemic](#). Yes, I know, it seems a bit early for that, and for the time being we're just heading for very dire scenarios – all containing the words "preventing a total crash". But as our leaders, organisations and institutions are 'crossing the river by reaching for the stones', they really should keep the long term already in mind. Will be easier said than done.

Kristof Decoster

We also offer you the take from **Radhika Arora** (EV 2012, member of IHP editorial team, based in Delhi):

*"As an IHP correspondent and EV there was no escaping news and information on Covid-19, and one has been following developments since the early stages. **I do feel like not enough has been done or said to highlight the immense challenge this disease presents to weaker health systems in LMICs.** It is easy to forget, because the flow of news and communication is usually in favour of the rich and powerful. Meanwhile, hoping for warm weather isn't going to help many of us living in warmer, but low-resource settings. Data is. Testing is. Adequate preventive measures will. Preparing for the worst and hoping for the best is. And yes, social media is full of multimedia of people staying home, watching Netflix and cooking nice meals along with the realities of being cooped up in one space for too long. **But the reality around me is personally terrifying.** In poorer countries like ours, how are the poor to stay home, and where? Physical distancing/social isolation doesn't sound as cuddly and fun for the majority in a country like ours where so many live 5-to-a -room, without access to proper sanitation or water. Loss of wages, often even the inability to buy and store nutritious food, no cooking fuel, etc compounded by the uncertainty of what next... it's not a "let's watch Netflix" situation for the majority here I'm afraid, and won't be, unless we do something now. Community mobilization efforts to address fears, disseminate effective and useful health information, providing financial protection for health, and enhancing community-mechanisms to protect each other is. Civil society calls are being made to provide wages for the poorest who serve to collect our garbage, clean our streets and homes. Much more needs to be done. Attention needs to be paid, now, to train and equip health workers to be able to provide services without jeopardizing their health. infrastructure, and equipment need urgent attention – something which should've been done **yesterday** and is still not done. Countries like ours already face a shortage of health workers, ventilators, beds, and other infrastructure and supplies in relation to our population. Existing infrastructure and human resources are already stretched and skewed in favour of urban areas. There is enough data and evidence out there to highlight the urgency of the situation to prepare to meet any emerging contingencies. "*

Enjoy your reading.

The editorial team

Featured Article

Healthcare – the true test of a democracy: What’s the impact of CAA and NRC on Primary Healthcare in India ?

Stuti Chakraborty (IHP correspondent India, see also [IHP correspondents 2020](#))

Healthcare is the fundamental right of every individual. However, accessibility to quality, affordable and adequate healthcare facilities still remains a major challenge for most lower-middle income countries. Perhaps this is even more true for my country, India. As most of you will know, the World Health Organization (WHO) comprehensively [defines](#) primary healthcare, distinguishing three main components. And as last year’s conference in Astana reiterated, Primary Health Care (PHC) is the most efficient and cost effective way to achieve universal health coverage (UHC) around the world.

India’s primary healthcare services have been making [some progress](#), lately, under one of the pillars of “Modicare”. Under the first component of Ayushman Bharat, 150,000 Health & Wellness Centres (HWCs) are *“to be created to deliver Comprehensive Primary Health Care, that is universal and free to users, with a focus on wellness and the delivery of an expanded range of services closer to the community”*. *“It’s an attempt to move from a selective approach to health care to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care.”*

So that all sounds great, but it’s hard to assess how the roll-out of this pillar of the plan is going (and whether it’s sufficiently resourced – there are some doubts, to say the least). In any case, so far, roll-out seems to go more or less according to plan, and should be finished by December 2022. Still, it’s safe to say that, even if all were go according to plan (and that very much includes sufficient resources for these HWCs), there is a long way to go before primary healthcare in India reaches stellar standards. Mind you, it’s not just about resources, it’s also about governance. There still remains a disparity in terms of (health) governance across various states - some states are way ahead of others. Southern Indian states such as Kerala and Tamil Nadu are far ahead when it comes to ensuring healthcare accessibility of good quality.

“Politics” at work – CAA and NPR

As is the case around the world, healthcare is inevitably also influenced by politics. In my opinion, an efficient healthcare system is one of the major markers of a successful and well-functioning democracy. Lately, however, India’s image of being a vast sub-continent home to a plethora of diversity, known for its secularity and also for being “the largest democracy in the world”, has been under pressure. One of the main reasons: a new act brought into force by the current Government of India, now led by the BJP (Bharatiya Janta Party). The act has already altered the face of Indian politics, even it perhaps fits into a broader (worrying) trend since the last elections.

The Citizenship Amendment Act 2019 (CAA) was [brought into force](#) on 10th January, 2020 - it’s an amendment to the Citizenship Act of 1955. Through this act, the Government of India (as mentioned, now under BJP leadership) attempts to implement an exhaustive system demanding proof of citizenship in three phases. The amendment seeks to foster the route to citizenship for migrants belonging to six groups of religious minorities namely Sikhs, Hindus, Buddhists, Jain, Parsis and Christians from Afghanistan, Bangladesh and Pakistan who entered India on or before 31

December 2014. The bill does not mention Muslims and thus [goes against](#) the secular nature of the Indian Constitution.

While the unsecular and idiosyncratic nature of the CAA has subjected it to widespread speculation (and commotion) from the common public, academia, political figures, influencers and leaders across sectors, there are two additional aspects to the CAA which the government has sought to introduce. These include (1) the proposed setting up of a National Population Register (NPR) which will enlist all the people living in the country, irrespective of their citizenship and (2) the execution of the National Register of Citizens (NRC), under which all Indian citizens must prove their citizenship by producing documented evidence. The CAA, NRC and NPR have been accused of being blatantly discriminatory against a particular religious group, namely Muslims, and also inconsiderate of various other sub-groups of religious minorities residing within India. Nevertheless, they have been defended constantly by PM Modi and Home Minister Amit Shah, as having been set up “to root out illegal immigrants”.

However, many citizens strongly believe that these proposals are a calculated move to subjugate Muslim citizens. The National Register of Citizens has already been swung into action in the North Eastern Indian state of Assam which has taken a severe toll on citizens’ fundamental rights there, whilst being treated as intruders in their own country. Various citizens have been denied citizenship due to their inability to produce age-old displaced documents. Lately, massive public outrage, protests and retaliation have taken place across the country (with the recent pogroms in Delhi as a sad ‘milestone’). There have been numerous reported casualties as well as incidents of physical harm caused to women, young students and even children.

Potential impact on PHC

Such events have left a dark cloud of despair lurking over the future of primary healthcare in India. Sadly, primary healthcare, whilst being the first and only line of access for a majority of the poor population of the country, might falter further due to the following foreseeable reasons:

First, as a result of the displacement of millions of poor and helpless citizens that might be left out of PHC once the NRC is implemented across all states.

Second, India currently already faces a significant shortage of healthcare professionals. Communal riots, protests and uproar being triggered in the national capital have caused innumerable casualties, in turn leading to an additional burden for healthcare providers who are already overburdened with trying to provide quality care to those with other ailments. If the communal riots really go nationwide, PHC providers will be under even more pressure than they already are.

Third, the Government of India has recently pushed for the utilisation of colossal funds from the budget for the implementation of the NRC - money that could be far better utilised for much more serious challenges burdening the nation such as healthcare, education and women’s’ safety.

Fourth, religion-targeted hatred has been planted into the minds of many common people by now. Healthcare practitioners are not immune to this; it is likely that the seeds of hatred have also been planted into many of their minds, which could possibly endanger the entire foundation of the health profession which is to be non-discriminatory on every ground, and might ultimately also affect India’s vision for attainment of UHC.

Last but not least: history has taught us time and again that divisive propaganda not only affects those being estranged but also, though perhaps not in the short term, those on the (ostensibly) favoured end. Thus, it might not be far-fetched to say that this entire ordeal has already disturbed the mental health of many citizens, living in fear, panic and anxiety of either being eliminated from the country or by simply belonging to a particular religion. Growing concerns among citizens regarding their mental health thus pose another potential threat to primary healthcare services [which remain yet to cater to mental health issues across several states in India](#).

As healthcare professionals and even as general citizens, it is pivotal to not become perturbed by these trying times, but instead, to remain unified in correctly understanding the repercussions of the new act and staunchly stop the spread of hatred and misinterpreted information. The very roots of Indian values of brotherhood and the principles of healthcare professionals to serve selflessly, are intertwined and thus, must never be forgotten.

PS: Speaking of 'trying times, now that Covid-19 starts to hit the country, we should keep these roots and principles even more in mind.

Highlights of the week

Covid-19

This section will obviously make up the bulk of the 'Highlights' section. It **will be organized**, like last week, like this:

- **Some resources (in addition to the ones already flagged last week)**
- **Key updates of the week (including on global health funding for Covid-19)**
- **Other updates**
- **Science**
- **Analysis**

Largely in steno-style.

Some Resources

In addition to the resources we listed last week, here are some more:

- Cerah Genève - [COVID-19 Scientific Resources](#)

"The online resource is provided by CERAH, the University of Geneva and the Graduate Institute of International and Development Studies (IHEID), and aims to inform governments, humanitarian

organisations and media representatives on the latest evidence on the COVID-19 virus. This page also refers to online resources from reputable organisations where updated information is published.”
(PS: director: Karl Blanchet) (with also a **list of other useful resources** (see the table)).

- Wellcome - [Publishers make coronavirus \(COVID-19\) content freely available and reusable](#)

“More than 30 leading publishers have committed to making all of their COVID-19 and coronavirus-related publications, and the available data supporting them, immediately accessible in PubMed Central (PMC) and other public repositories. This will help to support the ongoing public health emergency response efforts.”

- **WHO Afro dashboard** - <https://www.afro.who.int/health-topics/coronavirus-covid-19>

Marvelous dashboard, constantly updated. It’s clear that, as dr. Tedros said on Wednesday, Africa should ‘wake up’ as well now, on the Covid-19 threat, given the rising figures.

- The Syllabus Coronavirus reading - [The Politics of COVID-19, Readings - The most important contributions on the political, economic, and social effects of the unfolding crisis.](#)

You can subscribe (to the daily updates) [here](#).

- WHO - [All technical guidance by topic.](#)
- Science coverage - <https://www.sciencemag.org/tags/coronavirus>

All Science Covid-19 coverage so far - eg: (18 March) - [Mass testing, school closings, lockdowns: Countries pick tactics in ‘war’ against coronavirus](#) (with a comparative picture of country tactics so far)

- **Nature** on Covid-19 – [Coronavirus latest](#) With constant updates.
- PHM - [Coronavirus – Statements and responses from PHM worldwide](#)

“This page is a collection of statements and articles that have been prepared by PHM, its regional and country circles and also like minded civil society organisations on the issues around the ongoing pandemic of coronavirus disease 2019 (COVID-19).”

- **Social network analysis:** with the **top 100 of health experts influencing the global Covid-19 conversation** ([you find the network map on p. 5](#)).

Even featuring our own ‘Marc van Ranst’!

- World Health Summit Covid-19 platform - <https://www.worldhealthsummit.org/covid-19.html> “Get the latest scientific insights on the coronavirus by World Health Summit’s

academic network, the **M8 Alliance of Academic Health Centers, Universities and National Academies.**"

- [Devex timeline](#) Covid-19 (with daily updates) – since the very start of the outbreak.

Key updates of the week (including on global health funding for Covid-19)

It's impossible to give a comprehensive update of everything related to the Covid-19 pandemic – we trust many of you are following daily updates from **Stat News, Cidrap, Health Policy Watch**, and many others.

So here we just focus on **some key messages by WHO (and dr. Tedros)** in the past week, new **reports/initiatives** of which you should be aware (PS: some you also find further in the Analysis section), **some funding news**, and **other 'must-know' issues from the past week** which caught our attention. We will – as much as possible -**add the date** (of the news).

In no particular order:

HPW - Worldwide Shortage Of COVID-19 Test Agents Plagues Health Systems – Even As Infections Surpass 200,000

<https://www.healthpolicy-watch.org/worldwide-shortage-of-covid-19-test-agents-plagues-health-systems-even-as-infections-surpass-200000/>

(18 March) *"A worldwide shortage of chemical reagents needed for COVID-19 testing has emerged, World Health Organization officials admitted on Wednesday – even as the number of confirmed cases of the novel coronavirus worldwide surpassed the 200,000 mark. Reports of shortages come days after WHO's Director General Dr Tedros Adhanom Ghebreyesus issued an urgent appeal to countries worldwide to accelerate diagnostic testing in order to get the pandemic under control..."* (as in ["Test, test, test"](#)).

Some other **WHO (Tedros')** messages/lines from the past week:

"This is the defining global health crisis of our time." It's "an enemy against Humanity". "Africa, my continent, has to [wake up](#) urgently. " ["The best advice for Africa is to prepare for the worst and prepare today,"](#) he said."

See HPW - [Costs Of COVID-19 Tests Could Be Limiting Scale-Up in Europe; WHO Says 'Herd Immunity' Approach Lacks Evidence Base](#)

(on the latter debate, see also below)

HPW - ["Test, Test, Test" for COVID-19, Says WHO Director General; Canada and Multiple Other Countries Impose Travel Bans](#)

Travel restrictions have gone global now (and WHO's position in it is still not clear).

For an update on tests, see HPW - [New COVID-19 Diagnostics Offer Hope – But “Broadbased Testing Not Possible” Says Roche Industry Leader](#)

(19 March) *“New high-throughput test technologies that can process thousands of COVID-19 samples a day are coming online, but the CEO of Roche Pharmaceuticals, which recently gained US FDA approval for a new high-volume test, asserted on Thursday that “broad-based testing is simply not feasible.”...*”

UN News - COVID-19: WHO working on supply pipeline for protective equipment and tests

<https://news.un.org/en/story/2020/03/1059792>

(19 March) *“... Tedros Adhanom Ghebreyesus was speaking during his regular briefing in Geneva where he highlighted latest developments in the UN agency's support to countries facing what he described as “an invisible enemy against humanity”. WHO has shipped personal protective equipment (PPE) to nearly 70 countries, while 120 nations have received 1.5 million diagnostic kits. The agency is finalizing export arrangements with producers in China so that more supplies can be sent to countries. “Our aim is to build a continuous pipeline to ensure continuity of supply”, he said. However, he warned shortages will continue to be a challenge. “*

“The WHO Director-General reported that more than 70 per cent of countries have a national preparedness and response plan for COVID-19, while nearly 90 per cent have lab testing capacity. While welcoming the good news, he said it is not enough as all countries should be prepared. ... Although a \$675 million plan to cover the first three months of COVID-19 response is nearly fully funded, it will not be enough due to the virus's spread to more countries. WHO is now working with the World Bank, the International Monetary Fund (IMF) and other partners on the next phase of the Strategic Preparedness and Response Plan, which was launched in early February. Meanwhile, the COVID-19 Solidarity Response Fund announced on Friday has received \$45 million from more than 173,000 individuals and organizations....”

WHO, UN Foundation and partners launch first-of-its-kind COVID-19 Solidarity Response Fund

<https://www.who.int/news-room/detail/13-03-2020-who-un-foundation-and-partners-launch-first-of-its-kind-covid-19-solidarity-response-fund>

(13 March) *“A new coronavirus disease (COVID-19) Solidarity Response Fund will raise money from a wide range of donors to support the work of the World Health Organization (WHO) and partners to help countries respond to the COVID-19 pandemic. The fund, the first-of-its-kind, enables private individuals, corporations and institutions anywhere in the world to come together to directly contribute to global response efforts, and has been created by the United Nations Foundation and the Swiss Philanthropy Foundation, together with WHO. “*

“...Funds will go towards actions outlined in the COVID-19 Strategic Preparedness and Response Plan to enable all countries – particularly those most vulnerable and at-risk, and with the weakest health systems – to prepare for and respond to the COVID-19 crisis including rapidly detecting cases, stopping transmission of the virus, and caring for those affected...”

See also Devex - [There's a new fund for COVID-19. Here's what you need to know.](#)

(among others, differentiating the new Fund from the WHO Contingency fund for Emergencies.)

PS: As you recall, **WHO wanted to raise \$US 675 million** for the organization to fight the epidemic (in the first three months). That amount has been almost reached, Tedros said yesterday.

(So far already **45 million** has been secured **via this new COVID-19 response fund** co-launched with the UN Foundation on Friday.)

*“Tedros also [praised the United States](#) for coming forward with more funds to fight the pandemic; this was despite pre-pandemic proposals for sweeping cuts in allocations to WHO from the US Federal Budget for 2020. **The United States had pledged in early February up to US\$100 million for COVID-19 response. On March 2, the U.S. Agency for International Development (USAID) made its first concrete commitment of \$37 million in financing** from the Emergency Reserve Fund for Contagious Infectious Diseases – monies destined to 25 of the countries most affected by the novel coronavirus or at high risk of its spread....”*

But still, **very little ‘global’ money from the US so far**, especially in the light of the [trillion](#) for the domestic US response/stimulus package.

Devex - World Bank Group increases COVID-19 funding, outlines lending plans

<https://www.devex.com/news/world-bank-group-increases-covid-19-funding-outlines-lending-plans-96794>

*“The World Bank Group has announced an additional \$2 billion in funding to help with the COVID-19 pandemic, bringing its commitment to \$14 billion in funds that will support national health systems, disease containment, diagnosis, treatment, and the private sector. The boards of the World Bank and the International Finance Corporation approved the “fast-track” funding package Tuesday. **The \$2 billion in additional funds, which was added to what had been announced previously, will come from IFC.**”*

See the **WB press release** - [World Bank Group Increases COVID-19 Response to \\$14 Billion To Help Sustain Economies, Protect Jobs](#)

Meanwhile, **CNBC** reported the merry news [Investors in World Bank’s ‘pandemic bonds’ face big losses due to the coronavirus outbreak](#)

Soon, at least. “According to ratings agency DBRS Morningstar, investors who hold the riskier of the two bonds could be losing their entire principal amount soon, with the firm saying that the price should have dropped more than 80%.” And of course it will be too little and too late.

Bloomberg - Bloomberg Philanthropies Announces New \$40 Million Coronavirus Global Response Initiative

<https://www.bloomberg.org/press/releases/michael-r-bloomberg-accelerates-fight-against-global-coronavirus-pandemic/>

(March 17) “*The new \$40 million global initiative will support immediate action to prevent or slow the spread of COVID-19 in vulnerable low- and middle-income countries. Bloomberg Philanthropies will partner with the global health organization Vital Strategies on global response efforts, along with the World Health Organization (WHO), to support lower income countries and cities respond to the COVID-19 pandemic.*”

As a reminder: KFF [Donor Funding for the Global Novel Coronavirus Response](#) (as of 10 March, though)

CEPI gets €140 million funding boost from Germany while expanding coronavirus vaccine search

https://cepi.net/news_cepi/cepi-gets-e140-million-funding-boost-from-germany-while-expanding-coronavirus-vaccine-search/

(13 March) No comment needed – self-explanatory title.

Stat - WHO to launch multinational trial to jumpstart search for coronavirus drugs

<https://www.statnews.com/2020/03/18/who-to-launch-multinational-trial-to-jumpstart-search-for-coronavirus-drugs/>

(18 March)

“The World Health Organization said Wednesday that it would launch a multiarm, multicountry clinical trial for potential coronavirus therapies, part of an aggressive effort to jumpstart the global search for drugs to treat Covid-19. ... Four drugs or drug combinations already licensed and used for other illnesses will be tested, said WHO Director-General Tedros Adhanom Ghebreyesus. Ten countries have already indicated they will take part in the trial. ... The mere fact the WHO is sponsoring the trial suggests that efforts in China to test these drugs may not have come up with enough data to indicate whether any were of use to prevent patients from developing severe disease or save those with severe disease from death. ... The study, which Tedros said he hopes other countries will join, has been named the SOLIDARITY trial. Countries that have already signed on are:

Argentina, Bahrain, Canada, France, Iran, Norway, South Africa, Spain, Switzerland, and Thailand.
... **The four drugs or combinations will be compared to what is called standard of care** — the regular support hospitals treating these patients use now, such as supplementary oxygen when needed. **The drugs to be tested are** the antiviral drug remdesivir; a combination of two HIV drugs, lopinavir and ritonavir; lopinavir and ritonavir plus interferon beta; and the antimalarial drug chloroquine. All show some evidence of effectiveness against the SARS-CoV 2 virus, which causes Covid-19, either in vitro and/or animal studies.” “

NYT - Hundreds of Scientists Scramble to Find a Coronavirus Treatment

<https://www.nytimes.com/2020/03/17/science/coronavirus-treatment.html>

“In an ambitious international collaboration, researchers have “mapped” proteins in the coronavirus and identified 50 drugs to test against it.”

Stat News - An updated guide to the coronavirus drugs and vaccines in development

<https://www.statnews.com/2020/03/19/an-updated-guide-to-the-coronavirus-drugs-and-vaccines-in-development/>

As of 19 March.

FT Health – Global pharma groups promise co-operation on coronavirus

<https://www.ft.com/content/5ecf1afe-69ea-11ea-800d-da70cff6e4d3>

(gated) “Resources and trial data will be shared with governments and each other”.

Guardian - Trump 'offers large sums' for exclusive access to coronavirus vaccine

<https://www.theguardian.com/us-news/2020/mar/15/trump-offers-large-sums-for-exclusive-access-to-coronavirus-vaccine>

Was a big story this week. Germany (and much of the rest of the world) was upset.

G7 & G20 (and Covid-19)

- AP - [G-7 leaders try to ease tension, vow to coordinate on virus](#)

(16 March) ***“The United States and its top economic allies pledged Monday to more closely share real-time information about the coronavirus and the availability of medical equipment and to support jobs, global trade and investment. They also vowed to bolster science, research and technology and work to restore public confidence about the pandemic threatening the world’s economy. President Donald Trump and other members of the Group of Seven, which includes Canada, Germany, Italy, Japan, Britain and France, held a teleconference to coordinate responses to the coronavirus and reduce U.S.-European tension over Trump’s travel ban and reports about White House talks with a German company developing a vaccine...”***

For the full **Leaders’ statement**, see [here](#) (check out how they’ll accelerate the public health response) **With a four-point plan.**

Reactions were rather mixed (no real big G7 commitment/initiative announced (with price tag)), but **it was appreciated that they started with the fact it’s a human tragedy and global health crisis**, before stating that it also poses major risks for the world economy.

- Arab News - [Saudi Arabia’s crown prince: G20 will coordinate efforts to tackle coronavirus](#)

Looks like The Saudi #G20 Presidency is communicating with G20 countries to **convene an extraordinary virtual G20 Leaders’ Summit next week** to advance a coordinated response to the COVID-19 pandemic and its human and economic implications.

But not much info yet. Also remains to be seen how the increasing US-China animosity on Covid-19 can be overcome, in a joint G20 effort.

Quick overview (summary) articles of situation respective continents

You find a lot more analysis below, but here already a flavour of the situation in respective continents & regions.

US response

- NYT - [Behind the Virus Report That Jarred the U.S. and the U.K. to Action](#)

“It wasn’t so much the numbers themselves, frightening though they were, as who reported them: Imperial College London.” For the report itself, see below (Analysis section)

“...The report, which warned that an uncontrolled spread of the disease could cause as many as 510,000 deaths in Britain, triggered a sudden shift in the government’s comparatively relaxed response to the virus. American officials said the report, which projected up to 2.2 million deaths in the United States from such a spread, also influenced the White House to strengthen its measures to isolate members of the public...”

NYT - [U.S. Virus Plan Anticipates 18-Month Pandemic and Widespread Shortages](#)

*“A federal government plan to combat the coronavirus warned policymakers last week that a pandemic **“will last 18 months or longer” and could include “multiple waves,”** resulting in widespread shortages that would strain consumers and the nation’s health care system....”*

On the timing (long haul) (and perhaps multiple waves), I have a hunch they’re right. Even if from China more optimistic sounds are coming now, from health authorities there.

Washington Post - [CDC, the top U.S. public health agency, is sidelined during coronavirus pandemic](#)

"... the country's leading public health agency, the Centers for Disease Control and Prevention, appears to be on the sidelines, with its public messages increasingly disrupted or overtaken by the White House. Neither CDC Director Robert Redfield nor Anne Schuchat, the principal deputy director ... have appeared behind the podium during White House coronavirus task force briefings for more than a week..."

Europe

- In Europe, meanwhile, **Italy and Spain** are really badly hit. It’s a real tragedy. Hoping for the best, also that Lombardy scenarios can be avoided as much as possible in other countries.

Italy’s death rate has now overtaken China’s. See Cidrap News - [Italian COVID-19 deaths pass China's total; cases surge in Europe.](#)

- **Ilona Kickbusch** (on Think Global Health) - **Much at Stake as EU Battles COVID-19**

<https://www.thinkglobalhealth.org/article/much-stake-eu-battles-covid-19>

Analysis of the EU response so far. *“Does Europe have the will to unite as one and protect global health around the world, or will national politics prevail?”*

Africa

- FT Health - [African nations move swiftly to head off virus spread](#)

“Fears over health systems prompt states to take early preventative measures”.

See also **The Intercept** – [African nations turn the tables, imposing travel restrictions against US, Europe, and China to stave off coronavirus](#) or **Reuters** – [African nations close borders, cancel flights to contain coronavirus spread](#)

- For an update, see the (already flagged) [WHO Afro Dashboard](#). (635 / 357 confirmed cases in Africa / African region respectively as of Thursday 19 March). (in 34/28 affected countries resp).

On Wednesday, dr. Tedros warned his continent for the first time explicitly and ominously.

(South-)Asia

- UN News - [South-East Asian countries urged to 'do more' to fight COVID-19](#)

(17 March) “With **South-East Asia** reporting more than 480 cases of COVID-19 and eight deaths, the **World Health Organization (WHO)** on Tuesday called for countries to “act now” and urgently scale-up “aggressive” measures to tackle the disease.”

- **Guardian** - [South-east Asian countries impose coronavirus restrictions](#)

“Increase in cases in region **casts doubt on theory** warmer weather may stop pandemic.”

- **FT** - [Second wave of coronavirus cases hits Asia](#)

“**Rise of imported cases** prompts officials to tighten restrictions on new arrivals.”

*“The number of coronavirus cases has spiked across Asia, fuelling concerns that hopes the region had contained the outbreak could be premature as a second wave of infections takes hold. Officials in South Korea, Taiwan, Japan and parts of China and south-east Asia are now rushing through new measures in response to an uptick in new infections over recent days after weeks of declines. **Experts say the sudden increase in cases has revealed the limits of both China’s sweeping lockdown of citizens and of the massive public testing and social distancing campaigns rolled out across Asia in recent weeks. But it also highlights growing anxieties about new cases coming from abroad, as the number of so-called imported infections has risen sharply as people arrive in the region in a bid to flee the escalating coronavirus outbreak in Europe....”***

Latin America

- Think Global Health - [Coronavirus in Latin America](#)

Analysis. “How will the region cope with COVID-19 pressure on health care systems, weak economies, and unstable politics?”

- **FT** - [Brazil and Mexico leaders draw fire for lax coronavirus response](#)

Some other updates

In steno-style:

- Al Jazeera - [Thousands of medical staff infected with coronavirus in Italy](#)

*“New figures show **percentage of infected health workers is almost double number registered in China throughout epidemic.**”*

- 19 March – (FT) [China reports no new cases of local transmission for first time](#)

But “Xi Jinping warns that country must guard against a second wave of imported infections.”

- Guardian - **NGOs raise alarm** as coronavirus strips support from EU refugees

<https://www.theguardian.com/global-development/2020/mar/18/ngos-raise-alarm-as-coronavirus-strips-support-from-eu-refugees>

“NGOs warn lone children in particular have been effectively abandoned as Covid-19 forces support services to shutter.”

- Devex - [MSF navigating 'blockages everywhere' in wake of COVID-19 outbreak](#)

*“**Médecins Sans Frontières is searching for creative solutions to continue its lifesaving work amid the fast-spreading novel coronavirus outbreak, with new travel and personal protective equipment restrictions complicating its current operations, according to Brice de le Vingne, head of MSF’s COVID-19 task force. All MSF offices in Europe are closed, and many MSF medical personnel are grounded there, unable to reach their operational centers across Africa, Asia, and Latin America, de la Vingne told Devex. MSF is among a growing list of humanitarian relief agencies that are rapidly developing COVID-19 prevention and treatment plans, while also managing internal issues, including their employees’ health and travel limitations....**”*

- CNN - [Chinese billionaire Jack Ma donates masks, test kits to all countries in Africa](#)
- Reuters - [WHO officials rethink epidemic messaging amid pandemic debate](#)

“The World Health Organization is considering changing the way it classifies and describes international epidemics, amid a protracted public debate over whether to call the outbreak of the new coronavirus a pandemic.”

- Vox – [The UK backs away from “herd immunity” coronavirus proposal amid blowback](#)

(as already mentioned, this was a big story this week). Still, even if converging, the UK & the Netherlands seem to go for a slightly different approach than other West-European countries.

Science

With some info on biomedical news on Covid-19. In steno-style, as this is not the niche of IHP.

- Nature - [First vaccine clinical trials begin in the United States](#)

*“The first phase I clinical trial for a potential COVID-19 vaccine has begun in Seattle, Washington. Four adults, the first of 45 eventual participants, received their first doses of an experimental vaccine developed through a partnership between the US National Institute of Allergy and Infectious Diseases (NIAID) and Moderna, a biotechnology company based in Cambridge, Massachusetts. But although it is an important milestone, the **phase I trial** is just the beginning of a long process to test the drug’s safety and efficacy....”*

They also started in China – see [China approves vaccine trials for coronavirus, on par with US](#)

So as our colleagues from Global Health Now said, ‘the race is on’.

- NYT - [Children and Coronavirus: Research Finds Some Become Seriously Ill](#)

*“A study of more than 2,000 children with the virus in China found that babies were especially vulnerable to developing severe infection. The coronavirus raging around the globe has tended to tread gently with children, who account for the smallest percentage of the infections identified so far. Now, **the largest study to date of children and the virus has found that while most develop mild or moderate symptoms, a small percentage — especially babies and preschoolers — can become seriously ill.** [The study](#), published online in the journal *Pediatrics*, looked at more than 2,000 ill children across China, where the pandemic began....”*

The article also explores: *“Scientists are actively trying to determine why so many children appear to emerge relatively unscathed by the new coronavirus...”* (with various hypotheses)

- The Hill - [Japan reports possible case of patient reinfected with coronavirus](#)

“Reports of reinfection from Japan, China and South Korea have health officials worried, but other experts think these may be the result of relapses or errors in testing.”

- France 24 - [Coronavirus drugs: Who's doing what, and when they might come](#)

Overview of some drugs in the pipeline. If you like to read in French, see also **Le Monde** - [Chloroquine, remdesivir, Kaletra... Les pistes de traitements contre le SARS-CoV-2](#) & [Coronavirus : la chloroquine, une piste pour lutter contre l'épidémie.](#)

- Guardian - [Japanese flu drug 'clearly effective' in treating coronavirus, says China](#)

*“ Medical authorities in China have said a drug used in Japan to treat new strains of influenza appeared to be effective in coronavirus patients, Japanese media said on Wednesday. Zhang Xinmin, an official at China’s science and technology ministry, said **favipiravir**, developed by a subsidiary of Fujifilm, had produced encouraging outcomes in clinical trials in Wuhan and Shenzhen involving 340 patients....”*

- Reuters - [HIV drug combo fails as treatment for severe COVID-19 in China study](#)

*“A pill containing two HIV drugs that was touted as a potential treatment for the novel coronavirus was not effective, according to a **study released late on Wednesday in the New England Journal of Medicine.**”*

- **Economist Briefing** – [Understanding SARS-CoV-2 and the drugs that might lessen its power](#)

Recommended by Jeremy Farrar (and for all biomedical scientists among you).

- Guardian - [Air pollution likely to increase coronavirus death rate, warn experts](#)
- Guardian - [First Covid-19 case happened in November, China government records show - report](#)
- Science - [Why do dozens of diseases wax and wane with the seasons—and will COVID-19?](#)

Recommended: analysis of the potential of ‘seasonality’ of Covid-19.

- NPR - [The New Coronavirus Can Live On Surfaces For 2-3 Days — Here's How To Clean Them](#)

(based on a rather scary NEJM article - [Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1](#))

- **Stat News** on **remdesivir**, one of the leading contenders - [As the coronavirus spreads, a drug that once raised the world’s hopes is given a second shot](#)
- **Stat News** - [The new coronavirus can likely remain airborne for some time. That doesn’t mean we’re doomed](#)

Nice analysis of what 'airborne' means in the case of Covid-19.

- Stat - [Lower death rate estimates for coronavirus, especially for non-elderly, provide glimmer of hope](#)
*"In a rare piece of good news about Covid-19, a team of infectious disease experts calculates that **the fatality rate in people who have symptoms of the disease caused by the new coronavirus is about 1.4%**. Although that estimate applies specifically to **Wuhan**, the Chinese city where the outbreak began, and is based on data from there, it offers a guide to the rest of the world, where many countries might see even lower death rates...."*
- Science - [Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus \(SARS-CoV2\)](#)

Tweet Josh Michaud: "@ScienceMagazine paper estimates that most COVID19 infections are undocumented and unidentified through regular surveillance because they experience no, or only mild, symptoms."

- Guardian - [What we scientists have discovered about how each age group spreads Covid-19](#) (by P Klepac) *"But what sorts of contacts are most important for transmission? **Together with Adam Kucharski, also from the London School of Hygiene and Tropical Medicine, I have recently collaborated with the BBC on a massive citizen science project, led by Professor Julia Gog from Cambridge University. Called BBC Pandemic, the project collected information on how people of different ages interact with one another in different contexts (home, work, school, other) from over 35,000 volunteers. ... What we have found in this data is that adults aged 20-50 make most of their contacts in workplaces. If those of us who can work remotely start doing so now, it will contribute to lowering overall transmission in the population. Another important finding is that people over 65 – who are particularly at risk from severe Covid-19 illness – make over half of their contacts in other settings (not home, school or work), such as shops, restaurants and leisure centres. ..."***
- Guardian - [Scientists say mass tests in Italian town have halted Covid-19 there](#)

"The small town of Vò, in northern Italy, where the first coronavirus death occurred in the country, has become a case study that demonstrates how scientists might neutralise the spread of Covid-19. A scientific study, rolled out by the University of Padua, with the help of the Veneto Region and the Red Cross, consisted of testing all 3,300 inhabitants of the town, including asymptomatic people...."

- Stat - [U.S. official says data show severe coronavirus infections among millennials, not just older Americans](#)

see also Stat - [New analysis breaks down age-group risk for coronavirus — and shows millennials are not invincible](#)

*"...In general, the U.S. experience largely mimics China's, with the risk for serious disease and death from Covid-19 rising with age. But in an important qualification, an **analysis by the Centers for***

*Disease Control and Prevention reported on Wednesday underlines a message that infectious disease experts have been emphasizing: **Millennials are not invincible**. The new data show that up to one-fifth of infected people ages 20-44 have been hospitalized, including 2%-4% who required treatment in an intensive care unit....”*

- Lancet Global Health (Letter) - [Use of antiviral drugs to reduce COVID-19 transmission](#)

“The current COVID-19 emergency warrants the urgent development of potential strategies to protect people at high risk of infection—particularly close contacts and health-care workers, among others—even if more robust data on antiviral therapies is yet to come....” The authors describe a planned RCT.

Analysis

Analyses from various angles. In no particular order, but most are worth a scan at least.

World Politics Review - Planning for the World After the Coronavirus Pandemic

David Steven & Alex Evans; <https://www.worldpoliticsreview.com/articles/28611/planning-for-the-world-after-the-coronavirus-pandemic>

Fabulous analysis. The read of the week. A systems view – on Covid-19’ s three layers of change.

Lancet Editorial – COVID-19: protecting health-care workers

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30644-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30644-9/fulltext)

*“As the pandemic accelerates, **access to personal protective equipment (PPE) for health workers is a key concern**. Medical staff are prioritised in many countries, but **PPE shortages have been described in the most affected facilities**. In the global response, the safety of health-care workers must be ensured. Adequate provision of PPE is just the first step; other practical measures must be considered, including cancelling non-essential events to prioritise resources; provision of food, rest, and family support; and psychological support. **Presently, health-care workers are every country’s most valuable resource.**”*

Lancet - Health security capacities in the context of COVID-19 outbreak: an analysis of International Health Regulations annual report data from 182 countries

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30553-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30553-5/fulltext)

For the related Lancet Comment, see [Will COVID-19 generate global preparedness?](#)

*“In The Lancet, Nirmal Kandel and colleagues report their analysis using an operational readiness index to summarise countries' national performance across 18 indicators of preparedness to prevent, detect, and respond to an outbreak of a novel infectious disease. The authors' analysis shows that **only 104 (57%) of 182 countries** had the functional capacity to perform crucial activities at national and subnational levels. 32 (18%) countries had low readiness and would require external resources to control an emerging infectious disease event. **Kandel and colleagues' conclusions are similar to those of the Global Health Security Index and previous assessments from WHO Several specific actions can mitigate future threats to the health of the global population....”***

NYT - The Coronavirus Is Here to Stay, So What Happens Next?

E Emanuel et al ; <https://www.nytimes.com/2020/03/17/opinion/coronavirus-social-distancing-effect.html?referringSource=articleShare>

“There may be two to four more rounds of social distancing before this is over. Here’s what to expect.”

We’re in this for the long haul – possibly 18 months (or till some good treatment or vaccine has been found).

Imperial College London - Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand

<https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/news--wuhan-coronavirus/>

If you’re from the UK or US, you already know this report has completely shifted the response in these countries (since the release). (PS: **Richard Horton** didn’t like that too much, arguing it had been in the Lancet way earlier – see the Guardian - [Scientists have been sounding the alarm on coronavirus for months. Why did Britain fail to act?](#))

Absolute must-read, this report. “...Here we present the **results of epidemiological modelling** which has informed policymaking in the UK and other countries in recent weeks. In the absence of a COVID-19 vaccine, **we assess the potential role of a number of public health measures – so-called non-pharmaceutical interventions (NPIs) – aimed at reducing contact rates in the population and thereby reducing transmission of the virus.** In the results presented here, we apply a previously published microsimulation model to two countries: the UK (Great Britain specifically) and the US. We conclude that **the effectiveness of any one intervention in isolation is likely to be limited, requiring multiple interventions to be combined to have a substantial impact on transmission....”**

CGD (blog) - Coronavirus Response: Addressing the Near-Term Financing Needs of Low-Income Countries

S Morris; <https://www.cgdev.org/blog/coronavirus-response-addressing-near-term-financing-needs-low-income-countries>

“The experience of the 2007 global financial crisis can tell us a few things about how low-income countries could be affected by the coronavirus pandemic in the near term, even as we recognize that the myriad economic problems created by the pandemic are almost certainly greater in number and scale than the problems in 2007.”

Nature (Editorial) - Coronavirus: three things all governments and their science advisers must do now

[Nature](#);

“Follow World Health Organization advice, end secrecy in decision-making and cooperate globally.”

Thinking of the UK & US in particular.

Nature - What China’s coronavirus response can teach the rest of the world

<https://www.nature.com/articles/d41586-020-00741-x>

“Researchers are studying the effects of China's lockdowns to glean insights about controlling the viral pandemic.” One of many similar pieces on ‘lessons the rest of the world should (have) learn(ed) from China’. Their take: In China, “...**early detection and isolation** was the most important factor in reducing COVID-19 cases.”

See also **UN News** - [China shows COVID-19 Coronavirus can be ‘stopped in its tracks’](#). (interview with WHO’s representative in China, G Galea)

Guardian - Trump sparks anger by calling coronavirus the 'Chinese virus'

<https://www.theguardian.com/world/2020/mar/17/trump-calls-covid-19-the-chinese-virus-as-rift-with-coronavirus-beijing-escalates>

It’s very ugly, the war of words between Trump & some Chinese officials. As usual, Trump doesn’t have a real competitor, though, when it comes to ‘how low’ one can go, he’s the Champ. Bodes ill for future G20 collaboration on Covid-19 (which needs the two superpowers to work together).

Guardian - China uses soft power to position itself as a leader in tackling coronavirus

<https://www.theguardian.com/world/2020/mar/19/china-positions-itself-as-a-leader-in-tackling-the-coronavirus>

*“As countries struggle to respond to the pandemic, **China portrays itself as a global benefactor.**”*

See also FT Op-Ed (G Rachman); [How Beijing reframed the coronavirus response narrative](#)

“Arguments for authoritarianism and against democracy will be made with increased boldness.”

Excerpts: “...**The coronavirus outbreak started as a propaganda disaster for the Chinese government. But now** — with the number of new cases falling sharply in China and rising quickly in the US and Europe — **Beijing has reframed the narrative.** China’s new story points to the Communist party’s success in taking draconian measures to control the disease and contrasts that with the chaotic response of the US and much of Europe. **This version of events is designed for both domestic Chinese and international consumption.** If it gains traction, the geopolitical effects of the coronavirus will linger — even after a vaccine has been found for the disease. The belief that China is on the rise and the west is in inexorable decline will gain new adherents. And arguments for authoritarianism and against democracy will be made with increased boldness — in both China and the west.”

...As the virus has subsided in China, so Beijing has pivoted to making gestures of support to the rest of the world. It is still far too soon to concede the argument to the authoritarians. In Asia, democracies such as South Korea, Singapore and Taiwan seem to have done a good job in restraining the spread of infection without resorting to total lockdown.”

FT Health – Taiwan says WHO failed to act on coronavirus transmission warning

<https://www.ft.com/content/2a70a02a-644a-11ea-a6cd-df28cc3c6a68>

(gated) “Relationship with Beijing blamed for not sharing alert over human-to-human transmission”.

IHP - Fighting COVID19 – A contest of facts against fear

Priti Patnaik; <https://www.internationalhealthpolicies.org/featured-article/fighting-covid19-a-contest-of-facts-against-fear/>

“At this relatively early stage of the pandemic, of the many changes upending the rules in our pre-pandemic world, **three key changes are beginning to emerge**: one, WHO has decidedly reclaimed space at the center of global health decision-making, even as the pandemic reconfigures politics within countries to an extent; two, authorities and governments have to learn new ways to communicate if they want the public to trust them again; and three, inevitably new forms of governance to fight outbreaks will emerge.”

IHP – Responding to the coronavirus outbreak – Security for Whom? Security from What?

<https://www.internationalhealthpolicies.org/blogs/responding-to-the-coronavirus-outbreak-security-for-whom-security-from-what/>

By Remco van de Pas & Jeffrey Quarsie. Cross-posted from Clingendael.

Vox - The Covid-19 question: Can social solidarity replicate faster than the virus?

E Klein; <https://www.vox.com/coronavirus-covid19/2020/3/17/21180645/covid-19-coronavirus-social-solidarity-epidemic-pandemic-paid-leave-health-care>

See this week's intro. Klein focuses on the US, but it's a pertinent analysis for many countries.

*"Here's the one thing every health expert I've spoken to agrees on: No one knows the trajectory that Covid-19, the disease caused by the coronavirus, will take in the US. **The difficulty in modeling it reflects the fact that the question being asked isn't just epidemiological, it's social and political: Can social trust and solidarity replicate faster than the virus?...**" "... implementing radical and rapid social distancing before the crisis is undeniable requires **two resources in short supply: social trust and social solidarity.**"*

The Telegraph - Economic shutdown could kill more than coronavirus, experts warn

<https://www.telegraph.co.uk/global-health/science-and-disease/economic-shutdown-could-kill-coronavirus-experts-warn/>

'We do not have the luxury of choosing between the economy and saving lives'. But **Amanda Glassman** argued, rightly (on Twitter): "**Especially in developing countries**".

Guardian - 'Tip of the iceberg': is our destruction of nature responsible for Covid-19?

John Vidal; <https://www.theguardian.com/environment/2020/mar/18/tip-of-the-iceberg-is-our-destruction-of-nature-responsible-for-covid-19-aoe>

*"As habitat and biodiversity loss increase globally, **the coronavirus outbreak may be just the beginning of mass pandemics.**"*

M Pai - COVID-19 Coronavirus And Tuberculosis: We Need A Damage Control Plan

<https://www.forbes.com/sites/madhukarpai/2020/03/17/covid-19-and-tuberculosis-we-need-a-damage-control-plan/#51667275295c>

Global analysis, among others exploring what might happen in countries like South-Africa & India (and how to prepare or damage control).

For a related analysis, but focusing on another vulnerable group, see **the Lancet - Preparedness is essential for malaria-endemic regions during the COVID-19 pandemic.** (by J Wang et al)

GFO – Aidspace’s health-economist Board member urges more HIV treatment to help fight the latest coronavirus

Alan Whiteside; https://www.aidspace.org/gfo_article/world-shuts-down-due-covid-19%E2%80%A6

“Aidspace Board member and health economist Alan Whiteside recaps the brief, dramatic history of COVID-19, and compares the transmission of the newest coronavirus with the early days of the HIV epidemic. This article draws attention to the near-total lack, so far, of public-health guidance on interactions between HIV and COVID-19, and between tuberculosis and COVID-19, in people who may become co-infected.”

Check out also the rest of this week’s [Global Fund Observer issue](#) – nearly fully dedicated to **Covid-19 & the Global Fund**.

- Among others: [Is it possible to contain and treat widespread COVID-19 infection in Africa?](#)

“Can African countries’ attempts to “flatten the curve” work, especially in the presence of large numbers of people living with HIV and TB?”

- [As COVID-19 takes hold in Africa, will the Global Fund adjust its application windows for 2020-2022 funding requests?](#)

“Countries in West and Central Africa, among others on the continent, are diverting enormous energy and resources into their efforts to contain the world’s newest coronavirus, COVID-19. This threatens the quality and timeliness of their applications for Global Fund funding in the 2020-2022 funding cycle. Might the Global Fund adjust the timing of its remaining grant application windows in 2020 to accommodate this?”

Y N Harari (in Time) - In the Battle Against Coronavirus, Humanity Lacks Leadership

[Time Magazine](#);

Analysis by the world known public intellectual/bestseller author.

“...the best defense humans have against pathogens is not isolation – it is information. Humanity has been winning the war against epidemics because in the arms race between pathogens and doctors, pathogens rely on blind mutations while doctors rely on the scientific analysis of information....”

CGD - How Will COVID-19 Affect Women and Girls in Low- and Middle-Income Countries?

David Evans; <https://www.cgdev.org/blog/how-will-covid-19-affect-women-and-girls-low-and-middle-income-countries>

“Policymakers should be thinking—and worried—about how COVID-19 is expected to disproportionately affect women and girls. Gender inequality can come into even starker focus in the context of health emergencies. With COVID-19 continuing to spread, what do we see so far—and what can we expect in the future—in terms of the impacts on women and girls?...”

JAMA (Viewpoint) - Managing COVID-19 in Low- and Middle-Income Countries

J Hopman et al ; <https://jamanetwork.com/journals/jama/fullarticle/2763372>

“This Viewpoint discusses challenges to managing a COVID-19 outbreak in low- and middle-income countries (LMICs), reviewing how absence of testing, critical care capacity, climate, war, distrust, and large refugee populations could complicate implementation of proven infection prevention and control measures.”

The Conversation – Society’s most vulnerable will be hit as COVID-19 cases rise in poorer economies

<https://theconversation.com/societys-most-vulnerable-will-be-hit-as-covid-19-cases-rise-in-poorer-economies-133814>

By **David Evans & Mead Over** (CGD). Focusing more on the **economic impact**.

IDS - The impact of COVID-19 in informal settlements – are we paying enough attention?

A Wilkinson; <https://www.ids.ac.uk/opinions/the-impact-of-covid-19-in-informal-settlements-are-we-paying-enough-attention/>

“As we in the global North brace ourselves for the coronavirus pandemic we are being told to wash our hands (for 20 seconds!) and self-isolate if sick. But what if you cannot do either of those things? One billion people live in slums or informal settlements where water for basic needs is in short supply – let alone 20 seconds worth – and where space is constrained and rooms are often shared. Yet discussion about vulnerability in these contexts has been startlingly absent.”

Chatham House - Coronavirus: All Citizens Need an Income Support

Jim O’Neill; <https://www.chathamhouse.org/expert/comment/coronavirus-all-citizens-need-income-support>

“We cannot expect policies such as the dramatic monetary steps announced by the Federal Reserve Board and others like it, to end this crisis. **A People's Quantitative Easing (QE)** could be the answer.”

Chatham House - Coronavirus: Global Response Urgently Needed

Jim O'Neill et al ; <https://www.chathamhouse.org/expert/comment/coronavirus-global-response-urgently-needed>

“There have been warnings for several years that world leaders would find it hard to manage a new global crisis in today’s more confrontational, protectionist and nativist political environment.”

The authors list what **G20** leaders, or else, the **UN Security Council**, should do.

CGD (blog) - Coronavirus Response: Time to Take the G20 Seriously Again

Scott Morris; <https://www.cgdev.org/blog/coronavirus-response-time-take-g20-seriously-again>

“It’s far from clear yet that G20 leaders are ready to return to the playbook of 2008 and 2009, which prioritized using the informal body to coordinate and make real commitments to respond to a global crisis. But an effective global response requires it.”

Lancet (Comment) – Mass gathering events and reducing further global spread of COVID-19: a political and public health dilemma

<https://www.thelancet.com/pb-assets/Lancet/pdfs/S0140673620306814.pdf>

By the **WHO Novel Coronavirus-19 Mass Gatherings Expert Group**. Interesting comment given the current wave of cancellations of Mass Gathering Events (like in sports, ...).

“@WHO, working with global partners in mass gatherings health, has developed comprehensive recommendations for managing the public health aspects of mass gatherings that have been updated with interim key recommendations for #COVID19”

*“... Despite the **development of the COVID-19 Risk Assessment for MGs tool**, events continue to be cancelled without this risk assessment being done and without clear communication of justification in terms of the expected impact on the spread of COVID-19. These cancellations have social and economic impacts on public morale, on national economies, and on individual livelihoods. A precautionary approach is often used to explain MG cancellations, but when does an abundance of caution become counterproductive? **The overarching advice during the ongoing COVID-19 pandemic is that events should be cancelled or postponed on the basis of a context-specific risk assessment.** If a decision is made to proceed with MG events, risk mitigation measures should be put in place, consistent with WHO guidance on social distancing for COVID-19, and the rationale for the decision should be clearly explained and communicated to the public”*

We should be preparing ourselves for a marathon': Africa braces for the spread of COVID-19

<https://www.cbc.ca/news/we-should-be-preparing-ourselves-for-a-marathon-africa-braces-for-the-spread-of-covid-19-1.5498727>

"Africa is awakening to COVID-19, says Dr. John Nkengasong, director of the Centres for Disease Control and Prevention in Addis Ababa, Ethiopia. "This is our morning. China is seeing the sunset, Europe and other countries maybe the middle of the day", he says, characterizing the timeline of the deadly virus...."

Science - 'A ticking time bomb': Scientists worry about coronavirus spread in Africa

<https://www.sciencemag.org/news/2020/03/ticking-time-bomb-scientists-worry-about-coronavirus-spread-africa>

Analysis as of 15 March.

Economist - More than 80 countries have imposed travel bans to curb the new coronavirus

<https://www.economist.com/graphic-detail/2020/03/16/more-than-80-countries-have-imposed-travel-bans-to-curb-the-new-coronavirus>

"Such restrictions, in vogue with governments, are ineffective most of the time". Includes a nice overview map (16 March).

Global Dashboard – The collective psychology of coronavirus

Alex Evans; <https://www.globaldashboard.org/2020/03/13/the-collective-psychology-of-coronavirus/>

"Just like climate change or political tribalism, coronavirus asks us: do we see ourselves as part of a Larger Us, a them-and-us, or an atomised "I"?"

"...As Venkatesh Rao notes on Ribbonfarm, it's one of those moments – like 9/11 or the fall of the Berlin Wall – when our master narrative is collapsing. Suddenly, everything is uncertain;.."

COVID-19 and refugee camps: the "perfect" storm

<https://cerahgeneve.ch/blog/covid-19-and-refugee-camps-the-perfect-storm/>

“A COVID-19 outbreak in refugee camps would have catastrophic consequences. Prof. Karl Blanchet shares his growing concerns and calls for the creation of an academic taskforce to help governments apply the latest evidence on COVID-19 and make decisions using evidence-based information.”

ILO - Almost 25 million jobs could be lost worldwide as a result of COVID-19, says ILO

https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_738742/lang--en/index.htm

“An initial assessment of the impact of COVID-19 on the global world of work says the effects will be far-reaching, pushing millions of people into unemployment, underemployment and working poverty, and proposes measures for a decisive, coordinated and immediate response.”

Forbes - Coronavirus: The World Health Organization Is Becoming The Planet’s Most Important Social Media Influencer

<https://www.forbes.com/sites/abrambrown/2020/03/16/coronavirus-the-world-health-organization-is-becoming-the-worlds-most-important-social-media-influencer/#1cee24cf5321>

With dr. Tedros as the ‘Influencer-in-Chief’ 😊.

Stat - As coronavirus pandemic worsens, health officials fear nationalization of drugs and supplies

<https://www.statnews.com/2020/03/15/as-coronavirus-pandemic-worsens-health-officials-fear-nationalization-of-drugs-and-supplies/>

“An allegation that the Trump administration tried to secure exclusive rights to the production of an experimental coronavirus vaccine in Germany has revived health officials’ concerns that countries worldwide might move to nationalize key supplies to respond to the growing pandemic....”

FT - Containing coronavirus: the lessons from Asia

<https://www.ft.com/content/e015e096-6532-11ea-a6cd-df28cc3c6a68>

For a similar piece, see also the Guardian - [Experience of Sars a key factor in countries’ response to coronavirus](#)

“Many of the countries that have had the greatest success in containing the disease are ones that were affected by Sars in 2002-03. The memory of that crisis may have led to better preparedness, in government and among the population, and to a greater willingness among people to comply with restrictions on movement and daily life to prevent the spread of infection....”

Foreign Policy - Transparency and Testing Work Better Than Coercion in Coronavirus Battle

M Kavanagh; <https://foreignpolicy.com/2020/03/16/coronavirus-what-works-transparency-testing-coercion/>

“Headlines focus on restrictions, but the East Asian experience shows other methods are critical, too.”

Cfr a **tweet** by the author: “My new piece @ForeignPolicy : *US risks learning wrong comparative lessons. Authoritarian responses & high-profile displays of state power can seem attractive. Better lessons in SKorea: transparency + tech-enabled public health + engaged diplomacy.*”

Nature - South Korea is reporting intimate details of COVID-19 cases: has it helped?

<https://www.nature.com/articles/d41586-020-00740-y>

“Extensive contact tracing has slowed viral spread, but some say publicizing people’s movements raises privacy concerns.”

Boston Review - Alone Against the Virus

A Kapczynski & G Gonsalves; <https://bostonreview.net/class-inequality-science-nature/amy-kapczynski-gregg-gonsalves-alone-against-virus>

“Decades of neoliberal austerity will make it harder to fight the COVID-19 pandemic. Now, more than ever, we must rebuild our social safety net and forge a New Deal for public health.”

Focus on the US, but also rings true for some other countries.

Some reads on the UK Government Covid-19 strategy (& debate)

CGD (blog) - [Responsible Response: Examining the UK Government’s COVID-19 Strategy](#) (by K Chalkidou)

The Atlantic (by Ed Yong) - [The U.K.’s Coronavirus ‘Herd Immunity’ Debacle](#)

Guardian – (Tony Yates) [Why is the government relying on nudge theory to fight coronavirus?](#)

Lancet Letter - [Evidence informing the UK’s COVID-19 public health response must be transparent](#)

Many others weighed in – including Devi Sridhar, Anthony Costello and Richard Horton (all in the Guardian).

And Horton did so also, in more detail, in his **Offline** - [Offline: COVID-19—a reckoning](#).

Lancet World Report - Canada and COVID-19: learning from SARS

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30670-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30670-X/fulltext)

“The 2003 SARS epidemic killed 44 people in Canada, and led to many proposals for reforms. Paul Webster looks at how the SARS outbreak has affected Canada's COVID-19 response.”

BMJ - Bearing the brunt of covid-19: older people in low and middle income countries

P Lloyd-Sherlock, M McKee et al; <https://www.bmj.com/content/368/bmj.m1052>

“**A global expert group on older people might be useful**”. “In LMIC settings, there are at least four issues to consider. “

Lancet Letter - Did the hesitancy in declaring COVID-19 a pandemic reflect a need to redefine the term?

Manfred Green; [Lancet](#);

Interesting letter. “... ***the debate around the terminology used for COVID-19 raises two important questions. The first question is why there was reluctance to call the COVID-19 outbreak a pandemic, and the second question is whether the terminology is of any practical importance. ... Since there continues to be a lack of consensus about when it is appropriate to use the term pandemic, I suggest that a multi-disciplinary group of epidemiologists, infectious disease specialists, risk communicators and health administrators be convened to create new, clearer, expanded definitions of the terms outbreak, epidemic, and pandemic.***”

WEF - A visual history of pandemics

<https://www.weforum.org/agenda/2020/03/a-visual-history-of-pandemics>

With a very neat visual (historical) map.

Eurodad - COVID-19 and debt in the global south: Protecting the most vulnerable in times of crisis I

D Munevar; https://eurodad.org/covid19_debt1

“This is the first part of a blog series covering the impact of COVID-19 on vulnerable countries in the global south. Part 1 analyses the impact of debt burdens on health services. Part 2 discusses the channels different channels of economic transmission of the crisis. Part 3 highlights the degree of vulnerability of countries in the global south to the COVID-19 pandemic. Part 4 provides a discussion on policy responses to tackle the risks posed by the pandemic.”

Nature - How much is coronavirus spreading under the radar?

<https://www.nature.com/articles/d41586-020-00760-8>

(13 March) *“Three leading health officials talk about gauging the size of local outbreaks, and why containment strategies aren’t futile yet.”*

“Because COVID-19 testing isn’t available to everyone, the coronavirus is spreading to some extent under the radar. Public-health leaders from the World Health Organization, the US Centers for Disease Control and Prevention (CDC) and the major UK research funder Wellcome explain how officials and researchers estimate the size of local outbreaks from incomplete data.”

Devex - COVID-19 disruptions on health supply chains a challenge for aid orgs

<https://www.devex.com/news/covid-19-disruptions-on-health-supply-chains-a-challenge-for-aid-orgs-96764>

As you can imagine.

Lancet Comment - COVID-19: towards controlling of a pandemic

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30673-5/fulltext?utm_campaign=tlcoronavirus20&utm_source=twitter&utm_medium=social](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30673-5/fulltext?utm_campaign=tlcoronavirus20&utm_source=twitter&utm_medium=social)

“In a Comment, members of the @WHO Strategic and Technical Advisory Group for Infectious Hazards outline 5 recommendations as the pandemic enters a new stage.”

Project Syndicate - What COVID-19 Means for International Aid

A Subramanian; [Project Syndicate](#);

“The COVID-19 pandemic highlights the need for a radical revamp of the international aid architecture, so that massive amounts of money can be devoted to global public goods. And some of this will have to be financed by reducing existing country lending.”

Undark - Don’t Just Debunk Covid-19 Myths. Learn From Them.

<https://undark.org/2020/03/19/coronavirus-myths/>

One for the social scientists among you, re the 'Infodemic'. *"The tactic of simply throwing facts at the misinformation problem can be ineffective, and even counterproductive."*

Quote: *"Instead of viewing rumors and myths as misperceptions that can be suppressed with accurate information, we should treat them as opportunities to understand — and respond to — the legitimate anxieties of the people who adopt and share them. In other words, we should look at them as valuable feedback that can help improve our own reporting and messaging."*

"...“Epidemics often become an opportunity for people to express deeper worries,” says Melissa Leach, the director of the U.K.-based Institute of Development Studies (IDS). In fact, Leach balks at the term rumors, which she finds dismissive. Call them “anxieties,” she says. Leach and other social scientists have come to see those anxieties as legitimate reactions that can be mined for useful insight — insight that can help public health officials tailor their messaging.”

BMJ Feature - Covid-19: how doctors and healthcare systems are tackling coronavirus worldwide

<https://www.bmj.com/content/368/bmj.m1090>

Overview of various countries' response so far. *"As coronavirus continues to spread, doctors and healthcare systems are facing a multitude of challenges at all stages of the pandemic"*

Nature – Coronavirus vaccines: five key questions as trials begin

<https://www.nature.com/articles/d41586-020-00798-8>

"Some experts warn that accelerated testing will involve some risky trade-offs."

Some (final) other analyses:

- World Federation of Public Health Organizations – [statement](#)

"#COVID19 makes visible all the inequalities & dysfunctions in our health & welfare systems. It shows that health is a common global good & not a commodity. Now is time to explain #UHC, it is time to #LeaveNoOneBehind."

- F2P blog - [What Might Africa Teach the World? Covid-19 and Ebola Virus Disease Compared](#)

(by Paul Richards)

- Quartz - [Why won't the WHO call the coronavirus by its name, SARS-CoV-2?](#)

Interesting analysis by Mary Hui.

- Economist (19 March) [Developing and deploying tests for SARS-CoV-2 is crucial](#)

- **Branko Milanovic** (Foreign Affairs) - [The Real Pandemic Danger Is Social Collapse](#)
“As the Global Economy Comes Apart, Societies May, Too.”

Put differently, *“the main (perhaps even the sole) objective of economic policy today should be to **prevent social breakdown**”*

- BMJ blog - [Covid-19 and reproductive health: What can we learn from previous epidemics?](#)
(by B Black et al)

Global Health Governance

Bill Gates steps down from Microsoft board to focus on philanthropy

[BBC](#);

I personally thought he had already done that long ago, though. But yeah, being part of the Board is not like being the CEO.

Devex - USAID braces for change as administrator steps down

<https://www.devex.com/news/usa-id-braces-for-change-as-administrator-steps-down-96779>

“U.S. Agency for International Development Administrator Mark Green announces he will step down in April, raising questions about USAID’s future in the midst of a global pandemic and a U.S. election.” His resignation had nothing to do with any potential dissatisfaction with the Administration’s response to the Coronavirus outbreak.

See also **the Hill** - [Trump designates new acting head of USAID](#)

*“President Trump on Tuesday announced his intent to appoint an acting director of the U.S. Agency for International Development (USAID) following the departure of the organization’s current director at the end of the month. The president identified **John Barsa**, who currently serves as the Assistant Administrator for USAID’s Bureau for Latin America and the Caribbean, as his pick for the acting administrator...”*

Lancet World Report – What now for DFID?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30671-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30671-1/fulltext)

“The UK Department for International Development is a key global health and development institution, but political changes are casting doubt on its future. Talha Burki reports from London.”

BMJ Global Health (Editorial) – Enhancing global health engagement in 21st century China

Jian Wu et al ; <https://gh.bmj.com/content/5/3/e002194>

“In this editorial, we highlight China’s contribution to global health in the last four decades and the opportunities ahead as China establishes itself a major player in global health.”

With focus on China’s Belt and Road initiative, China’s global health aid & what it needs to do to boost its global health influence in the 21st century. (and that was before Covid-19 :))

Ebola DRC – Growing hope that the battle is won

In the words of dr Tedros (March 18), *“It’s now more than a month since the last case of Ebola in DRC. If it stays that way, the outbreak will be declared over in less than a month’s time.”*

For the latest situation report (17 March), see [WHO](#).

Lancet Editorial - Ebola in DR Congo: getting the job done

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30645-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30645-0/fulltext)

“...The 18-month Ebola outbreak in DR Congo has claimed 2264 lives and the number of cases exceeded 3000, making it the largest Ebola epidemic ever recorded after the west Africa outbreak of 2014–16. Unlike previous Ebola outbreaks, the national government took charge in coordinating the response, ably supported by WHO, donors, and other partners, including the African Centres for Disease Control and Prevention, which importantly allowed African experts rather than international experts to remain at the front and centre of the response. Another unique feature was the multidisciplinary approach to the outbreak...”

“Most urgent now is ensuring no new cases emerge in the 42-day period that must pass infection-free before declaring the outbreak over, and the immediate US\$20 million WHO needs to fund the remaining response. Concerns that COVID-19 will now steer attention away from the need to close the deal with Ebola control in DR Congo are real. Donors must step up and all teams must continue their resolve and commitment to not leave until the job is done. Furthermore, new capacities and regional mechanisms to coordinate efforts must be retained and properly funded after the outbreak ends so that the country’s strengthened health-care system can serve its people far beyond Ebola.”

HIV

Devex - Opinion: Here's how we'll beat AIDS — with a new era of leadership

<https://www.devex.com/news/opinion-here-s-how-we-ll-beat-aids-with-a-new-era-of-leadership-96725>

You might want to read this as it's by **Winnie Byanyima** (UNAIDS). She lists **6 aspects** that should be part of this new era of leadership.

Global Fund – overview pledges replenishment

<https://www.theglobalfund.org/en/updates/other-updates/2019-10-11-sixth-replenishment-conference-pledges/>

“The list of pledges made at Global Fund’s Sixth Replenishment Conference on 10 October 2019 is now available for download. It includes pledges from more than 75 donors.”

TB

Lancet Comment - UN General Assembly tuberculosis targets: are we on track?

S Sahu, L Ditiu et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30565-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30565-1/fulltext)

“The 2018 UN General Assembly (UNGA) Political Declaration on Tuberculosis was a turning point in global efforts to end the tuberculosis epidemic. Ambitious targets were set for scale-up and roll-out of diagnostic, treatment, and prevention services, political commitments, principles of equity and human rights, and financing, implementation, and research. Targets included diagnosing and treating an additional 40 million people with tuberculosis by 2022 and generating US\$13 billion per year for tuberculosis care and prevention and \$2 billion per year for research and development. Is progress for achieving these targets on track?...”

Quite a good overview on what has happened since the 2018 Political declaration, on various fronts. The authors conclude, looking ahead to **World TB Day (24 March), themed “It’s Time”** this year : *“It is time that all high-burden tuberculosis countries, with the active engagement of donors and all stakeholders including local communities affected by tuberculosis, commit more to implementing this accountability framework if the tuberculosis targets are to be achieved in the stated timelines.”*

SRHR & FGM

Guardian - True numbers of FGM victims could be far higher as countries fail to record cases

<https://www.theguardian.com/global-development/2020/mar/17/true-numbers-of-fgm-victims-could-be-far-higher-as-countries-fail-to-record-cases>

“The number of women and girls who have undergone female genital mutilation (FGM) could be much higher than previously estimated, as a new report shows the practice is carried out in more than 90 countries around the world. The UN estimates that 200 million women and girls have undergone FGM. But this figure is drawn from only 31 countries – 27 in Africa – where national data

has been collected. After pulling together data from indirect estimates, smaller surveys, academic studies and from anecdotal evidence, **researchers from Equality Now, the End FGM European Network and the US End FGM/C Network** found that hundreds of thousands of cases have been documented across 92 countries in Asia, the Middle East, Europe, North America and Latin America.

In the report, published on Tuesday, **the three organisations are calling on governments to commission national surveys to create a more accurate picture of global prevalence rates, which would allow a more cohesive response to the problem....**”

International Journal for Equity in Health (Editorial) - Reproductive health and the politics of abortion

A Blystad et al ; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-1157-1>

*“This editorial provides an overview of a thematic series that brings attention to the persistently deficient and unequal access to sexual and reproductive health services for young women in sub-Saharan Africa. It represents an effort to analyze the multifaceted relationship between laws, policies and access to services in Ethiopia, Zambia and Tanzania. Using a comparative perspective and qualitative research methodology, the papers presented in this issue explore legal, political and social factors and circumstances that condition access to sexual and reproductive health services within and across the three countries. Through these examples we show the often inconsistent and even paradoxical relationship between the formal law and practices on the ground. **Particular emphasis is placed on safe abortion services as an intensely politicized issue in global sexual and reproductive health.** In addition to the presentation of the individual papers, this editorial comments on the **global politics of abortion** which represents a critical context for the regional and local developments in sexual and reproductive health policy and care provision in general, and for the contentious issue of abortion in particular.”*

Think Global Health – An Improbable Success in a Troubled Region

<https://www.thinkglobalhealth.org/article/improbable-success-troubled-region>

“The Ouagadougou Partnership in Francophone West Africa advances access to family planning for health and development.”

Planetary Health

BBC - Climate change: The rich are to blame, international study finds

<https://www.bbc.com/news/business-51906530>

*“The rich are primarily to blame for the global climate crisis, a study by the University of Leeds of 86 countries claims. The wealthiest tenth of people consume about 20 times more energy overall than the bottom ten, wherever they live. **The gulf is greatest in transport**, where the top tenth gobble 187 times more fuel than the poorest tenth, the research says. That’s because people on the*

lowest incomes can rarely afford to drive. The researchers found that the richer people became, the more energy they typically use. And it was replicated across all countries....”

“The **study, published in Nature Energy**, showed that energy for cooking and heating is more equitably consumed. But even then, the top 10% of consumers used roughly one third of the total, presumably reflecting the size of their homes....”

Guardian – Locust crisis poses a danger to millions, forecasters warn

<https://www.theguardian.com/global-development/2020/mar/20/locust-crisis-poses-a-danger-to-millions-forecasters-warn>

“Experts fear swarms like those seen in Africa will become more common as tropical storms create favourable breeding conditions”

Lancet Global Health – new April issue

<https://www.thelancet.com/journals/langlo/issue/current>

Well worth checking out, the new Lancet Global Health issue.

- We flag, among others, a number of Comments related to new studies in the Lancet GH.

[Measuring mortality from non-communicable diseases: broadening the band](#)

[Challenges in dementia risk prediction in low-income and middle-income countries](#)

[Maximising the potential of HPV vaccines](#)

[Dialysis in Africa: the need for evidence-informed decision making](#)

- And a Letter (by **Simon Wigley, J Dieleman** et al)- [Democracy and implementation of non-communicable disease policies](#)

Plus the author’s reply (by **Luke Allen** et al) - [Democracy and implementation of non-communicable disease policies – Authors' reply](#)

Concluding: “Governments that are not beholden to the whims of the public might more easily implement long-term national health plans. For instance, China, Cuba, and Rwanda have seen impressive improvements in health outcomes under successive decades of one-party rule. **However, when it comes to implementing non-communicable disease policies, the aphorism ascribed to Winston Churchill still resonates, democracy seems to be “the worst form of government, except for all the others”.**”

Some papers of the week

IJHPM - Governance Roles and Capacities of Ministries of Health: A Multidimensional Framework

Kabir Sheikh et al; http://www.ijhpm.com/article_3779.html

*“The lack of capacity for governance of Ministries of Health (MoHs) is frequently advanced as an explanation for health systems failures in low- and middle-income countries (LMICs). But do we understand what governance capacities MoHs should have? Existing frameworks have not fully captured the dynamic and contextually determined role of MoHs, and there are few frameworks that specifically define capacities for governance. **We propose a multidimensional framework of capacities for governance by MoHs that encompasses both the “hard” (de jure, explicit and functional) and “soft” (de facto, tacit, and relational) dimensions of governance**, and reflects the diversification of their mandates in the context of the Sustainable Development Goals (SDGs). **Four case studies illustrate different aspects of the framework.** We hope that the framework will have multiple potential benefits including benchmarking MoH governance capacities, identifying and helping analyze capacity gaps, and guiding strategies to strengthen capacity.”*

BMJ Global Health (Comment) - External funding to strengthen capacity for research in low-income and middle-income countries: exigence, excellence and equity

D Maher et al ; <https://gh.bmj.com/content/5/3/e002212>

*“Strengthening capacity for research is of vital relevance to global health since research is fundamental to the improvement of health everywhere, but the capacity to do research varies enormously between countries. **External donors broadly agree on the exigence to support national efforts to strengthen the capacity for health research in low-income and middle-income countries. Current levels of external funding may support the concentration of activities in pursuit of excellence in some countries without achieving the aims of equity to ensure all countries can benefit from producing research. Key elements for debate as external donors and partner countries pursue the benefits of excellence and equity include:** (1) the need for evidence-based decision making, (2) the promotion of standardised collection and open reporting of data, (3) the level of funding which can avoid competition between excellence and equity, (4) revisiting what ‘excellence’ means, and (5) the implications of a shift to local leadership and knowledge in driving development practice.”*

IJHPM - The Rise of the Consucrat

E De Leeuw; http://www.ijhpm.com/article_3775.html

You’re probably as curious as we were about what a ‘Consucrat’ means :)

“Some agents representing the ‘receiving end’ of the medical-industrial complex could be called ‘career consumers.’ We identify these consucrats as a new class of intersectional rep-representation of ‘those affected’ in healthcare delivery systems. We describe them in the con-text of (similar) abocrats

and femocrats but show that consucrats face more complex and different level intersectional challenges. The designation, professionalization, and represen-tation of consucrats are problematic, in particular for public policy change. We argue for an enhanced strategic and cautious role for the consumer health movement to support consu-crats.”

BMJ Global Health (Analysis) – Towards universal health coverage: achievements and challenges of 10 years of healthcare reform in China

W Tao et al ; <https://gh.bmj.com/content/5/3/e002087>

“Universal health coverage (UHC) has been identified as a priority for the global health agenda. In 2009, the Chinese government launched a new round of healthcare reform towards UHC, aiming to provide universal coverage of basic healthcare by the end of 2020. We conducted a secondary data analysis and combined it with a literature review, analysing the overview of UHC in China with regard to financial protection, coverage of health services and the reported coverage of the WHO and the World Bank UHC indicators...”

See also BMJ Global Health(Practice) - [Towards universal health coverage: lessons from 10 years of healthcare reform in China](#)

Some blogs and mainstream articles of the week

Nature - A year without conferences? How the coronavirus pandemic could change research

<https://www.nature.com/articles/d41586-020-00786-y>

“As scientific meetings are cancelled worldwide, researchers are rethinking how they network — a move that some say is long overdue.”

Some tweets of the week

Susanna L Harris

“I keep getting people asking me if the coronavirus can be spread through sexual contact even if there is no exchange of air or touching of faces. If you can get this accomplished from 6 feet away, congratulations to both of you.”

Andrew Harmer (on WHO)

“At the centre of this pandemic is an organisation delivering consistent, reassuring, evidence-based information, technical advice, leaderships and - above all - humanity. When it's all over, can we please, please fund it like we mean it. Because we need it! “

Dr Tedros

“Healthcare systems run 'lean and mean' at more than 95% efficiency - when emergency comes, expanding a healthcare system to accommodate a new norm is difficult. That's what I think is happening in high-income countries. “

Ilona Kickbusch

*“Need to change language - **we need physical distancing NOT social distancing** - we actually need to increase our social cooperation #COVID—19”*

Trisha Greenhalgh:

“Scariest tweet I've seen so far on COVID: Have you made a will?”

Kristof Decoster

*“Still think that weeks ago, **too many global health experts were (still) comparing with 'annual death rates of flu'**. Even when Wuhan was already showing the true horror of Covid-19, if not contained. Part of the reason why decision makers didn't take it seriously enough.”*

Global governance of health

CGD (blog) - Why is Global Health Missing from the UK's Integrated Review?

https://www.cgdev.org/publication/why-global-health-missing-uks-integrated-review?utm_source=200317&utm_medium=cgd_email&utm_campaign=cgd_weekly

*“Following the UK government's integrated review of its security, defense, development, and foreign policy last month, the UK has an opportunity to reshape its place in a post-Brexit world. Global health plays a crucial role in supporting national security objectives, **Kalipso Chalkidou and Carleigh Krubiner** write. So why then is health missing from the review?”*

IJHPM - How Do Nigerian Newspapers Report Corruption in the Health System?

M Abba-Ajj, M McKee et al ; http://www.ijhpm.com/article_3777.html

“Nigeria has a huge burden of corruption, with the health system especially vulnerable. The media can play a role in tackling it, by shaping the narrative around it. However, its influence depends on

the extent and framing of its reporting on corruption. This paper reviews, for the first time, coverage of corruption in the health system in the Nigerian print media...

Devex - EU development chief welcomes EBRD's sub-Saharan ambitions

<https://www.devex.com/news/eu-development-chief-welcomes-ebrd-s-sub-saharan-ambitions-96756>

“The European Commission’s top development official weighed into the debate on the future of European financial institutions in Africa this week, saying she would welcome “as many as possible” operating south of the Sahara. Her comments are unlikely to please the European Investment Bank, which is locked in a contest with the European Bank for Reconstruction and Development over who should lead the bloc’s investments in Africa...” “EIB, which is owned by EU member states, already operates throughout Africa, financing €4.2 billion (\$4.7 billion) worth of projects in 29 countries in sub-Saharan Africa between 2017 and 2019. EBRD, which is focused mostly on central and eastern Europe and counts the U.S., China, and Japan among its 69 national shareholders, is only present for now in North Africa, though its outgoing president, Suma Chakrabarti, is keen to get an expansion further south approved at a meeting of the bank’s governing board in May....”

UHC

Health Policy Open - Building Capacity for Evidence-Informed Priority Setting in the Indian Health System: An International Collaborative Experience

<https://www.sciencedirect.com/science/article/pii/S2590229620300022>

*“UHC requires explicit trade-offs to maximize health using limited available resources. Health Technology Assessment (HTA) is the gold-standard for informing such trade-offs. There is a dearth of skills required to conduct and utilize HTA evidence in India. **We describe the first National capacity-building program for HTA in India.** The approach described presents a strong model for adaptation in similar contexts.”*

International Journal for Equity in Health - Towards universal access to healthcare for older adults: an assessment of the old-age exemption policy under Ghana’s National Health Insurance Scheme

F A A Dake et al ; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-1156-2>

« Despite calls for governments to provide universal health coverage for all, social health insurance programmes (SHI) that specifically target older adults continue to be largely absent in many African countries. Only a few African countries have implemented SHI programmes that include specific provisions for older adults. **Ghana's National Health Insurance Scheme (NHIS) is one of the few programmes in Africa that exempts older adults from paying premiums for health insurance.** This study examined socio-demographic factors associated with old-age premium exemption under Ghana's NHIS. ...»

Planetary health

Guardian - Study: global banks 'failing miserably' on climate crisis by funneling trillions into fossil fuels

<https://www.theguardian.com/environment/2020/mar/18/global-banks-climate-crisis-finance-fossil-fuels>

“Analysis of 35 leading investment banks shows financing of more than \$2.66tn for fossil fuel industries since the Paris agreement.”

Infectious diseases & NTDs

Cidrap – Hopeful results from trials of dengue vaccine candidate

[Cidrap:](#)

“ Phase 2 and 3 randomized, controlled clinical trials of Takeda's tetravalent (four-strain) dengue vaccine candidate show that it is safe, produces immunity in children, and protects against the disease—regardless of previous exposure to different strains of the virus, according to studies published in yesterday's *The Lancet*...”

Devex - Nigeria struggles with largest recorded Lassa fever outbreak

<https://www.devex.com/news/nigeria-struggles-with-largest-recorded-lassa-fever-outbreak-96773>

“Nigeria is under pressure to declare a national health emergency as it endeavors to contain its largest recorded outbreak of Lassa fever, which has killed 144 people this year.”

RBM Partnership to end malaria - Vector Control in Humanitarian Emergencies

[End Malaria;](#)

*“Forcibly displaced persons now total more than 70.8 million; many at increased risk for vector-borne diseases: malaria throughout much of Africa, leishmaniasis in Syria, dengue in Yemen. **The RBM VCWG hosts an initiative to facilitate innovative but practical steps to address vector control in these populations of such great need.**”*

Lancet Comment - No time to waste: preventing tuberculosis in children

J Campbell et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30532-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30532-8/fulltext)

*“Tuberculosis takes the life of one in five children developing the disease. Data from the pre-chemotherapy era suggest very young children are at highest risk for tuberculosis after exposure, and highly susceptible to the most severe forms of the disease. As a result, tuberculosis control efforts among children in high-burden countries are focused on those below 5 years of age. **One of the most important efforts is provision of tuberculosis preventive therapy after tuberculosis exposure, yet only one in four children below 5 years of age who might benefit from life-saving preventive therapy will receive it.** In resource-constrained high-burden countries, fewer than 1% of children at least 5 years of age receive **preventive therapy**”.*⁰

NCDs

BMJ (Analysis) - What role should the commercial food system play in promoting health through better diet?

<https://www.bmj.com/content/368/bmj.m545>

“Martin White and coauthors consider that the commercial food system has the potential to show leadership and support for dietary public health, but systemic change is needed first and this is likely to require governmental action.”

Globalization & Health - Health systems influence on the pathways of care for lung cancer in low- and middle-income countries: a scoping review

U Nwagbara et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00553-8>

Aim of this paper: *“To map evidence on the health systems issues impacting on the delays in timely lung cancer care continuum from diagnosis to palliative care in LMICs, including sub-Saharan Africa.”*

Sexual & Reproductive / maternal, neonatal & child health

Plos Med - Nationally and regionally representative analysis of 1.65 million children aged under 5 years using a child-based human development index: A multi-country cross-sectional study

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003054>

“...We use nationally and regionally representative individual-level data from Demographic and Health Surveys (DHS) for 55 low- and middle-income countries (LMICs) to examine patterns in human capabilities at the national and regional levels, between 2000 and 2017 (N = 1,657,194 children under age 5). We graphically analyze human capabilities, separately for each country, and propose a novel child-based Human Development Index (HDI) based on under-five survival, maternal educational attainment, and measures of a child’s household wealth...”

“We find considerable heterogeneity in child health across countries as well as within countries. At the national level, the child-based HDI ranged from 0.140 in Niger (with mean across first-level administrative units = 0.277 and standard deviation [SD] 0.114) to 0.755 in Albania (with mean across first-level administrative units = 0.603 and SD 0.089). There are improvements over time overall between the 2000s and 2010s, although this is not the case for all countries included in our study. In Cambodia, Malawi, and Nigeria, for instance, under-five survival improved over time at most levels of maternal education and wealth. In contrast, in the Philippines, we found relatively few changes in under-five survival across the development spectrum and over time. In these countries, the persistent location of geographical areas of poor child health across both the development spectrum and time may indicate within-country poverty traps. ... This study maps patterns and trends in human capabilities and is among the first, to our knowledge, to introduce a child-based HDI at the national and subnational level.”

F2P - Why Abortion is becoming more available and safer around the world

D Green; <https://oxfamblogs.org/fp2p/why-abortion-is-becoming-more-available-and-safer-around-the-world/>

Blog linked to Economist articles from last week.

Plos Med - Drought and intimate partner violence towards women in 19 countries in sub-Saharan Africa during 2011-2018: A population-based study

A Epstein, E Bendavid et al ;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003064>

“Drought has many known deleterious impacts on human health, but little is known about the relationship between drought and intimate partner violence (IPV). We aimed to evaluate this relationship and to assess effect heterogeneity between population subgroups among women in 19 sub-Saharan African countries....”

Conclusions: “Our findings indicate that drought was associated with measures of IPV towards women, with larger positive associations among adolescent girls and unemployed women. There was heterogeneity in these associations across countries. Weather shocks may exacerbate vulnerabilities among women in sub-Saharan Africa....”

Miscellaneous

Lancet Editorial – Peace and health in Afghanistan

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30643-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30643-7/fulltext)

Among others, referring to a just published **MSF briefing paper** (5 March) - [Reality check: Afghanistan's neglected healthcare crisis](#).

IHP – Reviving the unfinished agenda of strengthening the Health Policy and Systems Research (HPSR) Community in India – and beyond.

Sumegha Asthana; <https://www.internationalhealthpolicies.org/blogs/reviving-the-unfinished-agenda-of-strengthening-the-health-policy-and-systems-research-hpsr-community-in-india-and-beyond/>

The author of this blog reflects on the 5th anniversary of the **KEYSTONE training course** she attended in Delhi, 2015. She would like to make a call to everyone associated with HPSR training courses to come together, fill the persistent HPSR training gap and build a strong army of HPSR researchers. In India and around the globe.

Lancet Comment - Ethical implications of poor comparative effectiveness evidence: obligations in industry-research partnerships

I Singh et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30413-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30413-X/fulltext)

“Which treatment is best for me? This question is at the centre of the clinical consultation. And yet, too often, the question is not answerable with available evidence on drugs and devices. The two Lancet Series papers on comparative effectiveness document the shortcomings of the process for regulatory approval in incentivising the generation of comparative effectiveness evidence that is useful for patients, clinicians, and the health-care system. The paucity of meaningful comparative data on drugs and devices before and after market entry compromises clinical decision making. We argue that measurable ethical obligations to patients should form the core of future comparative effectiveness research in an era of personalised medicine.”

Open Democracy - Neuroliberalism: welcome to government in the 21st century

<https://www.opendemocracy.net/en/transformation/neuroliberalism-welcome-government-21st-century/>

“The use of psychological techniques to shape human behaviour is increasingly common. Should we be worried?”

From one of the authors of a recent book, [Neuroliberalism: Behavioural Government in the Twenty-First Century](#).

Emerging Voices

IHP - EV live reporting: The morning after #CoronaVirus was declared a national disaster in #SouthAfrica

<https://www.internationalhealthpolicies.org/blogs/ev-live-reporting-the-morning-after-coronavirus-was-declared-a-national-disaster-in-southafrica/>

Short blog by **Shakira Choonara** (EV 2014), the day after the South-Africa president said the country is facing a 'national disaster'.