Dear Colleagues,

I’ll keep it short in this week’s intro as there’s again a tsunami of Covid-19 related information, updates & analysis awaiting you. Earlier this week, UN Secretary general Guterres called the current times “humanity’s worst crisis since WW II”, and I’m afraid he’s not exaggerating. Now that the third wave of Covid-19 has really started, we are also increasingly witnessing how important it is to “include wider social, economic, and clinical consequences of public health actions” in our strategies, modelling and approaches... even if that’s easier said than done in the complex systems that are our societies and (interconnected) economies. As for global health, planetary health, global health governance & diplomacy ... it feels like every day one or another paradigm is being shifted (see the ongoing “(face)mask diplomacy” as just one example), even if too many still want to “save” a rotten system. For all these reasons, there’ll be a big focus on Covid-19 in the newsletter. We hope that in a few months, we’ll be able to again offer you a more balanced global health reads’ “diet”.

To assist you in navigating the tsunami, from now on, the Covid-19 section will be split up more clearly, in: (1) resources; (2) key updates & WHO messages/guidelines/reports...; (3) funding & new initiatives; (4) science; (5) Analysis.

As a reminder: the IHP version of ‘Test, track, treat’ is still: ‘skim, scan and savor’ (but with an important add-on these days, “while you try stay safe”).

We leave you with the tweet of the week: “If Capitalism is so Great, Why does it Need to Be Bailed Out by Socialism Every ten years?” Exactly.

Enjoy your reading.

Kristof Decoster
For a view from the other side of the world, do check out also IHP editorial member Deepika Saluja’s take, as of April 2 (Delhi, India):

“In India, we are now 10 days into the three-week lockdown announced by the Prime Minister, Narendra Modi. The lockdown started on 25th March, 2020, and COVID-19 figures (although probably underestimated) have already increased more than four-fold since the announcement, from 519 reported cases and 10 deaths (24 March) to 2069 cases and 53 deaths (evening of 2 April). This sharp increase is worrying, more so because the country - like many others, including “developed” ones - is not able to test all the ‘probable cases’. The real impact of the lockdown will only become clear, once we (hopefully) manage to stabilize the COVID incidence rates. In tracing the geographical locations of these cases, the government has identified 10 COVID zones across the country as ‘hotspots’ with the highest number of reported cases, places like Mumbai and Pune in Maharashtra, Nizamuddin Dargah area and Dilshad Garden in Delhi, Noida and Meerut in Uttar Pradesh, and so on. The aim is to monitor them closely for contact tracing and testing.

While medical care is obviously the first and most crucial component of the “essential services” that need to remain operational during lockdown, the transportation services needed to help patients reach the hospital in time, although briefly mentioned in the list, are still not readily available. This is particularly important when ambulatory services are limited in the country and (private) hospitals are turning patients away. In addition to this, the limited public health infrastructure, understaffed hospitals and already overburdened public health professionals with no personal protective equipment, means that India has very little margin of error. The Government must be very cautious in its approach, it can no longer afford to goof up as it did when it announced lockdown suddenly, leaving migrants with no time to plan their journeys back home - with no other option, many walked for miles and miles, eventually jamming up the state borders. Time is of the essence here, and while the government is responsible for taking the necessary measures with respect to diagnosing the suspected cases, treating them and containing the spread, Indian citizens also have the responsibility to cooperate with the government and abide by its directives of confinement, physical distancing and maintaining hand hygiene (even if they are somewhat “western & elite solutions”). This is going to be particularly challenging for people living in informal settlements and relief camps, and for the many people living in smaller houses with limited space to maintain physical distancing. And let’s not forget the water and sanitation situation in India. With hundreds of millions of people still practicing open defecation and 163 million people having no access to clean water, containment becomes all the more challenging. Thus, the response to this “pandemic war” has to be well thought out, it needs to be rapid and it needs to take place on multiple fronts.

On the flipside, seeing some of the clearest skies ever and the lowest air pollution levels recorded in the past 10 years, has been the bright spot of the lockdown. Given the lockdown and the fear of contagion however, I’m not sure if all of us are in the mood or have the mental space to enjoy those clear skies... ”
Featured Article

Square Pegs in Round Holes- World Autism Awareness Day in times of COVID-19

Shubha Nagesh  (IHP correspondent South-Asia; see IHP correspondents 2020.)

In a world set afire by Covid-19, we celebrated World Autism Awareness Day on April 2. Another frontline to worry about in times of health, economic and social crisis: the more than a billion people worldwide who have disabilities. While adults with disabilities sometimes have a voice and a platform to fight for what is rightfully theirs, very little attention is being paid to children with disabilities, particularly those with Autism Spectrum Disorder (ASD). In the current global fire, we should not allow the blaze to consume the vulnerable. Instead, we should try to capitalize on the warmth of the fire to steer systems to prioritize inclusivity from the start. This article seeks to understand better how children on the autistic spectrum are affected by the changes that are occurring all around us in COVID-19 times.

“Autists are the ultimate square pegs, and the problem with pounding a square peg into a round hole is not that the hammering is hard work. It's that you're destroying the peg.” — Paul Collins

Children with Autism Spectrum Disorder (ASD), their parents, caregivers and families are distraught over the current lockdown days, with their usual challenges magnified many times over. One glaring recent example came from India recently, when the whole country created a deafening racket (seen by most, rightfully, as an expression of solidarity and gratitude towards frontline health workers in the context of COVID-19). While well-intentioned in nature, that commotion must have scared and triggered so many children with sensory challenges.

Autism Spectrum Disorder can cause significant social, communication and behavioural challenges, and children with ASD usually learn, think, function and problem-solve differently from most other people - their abilities can range from gifted to severely challenged. Some of them need a lot of help in their daily lives; others, less. The idea of neurodiversity - whereby persons with autism are considered a variation of the natural, normal variation of the genome, is also gaining momentum, especially in the west.

Worldwide, the prevalence of ASD is now about 1 in 68 children. In India, we don’t have exact numbers, but it is thought to be around the same.

More people than ever are being diagnosed with ASD all over the world, and particularly in Asia, including India. Although no single cause has been identified and there is no formal cure for ASD, early diagnosis is key to improved outcomes. Tracking rates and numbers is challenging - there’s a lack of specific, uniform criteria, as well as paucity in resources to conduct assessments; also, report statistics may not be a national health priority. There is still lots of emerging knowledge in low and middle-income countries.

On the positive side, evidence-based psychosocial interventions and parent skill training programs are known to have an impact on the wellbeing and quality of life for persons with ASD and their caregivers. Specific family-centric interventions need to be accompanied by broad actions including accessible
physical, social and attitudinal spaces to promote acceptance and inclusion. These become all the more necessary in present times with lockdowns, isolation and quarantine.

Many of us will continue to grapple with resource constrained settings, lack of governance, clashing agendas and deficient sensitivity to our cause- however, giving up is not an option, not anymore. Each of us may not be able to change the world for all the one billion people with disabilities. But in our own ecosystems, in our own niches, we can aim for inclusiveness, fairness in policy & practice and realisation of the rights of children with disabilities, including children with ASD.

In the present times, in the thick of COVID-19, the public health care system will have to shoulder a huge responsibility, all the while, including for those with different abilities and needs. This is the way forward, according to many disability advocates around the world. It’s also important to connect with experts in the field and make their recommendations accessible and available.

There are many questions to consider in these times. How do we manage social distancing between parents and children? How do we ensure hand washing to children who cannot handle water in the first place? How can we continue to feed children the specific foods they are used to when they are not available anymore? What if their therapists can’t meet them anymore for a while? How can children with disabilities and complex needs continue their learning at home as schools remain closed?

According to the UK National Health Service (NHS) national guidelines, children with ASD will have the same illnesses as other children, but the way they respond to or communicate their symptoms will be different, and may not be obvious. Paying attention to health passports, listening to parents and caregivers, clear simple communication, providing quiet spaces and understanding behavioural responses will help children with ASD who may need assistance in hospitals. It is as important to contain the infection in vulnerable populations, including children with ASD, as it is in the general populations. The following recommendations from a health systems perspective could support policy making and key implementations.

Recommendations from a health systems perspective

Awareness & Acceptance will be key to the success of initiatives- despite the progress in research and public initiatives, there continues to be stigma and discrimination against children with disabilities, particularly those with autism, since many of them have challenges with behaviour and communication.

There is a need for aggressive national guidance by experts in the field of disability. A review of the disability rights framework and inclusion of relevant, key messages (accessible educational materials, qualified sign language communication, accessible websites, financial benefits for families/caregivers, permission of care givers to continue services with special precautions, special access to out-patient care, quiet zones for in-patient care, etc.) in the national COVID-19 policy are essential, so that inclusivity is built in from the beginning, not as an afterthought. Service delivery is vital- continued access to essential and support services is key for children with disabilities and their families, whose caring responsibilities will be magnified in crisis situations. Online schooling should be made accessible for children with disabilities, so they can continue lesson plans.

While India is yet to initiate nationwide collaborative efforts towards inclusion, organisations that work with and support children with disabilities are responding with support for families through phone calls, videoconferencing and provision of food and essentials for some. Advocacy needs to go
from paper to practice, our work has to change laws around disability rights and we have to pave the way forward, for everyone should get a chance to live to their full potential and have a place at the table.

A pandemic magnifies existent inequities and further jeopardizes inclusion for people with disabilities. If you are inspired by this call for inclusiveness, equity, justice and courage and want to make the world a better place for everyone, then fight for disability justice in any way you can. Also, there is no USA, UK, Taiwan, China, Singapore, Nigeria, India or Mexico when it comes to children with disabilities—children with ASD are the same, the world over.

You can choose your own road map to build a just and inclusive world. A good start might be Judy Heumann’s “Being Heumann: An Unrepentant Memoir of a Disability Rights Activist”? or Crip Camp on Netflix.

We can’t afford children with ASD to be left behind, in Covid-19 times even less so.

**Highlights of the week**

**WHO calls on countries to suspend ALL co-payments / user fees for health services (in Covid-19 times)**


Or at least Joe Kutzin (and the WHO’s financing team) Check out the recommendations here - Priorities for the Health Financing Response to COVID-19.

“...the health financing response must support the scaling-up and delivery of the appropriate population-based and individual services in two important ways...” (1) Ensure sufficient funding for Common Goods for Health; (2) remove financial barriers to health services to enable the timely diagnosis and treatment of COVID-19 for all who need them. Kutzin lists key health financing actions to support these objectives.

**Owain Williams starts “Covid-19 Diaries”**

For an overview go to: https://covid19healthdiaries.com/about

“I have been recording my own COVID-19 experience, and it has been helpful, therapeutic - a place to let my own global health professional head have a place to reflect. I am responding to initial soundings and a wave of interest in this project. The COVID-19 Diaries is an academic and personal project, but more importantly an investment in a community space for those of us who might want to mix the professional and the personal and record these times. It does not matter if you want to record private thoughts, share feelings with other users, or open-up for the wider public view. Your
journal can be private, for the group, or in the public eye. It does not have to be science based or personal, or anything for that matter (within reason). The crucial thing is that we have all interacted with Global Health and all have feelings and opinions, We are in for the long haul and I know that many people will be interested in the human face of global health – our communication and our experience of this crisis could help others and we could help each other.

_Hope to see contributions flowing in!_

Warmly recommended!

As mentioned in the intro, we’ll now tackle Covid-19 – and have _split it up in various sections_. We start below with Resources. You find other sections (Key updates; Funding & initiatives; Science; Analyses) further on in the Highlights section.

**Covid-19 Resources**

In addition to resources already flagged in recent weeks.

**FT latest trends & visualizations**


We’re a big fan of these, like many among you. With great visualizations & trends. And daily updates.

Some of the recent headlines: “_The US is now the global centre of the pandemic, with the number of new cases increasing every day, and total infections in the last week alone passing 100,000. ... ... Outbreaks are now underway in dozens of countries, and few have hit their ceiling for new cases. ... Daily death tolls are still accelerating in most countries. ..._

**Devex - Interactive: Who’s funding the COVID-19 response and what are the priorities?**


“Since the beginning of 2020, more than $4.6 trillion has been pledged by governments, bilateral donors, multilateral institutions, philanthropic donors, NGOs, and the private sector in the fight against COVID-19. But this number just scratches the surface of the expenditure that will be required in the coming months. An _analysis of Devex funding data_ shows 245 funding activities, grants, and business opportunities specifically targeting “COVID-19” or “coronavirus” in funding announcements between Jan. 1 and March 24 of this year — with 220 providing details on the funds available to
support the initiatives. This funding data is available through a new tableau interactive dashboard: [Interact with global COVID-19 funding data](https://www.equinetafrica.org/sites/default/files/uploads/documents/EQUINET%20COVID%20brief%202%201April2020.pdf). Explore where the funding is going, who’s supplying the money, and what funding is focusing on....”

**EQUINET Information sheet 2 on COVID-19**


Great stuff, with focus on Sub-Saharan Africa. Warmly recommended!

“This second information sheet attached aims to assist by bringing together information and links to resources from various sources on a range of issues related to COVID-19 covering: 1: Developments in the COVID-19 epidemic; 2: The health system response; 3: Policy, politics and rights; 4: Support for and in different communities; 5: The macro-economic challenges; 6: What does this all mean for equity?”

“This is the second information brief from EQUINET to summarise and provides links to official, scientific and other resources as of March 30 2020 to support an understanding of and individual to regional level responses to COVID-19. This brief complements and does not substitute information from your public health authorities. “

**Covid-19 Afrique**

https://www.covid19afrique.com/

(in French) “Ce site vise à présenter les informations relatives au COVID 19 en Afrique.”

**WHO Afro situation report (1 April)**


**UNICEF's health response to the Covid-19 pandemic**


**Oxford COVID-19 Government Response Tracker (OxCGRTr)**

https://www.bsg.ox.ac.uk/research/research-projects/oxford-covid-19-government_response_tracker
“Governments are taking a wide range of measures in response to the COVID-19 outbreak. The Oxford COVID-19 Government Response Tracker (OxCGRT) aims to track and compare government responses to the coronavirus outbreak worldwide rigorously and consistently.”

Cfr the press release

Social Watch – The Global corona crisis: a summary of key policy mappings and databases

http://www.socialwatch.org/node/18453

“In addition to the health aspects of the virus, the global coronavirus crisis also has financial, socio-economic and developmental consequences. For this reason, a large number of policy measures have been announced by governments and international organizations, on the one hand to contain the pandemic, on the other to mitigate the economic consequences. These measures contain for example fiscal stimulus and aid packages of various shapes and sizes, intended to cushion the serious economic and social consequences of the coronavirus outbreak worldwide. The main target groups of planned loans and cash injections are the healthcare system, as well as larger banks and companies. However, some strategies are also aimed at small and medium-sized companies as well as groups of individuals, their savings, private pensions and other private assets. ... In order to gain an overview of the various national and international measures, various actors have created overviews, each with a different focus. Global Policy Forum continuously analyzes relevant policy measures. The following databases are particularly useful:...”

HS Governance Collaborative - Private sector engagement and COVID 19

B O Hanlon et al; https://hsgovcollab.org/en/node/4365

“WHO calls on national governments everywhere to adopt a whole-of-government and whole-of-society approach in responding to the COVID-19 pandemic. Reducing the further spread of COVID-19 and mitigating its impact should be a top priority for Heads of State and Governments. The response should be coordinated with actors in the private sector and civil society. WHO has developed these draft interim guidance to help governments with their efforts to engage the private sector as part of a whole of society response to the pandemic and also to support governments efforts to engage the private sector to help maintain essential health services....”

WB Dashboard - Understanding the COVID-19 pandemic through data

http://datatopics.worldbank.org/universal-health-coverage/covid19/?cid=ECR_TT_worldbank_EN_EXT

The WB collected global data relevant for #coronavirus in a new real-time dashboard to help countries manage the epidemic.
WHO - Global research on coronavirus disease (COVID-19)

“WHO is gathering the latest scientific findings and knowledge on coronavirus disease (COVID-19) and compiling it in a database. We update the database daily from searches of bibliographic databases, hand searches of the table of contents of relevant journals, and the addition of other relevant scientific articles that come to our attention.”

Over 24,000 coronavirus research papers are now available in one place

“The data set aims to accelerate scientific research that could fight the Covid-19 pandemic.”

“Today researchers collaborating across several organizations released the Covid-19 Open Research Dataset (CORD-19), which includes over 24,000 research papers from peer-reviewed journals as well as sources like bioRxiv and medRxiv (websites where scientists can post non-peer-reviewed preprint papers). The research covers SARS-CoV-2 (the scientific name for the coronavirus), Covid-19 (the scientific name for the disease), and the coronavirus group. It represents the most extensive collection of scientific literature related to the ongoing pandemic and will continue to update in real time as more research is released.”

CFFP - Feminist resources on the pandemic
https://centreforfeministforeignpolicy.org/feminist-resources-on-the-pandemic

“The response to the current pandemic is in dire need of feminist perspectives, especially as we are already seeing the gendered impact it is having.”

George Institute for Global Health - Covid-19 preparedness guidance checklist for rural primary & community settings
https://www.georgeinstitute.org.in/covid-19-preparedness-guidancechecklist-for-rural-primary-health-carecommunity-health-settings-in

Not just relevant for India, we reckon.

Georgetown Institute - International Law Impact and Infectious Disease (ILIAID) Consortium
https://ghss.georgetown.edu/iliaid/
“The International Law Impact and Infectious Disease (ILIAID) Consortium brings together academics, lawyers, researchers, and policy-makers from diverse backgrounds and disciplines to examine issues relating to governance and the impact of international law on infectious diseases.”

OpenWHO

https://openwho.org/

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

Cfr tweet Tedros: "More than 1 million health workers have been trained through our courses on http://OpenWHO.org. We will continue to train more".

Covid-19 key updates & WHO messages/updates

We start with the latest assessment by WHO of the current state of affairs, and will then proceed with other updates.

We do recommend Stat News, HPW, Cidrap News, ... for your daily dose of Covid-19 updates.

Sadly, there are already more than 1 million people infected now and over 50000 deaths. (Cidrap News – 2 April). “After just 4 months, the global COVID-19 total topped the 1 million mark today, with more countries on several continents reporting exponential growth, even in some African nations. Meanwhile, the world’s number of deaths from the virus passed 50,000, with more than half of them from Europe’s hot spots.”

See also HPW (2 April) - COVID-19 Infections Hit One Million Mark; Seven-Fold Increase In New Cases For South-East Asia – Europe & USA Remain Epicentres

Guardian - Global coronavirus infections near million mark after 'near exponential growth'


“Confirmed Covid-19 infections are nearing the one million mark after “near exponential growth” saw global cases more than double in the past week. The World Health Organization chief, Tedros Adhanom Ghebreyesus, warned of the approaching milestone as new cases reached almost every country and territory across the world. “As we enter the fourth month since the start of the Covid-19 pandemic I’m deeply concerned about the rapid escalation and global spread of infection,” Tedros said. “Over the past five weeks, we have witnessed a near exponential growth in the number of new cases, reaching almost every country....”

See also Cidrap News (April 1) - Rapid COVID-19 escalation pushes world past 900,000 cases
Among others, with the message: “Readiness critical for Africa and Central, South America”.

- And focusing on Africa - via the Telegraph (2 April) - The head of the World Health Organization in Africa has warned that the continent’s outbreak is growing "exponentially".

"More than 6,000 cases have now been confirmed in the [African] region, but the WHO say that the virus is threatening already fragile health systems and cases have been detected in some of countries and localities most ill-equipped to respond. The UN agency highlights the Democratic Republic of the Congo as one example - while Covid-19 cases were initially confined to Kinshasa, the capital city, a handful of cases have now been reported in the easternmost regions of the country that were until recently in the grip of an Ebola outbreak. Dr Matshidiso Moeti, the WHO Regional Director for Africa, said that “case numbers are increasing exponentially in the African region.”"

Via Cidrap: “Six countries are reporting exponential spread: Algeria, Burkina Faso, Cameroon, Ivory Coast, Ghana, and South Africa. Most African countries are reporting local spread, alongside sporadic imported cases, the WHO said.”

- As for John Nkengasong’s advice (African CDC): (via Guardian)

“Dr John Nkengasong, the head of the Africa Centers for Disease Control and Prevention, told reporters that the virus was an “existential threat” to African countries and that, with local transmission now underway, many will begin to pass the 10,000 mark by the end of April. However health officials also cautioned against the total lockdowns that increasing numbers of African nations have imposed on tens of millions of people.”

“Don’t lock down the whole country. Lock down cities or communities where there’s extensive community transmission so ... social harm is minimised. But if infection is spreading across the entire country, you have no choice.”

UN News - COVID-19: International community must step up to prevent pandemic from devastating vulnerable on the run


And as always, the most vulnerable are being hit hardest.

“Given how quickly the COVID-19 pandemic is spreading, an outbreak is “looking imminent” in the world’s refugee camps, crowded reception centres or detention facilities where migrant families are sheltering, the Executive Director of the UN Children’s Fund (UNICEF) said on Wednesday.”

Lancet Editorial – COVID-19 will not leave behind refugees and migrants

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30758-3/fulltext

“Never has the “leave no one behind” pledge felt more urgent. As nations around the world implement measures to control the spread of SARS-CoV-2, including lockdowns and restrictions on individuals’ movements, they must heed their global commitments. When member states adopted
the UN 2030 Agenda for Sustainable Development, they promised to ensure no one will be left behind. Chief among the world's most vulnerable people are refugees and migrants. The COVID-19 crisis puts these groups at enormous risk. Yet global pandemic efforts have so far failed in their duty of care to refugees and migrants...."

Check out also another new Lancet Editorial - Redefining vulnerability in the era of COVID-19

With focus on both developing & developed countries. “What does it mean to be vulnerable? Vulnerable groups of people are those that are disproportionally exposed to risk, but who is included in these groups can change dynamically. A person not considered vulnerable at the outset of a pandemic can become vulnerable depending on the policy response. The risks of sudden loss of income or access to social support have consequences that are difficult to estimate and constitute a challenge in identifying all those who might become vulnerable. Certainly, amid the COVID-19 pandemic, vulnerable groups are not only elderly people, those with ill health and comorbidities, or homeless or underhoused people, but also people from a gradient of socioeconomic groups that might struggle to cope financially, mentally, or physically with the crisis....”

PS: see HPW – Health Policy Watch on the 'shielding strategy'

“A new strategy called “shielding”, that aims to limit transmission of COVID-19 in migrant and refugee camps, has been proposed by the London School of Tropical Hygiene and Medicine’s Health in Humanitarian Crises Centre. The strategy recommends that people at high-risk from COVID-19 be identified and separated from other camp members in so-called ‘green-zones’ for an extended period of time, so as to reduce their risks of serious illness and possible death. The zones, ideally, would be located as close as possible to primary health care and other essential services, to minimize their need for movement. The guidance notes that the kinds of ‘stay-at-home’ orders and self-isolation tactics that have been widely adopted in developed countries are unworkable in migrant camps and camp-like settings. And at the same time, overcrowding, poor access to safe water, sanitation and limited access to health services could also lead to very high rates of infection among camp residents.

UN initiatives

UN launches COVID-19 plan that could ‘defeat the virus and build a better world’


“The UN chief launched on Tuesday a new plan to counter the potentially devastating socio-economic impacts of the COVID-19 pandemic, calling on everyone to “act together to lessen the blow to people.” “... The new report, "Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19", describes the speed and scale of the outbreak, the severity of cases, and the societal and economic disruption of the coronavirus.

“COVID-19 is the greatest test that we have faced together since the formation of the United Nations,” underscored the UN chief.
In tackling the devastating social and economic dimensions of the crisis, the UN chief pushed for a focus on the most vulnerable by designing policies that, among other things, support providing health and unemployment insurance and social protections while also bolstering businesses to prevent bankruptcies and job losses. ... Debt alleviation must also be a priority he said, noting that the UN is “fully mobilized” and is establishing a new multi-partner Trust Fund for COVID19 Response and Recovery to respond to the emergency and recover from the socio-economic shock. “

UN Launches Global Humanitarian Appeal for Vulnerable Countries, WHO Updates Response Plan


See also last week’s IHP newsletter (on the first aspect).

“The UN Office for the Coordination of Humanitarian Affairs launched a Consolidated Global Humanitarian Appeal to support approximately 40 vulnerable countries in fighting COVID-19. Governments are cautioned against diverting funding from existing humanitarian operations, which could create an environment in which cholera, measles and meningitis can thrive, in which even more children become malnourished, and in which extremists can take control – an environment that would be the perfect breeding ground for the coronavirus. ... WHO updated its Strategic Preparedness and Response Plan for COVID-19, categorizing countries into five levels of need.”

On the latter: “On 26 March, WHO updated its Strategic Preparedness and Response Plan for COVID-19, first issued in early February. According to the updated plan, support will be prioritized to countries with weak health systems and significant gaps in preparedness capacity for technical and operational implementation. The WHO has categorized countries into five levels based on operational readiness, as well as the current status of their response scenario (preparedness, high-risk of imported cases, imported cases, localized transmission, and community transmission). “

IISD - UN Creates Fund with Three Windows for COVID-19 Response, Future Resilience


“The UN Secretary-General has announced the establishment of the COVID-19 Response and Recovery Fund and launched a report serving as a call to action. Both the Fund and the Call to Action take a long-term view, stressing that the world must address the issues that “make us all unnecessarily vulnerable to crises,” with the 2030 Agenda serving as the roadmap to achieving this. Launched on 31 March 2020, the multi-donor trust fund is anticipated to require USD 1 billion over the first nine months. The Fund will complement the World Health Organization (WHO)’s Strategic Preparedness and Response Plan, and the UN Office for the Coordination of Humanitarian Affairs (OCHA)’s Consolidated Global Humanitarian Appeal for COVID-19...”

“Guterres said the recovery from the COVID-19 crisis must "lead to a different economy" - more equal, inclusive and sustainable, to be more resilient to pandemics, climate change, and other global challenges.”
“The Fund has three aims, with a finance window for each one: stop transmission of the virus, protect the most vulnerable from its socio-economic impacts, and make countries more resilient to future health crises. Window 1, ‘Enable governments and communities to tackle the emergency,’ will support countries to fully implement their National Action Plans for Health Security (NAPHS), helping them close gaps in acquiring essential equipment and supplies, and pay health and social workers....”

Guardian - UN calls for $2.5tn emergency package for developing nations

“The United Nations has called for a $2.5tn emergency package to help developing countries cope with the crippling impact of the Covid-19 pandemic on their vulnerable economies. The UN said there was a “looming financial tsunami” and urged rich countries of the west to provide the sort of assistance for emerging economies as they were providing for themselves. The organisation’s Geneva-based economics arm, the UN conference on trade and development (Unctad), called for drops of money by the International Monetary Fund (IMF), extensive debt relief and a new Marshall plan to strengthen health systems. It said the $2.5tn (£2tn) cost of the package would be the equivalent of developed countries meeting the target of spending 0.7% of their national income on aid – something only Britain and a handful of other nations have achieved....” See also UN News - $2.5 trillion COVID-19 rescue package needed for world’s emerging economies.

Foreign Policy – U.N. Security Council Paralyzed as Contagion Rages

Recommended analysis. “A major player in the Ebola outbreak, the council has turned into the site of a U.S.-China showdown over the coronavirus.”

A great pity. See also the Guardian - Posturing and point-scoring leave UN hamstrung against coronavirus

On the current Security Council paralysis, we also recommend this great analysis by Patrick Stewart (CFR)

As COVID-19 Runs Rampant, the UN Security Council Must Act

“The disastrous stalemate between the United States and China is preventing the UN Security Council from issuing a powerful resolution, or even a declaration, to mobilize the international system against the pandemic.”

Excerpts:

“On Dec. 30, 2019, the world first learned that a dangerous new coronavirus had emerged weeks before in China’s Wuhan province. Three months, nearly 740,000 infections and 34,000 deaths later, as of this writing, it’s well past time for the United Nations Security Council to declare COVID-19 a
threat to international security. Such a designation would carry immediate symbolic and practical weight, signaling to anxious populations around the world that U.N. member states are united in confronting this plague and determined to deploy their entire multilateral arsenal against it. It would also carry the binding force of international law, as the U.N. Charter obliges all states “to accept and carry out” decisions by the Security Council. ... “... Given these potential benefits, it is beyond maddening that infighting between China and the United States is blocking any forceful action. ... ... Today, the world confronts a public health emergency that dwarfs the Ebola crisis and indeed any pandemic since the Great Influenza of 1918. Despite these stakes, the Security Council’s two authoritarian permanent members, China and Russia, have resisted its involvement in COVID-19 as unwarranted mission creep and an intrusion into the sovereign affairs of U.N. member states. Beyond this generic objection, the Chinese fear public revelations about their lack of transparency in handling the initial outbreak in Wuhan. To avoid embarrassment, Beijing is willing to put global public health in jeopardy. ... ... “...The disastrous stalemate in New York is preventing the Security Council from issuing a powerful resolution, or even a declaration, to mobilize the international system. Last week, Estonia, a rotating member of the Security Council, proposed a joint statement expressing “growing concern about the unprecedented extent of the COVID-19 outbreak in the world, which may constitute a threat to international peace and security.” China and Russia, as well as South Africa, rejected the draft, which included an insistence that all countries show “full transparency” in their reporting on the outbreak—a phrase the Chinese interpreted as a veiled attack on their handling of the coronavirus....”

UN General Assembly to decide on rival COVID-19 resolutions

ABC news;

Meanwhile, the picture in the UN General Assembly (as of Monday):

“How should the U.N. General Assembly and its 193 member states respond to the coronavirus pandemic? Members have been sent two rival resolutions for consideration — and under new voting rules instituted because the global body isn’t holding meetings, if a single country objects a resolution is defeated. One resolution, which has more than 135 co-sponsors, calls for “intensified international cooperation to contain, mitigate and defeat the pandemic, including by exchanging information, scientific knowledge and best practices and by applying the relevant guidelines recommended by the World Health Organization.” The other, sponsored by Russia with support from Central African Republic, Cuba, Nicaragua and Venezuela, also recognizes the leading role of WHO in combating the pandemic, but it calls for abandoning trade wars and implementing protectionist measures, and not applying unilateral sanctions without U.N. Security Council approval...”

AP – 8 countries under unilateral sanctions ask UN chief for help

https://apnews.com/496de0e2df595e74298265d2e3e3c7b0

“Eight countries under unilateral sanctions, mainly from the United States and European Union, urged U.N. Secretary-General Antonio Guterres on Thursday to request the immediate and complete lifting of those measures to enable the nations to respond to the coronavirus pandemic. In a joint letter obtained by The Associated Press, the ambassadors from China, Cuba, North Korea, Iran,
Nicaragua, Russia, Syria and Venezuela urged the U.N. chief to “reject the politicization of such a pandemic....”

And some links:

- Joint Statement by QU Dongyu, Tedros Adhanom Ghebreyesus and Roberto Azevedo, Directors-General of the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO) and the World Trade Organization (WTO)

Focus on food security. “Millions of people around the world depend on international trade for their food security and livelihoods. As countries move to enact measures aiming to halt the accelerating COVID-19 pandemic, care must be taken to minimise potential impacts on the food supply or unintended consequences on global trade and food security.”

- The rights and health of refugees, migrants and stateless must be protected in COVID-19 response

Joint press release from OHCHR, IOM, UNHCR and WHO.

Some WHO key messages of the past week & other WHO updates/reports/guidelines...

Do check out the near daily media briefings by Tedros & team.

(1 April)

“... we realize that COVID-19 could have serious social, economic and political consequences for these regions. It is critical that we ensure these countries are well equipped to detect, test, isolate and treat cases, and identify contacts – I am encouraged to see that this is occurring in many countries, despite limited resources. Many countries are asking people to stay at home and shutting down population movement, which can help to limit transmission of the virus, but can have unintended consequences for the poorest and most vulnerable people. I have called on governments to put in place social welfare measures to ensure vulnerable people have food and other life essentials during this crisis. ... In India, for example, Prime Minister Modi has announced a $24 billion package, including free food rations for 800 million disadvantaged people, cash transfers to 204 million poor women and free cooking gas for 80 million households for the next 3 months. Many developing countries will struggle to implement social welfare programs of this nature. For those countries, debt relief is essential to enable them to take care of their people and avoid economic collapse. This is a call from WHO, the World Bank and the IMF – debt relief for developing countries....”

See Reuters - WHO, World Bank, IMF back debt relief for developing economies in pandemic: Tedros
WHO releases guidelines to help countries maintain essential health services during the COVID-19 pandemic


From late last week. “To help countries navigate through these challenges, the World Health Organization (WHO) has updated operational planning guidelines in balancing the demands of responding directly to COVID-19 while maintaining essential health service delivery, and mitigating the risk of system collapse. This includes a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to high-quality essential health services for all.”

UN News - Coronavirus necessitates global increase in protective equipment, medical supplies: UN health chief


“The head of the World Health Organization (WHO) is calling for stepped-up production of medical equipment and supplies as health facilities and health workers in many countries struggle with increasing and urgent demands brought on by the COVID-19 pandemic. Tedros Adhanom Ghebreyesus told journalists in Geneva on Monday that he had spoken to trade ministers from the world’s leading economic forum, the G-20, about ways to address the chronic shortage of personal protective equipment (PPE) and other essential medical supplies.”

See also Reuters - WHO chief urges G20 to boost production of protective gear against virus

Guardian – Spies, hijacks and export bans: the global battle for coronavirus equipment

https://www.theguardian.com/world/2020/apr/02/global-battle-coronavirus-equipment-masks-tests

“Fears of shortages are driving many countries to take increasingly devious measures to secure masks and tests.”

“Abraham L Newman, a professor at Georgetown University’s department of government, and Henry Farrell, a professor of political science and international affairs at George Washington University, said there was a risk of the world “sequestering into distrust and selfishness”. “The high level of mutual suspicion currently brewing between states will make it harder to coordinate an international response,” they wrote in the Harvard Business Review. “It is hard for governments to be generous when their citizens are frightened and supplies are tight. Yet it may lead to a spiral of fear and retaliation.””
UN News - Protect ‘healthcare heroes’ from COVID-19, urges UN rights expert


“States and business leaders must step up efforts to ensure that the selfless doctors, nurses, first-responders and other medical professionals working on the frontlines of the COVID-19 pandemic receive adequate protective equipment, a UN rights expert said on Friday. “Their tireless work and self-sacrifice show the best of humanity”, said Baskut Tuncak, Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes. Hailing the healthcare workers as “heroes” who “must be protected”, he stressed that unacceptable shortages in critical protective equipment that can stop them from being infected, continue to plague nearly all nations battling the new coronavirus.”

Science News - ‘These are answers we need.’ WHO plans global study to discover true extent of coronavirus infections


“In an effort to understand how many people have been infected with the new coronavirus, the World Health Organization (WHO) is planning a coordinated study to test blood samples for the presence of antibodies to the virus. Called Solidarity II, the program, which will involve more than half a dozen countries around the globe, will launch in the coming days, says Maria Van Kerkhove, who is helping coordinate WHO’s COVID-19 response....”

“Solidarity II is the final part of a “three-pronged approach” to gathering as much data on antibodies as quickly as possible, Van Kerkhove says...”

Some other global updates

Guardian - Lockdowns around the world bring rise in domestic violence


“Activists say pattern of increasing abuse is repeated in countries from Brazil to Germany, China to Greece.”

Guardian - Teargas, beatings and bleach: the most extreme Covid-19 lockdown controls around the world

“Violence and humiliation used to police coronavirus curfews around globe, often affecting the poorest and more vulnerable.”

“...Although there is a growing global consensus that efforts to protect public health in the face of the coronavirus pandemic demand temporary sacrifices of some individual freedoms, UN human rights experts have urged countries to ensure their responses by to the pandemic were “proportionate, necessary and non-discriminatory”. ... It is often the least well off - who cannot afford to stop working, or who are forced to walk for days to return to their family villages from the cities they worked in before the virus emerged - who are targeted by such punishments.”

See also Claire Provost (Open Democracy) who points at the danger of a “global corona-coup”.

The Atlantic - Get Used to It: This Lockdown Won’t Be the Last


Lockdowns are the ‘new normal’. “New restrictions in Hong Kong show that a single round of constraints won’t be enough to beat the pandemic.”

Meanwhile (see WSJ), ‘quarantine fatigue already sets in’, and “officials and scientists in Europe, following the example of South Korea, Singapore and Taiwan, are (increasingly) advocating for mass testing for the coronavirus as the economic cost of lockdowns rises”.

Lancet Comment - Ensuring global access to COVID-19 vaccines

Gavin Yamey, R Hatchett, M Pate et al: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30763-7/fulltext

Must-read. “… The development of COVID-19 vaccines that can be used globally is therefore a priority for ending the pandemic. ... This vaccine effort should be guided by three imperatives: speed, manufacture and deployment at scale, and global access. In February, 2020, the World Bank and the Coalition for Epidemic Preparedness Innovations (CEPI), which funds development of epidemic vaccines, co-hosted a global consultation on these goals. This consultation led to the launch of a COVID-19 Vaccine Development Taskforce that is now working on how to finance and manufacture vaccines for global access....”

CEPI & GAVI will be key. As for how to finance these properly, I’d just tax the Forbes 500 list big time. And if they don’t “cooperate”, nationalize them.

FT Health - Big drugmakers under pressure to share patents against coronavirus

https://www.ft.com/content/b69af9d98-a8af-40d9-b520-4231d9cac68f

“WHO backs making pharmaceuticals open up intellectual property as it did to fight HIV/AIDS.”
Excerpts: “Drugmakers are facing mounting calls to give up their patent rights for potentially life-saving treatments and vaccines for coronavirus as authorities worldwide race to curb the pandemic’s death toll. The heads of the World Health Organization and Unitaid, a UN-backed group funding global health innovation, have welcomed a proposal devised by Costa Rica for companies voluntarily to pool their intellectual property for all medical interventions — including treatment, vaccines and diagnostics. Doing so would enable governments or generic drugmakers to manufacture and sell the products at much lower prices than are currently available in the world market. ... Pharmaceutical companies have joined intellectual property pools in the past that have enabled treatments for HIV/Aids, tuberculosis and Hepatitis C to be extended to low-income countries at affordable prices. The proposed coronavirus pool, however, would be available to countries worldwide. Daniel Salas, Costa Rica’s health minister, told the Financial Times he was hopeful the WHO would soon go ahead with the plan....”

See also Stat News - Pressure mounts to widen access to medical products that may combat Covid-19

“As more companies gear up to fight the spread of the novel coronavirus, a growing number of government officials, lawmakers, academicians, and advocacy groups are seeking to ensure widespread access to medical products for combating Covid-19.”

Gavi alliance calls for global vaccine overseer to combat Covid-19 threat

https://www.thenational.ae/world/gavi-alliance-calls-for-global-vaccine-overseer-to-combat-covid-19-threat-1.998386

“The appointment of an international vaccine overseer could bring together dozens of scientific teams now competing in the race for a Covid-19 treatment to share their findings and resources, a leading epidemiologist said. Dr Seth Berkley, the head of Gavi, the Vaccine Alliance, has proposed that the World Health Organisation takes on a co-ordinator role by selecting vaccines most likely to succeed. Dr Berkley said that if the world’s top scientists were united in a properly resourced and centralised way, the necessary clinical trials that normally take more than 10 years could be compressed into 18 months....”

FT - Coronavirus testing: the battle to track the pandemic

https://www.ft.com/content/0faf8e7a-d966-44a5-b4ee-8213841da688

“Chinese companies predominate in race to ramp up production of two different Covid-19 tests”.

Quotes: “... Germany and South Korea have led the way in rolling out tests on a large scale, but the UK and US have been laggards. The greater the delays, the more prolonged the uncertainty over the size of the virus threat. As hunger for diagnosis grows, as testing kits are rejected and impatience with government mounts, we look at the available technologies, their potential and limitations. ... There are two main types. The first, an antigen test, detects the presence or absence in the body of the new coronavirus, which causes the disease Covid-19. The second, an antibody test, looks for signs that someone has been infected in the past by searching for an immune response....”
“... The private sector has played an outsized role in the development and manufacturing of antibody tests, though its products still have to be validated by public health authorities before use. The presence of Chinese companies has stood out in the effort to boost the supply of both types of test. Of 202 companies around the world producing commercialised Covid-19 test kits, 92 are from China, where the outbreak originated and an innovative medical technology sector is thriving. ... ... Beyond conventional antibody and antigen tests, researchers in universities and biotech companies are developing imaginative new diagnostic technologies. For instance Crispr, a gene editing technique that has taken the biotech world by storm, can be adapted to recognise and cut specific genetic sequences in Sars-CoV-2, which can then be identified via colour changes....”

Not all tests are reliable, obviously. But anyway, it seems an antibody test could be there soon – see the Economist - An antibody test for the novel coronavirus will soon be available.

More debate on the ‘mask’ issue: “Masks 4 all?” (or not)

Worldwide (and certainly in the EU and US), health experts revisited the benefits of wearing masks in public (as HPW already noted earlier this week).

“As the coronavirus spreads globally, health experts are beginning to reconsider whether the general public should wear facemasks after all. Though the Centre for Disease Control and Prevention (CDC) as well as the WHO recommend the use of face coverings only for the sick or for health workers, CDC director Robert Redfield has said that this recommendation is currently under review. ...”

“However, the recommendation under consideration would specifically recommend fabric masks, or do-it-yourself type masks for the general public, reports the Washington Post. Medical grade masks such as surgical masks or N95 respirators – which are in desperately short supply around the world – would still be restricted to use by healthcare workers. ...”

On the mask issue (where we by and large agree with WHO’s stance), we also recommend the following reads:

- Science - Would everyone wearing face masks help us slow the pandemic?

“Some argue that masking everyone would slow the spread of COVID-19—but the evidence is spotty.”

- Ed Yong in the Atlantic Everyone Thinks They’re Right About Masks

(great analysis, April 1) “How the coronavirus travels through the air has become one of the most divisive debates in this pandemic.”

Cfr tweet by Yong: “In a new piece, I explore the growing debates about: - whether the new coronavirus is “airborne”; - whether it’s safe to go outside; - whether everyone should be wearing a mask.”
FT - Austria makes masks compulsory as protection debate shifts
“Move by Vienna as Europe’s governments look at ways to contain Covid-19 spread”

“Austria is to join a small but growing number of European countries making the wearing of face masks outside the home compulsory amid shifting debate over the medical gear’s protective utility. Authorities would start distributing millions of free face masks at the entrances to all supermarkets from midweek onwards, chancellor Sebastian Kurz announced on Monday. Shoppers will only be permitted inside supermarkets and other open stores, such as pharmacies, if they are wearing masks. While masks are a familiar sight throughout Asia, the only other countries in Europe to require the wearing of masks in public space are Slovakia, the Czech Republic and Bosnia-Herzegovina. …”

“The move by Vienna comes as European governments devise ways to contain the spread of Covid-19 and keep it from re-emerging after their economies come out of their prolonged self-imposed lockdowns. It marks a departure from earlier official guidance. The WHO and many governments say healthy people do not need to wear a mask unless they are taking care of a person with suspected Covid-19 infection. The advice is partly an attempt to stop people who don’t need masks — which are in short supply in many places and needed by health workers — from trying to buy them. …”

- Science - Not wearing masks to protect against coronavirus is a ‘big mistake,’ top Chinese scientist says

Interview with the boss of the Chinese CDC.

Nature (News) – Is the coronavirus airborne? Experts can’t agree
https://www.nature.com/articles/d41586-020-00974-w

(2 April) “The World Health Organization says the evidence is not compelling, but scientists warn that gathering sufficient data could take years and cost lives.”

Science News – You may be able to spread coronavirus just by breathing, new report finds

“The National Academy of Sciences (NAS) has given a boost to an unsettling idea: that the novel coronavirus can spread through the air—not just via the large droplets emitted in a cough or sneeze. Though current studies aren’t conclusive, “the results of available studies are consistent with aerosolization of virus from normal breathing,” Harvey Fineberg, who heads a standing committee on Emerging Infectious Diseases and 21st Century Health Threats, wrote in a 1 April letter to Kelvin Droegemeier, head of the White House Office of Science and Technology Policy....”

But not everybody agrees, as mentioned. If true, it helps to add to the case for masks.
Guardian - Senior WHO adviser appears to dodge question on Taiwan’s Covid-19 response


Caused some social media stir this week, even if you can’t really blame Aylward for this.

“A senior advisor at the World Health Organization (WHO) appeared to hang up on a journalist who asked about Taiwan’s response to the coronavirus pandemic, and then did not answer further questions because they had “already talked about China”.

“WHO said Aylward “did not answer a question on Taiwan’s response” but said it was working with Taiwanese health experts. It said questions of membership were up to member states, not WHO staff.

“It comes amid continued criticism of the WHO’s approach towards both Taiwan and China. Taiwan has been excluded from participating in the World Health Assembly after heavy lobbying from China, which considers Taiwan part of its territory.”

WHO came with a statement afterwards - Information sharing on COVID-19

Asia Times - Shut out of WHO, Taiwan to help US battle virus


“Masks, protective suits and potential vaccines to be sent from Taiwan to the US as the two countries join forces.”

In any case, the China-US controversy & bickering on the pandemic continues and doesn’t really help to kickstart global coordination, even if it looked last week that Xi Jinping & Trump were getting a bit closer after the G20 virtual summit. It didn’t last long (see Pompeo’s remarks throughout the week…)

See also VOA - US Supports Taiwan’s World Health Assembly Observer Status

“The United States is backing Taiwan’s observer status in the World Health Assembly, the decision-making body of the World Health Organization (WHO.) The support comes at a time when Washington is sounding the alarm on foreign governments’ disinformation campaigns, calling out China as questions rise on China’s influence over the WHO amid the COVID-19 pandemic. On Monday, U.S. Secretary of State Mike Pompeo said the State Department will “do our best to assist” Taiwan’s “appropriate role” in the world’s highest health-policy-setting body. The U.S. move is seen as an open rebuke to China....”

And of course, together with the Taiwan issue, the fact that China most likely botched its figures also doesn’t help. On the latter, see Bloomberg: China Concealed Extent of Virus Outbreak, U.S. Intelligence Says “China has concealed the extent of the coronavirus outbreak in its country, under-reporting both total cases and deaths it’s suffered from the disease, the U.S. intelligence community concluded in a classified report to the White House, according to three U.S. officials. The officials
asked not to be identified because the report is secret, and they declined to detail its contents. But the thrust, they said, is that China’s public reporting on cases and deaths is intentionally incomplete. Two of the officials said the report concludes that China’s numbers are fake.”

NEJM - Creating a Framework for Conducting Randomized Clinical Trials during Disease Outbreaks

“In this report, strategies to develop high-quality evidence to guide the development of new therapies are proposed.”

Lancet Comment - Global coalition to accelerate COVID-19 clinical research in resource-limited settings

COVID-19 Clinical Research Coalition; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30798-4/fulltext

“... To address these challenges and accelerate the research needed in resource-limited settings, we propose an international research coalition that brings together existing multinational, multidisciplinary expertise and clinical trial capacity. The coalition will synergise with existing initiatives, such as the COVID-19 Therapeutics Accelerator, the Coalition for Epidemic Preparedness Innovations (CEPI), and the SARS-CoV-2 Diagnostic Pipeline. Our objective is to use our existing research capabilities to support, promote, and accelerate multicentre trials of the safety, efficacy, and effectiveness of interventions against COVID-19 in resource-limited settings

Guardian - Global condom shortage looms as coronavirus shuts down production


“A global shortage of condoms is looming, the world’s biggest producer has said, after a coronavirus lockdown forced it to shut down production. Malaysia’s Karex Bhd makes one in every five condoms globally. It has not produced a single condom in its three Malaysian factories for more than a week because of a lockdown imposed by the government to halt the spread of the virus. That is already a shortfall of 100m condoms, normally marketed internationally by brands such as Durex, supplied to state healthcare systems such as Britain’s NHS or distributed by aid programmes such as the UN Population Fund.”…”

“We are going to see a global shortage of condoms everywhere, which is going to be scary,” he said. “My concern is that for a lot of humanitarian programmes ... in Africa, the shortage will not just be two weeks or a month. That shortage can run into months.” … ... The other major condom-producing countries are China, where the coronavirus originated and led to widespread factory shutdowns, and India and Thailand, which are now seeing infections rising.”
Geographical trends & updates

We will not try to give an overview of every region/continent, but just point to some informative links:

Developing world & refugee camps

- NPR (31 March) - As Pandemic Spreads, The Developing World Looks Like The Next Target

Among others, wondering about the usefulness of lockdowns in LMICs (like India), and nasty side-effects.

- Guardian - Fears over hidden Covid-19 outbreak in Lebanon, Iraq and Syria

“Number of cases may far exceed official figures amid claims of quarantining by non-state actors.”

- NPR - Refugee Camps Face COVID-19: ‘If We Do Nothing, The Harm Is Going To Be So Extreme’

“What will happen when COVID-19 hits refugee camps? That’s what Dr. Paul Spiegel and a team of researchers have been examining. They’ve been looking at how the coronavirus might affect the densely populated camps outside Cox’s Bazar, Bangladesh — home to 850,000 Rohingya refugees from Myanmar. As of Monday, there are 49 cases in the country, including one person in the town of Cox’s Bazar. The researchers will use the findings to make recommendations to the United Nations and global aid groups on how to deliver medical care and check the spread of the coronavirus in similar refugee settings. Spiegel, a former senior official at the U.N. High Commissioner for Refugees and the director of Johns Hopkins University’s Center for Humanitarian Health, explains why these camps are ripe for disease outbreaks — and what aid groups must do now to help...”

Africa

- HPW - ‘Anticipatory Anxiety’ – Africa On Cusp Of The COVID-19 Pandemic

Among others: “More African Countries Using Lockdown Measures”. However, implementing the lockdowns has proven challenging.

- Bloomberg - Africa Is Two to Three Weeks Away From Height of Virus Storm

“Africa is two to three weeks away from the worst of the coronavirus storm and needs an emergency economic stimulus of $100 billion to bolster preventative measures and support its fragile healthcare systems, according to the United Nations Economic Commission for Africa.”

“Almost half of the funds could come from waiving interest payments to multilateral institutions. That would give countries the fiscal space needed to impose social-distancing measures, widen
social safety nets and equip hospitals to treat the sick ahead of an expected surge in infections, UNECA Executive Secretary Vera Songwe said by phone from Washington....”

**Latin America**


**India**


““India is probably the first large developing country and democracy into which this pandemic will arrive,” says Ramanan Laxminarayan, founder and director of the Center for Disease Dynamics, Economics & Policy. “Many of the advantages of the Chinese [state] control and of having the health systems of Europe or the U.S. are not available to India,” says Laxminarayan, who is advising the Indian government. “There will have to be a uniquely Indian response to COVID-19.”

“Last week at the @WHO presser @dr Mike Ryan said that what happens in populous countries like India will determine the future of the #covid19 pandemic. The challenge is enormous.”

- BBC news - [Coronavirus: India’s pandemic lockdown turns into a human tragedy](https://www.bbc.com/amp/amp-news-51631279)

The lockdown led to a humanitarian crisis.

- Guardian - [India coronavirus cases rise amid fears true figure much higher](https://www.theguardian.com/world/2020/apr/02/india-coronavirus-cases-rise-amid-fears-true-figure-much-higher)

**Europe**


There’s “... a glimmer of hope that activity may soon stabilize in some of Europe's hot spots “. At least in Italy, it seems that they have reached at last the peak.

**East-Asia**

Guardian - [Asian countries face possible second wave of coronavirus infections](https://www.theguardian.com/world/2020/apr/02/asian-countries-face-possible-second-wave-of-coronavirus-infections)
Asian countries that started to feel tentative hope that their responses to the coronavirus pandemic were bearing fruit are now facing possible second waves, brought by a rush of panicked people racing home to beat border closures and quarantine orders. As daily numbers of confirmed cases start to rise again, and new evidence of asymptomatic cases spark fear of unwitting community transmission, many have now brought in far stricter measures.”

Covid-19 Funding, pledges, advocacy & new initiatives

IISD - G20 Leaders Pledge Cooperation to Address Pandemic’s Health, Economic and Trade Implications


See also last week’s IHP newsletter on the G20 virtual summit & Covid-19.

“The G20 Leaders participated in a virtual summit to discuss cooperative efforts to address the COVID-19 pandemic, safeguard the global economy, address international trade disruptions, and enhance global cooperation. Leaders stressed that the pandemic is a reminder of our interconnectedness and vulnerabilities. Several days before the virtual summit, the leaders of China and the UK discussed the biodiversity and climate conferences they are set to host later in 2020, noting that they represent "opportunities for the two sides to promote international cooperation in health and epidemic prevention".”

In general, reactions on the G20 coordination/funding so far are mixed (or worse) – with the notable exception of near unanimous approval for the G20’s strengthening of the WHO mandate.

See for example this recommended analysis by K Sing: G20 Leaders’ Commitments Fall Far Short of Expectations

Politico - G-20 prepares coronavirus rescue package for Africa


But this sounds a bit more encouraging. “A group of G-20 leaders are preparing an international response to the impact of the coronavirus crisis in Africa that would include debt relief and financial aid, African officials and European diplomats said. A comprehensive package supported by countries including France and Italy would incorporate recent demands from President Cyril Ramaphosa of South Africa and Prime Minister Abiy Ahmed of Ethiopia, who have called on the world’s most industrialized countries to support the continent through the economic downturn caused by the pandemic...”

“While work is underway in several European capitals on a proposal to the G20 specifically targeted at Africa, a detailed support package is likely to be slowed by the ongoing crises engulfing Europe and the U.S., three senior EU diplomats and two African government advisers said. Still, one idea
discussed between Abiy and French President Emmanuel Macron in a telephone conversation over the weekend is a sensitive proposal to reallocate money from the Global Fund to Fight AIDS, Tuberculosis and Malaria to the fight against COVID-19....”

Guardian - Back poor countries fighting Covid-19 with trillions or face disaster, G20 told

As already flagged in last week’s IHP newsletter: “Economists and global health experts have called on G20 leaders to provide trillions of dollars to poorer countries to shore up ailing healthcare systems and economies, or face a disaster that will rebound on wealthier states through migration and health crises. Twenty experts, among them four Nobel prizewinners, including Joseph Stiglitz, Lord Nicholas Stern and seven chief economists of the World Bank and other development banks, have written to G20 leaders to warn of “unimaginable health and social impacts” as coronavirus rips through the developing world, taking overburdened healthcare systems beyond breaking point, and causing economic and social devastation.”

FT - Developing countries scramble for funds to stave off virus impact
https://www.ft.com/content/756d85fa-6fad-412f-9aaf-c3f476415ae1?shareType=nongift

“As the coronavirus pandemic reaches the developing world, governments are turning to the IMF for help in record numbers — and warnings are mounting that multilateral institutions will need to bolster their resources to meet demand. Low and middle-income countries have already been hard hit by record capital outflows, a falling oil price, a collapse in tourism revenues and a steep fall in demand for their exports; few have fiscal space to cope with the health and economic crisis that is unfolding. Eighty-five countries have approached the IMF for short-term emergency assistance in recent weeks — around double the number that called on the fund in the immediate aftermath of the 2008 financial crisis.”

See also the Guardian - Dozens of poorer nations seek IMF help amid coronavirus crisis

“More than 80 poor and middle-income countries have sought financial help from the International Monetary Fund in recent weeks as they struggle to cope with the economic fallout from the Covid-19 epidemic.”

For a related briefing, see Eurodad - Emergency financing for Low-Income Economies to tackle COVID-19: Cost estimates for the impact of the crisis and emergency financing requirements

And via the Guardian (and AFP) – “France has called for hundreds of billions of dollars in aid and a debt moratorium for developing countries in Africa, to help them deal with the coronavirus crisis, AFP reports.”
HPW - WHO Nears $675 Million ‘Goal’ For COVID-19 Response – $622 Million Pledged


(30 March) “The World Health Organization has received more than US $622 million of a US $675 million ask to fund WHO’s first Strategic Preparedness and Response Plan for COVID-19. WHO Director-General Dr Tedros Adhanom Ghebreyesus said on Monday. “We continue to be encouraged by the signs of global solidarity to confront and overcome this common threat,” said Dr Tedros, speaking at an afternoon press briefing. ”

“... In a parallel development, Norway is leading an initiative to establish a multi-donor fund for the global COVID-19 response to assist developing countries, coordinating with the United Nations to launch the initiative within the next few days. “A multi-donor fund under UN auspices will provide predictability for our partners and help to make the efforts more effective,” said Minister of Foreign Affairs Ine Eriksen Søreide in a press release. ‘Experience from other crises shows that the earlier you start long-term response planning, the more precise and successful the effort becomes.” Unlike the UN Solidarity Fund, which is soliciting donations from individuals and private donors for the response, this fund will collate resources from major bilateral donors and international agencies, similar to the UN Ebola Response Fund set up in 2014 to address the emergency in West Africa. The fund will provide both immediate emergency aid to developing countries, and aid for longer term development initiatives to prop up weak health systems to prepare for future pandemics....”

F2P blog - How to Confront the Coronavirus Catastrophe: New Oxfam Briefing


Duncan Green summarizes a new Oxfam briefing – “HOW TO CONFRONT THE CORONAVIRUS CATASTROPHE - The Global Public Health Plan and Emergency Response needed now”

“Oxfam is proposing two things that the G20 and other leaders can do simultaneously. The first is to develop a Global Public Health Plan and Emergency Response to tackle the disease head on – preventing and delaying its spread, saving lives now and into the future. The second is to create an economic rescue plan to pay for the huge increase in public health and to help ordinary people cope with the huge economic costs precipitated by this virus. ...”

Oxfam called for a package of almost $160 billion. See the press release - Health spending in poor countries must double immediately to prevent millions of deaths

“Oxfam today called for a package of nearly $160 billion in immediate debt cancellation and aid to fund a Global Public Health Plan and Emergency Response, to help prevent millions of deaths as a result of the Coronavirus. The five-point plan would enable poor countries to take action to prevent the spread of the disease and build the capacity of health systems to care for those affected.”
ABC - Despite calls for global cooperation, US and China fight over leading coronavirus response


“The U.S. and Chinese governments have increasingly turned the novel coronavirus pandemic into a contest over their primacy as the world's leading humanitarian force, with Secretary of State Mike Pompeo highlighting U.S. contributions to global aid agencies Tuesday and pushing back on Chinese propaganda about its overseas assistance.”

Excerpt on the childish play ongoing between the two 'superpowers':

“The State Department followed up by issuing a fact sheet Tuesday, showing how U.S. contributions to global agencies far surpass China's -- $400 million to the World Health Organization, compared to China's $44 million; $700 million to UNICEF, compared to China's $16 million; and $1.7 billion to the United Nations High Commissioner for Refugees (UNHCR), compared to $1.9 million from China. ... Senior U.S. officials have also accused the Chinese government of attaching "strings" to their assistance. ... The European Union's top diplomat, Josep Borrell, warned that the U.S. and China are competing in a struggle for influence through spinning and the 'politics of generosity.' ... The U.S. has offered $274 million to assist 64 different countries and UNHCR in combatting the pandemic, and Pompeo said Tuesday those funds are key to keeping the American people safe as well.

For more on info the US aid, see Front page Africa - Liberia, Sierra Leone Left out of America’s Financial Aid to Fight Coronavirus

“...The United States government is dishing out an initial aid of US$274 million to lead the world’s fight against the novel coronavirus. At least 14 African countries and European countries are benefitting but America’s oldest African ally and its neighbor, Sierra Leone were left out....”

Devex - What the massive US funding deal means for international COVID-19 response


From late last week: “The U.S. Congress is poised to approve a third funding package — worth more than $2 trillion — aimed at shoring up America’s economy and boosting the health response to COVID-19. Included in the massive funding bill are some modest increases for international health and development programs, though experts warn these will not be nearly enough to address the global dimensions of the pandemic.”

“While this supplemental appropriations bill doesn't provide much in terms of U.S. bilateral aid to the COVID-19 response, it does include significant funding for multilateral institutions — in some cases speeding up promised U.S. contributions.” But not for WHO.
Devex - EU scrambles to fund global coronavirus response


“The European Union and its member states are preparing a “sizeable” funding package to address the global impact of COVID-19 — now they just need to find the money. An internal policy note from the European Commission, seen by Devex, outlines a number of possibilities, including “reorienting” ongoing development programs and those planned for this year, as well as tapping the reserves of the European Development Fund, or EDF, an aid fund that is paid into by member states separately from the EU budget...” Not very big money, though... it seems.

“Friederike Röder, senior director for the EU at social action platform Global Citizen, said that the commission and member states should prioritize funding to the Coalition for Epidemic Preparedness Innovations for work on the COVID-19 vaccine and to Gavi to roll it out, urging the commission to make an early, ambitious pledge to Gavi’s June replenishment.”

World Bank Group Launches First Operations for COVID-19 (Coronavirus) Emergency Health Support, Strengthening Developing Country Responses

World Bank:

“The World Bank’s Board of Executive Directors today approved a first set of emergency support operations for developing countries around the world, using a dedicated, fast-track facility for COVID-19 (coronavirus) response. The first group of projects, amounting to $1.9 billion, will assist 25 countries, and new operations are moving forward in over 40 countries using the fast-track process. In addition, the World Bank is working worldwide to redeploy resources in existing World Bank financed projects worth up to $1.7 billion, including through restructuring, use of emergency components of existing projects (CERCs) and triggering of CAT DDOs and spanning every region. The World Bank Group is prepared to deploy up to $160 billion over the next 15 months to support COVID-19 measures that will help countries respond to immediate health consequences of the pandemic and bolster economic recovery....”

““The World Bank Group is taking broad, fast action to reduce the spread of COVID-19 and we already have health response operations moving forward in over 65 countries,” said World Bank Group President David Malpass. “We are working to strengthen developing nations’ ability to respond to the COVID-19 pandemic and shorten the time to economic and social recovery...”

Check out the initial projects approved (in SSA among others, Ethiopia & DRC).

GFO - Global Fund reacted quickly to provide support and flexibilities to countries affected by COVID-19

http://www.aidsplan.org/node/5255

“In light of the COVID-19 pandemic, the Global Fund has modified its calendar for countries’ submission of funding requests for the 2020-2022 allocations, in order to help countries submit their concept notes as soon as they are ready. The Fund has also taken measures to enable countries to
reallocate savings from grants or to reprogram small proportions of their grants to mitigate the effects of COVID-19. Regular updates and guidance notes are posted on a dedicated COVID-19 page on the Global Fund’s website, as well as resources for countries to keep up the fight against the pandemics of HIV, TB and malaria.”

See also GFO - Global Fund and other donors commit money and focus to COVID-19 pandemic

Nice overview article. Must-read!!!!

“The COVID-19 pandemic appears to be uniting the world’s major powers and donors in a spirit of strong solidarity – with the notable exception of the political powers of the United States and China – and major global health entities are beginning to describe their strategies related to this coronavirus. So far, the World Health Organization is fulfilling its mandate in occupying center-stage, globally, and leading on clinical, technical and epidemiological information on COVID-19. The Global Fund has instituted new flexibilities within its grants. Major countries such as the United States, the United Kingdom and some countries in Western Europe have announced their own economic stimulus packages. Below we summarize some of the measures put in place by the WHO, the Global Fund, the World Bank Group, PEPFAR, and the G20.”

“…The Global Fund is enabling up to $500-million within the current portfolio for reprogramming.”

See also One - 5 major health organisations taking action against COVID-19 globally (with quick overview for WHO, GAVI, Global Fund, BMGF and African CDC, respectively)

Bloomberg - Partnership for Healthy Cities Virtually Convenes City Officials from Around the World to Support Coronavirus Response


“As part of Bloomberg Philanthropies’ newly announced Global Coronavirus Response Initiative, more than 65 leaders and technical staff from 31 cities around the world joined the first-ever Partnership for Healthy Cities COVID-19 Response Webinar today. The virtual convening focused on the fundamentals of epidemic preparedness and response, the latest COVID-19 science, and how the Partnership will assist the cities in tackling COVID-19 by providing tools and technical resources geared toward urban contexts....”

Devex - Watch: Mark Dybul calls for global task force on COVID-19


But as I Kickbusch pointed out, there’s already WHO.
Great analysis. “Private sector solutions don’t always fit public sector problems.”

Excerpts: “The coronavirus pandemic is exactly the situation for which the PEF was designed. Most of the PEF-eligible countries are reporting cases of covid-19 (the disease caused by this coronavirus) and urgently require billions of dollars to scale up their public health response. So far, the PEF has yet to pay out a single dollar. Here’s what happened and why. … … Because of its complicated set of triggers, the PEF may not pay out funds to countries until May 15, well after the March pandemic declaration. With coronavirus cases increasing at an exponential rate, these delays cost lives. Moreover, once triggered, the PEF will only release $132.5 million, instead of the maximum possible payout of $275 million. Media outlets and experts are decrying the PEF as a failure for its (non)performance during the 2018 Ebola epidemic in Congo, and now the covid-19 outbreak....”

“So why hasn’t the PEF worked? Social science can help explain: The PEF tried to bring the public and private sectors together, but the two sectors have different priorities, different rules and different incentive structures... Pillinger argues the PEF’s incentives didn’t work. And: “This effectively tied the PEF’s utility to stringent conditions based on imperfect predictions. Covid-19 is exactly the kind of pandemic that PEF designers feared and tried to plan for, except for one key detail. There is a highly contagious, virulent novel respiratory virus racing around the globe, but it happens to be a coronavirus instead of an influenza virus…”

She concludes: “... Social scientists show that the World Bank’s approach is not a one-off mistake, but reflects a pervasive phenomenon in governance — efforts to apply private sector solutions to public sector problems, regardless of compatibility.”

FT - Gates Foundation and Wellcome Trust to fund Covid-19 drug trials
https://www.ft.com/content/7bb4dfae-fcd9-458f-a3b4-af78cb9cdddb2

“Accelerator fund will test whether existing drugs such as chloroquine can treat coronavirus.”

“... Three leading scientific institutions have embarked on trials to test whether existing drugs can be used to prevent coronavirus infections, as the accelerator funded by the world’s two largest medical foundations makes its first investments. The Covid-19 therapeutics accelerator, founded by the Wellcome Trust, the Bill & Melinda Gates Foundation and Mastercard, are giving $20m to clinical trials designed to accelerate the development of drugs to stall the coronavirus pandemic.

... Since the accelerator was launched with $125m this month, it has raised more money, including £40m from the UK government and $25m from the Chan Zuckerberg Initiative, a philanthropic organisation founded by Facebook founder Mark Zuckerberg and his wife Priscilla Chan. The accelerator said more funding is needed to scale up potential therapies...”
Chan Zuckerberg Initiative commits $25 million to a fund researching COVID-19 treatments


“Today, the Chan Zuckerberg Initiative (CZI) committed $25 million to the COVID-19 Therapeutics Accelerator — a global effort to help speed the development of treatments for COVID-19. In partnership with the Bill & Melinda Gates Foundation, Wellcome, and Mastercard, CZI’s investment will support efforts to identify and assess potentially promising therapies for COVID-19, expedite their development, and scale up their production to benefit millions of patients worldwide. CZI is providing $20 million, with another $5 million available based on future needs....”

Covid-19 Science

Like last week, we focus here on some more or less “readable” news reports of scientific breakthroughs, modelling, vaccine & test news, etc. As this is not our main ‘niche’, mostly in steno.

Ps: on the important vaccine issue, Johnson & Johnson sounded rather bullish earlier this week (even predicting a vaccine by early 2021), but most others remain cautious (even about the 12-18 month timeline...).

Some reads & links, in no particular order:

Science - With record-setting speed, vaccine makers take their first shots at the new coronavirus


(March 31) “Modern and China’s CanSino Biologics are the first to launch small clinical trials of vaccines against coronavirus disease 2019 (COVID-19) to see whether they are safe and can trigger immune responses. (The CanSino vaccine trial also began on 16 March, according to researchers from the Chinese military’s Institute of Biotechnology, which is collaborating on it.) An ever-growing table put together by the World Health Organization now lists 52 other vaccine candidates that could soon follow. “ .... Broadly speaking, these vaccines group into eight different “platforms”—among them old standbys such as inactivated or weakened whole viruses, genetically engineered proteins, and the newer messenger RNA (mRNA) technology that is the backbone of the Moderna vaccine—and their makers include biotechs, academia, military researchers, and a few major pharmaceutical companies. ... “CEPI has less than $300 million in its coffers for the effort, and Hatchett estimates the price tag at $2 billion. He says CEPI hopes to raise this money from governments, private philanthropies, industry, and the United Nations Foundation.”
NEJM - Developing Covid-19 Vaccines at Pandemic Speed

CEPI viewpoint (by N Lurie, R Hatchett et al);

“An ideal vaccine platform would support development from viral sequencing to clinical trials in less than 16 weeks, demonstrate elicitation of consistent immune responses across pathogens, and be suitable for large-scale manufacturing using a pathogen-agnostic platform.”

Devex - A look at COVID-19 testing and why country-wide is impossible right now

Analysis by J L Ravelo. “...widespread testing, even in high-income economies, is just not feasible at the moment, for several reasons. There are issues, for example, on laboratory and processing capacity, high demand for certain items critical to testing such as reagents, and countries’ financial capacity...”

See also this overview (with visualizations) in HPW - COVID-19 Testing Trends – Globally & Regionally

Lancet World Report – Developing antibody tests for SARS-CoV-2
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30788-1/fulltext

“Laboratories and diagnostic companies are racing to produce antibody tests, a key part of the response to the COVID-19 pandemic. Anna Petherick reports.

Some quick Covid-19 Science related links:

- WP - Blood from people who recover from coronavirus could provide a treatment

“Plasma is being studied as a way to fight off the virus.”

- Boston Globe - US & J&J commit 1 billion to coronavirus vaccine codeveloped by Beth Israel

- Guardian - New coronavirus study reveals increased risks from middle age

“First comprehensive study of deaths and hospitalisations in mainland China shows just how much of a factor age is.”

For the study in the Lancet Infectious Diseases, see here.
“The death rate from confirmed COVID-19 cases is estimated at 1.38%, while the overall death rate, which includes unconfirmed cases, is estimated at 0.66%. ... First comprehensive estimates from mainland China of the proportion of people with COVID-19 who required hospitalisation, and latest death rate estimates, both show sharp increases with age…”

See also Cidrap News - study shows 1.4% fatality rate

- Guardian (as of end last week) Coronavirus: what are the latest scientific advances?
  “From antibody testing to virus mutations, here’s what we have learned this week.”

- Stat - The next frontier in coronavirus testing: Identifying the full scope of the pandemic, not just individual infections. “Covid-19: New blood-based tests could identify people who’ve recovered from undetected Covid-19. Scientists are beginning to introduce a new set of Covid-19 tests that rely not on nasal or throat swabs but on blood samples. These tests can detect not only those who have recovered from the infection, but also those who were infected but never diagnosed, offering the opportunity to safely let people go back to work and to study the disease in more detail.”

- Nature - Should scientists infect healthy people with the coronavirus to test vaccines? “Radical proposal to conduct ‘human challenge’ studies could dramatically speed up vaccine research.” But it’s controversial.

- Stat - We’re racing against the clock’: Researchers test wearables as an early warning system for Covid-19

- Science - How sick will the coronavirus make you? The answer may be in your genes “Projects drawing on large biobanks and COVID-19 patients aim to find genetic differences that predict who will get seriously ill after an infection.”

- Science News - New coronavirus leaves pregnant women with wrenching choices—but little data to guide them “Parents and doctors must decide whether the benefits of breastfeeding outweigh the risks of possible infection.”

- Stat News - What explains Covid-19’s lethality for the elderly? Scientists look to ‘twilight’ of the immune system

- Wired - The Science of This Pandemic Is Moving at Dangerous Speeds “Much of the research that emerges in the coming weeks will turn out to be unreliable, even wrong. We’ll be OK if we remember that.”

- Reuters - China to start reporting on asymptomatic coronavirus cases from April 1: health official Amid the growing concern that carriers with no symptoms could be spreading the virus – big time... See also the Guardian - China pivots to tackle ‘silent’ Covid-19 carriers as US says a quarter of cases may have no symptoms See the Guardian - Chinese citizens fear catching coronavirus from ‘silent’ carriers.

- Stat - ‘Human experts will make the call’: Stanford launches an accelerated test of AI to help care for Covid-19 patients
Researchers at Stanford are working on deploying an algorithm that could quickly identify which Covid-19 patients are going to need the most intensive care. But the challenge with the AI program is not going to be in its development, but in ensuring that it’s carefully rolled out and applied appropriately.

• Bloomberg - Abbott Launches 5-Minute Covid-19 Test for Use Almost Anywhere

• Nature - ‘We need to be alert’: Scientists fear second coronavirus wave as China’s lockdowns ease
  “Other countries on lockdown will be watching for a resurgence of infections in Hubei province now that travel restrictions are lifting.”

• Politico - FDA issues emergency authorization of anti-malaria drug for coronavirus care
  Despite scant evidence...

• Bloomberg - Dutch Scientists Find a Novel Coronavirus Early-Warning Signal
  “Environmental testing may complement clinical surveillance.”
  “Dutch scientists were able to find the coronavirus in a city’s wastewater before Covid-19 cases were reported, demonstrating a novel early warning system for the pneumonia-causing disease.”

• AP on the Chinese numbers’ conundrum - Virus data: What’s known and not known about China’s numbers

  “Skepticism about China’s numbers has swirled throughout the crisis, fueled by official efforts to quash bad news in the early days and a general distrust of the government. Long lines of people waiting to collect the ashes of loved ones at funeral homes last week revived the debate. There is no smoking gun pointing to a cover-up by China’s ruling Communist Party. But intentional or not, there is reason to believe that more people died of COVID-19 than the official tally, which stood at 3,312 at the end of Tuesday....”

See also Radio free Asia: Estimates Show Wuhan Death Toll Far Higher Than Official Figure

Cfr a tweet: “No big deal, just Wuhan residents estimating that 46,800 people in their city died from the virus, instead of the government’s figure of roughly 2,500 people.”

• Stat - Covid-19 spreads too fast for traditional contact tracing. New digital tools could help

  “Traditional manual contact tracing procedures are not fast enough for [the new coronavirus],” researchers at the University of Oxford write in a paper in the journal Science this week. But digital technology “can make contact tracing and notification instantaneous.”

• Reuters - Chinese scientists seeking potential COVID-19 treatment find ‘effective’ antibodies
A team of Chinese scientists has isolated several antibodies that it says are “extremely effective” at blocking the ability of the new coronavirus to enter cells, which eventually could be helpful in treating or preventing COVID-19....

**NYT** - Malaria Drug Helps Virus Patients Improve, in Small Study

Based on a new Chinese study. “A group of moderately ill people were given hydroxychloroquine, which appeared to ease their symptoms quickly, but more research is needed.”

“...those who took hydroxychloroquine were less likely to progress into a severe form of the disease and suffered cough, fever, and pneumonia for a shorter time...”

**Nature** - Special report: The simulations driving the world’s response to COVID-19

“How epidemiologists rushed to model the coronavirus pandemic.”

**Covid-19 Analysis**

Analysis from a number of angles. Scan & then pick the ones you like to read a bit further.


Even if apparently “sponsored by Big Tobacco”, one of our favourite reads of the week, with lots of quotes from global health observers. Kelley Lee, Jeremy Youde, Steven Hoffman, and many others.

“The coronavirus is a stress test for the U.N. agency trying to rehabilitate its image. It could also be a wakeup call for governments to invest in global efforts to mitigate the impact of future pandemics.”

A few quotes:

“...WHO’s proactive approach to the coronavirus outbreak has been encouraging. “The World Health Organization has done exactly what we’ve designed it to do — no more, no less,” Kelley Lee, the director of global health studies at Canada’s Simon Fraser University, who has been studying WHO since the 1990s, tells Rolling Stone. “It has kept us informed. It has mobilized scientists and coordinated data and research. It has collected the best evidence and tried to put forward very clear guidance about what should be done. The big question is whether we’ve given it enough authority and resources to act the way we want it to act.”

“...Though praising China in order to get it to cooperate may have helped WHO better understand how to tackle the coronavirus around the world, failing to call it out for its human rights abuses
could have long-term consequences. “I worry that this could set new norms about what countries are allowed to do both in this outbreak and in future emergency situations,” says Steven Hoffman, who also directs the WHO Collaborating Centre on Global Governance of Antimicrobial Resistance. “In some respects, with China taking these extraordinary measures and WHO praising them, we now live in a new world when it comes to human rights in health emergencies.”

- For a similar read, see Quartz - The World Health Organization makes a case for itself
- And – a more critical - LA Times - WHO is struggling against COVID-19 and a divided world testing its authority

Excerpts: “...the WHO’s position today is arguably more fraught than at any time since the end of the Cold War. As COVID-19 ravages more countries, the agency has to navigate political tensions between the world’s two most powerful nations, the U.S. and China. It is also encountering growing nationalism and, in some cases, a rejection of science fueled by populism and social media. The WHO risks becoming a bystander in the unfolding crisis as countries make unilateral decisions about emergency measures, treatment and distribution of medical resources. ... ...

“The fractious climate could result in renewed disease outbreaks and inequities, experts say, especially if an eventual vaccine leads to a free-for-all in which nations hoard supplies. It also raises questions about how the WHO, in an increasingly divided world, could handle an even swifter and more deadly virus, such as what scientists term as a Disease X. “

“Criticism of the WHO also ignores the fact that the agency cannot compel China to disclose relevant information, even though it’s required to as a signatory of the International Health Regulations, said Kelley Lee, an author of a book about the WHO and a professor of global health at Simon Fraser University in Canada. “The WHO doesn’t have the authority to walk into a country and demand that information,” Lee said. “It can cite the IHR and say it’s obligated to cooperate, but it can only rely on diplomatic channels, not sanctions. One thing that needs to be looked at in the future is how to ensure countries are more timely and fulsome with information sharing.”

“David Fidler, an adjunct senior fellow for cybersecurity and global health at the Council on Foreign Relations, said the WHO has demonstrated throughout this outbreak that it has little interest in assuming political authority. That clears the way for the organization’s most powerful members to treat global health “through the distorting lens of the balance of power, reducing the potential for common ground,” he said. “The post-Cold War golden age of global health is over,” Fidler added. “The COVID-19 disaster marks the turning point into a different, more difficult future.””

Project Syndicate - The Responsibility to Report


By Carl Bildt. “Given the growing frequency and severity of viral epidemics, there simply is no excuse for the depth of the COVID-19 crisis. All governments urgently need to come together to create new mechanisms and protocols for preventing such disasters from recurring.”
Excerpts: “In any case, even if the WHO’s performance this time turns out to have been impeccable, it is already obvious that we need a much stronger global mechanism to deal with the threat of pandemics. Stumbling from one crisis to another simply isn’t an option. COVID-19 is the worst pandemic since the outbreak of so-called Spanish flu in 1918, and there is no reason to believe that the next one won’t be even worse. Among other things, a new global institution would need to have the authority and the means to intervene as intrusively as necessary to stop a contagious outbreak in its tracks. ... Under the current framework, the duty to report new contagious threats to international authorities like the WHO rests with national governments. One critical reform, then, would be to extend that duty to medical and public-health personnel at all levels – that is, from states to individuals. In addition to reducing the time it takes for a multilateral response to shift into gear, adopting a universal “responsibility to report” would make it more difficult for local or national authorities to suppress information they consider inconvenient....”

GHN - In COVID-19, the Africa CDC Faces Its Greatest Challenge

Interview with John Nkengasong (African CDC)

“I'm very worried about the virus seeding itself into vulnerable communities, like in the slums of most capital cities. That would be a big challenge. Or in refugee camps—there are quite a good number across the continent. That would be a big challenge. “

NYT - Covid-19 Changed How the World Does Science, Together

https://www.nytimes.com/2020/04/01/world/europe/coronavirus-science-research-cooperation.html?referringSource=articleShare

“Never before, scientists say, have so many of the world’s researchers focused so urgently on a single topic. Nearly all other research has ground to a halt.”

Nature (Editorial) - Researchers: show world leaders how to behave in a crisis

https://www.nature.com/articles/d41586-020-00926-4?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf232195530=1

“Scientists are teaming up to fight COVID-19. Presidents and prime ministers should, too.”

Truthout- Chomsky: Ventilator Shortage Exposes the Cruelty of Neoliberal Capitalism

Truthout:

N Chomsky’s view, especially on the crisis in America. Among others: “The pandemic had been predicted long before its appearance, but actions to prepare for such a crisis were barred by the cruel imperatives of an economic order in which “there’s no profit in preventing a future catastrophe”.


“In the interview that follows, he discusses how neoliberal capitalism itself is behind the U.S.’s failed response to the pandemic.”

And: “The distinguishing feature in responses seems not to be democracies vs. autocracies, but functioning vs. dysfunctional societies.”

Blog - A tentative “accountability” timeline for Covid-19

Kristof Decoster; [http://kdecoster.blogspot.com/2020/03/a-tentative-accountability-timeline-for.html](http://kdecoster.blogspot.com/2020/03/a-tentative-accountability-timeline-for.html)

A quickie, just to kickstart the debate. (among others, featuring that great global health Theory of Change, ‘Davos schmoozing’) 😊

New Republic – Grim Reapers


Laurie Garrett’s analysis, with far more detail on the ‘accountability’ issue. She reckons two men (Xi & Trump) are most responsible for the pandemic.

Quote: “The Trump administration’s response to the virus was replicating, in all its major outlines, the way that the Communist Party leadership in China had badly bungled its own initial reaction to the coronavirus outbreak in and around the major city of Wuhan. Both Trump and Chinese President Xi Jinping instinctively sought to repress news of the true danger of their countries’ outbreaks, and the reach of their infection zones, so as to minimize potential political damage to their regimes. Both leaders, displaying parallel if historically distinct brands of authoritarian rule in a crisis, sought to dismiss the counsel of suspect health professionals and other experts. In both China and the United States, this politicized deafness to elementary scientific precautions would diminish the critical early-phase adoptions of broad-based social cooperation and early quarantines to flatten the curve of newly diagnosed coronavirus cases, thereby containing the disease’s spread and potential lethality. And both leaders doubled down on their dire initial misreadings of their respective crises as evidence continued to mount that their citizens desperately needed the broader dissemination of information and public health resources in order to weather the outbreak. The larger political story of the 2020 coronavirus crisis, in other words, may well prove to be a powerful case study in the way that governments controlled by leaders prone to unilateral decision-making, and the top-down information regimes they rely on to perpetuate their rule, are all but guaranteed to create maximum conditions of public health breakdown.”

Global Fund - Re-thinking Global Health Security


By Peter Sands. “…a new approach to global health security must embrace a much broader notion of health security than we’ve typically used.”
“Above all, a new approach to global health security will only work if it secures the engagement and support of the most vulnerable communities and countries. We are only as safe as our weakest link. Those living in the countries with the weakest health systems and most vulnerable to new diseases will only buy in to a new approach to global health security if it addresses the threats that matter most to them.”

CGD (blog)- Does One Size Fit All? Realistic Alternatives for COVID-19 Response in Low-Income Countries


“In the response to the COVID-19 pandemic, it is now evident that many of the public health and hospital-based interventions deployed by high-income countries (HICs) may be ineffective or infeasible in low- and middle-income countries (LMICs). We suggest a different order of priority for immediate next steps.”

Economist – Briefing on Pandemic trade-offs

This week’s Economist issue zooms in on the stark choices between life, death and the economy.

FT - In poor countries, the lockdown cure could be worse than disease
https://www.ft.com/content/6c3a34c2-73f8-11ea-95fe-fcd274e920ca

“Instructing people to stay at home is to confine millions to cramped housing.” One of many similar analyses.

“... All across the developing world — with some exceptions, including Brazil — leaders are closing their economies to stop the pandemic. But in countries with high death rates from other illnesses and with brutal levels of poverty, could the cure actually be worse than the disease? ...

“... Arundhati Roy, the Indian author and political activist, has called the lockdown not an act of social distancing but rather one of “social compression”. ... “

“Alex de Waal, executive director of the World Peace Foundation, says lockdowns are only effective if countries can bolster health systems and testing capacity. They cannot work without people’s consent, which means income support and functioning supply chains. None of this is to say that leaders such as Mr Modi or Mr Ramaphosa are wrong to impose lockdowns. These are truly agonising decisions made at times of radical uncertainty. There is little way of knowing whether populations are less at risk because they are young or more at risk because they may be malnourished or have compromised immunity....”
LSE blog - COVID-19 in Africa: “Know your Epidemic, Act on its Politics.”

Alex de Waal; https://blogs.lse.ac.uk/crp/2020/03/31/covid-19-in-africa-know-your-epidemic-act-on-its-politics/

“Alex de Waal argues that lockdown is not feasible in most African countries, and calls for community consultation to "achieve what diktat cannot””

CGD (blog) The New Inequalities and People-to-People Social Protection


“The lockdowns throughout the world are creating a new type of brutal inequality: between those who continue to have a steady source of income and those who do not. The latter group includes not just the already poor but the millions across the world who are now at risk of falling out of the middle class: laid-off workers whose unemployment checks will not cover the rent, drivers, small business owners, contract workers, performing artists, the child care workers at-home parents don’t need and cannot now afford. The latter are those, in the rich and in the emerging market economies at least, that provide the ballast, the invisible glue, that holds societies together. Governments are implementing new, emergency programs of social protection, but the traditional approach will not be enough, and cannot happen quickly enough in most countries for most people. The pandemic calls for new thinking about social protection, beyond what governments, large corporations, large foundations and individual philanthropists can do….“

Lancet Comment - Refugee and migrant health in the COVID-19 response

Hans Kluge et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30791-1/fulltext

“An inclusive approach to refugee and migrant health that leaves no one behind during the COVID-19 pandemic should guide our public health efforts.”

CGD (blog) - Urgent Call for an Exit Plan: The Economic and Social Consequences of Responses to COVID-19 Pandemic


Smart blog by R Sullivan & K Chalkidou. Recommended. “As governments proceed to pursue social distancing and lockdown measures, we urgently call for the development and communication of exit plans, increased testing to inform planning, and a rethink of global supply chains of critical items such as ventilation equipment.”
Global Dashboard - COVID19 and the intergenerational covenant

https://www.globaldashboard.org/2020/03/31/covid19-and-the-intergenerational-covenant/

By Alex Evans. We could overcome the deep intergenerational divide (evident already before corona, see UK & US for example). Or it could worse, if we get this wrong.

BMJ blog - Prevent, detect, respond: How community health workers can help in the fight against covid-19


One of a number of similar pieces on the role of CHWs in this. “S Olasford Wiah, Marion Subah, Brittney Varpliah, Ami Waters, John Ly, Madeleine Ballard, Matt Price, and Raj Panjabi explore how community health workers can be part of the effective response to covid-19.”

Could COVID-19 give rise to a greener global future?

Co-authored by Kate Raworth; https://www.weforum.org/agenda/2020/03/a-green-reboot-after-the-pandemic/

“The COVID-19 pandemic is threatening lives and economies around the world. But it has also demonstrated that human societies are capable of transforming themselves more or less overnight. Four experts say now is the time to usher in systemic economic change.”

Quote: “For policymakers responding to the current crisis, the goal should be to support citizens’ livelihoods by investing in renewable energy instead of fossil fuels. Now is the time to start redirecting the $5.2 trillion spent on fossil-fuel subsidies every year toward green infrastructure, reforestation, and investments in a more circular, shared, regenerative, low-carbon economy.”

For a somewhat similar view – by Johan Rockström et al (but with focus on the European Green Deal) see Emergence from emergency: The case for a holistic economic recovery plan.

Guardian - Tackle climate crisis and poverty with zeal of Covid-19 fight, scientists urge


“Government responses to climate breakdown and to the challenges of poverty and inequality must be changed permanently after the coronavirus has been dealt with, leading scientists have urged, as the actions taken to suppress the spread of the virus have revealed what measures are possible in an emergency. The Covid-19 crisis has revealed what governments are capable of doing and shone a new light on the motivation for past policies and their outcomes, said Sir Michael Marmot, professor of epidemiology and public health at University College London, and chair of the commission of the social determinants of health at the World Health Organisation....”
ODI (blog) - The G20’s coronavirus action plan must help the poorest countries


By Dirk W ter Velde.

HSG blog - COVID-19: Lessons from South-Korea


This blog (by an HSG board member) went viral, and for good reason. “This blog reviews the crucial steps the South Korean Government took and key factors of its health care system that may provide fruitful lessons for other countries in responding to a pandemic.”

Devex - How do you say 'social distancing' in Swahili?


With the lovely final quote: “When less than 20% of households in Africa have regular access to soap and may also need to spend up to a fifth of their income on water, telling them to handwash is [the] equivalent of Marie Antionette telling the hungry Parisians to eat cake.”

Project Syndicate - Ebola Lessons for Fighting COVID-19


“The Democratic Republic of Congo will soon pass a milestone marking its success in the fight against Ebola. As Africa braces for COVID-19, one lesson from the DRC is that the best hope for defeating the coronavirus is not social distancing, but a vaccine that is distributed equitably.”

HHR - The Evolution of the Right to Health in the Shadow of COVID-19


Great analysis by Lisa Forman. Quote: “British sociologist Graham Scambler suggests that COVID-19 is functioning as a ‘breaching experiment’: that disrupting the normal social order allows us to see its rules more clearly…”

ODI (briefing paper) – Adaptive leadership in the coronavirus response: bridging science, policy and practice


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By Ben Ramalingam et al. “Recent experience highlights the need for adaptive leadership in national and global responses to the outbreak. This briefing paper sets out key principles for what this might look like, and proposes a roadmap for policy-makers, practitioners and researchers to move towards such an approach as they tackle the unfolding crisis....”

ODI (blog) - Covid-19: ‘we won’t get back to normal because normal was the problem’

Spot on. By ODI Chief executive, Sara Pantuliano.

CGD - The COVID-19 Crisis Is the Time for the World Bank to Embrace Bold Economic Policies

David Malpass still doesn’t seem to get it. “It is often said that governments “fight the last war” during times of economic crisis. But based on David Malpass’ remarks from last week’s G20 Finance Ministers call, it appears the World Bank is preparing to fight the wars of the 1990s by revamping old—and largely discredited—crisis policy prescriptions to address what is likely to be a severe economic downturn caused by the COVID-19 pandemic.”

See Malpass’ (very outdated) remarks: “Countries will need to implement structural reforms to help shorten the time to recovery and create confidence that the recovery can be strong. For those countries that have excessive regulations, subsidies, licensing regimes, trade protection or litigiousness as obstacles, we will work with them to foster markets, choice and faster growth prospects during the recovery.”

New Statesman - The rise of the bio-surveillance state

“A grim choice faces 21st-century societies: panopticons or pandemics?”

“...So countries are faced with what one might call the “coronavirus trilemma”. They can pick two of three things but cannot have them all: limit deaths, gradually lift lockdowns, or uphold cherished civil liberties. ...”

Think Global Health - Setting Expectations for the Return to "Normal"
https://www.thinkglobalhealth.org/article/setting-expectations-return-normal
“As China epicenter slowly returns to a new normal, it’s a world of facemasks, location scanning apps and travel rules.”

Lancet Global Health (Comment) - COVID-19 pandemic in west Africa
M Martinez-Alvarez et al.; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30123-6/fulltext

With ominous prediction for West-Africa as well.

Reuters - Using lessons from Ebola, West Africa prepares remote villages for coronavirus

“West African countries are using community health systems set up after the Ebola outbreak to detect and prevent the spread of coronavirus in remote areas, health experts said on Wednesday.”

WEF (blog) - Why Sub-Saharan Africa needs a unique response to COVID-19

“Malnutrition and disease means COVID-19 could be more deadly in Africa than elsewhere in the world. Health systems in Africa have limited capacity to absorb the pandemic. The strategic approach should focus on containment and aggressive preventive measures.”

No exceptions with COVID-19: “Everyone has the right to life-saving interventions” – UN experts say

“The COVID-19 crisis cannot be solved with public health and emergency measures only; all other human rights must be addressed too, UN human rights experts” said today. “Everyone, without exception, has the right to life-saving interventions and this responsibility lies with the government. The scarcity of resources or the use of public or private insurance schemes should never be a justification to discriminate against certain groups of patients,” the experts said. “Everybody has the right to health....”

CGD (working paper) - Pandemics and Violence Against Women and Children

by A Peterman et al. “Times of economic uncertainty, civil unrest and disaster are linked to a myriad of risk factors for increased violence against women and children (VAW/C). Pandemics are
no exception. In fact, the regional or global nature and associated fear and uncertainty associated with pandemics provide an enabling environment that may exacerbate or spark diverse forms of violence. Understanding mechanisms underlying these dynamics are important for crafting policy and program responses to mitigate adverse effects. Based on existing published and grey literature, we document nine main (direct and indirect) pathways linking pandemics and VAW/C, through effects of (on): (1) economic insecurity and poverty-related stress, (2) quarantines and social isolation, (3) disaster and conflict-related unrest and instability, (4) exposure to exploitative relationships due to changing demographics, (5) reduced health service availability and access to first responders, (6) inability of women to temporarily escape abusive partners, (7) virus-specific sources of violence, (8) exposure to violence and coercion in response efforts, and (9) violence perpetrated against health care workers. We also suggest additional pathways with limited or anecdotal evidence likely to effect smaller sub-groups. Based on these mechanisms, we suggest eight policy and program responses for action by governments, civil society, international and community-based organizations....”

Global Dashboard - How to Tackle Coronavirus in Slums

One of many similar pieces, by Marc Weston. With a number of recommendations.

Think Global Health - EU: Strongly United for Health—Deeply Divided on the Economy
Ilona Kickbusch; https://www.thinkglobalhealth.org/article/eu-strongly-united-health-deeply-divided-economy

Focus on the EU in this analysis. “Lock-step solidarity during COVID-19 pandemic is challenged by policy questions within and "mask diplomacy" from abroad.”

The Atlantic - Get Used to It: This Lockdown Won’t Be the Last

“Lockdowns are the new normal.”

“Hong Kong and Singapore were early examples of places that were able to contain the spread of the virus, which causes the disease COVID-19, offering a model of sorts for countries elsewhere to follow (even if most did not take the cue). Yet now, this city is a different kind of model, a glimpse into what awaits the hundreds of millions of people living under restrictions in places such as Britain, France, Italy, and parts of the United States, wondering what life will look like once the virus is brought under control. The tightening and easing, as well as tweaking, of restrictions under way in Hong Kong, an effort to control the ebb and flow of the disease into manageable waves without letting it run rampant, illustrates how one protracted lockdown is unlikely to be sufficient as researchers take part in a global race to create a vaccine for the virus....”
“The suppression-and-lift strategy is the most talked about amongst my ilk and in governments all over the world,” said Gabriel Leung, who is also the dean of medicine at the University of Hong Kong. “You would need to keep on these control measures to varying degrees until one of two things happen: One, is there is natural immunity by active infection and recovery, or there is sufficiently wide availability of an effective vaccine administered to at least half the population, to create the same effective herd immunity. These are the only two ways of going about it.” Leung added that we’ll go through “several cycles” of tightenings and easings “before we will have resolution.”

Science - Modelers weigh value of lives and lockdown costs to put a price on COVID-19

Economist S Rebolo is “one of a number of macroeconomists now trying to shed light on the balance between the economic impact of locking down major parts of the economy and the economic damage wrought by the disease itself.”

NYT – The workers who face the greatest coronavirus risk

“Nurses and doctors rank high. But so do hairdressers and dentists.” With overview graph.

The Atlantic - It Wasn’t Just Trump Who Got It Wrong

“America’s coronavirus response failed because we didn’t understand the complexity of the problem.”

One of our favourite analyses of the week. From a complexity angle.

Washington Post – World’s 70 million displaced people face a coronavirus disaster, report says
https://www.washingtonpost.com/

“The world’s 70 million displaced people — refugees, asylum seekers and those internally uprooted by war and other crises — are among the most vulnerable to the spread of the novel coronavirus, and the least able to combat it. Several factors have helped create a virus time bomb: crowded conditions and, for many, a lack of basic shelter; aid that has slowed and in some cases stopped altogether during the crisis; along with the absence of medical care and basic sanitation, according to Refugees International. In a report released Monday, the independent organization said that
while a failure to protect refugee communities will threaten societies at large, “many nations are turning inward as they seek to protect their own citizens.”

NYT – For Autocrats, and Others, Coronavirus Is a Chance to Grab Even More Power
https://www.nytimes.com/2020/03/30/world/europe/coronavirus-governments-power.html

With Hungary, Cambodia, ... as just some of the examples.

Lancet Letter – Authoritarianism and the threat of infectious diseases
J Pericas; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32595-4/fulltext

“...The increasingly punitive policy environment in North America, Europe, and some South American countries (eg, Brazil and Argentina) is probably related to the spread of an authoritarian ideology that has xenophobia at its core. However, a trait of those repulsion speeches that is often missed is how immigrants or strangers are referred to as parasites or contagious agents....”

Devex - For the global development community, COVID-19 poses big questions

By Raj Kumar. We don’t like all the answers, but an interesting read anyhow.

COVID-19 as a Critical Juncture - A Paper and Open Webinar

“Duncan Green introduces a recent paper on COVID-19 as a 'critical juncture' and an open webinar to discuss its ideas next week hosted by Global Policy.” Focusing on the longer term impact in a number of areas.

New report Imperial college
https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/


“With current interventions remaining in place to at least the end of March, we estimate that interventions across all 11 countries will have averted 59,000 deaths up to 31 March [95% credible interval 21,000-120,000]. Many more deaths will be averted through ensuring that interventions remain in place until transmission drops to low levels. We estimate that, across all 11 countries
between 7 and 43 million individuals have been infected with SARS-CoV-2 up to 28th March, representing between 1.88% and 11.43% of the population. The proportion of the population infected to date – the attack rate - is estimated to be highest in Spain followed by Italy and lowest in Germany and Norway, reflecting the relative stages of the epidemics....”

CGD (blog) - Health Systems in Low-Income Countries Will Struggle to Protect Health Workers from COVID-19


Informative blog. “As more and more low-income countries report COVID-19 infections, there are urgent concerns of whether health systems will be able to cope. One particular worry is whether health workers will be protected at the frontlines of diagnosing and treating infected patients.”

Lancet - Fangcang shelter hospitals: a novel concept for responding to public health emergencies

S Chen et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30744-3/fulltext

“Fangcang shelter hospitals are a novel public health concept. They were implemented for the first time in China in February, 2020, to tackle the coronavirus disease 2019 (COVID-19) outbreak. The Fangcang shelter hospitals in China were large-scale, temporary hospitals, rapidly built by converting existing public venues, such as stadiums and exhibition centres, into health-care facilities. They served to isolate patients with mild to moderate COVID-19 from their families and communities, while providing medical care, disease monitoring, food, shelter, and social activities. We document the development of Fangcang shelter hospitals during the COVID-19 outbreak in China and explain their three key characteristics (rapid construction, massive scale, and low cost) and five essential functions (isolation, triage, basic medical care, frequent monitoring and rapid referral, and essential living and social engagement). Fangcang shelter hospitals could be powerful components of national responses to the COVID-19 pandemic, as well as future epidemics and public health emergencies.”

NYT - White-Collar Quarantine’ Over Virus Spotlights Class Divide


“Child care options, internet access and extra living space leave a gulf between rich and poor in coping with disruptions to school and work.”

On the “pandemic caste system”: Still, a kind of pandemic caste system is rapidly developing: the rich holed up in vacation properties; the middle class marooned at home with restless children; the working class on the front lines of the economy, stretched to the limit by the demands of work and parenting, if there is even work to be had.”
WP - Is ‘social distancing’ the wrong term? Expert prefers ‘physical distancing,’ and the WHO agrees.

Washington Post:

“The government, media organizations and meme creators have all embraced the term “social distancing” when discussing how to stem the coronavirus pandemic. But Daniel Aldrich, a professor of political science and public policy at Northeastern University, is concerned that the term is misleading and that its widespread usage could be counterproductive. The World Health Organization has come to the same conclusion. Last week, it started using the term Aldrich prefers: “physical distancing.”...”

Guardian - More countries deploy their military to help during Covid-19 crisis


“Armed forces called on for different duties, from enforcing lockdowns to building hospitals.”

Lancet Infectious Diseases - Epidemic preparedness in urban settings: new challenges and opportunities


Includes an overview table of challenges & opportunities.

Lancet Comment - Historical linkages: epidemic threat, economic risk, and xenophobia

A White; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30737-6/fulltext

On the “framing” issue. “As a historian and medical sociologist, I have been studying the histories of international responses to epidemic events and what they can tell us about the nature of power, economics, and geopolitics. ...”

Think Global Health - COVID-19 Highlights the Need for Community Health


“Turning the tide on the pandemic and achieving greater global health security demands stronger community health systems.”
EEAS Special report update: Short assessment of narratives and disinformation around the Covid-19 pandemic


Interesting to see which ‘narratives’ and disinformation go ‘viral’ in different parts of the world.

Project Syndicate - Ensuring Food Security in the Era of COVID-19


“Experts say the pandemic will unleash a food security crisis not seen since the Great Recession. As we learned during the 2008-09 Great Recession, governments – with the support of financial institutions, the United Nations, and others – can mitigate the risk of global food shortages and high prices.”

“Before the onset of this pandemic, UN Secretary-General António Guterres scheduled a Food Systems Summit, to be convened in 2021, with the goal of strengthening food security and environmental sustainability. We cannot wait. Action must begin now.”

Guardian - Lockdowns around the world bring rise in domestic violence


“Activists say pattern of increasing abuse is repeated in countries from Brazil to Germany, China to Greece.”

FT - The mystery of the true coronavirus death rate

https://www.ft.com/content/f3796baf-e4f0-4862-8887-d09c7f706553

“Without comprehensive testing and more precision over the cause of fatalities global comparisons should be treated with caution.”

“....The figure at the root of so much global angst about coronavirus is currently 4.7 per cent. That is the proportion of people, as of Sunday afternoon, who have died after being diagnosed with the virus — 32,137 out of the 685,623 who have tested positive for Covid-19 around the world. It compares with a death rate of around 0.1 per cent for seasonal flu and 0.2 per cent for pneumonia in high-income countries. However, 4.7 per cent is not only changeable but frustratingly unreliable, both for governments seeking to calibrate their policy response and for citizens trying to gauge how much they should worry. The proportion of people who have died from the disease varies strikingly from country to country. Researchers warn that there are so many uncertainties — not least over the true number of infections — that it remains almost impossible to draw firm conclusions about the death rate.”
Mike Ryan, executive director of the World Health Organisation’s health emergencies programme, has outlined four factors that might contribute to the differing mortality rates: who becomes infected, what stage the epidemic has reached in a country, how much testing a country is doing, and how well different healthcare systems are coping. But there are other sources of doubt too, including how many coronavirus victims would have died of other causes if no pandemic had occurred. In a typical year, around 56m people die around the world — an average of about 153,000 per day....”

CGD - Financing and Scaling Innovation for the COVID Fight: A Closer Look at Demand-Side Incentives for a Vaccine


By R Silverman et al.

FT - Yuval Noah Harari: the world after coronavirus |

https://www.ft.com/content/19d90308-6858-11ea-a3c9-1fe6fedca75?segmentID=09cf3415-e461-2c4a-a8cc-80acc4846679&campaign=march20

“This storm will pass. But the choices we make now could change our lives for years to come.”

“Humankind is now facing a global crisis. Perhaps the biggest crisis of our generation. The decisions people and governments take in the next few weeks will probably shape the world for years to come. They will shape not just our healthcare systems but also our economy, politics and culture. We must act quickly and decisively. We should also take into account the long-term consequences of our actions.”

“In this time of crisis, we face two particularly important choices. The first is between totalitarian surveillance and citizen empowerment. The second is between nationalist isolation and global solidarity.”

Foreign Affairs – Plagues tell us who we are

T Bollyky; https://www.foreignaffairs.com/articles/2020-03-28/plagues-tell-us-who-we-are

« To borrow and paraphrase Fyodor Dostoevsky’s famous quote about prisons, you can tell a lot about a society by its response to epidemics of infectious disease. “

Plagues put a mirror to the societies they afflict.

« A pandemic will expose the failures of a government that does not invest in the health of its constituents or address the collective risks that arise when vulnerable groups lack health protections.
For such a society, taking those lessons and applying them to reduce the risks of future contagion is surely the better of two possible outcomes....”

« .... The historian Christopher Hamlin cautions against the “myth of the good epidemic”: the notion that new outbreaks of cholera, tuberculosis, and other infectious scourges might have a salutary effect by motivating needed investment in sanitation and other government reforms. I likewise do not subscribe to that myth. The novel coronavirus, which causes the disease now known as COVID-19, might infect 40 to 70 percent of the world’s population, causing thousands or even millions of deaths. Humankind will not be better off for having had the experience....”

Think Global Health - Why Social Policies Make Coronavirus Worse


“So late for COVID-19, but strengthening safety nets and health security in U.S. would help us respond to future threats”

“COVID-19 is a syndemic. Recognizing this and understanding what it means is important for how we talk about COVID-19, how we assess who is most at risk, how we allocate our resources, and how we communicate the right messages to the public. ... The word syndemic is a portmanteau that combines the words synergies and epidemic to punctuate the connections of multiple factors in who and how a disease afflicts a population. A syndemic emphasizes the fact that no disease exists in isolation, and the interaction and clustering of two or more conditions is exacerbated by broader factors like social inequality. COVID-19 exemplifies the concept of syndemic in part because of its elevated and uneven distribution among people with preexisting conditions like type 2 diabetes, hypertension, and heart disease....”

Foreign Policy - Without Mass Testing, the Coronavirus Pandemic Will Keep Spreading


“Countries such as South Korea that test thousands of people per day have slowed the outbreak. Other nations must adopt Seoul’s model before it’s too late.”

Cfr a tweet: “5 reasons why massive testing is a must (by @devisridhar): 1. Better isolation measures for the positive 2. Better contact-tracing 3. Predictive resource allocation 4. Identify current (not past) contagion hotspots 5. Without tests, no notion of magnitude.”

Some other viewpoints & analysis:

Lancet Comment - Dementia care during COVID-19

Lancet – No time for dilemma: mass gatherings must be suspended
Lancet - **Essential care of critical illness must not be forgotten in the COVID-19 pandemic**

Some final Covid-19 snippets (for this week)

- **Daily Mail** - *World Health Organization to launch an official app on iOS and Android to provide information on the coronavirus pandemic and combat the spread of misinformation*

  “The World Health Organisation is launching an official app for iOS and Android that is being designed to combat the spread of misinformation about COVID-19. The WHO MyHealth app is set to be launched on Monday and is being developed by a team of volunteer experts called the WHO Covid App Collective. The first version will launch on both mobile platforms on Monday and is being developed ‘open source’ which means anyone with the skills can help build it. It follows the launch of a WHO chatbot for Facebook owned WhatsApp that lets users get the latest information on the deadly virus....”

See also WHO: [WHO and Rakuten Viber fight COVID-19 misinformation with interactive chatbot](#)

- **IHP blog** - *Contextualizing COVID-19 risk communication and community engagement in sub-Saharan Africa for effective epidemic control: Fighting the “Infodemic”* (By Ibiloye Olejuwon)

- **Stat** - *Tech companies are stepping up in the coronavirus pandemic response. Here’s how they’re dedicating resources*

  “Tech giants are stepping up to the plate to play a part in the coronavirus pandemic response, tapping into their wide-ranging resources to help experts get a handle on the spread of the virus and to fill in gaps in the government’s response. But it’s not clear yet how — or to what extent — those efforts could help bring the crisis under control.”

  “In recent weeks, major tech companies have publicized stronger efforts to police misinformation on their platforms, rolled out testing and triage tools, and donated masks and other medical supplies. ... Here’s a rundown of how Big Tech is dedicating resources in the fight against Covid-19.

- **Al Jazeera** - *Netherlands recalls defective masks imported from China*

  “Spain and Turkey also complain of defective rapid testing kits ordered from Chinese companies.”

- **Portugal gives migrants and asylum-seekers full citizenship rights during coronavirus outbreak**

As somebody pointed out on Twitter, we should all be/do like Portugal.
Science Speaks blog (by J Gribbe et al): **COVID 19: When majority of front-line health workers are women, when home is dangerous for many, pandemic gender equity needs a look**

“We think it’s worth pausing to reflect on how communities and governments will respond to the epidemic and **whether social structures may put women at an inherent disadvantage to be burdened by COVID-19. Even though data suggest that mortality is higher among men than women, the risk of exposure may be higher for women and the social and economic impact is also likely to affect women more.”**

Forbes - **The U.S. Just Signed A $450 Million Coronavirus Vaccine Contract With Johnson & Johnson**

Guardian - **Prison riots break out around the world as coronavirus spreads**

“Inmates fear they will be left behind in overcrowded cells as the infection tears through their population.”

Baby Milk Action - **WHO and UNICEF advice on breastfeeding and coronavirus**

FT Health – **Churches defy coronavirus restrictions in Brazil and Africa**

“Infectious congregations risk accelerating Covid-19 outbreak as pandemic moves to emerging markets.” Especially evangelical churches.

**Covid-19 impact on AIDS/TB/Malaria “Endgame”**

Forbes - AIDS, TB And Malaria: Coronavirus Threatens The Endgame


Cfr tweet Madhukar Pai : « In my new @Forbes piece, I asked several global leaders in AIDS, TB & Malaria, incl @PeterASands @Winnie_Byanyima @TerezaKasaeva @LuciaDitiu @JLCastroGarcia @DreJoanneLiu @mdoherty_hiv @udmore @ygpillay @PAlonsoMalaria about their plans for #Covid_19.”

“It is clear that the coronavirus pandemic has just made it incredibly difficult to script an endgame for the “Big Three” killer epidemics. The SDG goal is to end the epidemics of AIDS, TB and malaria by 2030. Is this still possible? The impact of COVID-19 on TB alone is unimaginable, as I wrote in my previous post. **How are global leaders and agencies dedicated to AIDS, TB, and Malaria reacting to the pandemic? I interviewed several experts....**”
Other Covid-19 “collateral damage” - Measles and polio may come 'roaring back' as global vaccination programmes shut down


Must-read in-depth analysis. “Experts warn of a resurgence of childhood diseases as essential services are disrupted by the coronavirus pandemic.”

See also Science - ‘We have no choice.’ Pandemic forces polio eradication group to halt campaigns

“The COVID-19 pandemic is imperiling the worldwide, 3-decade drive to wipe out polio. In an unprecedented move, the Global Polio Eradication Initiative (GPEI) has recommended suspending polio vaccination campaigns to help stop the spread of the novel coronavirus. On 24 March, GPEI’s leadership called on all countries to postpone until at least the second half of this year both mass campaigns to boost immunity to the polio virus and the targeted campaigns underway in Africa to stop outbreaks sparked by the live virus vaccine itself....”

“On 26 March, WHO’s Strategic Advisory Group of Experts on Immunization (SAGE) recommended all preventive mass vaccination campaigns for other diseases, including measles and yellow fever, be temporarily suspended....”

AMR

Governing the Global Antimicrobial Commons: Introduction to Special Issue

“Antimicrobial resistance is one of the greatest public health crises of our time. The natural biological process that causes microbes to become resistant to antimicrobial drugs presents a complex social challenge requiring more effective and sustainable management of the global antimicrobial commons—the common pool of effective antimicrobials. This special issue of Health Care Analysis explores the potential of two legal approaches—one long-term and one short-term—for managing the antimicrobial commons. The first article explores the lessons for antimicrobial resistance that can be learned from recent climate change agreements, and the second article explores how existing international laws can be adapted to better support global action in the short-term.”

Global AMR R&D Hub’s Dynamic Dashboard
https://dashboard.globalamrhub.org/

Nice resource. “The Global AMR R&D Hub’s Dynamic Dashboard continuously collects and presents information on AMR R&D investments, products in the pipeline and push and pull incentives across
Global childhood cancer

Lancet Oncology Commission – Sustainable care for children with cancer

Lancet Oncology:

“Cancer kills more than 100,000 children each year, and yet 80% of paediatric cancers are curable with currently available interventions. Notably, the majority of these deaths occur in low-income and middle-income countries where children have poor access to health services. **It is crucial that as countries transition to universal health care, childhood cancers are recognised as a priority for inclusion in benefits packages. Yet no reliable data are available in low-income and middle-income countries on the current and future burden of childhood cancer; on cost of effective interventions; on current coverage levels for diagnostic, treatment, and care services; or on the cost, feasibility, or health and economic benefits of scaling-up effective coverage. There is an imperative for a comprehensive study to estimate the number of new cases, survival with and without treatment, the number of deaths without additional investments to scale up health services and treatment for children with cancer, and to develop an investment framework to establish an evidence-based case for investing in effective interventions to address childhood cancer. **In a new Commission from The Lancet Oncology, Rifat Atun, Carlos Rodriguez-Galindo, and colleagues provide a comprehensive analysis to develop an investment case for funding management and control of childhood cancer.**”

Cfr the press release:

“The Lancet Oncology: **Without additional investment 11 million children are expected to die from cancer between now and 2050. But sustainable care for children with cancer is affordable and achievable in all countries, declare global cancer experts.”**

“Improving care for children with cancer worldwide will bring a triple return on investment and prevent millions of needless deaths, according to a new Commission report published today by The Lancet Oncology entitled Sustainable Care for Children with Cancer.

Without additional investment in childhood cancer care, new estimates produced for the report reveal that over 11 million children aged 14 years and younger are expected to die from cancer over the next 30 years worldwide. The vast majority of those—more than 9 million deaths (84%)—will be in low-income and lower-middle-income countries.

“... **For too long, there has been a widespread misconception that caring for children with cancer in low- and middle-income countries (LMICs) is expensive, unattainable, and inappropriate because of competing health priorities. Nothing could be further from the truth**, says Professor Rifat Atun from Harvard T.H. Chan School of Public Health, USA, Co-chair of the Commission.

He continues: “**This report provides compelling evidence that improving outcomes for children with cancer is both feasible and a highly cost-effective investment for all countries rich and poor alike. Expanding access to achievable diagnostics, treatment, and supportive care, alongside strengthening...**
health systems more widely, could prevent more than 6 million child deaths and bring almost US$2 trillion in economic benefits over the next 30 years. The time is right for a global push to expand coverage of care for children with cancer."

Via Stat: “… by scaling up access to primary care, ensuring proper referral to specialists, and shoring up supportive services to ensure people stick with treatment, more than half of the projected deaths could be avoided. And spending $20 billion per year over the next 30 years to ensure access could result in a return of $3 per $1 spent by allowing many millions of children to enter the workforce and give back to the economy, the authors report.”

SRHR

Guardian - 'A big wake-up call': survey shows work still to be done on women's sexual rights


“Almost half of women and girls living in more than 50 countries around the world are not able to make their own decisions about their reproductive rights, with up to a quarter saying they are unable to say no to sex, a new survey has found. The findings, published by the UN population fund (UNFPA) on Wednesday, have been described as a “big wake-up call” in global efforts to achieve gender equality by 2030. Only 55% of women and girls in the 57 countries surveyed said they could make autonomous decisions about accessing healthcare, whether to use contraceptives and whether to have sex....”

Guardian - Coronavirus crisis may deny 9.5 million women access to family planning


And more “collateral damage” from Covid-19. “Up to 9.5 million women and girls could miss out on vital family planning services this year because of Covid-19, potentially resulting in thousands of deaths. Marie Stopes International warned on Friday that travel restrictions and lockdowns could have a devastating affect on women as they struggle to collect contraceptives and access other reproductive healthcare services, such as safe abortions, across the 37 countries in which it works. MSI estimates that with an 80% reduction in service delivery for three months, and minimal services for the remainder of the year, 9.5 million people will miss out. If things were to return to normal after three months of disruption, the figure would drop to 4 million. The organisation predicts that the loss of services could result in as many as 3 million additional unintended pregnancies, 2.7 million unsafe abortions and 11,000 pregnancy-related deaths....”
International Transgender Day of Visibility (March 31)

Lancet Public Health (Editorial) Transgender health, identity, and dignity
https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30059-1/fulltext

Cfr a tweet from Horton, earlier this week:

“Today is International Transgender Day of Visibility. In this paper in Lancet Public Health, published today, Ayden Scheim et al show how possessing gender-congruent identification can improve mental health. Trans issues are health issues…”

Planetary Health

Guardian - Cop26 climate talks in Glasgow postponed until 2021

“The UN climate talks due to be held in Glasgow later this year have been postponed as governments around the world struggle to halt the spread of coronavirus. The most important climate negotiations since the Paris agreement in 2015 were scheduled to take place this November to put countries back on track to avoid climate breakdown. They will now be pushed back to 2021….”

“…The UN Framework Convention on Climate Change agreed to delay the vital talks because of the widespread disruption caused by coronavirus, and will also delay a key preliminary meeting scheduled for Bonn, Germany, which was also expected to be derailed by widespread lockdowns and travel restrictions….”

See also the Guardian - 'We must use this time well': climate experts hopeful after Cop26 delay

“Moving summit gives world time to respond to coronavirus and may allow a new US leader to join talks.”

Lancet - A planetary health perspective on COVID-19: a call for papers
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30742-X/fulltext

“... we need a planetary health perspective that cuts across traditional domains of knowledge, governance, and economic sectors to properly address the challenge posed by COVID-19. We welcome submissions on all aspects of the COVID-19 pandemic across the Lancet titles, but here we are calling for submissions to The Lancet and The Lancet Planetary Health. We particularly welcome interdisciplinary research that integrates across important knowledge domains to provide a fuller understanding of the causes and socioeconomic impacts of COVID-19, as well as public understanding and responses, the efficacy of management and prevention interventions, and
approaches for the identification and prevention of future such events within the wider context of the Sustainable Development Goals....”

BMJ Special series- Health in the Anthropocene

https://www.bmj.com/anthropocene

“The Anthropocene epoch is characterised by the dominance of humans over the global environment. We hope this special series will raise awareness of the threats to humanity and natural systems in the Anthropocene epoch, but more importantly will inspire creative and far sighted responses to our era’s pressing challenges.”

“... In early 2019, The BMJ issued a call for papers that dealt with the challenges of the Anthropocene for human health and identified opportunities for action ... .... We are now fully launching the series by publishing several more articles that emphasise potential ways to reduce the environmental footprint of society and improve public health (https://www.bmj.com/anthropocene), with more to follow in the next few months. These will include papers on decarbonising the NHS; capitalising on the health (co)benefits of “low carbon” policies in sectors such as energy, housing, transport, and food systems; and the health dividend that could be achieved through more sustainable cities....”

Start with the two Editorials by Andy Haines et al.

And then make sure you read:

BMJ Analysis - WHO should declare climate change a public health emergency

A Harmer, A Leetz, R van de Pas et al; https://www.bmj.com/content/368/bmj.m797

“Rapid and potentially irreversible climate change poses a direct threat to global public health. Andrew Harmer and colleagues argue that WHO should recognise this in the same way as global threats from specific diseases”.

Migration & health

Plos Med (Editorial) - Migrant and refugee health: Complex health associations among diverse contexts call for tailored and rights-based solutions

Paul Spiegel et al; https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003105

“...no matter how migration is portrayed at a specific point in time, it will inexorably continue. Thus, the need to ensure the protection, health, and welfare of people on the move is imperative and provides the rationale for the accompanying PLOS Medicine Special Issue on Refugee and Migrant Health. This imperative is not only a matter of humanity and equity but is also necessary for the global economy, as migration is inherently linked to economic growth...”
“Seeking to raise awareness of the health inequities and different contexts faced by migrants and “forcibly displaced persons, as well as to promote research, service, and policy innovation in this area, this Special Issue is devoted to migrant and refugee health in the broadest sense. The articles included, as well as the findings themselves, are as diverse as the topic itself. Here, we discuss the results from some of the articles illustrating different themes to portray this diversity....”

WHO Bulletin - April (theme) issue: Artificial intelligence in the health sector: ethical considerations

https://www.who.int/bulletin/volumes/98/4/en/

Lots of focus on digital health & artificial intelligence (& health) in this issue.

See for example this editorial - Balancing risks and benefits of artificial intelligence in the health sector “…The tension between risks and concerns on one hand versus potential and opportunity on the other has shaped this issue of the Bulletin of the World Health Organization on the new ethical challenges of artificial intelligence in public health...”

Make sure you also read another Editorial - Towards a global strategy on digital health.

Some papers & reports of the week

Journal of Epidemiology & Community Health - A glossary of theories for understanding power and policy for health equity

P Harris, Fran Baum, A Schram et al; https://jech.bmj.com/content/early/2020/03/20/jech-2019-213692

Very neat stuff. “Progressing public policies that improve health equity requires understanding and addressing the creation, use and distribution of power. This glossary provides an overview of some of the most relevant conceptualisations of the dynamics of power in policy with implications for health equity. The aim is to provide an accessible overview of the different theories and perspectives behind power for public health focused policy researchers and advocates. The Glossary demonstrates how the broad literature on power in policy deepens understanding of the institutional dynamics that creates and maintains health inequities.”

Health Systems & Reform - On the measurement of financial protection: An assessment of the usefulness of the Catastrophic Health Expenditure indicator to monitor progress towards Universal Health Coverage

Ensuring financial protection (FP) against health expenditures is a key component of Sustainable Development Goal (SDG) 3.8, which aims to achieve Universal Health Coverage (UHC). While the proportion of households with catastrophic health expenditures exceeding a proportion of their total income or consumption has been adopted as the official SDG indicator, other approaches exist and it is unclear how useful the official indicator is in tracking progress towards the FP sub-target across countries and across time. This paper evaluates the usefulness of the official SDG indicator to measure FP using the RACER framework and discusses how alternative indicators may improve upon the limitations of the official SDG indicator for global monitoring purposes. We find that while all FP indicators have some disadvantages, the official SDG indicator has some properties that severely limit its usefulness for global monitoring purposes. We recommend more research to understand how alternative indicators may enhance global monitoring, as well as improvements to the quality and quantity of underlying data to construct FP indicators in order to improve efforts to monitor progress towards UHC.

2019 annual report for the Alliance for Health Policy and Systems Research


Check it out. “In 2019, the Alliance supported 16 ongoing projects, representing 111 grants across 42 countries. Find out more about these projects and how they are supporting the development of the field of health policy and systems research in this year’s annual report. The report is organized around our core objectives: working together, empowering leaders, advancing knowledge and informing policy. We also look back at long-term investments that the Alliance has made to support greater capacity for health policy and systems research in Bosnia and Herzegovina and Nigeria.”

Critical Public Health - A model society: maths, models and expertise in viral outbreaks


“Viral outbreaks and public health emergencies obligate an urgent need for evidence to inform rapid responses. In the case of SARS-Cov-2, a novel virus linked to the fast-moving COVID-19 pandemic, mathematical models projecting disease outbreaks and the potential effects of interventions are playing a critical role. Modelled projections are not only evidence-making policy decisions, but are afforded power-of-action in public understandings and in social life. We propose here that COVID-19 is coming to be known in maths and models. We trace this process not only in policy but in media stories of maths, mathematicians and models. We accentuate the social life of maths and models, which feed citizen science and social actions in relation to COVID-19. There are general lessons from the emergent evidence-making of COVID-19 for how we do science for public health.....”

Paper - Value-based tiered pricing for universal health coverage: an idea worth revisiting

K Chalkidou et al; https://gatesopenresearch.org/articles/4-16

“The pricing of medicines and health products ranks among the most hotly debated topics in health policy, generating controversy in richer and poorer markets alike. Creating the right pricing structure for pharmaceuticals and other healthcare products is particularly important for low- and middle-
income countries, where pharmaceuticals account for a significant portion of total health expenditure; high medicine prices therefore threaten the feasibility and sustainability of nascent schemes for universal health coverage (UHC). We argue that a strategic system of value-based tiered pricing (VBTP), wherein each country would pay a price for each health product commensurate with the local value it provides, could improve access, enhance efficiency, and empower countries to negotiate with product manufacturers. This paper attempts to further understanding on the potential value of tiered pricing, barriers to its implementation, and potential strategies to overcome those.”

New GHPC study on the Healthy DEvelopments portal

C Grainger; A software for disease surveillance and outbreak response - insights from implementing SORMAS in Nigeria and Ghana

“Global health security is a rising challenge for the 21st century, with the regular emergence of new disease pathogens and the re-emergence of older ones. ... The SORMAS (Surveillance, Outbreak Response Management and Analysis System) software, an initiative of the Helmholtz Centre for Infection Research (HZI) in cooperation with Nigeria Centre for Disease Control (NCDC), grew directly out of the experience of tackling Ebola in Nigeria. It is one of few programmes to provide comprehensive disease surveillance and outbreak management functionalities in a single digital platform. Drawing on the experience of implementing SORMAS in Nigeria and its recent introduction in Ghana, this case study – commissioned by Germany’s Federal Ministry for Economic Cooperation and Development (BMZ) - aims to answer the question: ‘How does SORMAS improve countries’ outbreak management and digital health ecosystems?’.

PS: Healthy DEvelopments has also started a new series on German development cooperation’s contributions to partner countries’ responses to COVID-19. You find them if you click on the link.

Some blogs of the week

Global Policy -Humanitarian Wearables and the Future of Aid in the Global Data Economy


“Kristin Bergtora Sandvik examines the politics of humanitarian wearables to understand more about how digitization is reshaping the nature and relations of aid.”

CGD (blog) - Three Percent is a Big Difference

M Ravaillon; https://www.cgdev.org/blog/three-percent-big-difference

« There is a little-noticed but important difference between the World Bank’s original goal for poverty reduction and the first of the subsequent UN Sustainable Development Goals (SDG1). The difference is that the Bank’s goal was to reach a 3 percent poverty rate by 2030, while the SDG1 is to “eradicate” poverty by 2030, where “eradicate” means zero. Yet that 3 percent could well make a big difference. »
Some tweets of the week

Els Torreele on the passing away of Martin Khor (Third World Network’s Chairman and former Director):

“Saddened by the passing of Martin Khor, who inspired many generations of health and socio-economic justice advocates globally. His thoughtful political analysis of power dynamics and inequalities combined with strategic action remains an example for us all “

R Horton

“A grim conclusion from Neil Ferguson and colleagues: “Although China has succeeded in containing the disease spread for 2 months, such containment is unlikely to be achievable in most countries.” In Lancet Infectious Diseases today.”

Stefan Peterson (UNICEF) weighed in:

“We need both contextualized containment (lockdown requires soap, water and food to be effective), and weigh potential gains against losses due to disrupted regular health services, education and economic depression. And loss of democracy. It’s ethics, economics and epidemiology!”

Jason Hickel

“Under capitalism, it is apparently easier to imagine spending trillions of dollars bailing out corporations from the effects of a public health crisis than it is to imagine investing in a public health system that would prevent such crises in the first place.”

Isaac Florence

“Also a once in a lifetime opportunity to raise the assessed contributions for WHO, create a constant flow of funds into the WHO Contingency Fund for Emergencies, and crucially, redesign the IHRS to discourage Member States flaunting them and increase WHO’s coordination powers.”

Global health events

UNAIDS supports decision to hold the 23rd International AIDS Conference virtually, hopes that HIV2020 can be held in some form

This was interesting news – and will hopefully set a new trend, also long beyond the Covid-19 crisis.

Coming up – World Health Worker Week: April 5 - 11, 2020

https://www.frontlinehealthworkers.org/world-health-worker-week

“Our 2020 theme is Leaders on the Front Line. This theme highlights the need to provide greater leadership opportunities for frontline health workers—particularly women health workers, who make up more than 70% of the global health workforce. At the same time, this theme emphasizes how health workers often put themselves on the line, often at great personal risk to themselves and their families, to save and improve lives.”

Coming up in 2021 – Global Health Security 2021 (Sydney)

Global Health Security Conference;

From 22-25 June, in Sydney. Call for abstracts has just been launched.

Global governance of health

Operation 50/50 – 90+ women experts working in GHS

https://c8fbe10e-fb87-47e7-844b-4e700959d2d4.filesusr.com/ugd/ffa4bc_440731ea3dfd4985929e7045ee303ab1.pdf

“Join Women in Global Health and Women of Color Advancing Peace and Security in supporting equitable representation in global health security decision-making.…”

WGH & Women of Color … “are working to change this disconnect between vulnerability and representation in health security. This roster of expert women includes those who are working to strengthen global, regional, national, and local capacities to prevent, detect, and respond to outbreaks.”

PS: See also an op-ed by Geeta R Gupta & Jeremy Farrar with a similar message - Why we need women’s leadership in the COVID-19 response

Devex - Germany plans sweeping changes to aid

Devex has exclusive (but gated) details on Germany's plan to cut support for 25 countries and streamline its funding priorities.”

See Devex – “The Federal Ministry for Economic Cooperation and Development, also known as BMZ, is formulating a new strategy — called BMZ 2030 — **aimed at taking a more results-focused approach to global development engagement.** The plan, which has not yet been released, will include a shift of funding away from 25 countries — including ending eight bilateral country programs — and rerouting most health and early education funding through multilateral agencies, Devex has learned. While some civil society organizations are worried about the implications of those changes for low-income countries that will see less funding, others have welcomed an effort to establish clearer goals and ways of measuring progress.”

Devex - 'There's only so much you put up with': DFID staff survey details collapsing morale


“The majority of staff at the U.K. Department for International Development have no long-term plans to stay at the organization, an **internal survey** has revealed. Current and former employees expressed shock at the “unusually poor results” of the annual staff survey and blamed a combination of poor working conditions and leadership practices....”

USAID issues 'urgent request' for COVID-19 medical equipment


Looks like USAID is getting into ‘reverse aid’ these days : )

“**On Monday, the U.S. Agency for International Development issued an “urgent request” to its implementing partner organizations for personal protective equipment and other medical supplies. USAID has been asked to identify organizations that have personal protective equipment (PPE) and medical supplies potentially available for use by the U.S. government in response to COVID-19,”** Matthew Johnson, communications director at USAID’s office of acquisition and assistance, wrote in the email, which Devex obtained. In response to multiple inquiries from Devex, **the agency would not confirm whether those supplies are to be used in foreign countries where USAID operates or inside the U.S....”**
ProPublica - Internal Emails Show How Chaos at the CDC Slowed the Early Response to Coronavirus

“...The CDC fumbled its communication with public health officials and underestimated the threat of the coronavirus even as it gained a foothold in the United States, according to hundreds of pages of documents ProPublica obtained.”

Devex - Aid advocates want future US COVID-19 funding to have global focus


Wonder whether they’ll get more than peanuts... And WHO support is probably three bridges too far.

Book - Globalizing IR Theory: Critical Engagement (IR Theory and Practice in Asia)


“...Despite attempts to redress the balance, international relations (IR) as a discipline is still dominated by Western theories. The contributors in this book explore the challenges of constructing an alternative, with a dialogue between global and local approaches. Drawing on scholars with backgrounds in the United States, Europe, Asia and South America, this volume attempts to critically engage with and reflect upon existing traditions of IR theory to produce a deeply pluralist approach. Traditions, cultures, histories and practices from around the world influence their respective theoretical understanding and in turn explain why the Western tradition of IR is insufficient...”

Devex - EU leaders focus on homefront for coronavirus response


In-depth analysis by Vince Chadwick (as of 27 March)
“European leaders offered no new funding for the global battle against COVID-19 after meeting to discuss the pandemic Thursday, focusing instead on how to keep their own economies afloat. It comes amid concerns that money earmarked for poverty eradication programs could be raided to fund the EU’s international response to the pandemic....”

**UHC**

Cochrane Systematic Review - Health workers’ perceptions and experiences of using mHealth technologies to deliver primary healthcare services: a qualitative evidence synthesis

J Odendaal et al;

This article “synthesises qualitative research evidence on health workers' perceptions and experiences of using mHealth technologies to deliver primary healthcare services, and to develop hypotheses about why some technologies are more effective than others.”

BMJ Global Health - Intended and unintended effects: community perspectives on a performance-based financing programme in Malawi

C Petross, M de Allegri et al; https://gh.bmj.com/content/5/4/e001894

“Several performance-based financing (PBF) evaluations have been undertaken in low-income countries, yet few have examined community perspectives of care amid PBF programme implementation. We assessed community members’ perspectives of Support for Service Delivery Integration - Performance-Based Incentives (‘SSDI-PBI’), a PBF intervention in Malawi, and explored some of the unintended effects that emerged amid implementation....”

**Planetary health**

Guardian - Will the coronavirus kill the oil industry and help save the climate?

https://www.theguardian.com/environment/2020/apr/01/the-fossil-fuel-industry-is-broken-will-a-cleaner-climate-be-the-result
“Analysts say the coronavirus and a savage price war means the oil and gas sector will never be the same again.” Overview of the various views & predictions.

**Guardian - Climate crisis may have pushed world's tropical coral reefs to tipping point of 'near-annual' bleaching**


“**Rising ocean temperatures could have pushed the world’s tropical coral reefs over a tipping point where they are hit by bleaching on a “near-annual” basis, according to the head of a US government agency program that monitors the globe’s coral reefs. Dr Mark Eakin, coordinator of Coral Reef Watch at the National Oceanic and Atmospheric Administration, told Guardian Australia there was a risk that mass bleaching seen along the length of the Great Barrier Reef in 2020 could mark the start of another global-scale bleaching event.”**

**Nature Sustainability - Beyond green growth**

Daniel W. O’Neill; [https://www.nature.com/articles/s41893-020-0499-4](https://www.nature.com/articles/s41893-020-0499-4)

(gated) “Can economic growth be made greener, or must we look beyond growth to achieve sustainability? An important new study shows that the pursuit of ‘green growth’ would increase inequality and unemployment unless accompanied by radical social policies.”

**Chatham House (paper) - Promoting a Just Transition to an Inclusive Circular Economy**

P Schröder et al; [Chatham House](https://www.chathamhouse.org); Chatham House

“Considerations of justice and social equity are as important for the circular economy transition as they are in the contexts of low-carbon transitions and digitalization of the economy. This paper sets out the just transition approach, and its relevance in climate change and energy transition debates.”

Also focusing on LMICs.
Guardian - Climate-damaging products should come with smoking-style warnings


Brilliant idea. “Cigarette packets with grisly warnings of the consequences of smoking are intended to deter smokers. Now a group of public health experts says similar warnings should appear on high-carbon products, from airline tickets and energy bills to petrol pumps, to show consumers the health impacts of the climate crisis. Warning labels would be a cheap but potentially highly effective intervention that would make consumers aware of the impact of their purchases on climate breakdown, according to the experts....”

Guardian - Report reveals ‘massive plastic pollution footprint’ of drinks firms


“Report says plastic from Coca-Cola, PepsiCo, Nestlé and Unilever products could cover 83 football pitches every day.”

Guardian - Brazil scales back environmental enforcement amid coronavirus outbreak


Some more worrying news from Bolsonaro’s Brazil.

Infectious diseases & NTDs

KT Press – WHO To Declare Ebola Outbreak Over Next Month

KT Press

“World Health Organization (WHO) says the Ebola virus outbreak could be declared over by mid-April this year if no new case is reported in the Democratic Republic of Congo (DRC).”
““It has been 40 days since the last Ebola case was confirmed in DRC and 25 days since the last person in treatment recovered and went, if there are no new cases, the outbreak could be declared over by mid-April, we remain in active response mode in case of flare-ups,” Tedros Adhanom Ghebreyesus, Director-General of the WHO wrote on Twitter...”

Devex - The trials and tribulations of the world's first malaria vaccine


Article living up to its title.

UNICEF – Children in the Democratic Republic of the Congo at risk from killer measles, cholera epidemics

UNICEF;

“The Democratic Republic of the Congo (DRC)’s battered healthcare system needs urgent support as it struggles with measles and cholera epidemics that kill thousands of children, as well as the mounting threat from the coronavirus, COVID-19, says UNICEF. In a report released today, the UN children’s agency says that ongoing efforts to contain an Ebola outbreak in the east of the country have diverted attention and resources from already enfeebled healthcare facilities which are dealing with several deadly endemic diseases....”

UNAIDS - Big shift to domestic funding for HIV since 2010


“There have been big changes in the landscape for funding the AIDS response since 2010. In constant 2016 United States dollars, overall funding in low- and middle-income countries increased from US$ 15 billion in 2010 to US$ 19 billion in 2018. Within that increase in funding, there have been big changes in the sources of the funding. The amount of money that countries have invested in their own response to HIV has increased hugely, from US$ 7.1 billion to US$ 10.7 billion, equivalent to 56% of all funding. Bilateral aid from the United States of America increased from US$ 3.5 billion in 2010 to US$ 5.1 billion in 2018. Other sources of funding have either stayed still or decreased, for example all bilateral funding other than that from the United States and all multilateral funding other than from the Global Fund—a worrying trend. Even more worrying, however, is that UNAIDS estimates that US$ 26.2 billion will be required annually for the AIDS response in 2020—US$ 7 billion more than that available in 2018....”
AMR

European Observatory on Health Systems and Policies - Moving towards a multisectoral approach to tackling antimicrobial resistance


“A new publication produced by WHO’s European Observatory on Health Systems and Policies and published by Cambridge University Press outlines the need for multisectoral approaches – involving disciplines such as human medicine, veterinary medicine, agricultural sciences, epidemiology, economics, sociology and psychology – to address the global problem of antimicrobial resistance (AMR). The publication goes on to describe the potential economic and policy responses for tackling the challenge of AMR in the European Union....”

International Journal of Hygiene and Environmental Health - What drives antibiotic use in the community? A systematic review of determinants in the human outpatient sector

Meta-study of antibiotic use. With 3 trends.

NCDs

BMJ Global Health – The potential global gains in health and revenue from increased taxation of tobacco, alcohol and sugar-sweetened beverages: a modelling analysis

A Summan et al; https://gh.bmj.com/content/5/3/e002143

« ...We simulated the health and economic effects of taxing cigarettes, alcohol and SSB over 50 years for 30–79 years old populations using separate mathematical models for each commodity that incorporated country-level epidemiological, demographic and consumption data. ... ... Over 50 years, taxes that raise the retail price of tobacco, alcoholic beverages and SSB by 20% could result in a global gain of 160.7 million (95% uncertainty interval (UI): 96.3 to 225.2 million), 227.4 million (UI: 161.2 to 293.6 million) and 24.3 million (UI: 15.7 to 35.4 million) additional life years, respectively....”
BJS – Delphi prioritization and development of global surgery guidelines for the prevention of surgical-site infection


“Most clinical guidelines are developed by high-income country institutions with little consideration given to either the evidence base for interventions in low- and middle-income countries (LMICs), or the specific challenges LMIC health systems may face in implementing recommendations. The aim of this study was to prioritize topics for future global surgery guidelines and then to develop a guideline for the top ranked topic. ... Prevention of surgical-site infection (SSI) after abdominal surgery was identified as the highest priority topic for guideline development. The international guideline panel reached consensus on nine essential clinical recommendations for prevention of SSI. These included recommendations concerning preoperative body wash, use of prophylactic antibiotics, decontamination of scrub teams’ hands, use of antiseptic solutions for surgical site preparation and perioperative supplemental oxygenation....”

Quick link: partnership NCD Alliance & Takeda

“The NCD Alliance (NCDA) is pleased to announce a new partnership with Takeda to improve access and availability of care for noncommunicable diseases (NCDs) within the context of Universal Health Coverage (UHC), promoting the priorities and involvement of people living with more neglected and rarer NCDs.”

Sexual & Reproductive / maternal, neonatal & child health

BMJ Global Health - The implementation and effectiveness of the one stop centre model for intimate partner and sexual violence in low- and middle-income countries: a systematic review of barriers and enablers

R McKeon Olson et al.; https://gh.bmj.com/content/5/3/e001883

“Many low- and middle-income countries have implemented health-system based one stop centres to respond to intimate partner violence (IPV) and sexual violence. Despite its growing popularity in low-and middle-income countries and among donors, no studies have systematically reviewed the one stop centre. Using a thematic synthesis approach, this systematic review aims to identify enablers and barriers to implementation of the one stop centre (OSC) model and to achieving its intended results for women survivors of violence in low- and middle-income countries....”
International Journal for Equity in Health - Inequalities in reproductive health care use in five West-African countries: A decomposition analysis of the wealth-based gaps


“Family planning and maternal care services have become increasingly available in West Africa but the level of non-use remains high. This unfavorable outcome may be partly due to the unaffordability of reproductive health care services. Using the Demographic Health Survey data from Burkina Faso, Niger, Nigeria, Ghana, and Senegal, we perform a decomposition analysis to quantify the contribution of socio-demographic characteristics to disparities in exposure to mass media information on family planning, use of modern contraceptives, adequate antenatal care visits, facility-based childbirth and C-section between low-wealth and high-wealth women....”

Access to medicines

Medicines Law and Policy - Urgent collective action to meet the challenge of this pandemic crisis: a coronavirus related intellectual property pool


Analysis by C Garrison – on the Costa Rica government proposal.

Global Public Health - The ghost in the data: Evidence gaps and the problem of fake drugs in global health research


“For the past several decades, global health research and policy have raised the alarm about the growing threat of counterfeit and low-quality drugs (henceforth ‘fakes’). These high-profile and regularly-repeated claims about ‘fake drugs’ pepper scholarly publications, grey literature, and popular writing. We reviewed much of this work and found that it shares two characteristics that sit awkwardly alongside one another. First, it asserts that fake drugs constitute an urgent threat to lives. Second, it reports trouble with ‘gaps’ in the evidence on which their claims are based; that data is weaker and less conclusive than anticipated. Given the ubiquity of and urgency with these claims are made, we found this juxtaposition perplexing. To understand this juxtaposition better, we undertook a close reading of the strategies authors employed to negotiate and overcome data and evidence ‘gaps’ and asked questions about the cultures of scholarly publishing in global health research. We argue that a scholarly commitment to studying fakes despite—rather than because of—the evidence functions to support the continuation of similar research. It also works against
asking different questions—for instance regarding the lack of easy access to pharmacological data that might make it possible to know fakes differently.”

Miscellaneous

Globalization & Health - Diasporic medical tourism: a scoping review of quantitative and qualitative evidence


“There is a growing recognition of the significance of the diasporic dimension of medical travel. Explanations of medical tourism are increasingly presented in a wider context of transnationalism, diaspora and migration. Yet diaspora and cross-border travellers rarely get through the broader narrative of medical travel. Our aim in this scoping review was to extend the current knowledge on the emerging subject of diasporic travels for medical purposes....”

Conclusion: “Diasporic medical tourists constitute an attractive segment of consumers that is still not well understood and targeted. They are part of transnational communities that cultivate the links between the two nations. They simultaneously participate in bi-lateral healthcare systems via return visits which impact the health systems of sending and receiving countries in a substantial way. In the current globalised, connected and migratory context, transnationalism seems to represent an answer to many local healthcare-related barriers. Sending and receiving countries have put in place an array of programmes and policies addressed to the diasporic medical travellers.”

Lived poverty rises in Africa for the first time in a decade

University of Glasgow;

“‘Lived poverty’ has increased in Africa for the first time in a decade, according to an international study led at the University of Strathclyde. The Afrobarometer survey found that a decade of steady improvement in the living conditions of the average African person came to a halt between 2016 and 2018. Lived poverty – measured as the frequency with which people are without basic necessities such as food, clean water, health care, heating fuel and cash income – was more likely to occur in rural areas and less likely in nations which had seen long periods of democratic government and had established infrastructure. The study identifies commitment to democracy as a key to tackling poverty. Professor Robert Mattes, of Strathclyde’s School of Government & Public Policy, co-founder and senior adviser of Afrobarometer, produced a report on its latest study....”