IHP news 569 : Time to seize the “corona moment”

(24 April 2020)

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

Dear Colleagues,

“Never a dull moment” with Covid-19, as I’m sure you’ve noticed by now. One of the questions is, though, what moment? Chantal Mouffe’s “populist moment”, at least on the leftwing side of the spectrum, sadly seems over now that Bernie Sanders didn’t make it to the final two in the US; as for the new ‘cosmopolitan moment’ Ilona Kickbusch is hoping for, well, let’s diplomatically say I don’t quite see it yet 😏. Fortunately, we can all safely agree with the Health Systems Governance Collaborative that this is truly a “Corona moment” 😊. Put differently, as Heather Marquette put it earlier this week, we’re living through a ‘critical juncture’ - defined as “cataclysmic events that happen over a relatively short period of time and disrupt the status quo with long term effects.”

And while the Covid-19 world certainly looks dark and threatening for most of us, in varying degrees, I actually agree with her that we might have a (razor-thin) chance to “seize Covid-19 as an opportunity to push for positive, much-needed reforms”. But that will be anything but easy, certainly now that in a number of countries, we’re rapidly moving from the ‘honeymoon stage’ (where lots of us felt a sense of agency and community cohesion) into the ‘disillusionment’ stage. As we’re entering a not exactly appealing ‘new normal’ in more and more countries, rising global anger and discontentment, channeled and whipped up by wicked authoritarian populists using new surveillance (in sync with some of the usual ‘vested interests’ working their dirty magic behind the scenes), could easily turn the post-Covid world into a mix of ‘1984’ and ‘The Road’ (in the words of a dystopian friend of mine).

At the very least, I hope that global health leaders will be inspired by some of the new “building back better” ‘Best practices’ seeing the light in some countries – like in Denmark (which will ban tax haven companies from accessing coronavirus bailout money) or South Africa (which weighs a proposal for a one-off wealth tax) – or suggested by some of the more progressive economists (see Landais, Saez et al, “A progressive European wealth tax to fund the European COVID response”). In combination with “creative” progressive monetary tricks (to deal with state “debt”), and real solidarity, inside countries and regionally and globally, clearly.

So please, for once, Berkley, Fore, Piot, Hatchett, Farrar, sands and others close to global health power corridors: show some balls and tell it like it is. If global health “leaders” don’t seize this corona moment, it’s game over. It’s now or never.

While I was happy to see the uplifting “One World: Together at home” show last weekend, just ‘appealing to’ or ‘encouraging’ philanthropists and companies to contribute, is not good enough. It never was, but in shock Covid-19 times even less so. And so, in my humble opinion, it’s no use to lament the lack of financing for global public goods (like CEPI, GAVI, WHO, ...), and lack of
‘global/G20 leadership’ or ‘global solidarity’ in the Covid-19 response, if you don’t also make it crystal clear who should cough up the money. The 0.01 % in my opinion, with the 0.0001 % (including multinationals) obviously paying the bulk of it. So that we’re all on the same page, we’re talking about the Fortune Global 500 Companies and Forbes world’s billionaires list here, among others. They can surely afford it. Already we’re seeing (very tiny) ODA budgets being diverted to, for example CEPI funding. While I’m not against that, that surely cannot be the corona answer we need.

If global health leaders don’t “lead” at this crucial moment in time, with a very clear statement on the urgent need for progressive taxation, including crisis wealth taxes etc., what we’ll get is, I’m afraid (certainly also due to the political backlash), a rather dystopian future, where ‘Health for All’ becomes an ever more distant dream. Then the 30s are really back, with an additional planetary ill-health component on top of it.

In the short term, “Billionaire Billions” (I already like the term 😊) would already help to avert the looming “next Covid-19 wave”, a hunger crisis and many of the other UN ‘appeals’ that face massive funding gaps. And for Ilona, I bet that even the more lunatic Trump fans would enjoy a ‘cosmopolitan moment’ whereby the likes of Bezos and Zuckerberg cough up most of the money for global public goods from now on. So let’s go for it. Perhaps as a joint Global Action Plan statement, which dr. Tedros can then defend (on behalf of all these global health actors), again and again, in his daily media briefings. Like a politician, yes 😊.

We heard a lot about “Essential jobs” recently. It’s time we hear more about “Essential Money” too. From our “leaders”. Given how often many of them frequent Davos, I’m sure they know where it can be found. And yes, the geopolitical situation doesn’t help, but that can’t be an excuse.

Enjoy your reading.

Kristof Decoster

Featured Article

Right or Privilege: The urgency to re-examine refugees’ right to health in Lebanon

Sima Bou Jawde (Biology Undergraduate at the American University School at Beirut, and future MPH Candidate at Boston University School of Public Health)

A few years back, walking through the narrow trail at Mar Elias Camp, I wasn't able to process the telltale signs. Today, crouching under the looming entangled electrical wires and jumping across dirtied waterbeds snaking around makeshift houses, I understand the importance of rethinking health initiatives put forth in my country, Lebanon. This was especially highlighted, when I recently visited a young girl, a refugee who I once taught, with bright eyes and a quick wit, Asma. I realized matters were worse than when I had last seen her; Asma was unable to pursue her education.
Unfortunately, the turbulent events plaguing Lebanon and the region prevent refugees from having a fair childhood. But to understand the tragedy of a child unable to pursue an education, a chain of events and subsequent policies are brought to light.

Lebanon’s devastating civil war imparted long-lasting repercussions well beyond its years (1975-1990). The public health sector was adversely affected, which was reflected with a weakened primary health sector. This contrasted with the booming private health care sector. The government relied thoroughly on private facilities, to the extent of having the Ministry of Public Health allocate most of its budget towards them. At the same time, the involvement of a network of religious, domestic and international non-government organizations has led to parallel systems and poorer coordination. This highly fragmented system does not provide robust centralized healthcare to tackle the ever-increasing humanitarian crises.

For the Lebanese, health is covered as part of a social protection scheme. However, these services for Lebanese citizens do not cover displaced individuals sheltering from the destruction of war including Syrian refugees and the already inhabiting population of Palestinian refugees. These vulnerable populations lack a robust and integrated healthcare system supervised by the state to ensure fairness.

Almost nine years into the Syrian civil war, there are 1 million refugees registered by UNHCR (United Nations Higher Commissioner Relief) in Lebanon, while it is estimated that the total number who reside in the country reaches 1.5 million. Additionally, approximately half a million Palestinians are registered with UNRWA (United Nations Relief and Works Agency). UNHCR aims to prioritize accessible primary care over more costly expenditures in order to cover the whole refugee population. Yet, the fragmented and pluralistic health system in Lebanon is an inequitable one. The needs of this large and vulnerable population are not being met by the actual services resulting in out of pocket expenditure, long commuting hours, and lack of preventative services.

More recently, Lebanese citizens took to the streets on October 17, 2019 to voice their distrust in the ruling, sectarian class which has adamantly held on to power since the civil war and has exacerbated the stifling economic crisis.

Presently, the novel coronavirus pandemic spreads through the world, whilst Lebanon stands at 677 cases and a mortality count of 21 (as of April 22nd) amid a nation-wide lockdown. The number of identified cases per day are now leveling, but some Lebanese have said they would rather try their chances with the coronavirus than to live through unbearable economic and social turmoil. Yet, these identified cases could be an underestimation with the limited amount of tests administered. More so, displaced communities have limited testing, and so they need to seek alternate ways to defend themselves against Covid-19. Today, matters look more ominous as a Palestinian woman from the crowded Bekaa camp has just tested positive for the coronavirus.

The predicament of Asma and many other refugee families in Lebanon

When I went back to visit Asma, I sat on the only couch available in the small apartment. When I asked her where she is now in her studies, she only feigned a smile and nodded her head backwards, testifying she indeed had stopped going to school. Her father interjected pointing to the two other children crammed beside me, Asma’s younger sisters, who have also been pulled out of school.

Asma’s father suffers from Kidney Hemodialysis; he must visit the nearest hospital for which the cost is subsidized for Palestinians. A trip back and forth from Beirut to Hamshari Hospital in Sidon costs him almost 20 dollars, and he is obliged to do that twice per week. Additionally, although the expense of
the bed is covered for him, he must still pay for the blood transfusions and vitamin injections, as well as the heart medications he also needs for his own cardiac complications. The straining finances were evidence enough of the reason behind Asma and her sisters pulling out of school.

“I sat all my children down,” he elaborated, “and explained to them how I simply couldn’t keep them all in school. It’s either that or their father’s health.”

Two undeniable rights, education and health, in competition with each other. In Lebanon, Palestinian and Syrian refugees still struggle to attain what the World Health Organization constitution decrees as the “enjoyment of the highest attainable standard of health [as] one of the fundamental rights of every human being without distinction of race, religion, political beliefs, economic or social condition.”

In such a frail system, refugees are not only struggling with the feeble healthcare systems, poverty and overcrowding, but must also survive, mostly alone, with the knowledge that Coronavirus is spreading. The state has no formal plan for fighting the novel coronavirus for refugees, nor do the refugees have the ability to deflect it, as social distancing in such populated places is almost impossible. It remains to be seen whether the most vulnerable, the refugees that have again been marginalized, can withstand another layer of hardship. In this context, universal health coverage in Lebanon seems a far off dream.

The road to equitable health care needs far more lobbying for (and voicing the concerns of) underserved communities. In Lebanon, refugees’ access to healthcare should be a focus of the new cabinet and the new Parliament if hopes of equitable, accessible and efficient healthcare are to become a reality. International efforts should focus on supporting refugee education, but also advocate for health system reform that reduces the fragmentation, out of pocket costs, and access issues, all of which undermine universal health coverage and inhibit refugee access to basic healthcare.

Health is a right not a privilege: a peaceful productive Lebanese society depends on more equitable and accessible healthcare for all, including Palestinian and Syrian refugees, and vulnerable Lebanese. In the year 2020, no family should have to choose between education or health - in ordinary as well as Covid-19 times.

Acknowledgment: Thanks to Kristof Decoster, Dr. Steph Topp, and Dr. Kerry Scott for their support, guidance and feedback on the article.
Highlights of the week

SDG3 financing

Lancet – Health sector spending and spending on HIV/AIDS, tuberculosis, and malaria, and development assistance for health: progress towards Sustainable Development Goal 3

Global Burden of Disease Health Financing Collaborator network; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30608-5/fulltext

“Sustainable Development Goal (SDG) 3 aims to “ensure healthy lives and promote well-being for all at all ages”. While a substantial effort has been made to quantify progress towards SDG3, less research has focused on tracking spending towards this goal. We used spending estimates to measure progress in financing the priority areas of SDG3, examine the association between outcomes and financing, and identify where resource gains are most needed to achieve the SDG3 indicators for which data are available.”

Findings: “Since the development and implementation of the SDGs in 2015, global health spending has increased, reaching $7.9 trillion (95% uncertainty interval 7.8–8.0) in 2017 and is expected to increase to $11.0 trillion (10.7–11.2) by 2030. In 2017, in low-income and middle-income countries spending on HIV/AIDS was $20.2 billion (17.0–25.0) and on tuberculosis it was $10.9 billion (10.3–11.8), and in malaria-endemic countries spending on malaria was $5.1 billion (4.9–5.4). Development assistance for health was $40.6 billion in 2019 and HIV/AIDS has been the health focus area to receive the highest contribution since 2004. In 2019, $374 million of DAH was provided for pandemic preparedness, less than 1% of DAH. Although spending has increased across HIV/AIDS, tuberculosis, and malaria since 2015, spending has not increased in all countries, and outcomes in terms of prevalence, incidence, and per-capita spending have been mixed. The proportion of health spending from pooled sources is expected to increase from 81.6% (81.6–81.7) in 2015 to 83.1% (82.8–83.3) in 2030.”

Read also the related Lancet Comment (by J Sundewall et al) Understanding health spending for SDG 3

“In The Lancet, the Global Burden of Disease Health Financing Collaborator Network present new estimates of historical global health spending and future estimates for 2030 and 2050 using ensemble modelling techniques. Additionally, their contribution breaks down health spending for Sustainable Development Goal (SDG) 3, healthy lives and wellbeing, and for pandemic preparedness. They note that since the development and implementation of the SDG agenda in 2015, health spending has increased. Spending on SDG3 has also increased, but not in all countries, and progress towards meeting targets has been mixed. … … Another takeaway from the present Article is that increased funding is needed to achieve SDG3, in particular in low-income countries, and the authors argue that interest in domestic resource mobilisation has been renewed as a key strategy for generating resources for SDG3. We would go even further and argue that current trends show that improved domestic resource mobilisation will be the only way for these countries to mobilise the resources needed for SDG3. … … The Article also raises questions about the future role of DAH,
suggesting that a need exists to shift attention to using DAH for funding “so-called global public goods” for health and collective ability to respond to global health threats. This suggestion has been emphasised before and we agree that a shift in funding is needed, and this has become increasingly clear in light of the current coronavirus disease 2019 pandemic. Furthermore, global commitment to achieving universal health coverage requires a gradual move from siloed funding for specific diseases, earmarking of funds, and limitations on what DAH can be spent on (eg, many development partners are still reluctant to finance salaries). Instead DAH, like governments’ own health spending, should be allocated to a broad set of interventions addressing the most common health needs of the population. Resource allocation would typically be defined in a country’s essential health-care package, and we argue that such country-owned packages should be the centrepiece to determine how resources, including DAH, should be allocated....”

G20 health ministers’ (virtual) meeting (Saudi Arabia, 19 April)

Guardian - US scuppers G20 coronavirus statement on strengthening WHO
https://www.theguardian.com/world/2020/apr/20/us-scuppers-g20-coronavirus-statement-on-strengthening-who

“US hostility to the World Health Organization scuppered the publication of a communiqué by G20 health ministers on Sunday that committed to strengthening the WHO’s mandate in coordinating a response to the global coronavirus pandemic. In place of a lengthy statement with paragraphs of detail, the leaders instead issued a brief statement saying that gaps existed in the way the world handled pandemics. The failure to agree on a statement will underline the extent to which the pandemic has become a theatre for a wider global disagreement between the US and China in which other nation states are finding themselves increasingly forced to take sides....”

The short statement: http://www.g20.utoronto.ca/2020/2020-g20-health-0419.html

Check out also Tedros’ speech - G20 Health Ministers virtual meeting Saudi Arabia - 19 April 2020

UN News - COVID-19: ‘Phased process’ for lifting restrictions is key, WHO chief urges G20

The summary of his speech.

“The head of the World Health Organization (WHO) told a virtual meeting of the G20 leading global economies on Sunday that although it was encouraging for some countries to be planning to ease lockdowns against COVID-19, “it is critical that these measures are a phased process”. ... ... The WHO chief said he was deeply concerned that the virus now appears to be “gathering pace in countries that lack the capacity of many G20 countries to respond to it. Urgent support is needed, not only to support countries to respond to COVID-19, but to ensure other essential health services continue.”
Tweet Tedros: “I had three asks of @g20org health ministers today: 1. Fight #COVID19 with determination, guided by science & evidence 2. Continue to support the global response 3. Work together to increase the production & equitable distribution of essential supplies & remove trade barriers.”

Coverage also in Reuters - G20 health ministers acknowledge health systems' vulnerability to pandemics: statement

Some more analysis of the IMF/WB & G20 meetings from last week

Mostly, the consensus seems to be, a good start, but a lot more will be needed... and the current geopolitical troubles don’t really help.

Bretton Woods Project - Spring Meetings 2020 wrap-up: Will this change everything? Apparently not...

https://www.brettonwoodsproject.org/2020/04/spring-meetings-2020-wrap-up-will-this-change-everything-apparently-not/

Absolute must-read. “Covid-19 response mired in geopolitical manoeuverings and resistance to change.”

“G20 takes lead in development finance response to Covid-19; BWIs fail to identify root causes behind crisis; 'Global lockdown recession' projected worst since Great Depression; Calls for alternative international financial architecture grow.”

Excerpts: “In the Preamble to the 2020 Spring Meeting Dispatch, we asked whether the global economic crisis triggered by the Covid-19 pandemic, now projected to be the worst recession since the Great Depression by the IMF, would bring about a reconsideration of long-standing Bank and Fund policies beyond the immediate response, and whether the 2020 IMF and World Bank Spring Meetings could open a window to a new multilateralism. The answer is 'apparently not'. While the Spring Meetings only marked the first chapter in the evolving international response to the unfolding crisis, the failure of the supposed apex of the multilateral development finance system to set out an adequate and just response is a function of both its archaic, rule-by-the-powerful architecture and resistance to break away from a decades-long adherence to free market orthodoxy...”

“Officially, the Spring Meetings are a forum where the governing bodies of the IMF and World Bank take key multilateral finance and development decisions, technically representing their 189 member states, but with decision-making weighted towards the largest economies and the Global North (see Inside the Institutions, IMF and World Bank decision-making and governance). Last week however, just as during the 2008 global financial crisis, it became abundantly clear that it was the G20, an unofficial group of major creditor countries that are unrepresentative of 90 per cent of UN member states, that would take key decisions on the response to the Covid-19 emergency. G20 countries dominate the boards of the IMF and World Bank and envisaged the role of the Bretton Woods Institutions (BWIs) as “financial firefighters” in the Covid-19 response. As a result, the international community’s attempts to support developing economies facing devastating health and economic
crises have been mired in geopolitical manoeuvrings among G20 members and are reliant on philanthropy sustained by unequal economic relations, rather than international solidarity. This dynamic was perhaps most clearly illustrated by the inability of the G20 to overcome US obstruction.... “... These high-level manoeuvrings taking place in plain sight are indeed a clear indication that the international response to Covid-19 is at the mercy of China-US relations playing out in the G20, and by extension, the IMF and World Bank.”

Devex - G20, IMF deliver on debt relief, but more is needed, experts say
https://www.devex.com/news/g20-imf-deliver-on-debt-relief-but-more-is-needed-experts-say-97021

“Debt relief is critical for the world’s lowest-income countries, and while steps by the G-20 and the International Monetary Fund this week are a move in the right direction, they won’t be enough, according to development experts....”

Along the same lines, Bloomberg - Guardians of global economy come up short in battle against virus.

Foreign Policy - A Global Pandemic Bailout Was Coming—Until America Stopped It

“The IMF was getting ready to respond to an unprecedented international crisis. Why did the Trump administration refuse to play along?”

See also the Guardian (by Larry Elliott)- The IMF needed a progressive vision and US leadership. Both were absent

Quote: “Covid-19 has highlighted and accelerated a struggle for global hegemony between the US and China: the final layer of the onion.”

And an in-depth analysis by Bodo Ellmers (Global Policy Forum) – “Weathering the storm?”

“Over 80 countries have applied for IMF emergency loans to avoid bankruptcy. The recently agreed debt relief is not enough.”

ODI (blog) - African countries are leading the way on preventing Covid-19 debt crises
Griffiths conclusion: “All of these outcomes will depend on the ability of debtor countries to coordinate, collaborate and stand together. African countries are beginning to show this necessary leadership. In February, representatives from 18 sub-Saharan African countries met at a conference in Kampala, Uganda, co-hosted by ODI, to discuss how to better coordinate and collaborate on debt issues. ... In March, African finance ministers (PDF) were quick to put on the table concrete proposals for how $100 billion could be freed up immediately through debt standstills and other measures for the continent to spend on combatting the pandemic. African leaders have also collaborated with other world leaders to demand a stronger international effort, including comprehensive debt standstills and SDR creation. If the world is to avoid a wave of debt crisis that will be particularly damaging to the poorest countries, a comprehensive programme of debt standstills, emergency finance and ultimately debt cancellation will be needed. African leaders are leading the way with sensible proposals: it’s time for the international community to follow their lead.”

Devex - Aid experts underwhelmed by World Bank COVID-19 financing plans

“The World Bank’s Development Committee met virtually Friday to discuss the institution’s role in assisting low- and middle-income countries to respond to the wide-ranging impacts of the COVID-19 pandemic. While development advocates hoped that the bank’s shareholders would send a strong signal that the institution should deploy even more resources for both emergency health operations and economic recovery programs in vulnerable countries, the committee of finance ministers did not appear to break much new ground on that front. Their communiqué, issued after the meeting, welcomed the bank’s existing plan to deploy $150 billion to $160 billion over the next 15 months, and they pointed to capital increases and funding replenishments that have already took place as evidence that the bank “has the financial firepower to provide a meaningful long-term response to this crisis.” The absence of a strong message that the bank should rapidly and dramatically scale up its financing beyond what has already been announced left some development experts underwhelmed....”

“... The shareholder representatives did, however, voice their support for multilateral cooperation — specifically calling for partnership between the World Bank, International Monetary Fund, and World Health Organization. That message comes on the heels of U.S. President Donald Trump’s announcement that he will suspend America’s contributions to WHO until a review of its management of the COVID-19 crisis takes place....”


(17 April) “...Together, official creditors have mobilized up to $57 billion for Africa in 2020 alone—including upwards of $18 billion from the IMF and the World Bank each—to provide front-line health services, support the poor and vulnerable, and keep economies afloat in the face of the worst global economic downturn since the 1930s. Private creditor support this year could amount to an estimated $13 billion. This is an important start, but the continent needs an estimated $114 billion in 2020 in
its fight against COVID-19, leaving a financing gap of around $44 billion. ... ... The World Bank Group and the IMF suggested a range of financing options and policy tools as part of the pandemic response, many of which African countries are looking to implement as they plan for the medium and long-term impacts of the crisis. These include further financing from official and private sector creditors....”

WB - World Bank Group to Launch New Multi-donor Trust Fund to Help Countries Prepare for Disease Outbreaks

World Bank:

(17 April) Given the urgency for stronger global health security and the need to help developing countries get better prepared for disease outbreaks, the World Bank Group is planning to establish a new Health Emergency Preparedness and Response Multi-Donor Fund (HEPRF). This new fund will complement, and be in addition to, the up to $160 billion of financing the World Bank Group will provide 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 HEPRF will provide incentives to low-income countries to increase investments in health preparedness and support the immediate COVID-19 response....”

Meanwhile, surprise, surprise, the FT already reported - Creditors push back on G20 debt relief plea for emerging markets

“Investors sceptical of bid to help ease economic and health hit of coronavirus”

“Investors have pushed back on pleas by the G20 group of big economies to allow emerging economies to pause their debt repayments, in an early indication of how difficult it will be to get private creditors to collectively and voluntarily agree on coronavirus relief measures. On Wednesday the G20 urged private creditors to participate in its plan to provide temporary debt relief to low-income countries until the end of the year....”

Now we start the main Covid-19 section. As was the case in previous newsletter, we structure it along the following lines: key news updates (incl on WHO/UN); Funding & other new initiatives; Science; Analysis; Collateral damage.

Covid-19 Figures as of Friday morning: More than 2.7 million global infections, with deaths standing at just under 191,000.
Covid-19 key news, WHO (& UN) messages

UN News – Still ‘a long way to go’ in coronavirus battle, WHO chief warns


(Report of the Wednesday media briefing by Tedros & WHO): “The head of the World Health Organization (WHO) has warned against complacency as countries continue to confront COVID-19 and citizens grow weary of stay-at-home measures aimed at preventing the spread of the disease. Speaking on Wednesday, WHO chief Tedros Adhanom Ghebreyesus reported that most countries are still in the very early stages of their epidemics, while some that had been affected earlier are now starting to see a resurgence in cases. “Make no mistake: we have a long way to go. This virus will be with us for a long time”, he stated. The global COVID-19 caseload has reached nearly 2.5 million, and more than 160,000 deaths. While most of the epidemics in Western Europe appear to be stable or declining, “worrying upward trends” are visible in Africa, Central America, South America and Eastern Europe, despite low case numbers....”

See also Cidrap News (22 April) - WHO warns of long road ahead with COVID-19

Also with some info on the response gaps in countries worldwide, in spite of efforts already done.

HPW - US Funding Suspension To WHO May Affect Other Essential Health Services

https://www.healthpolicy-watch.org/us-funding-suspension-to-who-may-affect-other-essential-health-services/

“Essential health programmes such as polio eradication and trauma management, and programmes in the World Health Organizations’ Emergencies program, will be hit hardest by the suspension of US funding to the WHO. “The reality is for my programme, a lot of that US funding is aimed at direct life saving services to people in the most destitute circumstances in the world,” said Mike Ryan, WHO’s Executive Director of Health Emergencies. “We have a huge operational, technical, and financial relationship with the USA, and we’re very grateful for that relationship... I very much hope that it will only be a 60-day stay [on funding].” Ryan made the statement in response to a line of questioning regarding whether WHO would be hard hit by a loss of US funding....

And a quote on the trend in Africa: “Africa at the Beginning of the Infection Curve”

“The WHO Health Emergencies Executive Director additionally warned today that many countries in the WHO Africa region were at the beginning of the COVID-19 infection curve. But leveraging innovation and agile public health systems could help countries “avoid the worst of the pandemic.” “We’ve seen an almost 250% fold increase in cases in Sudan. In the last week, in Tanzania, Mali, Congo, Gabon, Guinea, Cabo Verde and Eritrea we saw increases of more than 100% in the last week. In many other countries in Africa, cases increased somewhere between 30 and 90%. So, we are at the beginning in Africa,” Ryan said on Wednesday. There are currently 15,394 confirmed cases and 716 deaths in the WHO Africa region. ...”
Cidrap News - WHO pushes back on claims


(21 April) “The World Health Organization (WHO) [today] pushed back against accusations that it ignored an early email from Taiwan and that it didn’t warn countries early about the threat of human-to-human spread.”

Very convincing WHO case in my view. I think the only thing one can still blame WHO for is perhaps the too positive picture on the Chinese response (should have been balanced by human rights concerns), by Aylward et al.

What/who is too blame then more? The IHR, China and the US. Not exactly in that order 😊.

See also HPW - WHO Director General Rebuts United States Criticism Regarding WHO Role In Pandemic

With more detail on the WHO narrative on Taiwan’s warnings.

Time - 'We Don't Blindly Accept Data.' Top WHO Official Defends the Group's Response to COVID-19


“In an interview with TIME, Maria Van Kerkhove, the American infectious-disease epidemiologist serving as the WHO’s technical lead for COVID-19, pushed back on criticism from people, including U.S. President Donald Trump, that the WHO was too reliant on Chinese data and waited too long to warn the world about risks like widespread person-to-person transmission. “We don’t blindly accept data as-is,” Van Kerkhove says. “Things are reported to us, and then we scrutinize and ask and kick the tires. We always ask for more. That’s not unique to the situation and that’s not unique to China.””

Guardian - WHO warns that few have developed antibodies to Covid-19

https://www.theguardian.com/society/2020/apr/20/studies-suggest-very-few-have-had-covid-19-without-symptoms

“Herd immunity hopes dealt blow by report suggesting only 2%-3% of people have been infected”.

“...The hope will be that people who have had Covid-19 will be able to resume their lives. But Van Kerkhove last week said that even if tests showed a person had antibodies, it did not prove that they were immune. “There are a lot of countries that are suggesting using rapid diagnostic serological tests to be able to capture what they think will be a measure of immunity,” she said. “Right now, we have no evidence that the use of a serological test can show that an individual has immunity or is protected from reinfection.”
See also HPW - [WHO Experts Urge Caution In Use of Antibody Tests To Determine COVID-19 Exit Strategies; Evidence Points Against Herd Immunity](#)

PS: By now, new guidance from WHO on the use of serological tests should have been released. At least if the info given by van Kerkhove was correct last week on Friday.

**WHO (Publication) - Addressing Human Rights as Key to the COVID-19 Response**


(21 April) “This document brings to attention key health and human rights considerations with regards to COVID-19 pandemic. It highlights the importance of integrating a human rights based approach in response to COVID-19. It provides key considerations in relation to addressing stigma and discrimination, prevention of violence against women, support for vulnerable populations; quarantine and restrictive measures and shortages of supplies and equipment. It also highlights human rights obligations with regards to global cooperation to address COVID-19.”

**Reuters - WHO to launch initiative to share COVID-19 drugs, tests and vaccines: statement**


“The World Health Organization (WHO) said it would announce a “landmark collaboration” on Friday to speed development of safe, effective drugs, tests and vaccines to prevent, diagnose and treat COVID-19. The Geneva-based agency, in a brief statement issued late on Thursday, said the initiative with partners aims to make technologies against the disease caused by the novel coronavirus “accessible to everyone who needs them, worldwide”, but gave no details.

… The initiative is expected to include a stockpile for use in poor countries, such as the WHO currently has for influenza vaccines should a flu virus evolve into a pandemic....”

Some other links (with more key messages from WHO this week):

- **Cidrap News** - [Lifting lockdowns does not signal the end of COVID-19: WHO chief](#) (20 April)

  ““We want to re-emphasize that easing restrictions is not the end of the epidemic in any country,” agency chief Tedros Adhanom Ghebreyesus said on Monday.”

“**Test, test, test**: “WHO has repeatedly prioritized the ramping up of production and distribution of COVID-19 tests. As of Monday, there were more than 2.3 million cases of the disease globally. Mr. Tedros reported on efforts to identify and validate five diagnostic tests together with partners the Foundation for Innovative New Diagnostics (FIND) and the Clinton Health Access Initiative. WHO will order 30 million tests over the next four months, with the first shipments starting next week through the recently established UN Supply Chain....”
On stigma: “in addition to fighting the new coronavirus disease, WHO is also working to stamp out related stigma and discrimination. There have been “disturbing reports” about COVID-19 discrimination in many countries, and in all regions, according to Tedros. “Stigma and discrimination are never acceptable anywhere at anytime, and must be fought in all countries”, he said, adding, “as I have said many times, this is a time for solidarity, not stigma”....”

Tedros: “Trust us. The worst is yet ahead of us.”

Via Reuters - Coronavirus likely of animal origin, no sign of lab manipulation: WHO

“The World Health Organization (WHO) said on Tuesday that all available evidence suggests that the novel coronavirus originated in bats in China late last year and it was not manipulated or constructed in a lab....”

On wet markets: “As the world debates if and how wet markets should operate, Tedros Adhanom Ghebreyesus, the director-general of the WHO, said Friday that the markets — which sell meat and produce, but often also have wild game — “are an important source of affordable food and livelihood for millions of people.” But given that some 70% of new human viruses spill over from animals, he said that the markets should only operate “on the condition that they conform to stringent food safety and hygiene standards.”

UN News – UN issues appeal to bolster COVID-19 ‘logistics backbone’, warns global response could stutter to a halt


“The heads of major UN humanitarian agencies and offices have launched an urgent appeal for $350 million to support global aid hubs to help those most at risk during the COVID-19 pandemic.”

“In an open letter that appeared on Sunday in The Guardian (UK), the heads of UN agencies, including among others, the World Health Organization (WHO) and the World Food Programme (WFP), along with the Office for Coordination of Humanitarian Affair (OCHA), said cancelled flights and disrupted supply routes have prompted the appeal to enable a rapid scale-up of staff and supplies to places hardest hit by the virus....”

“...The appeal follows months in which countries have largely forged their own ways as many global political institutions – including those of the EU – have struggled to find consensus. The letter also comes after Secretary-General António Guterres launched on 25 March, a $2 billion appeal for a Global Humanitarian Response Plan, only $550 million of which has been pledged to date...”

AP – UN member states call for 'equitable' access to future Covid-19 vaccines

AP.
“The 193 members of the UN General Assembly on Monday adopted by consensus a resolution that calls for "equitable, efficient and timely" access to any future vaccines developed to fight coronavirus. The resolution also highlights the "crucial leading role" played by the World Health Organization, which has faced criticism from Washington and others about its handling of the pandemic. The resolution, which was drafted by Mexico and received US support, calls for strengthening the "scientific international cooperation necessary to combat COVID-19 and to bolster coordination," including with the private sector....”

See also HPW - United Nations Approves Second COVID-19 Resolution; Stresses Global Collaboration On R&D, Medicines and Equipment Access

Quotes: “...However one civil society group, which has advocated for removing all patent barriers that might hinder broadbased access to COVID-19 therapies, was not as enthusiastic. “The New York UN resolution avoided the elephant in the room, the issue of IP on tests, drugs and vaccines,” James Love, head of Knowledge Ecology International (KEI), told Health Policy Watch. ... The resolution also reaffirms the fundamental role of the United Nations system in coordinating the global response to control and contain the spread of COVID-19 and in supporting the 193 U.N. member states, “and in this regard acknowledges the crucial leading role played by the World Health Organization.” ... Notably the United States did not block adoption of the text.”

UN News – ‘Leave no one behind’ mantra matters more than ever, as coronavirus threatens all humanity: Guterres


“Secretary-General António Guterres issued a three-point global “Call to Action” on Thursday to cushion the colossal fallout from the COVID-19 pandemic, pressing Governments to unify around a defining moment in history, as the new session of the UN’s Financing for Development Forum got underway....” A globally coordinated health response (with WHO in the lead); a global debt package; and ‘building back better’.

UN agencies pledge scaled-up efforts to protect uprooted children as pandemic upends lives


“Two UN agency chiefs are pledging to accelerate work to expand refugee children’s access to protection, education, clean water and sanitation, as the COVID-19 pandemic continues to spread across the globe. “

“The needs of refugee children have become even more acute,” said Henrietta Fore, Executive Director of the United Nations Children’s Fund (UNICEF), and UN High Commissioner for Refugees Filippo Grandi in a joint statement on Monday. They emphasized that the 12.7 million child refugees and 1.1 million asylum seekers driven across borders by conflict and violence are among those with the most limited access to COVID-19 prevention services, testing and treatment. The pandemic also presents a range of additional threats to displaced children, from increased hunger to stigmatization, as fear spreads through communities....”
UN News - Displaced and stateless women and girls face heightened risk of violence amid coronavirus pandemic


“As COVID-19 continues to take lives and change communities around the world, the virus is also creating massive protection risks for women and girls forced to flee their homes, a top official at the UN refugee agency (UNHCR) said on Monday, stressing that global protection staff are on high alert and adapting life-saving support programmes for those subjected to violence.”

Guardian - Coronavirus pandemic is becoming a human rights crisis, UN warns


“Report released on authoritarian responses, surveillance, closed borders and other rights abuses.”

“The coronavirus pandemic must not be used as a pretext for authoritarian states to trample over individual human rights, or repress the free flow of information, the UN secretary general António Guterres warned today in a fresh attempt to bring the UN’s influence to bear on the crisis. He said what had started as a public health emergency was rapidly turning into a human rights crisis. Government responses to the crisis have been regarded as disproportionate in countries including China, India, Hungary, Turkey and South Africa....”

Devex – WFP chief warns of 'hunger pandemic' as COVID-19 threatens food security


“An already bleak global food security picture will be compounded as the repercussions of the COVID-19 pandemic destroy livelihoods, disrupt supply chains, strain national budgets, and restrict trade, the Global Network Against Food Crises has warned. The concerns were raised Tuesday as the group released its annual “Global Report on Food Crises,” which calculated that 135 million people in 55 countries and territories were suffering from acute food insecurity. That number could double as another 130 million are impacted by the pandemic, World Food Programme Executive Director David Beasley told the U.N. Security Council....”

See also the Guardian - Coronavirus pandemic 'will cause famine of biblical proportions'

Guardian - Coronavirus crisis could double number of people suffering acute hunger - UN

Global Fund - COVID-19 Response Mechanism Update for Implementing Countries

Check it out (17 April), and as already flagged in a previous newsletter. “On 9 April the Global Fund Board approved a new response mechanism to support countries to respond to COVID-19 and mitigate the impact on programs to fight HIV, TB, malaria and systems for health. The COVID-19 Response Mechanism authorizes funding of US$500 million and comes in addition to up to US$500 million in grant flexibilities previously announced by the Global Fund. The Global Fund sent the following update on accessing the new mechanism to Country Coordinating Mechanisms, Principal Recipients and Local Fund Agents....”

UN AIDS Calls For Dramatic Scale-Up of Healthcare Spending As COVID-19 Response

“UNAIDS Executive Director Winnie Byanyima’s statement on the economic response to COVID-19 during an online event held on 16 April 2020 cosponsored by the Global Development Policy Center and the United Nations Conference on Trade and Development.”

Excerpt: “Health spending and social protection must be increased. This could be the basis for the rebuilding, not so that it’s not just a patch-up with bailouts. We must come out of this crisis differently, with a determination to change the economic model. We need a Global Green New Deal, where the stimulus is invested in people and in the planet. A new economic model that expands universal health coverage and universal social protection to all, that boosts decent work and pays decent wages, where the rewards are distributed across the whole supply chain and every stakeholder benefits equitably. And a model in line with the Paris Agreement on climate change....”

Politico – Forecasts from World Bank project first global poverty increase since 1998

“Economists calculate that the pandemic will push 40 to 60 million people into extreme poverty.”

HPW – Global COVID-19 Death Toll Increases as China Revises Figures For Wuhan – Has Implications for Mortality Rate Estimates Globally

News from late last week.

“In China, officials announced a revised death toll from COVID-19 in the original virus epicenter of Wuhan, adding 1290 more deaths to the tally – for a total of 3,689 in Wuhan and 4,636 in China as a whole. ... The revisions have implications for COVID-19 death toll estimates more broadly, insofar as worldwide baseline mortality estimates, which have hovered around 3.4%, according to WHO, were largely based on Chinese data, which had the largest proportion of cases so far, where the disease also ran its term. More recently, however, death rates in some countries, such as Italy, soared as high as about 10%, while they have been below .02% in other countries that took measures early,
such as Norway, New Zealand, Iceland, and Israel. Experts have underlined that death rates are influenced not only by population age, but also quality of hospital care that seriously ill people receive, and reporting patterns.

Guardian - White House demands WHO reforms but is vague on details, diplomats say

https://www.theguardian.com/world/2020/apr/17/trump-world-health-organization-reforms-china

Short report of a G7 (virtual) meeting from end of last week.

“The Trump administration has given the World Health Organization an ultimatum to carry out reforms and change policy towards China and coronavirus, but diplomats said the White House has not made clear exactly what it wants the WHO to do. Donald Trump ordered his administration to stop funding the global health agency in the midst of the pandemic pending a “thorough investigation” that he said would take 60 to 90 days, accusing the WHO of “severely mismanaging and covering up” the Covid-19 outbreak. Washington has signalled that the block on funding could be lifted if the WHO leadership altered its behaviour, to make it less “China-centric”, but it has not been clear about what it wanted, according to diplomats familiar with the discussions....

See also Euractiv (April 17) - **G7 to coordinate economic reopening plans amid outbreak**

And Reuters - **G7 seeks WHO review and reform, commits to coordinated virus response: White House**

“Leaders from the G7 group of industrialized nations on Thursday called for a review and reform process at the World Health Organization and agreed to ensure a coordinated global approach to the coronavirus pandemic, the White House said.” The US chairs the G7 now, hence probably this framing ...

SMCH - Australia wants WHO to have same powers of weapons inspectors


One of the more drastic proposals comes from the Aussies.

“Australia will lead a push for the World Health Organisation to be given the same powers as weapons inspectors to forcibly enter a country to avoid a repeat of the COVID-19 global pandemic. The move would overhaul the operation of the world health body, which currently doesn’t have the power to go into a country to investigate a disease outbreak unless it has the express consent of that nation’s government. ... ... The Australian government will advocate for WHO officials to be given similar powers to UN weapons inspectors so they don’t have to negotiate with a country to go in and investigate a public health crisis. This would allow the WHO to alert the world about a global pandemic sooner. ... ... The government does not hold faith in the WHO, or its decision-making body the World Health Assembly, to lead a probe into the pandemic. One option being floated is for the UN to appoint an independent investigator.”
Probably not a chance that this will be accepted by the big powers. But if it were to be accepted, of course it would need to be properly funded & applicable to all countries 😊.

Guardian - Neo-Nazis spread list of emails and passwords for WHO and Gates Foundation employees


“Extremists ‘calling for a harassment campaign while sharing conspiracy theories’ about pandemic, intelligence group says.”

See also Bloomberg - Hackers target top officials at the WHO.

Or the NYT - Bill Gates, at Odds With Trump on Virus, Becomes a Right-Wing Target

“The Microsoft co-founder turned philanthropist has been attacked with falsehoods that he created the coronavirus and wants to profit from it.”

Stat - European Union urges the World Health Assembly to pursue a voluntary pool for Covid-19 products


(16 April) “In a significant development, the European Union has proposed a draft resolution urging the World Health Assembly to voluntarily pool intellectual property as part of a plan to ensure “equitable access” to vaccines, treatments, and other medical products for combating the pandemic. The move, which anticipates the WHA will hold a virtual session next month, comes after the World Health Organization Director General last week endorsed the idea of creating such a pool to collect patent rights, regulatory test data, and other information that could be shared for developing drugs, vaccines, and diagnostics....”

Guardian - British scientist to head UN task force distributing Covid-19 vaccine as US blocks G20 agreement


“One of Britain’s most influential pharmaceutical bosses has been appointed to lead a global task force which is hoped will speed the equitable distribution of a Covid-19 vaccine around the world. Sir Andrew Witty, a former chief executive of GlaxoSmithKline (GSK), is set to lead an expert body that will organise the global effort to boost vaccine manufacturing capacity and ensure a vaccine is effectively and fairly distributed. Sir Andrew – who gained recognition for his efforts to expand access to vital vaccines across the globe during his time at GSK – said he was “deeply honoured to help lead this mission to seek a Covid-19 vaccine”. The taskforce is being set up under the auspices of the
**World Health Organisation (WHO) and the United Nations**, but may be co-chaired and operate independently if geo-political tensions demand it. **There are fears “vaccine nationalism” may get in the way of global cooperation on vaccines and therapeutics for Covid-19 unless international agreements are established soon.**

“... **Key players will next gather virtually on May 4 at the European Commission pledging session, to raise money to fill "immediate funding gaps" in vaccine research, which observers say could be a significant moment.**”

Science (news) - **To tame testing chaos, NIH and firms join forces to streamline coronavirus vaccine and drug efforts**


“More than 100 treatments and vaccines are in development to stem the COVID-19 pandemic, and some onlookers have worried that this sprawling and potentially duplicative effort is wasting time and resources. Hoping to bring order to the chaos, the National Institutes of Health (NIH) and major drug companies today announced a plan to stage carefully designed clinical trials of the drugs and vaccines they have decided are the highest priorities for testing and development. **The public-private partnership involves NIH, other U.S. government agencies, 16 pharma companies and biotechs, and the nonprofit Foundation for the National Institutes of Health (FNIH). It aims to develop “an international strategy” for COVID-19 research, a press release states. However, NIH Director Francis Collins told reporters during a press call today that, “It is primarily a U.S. focused effort.”**

... **The initiative, called Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV), aims to make efficient use of NIH funding and its clinical trial networks by working with companies to evaluate data on early candidates, selecting those that have the most promise and are not already part of rigorous human tests. ...** The NIH project joins numerous other COVID-19 research coordination efforts around the world. In the United Kingdom, for example, a trial testing several drugs called RECOVERY is being led by the University of Oxford and tapping nearly 1000 patients at 132 hospitals run by the country’s National Health Service... ... **One global health leader is noticeably absent from the list of ACTIV’s partners: the World Health Organization (WHO). It, too, has been coordinating COVID-19 research, organizing a set of global drug trials called SOLIDARITY... ... WHO chief scientist Soumya Swaminathan said her agency welcomes the NIH effort. But for vaccines, she contends that WHO is well-positioned to coordinate the field with an expert group that’s now being formed. “The best and most efficient way would be to consider one large global study which would look at different vaccine candidates,” she says...”

BBC News - **Coronavirus: Africa could be next epicentre, WHO warns**

BBC;

From end of last week already. (17 April) “**Africa could become the next epicentre of the coronavirus outbreak, the World Health Organization (WHO) has warned. UN officials also say it is likely the pandemic will kill at least 300,000 people in Africa and push nearly 30 million into poverty. ... ... The UN Economic Commission for Africa - which warned 300,000 could die - called for a $100bn (£80bn) safety net for the continent, including halting external debt payments. ... ... The WHO says the virus**
appears to be spreading away from African capitals. The WHO has witnessed the virus spreading from big cities to "the hinterland" in South Africa, Nigeria, Ivory Coast, Cameroon and Ghana, Dr Moeti said.

See also COVID-19: UNECA report predicts devastating worst-case scenario

(15 April) “The UN Economic Commission for Africa estimates that in a worst-case scenario COVID-19 could take 3.3m lives across Africa and is calling for a $200bn package to tackle the health and economic crisis on the continent”

Or Reuters - Africa may see millions of coronavirus cases, tentative WHO forecast shows.


“Some of the world’s foremost experts in global health say a comprehensive global response can defeat the COVID-19 pandemic, but the time to act is now.”

“In a comprehensive white paper (COVID-19: A Global Pandemic Demands a Global Response) available today on the Georgetown University website, Georgetown professor and the former head of the Global Fund and an architect of PEPFAR, the Hon. Mark Dybul, MD, and other top global health leaders say, “Outlining what needs to be done is not particularly difficult. The actual implementation and the politics in each country and globally make it complicated.” With a particular focus on sub-Saharan Africa, the team explores the possible scenarios for the course of the COVID-19 pandemic, what we know, what we need to know, and how we can effectively respond now to limit new infections and deaths and to best prepare for an uncertain future. There is an emphasis on strong public health measures but also the potential of Big Data and Machine Learning to support a robust response to a first wave of infections, help to more safely ease restrictions and respond to any additional waves. ... The report recommends the rapid establishment of cross-sectoral global, regional, national and sub-national task forces and communities of practice to coordinate a wide array of stakeholders, rapidly share best practices and failed efforts, identify gaps and prepare for whatever trajectory COVID-19 takes. The team further argues these structures must remain in place not only to manage the current pandemic but ready to aggressively combat future global health threats. Also, they argue, “the World Health Organization has a central role to play and must be sufficiently funded,” Dybul and the group write....”

Some final quick news links:

- PHM Statement - Condemning US Halt on Funding to WHO
Guardian - **Missouri sues China for 'not doing enough' to stop coronavirus spread**

“The state’s Republican attorney general says Beijing ‘lied to the world’ about the danger and is suing for suffering and economic losses.”

As for Beijing’s reaction (see AP) - **China calls virus lawsuit brought by U.S. state ‘very absurd’**.

Q&A: **On COVID-19, Melanne Verveer is waiting for a signal from UN Security Council**

For this question in particular: “*It seems the lack of leadership at a national and international level is a recurrent theme with this crisis. Do you think that alternatives, like a growth in local leadership, could emerge from this?...*”

Guardian - **US and Russia blocking UN plans for a global ceasefire amid crisis**

“Resolution strongly supported by dozens of countries, human rights groups and charities.”

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**Covid-19 (global) funding & other new initiatives**

Guardian - One World: Together at Home concert raises $127m for coronavirus relief


“*Funds from event organised by Lady Gaga will be split between World Health Organisation and charities.*”

“The WHO’s Covid-19 Solidarity Response Fund will get $55.1m, while $72.8m will go to charities such as food banks and housing providers. The WHO fund is used to allocate tests and treatment, and to support development of a vaccine....”

PS: The Solidarity Response fund has now raised more than 194 million dollars from more than 270,000 individuals, corporations and foundations.

Saudi G20 Presidency calls for $8 bln to combat coronavirus, Riyadh pledges $500 mln

“Saudi Arabia, in its capacity as holder of the G20 Presidency, pledged on Thursday $500 million to international organizations to support the global efforts in combating the coronavirus pandemic.

This pledge will support emergency and preparedness response, developing and deploying new diagnostics, therapeutics and vaccines, fulfilling unmet needs for international surveillance and coordination, and ensuring sufficient supplies of protective equipment for health workers, according to the G20 Saudi secretariat’s press release. **Saudi Arabia will allocate $150 million to the Coalition for Epidemic Preparedness and Innovation (CEPI),** **$150 million to The Global Alliance for Vaccines and Immunizations (GAVI),** and **$200 million to other international and regional health organizations and programs.**"

Devex - With WHO funding on hold, USAID looks to alternate partners


“With U.S. funding to the World Health Organization frozen for 60 to 90 days while the White House conducts a review of the international body’s response to COVID-19, the U.S. Agency for International Development is looking for alternate partners to carry out health programs that it previously supported through WHO.”

“Speaking to reporters Wednesday, U.S. officials could not confirm who will lead the review of WHO that President Donald Trump announced along with the pause on funding last week, nor could they say what conditions WHO will have to meet in order to see its funding resumed. While the Trump administration carries out its review, USAID will attempt to find other implementing partners to take over programs that the agency might have implemented through WHO, according to USAID’s acting administrator, John Barsa. That process will be aided, Barsa said, by USAID’s existing efforts to diversify its partner base and work with a wider range of organizations. ... **The agency’s New Partnerships Initiative**, launched by former administrator Mark Green, **aims to simplify the agency’s funding process and bring new and “underutilized” organizations into the fold.** That initiative currently operates in 14 USAID countries, but Barsa said he plans to sign an order next week that will **expand the NPI to all of USAID’s country missions.** That expansion of the NPI pilot was going to happen regardless of the pandemic or the freeze of funding to WHO, Barsa said, noting it was fortunate that **USAID had “already been thinking along these lines.”**

“...On Wednesday, Secretary of State Mike Pompeo announced an additional $270 million in U.S. funding for the international COVID-19 response, bringing the total amount of U.S. assistance to **$775 million.** Much of that funding is going to countries where USAID already operates, but some of it is targeting countries that do not usually see U.S. assistance.”

PS: via the Guardian – **“China said it would give another $30m to the World Health Organization, days after Washington said it would freeze funding.”**

See also Reuters - China pledges $30 million more for WHO’s coronavirus fight

““At this crucial moment, supporting WHO is supporting multilateralism and global solidarity,” Hua Chunying, a spokeswoman of China’s foreign ministry, said on Twitter. The donation aimed to
support the global fight against COVID-19, in particular strengthening health systems in developing countries, she said, adding that China had already donated $20 million to the WHO on March 11.”

Devex - Sen. Coons: Convincing lawmakers to support global COVID-19 response is a 'struggle'


“Some U.S. lawmakers are working to include $12 billion in support for the global COVID-19 response in a future funding package, but it’s not easy.”

Devex - EU humanitarian boss says COVID-19 warrants aid budget 'rethink'


“The coronavirus crisis should prompt an increase in the European Union’s long-term aid spending, the bloc’s humanitarian chief said Tuesday.”

“In the twilight of the 2014-2020 budget period, all eyes are on April 29, when the European Commission will announce a fresh proposal for the long-term budget covering 2021-2027, which national leaders were still debating when the pandemic hit. Janez Lenarčič, EU commissioner for crisis management, told the European Parliament’s development committee in a virtual meeting Tuesday that, given the lasting impact of COVID-19, “we need to rethink” the next seven-year budget. “We believe that it should be substantially revised. The commission has started its work on this. And I would be grateful … if this Parliament would support boosting the humanitarian aid budget.” In mid-2018, the commission proposed spending €11 billion (about $13 billion at the time) on humanitarian aid between 2021 and 2027, up from €8.5 billion for 2014-2020. With most of the money for the current period already gone, Lenarčič on Tuesday told members of the European Parliament that the humanitarian part of the EU’s emergency COVID response is currently €199 million, a large portion of which will go to Africa. And he said work was underway to tap “substantial additional funding” from the Emergency Aid Reserve. Some €30 million from the emergency aid reserve has already been used this year, complemented with €100 million for post-earthquake reconstruction in Albania and €45 million for repatriating EU nationals during the pandemic from the budget margins. On the development side, the European Commission and European Investment Bank redirected €15.6 billion in existing funds to tackle COVID-19. “I wish we would have fresh money,” Jutta Urpilainen, the commissioner for international partnerships who is in charge of EU development policy, told MEPs Tuesday. “I wish we would have additional funding to provide our partner countries, but there is [none]. There is [none] at the moment.” When combined with contributions from the European Bank for Reconstruction and Development, some EU member states — especially France and Germany — and a commission proposal for a €3 billion macro financial assistance package to 10 nearby countries, Brussels now claims a total COVID-19 response from “Team Europe” of more than €23 billion.”
Development Today - Donors strongly defend use of aid to fund coronavirus vaccine research


(gated) “Donors have reached into their aid budgets to provide hundreds of millions of dollars to fund coronavirus vaccine research through the Oslo-based association, CEPI. This is justified, they argue, because vaccines “will be made available at the lowest possible price to everyone.” The OECD/DAC will examine whether such grants fit the rules for aid.”

Cfr tweet: Donors take more than USD 500m from aid budgets to fund #coronavirus #vaccine research thru Oslo-based @CEPI arguing it “will be available to everyone.” Critics say rich countries will probably be first in line to receive a new vaccine.”

New Humanitarian - In the news: Investors take a hit in World Bank pandemic insurance scheme


“A controversial financial experiment provides a cash windfall for developing countries needing COVID-19 assistance.” At last.

“The final trigger required to initiate the insurance scheme’s disbursement — an exponential growth rate in low- and middle-income countries where the bank lends — was met on March 31, and the “third-party calculation agent” overseeing the status of those criteria, a risk-modeling company called AIR Worldwide, informed the financing facility’s steering body of that status on April 17....”

“A chunk of private investors’ money will pay for COVID-19 response efforts in developing countries after a World Bank pandemic insurance scheme criticised for its stringent thresholds finally paid out. About $195.8 million will be disbursed under the terms of the Pandemic Emergency Financing Facility, known as the PEF.”

See also Reuters Coronavirus spread triggers World Bank pandemic bond payout

““All activation criteria including outbreak size, spread and growth have been met,” the World Bank said in an update on its website, referring to the coronavirus outbreak, adding PEF bonds and swaps were expected to pay out $195.84 million. ... ... A steering body will now meet to determine how to allocate the funds to so-called IDA countries - a group of 76 of the world’s poorest nations, the World Bank said. The committee is made up of Australia, Germany, Japan, the World Health Organization, UNICEF, the World Bank, and two IDA countries - currently Haiti and Liberia. ... Campaigners have been critical of the complex instrument which now paying out only after reported cases of coronavirus have crossed more than 2.26 million globally and killed more than 154,613 people. ... ... “The utter inadequacy of pandemic bonds as a tool to support countries in preventing crises has been clearly exposed,” said Mark Perera, Policy and Advocacy Manager at
Eurodad - the European Network for Debt and Development. “Such a market-based solution is designed to favour investors, not development needs.” ... Campaigners have also been critical of the complex structure of the instrument, which requires five variables on the number of deaths, the velocity of its spread and its geographical spread to be reached before paying out.”

PS: Tweet Olga Jones on the World Bank’s Cat DDO instrument:

“More effective than the failed #pandemic bonds: Cat DDOs have been triggered in 8 countries, providing over $1.2 billion for developing countries’ responses to #COVID19. All $ paid in 48 hours. Amount so far is 10 times more than the pandemic bonds, and paid earlier.”

“Disaster risk financing instruments, such as @WorldBank’s Cat DDO, allow quick access to financial resources for emergency response. Here are some useful lessons for governments dealing with #COVID19 pandemic.” See WB - Preparedness can pay off quickly: Disaster financing and COVID-19

The World Bank’s Cat DDO instrument is short for Development Policy Financing with Catastrophic Deferred Drawdown Option.

NYT - George Soros’s Foundation Pledges $130 Million in Coronavirus Relief

NYT;

From late last week.

“An organisation founded by the philanthropist George Soros has said it is to give more than $130mn to combat Covid-19, with a focus on providing immediate relief for vulnerable communities and pushing back against what it described as government encroachment on political freedoms. Cities including New York, London and Berlin will receive the funding, as well as Mexico City, Rio de Janeiro, Amman and Cape Town, according to the Open Societies Foundation. Soros said: “The scale of this pandemic has laid bare the fault lines and injustices of our world....”

CGD/WHO - The COVID-19 Crisis and Budgetary Space for Health in Developing Countries


Must-read. “Virtually all countries in the world have responded to the COVID-19 crisis by implementing fiscal and monetary measures, significantly larger in relation to national output than those employed during the 2008 financial crisis. The magnitude of fiscal measures to counter the shock varies across developing and advanced economies.”

“...There are ways to create additional budgetary space for health in developing countries at this time of crisis. In this blog post, we outline these measures, and argue that they should be adopted as soon as possible. Our proposals are additional to resource transfers from international financial
institutions, including debt relief, and increased prioritization of health in budgets, which are both essential.” On the links between Public Financial Management & budgetary space for health.

Wellcome and DFID support Africa COVID-19 continental response with € 2.26 million


“Wellcome and the United Kingdom Department for International Development (DFID) have awarded a grant of EUR 2.26 million to the Africa Centres for Disease Control and Prevention (Africa CDC) to support the COVID-19 response by African Union Member States. The grant was awarded as part of the DFID/Wellcome Epidemic Preparedness for Coronavirus grant and it is to support implementation of the Africa Joint Continental Strategy for COVID-19 Outbreak.”

“The fund will be managed, on behalf of Africa CDC, by the Institute Pasteur Dakar, Senegal, which currently co-leads the laboratory and subtyping working group of the Africa Taskforce for Novel Coronavirus (AFTCOR)....”

African Union and Africa Centres for Disease Control and Prevention launch Partnership to Accelerate COVID-19 Testing: Trace, Test and Track


“The African Union Commission and the Africa Centres for Disease Control and Prevention (Africa CDC) have launched a new initiative, the Partnership to Accelerate COVID-19 Testing (PACT): Trace, Test & Track (CDC-T3). The partnership is to facilitate implementation of the Africa Joint Continental Strategy for COVID-19, endorsed by African Ministers of Health on 22 February 2020 in Addis Ababa, Ethiopia, and approved by the Bureau of the Assembly of the African Union Heads of State and Government on 26 March 2020....”

#DataforCovid19


“The United Nations Economic Commission for Africa (ECA) and the Global Partnership for Sustainable Development Data (GPSDD) have unveiled an initiative to strengthen Africa’s data ecosystems in the face of COVID-19.”

Politico - Trump, the ‘King of Ventilators,’ may donate some machines to African countries


“But the possible gesture won’t do much good unless it’s part of a larger strategy, aid experts say.”
For updates on Trump, Politico titles are the best.

PS: it’s, however, oxygen that is lacking the most in Africa (see Le Monde).

BMJ Global health (blog) – Domestic health financing for Covid-19 response in Africa


Blog by Juliet Nabyonga (WHO Afro) et al. “In this article, we explore the extent to which budgetary measures have been embraced in 23 WHO Africa Region member states (for which data are available), focusing on domestic funding, even if with the best of measures, donor funding would still play a significant role. . . .”

Finally, a Tweet by Jack Ma on his third donation:

“Our 3rd donation to Africa will immediately be made to @_africanunion and @AfricaCDC. . . . This includes 4.6m masks, 500k swabs & test kits, 300 ventilators, 200k clothing sets, 200k face shields, 2k thermal guns, 100 body temp. scanners and 500k pairs of gloves. #OneWorldOneFight.”

Covid-19 Science

Like in the previous weeks, we just flag here some (news) reports in media and journals on some of the science (debate) related to Covid-19. In no particular order.

But we start with a rather gloomy quote from Chris Witty (via The Telegraph):

“Professor Chris Whitty: “Until we have (a vaccine or effective drugs) – and the probability of having those any time in the next calendar year are incredibly small and I think we should be realistic about that – we’re going to have to rely on other social measures, which of course are very socially disruptive as everyone is finding at the moment.” He added that the coronavirus is going to be with us for the “foreseeable future,” that it will not be “eradicated” or “disappear”, and “we have to accept that” . . . .”

Jeremy Farrar spoke along the same lines - SAGE member Jeremy Farrar warns Covid-19 is here to stay - only vaccines and treatments will provide a ‘true exit’.

NYT - 28,000 Missing Deaths: Tracking the True Toll of the Coronavirus Crisis

“At least 28,000 more people have died during the coronavirus pandemic over the last month than the official Covid-19 death counts report, a review of mortality data in 11 countries shows — providing a clearer, if still incomplete, picture of the toll of the crisis. In the last month, far more people died in these countries than in previous years, The New York Times found. The totals include deaths from Covid-19 as well as those from other causes, likely including people who could not be treated as hospitals became overwhelmed.” With visualizations per country.

The Conversation - What if the vaccine or drugs don’t save us? Plan B for coronavirus means research on alternatives is urgently needed


“The curve of the COVID-19 epidemic has been flattened in many countries around the world, and it hasn’t been new antivirals or a vaccine that has done it. We are being saved by non-drug interventions such as quarantine, social distancing, handwashing, and – for health-care workers – masks and other protective equipment. We are all hoping for a vaccine in 2021. But what do we do in the meantime? And more importantly, what if no vaccine emerges? The world has bet most of its research funding on finding a vaccine and effective drugs. That effort is vital, but it must be accompanied by research on how to target and improve the non-drug interventions that are the only things that work so far....”

Stat News – New data on Gilead’s remdesivir, released by accident, show no benefit for coronavirus patients. Company still sees reason for hope


“The antiviral medicine remdesivir from Gilead Sciences failed to speed the improvement of patients with Covid-19 or prevent them from dying, according to results from a long-awaited clinical trial conducted in China. Gilead, however, said the data suggest a “potential benefit.” A summary of the study results was inadvertently posted to the website of the World Health Organization and seen by STAT on Thursday, but then removed. “A draft document was provided by the authors to WHO and inadvertently posted on the website and taken down as soon as the mistake was noticed. The manuscript is undergoing peer review and we are waiting for a final version before WHO comments,” said WHO spokesperson Tarik Jasarevic....”

See also the Guardian - First trial for potential Covid-19 drug shows it has no effect

AP - More deaths, no benefit from malaria drug in VA virus study

AP;

“A malaria drug widely touted by President Donald Trump for treating the new coronavirus showed no benefit in a large analysis of its use in U.S. veterans hospitals. There were more deaths among those given hydroxychloroquine versus standard care, researchers reported....”
Meanwhile, Trump has also become rather silent on the “wonder drug”, hydroxychloroquine. (Politico)

And via Stat - Novartis steps up to study of hydroxychloroquine in Covid-19.

See also the Guardian (23 April) - Hydroxychloroquine and coronavirus: a guide to the scientific studies so far

Daily Mail – Scientists identify the cells in human lungs, noses and intestines that are most vulnerable to the coronavirus for the first time in a vital step in the search for a treatment


“COVID-19 needs two particular proteins to gain access inside target cells; Researchers used a database of cell types to find which have both proteins; They found that coronavirus exploits a protein that usually helps fight viruses; The findings may help experts as they hunt for treatments against COVID-19.

SCMP - Coronavirus attacks lining of blood vessels all over the body, Swiss study finds

SCMP;

“Researcher says virus enters ‘defence line’ and causes circulation problems, which can lead to multiple organ failure. In addition to a vaccine, he suggests strengthening vascular health may be key to tackling Covid-19." In addition to a vaccine, he suggests strengthening vascular health may be key to tackling Covid-19."

“...That also explained why smokers and people with pre-existing conditions who had a weakened endothelial function, or unhealthy blood vessels, were more vulnerable to the novel coronavirus, he said....”

NYT - How Coronavirus Infected Some, but Not All, in a Restaurant


“A limited study by Chinese researchers suggests the role played by air currents in spreading the illness in enclosed spaces.”
Guardian - Don’t bet on vaccine to protect us from Covid-19, says world health expert

“Professor of global health at Imperial College, London warns we ‘may have to adapt’ to virus.”

“...David Nabarro’s message is the second grim warning to come from senior ranks of the WHO in the last three days. On Friday, Maria Van Kerkhove, head of WHO’s emerging diseases and zoonosis unit, warned that there was no evidence that antibody tests now being developed would show if a person has immunity or is no longer at risk of becoming reinfected by the Covid-19 virus....”

Science News - COVID-19 vaccine protects monkeys from new coronavirus, Chinese biotech reports

“For the first time, one of the many COVID-19 vaccines in development has protected an animal, rhesus macaques, from infection by the new coronavirus, scientists report. The vaccine, an old-fashioned formulation consisting of a chemically inactivated version of the virus, produced no obvious side effects in the monkeys, and human trials began on 16 April....”

BMJ - Clinical features of covid-19
https://www.bmj.com/content/369/bmj.m1470

As of 17 April. “The wide array of symptoms has implications for the testing strategy”

Nature News - Will antibody tests for the coronavirus really change everything?
https://www.nature.com/articles/d41586-020-01115-z

“Touted as society's way out of widespread lockdowns, scientists say the true potential of these rapidly-developed tests is still unknown.”

Nature News - Antibody tests suggest that coronavirus infections vastly exceed official counts
https://www.nature.com/articles/d41586-020-01095-0

“Study estimates a more than 50-fold increase in coronavirus infections compared to official cases, but experts have raised concerns about the reliability of antibody kits.”
FT Health – Quest for accurate antibody tests in fight against Covid-19
https://www.ft.com/content/a93e6b28-3778-4089-8d80-4e6775996aea

(gated) “Pinpointing who has resistance is vital for governments desperate to lift lockdown”.

Science - How does coronavirus kill? Clinicians trace a ferocious rampage through the body, from brain to toes

If you’re unlucky.

Stat News - Influential Covid-19 model uses flawed methods and shouldn’t guide U.S. policies, critics say

STAT;

“A widely followed model for projecting Covid-19 deaths in the U.S. is producing results that have been bouncing up and down like an unpredictable fever, and now epidemiologists are criticizing it as flawed and misleading for both the public and policy makers. In particular, they warn against relying on it as the basis for government decision-making, including on “re-opening America.” “It’s not a model that most of us in the infectious disease epidemiology field think is well suited” to projecting Covid-19 deaths, epidemiologist Marc Lipsitch of the Harvard T.H. Chan School of Public Health told reporters this week, referring to projections by the Institute for Health Metrics and Evaluation at the University of Washington.”

Cidrap News - Researchers report 21% COVID-19 co-infection rate

Cidrap;

“A research letter published yesterday in JAMA found that rates of COVID-19 co-infections with other respiratory pathogens are 21%, higher than previously thought, suggesting that identification of another pathogen may not rule out the presence of the novel coronavirus....”

AP - Reports suggest many have had coronavirus with no symptoms

AP;

“A flood of new research suggests that far more people have had the coronavirus without any symptoms, fueling hope that it will turn out to be much less lethal than originally feared. While that’s clearly good news, it also means it’s impossible to know who around you may be contagious. That complicates decisions about returning to work, school and normal life....” “In the last week, reports of silent infections have come from a homeless shelter in Boston, a U.S. Navy aircraft carrier, pregnant women at a New York hospital, several European countries and California....”
But not everybody is convinced.

Guardian - Antibody study suggests coronavirus is far more widespread than previously thought

https://www.theguardian.com/world/2020/apr/17/antibody-study-suggests-coronavirus-is-far-more-widespread-than-previously-thought

“Non-peer reviewed study from Stanford found virus may be 50 to 85 times more common than official figures indicate.”

Still, ‘Santa Clara’ might also turn out to be an ominous name for this research : ) (see below)

Science - Antibody surveys suggesting vast undercount of coronavirus infections may be unreliable


“Surveying large swaths of the public for antibodies to the new coronavirus promises to show how widespread undiagnosed infections are, how deadly the virus really is, and whether enough of the population has become immune for social distancing measures to be eased. But the first batch of results has generated more controversy than clarity. The survey results, from Germany, the Netherlands, and several locations in the United States, find that anywhere from 2% to 30% of certain populations have already been infected with the virus. The numbers imply that confirmed COVID-19 cases are an even smaller fraction of the true number of people infected than many had estimated and that the vast majority of infections are mild. But many scientists question the accuracy of the antibody tests and complain that several of the research groups announced their findings in the press rather than in preprints or published papers, where their data could be scrutinized. Critics are also wary because some of the researchers are on record advocating for an early end to lockdowns and other control measures, and claim the new prevalence figures support that call....”

“...Even if the antibody surveys show a COVID-19 death rate well below 1%, says Michael Osterholm, an infectious disease expert at the University of Minnesota, Twin Cities, control measures will be needed for a long time to avoid overwhelmed hospitals. “The seroprevalence data only confirm the challenge we face. The data [these studies] are generating ... is just showing how hard this is.”

Guardian - Boy with Covid-19 did not transmit disease to more than 170 contacts


“Case of symptomatic nine-year-old suggests children may be less likely to pass on virus”.
“The boy had only mild symptoms and when tested was found to have levels of virus that were barely detectable. The low level of infection is thought to explain why he did not infect other people.

The researchers believe that since children typically have only mild symptoms, they may transmit the virus far less than infected adults. “Children might not be an important source of transmissions of this novel virus,” they write....”

But again, still anecdotal evidence, and less clear-cut than might seem at first sight, we learnt.

Coronavirus: 'No evidence' that COVID-19 survivors have immunity, WHO warns


“Epidemiologists warn there is no proof that antibody tests can show if someone who has been infected cannot be infected again.”

Stat News - Everything we know about coronavirus immunity and antibodies — and plenty we still don’t


For the hard scientists among you.

FT - Mutations map holds the key to bringing coronavirus under control

https://www.ft.com/content/d34097f0-e2c3-41a7-b3c7-9c1eb0f9df92

“Scientists create vast genealogical tree that will be crucial to halting pandemic and developing medicines.”

“Scientists studying mutations in coronavirus have decoded more than 10,000 different genomes of the deadly pathogen, creating a comprehensive map that will be crucial to controlling the pandemic and developing medicines to treat it. Since the first viral sample was analysed in the Chinese city of Wuhan in December, international research teams have used phylogenetics to create a vast genealogical tree of the Sars-CoV-2 virus responsible for Covid-19, which reveals how it spread from the outbreak centre to all corners of the world. ... “Genomic epidemiology will be a vital tool in humanity’s efforts to beat Covid-19 and return the world to normal,” said Emma Hodcroft, an evolutionary geneticist at the University of Basel in Switzerland who is part of the Nextstrain mapping project. “For a start it will be instrumental for helping to distinguish between local and imported transmissions as we move out of lockdown.” The map of mutations will be used to understand any subsequent waves of the virus if and when the current outbreak can be brought under control, as well as the development of the drugs and vaccines that will allow that to happen. When these are finally introduced, the genome technology will be employed to detect any signs of a
developing resistance. About 80 vaccines and 150 drugs for Covid-19 are being worked on around the world....”

“...All viruses mutate and none of the changes in Sars-CoV-2 have altered its behaviour or made it more dangerous — or not so far....”

“..... This technique allowed researchers to pin down when the virus began to circulate in China. “Late November is where our sequences are pointing — possibly mid-November but no earlier than that,” said Dr Hodcroft....” “... “The genome analysis confirms that Europe and North America had no cases before mid-January.”

Inkstone Science - Some coronavirus strains deadlier than others, Chinese study finds


“New research suggests the virus mutates far more rapidly than previously thought, and there is a high degree of difference in how contagious and deadly some strands are compared with others. A new study by one of China’s top scientists has found the ability of the new coronavirus to mutate has been vastly underestimated, and different strains may account for different impacts of the disease in various parts of the world....”

Stat - New analysis recommends less reliance on ventilators to treat coronavirus patients

https://www.statnews.com/2020/04/21/coronavirus-analysis-recommends-less-reliance-on-ventilators/

Read why.

Science News - Coronavirus found in Paris sewage points to early warning system


“By sampling sewage across greater Paris for more than 1 month, researchers have detected a rise and fall in novel coronavirus concentrations that correspond to the shape of the COVID-19 outbreak in the region, where a lockdown is now suppressing spread of the disease. Although several research groups have reported detecting coronavirus in wastewater, the researchers say the new study is the first to show that the technique can pick up a sharp rise in viral concentrations in sewage before cases explode in the clinic. That points to its potential as a cheap, noninvasive tool to warn against outbreaks, they say. “This visibility is also going to help us predict a second wave of outbreaks,” says Sébastien Wurtzer, a virologist at Eau de Paris, the city’s public water utility. Wurtzer and his colleagues posted the study, which has not been peer-reviewed, on the preprint repository medRxiv on 17 April....”
Guardian - China coronavirus cases might have been four times official figure, says study

https://www.theguardian.com/world/2020/apr/23/china-coronavirus-cases-might-have-been-four-times-official-figure-says-study

“More than 232,000 people might have been infected in the first wave of Covid-19 in mainland China, four times the official figures, according to a study by Hong Kong researchers. Mainland China reported more than 55,000 cases as of 20 February but, according to research by academics at Hong Kong University’s school of public health published in the Lancet, the true number would have been far greater if the definition of a Covid-19 case that was later used had been applied from the outset...”

Covid-19 Analysis

Analysis from various angles. You also find some more analysis in the extra ‘Miscellaneous’ section.

WEF - We urgently need major cooperation on global security in the COVID-19 era


“The pandemic is tipping the world into a dangerously volatile new phase. A lack of international cooperation in the response to the crisis is exacerbating the situation. Here are five courses of action global leaders should take to head off these emerging security threats.”

IHP - Corona and/or “disease X” might be with us for a really long time (forever?) : Time to face the reality


Read also the related note - version 4. With focus on the issues in sub-Saharan Africa. Do share also your feedback, under the blog.

Stat - In long essay, Bill Gates says time and innovation needed before coronavirus lockdowns end


“Billionaire philanthropist Bill Gates on Thursday warned that the world’s emergence from coronavirus lockdowns will be slow, and cautioned that it will take innovation before people feel safe enough to attend large public events or flock to restaurants.”
“... Gates suggested a highly effective treatment — one that might be effective in about 95% of cases — would likely be needed for people to feel confident that they could resume activities like going to large sporting events or concerts. He noted options for treatments include those that harvest antibodies from the blood of survivors to help people combat the disease. Vaccines would be the most obvious path back to normalcy, he said, but they and other needed interventions will require enormous investments if they are to be developed quickly. “I think of this as the billions we need to spend so we can save trillions,” he said. Gates warned that vaccines are not likely to be distributed equitably in the early days. “Ideally, there would be global agreement about who should get the vaccine first, but given how many competing interests there are, this is unlikely to happen,” he wrote. “The governments that provide the funding, the countries where the trials are run, and the places where the pandemic is the worst will all make a case that they should get priority.”...”

Global Policy - Out of Gridlock...and Back? Global Health Governance in the Age of COVID-19


“Ilona Kickbusch and Dario Piselli tentatively argue that COVID-19 is spurning organisational learning processes, effective political leadership, and new forms of cooperation and innovation at the World Health Organisation and beyond.”

TGH - Coronavirus in Europe: Who If Not Us?


“Can the EU balance internal recovery with geopolitical influence and lift its gaze toward the international sphere?

“The next two presidencies—Germany and Portugal—will need to take a longer-term geopolitical view and ask, who if not us?...” “...A central lesson from the COVID-19 crisis is that health system strengthening is key for pandemic preparedness. Thus, European and international approaches to health system strengthening have to play a central role in the German presidency and the coming presidencies by Portugal and Slovenia.”

TGH – Funding Pandemic Preparedness: A Global Public Good


Piece by IHME authors. “Pandemics in a globalized world require global responses. We must be better equipped and funded.”

Includes a nice visualization of Development Assistance for Pandemic Preparedness by disbursing channel (1990-2019).
“In 2019, the total amount of development assistance for health applied toward pandemic preparedness came to a total of $374 million, which is less than 1 percent of all development assistance, according to the Institute for Health Metrics and Evaluation (IHME)...”

Independent - Americans at WHO warned Trump about spread of coronavirus last year


“A dozen US researchers, physicians and public health experts, many of them from the Centres for Disease Control and Prevention, were working full time at the Geneva headquarters of the World Health Organisation as the novel coronavirus emerged late last year and transmitted real-time information about its discovery and spread in China to the Trump administration, according to US and international officials. A number of CDC staff members are regularly detailed to work at the WHO in Geneva as part of a rotation that has operated for years. Senior Trump-appointed health officials also consulted regularly at the highest levels with the WHO as the crisis unfolded, the officials said. The presence of so many US officials undercuts President Donald Trump’s assertion that the WHO’s failure to communicate the extent of the threat, born of a desire to protect China, is largely responsible for the rapid spread of the virus in the United States.”

The Conversation - Defunding the WHO was a calculated decision, not an impromptu tweet


Cfr a tweet by the author: “Defunding @WHO aligns with @realDonaldTrump’s long-held views that: - Bretton Woods-era institutions offer poor bang-for-buck - US generosity is being universally exploited - Maintaining the current (US-centric) world order does not serve US interests.”

Guardian - Caught in a superpower struggle: the inside story of the WHO’s response to coronavirus


Interesting & recommended analysis – the ‘inside story’ (within WHO, in the crucial weeks in January). “Caught between the US and China, the world health body has been unable to enforce compliance or information sharing.”

Have to say that by now, it’s very much ‘Game, Set and Match’ for WHO – with both the US and China on the losing side in this story.
BMJ (blog) - Trumping the World Health Organization—what does it mean?

Charles Clift; BMJ Blog

“So what is it likely to mean in practice for WHO? Calling a halt to funding for an unspecified time is an unsatisfactory half-way house. A so-called fact sheet put out by the White House talks about the reforms it thinks necessary “before the organization can be trusted again.” This rather implies that the US wants to remain a member of WHO if it can achieve the changes it wants. Whether those changes are feasible is another question—they include holding member states accountable for accurate data sharing and countering “China’s outsized influence on the organization.” ... ... The US assessed contribution represents only 4% of WHO’s budget. Losing that would certainly be a blow to WHO but a manageable one. Given the arrears situation it is not certain that the US would have paid any of this in the next three months in any case. More serious would be losing the US voluntary contributions which account for about another 12% of WHO’s budget—but whether this could be halted all at once is very unclear. First Congress allocates funds in the US, not the President, raising questions about how a halt could be engineered domestically. Secondly, US contributions to WHO come from about 10 different US government agencies, such as the National Institutes of Health or USAID, each of whom have separate agreements with WHO. Will they be prepared to cut funding for ongoing projects with WHO? And does the US want to disrupt ongoing programmes such as polio eradication and, indeed, emergency response which contribute to saving lives? “

Clift concludes: “The chief message from this sorry story is that two countries are using WHO as a pawn in pursuing their respective political agendas which encompass issues well beyond the pandemic.”

SCMP - Donald Trump’s halt on WHO funding will be felt most by the world’s poorest people, experts say


Including this quote from Lara Gautier:

“Countries in Sub-Saharan Africa, the Indian subcontinent and Latin America are fighting not only Covid-19, but also Ebola, HIV, tuberculosis, malaria and polio. The UN health agency runs programmes to help fight disease around the world, but without US support they will all be put at risk. Lara Gautier, a postdoctoral fellow in the sociology department at McGill University and lecturer at the University of Montreal, said that the WHO was allowed to use the funds from the assessed contributions however it wanted, but most of the money from voluntary contributions was earmarked for specific nations. Last year, the US contributed US$237 million in assessed contributions and US$656 million in voluntary funding for specific WHO programmes. More than a third the money went to the North Africa and eastern Mediterranean region, and just over a quarter went to Sub-Saharan Africa. “These two regions are likely to be the worst hit by the [US funding] suspension,” Gautier said, adding that a lengthy delay could have a major impact on polio eradication programmes in Sub-Saharan Africa, and broader immunisation schemes...”
Jack Ma v. Bill Gates: Does Africa need another benevolent billionaire?


Guess not.

Quote: “Whether by design or not, Ma has also become a potent weapon in China’s soft-power arsenal. When it comes to softening China’s image, and projecting a friendly face — well, they don’t come much friendlier than Jack Ma. ... Although Ma has dabbled in charitable projects before, mostly within China, his much-publicised response to the coronavirus pandemic — featuring donations not just to Africa but across the world, including 1-million masks and 500000 testing kits to the United States — has catapulted him into the league of the global philanthropists. This is no accident. On the eve of his retirement, Ma told Bloomberg that he was inspired by Gates, a fellow tech billionaire, to set up his own charitable foundation. “There’s a lot of things I can learn from Bill Gates,” he said.”

The Conversation - Mistreatment of Africans in Guangzhou threatens China’s coronavirus diplomacy


By Hangwei Li.

Economist - The world after covid-19

Kishore Mahbubani: https://www.economist.com/open-future/2020/04/20/by-invitation-kishore-mahbubani

As usual, for every sharp analytical insight there’s a dumb equivalent by the arrogant diplomat. “The West’s incompetent response to the pandemic will hasten the power-shift to the east.”

“... A half century ago, had a similar global pandemic broken out, the West would have handled it well and the developing countries of East Asia would have suffered. Today the quality of governance in East Asia sets the global standard. ... The result is that the post-covid-19 world will be one in which other countries look to East Asia as a role model, not only for how to handle a pandemic but how to govern more generally. ... East Asian societies have believed in the wise insight of Amartya Sen, a Nobel laureate in economics, that for societies to succeed they need the invisible hand of free markets and the visible hand of good governance. China now arguably has the most meritocratic government in the world. ... Clearly there are sharp differences between the communist system of China and the societies of South Korea, Japan, Taiwan and Singapore. Yet one feature they share in common is a belief in strong government institutions run by the best and the brightest. This emphasis on meritocracy also has deep roots in Confucian culture....” Etc.
A few quick comments: haven’t read much from him lately, now that cases in Singapore are surging, especially among migrant workers. And if China has the most meritocratic government in the world, I sort of wonder why Xi Jinping started a massive anti-corruption campaign, just a few years ago.

New Statesman - Across the Great Divide: Is Covid-19 driving China and the US further apart?


“The pandemic has exacerbated tensions between the global superpowers.” One of many analyses along these lines – and one of the main reasons why there’s no real “global leadership” on the Covid-19 response.

Global Policy Journal - Do we Really Know that Chinese COVID-19 Statistics are being Manipulated?


“In all likelihood Chinese statistics on the pandemic’s spread are no worse – and no better -- than figures from Western democracies, suggest Roberto Aragão and Lukas Linsi.” Exactly.

Vox - How to fix the WHO, according to an expert


“President Trump’s threat to take funding from the World Health Organization won’t change it. Here’s what might.” Interview with Kelley Lee. Recommended.

Stat News - The months of magical thinking: As the coronavirus swept over China, some experts were in denial

Stat

By Helen Branswell. So you know this is a must-read. “The response to the coronavirus pandemic in the United States and other countries has been hobbled by a host of factors, many involving political and regulatory officials. Resistance to social distancing measures, testing debacles, and longtime failures to prepare for the possibility of a pandemic all played a role. But a subtler, less-recognized factor contributed to the wasting of precious weeks in January and February, when preparations to try to stop the virus should have kicked immediately into high gear. Magical thinking — you could call it denial — hampered the ability of even some of the most seasoned infectious diseases experts to recognize the full threat of what was bearing down on the world....”
Vox - The “experts” don’t know everything. They can’t.


“... There’s no question that listening to experts and respected professionals is a better idea than listening to patent falsehoods. But it’s important to recognize that the partisan clash over the science of coronavirus is not the same as that over issues like climate change and air pollution....”

“This is not a reason to dismiss experts, but a way to illustrate the nature of scientific advancement: It takes time. Scientists spend years gathering the data and information necessary to produce increasingly better answers to complex questions. We need to make choices about policy and our individual lives right now, but we’re watching science play out in real time. The answers will get better, but not as fast as we want them to. ... ... And while expertise is important, turning “the experts” and “the science” into false gods could create a backlash cycle of unrealistic expectations and dashed hopes....”

Politico - Public health experts are now the bad guys


“Scientists are the public face of lockdowns — and politicians aren’t making it easy for them.” Very recognizable, including in my country.

TGH - Models, Math, and COVID-19: A Public Health Response


“Instead of focusing solely on deaths, policymakers should consider the totality of the pandemic's impact.”

F2P blog - How is Covid-19 affecting Civil Society worldwide? How is it Responding?


“S Brechenmacher et al ... have just published a really useful survey of the impact of Covid-19 on civil society worldwide, drawing on insights from Carnegie’s Civic Research Network. “ A summary in this blog.

Science (News ) - Health care workers seek to flatten COVID-19’s ‘second curve’— their rising mental anguish

“…. New surveys of doctors and nurses in China, Italy, and the United States suggest they are experiencing a plethora of mental health problems as COVID-19 continues its spread, including higher rates of stress, anxiety, depression, and insomnia. ... What worried them the most, they said, was access to personal protective equipment. Also among their top fears: being exposed to the virus and infecting their friends, co-workers, and families....”

SCMP - Flattening the curve won’t lead to coronavirus turning point, study finds

“Projections by Chinese-US team indicate South Korea and New Zealand are among the best in the global crisis at balancing economics with disease controls. China has been effective in suppressing the epidemic quickly but the strategy comes at too high a cost, researchers say.”

“Attempts by authorities around the world to “flatten the curve” could be the worst way to fight the pandemic coronavirus, according to new projections by an international team of researchers. The approach, which has been adopted by many countries in the hope that warmer weather and a future vaccine will help rein in the virus, could destroy economies while having little effect on cutting infections, the researchers led by Peking University Professor Liu Yu said....”

“In their study, the researchers looked at daily infections, geographical spread of disease, economic output and public transport to assess the effectiveness of various containment policies, particularly the trade-off between epidemic control and economic development. Only a few countries, including South Korea, Qatar, Norway and New Zealand, have so far been able to stop the spread of the virus with minimum disruption to business, according to the researchers....”

The Global - Pressure to act: Covid-19 and the global governance of biological weapons

“Covid-19 will radically change and challenge global action on biological weapons. By demonstrating the extreme consequences of biological warfare (both in terms of public health and social disruption), the pandemic will redefine the current debate and put new pressure on international actors to address the threat through global governance structures.”

Commentary- COVID-19 cases in Africa could top one billion
Co-authored by Okiki Badejo (EV 2018); https://www.folio.ca/commentary--covid-19-cases-in-africa-could-top-one-billion/

“Response must battle unique challenges, say global health experts who recommend a three-pronged approach.”
Notably: dissemination of accurate information; a co-ordinated and equitable response from medical and civic communities, and governments; ramping up testing capacity.

LSHTM - Strategies combining self-isolation, moderate physical distancing and shielding likely most effective COVID-19 response for African countries

LSHTM:

“African countries can enact COVID-19 response strategies that reduce economic damage yet save many lives while also reducing health service pressure, suggests a new preliminary study by the London School of Hygiene & Tropical Medicine (LSHTM). The research modelled the impact of different intervention strategies on severe cases and mortality in Niger, Nigeria, and Mauritius, countries chosen for analysis because they have the youngest, median-age and oldest populations in Africa. A strategy combining self-isolation of sick people, moderate physical distancing and ‘shielding’ high-risk individuals in green zones was shown to be particularly promising, potentially reducing deaths in Nigeria from 605,000 (no intervention) to 285,000 over the next year. The team say that lockdowns of two months’ duration, where socio-economically feasible, could complement such a strategy by delaying the epidemic by about three months, gaining time for planning and resource mobilisation….”

Bloomberg - Infect Everyone: How Herd Immunity Could Work for Poor Countries


“Controversial given the high risk of deaths, a coronavirus strategy discarded by the U.K. is being touted as the solution for poor but young countries like India. ... A team of researchers at Princeton University and the Center for Disease Dynamics, Economics and Policy, a public health advocacy group based in New Delhi and Washington, has identified India as a place where this strategy could be successful because its disproportionately young population would face less risk of hospitalization and death....”

Guardian - India and Pakistan report low cases – but are they underestimating the scale of coronavirus?


“Despite their huge populations and often overburdened healthcare systems, deaths have been nothing like that seen in Europe or America.”

Think Global Health - South Africa’s War on COVID-19

https://www.thinkglobalhealth.org/article/south-africas-war-covid-19

“Key dates, interventions, and impacts of responses are helping to create a community of practice among African countries.”
Guardian - Better than flattening the coronavirus curve is crunching it, as New Zealand is showing


“Countries that are actively working to contain coronavirus are buying themselves time to deal with its uncertain outcomes.”

Nature - ‘Closing borders is ridiculous’: the epidemiologist behind Sweden’s controversial coronavirus strategy

Nature;

“Anders Tegnell talks to Nature about the nation’s ‘trust-based’ approach to tackling the pandemic.”

“Sweden has stood almost alone in Europe in avoiding a lockdown, and in relying on voluntary, trust-based measures to stem the spread of COVID-19. “As a society, we are more into nudging,” says Anders Tegnell, the epidemiologist behind the controversial strategy. He argues that closing borders is pointless when the disease is already everywhere, and shutting schools has little effect unless it’s done very early in an outbreak. In general, Tegnell is happy with the approach, although he regrets how older people in care homes were not sufficiently protected.”

See also Bloomberg - Sweden Says Controversial Virus Strategy Proving Effective

And an in-depth analysis by Olivia Biermann and Birger Forsberg - An insight into COVID-19 in Sweden.

NPR – How Do You Do Contact Tracing? Poor Countries Have Plenty Of Advice


“In the developing world, contact tracing has been a valuable tool in fighting infectious diseases like Ebola and tuberculosis. Public health workers there have lots of experience....”

The Conversation - The five criteria low income countries must have in place for lockdowns to work

Sam Jones et al; “https://theconversation.com/the-five-criteria-low-income-countries-must-have-in-place-for-lockdowns-to-work-136263

“... to make things simple, we consider the following five minimum criteria for a lockdown (often available in household surveys or census data): access to safe drinking water in the home; adequate sanitation in the home; a source of reliable energy; access to information or communications technology; and having a permanent source of income or savings.”
F2P - On Covid-19 Social Science can save lives: where do we start?

A few fabulous blog posts by Heather Marquette. Check out also the first instalment - Using Graphics to Cut Through Covid’s Complexity

“...To try and cut through the tangles of complexity wrought by a global pandemic, I’ve been working with Peter Evans (and his multi-talented daughter, Hamsi Evans) to put together some picture ‘explainers’ to help frame thinking. These are helping communicate around the complex problems we’re all facing and how to use social science research to tackle these. ...”

Adam Wagstaff (blog) - Coronametrics 101

“...in this blogpost, I want to go through a few issues on charting coronavirus data – pointing out some pitfalls for the unwary, broadening the coverage out to the developing world, and introducing a new type of chart that captures mortality, cases and case fatality – all in one chart. “

Lancet (Comment) - COVID-19: a need for real-time monitoring of weekly excess deaths
D Leon et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30933-8/fulltext

“...Weekly excess deaths could provide the most objective and comparable way of assessing the scale of the pandemic and formulating lessons to be learned. This measure can be constructed by comparing the observed weekly deaths throughout 2020 to values expected from the experience of previous non-pandemic years. ... ... We therefore urge all national authorities who can collate counts of weekly deaths to expedite the publication of these data and place them in the public domain. The dissemination of this information should be done within 3–4 weeks of the period of observation. ...”

Lancet - The key role of palliative care in response to the COVID-19 tsunami of suffering
L Radbruch et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30964-8/fulltext

The authors suggest immediate-term and long-term strategies to extend palliative care during and after the COVID-19 pandemic.

Lancet - A call for action for COVID-19 surveillance and research during pregnancy
P Buekens et al; https://www.thelancet.com/journals/langlo/article/PIIS02214-109X(20)30206-0/fulltext
FT special report – FT Health: Combating Coronavirus
https://www.ft.com/reports/combating-coronavirus

“As the pandemic puts the spotlight on drug companies, we report on CEOs’ calls for government support, and ask how Big Pharma can reconcile IP with the need for collaboration. From April 28: manufacturing challenges and the threat from anti-vaxxers.”

Some of the articles:

FT - Big Pharma calls for ‘billions’ in upfront coronavirus funding
https://www.ft.com/content/000a129e-780e-11ea-bd25-7fd923850377

“CEOs also urge nations to co-ordinate competing requests and to avoid repeat of Ebola failure.”

Excerpt: “...Pharmaceutical chief executives leading efforts to tackle coronavirus have warned governments to step up co-ordination and provide substantial upfront funding if treatments, vaccines and testing are to be rolled out faster and fairly. David Loew, executive vice-president of Sanofi Pasteur, the vaccine producer, said a swift commitment totalling “billions” of dollars was needed from governments to underwrite purchases of the most promising experimental vaccines even before final proof they work. “If industry does not know if there will be a market in 18 months, [it] cannot carry all [the costs]. Industry alone can’t provide all the investment needed now for billions of doses,” he said in an interview. Executives fear that without greater funding and scientific guidance on how to allocate supplies fairly, they will be unable to purchase sufficient raw materials, support production of existing medicines, and rapidly scale up their capacity to meet global demand. Particular concern over poorer countries’ access to medical supplies was highlighted by G20 health ministers’ failure at the weekend to issue a declaration of solidarity after this was blocked by the US. ... ... The non-profit Coalition for Epidemic Preparedness Innovations has so far raised $765m towards its target of $2bn for research and development for a coronavirus vaccine. Yet far less has been earmarked for manufacturing, and little beyond reinforcing domestic capacity in a few countries....”

FT - Coronavirus puts Big Pharma’s IP regime to the test
https://www.ft.com/content/5a364eb0-780c-11ea-bd25-7fd923850377

“The race is on to find treatments — but who will own the resulting knowhow?”

Excerpts: “...Chaotic” is how Jorge Contreras, a law professor at the University of Utah, describes a struggle by companies and governments to navigate intellectual property law in the urgent search for Covid-19 treatments. ... “... a growing number of higher-income countries — from China to Chile — have indicated that they too are prepared to issue compulsory licences to secure adequate drug supplies. The industry views such moves with alarm. Severin Schwan, chief executive of Roche
Holdings, says waiving IP “would be a disaster”. “If we don’t have IP, no one will take care of developing anything . . . Who would ever invest if there was no incentive?”

“... Companies have quickly learned, however, that they will face a furious public backlash if they are seen to be aggressively asserting patents during a global health crisis. ... ” “... A few options are emerging to manage IP during the crisis. The University of Utah’s Prof Contreras and a group of US-based lawyers, professors and scientists have set up the Open Covid Pledge, a website where companies can quickly set up a basic licensing agreement for any coronavirus-related technologies. The project has the backing of the technology industry, including companies such as Intel. University College London’s business school has also set up a rapid licensing website, initially to help distribute the blueprints for the UCL-Ventura breathing aid developed by UCL and carmaker Mercedes. It is now also open for any other inventors of Covid-19 treatments. ... ... The Costa Rican government has also proposed the creation of a patent pool for Covid-19 treatments, similar to the Medicines Patent Pool, a UN-backed health organisation to help provide treatments for HIV/AIDS, Hepatitis C and tuberculosis in lower-income countries. A patent pool is a mechanism that allows companies to collaborate on research for treatments and often sets the prices at which they can be sold, but it is not necessarily a quick fix: the Medicines Patent Pool took nearly a decade to set up. Tahir Amin, of the Initiative for Medicines, Access & Knowledge, a campaign group, says an optimal solution would be “an open-collaborative platform and partnerships where all data and technologies are made available for use by anyone in the world without the constraints of intellectual property and negotiating terms of access.” ... Meanwhile, pressure on the pharmaceuticals industry is only growing. A recent study by Liverpool University’s Andrew Hill and others found that Covid-19 drugs made from repurposed molecules could be produced at a profit for $1 per day. ... Ellen’t Hoen, of research group Medicines Law & Policy, says those findings could rebalance negotiations between drugmakers and national health systems. “Knowing the cost of production for Covid-19 drugs, which are largely public-sector funded, shows the level of discount possible,”” ...

NYT – How scientists could stop the next pandemic before it starts

NYT:

On panviral vaccines that would work against a wide variety of viruses.

Vox - What the anti-stay-at-home protests are really about


“They’re part of a Trumpian strategy from some conservative groups to reshape public opinion.”

“Trump’s main message on the coronavirus pandemic: Governors are to blame for the crisis, not him....”

NYT - On Pandemic’s Front Lines, Nurses From Half a World Away

“Nurses from the Philippines and other developing countries have long made up for shortages in Western nations. Now they are risking their lives.”

“... Almost 16 percent of nurses in the United States are immigrants, and nearly a third of those — the largest share — are Filipinos. Many also come from Nigeria, India, Jamaica and Mexico, among other places. In Britain, Ms. Buendia is one of about 18,600 Filipino nurses working for the National Health Service, its second-largest contingent of migrant nurses, after Indians. ... Like other medical professionals, they are at high risk of exposure. At least seven Filipino employees of the NHS, including nurses, porters and a nurse’s assistant, have died from Covid-19, according to news reports. In the United States, the virus has claimed the lives of at least five nurses and a doctor from the Philippines.”

IHP - Covid-19 and the quest for inclusive health information

“During the initial phase of the Covid-19 pandemic, European nations have struggled to provide health information to immigrant and minority populations. Using Norway as a case example and taking the social and economic rights framework as the point of departure, this blog highlights six elements for a grounded and inclusive approach to health information about Covid-19.”

Chatham House (Expert Comment) - Legal Provision for Crisis Preparedness: Foresight not Hindsight
Patricia Lewis; Chatham House;

“ COVID-19 is proving to be a grave threat to humanity. But this is not a one-off, there will be future crises, and we can be better prepared to mitigate them.” With recommendations at the national level (legal requirements) and at the international level.

Lancet Global Health - Not a luxury: a call to maintain sexual and reproductive health in humanitarian and fragile settings during the COVID-19 pandemic
N T Tran et al, for the Inter-Agency Working Group on Reproductive Health in Crises https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30190-X/fulltext;

“ Building on the overarching need for humanitarian actors to coordinate and plan to ensure that sexual and reproductive health is integrated into the pandemic preparedness and response, there are four prongs on how to mitigate the impact of COVID-19 on mortality and morbidity due to sexual and reproductive health conditions in crisis and in fragile settings....”

BMJ - Covid-19, prison crowding, and release policies
Paul Simpson et al ; https://www.bmj.com/content/369/bmj.m1551
“Safe release of prisoners could reduce community transmission.”

Economist – Prisons worldwide risk becoming incubators of covid-19

“Governments have few ideas about how to stop it; even freeing inmates carries huge risks. “

See also the Guardian - Mass incarceration could add 100,000 deaths to US coronavirus toll, study finds

And the Guardian - Pandemic potentially a 'death sentence' for many prison inmates, experts warn

“Chronic overcrowding and underfunding have left prisons around the world vulnerable to being ravaged by coronavirus, criminal justice experts have warned. The challenges of a record global prison population of 11 million have been brought to light in a report published by Penal Reform International (PRI) which found that 102 countries have prison occupancy levels of more than 110%. Social distancing and personal infection control are almost impossible in overcrowded settings where poor ventilation and sanitation are likely increase the speed at which the virus spreads....”

HHR - COVID-19 Economy vs Human Rights: A Misleading Dichotomy

“... In my capacity as United Nations Independent Expert on debt and human rights, on 15 April 2020 I provided urgent recommendations to governments and international financial institutions on specific ways to tackle the economic shock of the COVID-19 crisis through a range of policies that are consistent with human rights obligations. In this Viewpoint I share my general reflections on whether a “saving the economy” approach should prevail over social and human rights-oriented strategies...”

Guardian - Air pollution may be ‘key contributor’ to Covid-19 deaths – study
https://www.theguardian.com/environment/2020/apr/20/air-pollution-may-be-key-contributor-to-covid-19-deaths-study

“Research shows almost 80% of deaths across four countries were in most polluted regions.”

“High levels of air pollution may be “one of the most important contributors” to deaths from Covid-19, according to research. The analysis shows that of the coronavirus deaths across 66
administrative regions in Italy, Spain, France and Germany, 78% of them occurred in just five regions, and these were the most polluted....”

BMJ (Feature) - The Brazilian slums hiring their own doctors to fight covid-19
https://www.bmj.com/content/369/bmj.m1597

“In the absence of help from public authorities, the residents of one of Brazil’s largest slums are mobilising themselves to contain the spread of covid-19, writes Rodrigo de Oliveira Andrade.”

BMJ Global Health (Commentary) - What does 'leave no one behind' mean for humanitarian crises-affected populations in the COVID-19 pandemic?
L Singh, K Blanchett et al ; https://gh.bmj.com/content/5/4/e002540

“Over 200 countries are reporting local transmission of COVID-19, including four countries with the largest refugee populations—Germany, Sudan, Pakistan and Turkey—and dozens more hosting tens of thousands of refugees. Health systems in humanitarian crises settings are often poorly resourced and suffer from workforce shortages, inadequate levels of water, sanitation and hygiene (WASH) and marked deterioration in routine infection prevention and control practices. Poorly resourced and fragmented health systems in humanitarian settings with limited resources, including health workforce, are likely to struggle to prevent the spread of COVID-19, and consequently be placed under immense strain with implications for patient care. We are likely to see a high spread of COVID-19 within humanitarian settings where overcrowding is an issue and interventions required to prevent the spread of COVID-19 such as social distancing will prove extremely challenging to implement. During this pandemic, limited access to WASH facilities is of particular concern as hand hygiene is regarded as the key preventive action for limiting the spread of COVID-19. Vulnerable populations including refugees in humanitarian settings must be included in the international, national and local planning and provision of services in this COVID-19 pandemic. Humanitarian actors and governments must step up measures to reduce strain from COVID-19 on the healthcare workforce and provide appropriate support at the front line in humanitarian settings, including strengthening WASH, reducing overcrowding where possible, protecting populations vulnerable to COVID-19 and providing additional resources to health services to be able to cope with the response.”

Guardian - Migrant workers bear brunt of coronavirus pandemic in Gulf

“Rights groups say host countries should offer foreign workers same protections as citizens.”

Same vulnerability as migrant workers in a number of countries, including Singapore.
Guardian - World Bank warns of collapse in money sent home by migrant workers


“Covid-19 unemployment expected to cause $110bn drop in remittances to developing world”.

“Remittances to low- and middle-income countries (LMICs) are projected to fall by nearly 20% to $445bn (£360bn), “representing the loss of a crucial financial lifeline for many vulnerable households”, the World Bank said....”

CGD (Note) - No-Regret Policies for the COVID-19 Crisis in Developing Countries


Crucially, spend heavily on social safety nets, more so than bailing out industries.

BMJ - Pandemicity, COVID-19 and the limits of public health ‘science’

E Richardson; https://gh.bmj.com/content/5/4/e002571

Slightly weird but interesting piece. “Mathematical models of infectious disease transmission are merely fables dressed in formal language (that therefore create the illusion of being scientific). For the most part, such models serve not as forecasts, but rather as a means for setting epistemic confines to the understanding of why some groups live sicker lives than others—confines that sustain predatory accumulation rather than challenge it. Pandemicity—which we might conceive of as the linking of humanity through contagion—may bring about the dawning of a relational consciousness in the descendants of colonialists, especially in the Global North.”

Policy Sciences - COVID-19 and the policy sciences: initial reactions and perspectives


« The world is in the grip of a crisis that stands unprecedented in living memory. The COVID-19 pandemic is urgent, global in scale, and massive in impacts. Following Harold D. Lasswell’s goal for the policy sciences to offer insights into unfolding phenomena, this commentary draws on the lessons of the policy sciences literature to understand the dynamics related to COVID-19. We explore the ways in which scientific and technical expertise, emotions, and narratives influence policy decisions and shape relationships among citizens, organizations, and governments. We discuss varied processes of adaptation and change, including learning, surges in policy responses, alterations in networks (locally and globally), implementing policies across transboundary issues, and assessing policy success and failure. We conclude by identifying understudied aspects of the policy sciences that deserve attention in the pandemic’s aftermath. »
Lancet (Comment) - Answering the right questions for policymakers on COVID-19
E Graeden, R Katz et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30191-1/fulltext

“... We have identified the key questions that officials and experts in the USA need to be able to address and that can be addressed by currently available data or models (panel). These, we believe, are the questions that should most urgently be driving new analyses....”


CGD (blog) - The Risks Posed by Covid-19 Are Gendered. Our Response Should Be as Well.
S Bourgault; https://www.cgdev.org/blog/risks-posed-covid-19-are-gendered-our-response-should-be-well

“In a webcast event hosted by CGD, Megan O’Donnell spoke with researchers, practitioners, and advocates to highlight and contextualize data on how this global crisis presents specific gendered risks, and how, in turn, a gender-sensitive response can help us tackle new and worsening inequalities.”

The Front Line: Visualizing the Occupations with the Highest COVID-19 Risk

Neat visualization, with focus on the US, but surely recognizable in many other countries.

Lancet Comment - Ethnicity and COVID-19: an urgent public health research priority
M Pareek et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30922-3/fulltext

Indeed – as various media reports from different countries seem to imply. “Ethnicity is a complex entity composed of genetic make-up, social constructs, cultural identity, and behavioural patterns. Ethnic classification systems have limitations but have been used to explore genetic and other population differences. Individuals from different ethnic backgrounds vary in behaviours, comorbidities, immune profiles, and risk of infection, as exemplified by the increased morbidity and mortality in black and minority ethnic (BME) communities in previous pandemics. ...” “...Given previous pandemic experience, it is imperative that policy makers urgently ensure ethnicity forms part of a minimum dataset. More importantly, ethnicity-disaggregated data must occur to permit identification of potential outcome risk factors through adjustment for recognised confounders.
“If ethnicity is found to be associated with adverse COVID-19 outcomes, this must directly, and urgently, inform public health interventions globally.”

Covid-19 Resources

Some resources we might not have flagged yet in recent weeks:

WHO - Infodemic management: a key component of the COVID-19 global response

16 p. on how to manage the ‘infodemic’.

Some Gender & Covid-19 resources (via Sarah Hawkes, Rosemary Morgan)

- Global Health 50/50: “We have been tracking sex-disaggregated (and sex/age disaggregated where they exist) nationally reported data from 55 countries for the past month or so and publish them here: https://globalhealth5050.org/covid19/

- Covid-19 and Gender resources. The list is being updated regularly and includes upcoming events and links to webinar recordings, etc.

- UN Women resource - also includes sex disaggregated data: https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters

- Global Menstrual Collective: COVID-Related Resources

- The European Institute for Gender Equality: more great resources https://eige.europa.eu/topics/health/covid-19-and-gender-equality

CGD (blog) - The Economic Impact of COVID-19 around the World: A Round-Up of the Most Recent Analysis


(17 April) “With the continuing spread in Africa, Asia, and Latin America, countries scramble to contain the fallout and ease the burden. Here’s a selection of recent coverage on the observed and expected economic impacts across the three continents.”

Covid-19 Humanitarian site
https://www.covid19humanitarian.com/

“@LSHTM_Crises...
“Humanitarians in the field are creating new COVID-19 programs, and adapting existing ones, to continue life-saving services in the safest manner possible while reducing COVID-19 transmission. This open-access web-based platform promotes the exchange of field-based COVID-19 program adaptations and innovations, facilitating learning among organizations in different sectors and contexts.”

Covid-19 collateral damage

Health Policy + - Estimating the Potential Impact of COVID-19 on Mothers and Newborns in Low- and Middle-Income Countries


“... We applied the same relative reductions in family planning use, antenatal care visits, and facility-based delivery seen during the Ebola epidemic to estimate the indirect impact of the COVID-19 pandemic on maternal and newborn health in India, Indonesia, Nigeria, and Pakistan over the next 12 months using the Lives Saved Tool. These four countries are the most populous low- and middle-income countries in the world — accounting for almost one third of the world’s population — and continuously struggle with poor maternal and newborn health outcomes. ... Significant increases in maternal and newborn deaths and stillbirths would occur across these four countries over the next year if health service use declined compared to what we would see if these countries maintained current use of maternal and reproductive health services. As illustrated, we could see as many as 31,980 additional maternal deaths, 395,440 additional newborn deaths, and 338,760 additional stillbirths. That is a total of 766,180 additional deaths across these four countries alone and corresponds to a 31% increase in mortality....”

The Telegraph – Coronavirus disruption may halt access to family planning for 49 million women, analysis reveals

Telegraph:

“At least 49 million women and girls across the globe may no longer be able to access family planning as services are disrupted due to the coronavirus pandemic, new analysis has revealed. According to the Guttmacher Institute, a reproductive health research organisation, the strain placed on already overstretched health systems will have a “devastating” impact on access to contraception and abortion services – with potentially deadly consequences. The think tank has estimated that, if access to reproductive health services drops by just 10 per cent in the next 12 months, roughly 49 million girls and women will miss out on contraception in developing countries. This could result in 15 million unwanted pregnancies....”

AP – UN report: Pandemic turning into a ‘child-rights crisis’

AP:
From late last week. “Children have so far largely escaped the most severe symptoms of COVID-19 but the social and economic impact “is potentially catastrophic for millions of children,” according to a U.N. report launched Thursday. It said COVID-19 is turning into “a broader child-rights crisis.”

“...Those badly hit will be children living in slums, refugee and displacement camps, conflict zones, institutions and detention centers and youngsters with disabilities, the report said....”

See Policy Brief: The Impact of COVID-19 on children (17 p.)

See also a Tweet Sarah Dalglish: “#Children rarely succumb to #COVID19. However the crisis affects them acutely, via: Increased poverty; School closures; Domestic violence; Disrupted basic health services, like vaccination.”

Telegraph - More than one million more women and children globally could die as pandemic diverts health services


“Researchers said disruptions to public health services could be 'devastating' for mothers and children in low and middle-income countries.”

“More than one million children under five and 60,000 more mothers could die in the next six months alone as a result of disruptions to health services caused by the pandemic in low and middle income countries, according to a new study. The figures are the worst-case scenario envisaged by researchers at the John Hopkins Bloomberg School of Public Health, who analysed what the repercussions might be across 118 countries if there is a similar impact to maternal and child health services as experienced in West Africa during the Ebola outbreak. The numbers represent a 45 per cent increase on existing child mortality levels per month, and a 39 per cent increase in maternal deaths. ...”

GFF leaders warn of emerging secondary global health crisis from disruptions in primary health care due to COVID-19


“As the COVID-19 pandemic escalates in low- and lower-middle income countries, global health and development leaders warned today of the growing risk of widespread disruptions in access to reproductive, maternal, newborn, child and adolescent health and nutrition services, and urged immediate steps to prevent a secondary global health crisis. A rapid survey of the 36 countries currently supported by the GFF found that nearly half are already reporting life-threatening service disruptions. The warning came from top representatives of the Global Financing Facility (GFF) Investors Group in response to emerging findings that the COVID-19 pandemic is halting delivery in GFF-supported countries of essential services such as ante-natal care visits, attended births, delivery of child vaccinations and access to family planning, which have been key drivers in recent global reductions in maternal and child mortality. These disruptions are likely to lead to significant increases in preventable maternal and child illness and death....”
Devex - Polio eradication efforts under threat as vaccine campaigns halted


Good analysis of the current (dire) state of affairs.

“Experts have warned of the “serious threat” that the coronavirus pandemic poses to polio eradication, with immunizations paused even as outbreaks continue in numerous countries. The fight against polio — which causes paralysis and primarily affects infants — had looked promising, with two of the three wild poliovirus strains eradicated. However, it is now in a precarious position, as vaccination campaigns are halted until at least June because of the risk that health care workers could spread COVID-19 among communities. Funding is also a concern. The push for polio eradication will require extra resources to make up lost ground, but coronavirus efforts are expected to soak up huge amounts of money and political will. With the gains against polio already in a fragile position, the new coronavirus “couldn't have come at a worse time,” said David Salisbury, chair of the World Health Organization’s Global Commission for the Certification of Poliomyelitis Eradication…”

WHO – Hard fought gains in immunization coverage at risk without critical health services, warns WHO

WHO;

“Shutting down immunization services in the COVID-19 pandemic risks triggering a resurgence of diseases that can be prevented with safe and effective vaccines, warns WHO in the lead-up to World Immunization Week (24-30 April). “

Guardian - Pandemic could 'turn back the clock' 20 years on malaria deaths, warns WHO


“Deaths from malaria could double across sub-Saharan Africa this year if work to prevent the disease is disrupted by Covid-19, the World Health Organization has warned. The UN’s global health agency said that if countries failed to maintain delivery of insecticide-treated nets and access to antimalarial medicines, up to 769,000 people could die of malaria this year. That figure, which would be more than double the number of deaths in 2018, would mark a return to mortality levels last seen 20 years ago.”

“WHO has called on countries to accelerate anti-malaria campaigns while coronavirus cases across Africa remain relatively low. “We have a precious window in which to act before the arrival of peak malaria season in many parts of Africa and the further spread of Covid-19 across the continent,” said Dr Abdourahmane Diallo, who heads the RBM Partnership to End Malaria....”

And a link on TB & Covid – (Devex) TB programs, trials pause as COVID-19 spreads
Ebola DRC

Reuters - Congo records 5 new Ebola cases, shelves declaration of end to epidemic
https://af.reuters.com/article/topNews/idAFKBN21Z1U9-OZATP

It ain’t over till it’s over… See also Reuters - Escape of Ebola patient in Congo sparks fear of further infection

AMR

Cidrap News - Analysis highlights troubles in the antibiotic pipeline

“A new analysis of the antibiotic pipeline indicates there aren’t enough antibiotics in development to meet current and anticipated patient needs. The analysis, published this week by the Pew Charitable Trusts’ antibiotic resistance project, found that 41 new antibiotics with potential to treat serious infections are currently in various phases of clinical development, and four have been approved since June 2019. But while the antibiotics in development address many of the antibiotic-resistant pathogens that have been prioritized by the US Centers for Disease Control and Prevention and the World Health Organization (WHO), only a fraction will be approved."

Malaria

WHO - Malaria eradication: benefits, future scenarios & feasibility - A report of the Strategic Advisory Group on Malaria Eradication
https://www.who.int/publications-detail/malaria-eradication-benefits-future-scenarios-feasibility

“After a 3-year study of trends and future projects, WHO’s Strategic Advisory Group on Malaria Eradication has released a detailed report of its key findings and recommendations. The report builds on an executive summary published in August 2019. Members of the advisory group highlight 6 areas in the report that would underpin a successful malaria eradication effort: reinforcing the Global technical strategy for malaria 2016-2030; research & development for new tools; access to affordable, high quality, people-centered health care and services; adequate and sustained financing; strengthened surveillance and response; and engaging communities.”
Earth Day 2020 & planetary health

BMJ GH (blog) - COVID-19: Reimagining the political economy of planetary health

“...Now that the global economy is on a pause, COVID-19 provides a glimpse of four processes – 4 D’s – which can move humanity towards a better planetary health future. ...” Decarbonization, degrowth, decolonialization, and deglobalization.

“... the emerging planetary health community must look ... more upstream, building a global movement that will not only critically analyze the political and economic forces that destroy the health of both people and the planet, but also attempt to fix and reshape them....”

HPW - On Earth Day’s 50th Anniversary – Next Generation Health Professionals Call For “Sustainable” COVID-19 Recovery

“... an open letter from 12 million young health professionals demanded that governments “protect planetary health” as part of “sustainable recovery and relief efforts,” associated with COVID-19 lockdown. The group urges for governments to put “universal access to renewable energy” at the heart of COVID-19 stimulus plans, and redirect millions of dollars of fossil fuel subsidies into renewable energy. The letter also included a call for global and national leaders to better prepare for future pandemics by strengthening regulations against deforestation and illegal wildlife trading – which both increase the risk of emerging viruses spilling over into human populations and ecosystem degradation....”

And a somewhat ominous quote by M Ryan (at WHO's media briefing on Wednesday):

“... in a WHO press briefing today, in which WHO Emergencies Head Mike Ryan said he would welcome any opportunity to explore more thoroughly with China the origins of the COVID-19 disease. “It is clear that the animal to human species barrier has been breached once, and it can be breached again,” Ryan warned. “It is important to understand where that came from, that is good science. We have a team working closely on those issues with the OIE (World Organization for Animal Health) and FAO (Food and Agriculture Organization). We would be delighted to work with international partners and at the invitation of the Chinese government in order to be able to carry out a really good investigation around the animal origins.... We very much look forward to that opportunity.”

Guardian - Pandemic side-effects offer glimpse of alternative future on Earth Day 2020
https://www.theguardian.com/environment/2020/apr/22/environment-pandemic-side-effects-earth-day-coronavirus
“Coronavirus has led to reduced pollution, re-emerging wildlife and plunging oil prices and shown the size of the task facing humanity.”

“Wednesday’s annual Earth Day event, this year largely taking place online, comes as public health restrictions to prevent the spread of Covid-19 have resulted in a sharp dip in air pollution across China, Europe and the US, with carbon emissions from the burning of fossil fuels heading for a record 5% annual drop. …”

UN News - Climate change: World mustn't forget 'deeper emergency'

“Despite the impacts of the coronavirus pandemic, the world mustn't forget the "deeper environmental emergency" facing the planet. That’s the view of the UN Secretary General Antonio Guterres, in remarks released to celebrate Earth Day. The toll taken by the virus is both "immediate and dreadful”, Mr Guterres says. But the crisis is also a wake-up call, "to do things right for the future,” said the Secretary General. Mr Guterres re-iterated his view that the coronavirus is the biggest challenge the world has faced since the Second World War. But as the world commemorates the 50th anniversary of Earth Day, the planet's "unfolding environmental crisis" is an "even deeper emergency", he says....”

Some papers and reports of the week

BMJ Global Health - COVID-19: time for paradigm shift in the nexus between local, national and global health
E Paul et al ; https://gh.bmj.com/content/5/4/e002622

« The COVID-19 pandemic has triggered unprecedented measures worldwide, which have often been adopted in an 'emergency' mode and are largely reactionary. Alternatively, COVID-19 needs to be appraised as part of a much bigger health picture, adopting a “systems approach” that enables interactions with other acknowledged and preventable health conditions, which often receive disproportionately low attention. To do so requires a paradigm shift in global health governance, from a specific reactional paradigm to a systemic, coordinated and preventive paradigm. It is necessary to adopt a holistic approach to health reflecting both a security approach and a health development approach, tackling upstream causes and determinants, aimed at helping populations reduce their individual risk factors and augment their natural immunity. Such preventive health policies must be tailored to local specificities and local environments, and health systems must be strengthened at the local level so as to be able to respond to population needs and expectations. The current crisis calls for a paradigm shift in public and global health policies; and in the in the nexus between local, national and global health policies and systems. »

Health Systems Governance Collaborative - The Global Health Governance Corona Appeal: Building the Reset
https://hsgovcollab.org/en/GlobalHealthGovernanceCoronaAppeal
“This memo contains a global appeal. It is a worldwide open invitation to contribute to the global governance ‘reset’ which will have to follow the current COVID-19 emergency response phase....”

“...this appeal is kickstarted by a few networks this week: the Health Systems Governance Collaborative, together with UHC2030, The Collectivity, and the Covid/Coronavirus Ethics group....”

With seven streams to which you can contribute.

Plos One - Can mutual health organisations influence the quality and the affordability of healthcare provision? The case of the Democratic Republic of Congo


With interesting methodology, among others. “In this qualitative study, we investigated whether Mutual Health Organisations (MHOs) in the Democratic Republic of Congo (DRC) succeed in defending members' rights by improving healthcare quality while minimising expenses.”

“...a framework for analysis based on Hirschman’s exit-voice theory. This framework distinguishes four mechanisms for MHO members to use in influencing providers: (1) ‘exit’ or ‘voting with the feet’; (2) ‘co-producing a long voice route’ or imposing rules through strategic purchasing; (3) ‘guarding over the long voice route of accountability’ or pressuring authorities to regulate and enforce regulations; and (4) ‘strengthening the short voice route’ by transforming the power imbalance at the provider–patient interface....”

BMJ Global Health - Policy dialogue as a collaborative tool for multistakeholder health governance: a scoping study

E Robert et al; https://gh.bmj.com/content/4/Suppl_7/e002161

Some of the main results: “The analysis highlighted three definitions of policy dialogue: a knowledge exchange and translation platform, a mode of governance and an instrument for negotiating international development aid. Success factors include the participants’ continued and sustained engagement throughout all the relevant stages, their ability to make a constructive contribution to the discussions while being truly representative of their organisation and their high interest and stake in the subject. Prerequisites to ensuring that participants remained engaged were a clear process, a shared understanding of the goals at all levels of the PD and a PD approach consistent with the PD objective. In the context of development aid, the main challenges lie in the balance of power between stakeholders, the organisational or technical capacity of recipient country stakeholders to drive or contribute effectively to the PD processes and the increasingly technocratic nature of PD.

Lancet Global Health - Apr 2020 Volume 8 Special Issue 1S1-S46 - CUGH 11th annual conference

https://www.thelancet.com/journals/langlo/issue/vol8nonull/PIIS2214-109X(20)X0005-2
Check out the Comment introducing all these abstracts - The role of academia in an era of political turmoil (by Keith Martin & Zoë Mullan).

‘Political turmoil’ is probably an understatement, these days.

WHO (Policy brief) - Findings from a rapid review of literature on ghost workers in the health sector: towards improving detection and prevention


“The problem of ghost workers in the health sector is an understudied phenomenon, yet the existence of this form of payroll fraud is a significant drain on public health and overall budgets in some countries, undercutting global and public health goals. This rapid review explores a selection of relevant research to identify types of payroll fraud related to the ghost worker problem, and analyses how the fraud triangle theory can help to explain the prevalence of ghost workers in the health sector. The rapid literature review draws on evidence from various country contexts. Detection and prevention of ghost workers in the health sector may be improved through increased transparency and accountability in payroll processes, improved record keeping and strong record management systems, monitoring of human resources for health (HRH) and specific technology tools.”

Plos One – Pulling the purse strings: Are there sectoral differences in politicalpreferencing of Chinese aid to Africa?

C Dolan et al; https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0232126

“China is emerging as an increasingly important player in the global development space, but may be less bound to compacts that aim to curb political preferencing and therefore may produce less yield in terms of impact toward Sustainable Development Goals. This research tests the hypothesis that the disproportionate aid allocation to the birth regions of the current African political leaders that applies to some sectors more than others....”

Some results: “Birth regions of the current political leader are significantly more likely than the average of all of the regions to receive education (1.3 percentage points), social infrastructure and services (1.2 percentage points), and energy aid (1.7 percentage points). No significant association was found between aid flows to the birth region of the current political leader in the agriculture, communication, education, government, health or transportation sectors.”

Lancet Global Health - Perspectives on transitions away from donor assistance for health: a discrete choices experiment in Sri Lanka

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30166-2/fulltext

“Since Sri Lanka transitioned to an upper-middle-income country in 2019, it is no longer eligible for concessional donor aid for health. Experiences of how donor transitions in the health sector were managed in Sri Lanka offer valuable insights to mitigate negative impacts of donor exits. In this
study, we seek to understand preferences of in-country stakeholders for potential policy options to manage donor transitions....”

Blogs & mainstream news of the week

UN survey: Climate, conflict, health top future concerns
https://apnews.com/83b050e8d28521d993a984e3223fe823

“A survey of over 40,000 people in 186 countries on global trends that will most affect the future put climate and the environment at the top followed by conflicts and health risks, which increased as the coronavirus pandemic was felt around the world, the United Nations reported Monday. The survey, part of an initiative marking this year’s 75th anniversary of the United Nations, also found that 95 percent of respondents said international cooperation is “essential” or “very important” to tackle those trends, with a noticeable uptick from late February when COVID-19 was spreading. ... ... U.N. Secretary-General Antonio Guterres launched the initiative, which will continue throughout the year, to get feedback from people around the world on their views of major concerns, how they see the world in 2045, and global cooperation. The U.N. said the findings will be presented at the official 75th anniversary commemoration in September. It will then launch discussions on how best to take forward the results and present a final report in January 2021....”

Devex - 5 ways development needs to change for the modern world

“Discussions on the future of aid at an influential British foreign policy forum last week identified five key areas for change. Convened by Wilton Park — an executive agency sponsored by the U.K.’s Foreign & Commonwealth Office — the first meeting in a series on the future of aid saw wide agreement on the need for significant changes in public development spending....”

Five broad themes emerged from the discussion: changing the conceptual framework of aid; changing the power balance and colonial era discourse; the goal of aid: reducing poverty or (also) inequality?; regional, national or local; changing institutions.

Devex – ODA levels in flux

“Development funding experts are shying away from making predictions about what the future holds for international aid levels. Last week, the Organisation for Economic Co-operation and Development released figures for 2019 official development assistance funding and found that 30 of the world’s top donors increased their ODA spending by 1.4% to $152.8 billion. The OECD called on donors to maintain their assistance levels in the face of the COVID-19 pandemic, but members of the international body cautioned that with numerous countries facing their own domestic crises, the future is hard to predict. “Everybody wants to know what is going to happen to ODA levels in 2020 and beyond, and I must be very, very honest with you, the answer is: We simply do not
“know,” said Susanna Moorehead, chair of the OECD Development Assistance Committee. Moorehead noted that some OECD countries set their development assistance levels as a percentage of gross national income, and with GNI expected to decrease in most places, ODA levels would likely follow. **In light of the pandemic, donor countries need to “move beyond merely protecting current aid budgets,” said Jan van de Poel, policy and advocacy manager at the European Network on Debt and Development.**

**BMJ (blog) - Gender equality should not be about competing vulnerabilities**

**BMJ Opinion:**

“Pascale Allotey and Micheal Remme discuss solutions and strategies to tackle gender equality”

“This year, 2020, marks the 25th anniversary of the Beijing Declaration and Platform for Action where 17,000 participants, 30,000 activists and 189 governments met in China to affirm that equality between women and men is a matter of human rights and a condition for social justice. The declaration acknowledged that while the status of women had advanced in some important respects, progress was uneven, inequalities persisted, obstacles remained, and these had serious consequences for the health and wellbeing of all. The call to action brought the peripheral ‘women’s agenda’ into the mainstream development agenda, and has been the foundation for a range of initiatives to promote women’s empowerment as a means to achieve equality. **However, gender equality and how to achieve it has, in broad terms, resulted in three, often competing, agendas. ...**”

Check out which ones.

**BMJ blog - More Than a Word: Neo-Colonialism in Today’s Vocabulary.**

**https://blogs.bmj.com/bmjgh/2020/04/22/more-than-a-word-neo-colonialism-in-todays-vocabulary/**

Recommended blog by Dominique Vervoort. On terms like ‘third world’, ‘low-resource countries’, ‘developing country’, ‘Global South’, ...

**HBR - Advertising Makes Us Unhappy**

**https://hbr.org/2020/01/advertising-makes-us-unhappy**

“The University of Warwick’s Andrew Oswald and his team compared survey data on the life satisfaction of more than 900,000 citizens of 27 European countries from 1980 to 2011 with data on annual advertising spending in those nations over the same period. **The researchers found an inverse connection between the two. The higher a country’s ad spend was in one year, the less satisfied its citizens were a year or two later. Their conclusion: Advertising makes us unhappy.**”
Some tweets of the week

Martin McKee
“I’ve said it before but will say it again. Someday there will be a PhD on the role of cognitive biases in the #COVID19 pandemic: Groupthink Optimism bias Confirmation bias Anchoring bias Corona viruses are NOT influenza/rhinoviruses - & masks impact on their spread differently.”

Kate Aronoff
“This isn’t, I don’t think, “the end of oil”. Demand will come back. But the end, as they say, is nigh, and there are lots of people and countries who are going to be on the losing end here. We need an orderly, managed, humane, and thoroughly internationalist end of oil.”

Priti Patnaik
“@DrMikeRyan cites first email from Taiwan received through an open source platform on 31st December 2019. Says @WHO initiated formal clarification from China on Jan 1, 2020. Says under IHR, countries obliged to respond in 24-48 hours #COVID19 presser today (Q from Le Monde)”

“Email from Taiwan sought clarification on report from Wuhan. No mention of human to human transmission at that time.”

“@WHO clarifies @DrTedros makes crystal clear that having many CDC personnel embedded with @WHO means that from Day 1 of #COVID19, the American government knew what we knew, and in real time. We are an open book. I would add that they participated in meetings and discussions of the China data.”

Global governance of health

Devex - DFID holds off from explaining sky-high cost of UK-Africa Investment Summit


“Three months on from the controversial U.K.-Africa Investment Summit, the U.K. government is declining to release details of its £15.5 million ($19 million) budget for the one-day event.”
World Development - Profits before patients? Analyzing donors’ economic motives for foreign aid in the health sector


“Why do some donor countries allocate their foreign aid according to their own interests, while others pay more attention to the needs of recipient countries? By focusing on the health sector, this paper explains the difference in aid allocation patterns across donors from two factors: The influence of the powerful pharmaceutical industry and the structure of the foreign aid institution. I argue that where an aid agency is not institutionally autonomous, donors that are home to powerful pharmaceutical companies give a higher portion of their health aid to activities that require the use of pharmaceutical products. In contrast, donors with autonomous aid agencies, even when they have large pharmaceutical companies, allocate health aid regardless of whether such allocation would benefit their economic constituents. While the majority of existing research analyzes the selection of recipient countries to examine the motives of donors, this paper makes the case that assessing the selection of specific activities is useful in analyzing donor’s economic motives. Statistical analysis of dyadic panel data of 23 OECD donor and 149 recipient countries lends support to these arguments. The findings challenge the naive assumption that health aid is different because it is closely related to basic human needs.”

SS&M - Cross-sectoral cooperation at the ministerial level in three Nordic countries - With a focus on health inequalities


“Addressing the social determinants of health (SDH) is an international goal. Addressing SDH requires the cooperation of Ministries outside of the health sector. We examined whether inter-ministerial coordination was occurring in three countries. Few senior officials were aware of the WHO Health in All Policies approach. The WHO Health in All Policies approach might not be effective.”

HPW - WHO’s Legal Mandate Is Weak In Responding To COVID-19 Emergency; But Changes Are Up To Member States


On a panel hosted by the Geneva Graduate Institute and Global Health Centre - with the view (and suggestions) of Gian Luca Burci, former World Health Organization head legal counsel and now professor of international law, and Steven Solomon, principal legal officer for governing bodies at the World Health Organization.
Twitter thread Jeremy Konyndyk on the US attacks vs WHO

(from last weekend)

“Hey, it’s Friday night, so let’s get a little wonky in exploring just how off-base Trump and Pompeo’s attacks on @WHO are. Bottom line up front: they’re attacking WHO for failing to do things that WHO...has no authority to do.”

And the IHRs put all of the onus on the member state, not on WHO. A member state has an obligation to promptly notify WHO of novel events, but the IHRs don’t give WHO the authority to compel that.

What if WHO isn’t getting info from the member state, but gets a concerning report about it from elsewhere (like, say...Taiwan)? The IHRs require WHO to go first to the member state to verify the report.

What do the IHRs *not* do? Authorize WHO to unilaterally initiate and conduct its own investigation. The state has to agree.

This might sound frustrating, but flip it around: how would the USG react if WHO told us they were opening a unilateral investigation in our country?

Once a member state notifies WHO of an event, WHO then can share that info with the world. But only the info provided by the state, and only in consultation with the state.

Crazy as it sounds, the IHRs don’t authorize WHO to publicly second-guess the info it receives.

So bashing WHO for uncritically sharing the skewed info it was getting from China in early January is basically...bashing WHO for complying with the legal guidance set out by the member states.

Again, it’s designed this way because *states* wanted it designed this way. Few countries want to grant WHO the authority to publicly second-guess the info they provide.

What about an origin/attribution investigation, as Pompeo proposes WHO should “demand?” Nada. Nothing in the IHRs grants WHO the authority to do this.

The closest thing that exists in int’l law is in the bio weapons convention - but that 1) isn’t WHO, and 2) doesn’t apply here.

Now the great irony in all this is that normally this administration would be deeply offended if a multilateral agency began asserting powers for itself that its members haven’t granted it. Which is essentially what they’re demanding WHO do here.

So at this point you’re maybe saying - the IHRs seem...pretty problematic! Yes! But then the solution then is to amend and update the IHRs (long overdue, frankly) rather than pillory WHO for adhering to them.
The Trump administration thinks it’s mad at @WHO. It’s actually mad at the IHRs.

But it’s hard to turn an inanimate int’l legal instrument into a political scapegoat. And a rallying cry of "reform the IHRs!" doesn’t give Trump much political cover. So WHO gets the flak.”

Globalization & Health - The north-south policy divide in transnational healthcare: a comparative review of policy research on medical tourism in source and destination countries


“Medical tourism occupies different spaces within national policy frameworks depending on which side of the transnational paradigm countries belong to, and how they seek to leverage it towards their developmental goals. This article draws attention to this policy divide in transnational healthcare through a comparative bibliometric review of policy research on medical tourism in select source (Canada, United States and United Kingdom) and destination countries (Mexico, India, Thailand, Malaysia and Singapore),…”

“…Our findings indicate major disparities in development agendas and national policy concerns, both between and among source and destination countries. Further, we find that research on medical tourism does not always address prevailing policy challenges, just as the policy discourse oftentimes neglects relevant policy research on the subject. Based on our review, we highlight the limited application of theoretical policy paradigms in current medical tourism research and make the case for a comparative policy research agenda for the field.”

UHC

Impact for Health - Update: Our work with WHO on governance of the private sector

https://impactforhealth.com/governance/

“Early this year the WHO’s Health Systems Governance and Financing department launched an advisory group on governance of the private sector for UHC. Impact for Health was delighted to facilitate this process, which will produce a roadmap to guide the WHO’s support to member states on governance in 2020. Building on WHO’s “towards better stewardship” and EMRO’s framework for effective engagement of private sector, in 2019 the advisory group identified six behaviors critical to effective governance of private sector service delivery: …”
Planetary health

Guardian – Insect numbers down 25% since 1990, global study finds


“The biggest assessment of global insect abundances to date shows a worrying drop of almost 25% in the last 30 years, with accelerating declines in Europe that shocked scientists.”

Guardian - Flooding will affect double the number of people worldwide by 2030


“New research finds 147 million will be hit by floods by the end of the decade – ‘the numbers will be catastrophic’.”

CGD (blog) - How Would Rapid Growth in the Poorest Countries Affect Global Carbon Emissions?


“If the 52 poorest countries in the world—home to a rising population of 1.4 billion people—grow their economies rapidly, how much will they contribute to global carbon emissions in 2030? And how important will this be in our fight against climate change?”

Guardian - Green energy could drive Covid-19 recovery with $100tn boost


“Renewable energy could power an economic recovery from Covid-19 by spurring global GDP gains of almost $100tn between now and 2050, according to a report. The International Renewable
Energy Agency found that accelerating investment in renewable energy could generate huge economic benefits while helping to tackle the global climate emergency....

Guardian - Ten threats to humanity’s survival identified in Australian report calling for action

https://www.theguardian.com/world/2020/apr/22/ten-threats-to-humanitys-survival-identified-in-australian-report-calling-for-action

“Commission for the Human Future, led by John Hewson, says coronavirus crisis is right time for world to look at catastrophic risks”.

“Governments should use the urgency of the Covid-19 pandemic to address 10 potentially catastrophic threats to the survival of the human race, according to a report by a collection of prominent Australian researchers and public figures. The report by a group called the Commission for the Human Future identifies a list of risks to life on the planet including pandemic disease, climate change, environmental decline and extinction, and overpopulation. It says the coronavirus pandemic is the right time for countries to consider how they will address these major challenges that have the potential to cause widespread social, environmental and economic disruption. It argues they are interconnected and must be solved simultaneously and “in ways that make none of them worse”.

Infectious diseases & NTDs

FT Health Special report – Combating Malaria

https://www.ft.com/reports/ft-health-combating-malaria

“How the fight against coronavirus could set back malaria progress by 20 years; lockdown and drug ‘hijack’ fears in India; a childhood malaria sufferer turned medical scientist on why Africa needs treatments that fit.”

Plos Med - Hepatitis B prevention: Can we learn from the response to HIV/AIDS?

M Kretschmar, M van de Sande et al; https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003109

“...Following the successful introduction of infant hepatitis B vaccination in routine vaccination programmes, the prevalence of chronic hepatitis B infection has declined. Nevertheless, prevalence still remains above 10% in many regions of Africa, as demonstrated by the accompanying study by
Anna McNaughton and colleagues in PLOS Medicine. Drawing together evidence from various cohort studies and seroepidemiological datasets, the authors provide a comprehensive map of the distribution of chronic hepatitis B in adults in Africa....” Here, the authors ask what we can learn from the global fight against HIV.

BMJ (Analysis) - Bridging the quality gap in diagnosis and treatment of malaria

https://www.bmj.com/content/369/bmj.m1176

“Controlling and eliminating malaria will require intensified efforts to improve the quality of diagnosis and treatment argue Daniel Ikeda and colleagues.”

New universal vaccine targets all four Ebola species that infect humans

New Atlas;

“…researchers have tested a novel vaccine candidate for Ebola in animals, which doesn’t contain live vectors and appears to be effective against all four species of the virus that infect humans....”

NCDs

IJHPM – Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool

R Ralston et al; http://www.ijhpm.com/article_3793.html

“With multi-stakeholder approaches central to efforts to address global health challenges, debates around conflict of interest (COI) are increasingly prominent. The World Health Organization (WHO) recently developed a proposed tool to support member states in preventing and managing COI in nutrition policy. We analysed responses to an online consultation to explore how actors from across sectors understand COI and the ways in which they use this concept to frame the terms of commercial sector engagement in health governance....”

“Responses to the WHO tool reflected contrasting conceptualisations of COI and implications for health governance. While most Member States, NGOs, and academic institutions strongly supported the tool, commercial sector organisations depicted it as inappropriate, unworkable and incompatible with the Sustainable Development Goals (SGDs). Commercial sector respondents advanced a narrow, individual-level understanding of COI, seen as adequately addressed by existing
mechanisms for disclosure, and viewed the WHO tool as unduly restricting scope for private sector engagement in nutrition policy. In contrast, health-focused NGOs and several Member States drew on a more expansive understanding of COI that recognised scope for wider tensions between public health goals and commercial interests and associated governance challenges....”

BMJ Global Health - Dependency ratios in healthy ageing

D Wachs et al; https://gh.bmj.com/content/5/4/e002117

“Although people are living longer, there is no discernible pattern about the quality of life in an increasing lifespan. This restricts our capacity to predict and prepare for the consequences of population ageing. Accordingly, we propose a population ageing indicator that combines demographic and disability prevalence data through a characteristics approach and explore different scenarios to account for uncertainty in life quality projections. Our results, available for 186 countries, show that countries that rank older under conventional chronological ageing measures may rank younger under our qualitative measure. Additionally, we find substantial differences in our projections depending on different health assumptions, demonstrating the risk of using ageing indicators that make implicit assumptions about health characteristics.”

Health Research Policy & Systems - The role of contextualisation in enhancing non-communicable disease programmes and policy implementation to achieve health for all


“The September 2019 United Nations’ High-Level Meeting renewed political commitments to invest in universal health coverage by strengthening health systems, programmes and policies to achieve ‘health for all’. This Political Declaration is relevant to addressing the increasing global burden of non-communicable diseases, but how can evidence-based programmes and policies be meaningfully implemented and integrated into local contexts? In this Commentary, we describe how the process of contextualisation and associated tools, such as ecological frameworks, implementation research frameworks, health system indicators, effective system strengthening strategies and evidence mapping databases with priority-setting, can enhance the implementation and integration of non-communicable disease prevention and control policies and programmes....”

GHAI Launches Healthy Food Policy Advocacy Fund

https://advocacyincubator.org/2020/04/21/ghai-launches-healthy-food-policy-advocacy-fund/

“The Global Health Advocacy Incubator is pleased to invite concept note submissions for the new Healthy Food Policy Advocacy Fund. The Advocacy Fund will provide critical support to help promising legislative or regulatory efforts on healthy food policy priorities cross the finish line. These...“
policy priority areas include: taxes on sugary beverages and/or ultra processed food, front-of-package nutrition labeling, restrictions on marketing of unhealthy food and beverages, and healthy public sector food environments, including schools. The Advocacy Fund is generously supported by Bloomberg Philanthropies.”

Sexual & Reproductive / maternal, neonatal & child health

Global Public Health - ‘I feel safer in the streets than at home’: Rethinking harm reduction for women in the urban margins


“Through qualitative data collected with women affected by drug use and drug-related violence in Bogotá, this article explores the convergence of harm reduction rationales and violence prevention programming in the urban margins to advocate for women’s health empowerment and health rights as victims of intergenerational trauma and violence. We propose a methodological shift of public health praxis from street-based outreach models to intimate spaces of intervention for health outcomes embodiment as we continue to develop our community health model to work with marginalised communities in the urban global South. Through this work committed to social justice in marginalised urban communities, we seek to support women’s health needs through harm reduction in historically marginalised communities in urban settings. Our results expose how multi-level gender-based violence affects women’s health in their living spaces in the urban margins. Drawing from women’s voices and narratives of urban violence, we call for a feminist alternative to traditionally masculinist and public-space oriented harm reduction practice for health empowerment in the urban margins.”

SRHM (Commentary) - Abortion in the context of COVID-19: a human rights imperative

J Todd-Gher et al; Sexual and Reproductive Health matters;

The authors conclude: “As states move to halt the devastation of COVID-19, women’s right to safe abortion must not be forgotten. With reducing contraceptive supplies, overburdened health systems, job losses, and increasing risks of violence, women must be able to prevent and/or manage unwanted pregnancies, not only for their own health and well-being, but also to support effective public health responses to prevent and treat COVID-19. The pandemic has placed a spotlight on the ways in which existing legal frameworks — even in countries with “liberal” abortion laws — continue to undermine access to this essential health service by failing to recognise the safety of medication abortion, including through telemedicine. Permitting women to undertake safe self-managed abortion with telemedicine counselling, is not simply about harm reduction; it is a human rights imperative and would also be a critical step toward complying with states’ binding international legal obligations.”

K Nanda et al; https://www.ghspjournal.org/content/early/2020/04/20/GHSP-D-20-00119

“In the face of facility service disruptions due to COVID-19, health care providers, particularly in low- and middle-income countries, should strive to maintain continuity of reproductive health care to women and girls as an essential service. When in-person encounters are limited, health care providers should adapt the way contraceptive services are provided by using telehealth whenever possible for counseling, shared decision making, and side effect management, and should make adjustments to provision of contraceptive methods to ensure access.”

BMJ Global Health (Editorial)- How to close the maternal and neonatal sepsis gap in sub-Saharan Africa

A Otu et al; https://gh.bmj.com/content/5/4/e002348

The authors outline nine key areas to accelerate progress in reducing death due to maternal and neonatal sepsis in SSA.

BMJ Global Health - Mobile applications addressing violence against women: a systematic review

K Eisenhut et al; https://gh.bmj.com/content/5/4/e001954

“Violence against women is a pressing global health problem that is being met with a new intervention strategy—mobile applications. With this systematic review, we provide an initial analysis and functional categorisation of apps addressing violence against women....”

Human resources for health

International Health - Artificial intelligence: opportunities and implications for the health workforce

I Hazarika;

“Healthcare involves cyclic data processing to derive meaningful, actionable decisions. Rapid increases in clinical data have added to the occupational stress of healthcare workers, affecting their
ability to provide quality and effective services. Health systems have to radically rethink strategies to ensure that staff are satisfied and actively supported in their jobs. Artificial intelligence (AI) has the potential to augment provider performance. This article reviews the available literature to identify AI opportunities that can potentially transform the role of healthcare providers. To leverage AI’s full potential, policymakers, industry, healthcare providers and patients have to address a new set of challenges. Optimizing the benefits of AI will require a balanced approach that enhances accountability and transparency while facilitating innovation.”

BMJ news - Covid-19: Indian government vows to protect healthcare workers from violence amid rising cases

https://www.bmj.com/content/369/bmj.m1631

And India is certainly not the only country with increasing (Covid-19 related) violence against health workers. Mexico is another case in point, for example.

Access to medicines

FT – Drugmakers urged to collaborate on coronavirus vaccine

https://www.ft.com/content/b452ceb9-765a-4c25-9876-fb73d736f92a

(gated) “Investors say competition needs to be set aside for the greater good.”

“The world’s biggest investors are urging drugmakers to collaborate on developing a coronavirus vaccine to end a crisis that has unleashed market turmoil and hammered returns for pension funds across the world. BlackRock, the world’s largest asset manager, Fidelity Investments and sister company Fidelity International, Aviva Investors, Janus Henderson and Amundi, Europe’s largest asset manager, all told the Financial Times that they want drug companies to put aside any qualms about collaborating with rivals....”

BMJ Global Health (Commentary) - Market-driven, value-based, advance commitment (MVAC): accelerating the development of a pathbreaking universal drug regimen to end TB

Kalypso Chalkidou et al ; https://gh.bmj.com/content/5/4/e002061

“... Research and development investments for TB are dominated by public sources and total only one-third of estimated need, with private investment small and declining. To crowd in private
investment, we suggest a new model—the market-driven, value-based advance commitment (MVAC)—wherein high-burden middle-income countries (MICs) would offer advanced purchase commitments for a prespecified breakthrough treatment regimen..

**Miscellaneous**

Some more Covid-19 related links & analyses:

**Health Policy & Planning - Voices from the front line: insights and lessons from those leading the COVID-19 response in low- and middle-income countries**


**Call for blogs.** “In this blog series we are giving a voice to practitioners, implementers and policy-makers involved in national COVID-19 responses in low- and middle-income countries. These posts seek to facilitate timely cross-learning by sharing opinions, insights and lessons on the challenges and actions taken by those on the COVID-19 front line....”

**Lancet - Global call to action for inclusion of migrants and refugees in the COVID-19 response**

M Orcutt et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30971-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30971-5/fulltext)

As already flagged in a previous IHP newsletter. You can join their [global call to action](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30971-5/fulltext) for the inclusion of migrants and refugees in the COVID-19 response (panel).

**The Wire - COVID-19 Will Recast Global Health as a Security Issue. India Must Gear up for Health Diplomacy.**


Analysis by Priti Patnaik.

**Guardian - The virus doesn't discriminate but governments do': Latinos disproportionately hit by coronavirus**


“In some areas of the US, Covid-19 is killing Latinos at up to three times the rate that it is killing white people, even as they are among the least able to access care.”
Devex - Opinion: Achieving public health equity — start with sanitation and hygiene for all

“...As injections of government and international emergency aid to stop coronavirus come into Africa, India, and Asia, these funds must finally lay the foundations of public health for all, not just the few. The large volume of pledges and donations must translate to a commitment to tackle systemic problems preventing health for all, including creating safe and sustainable health systems and access to safe sanitation and hygiene....”

Guardian - NHS urged to avoid PPE gloves made in 'slave-like' conditions

“The government must not ignore the “slave-like” conditions of migrant workers making rubber medical gloves in Malaysia in its rush to source protective equipment to keep frontline NHS staff safe from coronavirus, human rights groups say. Malaysia is the world’s largest producer of rubber gloves, but the industry has been accused of grossly exploiting its workforce, mostly impoverished migrants from Bangladesh and Nepal....”

Vox - The stark differences in countries’ coronavirus death rates, explained

“Italy’s case fatality rate is four times higher than Germany’s. Learning why could help save lives. Comparing the CFRs for various countries.

- Devex - UK offers little detail on how aid-funded COVID-19 vaccine will be accessible to all

“U.K. civil society has called on the government to ensure that any COVID-19 vaccines or treatments developed with aid funding are patent-free to prevent pharmaceutical companies from “profiteering” from sales and to ensure they are accessible to lower-income countries. Despite being one of the biggest donors of official development assistance to the international research effort against the new coronavirus, the U.K. government has not provided a clear answer on the question of patents or on recommendations around the accessibility of successful vaccines or other products.”

- Guardian - Coronavirus is the biggest disaster for developing nations in our lifetime

“Devastating economic and health crises in poorer countries will affect the whole world. It’s time for a global Marshall plan”, argues Ian Goldin (Oxford).

- Branko Milanovic in Social Europe - China’s political system and the coronavirus
“Branko Milanovic explores how the pandemic has highlighted China’s international responsibility and how such global ‘externalities’ are to be rendered accountable.”

- **Project Syndicate (J Stiglitz et al)** - [Patents vs. the Pandemic](https://www.project-syndicate.org/opinion/2020-04 patents-vs-the-pandemic)

Nice one, trust me. Short & insightful.

- **Economist – Bill Gates: How to fight future pandemics**

“The coronavirus will hasten three medical breakthroughs. That’s just a start, says Bill. “

“@BillGates calls for a strong investment in #diagnostics - at the global@level.

  “American officials were alarmed by fake text messages and social media posts that said President Trump was locking down the country. Experts see a convergence with Russian tactics. ... United States intelligence agencies have assessed that Chinese operatives helped push the messages across platforms, according to six American officials, who spoke on the condition of anonymity to publicly discuss intelligence matters. The amplification techniques are alarming to officials because the disinformation showed up as texts on many Americans’ cellphones, a tactic that several of the officials said they had not seen before. That has spurred agencies to look at new ways in which China, Russia and other nations are using a range of platforms to spread disinformation during the pandemic, they said....”