IHP news 571: Failing the “Alien challenge”

(8 May 2020)

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

Dear Colleagues,

As a proud European citizen, at least after two cups of strong coffee in the morning, I want to briefly come back on the pledging ‘kickstart’ event from Monday, expertly hosted by Ursula von der Leyen “from the shores of her laptop” 😊. Some people have likened the “Coronavirus Global Response Pledging Event” to a “Eurovision for multilateralism”, with pledges and countries (and Ursula showing off her language skills), G20 host Saudi Arabia was smart enough to not let its “thug-in-chief” make the merry announcement, quite a few rightwing leaders were bragging about their “world-class scientists”, … in short, it was humanity at its very best 😊.

While it was definitely a nice show of solidarity, unfortunately, the US, Russia, Brazil, India all didn’t participate. They all happen to be led by far-right/populist/authoritarian leaders. As for China, in spite of its “community of common destiny” discourse, the country joined “on a shoestring”, as usual - minimum participation for maximum impact. So UN SG Guterres’ mantra at the start of the event, “In an interconnected world, none of us is safe until all of us are safe”, is clearly being interpreted somewhat differently in some corners (which happen to be home to more than half of the world’s population).

But not all hope is lost. Let’s face it, if God/Allah/the computer simulation we’re in/ aliens (depending on your spiritual view) wanted to change our global economic system for the better, they surely would have thrown in a nasty pandemic. Nothing else seemed to be able to move our dumb species away from self-inflicted destruction, no Paris Agreement, no Trump, Brexit …

Enter Covid-19.

True, it’s anything but clear at the moment where the current global health & economic havoc will end (if it ever ends 😖). Elke van Hoof, of all people, has termed the COVID-19 pandemic “the world’s biggest psychological experiment” on the WEF website, and on that, she’s not wrong. And mental health is just one aspect of the current global Covid19 cataclysm, albeit an important one. Nevertheless, if we try to look at it from the bright side, as Alex Evans & co-authors from the Collective Psychology Project argue in a new essay, “Covid-19 can, like other defining crises of our time such as climate change and mass extinction, be understood as an initiatory threshold that marks a potential transition to our species’s adulthood.” Another quote from their great essay, on Covid-19 as an “apocalypse myth” (they also discuss restoration & emergence myths): “…In reality, though, apocalypse means something far more subtle and interesting than the end of the world. Instead it refers to the idea of an unveiling of things as they really are, of a revelation. It’s an idea that has powerful relevance to our current crisis, for one of the most powerful effects of Covid-19 is its ability to hold up a mirror to our society.” I think they nail it.
So perhaps God/Allah/ the simulation designer/ aliens did want to give human beings one last chance, by holding up a mirror (and/or “a Challenge”) to our society 🤔? And if we screw it up again, they’ll probably leave our universe alone till the end of times, and focus on the parallel (apparently completely opposite) one, presumably also inhabited by a species that is completely our opposite (where Jeff Bezos is the shabby postman in “After Life” (Netflix), etc. 😊).

Against that ‘mirror’/challenge backdrop, you of course have to wonder, why the hell are all these global health bigwigs so slow to change? Many of them were remarkably happy about the 7.4 billion euros pledged earlier this week, and this in a world where billionaires consider this no more than crumbs, and in which now even most “global citizens” (81 %) now badly want billionaires to pitch in. As in: it’s their turn now. Global health power (and diplomacy) are still failing the “alien challenge” big time, it seems. Not connecting the dots that are there for everybody to see.

However, if even they, as global health leaders, stubbornly refuse to advocate for fair/progressive taxation at high-profile events like these (my best guess is because they’re too close to Global Capital, not because Eurosong-style events are supposed to be ‘happy’) and instead continue to engage in happy talk about “partnerships”, pledges (often diverted from ODA or climate change budgets), endless “I couldn’t agree more” tweets (the worst are the ones in which they start thanking each other for the solidarity shown), ... they badly neglect an - in my opinion - indispensable ingredient/lubricant for multilateralism, the SDG agenda, and many other GPGs in the longer term. As mentioned before, if global health leaders don’t say the obvious now (or, for the more nimble ones, still adjust their discourse depending on the occasion & target audience), fat chance politicians will do. By now, aliens are probably as ‘puzzled’ about the cowardice of some global health leaders on this issue as I am. If global health leaders lag far behind “global citizens” on the issue of fair taxation, a do-able part of ‘building back better’, there’s something really wrong. And I’m saying this while respecting all of these leaders very much for their hard work & commitment.

A deepfelt sense of tax justice will be absolutely crucial in the coming years to avoid dire political backlashes. If we don’t get this right at this crucial point in time, humanity will reap instead Laurie Garrett – aka ‘Cassandra’ - ‘s world of "collective rage", in country after country. With the US first, I’m guessing, that country seems to be the dystopian vanguard these days 🙁. For the ones who prefer history, just this week a study was published on the link, between the Spanish flu and the rise of the Nazi party in Germany.

(PS: If we want to avoid Houellebeq’s assessment of the world post-corona, “the same but worse”, we also better get our act together too fast. There’s indeed a very real risk of #buildingbackworse instead of better)

On a merrier note, this week Hand Hygiene Day was celebrated. In the brave new corona-world, I think we all deserve a holiday on that day. WHO could run online courses for the day to get it right. A global ritual for the new times. Aliens might not fully understand but will surely appreciate.

Enjoy your reading.

Kristof Decoster
On May 4, some of the world’s major global-health actors and political powers joined forces and pledged close to $8 billion (€7.5 billion), within a few hours, to accelerate the development, production and equitable access to COVID-19 vaccines, diagnostics and therapeutics.

The Coronavirus Global Response pledging conference came on the heels of the April 24 launch of the ACT (Access to COVID-19 Tools) Accelerator, which the $8 billion will fund. The Accelerator defines the agreement-in-principle to collaborate on the development, production and equitable access to everything that is needed to prevent, detect, and treat COVID-19, and future coronaviruses (or other pandemics) to come. The agreement was signed by 25 countries, and launched under the leadership of the World Health Organization (WHO), with European Commission President Ursula von der Leyen, French President Emmanuel Macron, Melinda Gates, and WHO Executive Director Dr Tedros Adhanom Ghebreyesus (the author of the ‘solidarity’ rallying cry) headlining the event.

The pledging conference ten days later was convened and moderated by EC President von der Leyen – an EU development expert quoted in Devex called it a ‘Eurovision for multilateralism’ – and over €4 billion was pledged by EU countries, as well as Japan, Norway, Canada, and others. (The U.S., unsurprisingly, did not participate, neither did Russia; China did so at a low level.)

Why is this significant? To some, this may look like yet another international organization talk-shop whose concrete actions are hard to discern – and it is true that the finer points of how funds will be distributed are still to be announced. But this is, to use a much-overused word lately, an unprecedented event in the world of global health.

Three things stand out here. First, the speed with which this has happened. Anyone familiar with the global health sector is familiar with multilateral pledging conferences – they are hardly a new phenomenon (The international media do seem rather breathless about it, though, never having paid enough attention to the replenishments of organisations like the Global Fund and Gavi). But normally (in the old ‘normal,’ that is) an event of this scale takes months, if not years, to set up, with protracted bilateral discussions between donors and those raising the funds, to strategize and jostle toward a tacit agreement about what will finally be pledged at a later, much-hyped, heavily publicized conference. Now, galvanized into action by the devastating speed with which this coronavirus is affecting everyone, everywhere, donors are reacting with a velocity commensurate to the virus’s trajectory.

The second stand-out feature is the alacrity with which many of the world’s most prominent political and economic powers are embracing a collaborative, comprehensive approach to all aspects of the pandemic, all the while staunchly supporting the beleaguered WHO as the leader of this effort – as it should be. Decades of under-funding, under-appreciation and undermining by several of the WHO’s most prominent members laid the very foundations for inadequate global pandemic preparedness
and has resulted in the WHO being cornered into a position of damned-if-you-do-and-damned-if-you-don’t.

The third remarkable feature of this – unarticulated certainly in the popular media – is the role of the Global Fund to Fight AIDS, TB and Malaria in this effort. Practically, the Global Fund will co-lead, with Unicef, the Diagnostics Consortium (one of three set up within this initiative), which will negotiate pricing, and procure molecular diagnostic tests for COVID-19, on behalf of countries and partners. (Separately, the Global Fund had already dedicated the equivalent of $1 billion towards the COVID-19 response, in a combination of ‘flexibilities’ to reprogram savings/underspent funds in existing Global Fund grants, worth $500 million, and new funding of another $500 million through the COVID-19 Response Mechanism, to which implementing countries can apply.)

Ideologically, the world seems finally to be grasping the fact that the Global Fund is a very different – and highly effective – type of global assistance instrument; one that is capable of deploying funds to where they are needed most, with greater (if not perfect) efficiency, and much less waste, than any previous resource of this kind.

Though the Fund has been at pains in recent years to confirm that it is not changing its mandate to fight the pandemics of HIV/AIDS, TB and malaria, the COVID-19 pandemic is exemplifying the concept that everything is interconnected. Donor funding of individual disease programs can be impactful but is not optimal, and countries competing voraciously for scarce medical supplies with the result that poorer ones can’t obtain them does not serve the global good. This current contagion has brought about a global gut-punch realization: that health systems in even the wealthiest countries need shoring up – and this may be what it takes to start dissolving the boundaries that have underpinned global inequities for far too long.

On May 4, WHO’s Dr. Tedros said, “The ultimate measure of success will not be how fast we can develop tools – it will be how equally we can distribute them.” The fact that this is a primary goal of the ACT Accelerator is a sign, as the Economist said, “that the grown-ups are coming to the table”.

Adèle Sulcas writes about global health and food systems, and worked previously at the Global Fund to Fight AIDS, TB and Malaria, and the World Health Organization. She is former Editor of the Global Fund Observer.
The mid-term JEE 2019 in Nigeria: a need to boost epidemic preparedness further

Adie Vanessa Offiong (Journalist, member of WANEL Community of Practice & IHP Correspondent Nigeria)

(PS: you find the full version of this co-editorial on IHP, making the link with Covid19 a bit more)

In the third week of November 2019, experts in health security from 29 Nigerian ministries, departments and agencies gathered. Their task was to use a 49-indicator tool of the World Health Organisation to access Nigeria’s capacity to detect, prevent or respond to a disease outbreak—in effect, whether the country was prepared to handle one.

Preparedness was assessed in 19 technical areas, and the result validated by a mission team from WHO, Public Health England, Resolve, the US CDC, AfeNET, ProHealth and University of Maryland. Nigeria had previously undergone the same assessment, called the Joint External Evaluation, in 2017, scoring 39% at the time. A review of the assessment comes up every five years. But the country underwent the same assessment two years later, a mid-term evaluation to find out how prepared it was for an epidemic.

The so called “Ready Score” is a measurement of a country's ability to find, stop and prevent health threats. It’s the average score of 19 preparedness areas. There are five levels of preparedness. To be considered ‘ready,’ a country has to score 80% or more.

The mid-term JEE score was 46%—seven points over the previous score in 2017. This score means “the country has work to do to prepare for the next epidemic,” according to the legend on preventepidemics.org (PreventEpidemics.org provides country-level information on epidemic preparedness). “They are committed to improving preparedness, but an outbreak today could cause deaths and cross borders.” The previous score of 39%, and any score lower (0-39 %) signalled the country wasn’t ready for the next epidemic.

There has been some progress since 2017, but much more needs to be done.

Consider a traffic light to indicate Nigeria’s result in 2017: at the time, the country had no green in any of the 19 technical areas under consideration. It scored the highest on “workforce development,” followed by real-time surveillance.

- National Laboratory System 40%
- Real-Time Surveillance 55%
- Workforce Development 60%
- Preparedness 20%
- Emergency Response Operations 45%
- Risk Communication 48%
- National Legislation, Policy and Financing 20%
Each of the seven areas have been very weak until 2014 when the Ebola virus disease ravaged West Africa and entered Nigeria.

Existing framework and command structures already in place for polio—a disease the country has been battling for decades—were deployed to tackle Ebola. It is a strength that the JEE highlighted.

As for the results in the mid-term review (2019), as mentioned elsewhere, “According to the mid-term report, currently, immunization is Nigeria’s area of strength – in part because of Nigeria’s emergency operations centre and robust laboratory systems that can quickly diagnose infectious diseases. But Nigeria’s areas of gap include monitoring systems that can spot unusual health reports from local clinics, and trained disease detectives who are ready to be rapidly deployed when a new health threat is reported. Other gaps reflect the need to strengthen biosafety and biosecurity, national legislation, policy and financing, preparedness, linking public health and security authorities, national laboratory system, emergency response operations, and real-time surveillance.”

So there are still quite some gaps—areas that Nigeria should prioritise so that it is better prepared to find, stop and prevent epidemics.

**Highlights of the week**

**International Midwives’ Day (5 May)**

Tweet Diwan_Vinod:

“Nurses, midwives & other staff should be paid salary according to their skills. Pay more. In some countries drs earn 20-100 times more than nurses. This should stop.”

Along the same lines, another tweet I came across: “If someone’s job requires an “appreciation week” it means they’re not getting paid enough.”

And as this is ‘The year of the Nurse and Midwife’, a few reads on nurses’ predicament in Covid times (building on previous neoliberal times):

FT - Nursing home business models falter during pandemic
https://www.ft.com/content/69aa80ea-5cce-44c2-9a8d-4b6bc8980025

“Overworked staff at US for-profit operators are ‘being decimated’ by spread of virus.”
"... Yet to some who have studied US nursing homes, the severity of the crisis was not preordained. Rather, they argue, a largely for-profit industry has for years been putting a strain on its workers to improve its financial performance. By the time coronavirus arrived, they say, the industry was ill-equipped to face it. "Nursing homes are the weak link in our healthcare system, and we’ve allowed it,” said Charlene Harrington, a professor at the nursing school at University of California, San Francisco. “It’s just been a disaster in the making.””

Sadly, this also rings a bell in quite some other countries. See also:

Covid-19 diaries - 05 May 2020 : Neoliberalism, Aged-Care and COVID: Market Failure 1/2
https://covid19healthdiaries.com/diary?did=183

By Owain Williams. Second in his blog series on neoliberalism & covid-19, this one focusing on ‘aged care’. Hard-hitting, some even said ‘fury-inducing’.

PS: via the Guardian: “At least 90,000 healthcare workers worldwide – and possibly twice that – are believed to have been infected with Covid-19, and more than 260 nurses have died, the International Council of Nurses (ICN) said.”

World Population Calls Upon Billionaires To Contribute In Times Of The Covid-19 Pandemic

https://glocalities.com/latest/reports/billionairescontributing

From a few weeks ago: “In results released today by research agency Glocalities and international advocacy organization Global Citizen, a global survey reveals that 81% of the world population is calling upon billionaires to contribute and help close the financing gap for the Sustainable Development Goals (SDGs) – including healthcare for all. Conducted earlier this year in 25 countries among 26,786 people, the survey results are more urgent than ever now that the world is amid the COVID-19 pandemic....”

For some coverage, see Reuters: Most people want billionaires to pitch in to aid poverty and inequality

“On average there was more support for billionaires doing this through philanthropy, with 46% of respondents in favour of voluntary philanthropic donations, but 35% said they should pay a wealth tax to fund the sustainable development goals....”

PS: “Global Citizen is on a mission to work with these high net worth individuals to help close the $350 billion gap needed annually in order to achieve the Global Goals for Sustainable Development.”
Coming up: virtual World Health Assembly (18 May-19 May)

WHA documentation: https://apps.who.int/gb/e/e_wha73.html

PS: The “virtual” World Health Assembly will take place on a Video conference platform that will be publicly accessible via webcast.

Reuters - WHO ministerial to open on May 18

Reuters;

“The annual meeting of health ministers will take place virtually from May 18, with the focus on the COVID-19 pandemic, the World Health Organization (WHO) said on Friday. The shortened agenda will include items essential for “governance continuity” such as election of its executive and a speech by WHO Director-General Tedros Adhanom Ghebreyesus, spokesman Tarik Jasarevic told a U.N. briefing in Geneva....”

You find the provisional (abridged) agenda here: WHO.

G2H2 - A civil society guide to the 73rd World Health Assembly #WHA73

http://g2h2.org/posts/wha73events/

More than worth checking out. Among others, with civil society meetings on Friday 15 May & Tuesday 26 May (15-17 h CEST) planned. “A World Health Assembly in times of a dual crisis: Covid19 and the collapse of multilateralism as we have known it.”

Assessment so far by T Schwarz of the upcoming WHA: “We risk to see a World Health Assembly dominated and distorted by the polarity (new Cold War?) between the US and China, with the Taiwan issue and the origin of the Covid-19 virus as proxy battlefields, and little space and commitment for dealing with the burning issues of how to overcome the pandemic....”

PS: The United States has urged the World Health Organization to invite Taiwan to its annual meeting, in spite of pressure from China.

PS: latest draft of the resolution (4 May) – via HPW - #EU draft resolution on access to #COVID19 #drugs, #technologies & future #vaccines

TWN - WHO: EU draft for WHA on “COVID-19 Response” lacks clarity


“The European Union’s draft resolution on “COVID-19 Response” for the upcoming Seventy-third World Health Assembly (WHA) lacks clarity on the way forward with regard to shortages on access to medical products, according to civil society groups active on health issues. The draft is also unclear on access to new products, currently under development....”
SCMP - European Union backs international inquiry into origins of coronavirus outbreak


“The European Union has called for a worldwide investigation into the origins and spread of Covid-19 in a move its foreign policy chief described as “standing aside from the battlefield between China and the US”. The EU said the bloc and its 27 member states would co-sponsor a draft resolution calling for an “independent review” into the novel coronavirus that causes the disease when the World Health Assembly convenes for a virtual meeting on May 18....”

See also Bloomberg - EU Backs Independent Probe Into Origins of Coronavirus

And an update (on Thursday), via the Guardian - EU to propose process for how WHO can learn from Covid-19 outbreak

“The European Union is to put forward proposals for a mechanism to learn from the coronavirus pandemic at the next meeting of the World Health Organization (WHO) but will stop short of calls from the US and Australia for a full international inquiry. Brussels is trying to steer a course between the US and China in the blame game between the superpowers...”

PS: China has been involved in negotiations on the EU resolution, apparently (see Reuters). Even the US (although the latter did not confirm).

Priti Patnaik follows the negotiations closely, on her personal blog - Latest version (May 6th) of the resolution on Covid-19 response for WHA73 “What the latest negotiations dwell on: Discussion on global public goods, open innovation, a reference to the EU pledging campaign among others....”

Planetary Health

Guardian - Green stimulus can repair global economy and climate, study says

https://www.theguardian.com/environment/2020/may/05/green-stimulus-can-repair-global-economy-and-climate-study-says

“Green economy recovery packages for the coronavirus crisis will repair the global economy and put the world on track to tackle climate breakdown, but time is running out to implement the changes needed, new analysis has shown. Projects which cut greenhouse gas emissions as well as stimulating economic growth deliver higher returns on government spending, in the short term and in the longer term, than conventional stimulus spending, the study from Oxford University found....”

See also Carbon Brief - Leading economists: Green coronavirus recovery also better for economy
Recommended analysis. The research is based on surveys of more than 200 of the world’s most senior economists and economic officials.

Guardian - One billion people will live in insufferable heat within 50 years – study
https://www.theguardian.com/environment/2020/may/05/one-billion-people-will-live-in-insufferable-heat-within-50-years-study

“The human cost of the climate crisis will hit harder, wider and sooner than previously believed, according to a study that shows a billion people will either be displaced or forced to endure insufferable heat for every additional 1°C rise in the global temperature. In a worst-case scenario of accelerating emissions, areas currently home to a third of the world’s population will be as hot as the hottest parts of the Sahara within 50 years, the paper warns. Even in the most optimistic outlook, 1.2 billion people will fall outside the comfortable “climate niche” in which humans have thrived for at least 6,000 years. The authors of the study said they were “floored” and “blown away” by the findings because they had not expected our species to be so vulnerable. … … Instead of looking at climate change as a problem of physics or economics, the paper, published in the Proceedings of the National Academy of Sciences, examines how it affects the human habitat.”

Guardian - World cannot return to 'business as usual' after Covid-19, say mayors

“Mayors from many of the world’s leading cities have warned there can be no return to “business as usual” in the aftermath of the coronavirus crisis if humanity is to escape catastrophic climate breakdown. City leaders representing more than 750 million people have published a “statement of principles”, which commits them to putting greater equality and climate resilience at the heart of their recovery plans....”

Lancet One Health Commission

Lancet Comment – Reconnecting for our future: The Lancet One Health Commission
J Amuasi, R Horton et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31027-8/fulltext

« One Health highlights the synergistic benefit of closer cooperation between the human, animal, and environmental health sciences, as well as the importance of dismantling disciplinary and professional silos. … … The Lancet One Health Commission comprises 24 Commissioners (appendix) and several researchers from multiple disciplines from around the globe. The Commission’s inaugural meeting was held in Oslo, Norway, in May, 2019. The Centre for Global Health at the University of Oslo, Norway, hosts the northern secretariat, with the support of the Center for Global Health at the Technical University of Munich, Germany. The Global Health group at the Kumasi Centre for Collaborative Research in Tropical Medicine on the Kwame Nkrumah University of Science and
Technology campus, Kumasi, Ghana, hosts the southern secretariat. The Lancet One Health Commission aims for transdisciplinary and interdisciplinary collaboration to promote original thinking and generate solutions to the complex global health challenges of modern times, most of which require a One Health approach. ... ... The main objective of The Lancet One Health Commission is to synthesise the evidence supporting a One Health approach to enhancing health within an environment shared by humans and animals. ... ... At the core of The Lancet One Health Commission’s work is our recognition of several possible approaches to examining the animal–environment–human interface, which we distil into three distinct but interrelated dimensions …”

Check out the figure (visualization ) of this.

Coronavirus global response event & initiative (4 May, virtual)

https://global-response.europa.eu/index_en

According to the summit’s website, “the European Union and its partners [were] hosting an international pledging conference starting on Monday 4 May 2020 where we aim to raise €7.5 billion in initial funding to kick-start the global cooperation.” Other co-hosts include France, Germany, UK, Norway, Saudi Arabia. And official partners include WHO, BMGF, CEPI, Gavi, The Global Fund, Unitaid, Wellcome and the World Bank are official partners. Further, it is understood that the fundraising window that opens on May 4th will culminate in an event on May 23rd.”

HPW - Countries Pledge 7.36 Billion Euro Towards Global COVID-19 Response


“Countries from around the world committed 7.36 billion Euro for the global coronavirus pandemic response Monday at a pledging event hosted by the European Commission. “

“The United States, the world’s biggest global health donor and country with the most COVID-19 cases and deaths, was noticeably absent in this show of multilateralism. Leaders from most of the other G20 group of the world’s most industrialized countries made pledges, including China, which sent its permanent ambassador to the European Union to announce a commitment of over USD $20 million to the global coronavirus response. ... ... But funding committed at the initial pledging event, which aimed to raise 7.5 billion Euros, is just the first “downpayment” for accelerating the development of new tools, said United Nations Secretary General Antonio Guterres. “To reach everyone everywhere, we likely need five times that amount, and we call on partners to join in this effort... to sustain our momentum,” he added.”

“Many country leaders explicitly stepped up funding for the World Health Organization, which is facing a significant shortfall after US President Donald Trump announced a temporary suspension of financing pending an investigation into the agency’s handling of the coronavirus crisis. ... ... A majority of funding announced at the pledging event will fund various efforts to speed up the development of COVID-19 diagnostics, therapeutics and vaccines. As of now, there are no approved
drugs or vaccines for the virus. … … “This is now a human endemic infection,” said Jeremy Farrar, director of the Wellcome Trust, a leading global health research funder. “We will need all three; diagnostics, therapeutics, and a vaccine.”

“… A large portion of all country pledges were directed towards the Oslo-based Coalition for Epidemic Preparedness and Innovation (CEPI), which is supporting nine COVID-19 vaccine development initiatives. In a commitment to ensuring access to any COVID-19 tools, many countries also announced initial pledges to Gavi, the Vaccine Alliance, the public-private partnership that supports low-income countries’ national vaccine delivery programmes. The UK is hosting Gavi’s sixth replenishment on 4 June. “

- For some more info on this Coronavirus Global Response pledging event & Initiative, see also the EC

Excerpt: “…The Coronavirus Global Response Initiative is comprised of three partnerships for testing, treating and preventing underpinned by health systems strengthening....”

“Based on discussions with public and private sector partners as well as non-profit organisations, the European Commission proposes a collaborative framework for the ACT-accelerator global response. This framework is designed as a coordination structure to steer and oversee progress made globally in accelerating work on developing vaccines, therapeutics and diagnostics with universal access as well as strengthening health systems as required for meeting these three priorities.”

“This collaboration framework is intended to be time-bound (2 years, renewable) and build on existing organisations without creating any new structures. In the European Commission’s view, it would bring together partners like the WHO, the Bill and Melinda Gates Foundation, the Wellcome Trust and some of the initial convenor countries as well as many recognised global health actors such as CEPI, Gavi, the Vaccine Alliance, the Global Fund or UNITAID.”

“The core of the framework would be three partnerships based on the three priorities of the Coronavirus Global Response. They gather industry, research, foundations, regulators and international organisations, with a “whole-value-chain” approach: from research to manufacturing and deployment.”

- Some more coverage in the Guardian:

“EU-hosted talks tout cooperation but is not addressed by India, Russia or US”.

PS: there was also a parallel/separate “non-aligned movement” summit (in the morning) -with among others, Modi (India) & Rouhani (Iran).

“The precise value of individual countries pledges announced during the two-hour event was hard to calculate since some leaders drew on previous pledges, or earmarked their national contribution for specific bodies like the Red Cross, the WHO or Gavi. Von der Leyen said the summit had revealed “fantastic momentum” and that it was possible to turn the tide against the virus. … … From the €7.5bn initially sought, €4bn is for the development of a vaccine, €2bn for treatments and €1.5bn for the manufacture of tests, according to the European commission.
“...the world leaders want to work with existing global health bodies such as Gavi as much as possible. ... ... The driving idea behind the summit, pushed by the Gates Foundation, is that an alliance is needed not just to coordinate research for a vaccine, but also for therapies and testing.”

- And Devex - Donors give COVID-19 vaccine research a €7.4B boost

“One EU development expert likened the event to a “Eurovision for multilateralism,” with repeated commitments to vaccine and medicine equity and affirmations of support for the World Health Organization. But campaigners warned that accountability for the money and tracking what it funds will be crucial.”

“One of the largest pledges of the day came from Norway, which announced $1 billion for Gavi, the Vaccine Alliance. Gavi will play a critical role in distributing any future coronavirus vaccine to low-income countries. ... ...”

“A last-minute addition saw China’s ambassador to the European Union participate in the event, where he said the country is a “responsible member of the international community”. “In fighting the virus, confidence and solidarity are much more valuable than gold,” said China’s Zhang Ming, as he reiterated the country’s pledge of $30 million (£24 million) in emergency funding for the World Health Organization. “Panic and blame games are not useful at all. It is our conviction that together we can rise to the challenge and prevail.” ... But several other major players were absent – including India, Russia, Brazil, and, perhaps most notably, the US, raising concerns that “vaccine nationalism” may hamper cooperation. “

PS: the US government pointed to its own R&D efforts subsidizing via @HHSGov (2.6 billion), but that’s clearly ‘going it alone’.

See also the NYT.

“...the details of how the money raised on Monday will be distributed still remain to be sorted out. The European Commission, the executive branch of the European Union that spearheaded the initiative, said the money would be spent over the next two years to support promising initiatives around the globe...”

Advocacy (op-ed) ahead of the kickstart event

- MSF Access Campaign - Urgent steps are needed to define how COVID-19 medical tools can really be “global public goods”

“To ensure that any public and philanthropic funds pledged in support of the ’Global Coronavirus Response’ on 4 May 2020 and beyond truly advance the call for “global public goods” that are accessible to all, MSF Access Campaign is raising (3) important questions about how the commitments made will be used and about the terms and conditions attached.”
Dr Bernard Pécoul offers five ideas leaders should consider this week

Concrete actions needed for global pledges to result in access for all

As EU leaders, we want to unite the world against coronavirus and end the global crisis

“The politicians declared their support for the World Health Organization (WHO) and backed the recent launch of the “Access to Covid-19 Tools (ACT) Accelerator”.

“The “global cooperation platform” aims to accelerate research, development, access and distribution of a Covid-19 vaccine and other treatments, the leaders wrote, adding that it has “laid the foundation for a real international alliance to fight Covid-19”. … … Money pledged through the online conference on Monday will make up a global funding “shortfall” estimated by the Global Preparedness Monitoring Board (GPMB) – an independent monitoring and accountability body that ensures preparedness for global health crises – and others.”

Analysis ahead of (and after) the kickstart event

FT - Cost of vaccinating billions against Covid-19 put at more than $20bn

https://www.ft.com/content/bd28d79f-8a0a-44c6-ac74-1abb17344c5b

“The cost of vaccinating people around the world against the coronavirus is likely to exceed $20 billion, far exceeding the initial fundraising goal of $8 billion set for an EU-led donor meeting that will be held on Monday, according to global health organizations.”

““We call this a down payment on a much larger set of upcoming requests,” the global policy and advocacy officer for the Bill & Melinda Gates Foundation told FT. “The G20 seems to be taking the scale of the cause seriously enough – it is now important to better understand the nature of the funding required.” … … European leaders acknowledged on Sunday that the first $8 billion would cover only “initial needs” and said that manufacturing and delivering global pandemic drugs “would require resources well above target”.”

Guardian - Global summit hopes to raise $8.2bn for coronavirus vaccine

https://www.theguardian.com/world/2020/may/03/global-summit-hopes-to-raise-82bn-for-coronavirus-vaccine

With some more info on the governance foreseen: “... The leaders hope to follow the model of the Global Vaccine and Immunisation Alliance (Gavi), which has negotiated with companies that develop vaccines for 20 years, lowering the price by guaranteeing long-term markets and large volumes. Gavi has helped fund the immunisation of 20 million children worldwide. … … A global pandemic board, operating independently, but in partnership with the World Health Organization,
will have the support of the G20 group of countries. Separate subgroups will be set up to coordinate work on vaccines, therapeutics and diagnostics. Sir Andrew Whitty, the former chief executive officer of GlaxoSmithKline, has agreed to be a special envoy for the group...."

Priti Patnaik - What does the EU’s pledging event on May 4th, to fight COVID-19 actually mean for global health?


Must-read analysis by investigative journalist Patnaik. “World Health Organization is being weakened even as there are fervent calls to strengthen it, in order to protect multilateralism in global health. The pledging event, led by the EU, on Monday, May 4th, could be a sign in the shift in power away from WHO, observers say.”

A few excerpts:

“... WHO has opted towards big “multi-stakeholder partnerships”, outside of its sacred multilateral space, at a time critical time like this, is hard to fully understand. One source said that “WHO is too weak” and as a result, others are setting the agenda. ...”

“... Documents seen by this reporter, shared by a credible source, reveal that WHO does not feature as a “lead actor” in the scheme of things as far as this “collaboration” is concerned.

“... In a document titled: Schematic concept for ACT-Accelerator – COVID-19 Global Response Framework – details emerge on governance including “A light-touch oversight, in the form of a Global Stewardship, bringing together a mix of governmental and non-governmental organisations….The Global Stewardship reports to the G20 + AU + APEC + WHO + WBG…”

The framework envisions three partnerships on vaccines, therapeutics, diagnostics – WHO is not a lead actor for any of them. ...”

The € 7.4 billion for Covid-19 product and vaccine development needs a few strings attached

Ellen ’t Hoen; https://medicineslawandpolicy.org/2020/05/the-e-7-4-billion-for-covid-19-product-and-vaccine-development-needs-a-few-strings-attached/

Ellen ’t Hoen’s take on the pledging event: “Notable among absentees were the United States government and civil society organisations, the latter not by choice. ...”

“... the €7.4 billion needs to be spent with strings attached. One such string should be the mandatory requirement that intellectual property, knowledge, know-how and technologies whose development is supported by these funds are shared through the WHO Covid-19 pooling mechanism. The World Health Assembly, the annual gathering of health ministers and the governing body of the WHO will meet on 18 May and is expected to discuss the establishment of the pooling mechanism....”
Lancet Viewpoint - Access to lifesaving medical resources for African countries: COVID-19 testing and response, ethics, and politics

M Kavanagh et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31093-X/fulltext

This must-read viewpoint describes some of the stakes, focused on Africa.

And they conclude: “Every life has equal worth. Yet global allocation of testing and other resources currently means that some are forced to wait, while those ahead in the global procurement line take precedence. In 2020, we have the opportunity to learn from past mistakes by countering market forces, thus ensuring that lives on the African continent count equally. Doing so will take both moral clarity and political courage.”

More Covid-19 key news (with focus on WHO messages & UN initiatives/reports, the US/China/WHO battle & some Africa updates)

The week started like this, on Friday last week: WHO extends COVID-19 emergency

Still a PHEIC, in other words. Now that was a surprise.

For the statement, see WHO.

In total, the Emergency Committee outlined more than 20 recommendations for WHO. See UN News - Global health experts advise WHO to identify animal source of COVID-19 virus

“In total, the Committee outlined more than 20 recommendations for WHO covering areas that include stepping up support for vulnerable countries and strengthening the global food supply chain. Guidance on the resumption of international travel was also suggested....”

Cidrap News - WHO: COVID-19 could further destabilize Haiti, other fragile nations


Update as of yesterday (May 6): “With different parts of the world at different stages of the pandemic, with variations even within countries, World Health Organization (WHO) officials today urged nations to take extra care in relaxing their distancing measures, and they raised concerns about COVID-19 spreading in countries like Haiti that are already struggling with humanitarian issues. The global total today reached 3,742,665 cases, and at least 261,517 people have died from their infections, according to the Johns Hopkins online dashboard.”
“At a media briefing today, WHO Director-General Tedros Adhanom Ghebreyesus, PhD, said though cases are declining in Western Europe, more are reported each day in Eastern Europe, Africa, South East Asia, the Eastern Mediterranean, and the Americas. "However, even within regions and within countries we see divergent trends. Every country and every region needs a tailored approach," he said....”

Also Ryan pointed out that countries with existing humanitarian crises are a concern, such as Afghanistan, Sudan, Syria, Yemen and Haiti.

See also UN News - [Average of 80,000 COVID-19 new cases a day in April: UN health agency](https://www.un.org/press/en/2020/20200407-press-dh.htm)

And: “With more countries considering easing restrictions implemented to curb the spread of the new coronavirus, WHO has again reminded authorities of the need to maintain vigilance. “The risk of returning to lockdown remains very real if countries do not manage the transition extremely carefully, and in a phased approach,” Tedros warned.”

And do check also the regularly updated FT tracker: claiming among others, that “the global death toll of Covid-19 is finally easing.” (see visualizations)

Global Update Cidrap News (8 May) - [COVID-19 surges in Russia, Brazil; WHO warns of huge death toll in Africa](https://www.cidrap.umn.edu/cidrap/content/global-update/2020-05-08)

These daily global updates are a great way to stay up to date. (see also below on the new WHO Afro study).

**WEF - COVID-19 reveals gaps in health systems: WHO Briefing**


“The World Health Organization held a media briefing on 6 May to update the public on the COVID-19 coronavirus pandemic. Major gaps in public health investment are undermining health and welfare around the globe, officials said. Public health gaps are putting global security and economic development at risk and will need to be addressed in the long term.”

“As countries steel themselves against future health crises, they should not ignore basic investments in their health systems. The coronavirus crisis has revealed the importance of national and sub-national health systems, World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus said at a briefing Wednesday in Geneva. Together, these systems comprise “the foundation of global health security”.

Guardian - WHO says it has no evidence to support 'speculative' Covid-19 lab theory

“The World Health Organization says the United States government has not given any evidence to support Trump administration officials’ “speculative” claim that Covid-19 originated in a Wuhan lab, as China dismissed the theory as “insane”....”

“...Ryan said it was important for the WHO to learn from Chinese scientists’ data and exchange knowledge to “find the answers together”, but cautioned against politicising the issue. “If this is projected as aggressive investigation of wrongdoing, that is much more difficult to deal with. That’s a political issue,” he said....”

Science News - Pressure grows on China for independent investigation into pandemic’s origins

“China is facing growing pressure from national governments and international organizations to open its doors to an independent, international investigation into the origins of the novel coronavirus causing the current COVID-19 pandemic, as well as into the nation’s early response to the outbreak. So far, however, the Chinese government has given no public sign it is interested in cooperating. Its silence, and signs that China is stalling origins research by its own scientists, have fueled theories that the virus accidently leaked from a lab there. ... “ Still, both politicians and scientists are increasingly calling on China to make any investigations it is conducting into the matter more transparent—and to allow independent scrutiny. After its Friday meeting, for example, the World Health Organization’s (WHO’s) Emergency Committee, a group of independent scientific experts advising the agency, recommended a probe that included “field missions” to China, and perhaps the involvement of the World Organisation for Animal Health and the Food and Agriculture Organization of the United Nations. Its goal would be to “identify the zoonotic source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts,” the panel said....”

See also the Guardian (6 May) - World must beat pandemic before investigating source - China UN envoy

“China will not invite international experts to investigate the source of Covid-19 until after securing the “final victory” against the virus, Beijing’s UN ambassador in Geneva said. China’s priority is first beating the pandemic - and countering the “absurd and ridiculous” politisation of the coronavirus, Chen Xu told reporters in an online briefing. The World Health Organization says it is waiting on an invitation from China to take part in its investigations into the animal origins of the virus, first reported in the city of Wuhan in December. Asked when the WHO could expect an invitation, Chen replied: The top priority, for the time being, is to focus on the fight against the pandemic until we win the final victory. We need the right focus and allocation of our resources....”

On Thursday, though, Reuters reported - China says it backs WHO in tracing COVID-19, denounces U.S. ‘lies’

“ China said on Thursday it supports the World Health Organization (WHO) in trying to pinpoint the origins of the COVID-19 pandemic and accused U.S. Secretary of State Mike Pompeo of telling one lie after another in his attacks on Beijing.... ... Chinese Foreign Ministry spokeswoman Hua
Chunying, addressing reporters in Beijing on Thursday, said China supported WHO efforts to investigate the origin of the pandemic….

HPW - World Health Organization Says It Will Investigate Animal Source Of SARS-CoV-2, The Virus Behind COVID-19


(from end of last week) “In a mild statement touching on a politically wired issue, World Health Organization Director-General Dr Tedros Adhanom Ghebreyesus said that the agency would step up its investigations of the original animal source of the SARS CoV-2 virus that causes COVID-19. His comment came in response to a recommendation of the WHO Emergency Committee that met Thursday 30 April to review the status of the COVID-19 pandemic as a ‘public health emergency of international concern.’ ”We accept the committee’s advice that WHO works to identify the animal source of the virus through international scientific and collaborative missions, in collaboration with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization (FAO) of the United Nations,” said Dr Tedros, speaking at Friday’s WHO press briefing….”

And an update (Bloomberg, 7 May) - Search for Virus Origin Heats Up With WHO Seeking China Mission

“The World Health Organization is considering a new mission to seek the source of the coronavirus in China, amid growing controversy over the origin of a pandemic that has killed more than a quarter of a million people. “Without knowing where the animal origin is, it’s hard to prevent it from happening again,” Maria Van Kerkhove, a WHO epidemiologist, said at a press briefing Wednesday. “There is discussion with our counterparts in China for a further mission, which would be more academic in focus, and really focus on looking at what happened at the beginning in terms of exposures with different animals,” she added....”

PS: Xi Jinping also seeks reform, apparently, of China’s disease control system:

“President Xi Jinping called for reform of China's disease control system at a meeting of the Politburo on Wednesday, an apparent acknowledgment of lapses in the nation’s response. The country’s top leaders agreed to boost epidemic monitoring and early-warning capabilities, revamp public health emergency laws and regulations and enhance the response to major epidemics, according to the official Xinhua News Agency.”

CNN - Coronavirus quickly spread around the world starting late last year, new genetic analysis shows


(6 May) “A new genetic analysis of the virus that causes Covid-19 taken from more than 7,600 patients around the world shows it has been circulating in people since late last year, and must have spread extremely quickly after the first infection. ... Researchers in Britain looked at mutations in the virus and found evidence of quick spread, but no evidence the virus is becoming more easily transmitted or more likely to cause serious disease. ... Balloux and colleagues pulled viral sequences from a giant global database that scientists around the world are using to share data.
They looked at samples taken at different times and from different places, and said they indicate that the virus first started infecting people at the end of last year.”

“They also found genetic evidence that supports suspicions the virus was infecting people in Europe, the US and elsewhere weeks or even months before the first official cases were reported in January and February. It will be impossible to find the “first” patient in any country, Balloux said...”

HPW - WHO Signs MOU With European Investment Bank

MoU with European Investment Bank:

“At Friday’s press briefing, the WHO Director-General also signed a Memorandum of Understanding with the European Investment Bank – which aims to inject funding into the COVID-19 response into at least 10 African countries, as well as countries elsewhere with weaker health systems. The EIB’s commitments include freeing at least 1.4 billion EUR to address the health, social and economic impact of COVID-19 in Africa. However, Werner Hoyer, President of the European Investment Bank, told reporters that most of the funding would be provided in the form of loans. The funding would also support continuation of other critical health services such as malaria elimination and antimicrobial resistance. “

“The partnership also takes aim at other health threats. The agreement establishes a European Union Malaria Fund, a private-public partnership to put $274 million toward addressing market failures that have held back more effective malaria treatments. And as part of the partnership to address antimicrobial resistance, the WHO and EIB will work on new financing to support the development of new antibiotics, with a goal of raising nearly $1.1 billion for medium-term solutions.”

Reuters - WHO urges countries to investigate early COVID-19 cases

Reuters:

“The World Health Organization said on Tuesday that a report that COVID-19 had emerged in December in France, sooner than previously thought, was “not surprising”, and urged countries to investigate any other early suspicious cases....”

Reuters - WHO’s Ryan says world is in 'fight of our lives', but there is hope


“Parts of the world are starting to emerge from the COVID-19 pandemic and to cautiously resume some sort of normal life, but the new coronavirus will pose significant risks until vaccines are developed, the WHO’s top emergencies expert said on Sunday. Mike Ryan, executive director of the World Health Organization’s (WHO) emergencies programme, said while many countries are still in the eye of the storm, others were beginning to show it is possible to contain the disease to some extent. “In that sense, there's hope,” Ryan told Reuters in an online interview from Geneva....”
WEF - Why ‘shoe-leather’ contact tracing can’t be ignored: WHO COVID-19 briefing
https://www.weforum.org/agenda/2020/05/04-may-who-briefing-low-tech-tracing-still-key

“The World Health Organization held a media briefing on 4 May to update the public on the COVID-19 coronavirus pandemic. New technologies can complement, not replace, “shoe-leather” contact tracing efforts.”

“While high-tech tools have enhanced modern contact tracing efforts, they are still no substitute for public health basics, said Michael J. Ryan, Chief Executive Director of the World Health Organization (WHO) Health Emergencies Programme....”

Independent - World must prepare for second and third coronavirus wave, WHO warns

“Countries around the world must be prepared for a “second or third wave” of the coronavirus until a vaccine is available, the World Health Organisation (WHO) has warned. Europe remains “very much in the grip” of the pandemic, despite positive signs it was passing the peak, said Dr Hans Kluge, the head of the WHO in Europe. “Covid-19 is not going away any time soon,” he added....”

And, later this week (also via WHO Euro’s Kluge) (Guardian):

“The World Health Organization said alcohol and drug abuse had combined with close confinement during weeks of lockdown to fuel alarming levels of domestic violence in many countries. Its regional director for Europe, Hans Kluge, cited reports from many countries including Belgium, Bulgaria, France, Ireland, Russia, Spain and the UK of increases in violence against women, men and children. “Although data is scarce, member states are reporting up to a 60% increase in emergency calls by women subjected to violence by their intimate partners in April this year compared to last” and online inquiries had increased fivefold, Kluge said on Thursday. “The legacy of this pandemic could haunt us for years,” he said....”

WHO (interim ) Guidance - Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic

Cfr. Tedros: “@WHO together with @Unicef and @ifrc have today published guidance for “how to maintain community-based health care in the context of #covid19”.

(5 May) “This guidance addresses the specific role of community-based health care (see Box 1) in the pandemic context and outlines the adaptations needed to keep people safe, maintain continuity of essential services and ensure an effective response to COVID-19....”
Globally, we’re entering a new Phase in many countries: lifting lockdowns, little by little.

Countries are starting to lift restrictions on movement, but there is little consensus on how this should be done. Sharing best practice is the way forward.”

“The WHO published guidance for countries considering easing restrictions – but as of May 1, no country had met even four of the six WHO criteria.”

See also the NYT - Re-opening marks a new phase: Global 'trial-and-error' played out in lives”

“As countries move ahead despite limited knowledge, whole societies are becoming unwitting test subjects of what works — and what they’re willing to give up. “

Reuters - U.N. chief laments lack of global leadership in coronavirus fight

“United Nations Secretary-General Antonio Guterres on Thursday lamented a lack of leadership by world powers and a divided international community in the fight against the coronavirus as he raised concern about inadequate support for poor countries.”

U.N. Official blames years of austerity for poor bearing the biggest burden of Covid-19

“The United Nations Special Rapporteur on extreme poverty and human rights believes that years of austerity from governments has resulted in the poorest in society now having to bear the brunt of COVID-19. Newly appointed Olivier De Schutter is urging world leaders to rethink economic policies once the crisis is over. He believes that “five shocks” that have hit the global economy will harm countries in the short term but could lead to the entire political idea of austerity being rethought…. De Schutter also said that poorer and developing countries across the world are facing “five huge shocks” as a result of the virus....”

NYT - Profits and Pride at Stake, the Race for a Vaccine Intensifies

Very much recommended, this analysis on increasing(ly likely) vaccine nationalism. “Governments, companies and academic labs are accelerating their efforts amid geopolitical crosscurrents, questions about safety and the challenges of producing enough doses for billions of people.”
NYT - China’s Coronavirus Vaccine Drive Empowers a Troubled Industry

“By some measures, it is winning the race, with four companies already testing their vaccine candidates on humans.”

“China wants to beat the world in the race to find a coronavirus vaccine — and, by some measures, it is doing just that. Desperate to protect its people and to deflect growing international criticism of how it handled the outbreak, it has slashed red tape and offered resources to drug companies. Four Chinese companies have started testing their vaccine candidates on humans, more than the United States and Britain combined. .... But China’s leaders have empowered a vaccine industry that has long been mired in quality problems and scandals. Just two years ago, Chinese parents erupted in fury after they discovered ineffective vaccines had been given mostly to babies. .... Finding a vaccine isn’t enough. China’s companies must also win over the trust of the public, who might be more inclined to choose a foreign-made vaccine over a Chinese one....”

Stat - Mounting promises on Covid-19 vaccines are fueling false expectations, experts say

“Vaccines to prevent Covid-19 infection are hurtling through development at speeds never before seen. But mounting promises that some vaccine may be available for emergency use as early as the autumn are fueling expectations that are simply unrealistic, experts warn.”

“Even if the stages of vaccine development could be compressed and supplies could be rapidly manufactured and deployed, it could take many more months or longer before most Americans would be able to roll up their sleeves. And in many countries around the world, the wait could be far longer still — perpetuating the worldwide risk the new coronavirus poses for several years to come. That reality is being obscured by reports that some of the earliest vaccine candidates — including one from the biotechnology company Moderna and another from University of Oxford — may within months have enough evidence behind them to be administered on an emergency use basis. .... Michael Osterholm, director of the University of Minnesota’s Center for Infectious Diseases Research and Policy, is worried people aren’t preparing for the possibility of a fall wave of infections — which some experts fear will be bigger than what we’ve seen so far — because they expect a vaccine will be at hand. .... It’s likely any supplies that will be available — if any of the vaccines prove themselves to be protective by the fall — will be designated for health care workers and others on the front line of the response effort.”

“Marie-Paule Kieny, who formerly led the WHO group responsible for spurring development of epidemic and pandemic vaccines and drugs, said when the global health agency worked on pandemic planning in the lead-up to the 2009 H1N1 influenza pandemic, it was proposed that health care workers around the world have first access to vaccine. That group, she said, is estimated to be about 2% of the global population — roughly 156 million people. “... Osterholm said the public — both here and abroad — need clearer communications about realistic time lines to Covid-19 vaccine access. When vaccines do start to become available, demand will be enormous and supply will be minimal.””
JAMA viewpoint - The Equitable Distribution of COVID-19 Therapeutics and Vaccines

https://jamanetwork.com/journals/jama/fullarticle/2765944?resultClick=1&appId=scweb

T Bollyky, L Gostin & M Hamburg propose a framework for equitable distribution of drugs and vaccines. “This Viewpoint proposes a framework for international cooperation among governments and organizations to replace competition and hoarding with equitable global distribution of COVID-19 therapeutics and vaccines as they are developed.”

Cfr tweet Bollyky: “The time to act is now. Governments currently have greatest incentive to negotiate framework while uncertainty remains as to which nations’ vaccines & therapeutics will succeed. Once that incentive disappears, we may see winners hoarding & seizing locally produced stocks. “

Stat - Gilead’s remdesivir has seen success against the coronavirus. Now the company has to make enough to supply the world

Stat;

“Gilead is working to meet the need. Already, it is up to 50,000 treatment courses, with a goal of having “multiple millions of treatment courses” by the end of the year, CEO Daniel O’Day told STAT Wednesday. Still, the realities of manufacturing pharmaceuticals limit how much a company can churn out and how fast that can be increased, experts say....”

And a link, via the Guardian - Remdesivir: US allows emergency use of experimental drug for coronavirus

“FDA says drug, which appears to help some recover faster, would be available for hospitalized Covid-19 patients.”

Stat News - Gilead signals steps to widen global access to remdesivir for Covid-19 patients

https://www.statnews.com/pharmalot/2020/05/05/gilead-remdesivir-covid19-coronavirus/

“Asmid questions about access to remdesivir, its treatment for Covid-19, Gilead Sciences (GILD) says it is pursuing several steps, including licensing agreements with several unnamed companies, to ensure the medicine is supplied to countries beyond the U.S. Although details were scant, the drug maker indicated there are plans to issue voluntary licenses with “leading chemical and pharmaceutical” manufacturers to produce remdesivir for Europe, Asia and the developing world through 2022. Similarly, negotiations are under way to issue licenses to several generic drug makers in India and Pakistan in order to supply the drug to developing countries. The company is also holding talks with the Medicines Patent Pool, a United Nations-backed agency that licenses HIV, tuberculosis, and hepatitis C treatments from drug makers in order to provide access in lower-income countries. The agency, which recently expanded its mandate to include Covid-19 products, has previously worked with Gilead on HIV drugs. The company also said UNICEF may distribute the drug...”
UN News - Coronavirus and human rights: New UN report calls for disability-inclusive recovery


“The COVID-19 pandemic is intensifying inequalities experienced by the world’s one billion people with disabilities, UN Secretary-General António Guterres said in launching a report issued on Wednesday that calls for a disability-inclusive recovery and response to the crisis.”

UN News - Senior UN official calls for universal basic income to tackle growing inequality


“The COVID-19 pandemic is not only a health crisis, but it is also proving to be an economic disaster for huge numbers of people worldwide. A senior UN official with the UN Development Programme (UNDP) is calling for countries to provide citizens with a universal basic income, to help the millions who have lost their jobs, because of measures to curb the virus, combined with increasing levels of inequality. Kanni Wignaraja, who runs the UNDP’s Asia-Pacific bureau, spoke to UN News and started by explaining why the idea of universal basic income (where governments give a minimum sum of money to all citizens, based on work status or income) is starting to gain traction....”

“...for UNDP, it is so essential to bring back, a conversation about universal basic income, and to make it a central part of the fiscal stimulus packages that countries are planning for.”

In a somewhat related op-ed (Guardian),  Duflo & Banerjee argue for A radical new form of universal basic income “In our recent book, written before coronavirus struck but with a title that is now eerily appropriate – Good Economics for Hard Times – we recommend that poor countries implement what we call a universal ultra basic income (UUBI), a regular cash transfer that amounts to enough for basic survival....”

Guardian - Hostile states trying to steal coronavirus research, says UK agency

https://www.theguardian.com/world/2020/may/03/hostile-states-trying-to-steal-coronavirus-research-says-uk-agency

“Experts say Russia, Iran and China likely to be behind cyber-attacks on universities.”

Devex - 'Big push' on food security as COVID-19 response enters second phase


“The first phase of the global COVID-19 response focused on rapid containment of the disease. Now, development and humanitarian organizations are pivoting to incorporate secondary impacts such as nutrition into funding planning and emergency activities.”
In case you wonder why, see also The Guardian (7 May): “The United Nations has warned that the coronavirus pandemic could cause “multiple famines”. The comments came as the UN appealed for a further $4.7bn (£3.8bn) in funding for its global humanitarian response plan. Under-secretary-general for humanitarian affairs, Mark Lowcock, said the worst effects of the crisis would be felt in the world’s poorest countries....”

AP - UN appeals for $6.7 billion to fight virus in poor countries
https://apnews.com/2d4caf7ac7d1d66cccf72b05bf8b9046

“The United Nations announced Thursday it is increasing its appeal to fight the coronavirus pandemic in fragile and vulnerable countries from $2 billion to $6.7 billion. U.N. humanitarian chief Mark Lowcock reiterated that the peak of the pandemic is not expected to hit the world’s poorest countries for three to six months. But he said there is already evidence of incomes plummeting and jobs disappearing, food supplies falling and prices soaring, and children missing vaccinations and meals. Since the original appeal on March 25, the United Nations said $1 billion has been raised to support efforts across 37 fragile countries to tackle COVID-19....”

NPR - Why The U.S. Government Stopped Funding A Research Project On Bats And Coronaviruses
NPR:

“The U.S. government has suddenly terminated funding for a years-long research project in China that many experts say is vital to preventing the next major coronavirus outbreak. The project was run by a U.S. nonprofit called EcoHealth Alliance. For more than a decade, the group has been sending teams to China to trap bats, collect samples of their blood, saliva and feces, and then check those samples for new coronaviruses that could spark the next global pandemic. The idea is to identify locations that need to be monitored, come up with strategies to prevent spillover of the virus into human populations and get a jump on creating vaccines and treatments. Already the project has identified hundreds of coronaviruses, including one very similar to the virus behind the current outbreak. But since early this month, U.S. officials have been working to raise suspicions about a key collaborator on the project: the Wuhan Institute of Virology, located in the city where the outbreak began. U.S. intelligence officials are investigating whether the coronavirus escaped from the Wuhan Institute through some sort of contamination accident. ...”

Guardian - Inflation collapses around the world amid coronavirus pandemic

“Inflation in the wealthiest countries has collapsed at the fastest pace since the financial crisis, as the coronavirus outbreak sinks the world into the deepest recession for almost a century. The Organisation for Economic Cooperation and Development (OECD) said annual growth in the price of goods and services across the group of 37 advanced countries slowed significantly in March as Covid-19 brought business and social activity to a near standstill....”
Guardian - Coronavirus could 'smoulder' in Africa for several years, WHO warns

https://www.theguardian.com/world/2020/may/08/coronavirus-could-smoulder-in-africa-for-several-years-who-warns

(8 May)  “The Covid-19 pandemic could “smoulder” in Africa for several years after killing as many as 190,000 people in the coming 12 months, the World Health Organization has said. … …. A study released by the organisation this week predicts that between 29 million to 44 million people could become infected in the first year of the pandemic if containment measures fail. This “would overwhelm the available medical capacity in much of Africa” where there are only nine intensive care unit beds per million people. “While Covid-19 likely won’t spread as exponentially in Africa as it has elsewhere in the world, it likely will smoulder in transmission hotspots,” said the director of the World Health Organization’s Africa region, Dr Matshidiso Moeti. “Covid-19 could become a fixture in our lives for the next several years unless a proactive approach is taken by many governments in the region. We need to test, trace, isolate and treat.” The research looked at 47 countries in the WHO African Region with a total population of one billion....”

Cidrap News - Exponential COVID-19 spread hits parts of Africa


(May 5) “COVID-19 activity in parts of Africa has grown exponentially over the past 2 weeks, raising worries that the region could become the next pandemic epicenter in the weeks and months ahead, according to an update from the World Health Organization (WHO)....”

You probably also follow the global trends & new hotspots (like Russia, Brazil, ...) quite closely.

HPW - ‘Finding The Balance’ In Saving Lives & Livelihoods From COVID-19 – Charting Ways Forward In Africa


“A new report published Wednesday provides guidance to African governments on how to use data to chart a way out of COVID-19 lockdowns. Concerns that the economic impact of stringent stay-at-home orders may become too tough to bear for families has some African countries considering adapting or easing public health restrictions.”

For the report, see Responding to Covid-19 in Africa: Using data to find a balance

“In this report, the Partnership for Evidence Based Response to COVID-19 (PERC), a consortium of global public health organizations and private sector firms, brings together findings from a survey conducted March 29-April 17, 2020 in 28 cities across 20 AU Member States, along with epidemiological measures of disease transmission and indicators of population movements and unrest, among others. Synthesized, these data provide a first-of-its-kind snapshot of baseline conditions in Africa during this rapidly evolving pandemic.”
“PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum...”

Guardian - Coronavirus border closures strand tens of thousands of people across Africa


“Migrants left trapped in dangerous conditions at frontiers, ports and transit camps.”

The Globe and Mail - Herbal remedy touted by some African governments for coronavirus, despite scientists’ warnings

Globe and Mail;

PS: “In a statement on Monday, the WHO’s Africa division said it is “critical” that medicinal plants such as artemisia are tested for their efficacy and possible adverse side effects before they are used as a treatment. “Africans deserve to use medicines tested to the same standards as people in the rest of the world,” it said.”

See also HPW - Research Into Traditional Remedies For COVID-19 Welcomed By World Health Organization

“Research into traditional medicines for COVID-19 should be welcomed, so long as it is held to the same standards as research into other drug candidates, the World Health Organization Africa Regional Office expressed in a statement issued Monday. The diplomatically-framed WHO statement came after widespread media coverage of Madagascar’s president and other African leaders over the weekend, who suggested that the medicinal plant artemisia annua (sweet wormwood) was effective against the coronavirus....”

Nature (News) - China is promoting coronavirus treatments based on unproven traditional medicines

https://www.nature.com/articles/d41586-020-01284-x

“Scientists say rigorous trial data are needed to show that remedies are safe and effective.”

“The Chinese government is heavily promoting traditional medicines as treatments for COVID-19. The remedies, a major part of China’s health-care system, are even being sent to countries including Iran and Italy as international aid. But scientists outside China say it is dangerous to support therapies that have yet to be proved safe and effective....”

PS: “The WHO initially discouraged the use of traditional remedies to treat COVID-19. For the first months of the outbreak, they were listed on the agency’s website as “not effective against COVID-2019 and can be harmful”. The guidance has since been updated and the warning removed. A WHO
spokesperson, Tarik Jašarević, says the original statement “was too broad and did not take into account the fact that many people turn to traditional medicines to alleviate some of the milder symptoms of COVID-19”. Jašarević says the guidance stresses that there is no evidence that any current medicine — traditional or otherwise — can prevent or cure the disease, and that the WHO does not recommend self-medication with any substance as a prevention or cure for COVID-19.”

WHO You Gonna Call?! How the World Health Organisation Went Viral on Social Media

https://twiplomacy.com/blog/who-you-gonna-call/

Not Ghostbusters apparently 😊.

“With the spread of the coronavirus, the World Health Organisation is on course to become the most followed international organisation on social media. The WHO has seen exponential growth on its social media channels as it fights the COVID-19 pandemic and the misinformation about the virus....”

And some News snippets:

- Reuters - Twitter opens up data for researchers to study COVID-19 tweets
- Stat News - Facebook’s Covid-19 misinformation campaign is based on research. The authors worry Facebook missed the message
- AP - France, Tunisia urge UN council to adopt COVID-19 resolution

“France and Tunisia urged the U.N. Security Council on Tuesday to adopt a resolution demanding an immediate cease-fire in major conflicts to tackle the coronavirus pandemic after weeks of contentious negotiations that have paralyzed the United Nations’ most powerful body....”

And updated story (The Telegraph) - Calls for global ceasefire delayed by China and the US

“China and the United States are delaying an international effort to end fighting in conflict zones around the world for the duration of the coronavirus pandemic as they jockey for dominance in a post-pandemic world. United Nations Secretary General Antonio Gutteres called for a global ceasefire or “humanitarian pause” to allow the world to concentrate on fighting the coronavirus pandemic in March. But a United Nations security council resolution drafted by France and Tunisia has been stuck in suspended animation due to what diplomatic sources described as a tussle between Washington and Beijing over dominance in the post-Pandemic world....”

- The Telegraph - Taiwanese official reveals China suspected 'human to human' transmission by January 13
“The statement by a Chinese official is believed to have been the first acknowledgement the virus was likely to be spreading between humans.”

- Stat News - Amazon lends its expertise — and its cash — to Covid-19 research

“Retail and tech giant Amazon is getting increasingly involved in a range of efforts to support the Covid-19 response, from funding a clinical trial testing blood plasma from recovered Covid-19 patients to at-home delivery of coronavirus test kits.”

- Lancet World Report - Chile plans controversial COVID-19 certificates

“Chile’s contentious scheme to provide certification of past COVID-19 infection is aimed at reassuring patients about the risk of reinfection or infecting others. Barbara Fraser reports.”

Covid-19 funding, advocacy, new initiatives

PS: an update on the WHO preparedness & response plan is expected any time now, with resources required.

See a recent briefing by Tedros - WHO speech (7 May)

“.... our updated Strategic Preparedness and Response Plan will be published in the coming days. ... This second iteration of the SPRP takes us through the end of 2020, and focuses on the resources that WHO needs for its own operations, including essential supplies. The updated SPRP estimates that WHO requires 1.7 billion U.S. dollars to respond to COVID-19, across the three levels of the organization. This estimate includes the funds that WHO has already received to date, leaving WHO with a funding gap of 1.3 billion dollars for 2020. ”

Devex - Development heavyweights back bigger role for DFIs in COVID-19 response


“European development finance institutions need more resources and new rules to better support the private sector in Africa through the COVID-19 crisis, according to a call to action from 20 development experts Monday. The call to European governments, signed by experts including Paul Collier from Oxford University and Erik Solheim, former head of the U.N. Environment Programme, argues that: “DFIs should be countercyclical at a time when private financial flows have come to a sudden stop, and should lead other investors back into African markets on the other side of the crisis.”...”
CGD - Accountability for COVID-19 Aid: Better Visibility Matters for the Quality of the Response

The authors give a snapshot of some existing trackers. And argue:

“While country governments struggle to make up for plummeting revenues, external funders should limit the conditions placed on the assistance they provide—particularly where financing serves as critical budget support. But even as funders limit ex-ante conditions for receipt of funding, they should establish clear standards for tracking and reporting the allocation and uses of aid—and commit to making this information publicly available....”

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

Good to check from time to time. Updated as of 29 April.

Cfr. a tweet Sam Carter: “The @devex #COVID19 funding tracker includes almost $16 trillion. Almost $7 trillion is focused on North America and Western Europe. Just over $1 trillion is focused on Africa + Central Asia + LAC + the Middle East COMBINED.”

SET - Donor responses to COVID-19: country allocations

Building on their @ODIdev tracker of donor responses.

4-pager. "We examine IMF, World Bank and European Commission country allocations in response to the COVID-19 pandemic. IMF allocations cover around 1–1.5% of GDP whereas World Bank allocations are worth 0.1% of GDP. • Whereas only a small portion of total funding is dedicated to loan facilities, grants and debt relief for the poorest economies, overall donors allocate more (as a share of GDP) to poorer countries. The IMF allocates more to countries that are more dependent on exports and remittances and to countries expected to see output cut the most. • However, donors do not allocate more resources to countries with less health spending or that are overall more vulnerable.”

Devex – Interactive: An analysis of COVID-19 funding in West and Central Africa
Recomm... the Devex Analytics team is tracking and analyzing COVID-19-related pledges and relevant funding announcements directed to ODA recipient countries. **The following analysis aims to provide a clearer picture of the COVID-19 funding directed to a region facing the biggest health emergency since the Ebola outbreak.** The data has been tailored to focus on development flows: you will find traditional bilateral funding; domestic resource mobilization efforts from global south authorities; and relevant private donations from local and international foundations, philanthropists, and corporations...” Check out the findings.

**Devex - What Next in the International Financial Response to the COVID-19 Crisis?**


“Following on from the recently convened meetings of the IMF and World Bank, Masood Ahmed lays out a **two track agenda** for the COVID-19 financial response.”

“... I set out below a **two-track agenda for action** now. The **first track** lays out the three actions that will ensure maximum relief for developing countries in the next twelve months. The **second aims** at preparing the three most impactful systemic change proposals that can be enacted as soon as political consensus is achieved.”

**HHR - Public Money Creation to Maintain Fundamental Human Rights during the COVID-19 Pandemic**


“As governments around the world respond to the COVID-19 pandemic with a range of policies aimed at mitigating the economic fallout, we argue that low- and middle-income countries (LMICs) should prioritize **public money creation** over foreign borrowing....”

**FT - Letter: Funding a vaccine will require ingenuity**

A Glassman, K Chalkidou, R Silverman et al; [https://www.ft.com/content/1178e4b0-8957-11ea-9dcb-fe6871f4145a](https://www.ft.com/content/1178e4b0-8957-11ea-9dcb-fe6871f4145a)

““Getting back to normal” means rapidly producing billions of doses of an effective Covid-19 vaccine available to all. Companies and partners will need to invest large sums in expanded manufacturing capacity even before confirmation their products will be needed or used. As CEOs made clear in Andrew Jack’s article (FT.com April 22) they do not intend to absorb that risk alone....”

The (CGD) authors advocate a **value-driven coronavirus AMC** (advance market commitment).
Covid-19 science & scientific debates

In no particular order.

Reuters – Global coronavirus cases surpass 3.5 million amid underreporting fears

Focus here on the many (possible) causes of underreporting.

Science (News) - Should schools reopen? Kids’ role in pandemic still a mystery

“Hints that children don’t spread coronavirus efficiently prompt debate.”

SCMP - Coronavirus vaccine: WHO to issue guidelines on proposed use of human challenge trials

“The World Health Organisation (WHO) is planning to issue guidelines this month on a controversial approach to artificially expose volunteers to the coronavirus that causes Covid-19 in a bid to speed up the process of developing a vaccine. With pressure mounting to produce a vaccine for the deadly disease, some scientists and activists are advocating the use of human challenge trials (HCT), in which healthy, young volunteers are deliberately infected with the virus to test the efficacy of vaccine candidates. Supporters say the trials will accelerate the development of a vaccine, but opponents are concerned about the ethical and medical implications of using such methods....”

Nature (News) - Scores of coronavirus vaccines are in competition — how will scientists choose the best?

“Developers and funders are laying the groundwork for efficacy trials, but only a handful of vaccines are likely to make the cut.”

“More than 90 vaccines for the coronavirus are at various stages of development, and at least six are being tested for safety in people. Now, developers, funders and other stakeholders are laying the groundwork for their biggest challenge yet: determining which vaccines actually work. The World Health Organization has proposed an adaptive trial design that allows vaccines to be added and dropped on an ongoing basis. The agency still has to work out which vaccines to test first, and how to convince drug developers to have their products pitted against each other. “

“...Large trials are usually necessary to determine safety and efficacy. An alternative is to administer
vaccines that look safe in early-stage trials to high-risk groups — such as health-care workers — under 'emergency use' rules. ..."

LA Times - A mutant coronavirus has emerged, even more contagious than the original, study says
https://www.latimes.com/california/story/2020-05-05/mutant-coronavirus-has-emerged-more-contagious-than-original

But virologists were not impressed with this coverage (as for example reported in the Washington Post). For the time being, it still seems the virus is remarkably stable.

See also the Atlantic (Ed Yong) - The Problem With Stories About Dangerous Coronavirus Mutations (recommended analysis)

“There’s no clear evidence that the pandemic virus has evolved into significantly different forms—and there probably won’t be for months.”

Nature - Profile of a killer: the complex biology powering the coronavirus pandemic
https://www.nature.com/articles/d41586-020-01315-7

“Scientists are piecing together how SARS-CoV-2 operates, where it came from and what it might do next — but pressing questions remain about the source of COVID-19.”

FT longread – From blood clots to ‘Covid toe’: the medical mysteries of coronavirus
https://www.ft.com/content/be7e66c0-1243-45dd-829f-8b192c18acff

“The wide variety of Covid-19 symptoms seen by doctors is confounding the scientific community.”

Guardian - 'How is this possible?' Researchers grapple with Covid-19's mysterious mechanism
https://www.theguardian.com/world/2020/may/01/how-is-this-possible-researchers-grapple-with-covid-19s-mysterious-mechanism

“Doctors are still exploring exactly how the coronavirus affects the body, and what its long-term impacts might be.”

“Respiratory physician Dr David Darley says something peculiar happens to a small group of Covid-19 patients on day seven of their symptoms. “Up until the end of that first week, they’re stable,” says Darley, a doctor with Sydney’s St Vincent’s Hospital. “And then suddenly, they have this hyper-inflammatory response. The proteins involved in that inflammation start circulating in the body at
“... *I think what is evolving is a very specific set of stages of disease and for some reason, not everyone goes through all of the stages* ... Clinicians like Darley hope that a disease biomarker – a unique characteristic in the blood, body fluids, or tissues – **will eventually be discovered for each stage**....”

Guardian - Coronavirus 'reinfections' were false positives, says WHO technical lead – video

https://www.theguardian.com/world/video/2020/may/03/coronavirus-reinfections-were-false-positives-says-who-technical-lead-video

“*Test results suggesting people in South Korea had been reinfected after recovering from Covid-19 were actually false positives caused by dead lung cells*, the World Health Organization’s technical lead, Dr *Maria Van Kerkhove*, has told the BBC’s Andrew Marr Show.”

Nature - Pick of the coronavirus papers: Portraits of a viral enzyme could aid hunt for drugs

https://www.nature.com/articles/d41586-020-00502-w?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf233537345=1

Nature has a weekly update of research papers. This one: (as of 4 May).  “*Coronavirus research highlights: Immune response to SARS-CoV-2 differs from the response prompted by other respiratory viruses. Young children are not immune to COVID-19. SARS-CoV-2 might invade by hijacking host’s immune defences.*”

FT - Obesity dangers make Covid-19 a rebuke to unequal societies

https://www.ft.com/content/0409a776-8b85-11ea-a109-483c62d17528

“*Excess body fat seems to matter more than heart or lung disease, or smoking, when it comes to catching the virus.*”

“...Surprisingly for a virus that hits the lungs, the researchers say that excess body fat seems to matter more than heart or lung disease, or smoking — perhaps because obesity triggers chronic inflammation, leaving sufferers more susceptible. ...”

In addition to obesity, **Metabolic syndrome** also plays a role.
Nature - Coronavirus in context: Scite.ai tracks positive and negative citations for COVID-19 literature

https://www.nature.com/articles/d41586-020-01324-6?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf233527873=1

“Artificial-intelligence tool aims to reveal whether research findings are supported or contradicted by subsequent studies.”

Guardian - Is air pollution making the coronavirus pandemic even more deadly?
https://www.theguardian.com/world/2020/may/04/is-air-pollution-making-the-coronavirus-pandemic-even-more-deadly

“Dirty air is well known to worsen the heart and lung risk factors for Covid-19 - early research is cause for concern... ... air pollution may be important in three ways, studies show. Higher death rates due to lungs and hearts weakened by dirty air is the best understood. Pollutants also inflame lungs, potentially making catching the virus more likely and raising concern about rising pollution levels after lockdowns are lifted. Finally, particles of pollution might even help carry the virus further afield....”

Twitter thread by Mark Hoofnagle on Remdesivir
https://twitter.com/MarkHoofnagle/status/1256242071209476098

Pretty damning for Gilead. The thread starts like this: “Absolute genius. You have to salute them. On the day a negative trial of their drug is reported, based on a press release they took over the news cycle, and with some midstream edits to their endpoints their now “positive” trial wins them FDA approval and a halted trial.”

NYT - What the Proponents of ‘Natural’ Herd Immunity Don’t Say
https://www.nytimes.com/2020/05/01/opinion/sunday/coronavirus-herd-immunity.html

“Try to reach it without a vaccine, and millions will die.” Good analysis of the implications of 'herd immunity'.

Quote: “...But even assuming that immunity is long-lasting, a very large number of people must be infected to reach the herd immunity threshold required. Given that current estimates suggest roughly 0.5 percent to 1 percent of all infections are fatal, that means a lot of deaths....” In the absence of a vaccine.

Guardian - UK could relax lockdown for millions if over-70s are shielded, say scientists
https://www.theguardian.com/society/2020/may/05/longer-lockdown-for-over-70s-would-allow-fewer-restrictions-for-rest-of-uk-scientists-suggest?CMP=Share_AndroidApp_Twitter
“Britain could exit the coronavirus lockdown by relaxing restrictions on more than half of the population and beefing up protection for those over 70 and vulnerable people, scientists have said. The strategy from researchers at Edinburgh University, known as “segmenting and shielding”, is intended to create leeway for ministers to ease the lockdown on those least at risk from the virus while ensuring that vulnerable people only come into contact with carers and family members who are free from infection.”

The Telegraph - Rise in mobility could trigger a deadlier second wave of infections in Italy, modelling suggests


“The country remains ‘far from the herd immunity threshold’ and disease surveillance should be prioritised, a report from Imperial warns.”

“... The results confirm what similar studies are now pointing to in the UK, Germany, New York and many other parts of the world: that governments everywhere have very little room to ease lockdown measures without the virus once again getting out of control....”

Economist -Would most covid-19 victims have died soon without the virus?

Economist;

“A new study suggests that covid-19 robs people of many years of life.”

See also WSJ – Coronavirus Kills People an Average of a Decade Before Their Time, Studies Find

“People dying of Covid-19 could have expected to live on average for at least another decade, according to two studies that help fill in the developing picture of the human cost of the coronavirus pandemic....”

 Guardian - US germ warfare lab creates test for pre-infectious Covid-19 carriers

https://www.theguardian.com/world/2020/may/01/us-germ-warfare-lab-creates-test-for-pre-infectious-covid-19-carriers

“Scientists working for the US military have designed a new Covid-19 test that could potentially identify carriers before they become infectious and spread the disease, the Guardian has learned. In what could be a significant breakthrough, project coordinators hope the blood-based test will be able to detect the virus’s presence as early as 24 hours after infection – before people show symptoms and several days before a carrier is considered capable of spreading it to other people. That is also around four days before current tests can detect the virus. The test has emerged from a project set up by the US military’s Defense Advanced Research Projects Agency (Darpa) aimed at rapid diagnosis of germ or chemical warfare poisoning....”
FT - Call to overhaul plasma rules to speed up potential virus therapy

https://www.ft.com/content/7c4268da-d9d5-458e-a3fb-7c63ae3a6f83

“Industry highlights bottlenecks in access to materials that are a possible Covid-19 treatment.”

“Regulations on blood donations should be overhauled to accelerate the testing and treatment of coronavirus patients with the plasma it contains, according to a leading drugs company that is developing the therapy. Christophe Weber, chief executive of Takeda, the Japanese pharmaceuticals company, called for fewer barriers to the collection and use of so-called convalescent plasma which is pooled from patients who have recovered from the virus. Citing longstanding “cultural and ethical issues” restricting the increased production of experimental pooled plasma therapies derived from blood, he said: “It requires every country to allow it. We will need flexibility to accelerate the process.”...”

Nature biotechnology – Convalescent serum lines up as first-choice treatment for coronavirus

Nature;

“Treating people with the antibody-laden blood of those who have already survived an infection is a century-old approach to battling viruses. Evidence for its efficacy against COVID-19 is thin on the ground, but it has two big advantages over new treatments: it’s available now and it’s relatively safe, as long as the blood is screened. In the United States and the United Kingdom, major efforts have begun to spur plasma donations from survivors. And large pharma companies are joining forces to develop antibody products purified from the pooled plasma of donors, or produced in genetically modified cattle.”

Science (News) - The race is on for antibodies that stop the new coronavirus


“Research teams hunt antiviral “neuts” in blood of recovered COVID-19 patients, tweak existing antibodies or design new ones.”

And some links:

- Stat - New CRISPR-based test for Covid-19 could be a simple, cheap at-home diagnostic, scientists say
  See also the NYT on this potential new CRISPR based test.
- The Telegraph - Gloves protect you more than masks, say experts

“Touching the face with contaminated hands is the most likely way in which you will catch coronavirus, occupational hygiene professor says”. (gloves, masks, ... these are really times for psychopaths 😞)

Guardian - Covid-19 found in semen of infected men, say Chinese doctors
“Study based on small number of patients opens up chance of sexual transmission”.

Covid-19 analysis

Again, a wealth of analyses from different angles. And by now, many lessons have been learnt (although perhaps not so much yet on successful exit-strategies), ... 

You find some extra Covid19 reads in the Miscellaneous section. If you just can’t get enough of it 😊.

Lancet Comment - Has COVID-19 subverted global health?

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31089-8/fulltext

We quite liked this comment from R Cash & V Patel.

“For the first time in the post-war history of epidemics, there is a reversal of which countries are most heavily affected by a disease pandemic. By early May, 2020, more than 90% of all reported deaths from coronavirus disease 2019 (COVID-19) have been in the world’s richest countries; if China, Brazil, and Iran are included in this group, then that number rises to 96%. The rest of the world—historically far more used to being depicted as the reservoir of pestilence and disease that wealthy countries sought to protect themselves from, and the recipient of generous amounts of advice and modest amounts of aid from rich governments and foundations—looks on warily as COVID-19 moves into these regions. Despite this reversal, however, the usual formula of dispensing guidance continues to be played out, with policies deemed necessary for the hardest-hit wealthy countries becoming a one-size-fits-all message for all countries. Two centrepieces of this approach are the use of widespread lockdowns to enforce physical distancing—although, it is notable that a few wealthy countries like Sweden and South Korea have not adopted this strategy—and a focus on sophisticated tertiary hospital care and technological solutions. We question the appropriateness of these particular strategies for less-resourced countries with distinct population structures, vastly different public health needs, immensely fewer health-care resources, less participatory governance, massive within-country inequities, and fragile economies. We argue that these strategies might subvert two core principles of global health: that context matters and that social justice and equity are paramount....”

BMJ Global Health - Governance of the Covid-19 response: a call for more inclusive and transparent decision-making

D Rajan, V Ridde, M Voss et al; https://gh.bmj.com/content/5/5/e002655.full

“Not all countries make their Covid-19 task force membership list public—the available information varies by country. There is currently a predominance of politicians, virologists and epidemiologists in the Covid-19 response at the country level. Experts on non-Covid-19 health, social and societal consequences of Covid-19 response measures are, for the most part, not included in Covid-19 decision-making bodies. There is little transparency regarding whom decision-making bodies are consulting as their source of advice and information. From the available data on Covid-19 decision-
making entities, female representation is particularly paltry. In addition, civil society is hardly involved in national government decision-making nor its response efforts, barring some exceptions. We need to be more inclusive and multidisciplinary: the Covid-19 crisis is not simply a health problem but a societal one—it impacts every single person in society one way or another. Decision makers need to address more systematically the suffering from mental illness exacerbations, domestic violence, child abuse, child development delays, chronic diseases and so on, during lockdown.”

**IJHPM - COVID-19 and Power in Global Health**

Amy Patterson et al; [https://www.ijhpm.com/article_3805.html](https://www.ijhpm.com/article_3805.html)

“Political scientists bring important tools to the analysis of the coronavirus disease 2019 (COVID-19) pandemic, particularly a focus on the crucial role of power in global health politics. We delineate different kinds of power at play during the COVID-19 crisis, showing how a dearth of compulsory, institutional, and epistemic power undermined global cooperation and fueled the pandemic, with its significant loss to human life and huge economic toll. Through the pandemic response, productive and structural power became apparent, as issue frames stressing security and then preserving livelihoods overwhelmed public health and human rights considerations. Structural power rooted in economic inequalities between and within countries conditioned responses and shaped vulnerabilities, as the crisis threatened to deepen power imbalances along multiple lines. Calls for global health security will surely take on a new urgency in the aftermath of the pandemic and the forms of power delineated here will shape their outcome.”

**Chatham House (Expert Comment) - Coronavirus: Public Health Emergency or Pandemic – Does Timing Matter?**

C Clift; [Chatham House](https://www.chathamhouse.org/)

“The World Health Organization (WHO) has been criticized for delaying its announcements of a public health emergency and a pandemic for COVID-19. But could earlier action have influenced the course of events?”

Clift concludes: “When the time is right to evaluate lessons about the response, it might be appropriate to consider the relative effectiveness of the PHEIC and pandemic announcements and their optimal timing in stimulating appropriate action by governments.”

**Washington Post - Trump wants to defund the World Health Organization. That could hurt health partnerships in Africa.**

A Patterson et al; [https://www.washingtonpost.com/politics/2020/05/05/trump-wants-defund-world-health-organization-that-could-hurt-health-partnerships-africa/](https://www.washingtonpost.com/politics/2020/05/05/trump-wants-defund-world-health-organization-that-could-hurt-health-partnerships-africa/)

« Here’s why these collaborations help U.S. strategic goals. »

« ...Analysts have scrutinized the WHO’s delayed response to past public health emergencies. But our research indicates that the WHO contributes substantially to global health more broadly and serves...»
as a significant partner in U.S. health efforts, particularly in Africa. Defunding this organization would probably erode sizable, long-standing U.S. investments on health in the region....”

Politico - The Gates aren’t pinning their coronavirus hopes on the U.S.
https://www.politico.com/news/2020/05/01/melinda-gates-european-leaders-understand-need-for-global-cooperation-228741

“The couple are hoping the EU can step in to fill a leadership void left by America.”

Prospect - Globalisation after Covid-19: my plan for a rewired planet

Recommended. “The virus confirms that the world needs rules for living together—but not the arbitrary rules we’ve got. For the good of the economy as much as anything else, the focus must shift from investment and trade to public health and the climate.”

F2P blog - Coronavirus and the case for care: Envisioning a just, feminist future

Authors make the case for a Caring, Green and Feminist future, when we’re building back better.

World Politics Review - Another Victim of COVID-19: Sustainable Development

“The ultimate cost of the coronavirus pandemic won’t be tallied for a while. But one casualty seems obvious now: sustainable development. The pandemic has exposed the world’s failure to meet basic human needs, not least in health. Worse, it threatens to erase recent social, economic and environmental progress, particularly among the world’s most vulnerable populations. Pundits frequently describe the coronavirus as a “great equalizer,” reinforcing the message that “we’re all in this together.” In truth, the pandemic is reinforcing the brutal inequality that separates the world’s privileged and marginalized communities.”

“Well before COVID-19 struck, U.N. member states were lagging badly in realizing the SDGs. The pandemic will put them in an even deeper hole in achieving the following goals....”

Stewart gives his (dire) assessment of the picture for all individual SDGs, ending with SDG 17: “In the end, COVID-19’s biggest challenge to sustainable development may be the lack of global solidarity it has exposed. SDG No. 17 envisions a “global partnership for sustainable development,” whereby wealthy nations assist poorer ones with financial and capacity-building assistance, access to information technology, preferential trade agreements and the like. Such solidarity has been sorely
lacking globally, with multilateral cooperation undercut by geopolitical squabbling, unilateral policies and a mentality of every man for himself.”

NYT - She Predicted the Coronavirus. What Does She Foresee Next?
https://www.nytimes.com/2020/05/02/opinion/sunday/coronavirus-prediction-laurie-garrett.html

On Laurie Garrett’s “Cassandra » qualities. Well worth a (dire) read. Laurie expects years of death and ‘collective rage’. And we’re in this for at least 36 months (her best-case scenario).

Lancet Comment - COVID-19 immunity passports and vaccination certificates: scientific, equitable, and legal challenges
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31034-5/fulltext

By Alexandra Phelan. And recommended.

“Immunity passports have been compared to international certificates of vaccination. But they differ in the nature of the incentive. Vaccination certificates incentivise individuals to obtain vaccination - immunity passports incentivise infection.”

She concludes: “Once, and if, a vaccine is developed, COVID-19 vaccination certificates could be included in revised WHO recommendations for the COVID-19 PHEIC, while member states could consider requesting standing recommendations or revising the IHR’s Annex 7 for the longer term. Until a COVID-19 vaccine is available, and accessible, which is not guaranteed, the way out of this crisis will be built on the established public health practices of testing, contact tracing, quarantine of contacts, and isolation of cases. The success of these practices is largely dependent on public trust, solidarity, and addressing—not entrenching—the inequities and injustices that contributed to this outbreak becoming a pandemic.”

So as long as there’s no vaccine, don’t even think about it. Not sure politicians will listen to her, though...

WB blog - COVID-19 (coronavirus) and the future of health financing: from resilience to sustainability

“...For health financing after the pandemic, it should not be the goal to return to the pre-crisis status. Countries have the opportunity to emerge from the COVID-19 crisis with health financing that is fit for the future. To demonstrate how this can work, it is helpful to distinguish three overlapping phases of COVID-19 response and their implications for health financing: Emergency response, containment, and recovery....”
Brookings (blog) - The unreal dichotomy in COVID-19 mortality between high-income and developing countries


“Here’s a striking statistic: Low-income and lower-middle income countries (LICs and LMICs) account for almost half of the global population but they make up only 2 percent of the global death toll attributed to COVID-19. We think this difference is unreal....”

“In a recent paper, we present an alternative way of tracking the global distribution and progression of the pandemic based on an indicator of “relative severity.” The indicator is both globally comprehensive and country-specific because it compares the mortality burden of COVID-19 across countries to pre-pandemic mortality patterns of individual countries. Deviations from these patterns indicate pressure points, most notably on health systems. And comparisons like these can help us understand the dimensions of the crisis better by referring to typical mortality patterns and common causes of death....”

The Conversation - Coronavirus: corruption in health care could get in the way of Nigeria’s response


By some researchers of a recent extensive study of health sector corruption in Nigeria.

ORF - COVID diplomacy and regional dynamics in Southern Asia


“Several Chinese provincial governments have taken the lead on COVID diplomacy in continental Southern Asia.”

“For Chinese landlocked southwestern provinces including Yunnan, Xinjiang, Tibet and Guangxi, continental Southern Asia provides access to natural resources and new markets, but importantly as “gateway” to the Indian Ocean and beyond. ... The region has gained bigger salience for Chinese provincial governments and in Beijing’s strategic calculus in the context of the Belt and Road Initiative (BRI). Some Southern Asian nations are key links in the BRI projects. Several Chinese provincial governments have taken the lead on COVID diplomacy in continental Southern Asia. For instance, the Yunnan provincial government dispatched medical aid supplies and medical teams to Myanmar and Laos. Pakistan received medical teams and emergency medical supplies from Uygur
Autonomous Region, while Tibet Autonomous Region donated medical aid to Nepal. ... ... Some of the countries in Southern Asia also received Chinese military medical teams to fight the COVID-19 pandemic, namely Pakistan, Myanmar and Laos. “

“... From this analysis of regional dynamics in continental Southern Asia, it is clear that the role of local/provincial governments in regional governance is likely to increase as their strategic interests move beyond national borders. This is clearly visible in the context of bordering provinces of China today, but bordering provinces of other regional nations are likely to move along this direction.”

FT - Will poor countries get the coronavirus treatments they need?
https://www.ft.com/content/cd522abc-8aeb-11ea-a109-483c62d17528

“Pharma and its critics agree government has a big role to play in ensuring fair access to Covid-19 remedies.”

Excerpts:

“As the EU launched efforts this week to raise €7.5bn from donors to accelerate access to coronavirus medicines worldwide, concerns remain that billions of the world’s poorest people will be left behind. Much effort from industry and political leaders alike has focused on funding the development of vaccines, diagnostics and drugs to prevent, test and treat Covid-19. Far less attention has been paid to how to scale up production, and how scarce supplies will be allocated. That worries Els Torreele, executive director of the Médecins Sans Frontières Access Campaign, which campaigns to secure access to medical treatments for those who need them. “The past has not provided good examples,” she says. “We feel there will be a scramble, and wealthy countries will first serve themselves. Unless we have binding commitments that are concrete, measurable and actionable, how will the other 90 per cent of the world have affordable access to these products?”

... Already there have been complaints that wealthy countries’ capacity to test for coronavirus comes at the expense of Africa’s....”

... Big Pharma steps up. Thomas Cueni, head of the International Federation of Pharmaceutical Manufacturers and Associations, says coronavirus is a pivotal moment for his members. He argues that the sector is rising to the challenge with initiatives to develop the tools required and make them available affordably through unprecedented co-operation, donations and pledges on prices. “Everybody feels this is the moment when the industry needs to do the right thing,” he says. “It holds the keys to ending Covid-19. This is 1919 and 1929 combined: the Spanish flu with the Great Depression. I’m extremely pleased to see industry reacting as society would hope, without being coerced or forced.”

... If the Global Fund and Gavi are able to help some of the poorest nations cope with coronavirus, the biggest gap may be for middle-income countries with substantial inequality, such as India. Their governments are increasingly viewed by foreign donors as rich enough not to need aid, and by companies as lucrative markets with a significant middle class able to pay privately for healthcare.”

PS: see also Seth Berkley in the monthly FT newsletter:
“In developing countries, we need some type of global access agreement, which will be tough in this political environment. Plus we need to be prepared to manufacture “at risk”. If we can get a prioritised list of approaches, we can begin to ensure adequate production. Gavi already provides vaccines to 73 countries representing 50 per cent of the world’s population. If we’re asked, we might also be able to do procurement for non-Gavi middle income countries.”

Guardian - 10 key lessons for the future to be learned from fighting Covid-19
https://www.theguardian.com/world/2020/may/01/10-key-lessons-for-future-learned-fighting-covid-19-coronavirus-society

Recommended piece. “A picture is emerging of the kind of society needed to withstand the future outbreaks scientists say are inevitable.” Check out the 10 lessons learnt so far.

Guardian - Eight important lessons from east Asian nations on controlling coronavirus

By Devi Sridhar.

STEPs - Five lessons from past global influenza outbreaks for Covid-19

Ian Scoones lists five lessons.

Lancet Comment – Community participation is crucial in a pandemic
C Marson et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31054-0/fulltext#.XrEWML8ZOO0.twitter

The readers of this newsletter probably don’t need much convincing.

“...how can we create constructive coproduction in the context of emergency responses to the COVID-19 pandemic where time is short? We summarise the key steps in the panel....”

NYT - The Covid-19 Riddle: Why Does the Virus Wallop Some Places and Spare Others?

“Experts are trying to figure out why the coronavirus is so capricious. The answers could determine how to best protect ourselves and how long we have to.”
“… Interviews with more than two dozen infectious disease experts, health officials, epidemiologists and academics around the globe suggest four main factors that could help explain where the virus thrives and where it doesn’t: demographics, culture, environment and the speed of government responses....”

CBC - Countries effectively managing COVID-19 have balanced 'public, private and plural sectors’ says expert

CBC

View of Henry Mintzberg, a professor of management studies at McGill University.

HHR - COVID-19: Restricting Health Workers’ Free Speech has a Chilling Effect

N Chaudhuri; https://www.hhrjournal.org/2020/05/covid-19-restricting-health-workers-free-speech-has-a-chilling-effect/

“Various governments around the world have chosen to stifle freedom of speech and expression, especially that of health workers, in an attempt to tackle the COVID-19 pandemic. The tragic fate of Li Wenliang, the Chinese doctor who was compelled to retract his statements about the spread of the virus, did not set alarm bells ringing. Then entrenched democracies such as the United Kingdom, the United States, and India have followed China’s lead in undermining free and open debate....”

Scientific American - Masks and Emasculation: Why Some Men Refuse to Take Safety Precautions

Scientific American;

“They think it makes them look weak, and avoiding that is evidently more important to them than demonstrating responsible behavior.”

Nature - COVID-19 mental-health responses neglect social realities

R Burgess; https://www.nature.com/articles/d41586-020-01313-9

“A diagnosis is rarely a solution to problems caused by poverty and inequality.”

“Early in the COVID-19 outbreak, I was surprised and relieved that mental health was getting due attention. The World Health Organization released guidelines on how to protect your mental health in March. The UK government responded rapidly with public-health guidelines and beefed-up online support. In April, The Lancet Psychiatry called for multidisciplinary research to develop mental-health responses during the pandemic (E. A. Holmes et al. Lancet Psychiatry http://doi.org/ggszmj; 2020). But when I look closer, I’m struck with a familiar disappointment. Once again, recommendations forget half of the equation: our need to address the social and economic conditions that contribute to poor mental health....”
Principles of Health Systems Resilience in the Context of COVID-19 Response


4-pager. “This brief summarises key principles for promoting resilient health systems in the face of this challenge. It is based on evidence from recent research programmes commissioned by DFID and NIHR. A number of these principles point to the value of anticipation of shocks and appropriate preparation. However, a number also address means of responding in the face of adversity.”

CGD - The Economic Impact of COVID-19 around the World: Projections of Economic Growth Falling Further, Food Insecurity, and A Round-Up of Other Recent Analysis


“Travel restrictions and lockdowns imposed to contain the spread of COVID-19 continue to impact the economic outlook for low- and middle-income countries. Despite the unabated increase in infections, some countries have started reopening farms and factories to combat the threat of massive economic loss and hunger. Multilateral emergency financing, expanded social safety nets, and tax measures remain top policy priorities for affected countries.”

Foreign Policy - Why Herd Immunity Won’t Save India From COVID-19

D Sridhar & G Fernandes; https://foreignpolicy.com/2020/05/02/herd-immunity-india-coronavirus-pandemic/

“Rather than relying on mass infection to build resistance to the coronavirus, the country needs a long-term, data-driven, decentralized approach.

Guardian - The UK was a global leader in preparing for pandemics. What went wrong with coronavirus?


A lot, from what I can tell.

Her final paragraph: “Early in the pandemic, the UK made the significant – and potentially fatal – decision to ignore the advice of the WHO, an institution for which the UK is still a top government funder, which recommended a strategy of testing, isolating and contact tracing. This early move now seems like a grave mistake. Jenny Harries, England’s deputy chief medical officer, stated that the UK didn’t need to follow WHO advice – “The clue with the WHO is in its title – it’s a World Health Organization, and it is addressing all countries across the world,” she said at the time. But the assumption that WHO guidelines didn’t apply to us exposed a remarkable hubris in the UK government’s approach to coronavirus. We were no better prepared than the rest of the world.”
Indeed, we were worse prepared than countries that once looked to us for lessons. On matters of pandemic preparedness, why would any government seek the UK’s advice again?”

IDS - Insights from health systems under stress

Tom Barker; https://www.ids.ac.uk/opinions/insights-from-health-systems-under-stress/

“This blog brings together the contributions from members of Health Systems Global – an international network of health policy and systems policymakers, practitioners, researchers and advocates – and highlights several common threads from different countries’ experiences and learning.”

Guardian - While the west fixates on Covid-19, vulnerable countries pay the price


“The developed world’s response to the pandemic is imperilling health systems, economies and livelihoods already on the edge.”

Stat - Three potential futures for Covid-19: recurring small outbreaks, a monster wave, or a persistent crisis

https://www.statnews.com/2020/05/01/three-potential-futures-for-covid-19/?utm_content=bufferc5c53&utm_medium=social&utm_source=twitter&utm_campaign=twitter_organic

None of the potential scenarios looks very enticing, frankly. We probably should try everything we can to avoid the second one (with the monster wave), though.

“an analysis released on Thursday by epidemiologist Michael Osterholm of the University of Minnesota and his colleagues. They envision three possible futures, depicted as seascapes, their waves of different heights and widths approaching the unseen and unsuspecting beachcombers on a placid shore. ...”

... The crest-and-dip possibility reflects an emerging consensus that this coronavirus has some seasonality but will not be eliminated by hot, humid weather. ... Society must referee what Leung calls “a three-way tug of war” among a trio of competing needs: to keep cases and deaths low, to preserve jobs and economic activity, and to preserve people’s emotional well-being. “It’s a battle between what we need to do for public health and what we need to do for the economy and for social and emotional well-being,” he said. If the public health part of the tug-of-war weakens, then the waves will keep on coming through the end of 2022.”
Blavatnik School of Government (working paper) – Variation in government responses to Covid-19


“The COVID-19 (coronavirus) outbreak has prompted a wide range of responses from governments around the world. There is a pressing need for up-to-date policy information as these responses proliferate, and governments weigh decisions about the stringency of their policies against other concerns. The authors introduce the Oxford COVID-19 Government Response Tracker (OxCGRT), providing a systematic way to track the stringency of government responses to COVID-19 across countries and time. Using a novel index that combines various measures of government responses, the authors describe variation in government responses, explore whether rising stringency of response affects the rate of infection, and identify correlates of more or less stringent responses.”

Lancet - The COVID-19 response for vulnerable people in places affected by conflict and humanitarian crises

D Nott; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31036-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31036-9/fulltext)

“… There is now an urgent need to strengthen the COVID-19 response for the most vulnerable populations in places affected by conflict and humanitarian crises, where there is limited infrastructure for the response to COVID-19. But there is an opportunity at this present time to tackle the spread of the disease and contain it at its source. Political and humanitarian pressure must be put on warring parties in places like Syria and Yemen to end restrictions on access to health care to ensure humanitarian assistance. And I do not mean sending in vast amounts of PPE and ventilators; I mean ramping up the public health support with a goal to provide conditions that do not allow the virus to spread. Substantial financial support from the wealthiest nations is needed to overhaul the present conditions….”

BMJ Global Health blog series on Africa & Covid-19 continues

BMJ blog - COVID-19 response in Uganda: notes and reflections

Blog - Ready or not? COVID-19 and epidemic preparedness in Nigeria

Devex - Opinion: Slums are the next front line in the fight against the coronavirus


Let’s hope not, though. “The spread of COVID-19 has transformed many of the world’s great cities into tragic household names as their reported cases and deaths rise: Wuhan, Milan, Madrid, New York City, and more. But as the pandemic continues in the weeks and months to come, those relatively affluent cities will be joined by others with far more challenging conditions. If, as predicted, the center of the pandemic moves from Europe and North America to Africa, Asia, and Latin America, the world’s informal settlements — such as Rio de Janeiro’s favelas, Mumbai’s slums, and
**Johannesburg’s townships — will find themselves on the front line of the health crisis.** There are signs this may already be starting. Indian health authorities have confirmed cases in Dharavi, the Mumbai slum made famous in “Slumdog Millionaire.” **There are an estimated 1 billion people worldwide living in informal settlements or slums, and it is clear that the World Health Organization’s recommended preventive measures against contracting COVID-19 are often almost impossible to implement in these neighborhoods....**

NPR - Migrants Are Among The Worst Hit By COVID-19 In Saudi Arabia And Gulf Countries

“The Gulf countries and Saudi Arabia are struggling to contain the COVID-19 outbreak among migrant worker populations on whose labor the countries rely. Even amid stringent lockdowns, the disease has continued to spread through migrant communities, with many workers living in cramped labor camps, where they share bunk beds in tightly packed rooms. In Saudi Arabia, non-Saudi residents comprised 76% of the more than 3,000 new confirmed coronavirus cases this week, according to the country’s Health Ministry. Official figures in Gulf countries, where more than half of the population are foreigners, also suggest the disease is spreading fastest through migrant communities....”

S Auener et al; http://www.ijhpm.com/article_3801.html

“The current coronavirus disease 2019 (COVID-19) pandemic is testing healthcare systems like never before and all efforts are now being put into controlling the COVID-19 crisis. We witness increasing morbidity, delivery systems that sometimes are on the brink of collapse, and some shameless rent seeking. However, besides all the challenges, there are also possibilities that are opening up. In this perspective, we focus on lessons from COVID-19 to increase the sustainability of health systems. If we catch the opportunities, the crisis might very well be a policy window for positive reforms. We describe the positive opportunities that the COVID-19 crisis has opened to reduce the sources of waste for our health systems: failures of care delivery, failures of care coordination, overtreatment or low-value care, administrative complexity, pricing failures and fraud and abuse. We argue that current events can canalize some very needy reforms to make our systems more sustainable. As always, political policy windows are temporarily open, and so swift action is needed, otherwise the opportunity will pass and the vested interests will come back to pursue their own agendas. Professionals can play a key role in this as well.”

CGD (blog) - COVID-19 and Oxygen: Selecting Supply Options in LMICs that Balance Immediate Needs with Long-Term Cost-Effectiveness

“Medical oxygen therapy is a core part of the treatment of patients with severe COVID-19. Particularly in low- and middle-income countries (LMICs), where supplies are likely to be inadequate in the face of the pandemic, boosting access to medical oxygen can save lives. **Much of the policy**
debate regarding COVID-19 medical equipment focuses on the question of which form of patient respiratory support is effective in low-resources settings. However, irrespective of the specific form of respiratory support used, the long-term and cost-effective functioning of all forms of oxygen therapy requires an appropriate system to supply oxygen to hospitals. The sustainable and affordable supply of medical oxygen to hospitals has long been neglected in health services, especially in LMICs. With the increased attention to oxygen supply brought by COVID-19, there is an opportunity to build adequate infrastructure to deliver oxygen in a systematic manner. …”

TGH - The Trillion-Dollar Question With COVID-19


“How significant is climate on coronavirus transmission?” Brilliant comparative piece. Recommended!!! Also saying interesting things about the many ‘sources of noise’ in data – to compare. “The “noise” in the data that makes it hard to determine the impact of seasonality and the impact of climate on coronavirus transmission comes from a number of variables.”

“The number of official COVID-19 cases in India is small as a percent of the population: fewer than 40,000 as of the beginning of May. In African countries contemplating lifting lockdowns, the number of cases could be less than one hundred. Are these countries “ticking time bombs” or will they have different epidemiological trajectories than colder countries in North America? This situation poses an unanswered trillion-dollar policy question: how significant is climate for COVID-19 transmission, and how will climate affect transmission across different geographic regions?…”

And: “If evidence arises that climate is important, it needs to be rapidly incorporated into models in order to feed into policy decisions”.

And on the South in particular: “…the language of “ticking time bombs” has been used in the media as a way of illustrating how immediate action in countries in the Global South can stave off catastrophe. Yet it is not entirely known why many of these “bombs” have not already exploded as they have in many countries in the Northern Hemisphere. There are many variables, considerable noise, and potentially a tremendous number of unreported cases. Yet one possibility is that COVID-19 will not show the same transmission patterns in tropical regions as it does in temperate ones. If transmission of COVID-19 follows the pattern of the flu, then the peak outbreak in tropical regions will occur during “humid-rainy” conditions that will arrive in Asia with the monsoon season. If this is true it is important to spot it early on for a number of reasons….”

… “If COVID-19 follows the transmission patterns of the flu in tropical countries, transmission will peak during the rainy season. This would be catastrophic, as COVID-19 transmission would peak at the same time as other vector-borne diseases such as malaria and dengue. Because health facilities are already overwhelmed in these countries in the rainy season by vector-borne diseases, there would be no surge capacity of health facilities to respond. It would also mean coinfection of COVID-19 and other vector-borne diseases, which would undoubtedly increase the severity of cases. Thus, although it is prudent to assume a worst-case scenario situation in thinking about the climate-transmission link given the absence of evidence, the assumption regarding a climate link could be different in tropical and temperate countries.”
HS Governance Collaborative - Enabling the Private Health Sector in the National Response to COVID-19: Six Current Policy Challenges


“WHO calls on national governments everywhere to adopt a whole-of-government and whole of-society approach in responding to the COVID-19 pandemic. Reducing the further spread of COVID-19 and mitigating its impact should be a top priority for Heads of State and Governments. The COVID-19 response should be coordinated with actors in the private sector and civil society. This new document "Enabling the Private Health Sector in the National Response to COVID-19: Six Current Policy Challenges" identifies and frames six policy challenges that low and middle-income countries (LMICs) are facing in enabling the domestic private health sector to support the national response to COVID-19.”

Lancet (Letter) - Calling for a COVID-19 One Health Research Coalition

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31028-X/fulltext

“... The Chairs of the Lancet One Health Commission, together with colleagues, call for the establishment of an inclusive and transparent COVID-19 One Health Research Coalition to strengthen linkages with the evolving climate change and planetary health research community....”

PS: “The COVID-19 One Health Research Coalition is in the interim being hosted by the Oslo-based Secretariat of the Lancet One Health Commission.”

Covid-19 resources

Updated (and now interactive) FT’s Covid-19 trajectory charts

https://ig.ft.com/coronavirus-chart/?areas=usa&areas=gbr&cumulative=0&logScale=1&perMillion=0&values=deaths

FT has launched an interactive version of their Covid trajectory tracker charts, where you can now highlight any country you like, and choose between log & linear scales and even ... per capita number.

Devex - Where are the health workers? New data efforts aim to answer big coronavirus questions


Short report on new data initiatives.
“UNDP and Chemonics are among the organizations working quickly to generate a better understanding of low- and middle-income countries’ health system data during the pandemic. New data initiatives are offering a clearer picture of COVID-19, including what factors determine a country’s preparedness and how governments can better understand where to send their frontline health workers. Two data dashboards released by the U.N. Development Programme last week highlight the connection between countries’ level of development and the increased risks associated with coronavirus preparedness and financial losses....”

WHO - Draft landscape of COVID 19 candidate vaccines

Self-explicatory title.


Living paper (version 7), as of 1 May. By U Gentilini (WB) et al. “As of May 1, 2020, a total of 159 countries (8 more since last week) have planned, introduced or adapted 752 social protection measures in response to COVID-19. This is over a triple in the number of countries and an eight-fold increase in measures since the first edition of this living paper (March 20)....”

TWN – VaxMap

“a global mapping of efforts to develop COVID-19 vaccines and the potential production capacity.” See http://vaxmap.org/

“Vaxmap (vaxmap.org) visually represents efforts to develop COVID-19 vaccines on a world map. Based on open sources, it shows the companies with candidate vaccines and the locations of potential vaccine production, both at company-owned facilities and contract manufacturing organizations (CMOs). VaxMap shows the vastly unequal geographic distribution of manufacturing capacity for COVID vaccines as well the deals that are being struck between companies and other manufacturers. It also shows key facilities / companies that can support vaccine production, including single use bioreactor makers and the finish / fill facilities that pack vaccines into syringes, vials, and other forms for distribution....”

WHO – NCDs & Covid-19

“To help increase the reach of WHO’s efforts to stop the COVID-19 pandemic and prepare for the future, the WHO NCD/WIN Working Group on COVID-19 and NCDs has been established to support efforts to “Strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure, to treat people living with NCDs and prevent and
control their risk factors during the COVID-19 outbreak, with a particular focus on countries’ most vulnerable to the impact of COVID-19”, taking into account the corresponding commitment made by Heads of State and Government in paragraph 40 of the 2018 UNGA Political Declaration on NCDs.

This website contains information on the work of the Working Group.”

Covid-19 collateral damage

Guardian - Millions predicted to develop tuberculosis as result of Covid-19 lockdown


“With attention focused on coronavirus, undiagnosed and untreated TB cases will cause 1.4 million to die, research suggests.”

See also Devex - Tuberculosis can backslide to 2013 levels, new study reveals

“That’s equivalent to 6.3 million new cases of TB in five years, levels last seen in 2013, said Nimalan Arinaminpathy, associate professor in mathematical epidemiology at Imperial College London, in a virtual briefing on Tuesday. TB deaths could also increase by 16%, or an additional 1.3 million people, in the same period. The estimates are based on a modeling of TB impact in three high-burden countries — India, Kenya, and Ukraine — where lockdowns have been put in place to slow the spread of COVID-19. The experts then extrapolated findings from these three countries to provide a global estimate of the impact on TB....”

And HPW - COVID-19 Lockdowns Could Lead to 1.4 Million More Tuberculosis Deaths – But The Solution Is ‘Not Rocket Science’


Priti Patnaik; https://www.thenewhumanitarian.org/analysis/2020/05/06/coronavirus-measles-cholera-ebola-polio-infectious-disease

Analysis of the shifts in resources due to Covid-19, and implications for other diseases.
NCD Alliance - Briefing Note: Impacts of COVID-19 on people living with NCDs

(27 April) “This briefing note is for policymakers and provides key messages on the impact of COVID-19 on people living with NCDs (PLWNCDs), along with supporting evidence. It is based on recent data as of April 2020, whilst recognising that the evidence base is still rapidly developing. It provides four key messages: people living with NCDs are at a higher risk of severe complications and death from COVID-19; people with compromised immune systems (e.g. due to cancer treatment, diabetes, COPD, steroid treatment) are at high risk of developing complications from COVID-19; evidence indicates that COVID-19 and its treatments may also cause life-threatening or long-lasting impacts; and COVID-19 is disrupting the provision of essential public health functions and necessary health services, including for people living with NCDs.”

Guardian - Covid-19 could trigger 'media extinction event' in developing countries

“Critical reporting under threat as revenue losses leave independent news outlets hostage to government subsidies or whims of billionaires…”

UN News - Coronavirus: Health system overload threatens pregnant women and newborns

“The UN Children’s Fund (UNICEF) estimates that 116 million babies have been born since the onset of the COVID-19 pandemic, and on Thursday called for governments to maintain lifesaving services for pregnant women and newborns that are under increasing threat from strained health services and supply chains. New mothers and their babies are facing systems in crisis, including overwhelmed health centres; supply and equipment shortages; and a lack of skilled birth attendants, including midwives....”

SRHR - The reproductive health fall-out of a global pandemic

“Social media outlets are inundated with quips about the baby boom coming nine months after the COVID-19 pandemic. It’s not that funny. Or that simple.” “The global spread of the coronavirus has resulted in unprecedented containment measures. Around the world, businesses and schools are closed; hospital services are reduced and redirected to provide only emergency care; global aid and development agencies have repatriated their employees. These are appropriate responses to a rapidly evolving pandemic, but pose serious risks for women and adolescent girls everywhere....”

In related news, check out also: Joint press statement Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 crisis
39 Ministers in joint press statement on protecting sexual and reproductive health and rights and promoting gender-responsiveness in the #COVID19 crisis (6 May).

The Lancet Regional Health


The Lancet goes ‘regional’. “The Lancet Regional Health is a new suite of open access general medical journals publishing high-quality, evidence-based research focused on six regions of the world. Our goal is to improve health outcomes by advancing the research agenda, advocating for equal access to quality healthcare for all, and fostering the advancement of clinical practice and health policy....”

Herpes

WHO - Billions worldwide living with herpes


“About half a billion people worldwide are living with genital herpes, and several billion have an oral herpes infection, new estimates show, highlighting the need to improve awareness and scale up services to prevent and treat herpes....”

WHO calls for a vaccine on #HSV2.

Some papers & reports of the week


V Lemmi; http://eprints.lse.ac.uk/103700/1/philanthropy_for_global_mental_health_20002015.pdf

“Mental disorders are the leading cause of years lived with disability worldwide. While over three-quarters of people with mental disorders live in low- and middle-income countries (LMICs) and effective low-cost interventions are available, resource commitments are extremely limited. This paper seeks to understand the role of philanthropy in this area and to inform discussions about how to increase investments....” “Novel analyses of a dataset on development assistance for health were conducted to study philanthropic development assistance for mental health (DAMH) in 156 countries between 2000 and 2015.”

Findings & conclusion: “Philanthropic contributions more than doubled over 16 years, accounting for one-third (US$364.1 million) of total DAMH 2000–2015. However, across health conditions,
Mental disorders received the lowest amount of philanthropic development assistance for health (0.5%). Thirty-seven of 156 LMICs received no philanthropic DAMH between 2000 and 2015 and just three LMICs (Antigua and Barbuda, Grenada, Saint Vincent and the Grenadines) received more than US$1 philanthropic DAMH per capita over the entire period. Eighty-one percent of philanthropic DAMH was disbursed to unspecified locations. Conclusions. Philanthropic donors are potentially playing a critical role in DAMH, and the paper identifies challenges and opportunities for increasing their impact in sustainable financing for mental health."

BMJ Global Health - Understanding China’s growing involvement in global health and managing processes of change
L Husain & G Bloom; https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00569-0

“...Drawing on previous analyses of China’s management of change in its domestic health reforms and interviews with a range of stakeholders in China, the UK and Switzerland, the paper argues that China’s engagement in global health is developing and diversifying rapidly in response to the central government’s desire to see a greater role for China in global health. This diversification is part of a pattern of change management familiar from China’s domestic reform experience. Explorations underway by a range of Chinese agencies form part of a process of rapid experimentation and experiential learning that are informing China’s search for (a) new global role(s)....”

“...The challenge for China, other global actors and multilateral organisations is to incorporate new approaches into existing global governance arrangements, including for the management of global health....”

HP&P - Health systems constraints and facilitators of human papillomavirus immunization programmes in sub-Saharan Africa: a systematic review

“Given the vast investments made in national immunization programmes (NIPs) and the significance of NIPs to public health, it is important to understand what influences the optimal performance of NIPs. It has been established that well-performing NIPs require enabling health systems. However, systematic evidence on how the performance of health systems impacts on NIPs is lacking, especially from sub-Saharan Africa. We conducted a qualitative systematic review to synthesize the available evidence on health systems constraints and facilitators of NIPs in sub-Saharan Africa, using human papillomavirus immunization programmes as a proxy....”

Some of the findings: “There is evidence to suggest that NIPs in sub-Saharan Africa have surmounted significant health systems constraints and have achieved notable public health success. This success can be attributed to strong political endorsement for vaccines, clear governance structures and effective collaboration with global partners. Despite this, significant health systems constraints persist in service delivery, vaccine communication, community engagement, the capacity of the health workforce and sustainable financing....”
HP&P - Can social accountability improve access to free public health care for the poor? Analysis of three Health Equity Fund configurations in Cambodia, 2015–17


By Bart Jacobs et al. “Within the context of universal health coverage, community participation has been identified as instrumental to facilitate access to health services. Social accountability whereby citizens hold providers and policymakers accountable is one popular approach. This article describes one example, that of Community-Managed Health Equity Funds (CMHEFs), as an approach to community engagement in Cambodia to improve poor people’s use of their entitlement to fee-free health care at public health facilities. The objectives of this article are to describe the size of its operations and its ability to enable poor people continued access to health care....”

HHR - Global Health in the Age of COVID-19: Responsive Health Systems Through a Right to Health Fund


“We propose that a Right to Health Capacity Fund (R2HCF) be created as a central institution of a reimagined global health architecture developed in the aftermath of the COVID-19 pandemic. Such a fund would help ensure the strong health systems required to prevent disease outbreaks from becoming devastating global pandemics, while ensuring genuinely universal health coverage that would encompass even the most marginalized populations. The R2HCF’s mission would be to promote inclusive participation, equality, and accountability for advancing the right to health. The fund would focus its resources on civil society organizations, supporting their advocacy and strengthening mechanisms for accountability and participation. We propose an initial annual target of US$500 million for the fund, adjusted based on needs assessments. Such a financing level would be both achievable and transformative, given the limited right to health funding presently and the demonstrated potential of right to health initiatives to strengthen health systems and meet the health needs of marginalized populations—and enable these populations to be treated with dignity. We call for a civil society-led multi-stakeholder process to further conceptualize, and then launch, an R2HCF, helping create a world where, whether during a health emergency or in ordinary times, no one is left behind.”

Health Affairs - The Case Against Labor-Tax-Financed Social Health Insurance For Low- And Low-Middle-Income Countries: A summary of recent research into labor-tax financing of social health insurance in low- and low-middle-income countries.


“An increasing interest in initiating and expanding social health insurance through labor taxes in low- and low-middle-income countries goes against available empirical evidence. This article builds on existing recommendations by leading health financing experts and summarizes recent research that makes the case against labor-tax financing of health care in low- and low-middle-income countries. We found very little evidence to justify the pursuit of labor-tax financing for health care in
these countries and persistent evidence that such policies could lead to increased inequality and fragmentation of the health system. We recommend that countries considering such policies heed the evidence on labor-tax financing and seek alternative approaches to health financing: primarily using general taxes or, depending on the context, general taxes combined with adequately regulated insurance premiums.”

Journal of Critical Care - Critical care capacity during the COVID-19 pandemic: Global availability of intensive care beds
X Ma & D Vervoort; Journal of Critical care;

“The objective of this study consists of mapping the global availability of critical care infrastructure with a focus on the distribution of ICU beds.”

Includes a neat map. “… Data was available for 182 countries and territories, ranging from 0 to 59.5 ICU beds per 100,000 population (Fig. 1; Appendix Table 1). Globally, at least 96 countries and territories had a density of less than 5.0 ICU beds per 100,000 population. The availability of ICU beds ranged from none (Nauru, Solomon Islands, and South Sudan) to 21.3 per 100,000 population (Kazakhstan) in LMICs and none (Liechtenstein and Palau) to 59.5 per 100,000 population (Monaco) in HICs. In Africa, densities ranged from 0 (South Sudan) to 10.6 (Egypt) per 100,000 population. Apart from Seychelles (6.3), South Africa (8.9), and Egypt (10.6), all African countries had a density of less than 5.0 ICU beds per 100,000 population.”

Lancet Global Health - Health system quality in the time of COVID-19
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30223-0/fulltext

Comment linked to a new study in the Lancet GH by T Powell-Jackson et al - Infection prevention and control compliance in Tanzanian outpatient facilities: a cross-sectional study with implications for the control of COVID-19

“… The Article stands out for several reasons. First, the authors describe processes of care, a meaningful departure from the more common quality study that focuses on inputs such as infrastructure and equipment. Although inputs are certainly necessary for delivering high-quality care, processes of care bring us closer to understanding the actual impact of quality on outcomes. Second, they turn their attention to a component of quality—infection prevention and control—that receives relatively little attention in the literature on quality. Third, their results are remarkably consistent across facility types and do not suffer from the typical Hawthorne effect: providers do not improve their behaviour because they are being observed. Poor infection prevention and control compliance appears to be a norm, not an exception, in this sample of facilities. These findings would be deeply concerning under usual circumstances. In the setting of COVID-19, they are cause for serious alarm.…”

HP&P – Social values and health systems in health policy and systems research: a mixed-method systematic review and evidence map
“...This study reports on a systematic mixed-methods evidence mapping review on social values within HPSR. The study reaffirms the centrality of social values within HPSR and highlights significant evidence gaps. Research on social values in low- and middle-income country contexts is exceedingly rare (and mostly produced by authors in high-income countries), particularly within the limited body of empirical studies on the subject. In addition, few HPS researchers are drawing on available social science methodologies that would enable more in-depth empirical work on social values. This combination (over-representation of high-income country perspectives and little empirical work) suggests that the field of HPSR is at risk of developing theoretical foundations that are not supported by empirical evidence nor broadly generalizable. Strategies for future work on social values in HPSR are suggested, including: countering pervasive ideas about research hierarchies that prize positivist paradigms and systems hardware-focused studies as more rigorous and relevant to policy-makers; utilizing available social science theories and methodologies; conceptual development to build common framings of key concepts to guide future research, founded on quality empirical research from diverse contexts; and using empirical evidence to inform the development of operationalizable frameworks that will support rigorous future research on social values in health systems.”

Globalization & Health - Global Health diplomacy for noncommunicable diseases prevention and control: a systematic review

“The prevention and control of noncommunicable diseases (NCDs) are one of the main challenges of healthcare systems around the world. In addition to the technical level, it requires political negotiations and solutions, such as global health diplomacy (GHD), which involves the participation of a wide range of actors and stakeholders and innovative international health partnerships. This review aimed to draw lessons for strengthening linkages with a wide range of actors and stakeholders from the GHD literature for NCDs, and how policymakers and political leaders can effectively use international health partnerships to beat NCDs....”

Globalization & Health (Debate) - Global Health – emergence, hegemonic trends and biomedical reductionism

“The objective of this paper is to present the existing definitions of Global Health, and analyse their meaning and implications. The paper emphasises that the term “Global Health” goes beyond the territorial meaning of “global”, connects local and global, and refers to an explicitly political concept. Global Health regards health as a rights-based, universal good; it takes into account social inequalities, power asymmetries, the uneven distribution of resources and governance challenges. Thus, it represents the necessary continuance of Public Health in the face of diverse and ubiquitous global challenges. A growing number of international players, however, focus on public-private partnerships and privatisation and tend to promote biomedical reductionism through predominantly technological solutions. Moreover, the predominant Global Health concept reflects the inherited hegemony of the Global North. It takes insufficient account of the global burden of disease, which is mainly characterised by non-communicable conditions, and the underlying social determinants of health. Beyond resilience and epidemiological preparedness for preventing cross-border disease threats, Global Health must focus on the social, economic and political determinants of health. Biomedical and technocratic reductionism might be justified in times of acute health crises but entails the risk of selective access to health care. Consistent health-in-all policies are required for ensuring...”
Health for All and sustainably reducing health inequalities within and among countries. Global Health must first and foremost pursue the enforcement of the universal right to health and contribute to overcoming global hegemony.”

There are more interesting reads on “global health” conceptualizations in BMJ Global Health:

Check out: Global health is more than just ‘Public Health Somewhere Else’ (by A-M Turcotte-Tremblay et al)

Global health beyond geographical boundaries: reflections from global health education (by S Herzig van Wees et al)

Is it about the ‘where’ or thSare ‘how’? Comment on Defining global health as public health somewhere else

Some blogs & mainstream news of the week

Beyond Zero-Sum in the New Normal – How does advocacy, communications, and fundraising need to change post-pandemic?

“... So how should advocacy, communications and fundraising support collaboration in this new moment? ...” The authors offer some suggestions, and also welcome your input.

Some tweets of the week

Chalapati Rao
“The Global Burden of Disease Study is the white elephant in the room of global health subjects waiting to be decolonized. Pun intended.”

Christian Weisz
“Not only has the U.S. weakened the @WHO by freezing its contributions amidst the SARS-CoV-2 pandemic. Other rich member states use the crisis for geopolitical intervention, too. So does the EU with the it is necessary to raise funds for vaccines, therapeutics and diagnostics - but who will control the resources? The role of private actors, “partners” of the @WHO, will massively expand under the new global health regime.”

“@nothilfe demands transparent and legally binding procedures that prevent a vaccine from being developed with public funds and then patented in order to monopolize profits.”
Katri Bertram

“Great to see especially the explicit *additional* funding from Germany at UnitedAgainstCoronavirus #Covid19. Hope someone has shareable overview of pledges and total that lists new money vs what double-counted from previous pledges.”

Jason Hickel

“Degrow billionaires. Regrow life.”

Mukesh Kapila

“1/x Reflecting on this GlobalResponse UnitedAgainstCoronavirus pledging event today: very well prepared, smoothly orchestrated by @vonderleyen Such digital convocations shd indeed 2/be the #newnormal - more efficient & productive than travelling around with or without #COVID19”

“3/x Impressive to see so many world leaders expressing solidarity but the absence of US, India, Russia, Brazil with China only at low level (together representing more than half world population) indicating that we are not all quite UnitedAgainstCoronavirus”

Robert Dölger

“Chancellor #Merkel announced that Germany will contribute €525m to the fight against the coronavirus. Another €1.3 billion will go to global health projects, in particular to support the Vaccine Alliance GAVI and health systems in many countries. Particular focus on Africa.”

Ben Phillips

“Huge victory by grassroots groups, as Kenyan government ends the policy of making people pay for Covid quarantine. Crucially the government admits here that user fees discouraged people from seeking help. Next step must be to make healthcare free for all.”

Global health events & announcements

Request from Jessiga Amegee (research assistant Liverpool School of Tropical Medicine at the Centre for Capacity Research):

“Within the ARISE Consortium (http://www.ariseconsortium.org/), we are exploring how organisations, researchers and communities are employing remote data collection methods during this COVID-19 period. We are particularly interested in hearing about participatory methods that have been adapted and how data collection mechanisms such as apps, telephone activities etc are filling gaps created by reduced field work.

We would like to have your insights on innovative qualitative methods people are using and how they manage to collect data given the wide range of restrictions applied. In return we can also share our findings and hopefully share across our networks a summary of the information we collect.”

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I’m available on this email address: jessica.amegee@lstmed.ac.uk. I’m looking forward to hearing from you.”

Global governance of health

The WHO as an orchestra? Maybe, but not your ordinary one

https://graduateinstitute.ch/communications/news/world-health-organization-orchestra-maybe-not-your-ordinary-one

By F Kurihara (Graduate Institute, Global Health Centre). Target audience: laypeople. But pretty neat. (PS: The author would like to thank her aunt, a professional violinist, for advising on the technical aspects of the orchestra.”

“This piece attempts to illustrate the WHO’s basic functioning and what it can and cannot do for a wider public by comparing the WHO to something hopefully more relatable: an orchestra. But not just any orchestra … a high school orchestra…”

Devex - Exclusive: Coronavirus hits development pros' livelihoods


“A majority of development professionals believe the coronavirus poses an existential threat to their careers and organizations, according to an exclusive Devex survey....”

ORF - Building India’s global health strategy: Beyond the role of ‘Pharmacist of the world’


“As the Covid-19 pandemic began to unfold in February, India’s dependence on Chinese inputs for the production of pharmaceutical products was debated intensely. This special report argues that the narrow discussion has fallen short in capturing India’s crucial role in global health as a provider of health-related goods to many developing countries. The report analyses trade data on over 200 categories of health-related goods, and provides quantitative evidence for the extent of many countries’ health-related import dependence on India. Given this de facto position of India, this report concludes that the current health crisis calls for a comprehensive Indian global health strategy that will allow the country to expand on the existing multilateral system.”
Reuters – Give us first-hand information to fight virus, Taiwan asks WHO


“Taiwan’s health minister asked the World Health Organization (WHO) on Wednesday to ensure the island had access to first-hand information about the coronavirus, saying that not having the full picture slows down epidemic-prevention work....”

Reuters - Taiwan says 'not yet' received invite for key WHO meeting

https://www.reuters.com/article/us-health-coronavirus-taiwan-who/taiwan-says-not-yet-received-invite-for-key-who-meeting-idUSKBN22G06M

Duh.

Fox - Draft proposal would bring Taiwan to the table at WHO, in bid to push back at China influence


“Pandemic bully”, the US, at work. “The Trump administration has circulated a draft proposal that would bring Taiwan to the table at the World Health Organization in an effort to push back against China and punish the global body for being “too China-centric,” Fox News has learned. Further, the administration’s national security team is even considering the creation of a new global health organization – one that would have more U.S. influence – among a range of options.”

German change of strategy in development cooperation


“Germany is discontinuing official development cooperation with a number of countries. The conditions for such cooperation are being formulated more rigorously.”

“According to a report in the "Frankfurter Allgemeine Zeitung" this Wednesday, Germany is terminating its development cooperation with one third of the partner countries. The step is, so the newspaper suggests, the largest structural reform in the ministry under Gerd Müller (CSU) in 12
A call for action to European governments and their Development Finance Institutions - Saving jobs in Africa


Signed by Paul Collier & Alexander De Croo, among others.

Going viral at the Pentagon

https://www.rollcall.com/2020/05/04/going-viral-at-the-pentagon/

“In pandemic's wake, Defense Department’s role in similar crises could grow.”

Globalization & Health - USMCA 2.0: a few improvements but far from a ‘healthy’ trade treaty


Assessment of USMCA (NAFTA 2.0).

The Conversation - Vultures, doves and African debt: here’s a way out


“... Bilateral and multilateral creditors launched the HIPC initiative in 1996 to help highly indebted poor countries. Thirty-one African countries benefited from this debt forgiveness. Private creditors did not participate. Unfortunately, this created an opportunity for speculators, now known as vulture funds. They bought the debts of countries like Zambia, the Democratic Republic of Congo, Ethiopia and Uganda very cheaply. They demanded that the countries meet their contractual obligations and pay them in full. They sued any country that refused. This strategy earned them returns of between 300% and 2,000%. To date, they have used this strategy – or are using it – against approximately 15 African countries. The legacy of these vulture funds complicates efforts to help African countries deal with their current debt challenges. Their creditors are concerned that any relief they provide will be captured by non-participating creditors, including vulture funds, and will not benefit the country and its citizens....”
The authors suggest two ways to deal with the risk of these vulture funds.

**UHC**

Global Health: Science & Practice - National Surgical, Obstetric, and Anesthesia Plans Supporting the Vision of Universal Health Coverage

A Peters et al; [https://www.ghspjournal.org/content/8/1/1](https://www.ghspjournal.org/content/8/1/1)

“Developing a national surgical, obstetric, and anesthesia plan is an important first step for countries to strengthen their surgical systems and improve surgical care. Barriers to successful implementation of these plans include data collection, scalability, and financing, yet surgical system strengthening efforts are gaining momentum in achieving universal access to emergency and essential surgical care.”

**IJHPM** - “It Depends on What They Experience in Each Health Facility. Some Are Satisfied, Others Are Not.” A Mixed Methods Exploration of Health Workers’ Attitudes Towards Performance-Based Financing in Burkina Faso

J Lohman, A de Allegri et al; [https://www.ijhpm.com/article_3803.html](https://www.ijhpm.com/article_3803.html)

“Evidence emerging from qualitative studies suggests the existence of substantial variation in how health workers experience performance-based financing (PBF) within the same setting. To date, however, no study has quantified or systematically explored this within-setting heterogeneity. Considering that differences in health workers’ affective reactions to PBF likely constitute an important element mediating the effectiveness of PBF in improving health service delivery, systematic and tangible information will be highly valuable to policy-makers and program managers who aim to maximize positive impacts of PBF. Our study aimed at contributing to filling this gap in knowledge by quantifying health workers’ knowledge of, satisfaction with, and perceptions of PBF in Burkina Faso, and exploring factors associated with heterogeneity therein...”

**HP&P - Distributional impact of the Malawian Essential Health Package**

“In low- and middle-income countries (LMICs), making the best use of scarce resources is essential to achieving universal health coverage. The design of health benefits packages creates the opportunity to select interventions on the basis of explicit objectives. **Distributional cost-effectiveness analysis (DCEA)** provides a framework to evaluate interventions based on two objectives: increasing population health and reducing health inequality. **We conduct aggregate DCEA of potential health benefits package interventions to demonstrate the feasibility of this approach in LMICs, using the case of the Malawian health benefits package. ...”

**BMJ Global Health (Commentary) - COVID-19: maintaining essential rehabilitation services across the care continuum**

J P Bettger et al ; [https://gh.bmj.com/content/5/5/e002670](https://gh.bmj.com/content/5/5/e002670)

“Rehabilitation services are essential: They need to continue during a pandemic and after as they are an essential component of high-value care offered for individuals across the lifespan to optimise physical and cognitive functioning to reduce disability. **Rehabilitation care is affected**: Globally, the response to COVID-19 is shifting rehabilitation services provided in all settings, introducing new burden on patients, families and healthcare workers....”

“... **this commentary describes adjustments to the continuum of rehabilitation services across 12 low-income, middle-income and high-income countries in the context of national COVID-19 preparedness responses** (table 1) and provides recommendations for decision makers on the provision and payment of these essential services....”

**Vox - Trump still wants to get rid of the Affordable Care Act, even as Covid-19 rages**


The dickhead. “**The Trump administration filed a joint brief with Republican state attorneys general asking the Supreme Court to toss out the landmark health care law.**”

**Planetary health**

**Guardian - Brazil using coronavirus to cover up assaults on Amazon, warn activists**

[https://www.theguardian.com/world/2020/may/06/brazil-using-coronavirus-to-cover-up-assaults-on-amazon-warn-activists](https://www.theguardian.com/world/2020/may/06/brazil-using-coronavirus-to-cover-up-assaults-on-amazon-warn-activists)
“As the coronavirus pandemic eats its way into the Amazon, raising fears of a genocide of its vulnerable indigenous tribes, the government of the far-right president, Jair Bolsonaro, and its supporters are dismantling rules shielding protected reserves. Key environment officials have been sacked, and environmentalists and indigenous leaders fear the pandemic is being used as a smokescreen for a new assault on the rainforest. They say a presidential decree awaiting congressional approval and new rules at the indigenous agency Funai effectively legalise land grabbing in protected forests and indigenous reserves.”

**Infectious diseases & NTDs**

**Science (news) - Unproven herbal remedy against COVID-19 could fuel drug-resistant malaria, scientists warn**


“Several African leaders have expressed an interest in a plant-based tonic developed in Madagascar.”

**BMJ Global Health - Country adherence to WHO recommendations to improve the quality of HIV diagnosis: a global policy review**

V Fonner et al : [https://gh.bmj.com/content/5/5/e001939](https://gh.bmj.com/content/5/5/e001939)

“Ensuring a correct and timely HIV diagnosis is critical. WHO publishes guidelines on HIV testing strategies that maximise the likelihood of correctly determining one’s HIV status. A review of national HIV testing policies in 2014 found low adherence to WHO guidelines. We updated this review to determine adherence to current recommendations. We conducted a comprehensive policy review through April 2018. We extracted data on HIV testing strategies, recommendations on HIV retesting prior to antiretroviral therapy (ART) initiation and pre-exposure prophylaxis (PrEP)-related HIV testing information....”

Some of the conclusions: “Global adherence to WHO recommendations for HIV testing strategies have improved since 2014 but remain low. We found adherence existed on a continuum....”

**BBC News - Malaria 'completely stopped' by microbe**

“Scientists have discovered a microbe that completely protects mosquitoes from being infected with malaria.” “…The team in Kenya and the UK say the finding has ‘enormous potential’ to control the disease....”

**Guardian - UN response to Haiti cholera epidemic lambasted by its own rights monitors**

[https://www.theguardian.com/world/2020/may/04/united-nations-un-haiti-cholera-letter-rights-monitors](https://www.theguardian.com/world/2020/may/04/united-nations-un-haiti-cholera-letter-rights-monitors)

“Thirteen UN rights monitors have unleashed blistering criticism of the United Nations for its “deeply disappointing” failure to make amends for having brought cholera to Haiti causing the deaths of at least 10,000 people. In a letter to the UN secretary general, António Guterres, the independent monitors excoriate the world body for making “illusory” promises to the Haitian people. They note that having pledged $400m for a cholera clean-up mission, the UN has raised just $21m and spent “a pitiful” $3m....”

**AMR**

**FT - Coronavirus lessons for the fight against ‘superbugs’**

[https://www.ft.com/content/84f50406-82ee-11ea-b6e9-a94cfd1d9bf](https://www.ft.com/content/84f50406-82ee-11ea-b6e9-a94cfd1d9bf)

“The world needs to act now to avert the threat from antimicrobial resistance.”

“... the UK’s special envoy on antimicrobial resistance, Dame Sally has since worked hard to do just that. Although the world’s attention is currently focused elsewhere — on the new coronavirus, and its drastic consequences for public health, everyday life and the economy — **Dame Sally points out that there are “quite a lot of parallels” between AMR and the pandemic. ...**”

“... Some models are emerging as potential game-changers. One is “delinkage”, currently being trialled for two candidate drugs in the UK. This involves paying companies not according to how much an antibiotic is actually used by the National Health Service, but according to its value to the health system. **Another possibility is to immunise people against the most common AMR organisms. “Something public health scientists are very interested in is to think of ways you can give hospital-goers a vaccine,” says Fiona Watt, executive chair of the UK’s Medical Research Council — though she acknowledges that “it sounds terrible [that you would] need to be vaccinated against going into hospital”. **Lower-tech solutions also have a part to play. Rigorous hygiene procedures have helped hospitals eliminate superbug outbreaks. **Dame Sally points out that some of the lessons from coronavirus — about the benefits of handwashing, or being mindful of others when coughing — could also be valuable....”
**NCDs**

**BMJ Global Health (Editorial) - Better data for better action: rethinking road injury data in francophone West Africa**

[https://gh.bmj.com/content/5/5/e002521](https://gh.bmj.com/content/5/5/e002521)

New Editorial by E Bonnet, V Ridde et al.

**WHO Bulletin - Improving the indicator for premature deaths from noncommunicable diseases**

S Ebrahim, M McKee et al; [https://www.who.int/bulletin/online_first/BLT.20.254110.pdf](https://www.who.int/bulletin/online_first/BLT.20.254110.pdf)

“Indicators that monitor health policies and programmes reflect the strategic foundations of pursued goals and guide interventions and are therefore critical to public health. Hence, using premature mortality (that is, deaths among people aged 30–69 years) from selected noncommunicable diseases as an indicator for monitoring the health-related sustainable development goal (SDG) target of reducing noncommunicable disease premature mortality by a third by 2030, has been disputed as being ageist and for focusing on only four such diseases....”

As for the authors’ suggested indicator: “… We have termed the indicator **Premature Avertable Mortality from Noncommunicable Diseases** – premature in relation to the gap between age at death and expected life expectancy at that age. ... Measuring such mortality gives comparisons of countries’ progress in preventing and delaying deaths from conditions amenable to public health interventions and health care...” Check what it involves.

**2020 Report of WHO DG on UN Interagency Task Force on the prevention and control of NCDs (to ECOSOC)**

[UN](https://www.un.org/)

is now available online. Have a look.

**Science News –Meet the ‘psychobiome’: the gut bacteria that may alter how you think, feel, and act**

“Scientists hope to turn gut microbes or their products into new antidepressants or drugs for other brain disorders.”

**Sexual & Reproductive / maternal, neonatal & child health**

HPW - Health Experts Welcome Sudan Move To Criminalize Female Genital Mutilation; But Legislation Is Not Enough To End Practice


“Women’s and children’s health advocates have lauded a landmark move by Sudan to finally criminalize the practice of female genital mutilation and cutting (FGM/C) – punishing perpetrators for up to 3 years in prison to ward them off the crime....”

**Nature - Childhood vaccines and antibiotic use in low- and middle-income countries**

J Lewnard et al; Nature;

“Vaccines may reduce the burden of antimicrobial resistance, in part by preventing infections for which treatment often includes the use of antibiotics. However, the effects of vaccination on antibiotic consumption remain poorly understood—especially in low- and middle-income countries (LMICs), where the burden of antimicrobial resistance is greatest. Here we show that vaccines that have recently been implemented in the World Health Organization’s Expanded Programme on Immunization reduce antibiotic consumption substantially among children under five years of age in LMICs. By analysing data from large-scale studies of households, we estimate that pneumococcal conjugate vaccines and live attenuated rotavirus vaccines confer 19.7% and 11.4% protection against antibiotic-treated episodes of acute respiratory infection and diarrhoea, respectively, in age groups that experience the greatest disease burden attributable to the vaccine-targeted pathogens. Under current coverage levels, pneumococcal and rotavirus vaccines prevent 23.8 million and 13.6 million episodes of antibiotic-treated illness, respectively, among children under five years of age in LMICs each year. Direct protection resulting from the achievement of universal coverage targets for these vaccines could prevent an additional 40.0 million episodes of antibiotic-treated illness. This evidence supports the prioritization of vaccines within the global strategy to combat antimicrobial resistance.

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30114-8/fulltext

“We used Bayesian model-based geostatistics and a geolocated dataset comprising 15 072 746 children younger than 5 years from 466 surveys in 94 LMICs, in combination with findings of the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2017, to estimate posterior distributions of diarrhoea prevalence, incidence, and mortality from 2000 to 2017. From these data, we estimated the burden of diarrhoea at varying subnational levels (termed units) by spatially aggregating draws, and we investigated the drivers of subnational patterns by creating aggregated risk factor estimates.”

Findings: “The greatest declines in diarrhoeal mortality were seen in south and southeast Asia and South America, where 54·0% (95% uncertainty interval [UI] 38·1–65·8), 17·4% (7·7–28·4), and 59·5% (34·2–86·9) of units, respectively, recorded decreases in deaths from diarrhoea greater than 10%. Although children in much of Africa remain at high risk of death due to diarrhoea, regions with the most deaths were outside Africa, with the highest mortality units located in Pakistan. Indonesia showed the greatest within-country geographical inequality; some regions had mortality rates nearly four times the average country rate. Reductions in mortality were correlated to improvements in water, sanitation, and hygiene (WASH) or reductions in child growth failure (CGF). Similarly, most high-risk areas had poor WASH, high CGF, or low oral rehydration therapy coverage.”

Access to medicines

FT - Can China win big in vaccine race with biotech bet

https://www.ft.com/content/8078d6e3-3b45-4dcc-bd2c-9d8e030ed2c1

(gated) “Nation’s pharma industry has matured but is still a lot better at incremental innovation than major breakthroughs.”

NPR - Gilead Lobbying Rose As Interest In COVID-19 Treatment Climbed

NPR:

“Gilead Sciences, the drugmaker behind the experimental COVID-19 treatment remdesivir, spent more on lobbying Congress and the administration in the first quarter of 2020 than it ever has before, according to federal filings. The pharmaceutical company spent $2.45 million on lobbying in the first three months of the year, a 32% increase over the $1.86 million it spent in the first quarter of
2019. The first quarter is also when Congress drafted and passed the Coronavirus Aid, Relief and Economic Security Act, which contained numerous provisions affecting the pharmaceutical industry, including funding for the development of vaccines and treatments in response to the pandemic. Early drafts of the legislation included a provision stipulating that COVID-19 vaccines, drugs and tests be affordable if they were developed with taxpayer funds. But the final bill included additional language that undercut that requirement. The lobbying spike also coincided with Gilead’s ramping up clinical testing of remdesivir, an antiviral drug that has become the most closely watched COVID-19 treatment under development....”

**Stat - With remdesivir, Gilead finds itself at strategic crossroads, with its reputation (and far more) at stake**

STAT;  
(gated) “Gilead’s next steps on remdesivir could determine whether the company, and even the drug industry itself, is lauded as the hero of the coronavirus pandemic or condemned anew as price gougers....”

**Nature Medicine - Protect against market exclusivity in the fight against COVID-19**

Ellen’t Hoen; Nature Medicine  

“Patents and other intellectual properties could slow down the scale-up and accessibility of treatments and vaccines against COVID-19.”

**Human resources for health**

**BMJ Global Health - Facial protection for healthcare workers during pandemics: a scoping review**

L Garcia Godoy et al;  [https://gh.bmj.com/content/5/5/e002553](https://gh.bmj.com/content/5/5/e002553)  

“The coronavirus disease 2019 (COVID-19) pandemic has led to personal protective equipment (PPE) shortages, requiring mask reuse or improvisation. We provide a review of medical-grade facial protection (surgical masks, N95 respirators and face shields) for healthcare workers, the safety and efficacy of decontamination methods, and the utility of alternative strategies in emergency shortages or resource-scarce settings....”
Miscellaneous

UN News - Record child displacement figures due to conflict and violence in 2019: UNICEF


“A new UN report finds that some 19 million children were displaced within their own countries due to conflict and violence in 2019, more than in any other year, making them among the most vulnerable to the global spread of COVID-19. According to the “Lost at Home” report, published on Tuesday by the UN Children’s Fund (UNICEF), there were 12 million new displacements of children in 2019: around 3.8 million of them caused by conflict and violence, and 8.2 million, due to disasters linked mostly to weather-related events. “

And some more Covid-19 related reads


“The so-called Global Financial Safety Net of institutions for short-term crisis finance has evolved into an uncoordinated patchwork of global, regional, and bilateral sources of support that lacks the resources to adequately prevent and mitigate the kinds of financial instability we are witnessing in the wake of COVID-19. What can be done? “


Project Syndicate - Who’s Afraid of COVID-19?

Kaushik Basu; https://www.project-syndicate.org/commentary/developing-countries-fear-drives-policy-mistakes-by-kaushik-basu

More than worth a read. “Dismissing or downplaying the risks of COVID-19 is a grave mistake. But so is embracing fear-based policies, which ultimately generate more risks – such as economic hardship, food insecurity, and generalized anxiety – than they mitigate.”

HPW - Rare, Severe COVID-19-Associated Illness Reported In UK and US Children

https://healthpolicy-watch.org/73719-2/
“A rare, severe inflammatory illness – largely believed to be associated with COVID-19 – is putting children in ICUs in the United Kingdom and the United States. The children present with symptoms similar to toxic shock syndrome or Kawasaki’s disease – a pediatric heart disease that causes inflammation or swelling of the blood vessels, according to a new correspondence published today in The Lancet. The publication described 8 cases identified in 2-to-15 year old COVID-19 patients at Evelina London Children’s Hospital in the United Kingdom. ...

Huffington Post - Epidemiologist Slams U.S. Coronavirus Response: 'Close To Genocide By Default'

Huffington Post;

“A Yale epidemiologist pulled no punches with his searing assessment of the United States’ botched handling of the coronavirus pandemic, suggesting it is now “getting awfully close to genocide by default.” … “How many people will die this summer, before Election Day?” tweeted Gregg Gonsalves, co-director of Yale’s Global Health Justice Partnership, on Wednesday morning… “What proportion of the deaths will be among African-Americans, Latinos, other people of color?” asked Gonsalves. “This is getting awfully close to genocide by default. What else do you call mass death by public policy?”

Guardian - Brazil: largest rise in Covid-19 deaths follows Bolsonaro 'worst is over' claim


“Brazil has seen its largest ever daily increase in its coronavirus death toll, despite erroneous suggestions from President Jair Bolsonaro that the worst of the crisis was over. Brazil — which is now considered a major global centre of the pandemic — reported 633 Covid-19 deaths on Tuesday, taking its total to nearly 8,000. Three of Brazil’s 27 states this week announced the country’s first official lockdown measures to try to slow the spread of the disease....”

Environment and urbanization - Local response in health emergencies: key considerations for addressing the COVID-19 pandemic in informal urban settlements

A Wilkinson; https://journals.sagepub.com/doi/10.1177/0956247820922843

“This paper highlights the major challenges and considerations for addressing COVID-19 in informal settlements. It discusses what is known about vulnerabilities and how to support local protective action....”

WB (blog) – 3 lessons from past public health crises for the global response to COVID-19 (coronavirus)

Mounting a rapid response; controlling the spread; implementing a sustainable long-term response. And how the WB works on these three fronts.

Emerging Voices

BMJ GH (blog) - COVID-19 in Kurdistan: Health system vulnerabilities in a fragile setting

https://blogs.bmj.com/bmjgh/2020/05/02/covid-19-in-kurdistan-health-system-vulnerabilities-in-a-fragile-setting/

By Goran Zangana (EV 2018).

Check out also Sana Contractor (EV 2016)’s blog on Mayday & Covid-19 in India - Labour and Work in the COVID Pandemic: A Belated May Day Post.

Research

HP&P - The moral perils of conditional cash transfer programmes and their significance for policy: a meta-ethnography of the ethical debate


“Conditional cash transfer (CCT) is a compelling policy alternative for reducing poverty and improving health, and its effectiveness is promising. CCT programmes have been widely deployed across geographical, economic and political contexts, but not without contestation. Critics argue that CCTs may result in infringements on freedom and dignity, gender discrimination and disempowerment and power imbalances between programme providers and beneficiaries. In this analysis, we aim to identify the ethical concepts applicable to CCTs and to contextualize these by mapping the tensions of the debate, allowing us to understand the separate contributions as parts of a larger whole....”

... By analysing and mapping the tensions in the discourse, the following four strands of debate emerged: (1) responsibility for poverty and health: personal vs public duty, (2) power balance: autonomy vs paternalism, (3) social justice: empowerment vs oppression and (4) marketization of human behaviour and health: ‘fair trade’ vs moral corruption. The debate shed light on the ethical ideals, principles and doctrines underpinning CCT. These were consistent with a market-oriented liberal welfare regime ideal: privatization of public responsibilities; a selective rather than a universal approach; empowerment by individual entrepreneurship; marketization of health with a
conception of human beings as utility maximizing creatures; and limited acknowledgement of the role of structural injustices in poverty and health....”

Health Research Policy & Systems - A novel conceptual model and heuristic tool to strengthen understanding and capacities for health inequalities research


“...Through a critical review, we developed a novel conceptual model that integrates the social determinants of health and political economy perspectives to provide a comprehensive understanding of how health inequalities research and the related research capacities are likely to be produced (or inhibited) at local level....”