IHP news 572: Early stocktaking

(15 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,

It’s early days still but let’s attempt a bit of stocktaking, more than 4 months now into the pandemic. In many of the “richer countries” in the North, even in the ones with more or less decent social security systems, the coming years look rather bleak. The health impact of Covid-19’s “first wave” has been tragic in various countries, not the least in nursing homes, and the socio-economic (and mental health) outlook looks dire. The already substantial “precariat army” is steadily growing, with new (Covid-19 related) precariat. How you can get to “a new social contract/deal” in these circumstances, let alone “build back better”, remains to be seen. You don’t have to be Nostradamus (or instead, have some notion of 20th century history) to realize this can end badly.

For many countries in “the South” (for lack of a better word), it’s even worse. As mentioned by Kevin Watkins, instead of a “decade of delivery”, we seem to be heading towards a “lost decade”: “the COVID-19 pandemic threatens to roll back the hard-won gains of the last 30 years”.

Whereas, fortunately, the most apocalyptic modelling scenarios don’t have materialized, what they’re getting in terms of Covid19 (due to its multifactorial causes and drivers) is bad enough (see for example recent (revised) WHO Afro scenarios, or new hotspots in South-America). So Covid-19 “Southern exceptionalism” probably won’t happen, at least not to the extent hoped for. Meanwhile, and no doubt more importantly, many countries in Africa (and other Southern LMICs) face a huge health dilemma: if they focus too much of their efforts and resources on the Covid-19 response, the “collateral damage” (whether on HIV/malaria/TB, vaccinations, SRHR, …) could become so high that the word “collateral damage” will feel even more inappropriate than it already was when popular in US defense circles years ago.

In addition, the socio-economic destruction will probably be even more massive in LMICs (than in richer countries). There’s the impact of “isomorphic mimicry” (cfr. the lockdown question) and ripple effects of other containment measures, but also, as the IMF notes, the impact of three big economic shocks in particular: (1) supply chain disruptions and reduced demand, (2) the spillover effects of plummeting global growth, and (3) a decline in commodity prices. Yes, a certain amount of international solidarity and assistance has been shown (by the likes of the IMF, WB and others) but it’s nowhere near enough, so far. Add to this very worrying picture, the fact that “black swans” will be increasingly common in the 21st century risk landscape, and the “countdown to 2030” begins to feel like counting to 1939 (with a planetary emergency on top of it).

It’s against this global backdrop that the 73rd World Health Assembly gathers, virtually, early next week (18-19 May). In his latest book, ‘Internationalism or extinction’, Chomsky put it bluntly. And you have to admit, the EU is trying at least, while also repositioning itself as global health/multilateralism leader (although their approach still smacks of the old WEF-inspired belief in
multistakeholderism, PPPs, ... zzz zzz ). Don’t think that will cut it to appease the global (increasingly angry) crowds that want real change and real solidarity. Meanwhile, of course, the EU also needs to keep an eye on its internal cohesion & stability. It’s a rather tricky balancing act, in other words, claiming global health leadership when you’re at the same time fighting existential risks internally. But at least Ursula, Angela et al are trying, and so they have all my support.

For a more ambitious way forward, however, I suggest you read an interview with Piketty in the Guardian - “Will coronavirus lead to fairer societies? Thomas Piketty explores the prospect”. And then contribute to the best of your abilities to this fight in the years to come. The race is anything but done. For example, in the vital battle between (geopolitically inspired) vaccine nationalism, Big Pharma aiming for Big Profits once again, and the ‘People’s Vaccine’.

Put differently, to borrow a leaf from dr. Tedros’ great Twitter book: Solidarity. Unity. Empathy! 😊

To end on a slightly different note, in many countries, people are slowly beginning to try ‘live with’ the virus. It’s not much fun, perhaps – even women now have to ‘shop like a man’, I hear - but hey, it’s better than the lockdown misery. And at least the bizarre dreams many people seemed to ‘enjoy’ in these Covid times might now finally fade away 😊!

Enjoy your reading.

Kristof Decoster

Featured Article

“Health Policies during a Pandemic: UAE and Jordan Perspectives.”

Dr. Immanuel Azaad Moonesar R.D., Associate Professor- Health Administration & Policy, Mohammed Bin Rashid School of Government & President- Academy of International Business: Middle East North Africa Chapter.

Prof Dr. Raeda Al Qutob, Professor of Public Health, Department of Family and Community Medicine, The University of Jordan & Vice President of the Regional MENA Health Policy Forum.

Dr. Reem Gaafar, Health Policy Researcher, Mohammed Bin Rashid School of Government, Dubai, United Arab Emirates.

At the time of writing this article, more than 4 million people globally have fallen prey to the novel Corona virus, with over 248 thousand deaths, and the end is not in sight. According to the latest WHO situation report (as of May 11), the United Arab Emirates (UAE) has entered the community transmission phase of the pandemic with 18, 198 confirmed cases and 198 deaths so far, while Jordan has contained clusters of cases with 540 confirmed and 9 deaths.
**Health policies in promotion of health**

Health policies are critical for the well-being of societies, and therefore need to be accessible, implementable and well-developed. In health policies, there are two distinct elements, the first being ‘Healthcare Policy’ which focuses on addressing the needs, financial resources, and issues in providing healthcare services, and the second being ‘Policy for Health,’ which focuses on improving the overall health of a particular population. Both elements are crucial for a country’s health policy in order to promote health - and of course there are also links with what happens at the regional and global level. Health policies are not only meant to provide guidance and prevent harm, but also to actively promote health.

**Health policies during the first wave of the pandemic – the UAE and Jordan as an example**

In the case of the UAE, several policies, measures, and initiatives are currently being implemented to combat the spread of COVID-19. Policies for health and practice guides have been mandated and implemented, including social distancing as a means of containment; distance learning for schools and universities; and working from home for both the public and private sectors. Other policies include self-quarantine for those returning from overseas travels, the National Disinfection Programme which includes imposing curfews, and utilization of personal protection measures such as masks and gloves for the health care staff and public. Furthermore, movement between the different emirates has been restricted by closing down national road transport lines including bus lines and the metro.

Based on experience showing that it is vital to effectively engage the public through robust communication, keeping citizens and residents at the core of the process, the UAE government has also utilized different communication methods to disseminate health information and updates on case burden and regulations, and developed several channels for feedback and inquiries.

In addition, the country has leveraged innovative service delivery methods and technology such as telemedicine to provide much needed support and reduce the burden on health infrastructure (facilities), especially for non-critical and follow-up cases. It launched the ‘Doctor for Every Citizen’ initiative, which provides medical consultations 24/7, both for citizens and residents.

In the case of Jordan, the Jordanian government’s main line of approach to managing the epidemic involved uniting all health service providers under one umbrella and under its single (centralized) leadership. The government thus took the lead in maintaining public health and providing health services, including regulation of the health workforce and its coordination with the civil defence sector.

It set policies to enforce home isolation and required institutions to apply standards of health and safety for their workers, and provided testing free of charge for suspected cases and contacts, with the collective aim of controlling the speed of occurrence of cases and allowing optimal provision of care for those affected, especially critically ill cases requiring ICU admission.

Furthermore, the Jordanian government relied upon its formal and informal media channels to engage the public and spread awareness among citizens, refugees and migrant communities about the importance of applying personal protection measures, and provided daily updates on the numbers and sources of cases.
Characteristics of UAE and Jordan Covid-19 health policies and room for further improvement

Eight features characterized COVID-19 related health policies used by the UAE and Jordan:

1. Forward-looking: (collaborative) government foresight from different ministries.
2. Outward-looking: thinking outside the black box of policymaking.
3. Inclusive multi-stakeholder (and integrated) approach: working with as many stakeholders as possible while integrating approaches and initiatives.
4. Innovation.
5. Utilizing ethical and updated evidence-based policy options to inform decision making.
6. Engaging the public to make commitments to ‘flattening the curve’, with a measurable health impact as a result.
8. The ability to monitor, evaluate, and formally review the policies, procedures, systems, and processes in place in a timely manner with appropriate corrective measures.

And while the UAE has been commended internationally for its rapid and widespread response, as well as its support for the WHO and other countries, a Rapid Response auditing exercise by the Mohammed bin Rashid School of Government has shown that earlier efforts could have been made in a number of areas, including:

- Activating a national preparedness and response body before confirmed cases emerged.
- Early, wide-spread and open access to testing for the entire population and not only those with a history of travel or contact and showing symptoms
- Consider halting all in-coming flights from affected areas at an earlier date
- More stringent contact tracing and follow-up to assure suspected and confirmed cases are complying with self-isolation measures

Health policies after the first wave of COVID19

It is critical to learn from first-wave lessons in order to systematize responses during times of crisis. As the situation continues to evolve, health policies will similarly have to adapt to accommodate and mitigate this change and better serve their purpose of protecting the wellbeing of the population. Reorienting health system priorities to be proactive, preventive and protective (rather than reactive and curative) will allow us to stay ahead of the curve, not just attempt to flatten it.

The upcoming 6th Global Symposium on Health Systems Research 2020 aims to do just that: re-imagine our health systems for better health and social justice, to build resilient systems that will bend but not break in the face of the storm. In light of the current global pandemic of novel coronavirus disease (COVID-19), the Board of Health Systems Global has made the decision to undertake consultations and planning with the aim of transforming the Sixth Global Symposium on Health Systems Research (HSR2020), scheduled to take place in Dubai from 8 - 12 November 2020, into a global virtual event. The HSR2020 co-host partner, the Mohammed Bin Rashid School of Government, Dubai, is continuously and closely monitoring the situation of COVID-19 with the UAE’s relevant authorities and is keeping the HSR2020 Executive Committee and HSG Board updated for face to face meetings.
Highlights of the week

HSG update – Announcement of plans for the 6th global symposium on health systems research (HSR2020)

Asha George: https://www.healthsystemsglobal.org/blog/421/Announcement-of-plans-for-the-Sixth-Global-Symposium-on-Health-Systems-Research-HSR2020-.html

As expected, will be largely virtual this year. With perhaps a very small event still taking place in Dubai, if circumstances allow.

“Due to #Covid19 & after careful consideration the HSG Board has decided that it will consult & plan for a virtual #HSR2020 symposium, whilst preserving the Eastern Mediterranean region identity.”

Global Nutrition report

Guardian - Malnutrition leading cause of death and ill health worldwide – report


“An overhaul of the world’s food and health systems is needed to tackle malnutrition, a “threat multiplier” that is now the leading cause of ill health and deaths globally, according to new analysis. The Global Nutrition Report 2020 found that most people across the world cannot access or afford healthy food, due to agricultural systems that favour calories over nutrition as well as the ubiquity and low cost of highly processed foods. Inequalities exist across and within countries, it says. One in nine people is hungry, or 820 million people worldwide, the report found, while one in three is overweight or obese. An increasing number of countries have the “double burden” of malnutrition, obesity and other diet-related diseases such as diabetes, cardiovascular disease and cancer....”

See also FT - Global nutrition crisis puts millions more at risk from coronavirus

“Malnutrition is putting hundreds of millions of people around the world at increased risk from coronavirus, according to a report that comes after warnings that global hunger could double because of the pandemic. The Global Nutrition Report, a UN-backed audit published on Tuesday, laid bare the scale of the poor diets that make people in lower-income countries and disadvantaged groups within richer ones more susceptible to the virus. ... ... “Undernourished people have weaker immune systems which puts them at greater risk of severe illness due to the virus. And poor metabolic health — such as obesity, diabetes and other diet-related chronic diseases — has been strongly linked to worse Covid-19 outcomes, including risk of hospitalisation and death,” said Renata Micha, a professor at the Friedman School of Nutrition Science and Policy and co-author of the report....”
Planetary Health

Guardian - Potentially fatal bouts of heat and humidity on the rise, study finds

https://www.theguardian.com/environment/2020/may/08/climate-change-global-heating-extreme-heat-humidity

“Intolerable bouts of extreme humidity and heat which could threaten human survival are on the rise across the world, suggesting that worst-case scenario warnings about the consequences of global heating are already occurring, a new study has revealed. Scientists have identified thousands of previously undetected outbreaks of the deadly weather combination in parts of Asia, Africa, Australia, South America and North America, including several hotspots along the US Gulf coast. Humidity is more dangerous than dry heat alone because it impairs sweating—the body’s life-saving natural cooling system. The number of potentially fatal humidity and heat events doubled between 1979 and 2017, and are increasing in both frequency and intensity, according to the study published in Science Advances....”

Project Syndicate - The Global Resilience Imperative


“Today’s catastrophic risks to global health, climate, and biodiversity call for urgent collective action that makes humans true stewards of the planet. This involves recognizing that everyone’s individual health and prosperity depends on respecting planetary boundaries and properly managing what belongs to all of us.”

“Our long-term priorities must therefore be to improve the provision of global public goods, build resilience into our global commons, and find ways to mitigate the inevitable economic shocks.... So, as policymakers seek to kick-start the economy, three reforms are essential....”

Project Syndicate - Degrowth: new roots for the economy


“...we need a planned, sustainable, and equitable downscaling of the economy.” Yes, Degrowth thinking remains relevant in Covid19 times, perhaps even more relevant than before.

The signatories of this letter (1000+ members of the degrowth international network) offer five principles for the recovery of our economy and the basis of creating a just society.

PS: “Degrowth Vienna 2020” is scheduled for 29 May-1 June (virtually, of course).
IHP - The C- Word: Looking at the future of climate action through a Covid lens


Rishika Das Roy points to 4 issues, that display the complexity of this debate, certainly in LMICs like India.

73rd (virtual) World Health Assembly  (18-19 May)

- You find the short programme here: https://www.who.int/about/governance/world-health-assembly/seventy-third-world-health-assembly
- Main documents: https://apps.who.int/gb/e/e_wha73.html

As already mentioned last week, the main focus of this short virtual WHA is the Covid-19 pandemic response.

- Last week we already flagged G2H2’s A civil society guide to the 73rd World Health Assembly #WHA73  (with also a civil society preparatory event planned today, 15 May).

The guide is being updated regularly. Among others, this week, also with some more info on some of the ‘usual’ WHA background documentation & reports – of which discussion is now deferred till later this year.

You might also specifically want to look into 2 ‘consolidated reports by the WHO DG.

See Consolidated report by the Director-General A73/4

And Consolidated report by the Director-General A 73/5

- Graduate Institute’s Global Health Centre - Series of virtual global health discussions

“To celebrate the 73rd session of the World Health Assembly, the Global Health Centre and partners are organising a series of virtual discussions of critical global health issues such as the COVID-19 response, closing space for civil society, transparency and access to medicines, the female health workforce, and the political and commercial determinants of health.” Warmly recommended zooms this year!

- UHC 2030 - Time to get our act together on health security and UHC
“UHC2030 will launch its updated vision document for health systems strengthening, building on the recent statement from UHC2030 co-chairs which called on world leaders to remember their UHC commitments as they respond to COVID-19. The purpose of this updated joint vision is to bring partners together around common messages on public health actions as ‘step zero’ of UHC, so health systems better support health security and UHC.”

Check out also some UHC-related events around the World Health Assembly 2020 (between 16 and 27 May).


For the press release of the new World Health Statistics, see WHO: People living longer and healthier lives but COVID-19 threatens to throw progress off track

“All over the world, the COVID-19 pandemic is causing significant loss of life, disrupting livelihoods, and threatening the recent advances in health and progress towards global development goals highlighted in the 2020 World Health Statistics published by the World Health Organization (WHO) today. “The good news is that people around the world are living longer and healthier lives. The bad news is the rate of progress is too slow to meet the Sustainable Development Goals and will be further thrown off track by COVID-19,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “The pandemic highlights the urgent need for all countries to invest in strong health systems and primary health care, as the best defense against outbreaks like COVID-19, and against the many other health threats that people around the world face every day. Health systems and health security are two sides of the same coin.””

Coverage of the WHS 2020 in HPW - Life Expectancy Increased, But COVID-19 Threatens Gains

“Life expectancy has increased, particularly in low income countries, but COVID-19 threatens to throw progress off track, according to the World Health Organization’s annual roundup of worldwide disease and mortality trends....”

Over to some of the reads and key debates then, ahead of the WHA, mostly via Health Policy Watch:

HPW - World Health Assembly Resolution On COVID-19 Response: The Sharp Choices Faced In A Polarized World Of Global Health


Must-read analysis (from late last week, 8 May) with focus on the negotiations around the resolution on the Covid-19 response. “As the 73rd World Health Assembly approaches, the European Union-sponsored draft resolution on the COVID-19 response is gathering steam and storm as it rolls closer to the planned opening of the Assembly on 18 May – with far less clarity about how it might actually hit the shores of the public debate. The resolution aims to show unity in the face of a global pandemic – ensuring more equitable access for existing diagnostics and medical equipment...”
as well as potential treatments. But hidden in the layers of diplomatic doublespeak are also multiple nuances, as well as minefields, that could befoul the whole negotiations. Strikingly, the resolution also aims to address obvious weaknesses in the international pandemic response frameworks, and address criticism of the World Health Organization’s own response, by calling for an “independent evaluation…to review lessons learnt” about the WHO-coordinated response, as well as the “effectiveness” of mechanisms at its disposal — namely the 2005 International Health Regulations. …."

Excerpts: “…The proposal for independent evaluation apparently has wide support. …”

... In terms of the mechanics of response, the most key debate here for medicines access advocates is whether the resolution can really ensure more equitable distribution of COVID-19 treatments. For that to happen, they argue that there needs to be an explicit reference to existing “TRIPS flexibilities” – the legal World Trade Organization framework that allows countries to legally override patent laws when a clear national health interest is at stake. Right now, the text makes only general reference to this: “using fully the provisions of international legal treaties.” ... .... However, there could be new blocs of allies and opponents forming around the access issue – which traditionally divided roughly along lines of global north and south.

.... There has been widespread support by countries, as well as by WHO, for a voluntary “patent pool” – whereby industry would offer licenses to other countries to manufacture their products. This would build upon the successful model of the Medicines Patents Pool, which has succeeded in bringing affordable treatments for HIV/AIDS and Hepatitis C to billions in Africa and elsewhere. ... Indeed, the most recent drafts of the EU resolution call for member states to “work collaboratively at all levels, including through existing mechanisms, for voluntary pooling of patents, and licensing of medicines and vaccines to facilitate equitable and affordable access (OP 7.2).” But not everyone is convinced such schemes will really work for the challenges posed by COVID-19. ... ...the irony is that while past outbreaks or pandemics have seen northern countries pitted against the south, here the fault lines may shape up around the Atlantic – between the United States and European countries nervous that they might not get access to new therapies such as remdesivir, developed or manufactured elsewhere, other observers note. ... ... Presuming that some international mechanism is created, voluntary or compulsory, to ensure widespread access to new treatments or vaccines – agreement on what groups might be prioritized will be another minefield in any process. ... International agreements are critical, but they are insufficient if they are not enforced, sources underlined to Health Policy Watch. “It’s not just about intellectual property... we need international agreements about how drugs and other technologies will be used,” said the source....”

HPW - WHO Member States Near Accord On Resolution For COVID-19 Response; Advocacy Groups Ask – Will It Have Teeth....Or Not?

Update as of 13 May. “World Health Organization member states were close to an agreement tonight on a European Union-sponsored resolution to the upcoming World Health Assembly that could help pave the way for assuring wide and equitable access by people worldwide to COVID-19 medicines and vaccines. The latest text, submitted earlier Wednesday by EU member states, Australia, the United Kingdom, Zambia and 6 other co-sponsors to all 194 countries, includes clear references to countries’ rights to upend international patent rules, in cases of need, according to
the draft obtained by Health Policy Watch. But it remained to be seen if critical references to the so-called "TRIPS flexibilities" would remain intact through this evening – when a “silence procedure” allowing for member state objections expires....”

Other Thorny Issues: Reproductive Health Rights and WHO Funding;

And: “Finally, the draft text contains a proposal, for an “impartial, independent and comprehensive evaluation” of the “WHO-coordinated international health response to COVID-19, including (i) the effectiveness of the mechanisms at WHO’s disposal; (ii) the functioning of the IHR and the status of implementation of the relevant recommendations of the previous IHR Review Committees; (iii) WHO’s contribution to United Nations-wide efforts;...” As part of a stepwise process.

PS: (probable) final text of the resolution: See here


(14 May) White smoke on Thursday... “World Health Organization member states reached initial agreement today on a European Union-led draft resolution on global COVID-19 response to the upcoming World Health Assembly – overriding US objections to language that referred to “universal, timely and equitable access” to COVID-19 treatments and vaccines.”

“... ... That latest iteration also includes pointed references to a voluntary global “patent pool” for new COVID-19 treatments – building on an initiative launched by the European Commission last month, which has so far raised 7.4 billion Euros. And in a modest victory for medicines access advocates, the text also refers explicitly to countries’ rights to entirely upend international patent rules, and purchase or produce generic versions of treatments, when there is an overriding public health need....”

Stat - World Health Assembly draft resolution boosts access to Covid-19 medicines

https://www.statnews.com/pharmalot/2020/05/13/covid19-coronavirus-resolution-access-medicines-who/

Some more analysis. “World Health Assembly negotiators have agreed on a draft resolution that ensures countries can navigate patent rights for Covid-19 medical products, a victory for those supporting wider access to drugs, diagnostics, and vaccines. Although the language could still change, the document mentions a voluntary pool, which would collect patent rights, regulatory test data, and other information that could be shared for developing medical products....”

“...At the same time, the draft reiterates the rights that countries have to issue so-called compulsory licenses to obtain lower-cost products....”
PS: James Love (KEI)’s take - **WHO member states poised to adopt weaker than needed COVID-19 resolution after tortuous negotiations**

“... the text is currently in silence procedure which will expire at 12 noon (Geneva time) on 14 May 2020. If no country breaks the silence procedure the resolution will be transmitted to the 73rd session of the World Health Assembly (WHA) to be adopted next week (18–19 May 2020)…” “... During the marathon negotiations, even language on voluntary licensing of intellectual property emerged as a flashpoint. …” “... “More generally, it is a far cry from what needed to be said. The public, even the Financial Times, want funders of R&D and holders and intellectual property rights (including patents, regulatory exclusivity, know-how etc) to eliminate legal monopolies on products and share the practical know-how necessary to expand global production of needed drugs, vaccines and other technologies. No monopolies in a pandemic should be the message here, and when it could make a difference on this issue, the WHA dropped the ball giving us the typical watered down, lawyered ambiguity that will means little to most readers, if its read at all.”

“...What’s amazing here is that one of the central actors in the ACT accelerator, CEPI, has already indicated they are opposed to open licensing of intellectual property and know-how for vaccines.”

Analysis by Priti Patnaik, investigative journalist

[https://genevahealthfiles.wordpress.com/2020/05/14/resolution-covid-19-response-for-wha73-version-may-13th/](https://genevahealthfiles.wordpress.com/2020/05/14/resolution-covid-19-response-for-wha73-version-may-13th/)

“Depending on who you talk to, or what you read, the COVID19 resolution is being described as positive or weak. But it appears, most experts who work on issues of access to medicines are of the view that the text of the resolution as it stands now, is weak....”

The Telegraph - US-China clash looms over Taiwan's invite to global health meeting


“A US-backed coalition wants to allow the island of 23 million to attend the World Health Assembly [as an observer] next week but China is opposed.”

PS: “Taiwan’s ministry of foreign affairs has accused the WHO of hiding behind contorted legal arguments, pointing to the WHA’s own rules of procedure which suggest the WHO chief has broad discretion to open the meeting to observers. Some international legal experts have also questioned the WHO’s interpretation of rules, resolutions and legal texts....”

WHO’s point of view (via the Hill): [WHO says it cannot invite Taiwan to upcoming global health meeting](https://www.television.co.uk/global-health/science-and-disease/us-china-clash-looms-taiwans-invite-global-health-meeting/)

“The World Health Organization’s (WHO) director-general does not have the power to invite Taiwan to observe an upcoming global health meeting, the organization’s legal representative said Monday, amid protests from China. WHO principal legal officer Steven Solomon said Monday that “divergent views” among member states of the United Nations prevents Director-General...”
Tedros Adhanom Ghebreyesus from extending an invitation to an outside country to participate in meetings of the international body. “To put it crisply, director-generals only extend invitations when it’s clear that member states support doing so, that director-generals have a mandate, a basis to do so,” Solomon said in a briefing with reporters. “Today however, the situation is not the same. Instead of clear support there are divergent views among member states and no basis there for — no mandate for the DG to extend an invitation.”

See also HPW - Taiwan – The Contested Bone Of Global Health Diplomacy Amid Pandemic Mayhem

“… Over a dozen World Health Organization Member States have proposed inviting Taiwan as an observer to the upcoming World Health Assembly (WHA), taking place virtually on May 18 and 19. The US-inspired move is formally led by a number of small countries and island states in Africa, central America, the Caribbean, and the Western Pacific. But along with the US, it is supported from the wings by much bigger powers, including Canada, Australia, New Zealand and Japan – all keen to contain Chinese ambitions in the Pacific region. …”

Covid key updates of the past week

As usual, we focus in this section first on some of the main WHO messages (and initiatives) from this week, and then provide some other key news (with a bit more emphasis on Africa as well).

You get sections on Funding/advocacy; Science & analysis later.

We start with a tragic figure: Covid-19 has led to more than 300000 deaths now... Officially.

Guardian - Global report: WHO says Covid-19 'may never go away' and warns of mental health crisis

“The World Health Organisation has warned that coronavirus “may never go away” as its experts predicted that a global mental health crisis caused by the pandemic was looming. The global health body on Wednesday cautioned against trying to predict how long coronavirus would keep circulating, and called for a “massive effort” to overcome it. “It is important to put this on the table: this virus may become just another endemic virus in our communities, and this virus may never go away,” said Michael Ryan, the WHO’s emergencies chief. “I think there are no promises in this and there are no dates. This disease may settle into a long problem, or it may not be,” he said. A report by the WHO’s mental health department to the UN warned of another looming crisis: “The isolation, the fear, the uncertainty, the economic turmoil – they all cause or could cause psychological distress,” said the department’s director, Devora Kestel. She said the world could expect to see an upsurge in the severity of mental illness, including amongst children, young people and healthcare workers...”

The UN (see UN News), then: “Decades of neglect and underinvestment in addressing people’s mental health needs have been exposed by the COVID-19 pandemic, the UN said on Thursday, in a call for ambitious commitments from countries in the way they treat psychological illness, amid a potential global spike in suicides and drug abuse.”

“Launching the UN policy brief - COVID-19 And The Need for Action On Mental Health” – Mr. Guterres highlighted how those most at risk today, were “frontline healthcare workers, older people, adolescents and young people, those with pre-existing mental health conditions and those caught up in conflict and crisis. We must help them and stand by them.”

Back to WHO then, see also UN News - Tackling an ‘unfortunate phenomenon’

“WHO also highlighted the challenge of preventing COVID-19 deaths in long-term care facilities: an “unfortunate phenomenon” that has occurred across the world, according to the agency’s Executive Director.”

UN News - Tedros highlights complex challenges posed by COVID-19 resurgence, following easing of lockdowns


(11 May). “The resurgence of COVID-19 cases in South Korea, China and Germany following the lifting of stay-at-home restrictions demonstrates the complexity of easing these measures, World Health Organization (WHO) chief Tedros Adhanom Ghebreyesus said on Monday. “Over the weekend we saw signs of the challenges that may lie ahead”, he told journalists....”

See also the Guardian - WHO urges vigilance in lifting lockdowns

At one of his media briefings, Tedros also announced the launch of a Tech Access Partnership to increase local production of essential health technologies – like masks and ventilators - in developing countries.

WHO also released new guidance (over the weekend) regarding both school and work places reopening

See new guidelines:

Considerations for public health and social measures in the workplace in the context of COVID-19

Considerations for school-related public health measures in the context of COVID-19
“As countries cautiously begin to lift lockdown measures, WHO Executive Director for Health Emergencies Mike Ryan has again warned that serological studies were presenting increasing evidence that a ‘herd immunity’ approach to mitigating the effects of further waves of infection would not be effective.”

“...Early results from a number of sero-epidemiological studies have shown that the proportion of people who were likely infected in the first wave of the pandemic is anywhere between 5-15%, according to WHO COVID-19 Technical Lead Maria Van Kerkhove. ...

Also, “COVID-19 May Be More Lethal Than Assumed – Large Proportion of Population Remains Susceptible”:

“...Observed Van Kerkhove, “These studies indicate to us that there’s a large proportion of the population that remains susceptible. And that’s important when you think about what may happen in subsequent waves or what may happen in potential resurgences. “And so we have a long way to go with this virus, because the virus has more people that can be infected.” The low rates of people with antibodies to the virus also means that it may be more lethal than some experts have claimed – insofar as there isn’t a huge pool of undetected minor or asymptomatic infections.”

WHO statement: Tobacco use and COVID-19

“WHO urges researchers, scientists and the media to be cautious about amplifying unproven claims that tobacco or nicotine could reduce the risk of COVID-19.”

Guardian - WHO conditionally backs Covid-19 vaccine trials that infect people

“Controversial trials in which volunteers are intentionally infected with Covid-19 could accelerate vaccine development, according to the World Health Organization, which has released new guidance on how the approach could be ethically justified despite the potential dangers for participants.”

UN News - Lessons from 40 year ‘victory over smallpox’ can be used to combat coronavirus today
From late last week, already (8 May) “Like smallpox, COVID-19 is “a defining challenge for public health...a test of global solidarity”, Mr. Ghebreyesus asserted, adding that it also gives us “an opportunity not only to fight a single disease, but to change the trajectory of global health.” ... It offers the chance to “build a healthier, safer, fairer world for everyone – to achieve universal health coverage, to achieve our dream from the establishment of WHO in the 1940s: Health for All”, he said.

“... Also, Tedros announced the resources the WHO needs to conduct its updated COVID-19 plan through the end of the year. The plan requires $1.7 billion, and with funds the group already has, the gap is $1.3 billion.”

Cidrap News - concerns rise over domestic violence in lockdown


(8 May) At the same media briefing late last week, WHO voiced concern over increased reports of domestic violence in nations under stay-at-home orders.

WEF - 'A false dichotomy': Global officials on the next phase in the coronavirus crisis

““There’s a slight false dichotomy here, in that in some sense, the health of the society has been placed against the economy of the society,” Dr. Michael J. Ryan, Executive Director of the World Health Organization’s Health Emergencies Programme, said on the debate over prioritizing lives or livelihoods amid the COVID-19 coronavirus pandemic. Speaking during a weekly virtual meeting of the Forum’s COVID Action Platform on 13 May, Ryan added: “If you open up too quickly and in a blind way, you will actually create a second economic shock as well.””

Globe & Mail - WHO sees ‘potentially positive data’ on COVID-19 treatments

(11 May) The Globe and Mail;

“The World Health Organization said on Tuesday that some treatments appear to be limiting the severity or length of the Covid-19 respiratory disease and that it was focusing on learning more about four or five of the most promising ones. “We do have some treatments that seem to be, in very early studies, limiting the severity or the length of the illness, but we do not have anything that can kill or stop the virus,” spokeswoman Margaret Harris told a virtual briefing, referring to the body’s “solidarity trial” of drugs against the disease. “We do have potentially positive data coming out but we need to see more data to be 100% confident that we can say this treatment over that one,” she added. ...”

“She restated that the WHO, which has come under criticism especially from the United States for its handling of the pandemic, would conduct an “after-action” review that would include a “free and frank” discussion on its performance.
UN says 7 or 8 `top’ candidates for a COVID-19 vaccine exist

https://apnews.com/fc5a9c7f4c738c4e19b047283125a46

“The World Health Organization chief said Monday there are around seven or eight “top” candidates for a vaccine to combat the novel coronavirus and work on them is being accelerated. ... WHO Director-General Tedros Adhanom Ghebreyesus told a U.N. Economic and Social Council video briefing the original thinking two months ago was that it may take 12 to 18 months for a vaccine....” “But he said an accelerated effort is under way, helped by 7.4 billion euros ($8 billion) pledged a week ago by leaders from 40 countries, organizations and banks for research, treatment and testing.”

FT - WHO’s chief scientist offers bleak assessment of challenges ahead

https://www.ft.com/content/69c75de6-9c6b-4bca-b110-2a55296b0875

“It will be four or five years before Covid-19 is under control, the World Health Organization’s chief scientist predicted on Wednesday, in a bleak assessment of the difficulties that lie ahead. Many factors will determine how long and to what extent the virus remains a threat, including whether it mutates, what containment measures are put in place and whether an effective vaccine is developed, Soumya Swaminathan told the FT’s Global Boardroom digital conference. “I would say in a four to five-year timeframe we could be looking at controlling this,” she said, adding there was “no crystal ball” and the pandemic could “potentially get worse”. A vaccine “seems for now the best way out”, but there were “lots of ifs and buts” about its efficacy and safety, as well as its production and equitable distribution, she said. A vaccine could also stop working if the virus changed, she added....”

“...Dr Swaminathan said weighing up the risks and benefits of easing restrictions, and figuring out how to reach a “new normal”, was the biggest challenge facing policymakers....”

Reuters - Wuhan market had role in virus outbreak, but more research needed - WHO

https://www.reuters.com/article/uk-health-coronavirus-who-origin/wuhan-market-had-role-in-virus-outbreak-but-more-research-needed-who-idUSKBN22K1E0

“A wholesale market in the central Chinese city of Wuhan played a role in the outbreak of the novel coronavirus last year, as the source or possibly as an “amplifying setting”, the World Health Organization said on Friday, calling for more research.”

See also UN News - UN virus hunters continue search for animal link to human COVID-19 infections

Telegraph - World Health Organisation denies China influence allegations

https://www.telegraph.co.uk/news/2020/05/10/world-health-organisation-denies-china-influence-allegations/

“The World Health Organization on Sunday denied allegations that the president of China asked it to delay issuing a global warning about the Covid-19 virus amid an intensifying war of words
between Beijing and Washington over the handling of the pandemic. ... *Der Speigel* on Friday cited sources in Germany’s Federal Intelligence Service (BND) saying that Xi Jinping, China’s head of state, had asked Tedros Adhanom Ghebreyesus, the director general of the World Health Organisation, to withhold information about human-to-human transmission and delay sounding a global alarm. The WHO said in a statement that the report was “unfounded and untrue.” ... “Dr Tedros and President Xi did not speak on 21 January and they have never spoken by telephone. Such inaccurate reports distract and detract from WHO’s and the world’s efforts to end the COVID-19 pandemic,” it said in a statement....”

PS: The CIA seems to claim something similar. *Newsweek* — “The CIA believes China tried to prevent the World Health Organization from sounding the alarm on the coronavirus outbreak in January—a time when Beijing was stockpiling medical supplies from around the world. A CIA report, the contents of which were confirmed to *Newsweek* by two U.S. intelligence officials, said China threatened the WHO that the country would stop cooperating with the agency’s coronavirus investigation if the organization declared a global health emergency.”

NPR - U.S. Officials: Beware Of China And Others Trying To Steal COVID-19 Research


“As researchers around the globe race to develop a coronavirus vaccine, U.S. authorities are warning American firms to exercise extreme caution in safeguarding their research against China and others with a track record of stealing cutting-edge medical technology. ... ... The U.S. Department of Homeland Security and Britain’s National Cyber Security Center recently issued a statement saying hackers are “actively targeting organisations ... that include healthcare bodies, pharmaceutical companies, academia, medical research organisations, and local government.” The statement did not name China or any other country....”

See also the *NYT* - [U.S. to Accuse China of Trying to Hack Vaccine Data, as Virus Redirects Cyberattacks](https://www.nytimes.com/2020/05/11/world/asia/coronavirus-china-vaccine-hacking.html)

Guardian - US blocks vote on UN's bid for global ceasefire over reference to WHO

[https://www.theguardian.com/world/2020/may/08/un-ceasefire-resolution-us-blocks-who](https://www.theguardian.com/world/2020/may/08/un-ceasefire-resolution-us-blocks-who)

“Security council had spent weeks seeking resolution but Trump administration opposed mention of organization.”  The World’s Global Public Bad @work.

For an update, see AP (13 May) - [UN council tries again to agree on COVID-19 resolution](https://www.apnews.com/article/coronavirus-outbreak-un-security-council-0f10f0cc65c97b92f84f7344d40b3f69)

“The U.N. Security Council is trying again to reach agreement on its first resolution since the coronavirus pandemic started circling the globe over two months ago, but a dispute between the U.S. and China over mentioning the World Health Organization remains unresolved....”
Oxfam - Efforts to forge a global ceasefire a "catastrophic failure", says Oxfam


“There has been a catastrophic failure by the international community to forge a global ceasefire in order for countries in conflict – and the world at large – to stop the coronavirus and save millions of lives, said Oxfam today. In its new report “Conflict in the time of Coronavirus”, Oxfam showed that acts of aggression and fighting by many parties across many conflict-torn countries continue unabated today. This is compounded by a diplomatic failure at the UN Security Council, years of weak investment into peace-building efforts, and arms continuing to flow into conflict zones....”

Quote: “In the last year alone, the international community topped $1.9 trillion in military spending. This would have paid for the UN’s coronavirus appeal over 280 times. “

CBS News – Coronavirus expected to peak in world’s poorest countries in months, UN says


News from late last week. “A new report published Thursday by the United Nations’ Office for the Coordination of Humanitarian Affairs said the "peak of coronavirus in the world’s poorest countries is not expected until some point over the next three to six months." The report is an update to the U.N. ’s plan to deal with the pandemic, including the World Health Organization (WHO) and other humanitarian agencies....”

Guardian - Global report: virus has unleashed a 'tsunami of hate' across world, says UN chief


“United Nations chief António Guterres has said the coronavirus pandemic has unleashed a “tsunami of hate and xenophobia, scapegoating and scare-mongering”, and appealed for an all-out effort “to end hate speech globally.”

UNODC, WHO, UNAIDS AND OHCHR - Joint statement on COVID-19 in prisons and other closed settings

Joint statement:

“ We, the leaders of global health, human rights and development institutions, come together to urgently draw the attention of political leaders to the heightened vulnerability of prisoners and other people deprived of liberty to the COVID-19 pandemic, and urge them to take all appropriate public health measures in respect of this vulnerable population that is part of our communities....” 2-pager.
Guarian - As lockdowns are eased, coronavirus spread will raise new questions

“Welcome to the next phase of the coronavirus pandemic.”

“... If the first phase was about protecting lives and healthcare systems, the next will present more thorny questions. “We want to get people back to work, but there will be a cost,” Mackay said. “And ultimately that cost is deaths, because we know as cases go up, so do deaths.” … … These might be the first weeks of the world’s largest ever public health trial. “We are all watching and learning from each other’s progress,” Mackay said. “There’s really a playbook being written in every country that we’re learning from. It’s one giant experiment, made up of lots of little experiments in every country, in every jurisdiction.” … … Over time, the list of safer activities is likely to grow. Ideally, societies will get better at managing the risk of things that are unsafe but deemed necessary.”

Devex - EU launches humanitarian air bridge amid travel shutdowns

“In the absence of commercial air travel, the European Commission has allocated €10 million ($11 million) to fly humanitarian staff and supplies on up to 30 routes deemed important for the COVID-19 response....”

Vox – Tech billionaires are already mounting a pressure campaign to prevent the next pandemic

“This push is one of the few coronavirus initiatives focused on political advocacy.”

“... a group formed by major tech philanthropists including Bill Gates and Eric Schmidt, who are behind a new push to cajole overseas governments to more fully fund international institutions like the World Health Organization (WHO). The group, called the Pandemic Action Network, is behind the #MaskingForAFriend campaign that seeks to change personal behavior. But its more important ambition is to change government behavior. ... ... This initiative is one of the more forward-looking attempts from philanthropy to shape what the world looks like after the crisis, and one of the few focused on political advocacy. ... The push is small for now, with just $1.5 million in initial cash from Schmidt Futures, the Bill & Melinda Gates Foundation, and other backers. But the Pandemic Action Network aims to lead a pressure campaign that shapes the policy debate, a debate that will be at the fore of the next wave of pandemic response efforts. ...”
NYT - Coronavirus Outbreak in Latin America Now Rivals Europe’s. But Its Options Are Worse


Helicopter view of the Covid19 situation now in Latin America. Recommended.

PS: IHME now also has modelling projections for Latin American countries – see here.

See also Cidrap - Russia, South America emerge as major COVID-19 hot spots

“... Elsewhere, the head of the World Health Organization’s (WHO’s) Pan American Health Organization (PAHO) said yesterday that she is "deeply concerned" about the pandemic’s rapid expansion in the Americas. A New York Times analysis yesterday found that the pandemic wave in Latin America rivals the worst outbreaks in Europe and New York, but is unfolding under the radar, partly because governments can’t or won’t provide accurate deaths totals. Carissa Etienne, MBBS, MSc, said for the week ending May 11, 96,000 new cases and 5,552 more deaths were reported in South America., The relative increase in cases was 45% and the relative increase in deaths was 51% compared to the week before. Health systems in large urban centers such as Lima, Peru, and Rio de Janeiro, Brazil, are quickly becoming overwhelmed, she warned, adding that COVID-19 impact extends to smaller towns and remote communities, including those in indigenous areas where access to healthcare is challenging....”

Guardian - Africa facing a quarter of a billion coronavirus cases, WHO predicts


“Nearly a quarter of a billion people across 47 African countries will catch coronavirus over the next year, but the result will be fewer severe cases and deaths than in the US and Europe, new research predicts. A model by the World Health Organization’s (WHO) regional office for Africa, published in the BMJ Global Health, predicts a lower rate of transmission and viral spread across the continent than elsewhere, resulting in up to 190,000 deaths. But the authors warn the associated rise in hospital admissions, care needs and “huge impact” on services such as immunisation and maternity, will overwhelm already stretched health services. About one in four (22%) of the one billion people in the countries measured would be infected in the first year of the pandemic, the model suggests. However the disease is likely to linger for longer – possibly for several years. The continent’s much younger age profile compared to other countries is behind the lower transmission rates, the authors say. Lower rates of obesity in African countries, compared to the US and elsewhere, also help to slow its progress....”

IPS - Africa’s Health Dilemma: Protecting People from COVID-19 While Four Times as Many Could Die of Malaria

IPS:
“Experts across Africa are warning that as hospitals and health facilities focus on COVID-19, less attention is being given to the management of other deadly diseases like HIV/AIDS, tuberculosis and malaria, which affect millions more people.”

Read also this Lancet Comment (which focuses more on the lockdowns) - Africa faces difficult choices in responding to COVID-19

“...Although we fully agree that macroeconomic arguments against lockdown cannot justify widespread loss of life in Europe and Asia, the considerations are very different in Africa, where lockdown could cost many lives. We urge African governments to carefully contextualise safe physical distancing policies that maximise likely benefits. Without a context-specific, ethical approach to physical distancing, unintended harms from stringent lockdown could pose more harm than the direct effects of COVID-19 itself....”

Cidrap News - Africa cases rise steadily, with much community spread
https://www.cidrap.umn.edu/news-perspective/2020/05/wuhan-use-massive-testing-against-covid-19-resurgence-russia-cases-soar

“...COVID-19 activity in Africa continues its rapid rise, with cases last week increasing by 56% and deaths increasing by 30%, compared with the 41% and 25% respective rises reported the week before. In its latest weekly update, the World Health Organization African regional office said as of May 10, 43,074 cases and 1,404 deaths had been reported across 46 countries. The nine countries reporting the most marked increases last week were Sao Tome and Principe, Benin, South Sudan, Chad, Central African Republic, Guinea Bissau, Zambia, Gabon, and Ghana. However, 10 countries make up about 80% of the region’s cases, and the top three are South Africa, Algeria, and Nigeria. So far, 23 countries are experiencing community transmission, 14 have clusters, and 9 have sporadic COVID-19 cases. And 971 healthcare worker infections have been reported in the region, about a third of them in South Africa....”

Guardian - Health scholars predict ‘needless’ COVID-19 deaths in Africa
https://m.guardian.ng/features/health-scholars-predict-needless-covid-19-deaths-in-africa/amp/

“Global health scholars have raised the alarm about what they termed ‘foreseeable needless loss of lives’ in sub-Saharan Africa on account of “slow and inadequate access to supplies” to control the COVID-19 pandemic on the continent. They likened the unfolding development to what obtained during the outbreak of the Human Immuno-deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) where life-saving diagnostics and treatments for the ailment came much longer after other continents had taken supplies. The worry was expressed in an article published [yesterday] in the journal, The Lancet....”

Nature news - Anti-vaccine movement could undermine efforts to end coronavirus pandemic, researchers warn
https://www.nature.com/articles/d41586-020-01423-4
“Studies of social networks show that opposition to vaccines is small but far-reaching — and growing.”

See also NYT - Get ready for a vaccine information war

See also Cidrap News - Facebook studies reveal science mistrust winning on vaccine messaging

“Facebook groups that fuel mistrust of health guidance, such as those that air anti-vaccine views, have gained the upper hand over groups with reliable information from health agencies, a team led by George Washington University reported yesterday in Nature....”

And, from another angle (fake medicines and treatment), HPW on the Fight the Fakes campaign.

FT - ‘People’s vaccine’ for coronavirus must be free, leaders urge

https://www.ft.com/content/af929941-7c02-415a-a692-bf8443ede58a

“South African president and world politicians call for overriding of patents.”

Tweet: “So this is an unprecedented, huge intervention. Over 135 leaders & experts - including @CyrilRamaphosa @ImranKhanPTI - urge #COVID19 vaccine to be patent-free, mass produced & made available to all people, in all countries, free of charge. It has a name: a #PeoplesVaccine.”

“Any vaccine against Covid-19 should be patent-free, produced at scale and made available at no cost to people everywhere, South Africa’s president and more than 135 public figures, including 50 former world leaders, have urged in an open letter. Calling a vaccine humanity’s best hope of “putting a stop to this painful global pandemic”, Cyril Ramaphosa, who also chairs the African Union, called for a “people’s vaccine” that would act as a global public good. Signatories of the letter, including Imran Khan, Pakistan’s prime minister, expressed fears that developing countries might not have quick or affordable access to a vaccine that is expected to be discovered and manufactured in the global north. “We cannot afford for monopolies, crude competition and nearsighted nationalism to stand in the way,” said the letter, which was signed by dozens of former leaders, including Fernando Henrique Cardoso of Brazil, Gordon Brown of the UK and Helen Clark of New Zealand, as well as economists such as Nobel laureate Joseph Stiglitz. ... Mr Ramaphosa said, the WHO should press for mandatory sharing of all Covid-19-related technology as well as the scale-up of manufacturing so that any vaccine could be made available worldwide, regardless of ability to pay. “Access needs to be prioritised first for frontline workers, the most vulnerable people and for poor countries with the least capacity to save lives,” he said.”

Oxfam - Vaccinating poorest half of humanity against COVID-19 could cost less than four months’ big pharma profits


“Vaccinating the poorest half of humanity – 3.7 billion people – against the COVID-19 coronavirus could cost less than the ten biggest pharmaceutical companies make in four months, Oxfam said today. Ahead of the World Health Assembly next week, Oxfam is urging governments and
pharmaceutical companies to guarantee that vaccines, tests, and treatments will be patent-free and equitably distributed to all nations and people. ... ... The Gates Foundation has estimated that the cost of procuring and delivering a safe and effective vaccine to the world’s poorest people is $25 billion. Last year, the world’s top ten pharmaceutical companies made $89 billion in profits – an average of just under $30 billion every four months....”

Oxfam is proposing a four-point global plan.

FT (Big Read) – Why vaccine ‘nationalism’ could slow coronavirus fight
https://www.ft.com/content/6d542894-6483-446c-87b0-96c65e89bb2c

“Health experts fear US-China tensions could hamper global co-operation and limit poorer nations’ access to a treatment.”

Excerpts: “... European countries and the WHO are trying to keep the multilateral option alive with a series of fundraising summits. But the US and China have been reluctant to commit, instead drafting in their militaries as well as pharmaceutical and biotech groups for what some see as a tussle for national bragging rights. ... ... “The race to develop a vaccine is like the US and Soviet Union competing in the space race,” says Brad Loncar, founder of Loncar Investments, a US fund manager which runs a China-focused biotech fund, “it’s like a cold war”."

“... In China, the race is no less intense. Four of the eight candidate vaccines currently in clinical evaluation, according to the WHO, come from China. Another pair are from the US, while the final two are a collaboration between Germany’s BioNTech, China’s Fosun Pharma, and Pfizer of the US, and another between the University of Oxford and AstraZeneca. “Chinese officials view this not only as a matter of national pride and important for their own health, but also as a way to demonstrate superiority,” says Mr Loncar. ... ... Mr Blume argues that one of the most worrying trends in recent decades has been “the securitisation of global health”, making it as much about national security and international diplomacy as health. He adds that China could use any vaccine as a way of “announcing their international prestige” by giving it to African and Latin American countries.”

“... Experts applaud the various[multilateralism] initiatives, but many argue they are unlikely to be sufficient for coronavirus. “There is no global authority that has the money and the influence to direct what the private sector — the pharmaceutical industry — will do. You can have as many sentiments of altruism but the question is how you translate that into reality,” says David Salisbury, associate fellow at the global health programme at think-tank Chatham House and a former chair of the WHO committee on global immunisation. ...”

... Gavi is leading the push for a fairer, global distribution. Its chief executive Seth Berkley argued in April that the first priority for a coronavirus vaccine should be given to health workers, then countries with out-of-control outbreaks, then the elderly and those with underlying risk factors, before finally the rest of the population. ... ... Assuming one or more vaccines are found, experts say there are broadly two possible outcomes: the world rediscovers multilateralism and works together, or there is a more piecemeal approach where every country is forced to fend for itself...”
Science News - Unveiling ‘Warp Speed,’ the White House’s America-first push for a coronavirus vaccine

Must-read on “Warp Speed” and the broader picture on vaccine development. “Conventional wisdom is that a vaccine for COVID-19 is at least 1 year away, but the organizers of a U.S. government push called Operation Warp Speed have little use for conventional wisdom. The project, vaguely described to date but likely to be formally announced by the White House in the coming days, will pick a diverse set of vaccine candidates and pour essentially limitless resources into unprecedented comparative studies in animals, fast-tracked human trials, and manufacturing. Eschewing international cooperation—and any vaccine candidates from China—it hopes to have 300 million doses by January 2021 of a proven product, reserved for Americans. Those and other details, spelled out for Science by a government official involved with Warp Speed, have unsettled some vaccine scientists and public health experts. They’re skeptical about the timeline and hope Warp Speed will complement, rather than compete with, ongoing COVID-19 vaccine efforts, including one announced last month by the National Institutes of Health (NIH)....

And a link: (Bloomberg) U.S. Likely to Get Sanofi Vaccine First If It Succeeds

But Sanofi soon ‘changed its mind’ – see AP - Sanofi walks back after saying US would get vaccine first

Stat News - Gilead signs licenses for generic companies to make and sell remdesivir in 127 countries
https://www.statnews.com/pharmalot/2020/05/12/gilead-generics-remdesivir-covid19-coronavirus-licenses/

“Seeking to blunt concerns about access to its remdesivir treatment for Covid-19, Gilead Sciences (GILD) signed deals with five generic companies in India and Pakistan to manufacture and distribute the experimental medicine to 127 countries. Under the agreements, the companies can set their own prices, but will not have to pay royalties to Gilead until the World Health Organization declares an end to the public health emergency for the novel coronavirus, or until another medicine or vaccine is approve to treat or prevent Covid-19. The companies include Cipla, Hetero Labs, Jubilant Lifesciences, Mylan, and Ferozsons. The arrangements are formally called non-exclusive voluntary licenses, which is a similar approach Gilead has taken in the past in response to pressure to widen access to its hepatitis C medicines. In this instance, the deals cover mostly low-income and lower-middle income countries, but also some upper-middle- and high-income countries that Gilead said face significant obstacles to access....”

Excerpt:

“Meanwhile, one academic expressed disappointment over what he called a lack of global coverage, since the licensing agreements make it unlikely the Indian government would issue so-called compulsory licenses to allow other companies to make and export versions of remdesivir. Under a World Trade Organization agreement, governments may grant such a license to a public agency or a generic drug maker, allowing it to copy a patented medicine without the consent of the
brand-name company that owns the patent. Such a development for remdesivir “looks extremely unlikely, with key Indian firms entering into partnership with Gilead,” said Ken Shadlen, a political scientist at the London School of Economics, who studies the global pharmaceutical industry and patent issues. “I can’t see that happening.” Instead, more widespread global supplies would have to come from another country that is willing to issue a compulsory export license and also has large domestic pharmaceutical companies with sufficient production capacity. “Will that happen? There aren’t that many candidates, and it seems unlikely,” said Shadlen.

CCSA (joint report) – How Covid-19 is changing the world: a statistical perspective


Joint report compiling the latest #COVID19 statistics from 36 UN orgs.

Covid funding/advocacy/new initiatives

This section reports on some new funding, but also advocacy (related to funding or otherwise), new initiatives, ...

COVID-19 Fallout: Where Goeth the World Health Organization?


The key paragraph, focusing on the strengthened link between WHO and the European Investment Bank (see also last week’s IHP newsletter):

“... With the pronouncement of the United States, one could have assumed WHO would begin a spiraling decline, losing programs, qualified staff, and funding. But hold on: In May 2020 a Knight with shining Euros came to its rescue. The European Investment Bank (EIB) announced it will significantly increase its funding to boost its cooperation with WHO to strengthen public health, supplies of essential equipment, training and hygiene investment, and investment in countries most vulnerable to the COVID-19 pandemic. According to May 7, 2020, WHO press release: “The WHO and the EIB will reinforce cooperation to support immediate COVID-19 needs and jointly develop targeted financing to enhance health investment and build resilient health systems and primary health care to address public health emergencies as well as accelerate progress towards Universal Health Coverage. The partnership will benefit from the EIB’s planned 1.4 billion EUR response to address the health, social and economic impact of COVID-19 in Africa.” The upshot of this EIB commitment is WHO will have a far greater resource base over the next few years without the United States’ annual contributions. ...”

Devex - What more could donors be doing on COVID-19?

“Despite donors announcing billions of dollars as part of the global COVID-19 response, much of that comes from existing funds, and many professionals are worried that the economic turmoil in donor countries will ultimately see aid budgets fall. Almost half of respondents said they anticipate a reduction in foreign aid in the long term. And even if funds for COVID-19 programming are flowing, there are also concerns about a lack of core or operational support for NGOs struggling to ride out the impact of the crisis. ...”

KFF (data note) - Global Funding Across U.S. COVID-19 Supplemental Funding Bills

“The U.S. thus far has enacted four emergency supplemental funding bills to address the COVID-19 pandemic: the Coronavirus Preparedness and Response Supplemental Appropriations Act (L. 116-123) enacted on March 6; the Families First Supplemental Appropriations Act (L. 116-127) enacted on March 18; the Coronavirus Aid, Relief, and Economic Security (CARES) Act (L. 116-136) enacted on March 27; and the Paycheck Protection Program and Health Care Enhancement Act (L.116-139) enacted on April 24.”

“While most of the funding in these bills has been for the domestic response, approximately $3.2 billion has been appropriated for global efforts, provided in two of the four bills – the Coronavirus Preparedness and Response Supplemental and the CARES Act....”

“This data note tracks appropriations designated for international efforts in the emergency bills....”

Devex - US Senate Democrats introduce $9B international COVID-19 funding bill

“A group of Senate Democrats introduced legislation Friday that would provide $9 billion for the global COVID-19 response and chart a more engaged course of action for the U.S. To date, most U.S. COVID-19 legislation has focused on the domestic response, and aid advocates had been pushing for more global funding. They will see this bill as a positive step, though it falls short of the $12 billion that advocates had proposed. But it is somewhat unlikely that the COVID-19 International Response and Recovery Act, or CIRRA, will pass the Senate in its entirety, especially because it includes language around refugees and funding for the United Nations Population Fund, which the administration of President Donald Trump has rejected in the past. It is more probable that part of the act could be included in another COVID-19 funding bill or tacked on to other, must-pass legislation, and having the text ready to go could expedite that process. In addition to providing funds — including through large contributions to multilateral organizations — the legislation aims to reposition the U.S. role in the global response....”

See also KFF - U.S. Senate Democrats Introduce COVID-19 International Response And Recovery Act To Support U.S. Engagement In Addressing Pandemic
Devex - Can innovative financing tools raise funds for the COVID-19 response?

UNICEF appeals for $1.6 billion to meet growing needs of children impacted by COVID-19 pandemic

“New funding request is $1 billion more than March appeal, as countries reel from socioeconomic impact of COVID-19.”

O’Neill institute (Georgetown) - U.S. Global COVID-19 Leadership Action Plan

The @oneillinstitute launches a major #COVID-19 Global Action Plan, with 2 key elements: 1) massive infusion of funds for health/social protection 2) equitable distribution of tests, Rx, vaccines-put a stop to global scramble for scarce medical resources.

For it to materialize, I guess we all have to wait for a positive outcome in the November elections.

CGD (blog) How to Make Sure the Market Delivers a COVID-19 Vaccine

Amanda Glassman et al also hope for some US leadership. Even before November, hopefully (via GAVI, or the US Congress, ..).

“Every country faces the same fundamental challenge in the face of the COVID-19 pandemic. Their economies and societies cannot fully return to “normal” until we have a safe and effective vaccine. And achieving that goal quickly is not easy. We see four big problems.”

Blog linked to their new paper - Leave No One Behind: Using a Benefit-Based Advance Market Commitment to Incentivise Development and Global Supply of COVID-19 Vaccines
Over 300 lawmakers worldwide urge IMF, World Bank to cancel poor countries’ debt

“Over 300 lawmakers from around the world on Wednesday urged the International Monetary Fund and World Bank to cancel the debt of the poorest countries in response to the coronavirus pandemic, and to boost funding to avert a global economic meltdown....” “The appeal came in a letter delivered to the heads of the World Bank and the IMF here, as well as U.S. President Donald Trump and other world leaders amid growing concern that the pandemic will devastate developing countries and emerging economies....” Former U.S. presidential candidate Senator Bernie Sanders led the initiative.

How to finance social protection in developing countries in the age of COVID-19

By Jayathi Ghosh. So you know you have to read this. And let’s hope she will be listened to by the powers that be.

UN News - Workers and COVID-19: Access to healthcare, now ‘a matter of life and death’

“The spread of COVID-19 in developing countries has exposed gaps in social protection coverage which could compromise recovery plans, expose millions of people to poverty and affect global readiness to cope with similar crises, according to two policy briefs issued Thursday by the International Labour Organization.”

The report on Social protection responses to the COVID-19 pandemic in developing countries describes social protection as “an indispensable mechanism for delivering support to individuals during the crisis”. It looks at response measures introduced in some countries, such as the removal of financial barriers to quality health care, and protecting incomes and jobs, among other interventions. The ability to access affordable, quality, healthcare has become “a matter of life and death”, the UN labour agency brief says.”

Vox - Bill Gates has an idea for how to get billionaires to donate more for coronavirus

Bill is still stuck in his “MDG era” ways.
“... The philanthropist is also doing something else, far more behind the scenes: exploring ways to get his fellow billionaires to give substantially more of their money away right now. That could mean changing the role played by the Giving Pledge, a public declaration crafted just over a decade ago by Gates and Warren Buffett and signed by some of the world’s wealthiest people. ... In recent weeks, Gates and his aides have discussed plans to possibly pool voluntary donations from over 200 billionaires and direct the money on their behalf toward the coronavirus crisis, Recode has learned from people familiar with the matter. Another, likelier idea centers on creating a “marketplace” for Giving Pledge signers, and possibly other ultra-rich people who have yet to sign it, to pitch one another on projects. Either of these moves would be a stark departure from the hands-off role traditionally played by Gates’ team, which has long been reluctant to press too hard on his fellow signers about specific grant recommendations or the speed with which their money is donated.

... No final decisions have been made, but any of these proposals would be a reimagining of the message of the Giving Pledge in the first place....”

Covid science

To start this section, we would like to encourage you to listen to this great (1-hour) webinar from Wednesday, at the Global Health Centre (Graduate Institute), expertly moderated by Suerie Moon: Will it be a long and winding road? Innovation and access to Covid-19 medicines

Great short presentations and debate on the current state of affairs in this area. Among others with MP Kieny’s point of view.

NYT - This Is the Future of the Pandemic


“Covid-19 isn’t going away soon. Two recent studies mapped out the possible shapes of its trajectory.”

“... In the interest of managing our expectations and governing ourselves accordingly, it might be helpful, for our pandemic state of mind, to envision this predicament — existentially, at least — as a soliton wave: a wave that just keeps rolling and rolling, carrying on under its own power for a great distance. ... The pandemic wave, similarly, will be with us for the foreseeable future before it diminishes. But, depending on one’s geographic location and the policies in place, it will exhibit variegated dimensions and dynamics traveling through time and space....”

... Scenario No. 1 depicts an initial wave of cases — the current one — followed by a consistently bumpy ride of “peaks and valleys” that will gradually diminish over a year or two. ... Scenario No. 2 supposes that the current wave will be followed by a larger “fall peak,” or perhaps a winter peak, with subsequent smaller waves thereafter, similar to what transpired during the 1918-1919 flu pandemic. ...” Scenario No. 3 shows an intense spring peak followed by a “slow burn” with less-pronounced ups and downs. ...”
The authors conclude that whichever reality materializes (assuming ongoing mitigation measures, as we await a vaccine), “we must be prepared for at least another 18 to 24 months of significant Covid-19 activity, with hot spots popping up periodically in diverse geographic areas.”

So, lacking a vaccine, our pandemic state of mind may persist well into 2021 or 2022 — which surprised even the experts.

Guardian - Scientists concerned that coronavirus is adapting to humans

https://www.theguardian.com/society/2020/may/10/scientists-concerned-that-coronavirus-is-adapting-to-humans

“The analysis of more than 5,300 coronavirus genomes from 62 countries shows that while the virus is fairly stable, some have gained mutations, including two genetic changes that alter the critical “spike protein” the virus uses to infect human cells. Researchers at the London School of Hygiene and Tropical Medicine stress that it is unclear how the mutations affects the virus, but since the changes arose independently in different countries they may help the virus spread more easily. The spike mutations are rare at the moment but Martin Hibberd, professor of emerging infectious diseases and a senior author on the study, said their emergence highlights the need for global surveillance of the virus so that more worrying changes are picked up fast…."

Scientific American - How Coronavirus Spreads through the Air: What We Know So Far


“The virus that causes COVID-19 can persist in aerosol form, some studies suggest. But the potential for transmission depends on many factors, including infectiousness, dose and ventilation.”

See also MIT Technology on ‘loud speaking’:

“A new study estimates that a single minute of loud speaking generates at least 1,000 covid-containing droplets, and these droplets stay airborne for longer than eight minutes, and sometimes as long as 14 minutes.”

Science News - Artificial intelligence systems aim to sniff out signs of COVID-19 outbreaks


“Sifting people’s digital tracks could flag hot spots, but won’t replace testing for virus.”
Cidrap News - Scientists: 'Exactly zero' evidence COVID-19 came from a lab


That should settle the ‘debate’/conspiracy theories.

FT - Wuhan reports first new coronavirus cases since end of lockdown

https://www.ft.com/content/fbb9a1bb-9656-4023-aa97-01ff1dae4403

“Cluster of infections prompts fear of second wave in Chinese city where disease started.”

“... there have been concerns about the possible re-emergence of locally transmitted clusters, especially by asymptomatic carriers of the disease. The five new confirmed cases in Wuhan were previously classified as asymptomatic....”

Reuters – Men have high levels of enzyme key to COVID-19 infection, study finds

https://www.reuters.com/article/us-health-coronavirus-ace2-men/men-have-high-levels-of-enzyme-key-to-covid-19-infection-study-finds-idUSKBN22M0UA

“Men’s blood has higher levels than women’s of a key enzyme used by the new coronavirus to infect cells, the results of a big European study showed on Monday — a finding which may help explain why men are more vulnerable to infection with COVID-19....”

Lancet - Triple combination of interferon beta-1b, lopinavir–ritonavir, and ribavirin in the treatment of patients admitted to hospital with COVID-19: an open-label, randomised, phase 2 trial

Lancet;


HPW - More Research On COVID-19 And Cardiovascular Symptoms Needed, Say WHO Experts


“As reports of COVID-19 patients presenting with cardiovascular symptoms continue to surface, World Health Organization experts say more research is needed to understand all of the clinical presentations of the new disease. Still, they underlined that the new coronavirus primarily causes respiratory disease....”
WHO also emphasized Finding Active COVID-19 Cases Over Monitoring Virus In Wastewater.

Reuters - Malaria drug touted by Trump for coronavirus fails another test

“The malaria treatment repeatedly championed by U.S. President Donald Trump as a “game changer” in the fight against the novel coronavirus has again failed to show a benefit in patients hospitalized with COVID-19, according to a study released on Thursday. While the study being published in the New England Journal of Medicine had certain limitations, doctors reported that the use of hydroxycholoquine neither lessened the need for patients requiring breathing assistance nor the risk of death....”

As MP Kieny said earlier this week at a Graduate Institute webinar, the picture on hydroxycholoquine is clear now. It’s no use.

Vox - The emerging long-term complications of Covid-19, explained

Earlier this week, Peter Piot (in the Guardian) also predicted people will suffer effects of the virus for years. Among others, he predicts many people will be left with chronic kidney and heart problems.

COVID-19 and Post-infection Immunity -Limited Evidence, Many Remaining Questions
https://jamanetwork.com/journals/jama/fullarticle/2766097

“This Viewpoint describes what is currently known about the immune response to coronavirus disease 2019 (COVID-19), highlights important gaps in knowledge, and identifies opportunities for future research.”

NYT - Rethinking covid-19 in children

“As we learn more about children and Covid-19, new research is reshaping some of our thinking’.”

Lancet - An outbreak of severe Kawasaki-like disease at the Italian epicentre of the SARS-CoV-2 epidemic: an observational cohort study
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31103-X/fulltext

Via the Lancet press release:
“COVID-19 may be linked to rare inflammatory disorder in young children, first detailed reports on 10 patients from Italy suggests

Detailed analysis from the epicentre of the Italian COVID-19 outbreak describes increase in cases of rare Kawasaki-like disease in young children, adding to reports of similar cases from New York, USA and South East England, UK. Syndrome is rare and experts stress that children remain minimally affected by SARS-CoV-2 infection overall.”

See also the related Lancet Comment: Kawasaki-like disease: emerging complication during the COVID-19 pandemic

“... Studies from several countries have confirmed that severe illness and death due to COVID-19 among children are rare, with accurate estimates unavailable because of an absence of true population denominators. Attention has now shifted to the vulnerability of children for two reasons. First, the degree to which children transmit COVID-19 is key to how countries reopen communities after lockdown. Second, new concerns about a novel severe Kawasaki-like disease in children related to COVID-19, including Lucio Verdoni and colleagues’ description of an outbreak in Italy in The Lancet, change our understanding of this disease in children....”

Science News – Scientists are drowning in COVID-19 papers. Can new tools keep them afloat?

“Timothy Sheahan, a virologist studying COVID-19, wishes he could keep pace with the growing torrent of new scientific papers about the disease and the novel coronavirus that causes it. But there are just too many—more than 4000 alone last week. ... A loose-knit army of data scientists, software developers, and journal publishers is pressing hard to change that. Backed by large technology firms and the White House, they are racing to create digital collections holding thousands of freely available papers that could be useful to ending the pandemic, and scrambling to build data-mining and search tools that can help researchers quickly find the information they seek. And the urgency is growing: By one estimate, the COVID-19 literature published since January has reached more than 23,000 papers and is doubling every 20 days—among the biggest explosions of scientific literature ever....”

“...Hundreds of teams are trying to help clean things up by pursuing one of at least two basic strategies: creating easily accessible paper collections, including a few carefully curated collections designed to highlight strong papers; and building automated search tools that use artificial intelligence (AI) technologies to cut through the noise....”

Reuters - Only 4.4% of French population infected by coronavirus - Pasteur institute

Reuters;

Herd immunity is not happening. “A study led by the Pasteur Institute says a mere 4.4% of the French population - or 2.8 million people - have been infected by the novel coronavirus, much higher than the official count of cases but way too low to achieve so-called “herd immunity”. In a
study published on Wednesday in the journal Science, researchers say the infection rate in the worst-hit parts of France - the eastern part of the country and the Paris region - is between 9 and 10 percent on average.”

See also a Nature (biomedical engineering) editorial - Sustained suppression

“The only plausible way to achieve herd immunity is through mass vaccination.”

Science News - T cells found in COVID-19 patients ‘bode well’ for long-term immunity


“New findings suggest past infections may offer some protection against the novel coronavirus.”

Covid analysis

From a number of angles, as usual. You find some additional reads on Covid-19 in the extra ‘Miscellaneous’ section (scroll down, and down, and down ...)

Lancet Offline - Don’t let COVID-19 divert us completely

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31130-2/fulltext

“Responding to COVID-19 must not be a zero-sum game. Somehow, we have to integrate our response with the existing landscape of global health. To use a medical metaphor: we are facing an acute-on-chronic health emergency. This coronavirus is exploiting and accentuating existing health crises worldwide. ... ... The Lancet will continue to prioritise the pandemic. But all of us who work in global health must ensure that we don’t turn away from a wider perspective on health. For, if we do, the pandemic will have inflicted two mortal wounds on the world.”

FT (Op-ed) - We need a Financial Stability Board for health

A McGahan; https://www.ft.com/content/72a81d8a-945d-11ea-899a-f62a20d54625

“A global co-ordinating body would increase preparedness and improve pandemic response”. An HSB.

“We have invested in building resilience in our financial system, but not in our global health system. That must change. The World Health Organization’s handling of the pandemic has been heavily criticised. The solution is not to cut the WHO — it’s to reinforce it. What the world needs is a second international organisation to work alongside the WHO with a singular focus on preparedness, response and management of threats to global health. There is already a successful model....”
i.e. “the Financial Stability Board. Established in 2009, it works in concert with the World Bank, the IMF and financial regulators to drive, co-ordinate and oversee global efforts to enhance transparency and disclosure, make banks safer, broaden the span of regulation, strengthen financial market infrastructure, and end the problem of financial institutions that are “too big to fail”.”

“… We now need a Health Stability Board with a parallel structure, resources, and authority to support countries in responding to threats to global health. An HSB would benefit from a mandate analogous to the three main functions of the FSB, with committees to focus on each one. A policy committee would agree on global standards. A vulnerabilities committee to assess emerging risks and recommend actions to members. And a standards implementation committee would perform country by country and thematic reviews to see if countries are living up to their commitments to global standards and to assess gaps in preparedness. Where the WHO develops health policy and recommendations based on analysis of global threats, the HSB would administer programmes and support technical capacity building.”

Lancet Comment - Global coordination on cross-border travel and trade measures crucial to COVID-19 response
Kelley Lee et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31032-1/fulltext

“WHO’s recommendation against measures such as travel restrictions and border closures became a point of criticism of the organisation’s role at the early stages of the COVID-19 pandemic …. The universal adoption of cross-border measures raises fundamental questions about what coordination means during a pandemic, and what role WHO has in facilitating this. Coordinated action among states in an interconnected world underpins effective prevention, detection, and control of disease outbreaks across countries.”

The authors conclude: “… Protecting public health while minimising unnecessary interference with travel and trade has been a core principle of the IHR since adoption of the International Sanitary Regulations by WHO member states in 1951. This longstanding goal, which member states collectively supported by signing the revised IHR in 2005, should not be abandoned lightly. Instead, a comprehensive accounting is needed of what cross-border measures have been adopted during the COVID-19 and past outbreaks, how these measures impact on public health and wider society, and what factors influence decision making. Such information is required to enable evidence-based, real-time decisions on adopting and lifting cross-border measures to mitigate harm during COVID-19 and future outbreaks.”

Lancet Global Health (Comment) – An appeal for practical social justice in the COVID-19 global response in low-income and middle-income countries

The coronavirus disease 2019 (COVID-19) pandemic hit the world’s wealthiest countries first, shaping global public health responses and messaging. As the pandemic escalates in low-income and middle-income countries (LMICs), there is a growing call to identify locally tailored solutions. Because outbreaks are not only public health emergencies, but also political and socioeconomic emergencies, we can learn from African Ebola and cholera responses and avoid “biomedical tunnel
vision” by actively addressing wider socioeconomic and health inequities. Otherwise, the pandemic response might do more harm than good. Practical social justice—linking principles of justice with actions tailored to specific contexts—can help to guide decisions. We offer five key points to inform decision making in LMICs grounded in principles of social justice…”

Lancet Editorial – Reviving the US CDC
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31140-5/fulltext

“…The Trump administration’s further erosion of the CDC will harm global cooperation in science and public health, as it is trying to do by defunding WHO. A strong CDC is needed to respond to public health threats, both domestic and international, and to help prevent the next inevitable pandemic. Americans must put a president in the White House come January, 2021, who will understand that public health should not be guided by partisan politics.”

Economist (Leader) – Has covid-19 killed globalisation?
https://www.economist.com/leaders/2020/05/14/has-covid-19-killed-globalisation

“The flow of people, trade and capital will be slowed.”

Excerpt: “...the push to bring supply chains back home in the name of resilience is accelerating. On May 12th Narendra Modi, India’s prime minister, told the nation that a new era of economic self-reliance has begun. Japan’s covid-19 stimulus includes subsidies for firms that repatriate factories; European Union officials talk of “strategic autonomy” …”

The piece concludes: “...Wave goodbye to the greatest era of globalisation—and worry about what is going to take its place.”

TGH - Pandemic Reparations and Justice in Global Health Governance
David Fidler: https://www.thinkglobalhealth.org/article/pandemic-reparations-and-justice-global-health-governance

Recommended. “Does seeking damages from China for COVID-19 achieve justice or reveal that justice is a product of power politics?”

Tweet: “International cooperation on health has not had to contend with balance-of-power politics for 3 decades. #globalhealth governance developed in this period, including the outbreak reviews, are ill-equipped to deal with the return of geopolitics” #COVID19”

Al Jazeera - The problem with predicting coronavirus apocalypse in Africa
“Claims that Africa will be hit the worst by the pandemic ignore African epidemiological know-how and action.”

“...The problem with the UNECA and Gates’s projections of the impact COVID-19 will have on the African continent is that they strip African countries of their agency and redirect focus on providing charity rather than supporting already existing and well-functioning epidemiological responses....”

Guardian - 'We are living through the first economic crisis of the Anthropocene'

Adam Tooze: https://www.theguardian.com/books/2020/may/07/we-are-living-through-the-first-economic-crisis-of-the-anthropocene

“Forget the butterfly effect, this is the bat effect – our stranglehold on nature has unleashed the coronavirus outbreak. And the pandemic is forcing us to rethink how to run our networked world...”

“The Covid-19 economic emergency of 2020 is the result of a massive global effort to contain an unknown and lethal disease. It is both a surprising demonstration of our collective power to stop the economy and a shocking reminder that our control of nature, on which modern life rests, is more fragile than we like to think. What we are living through is the first economic crisis of the Anthropocene. ... ... the crucial point is that financial stability and geopolitics are now entwined with a challenge, which, as the French president Emmanuel Macron has put it, is anthropological: what is at stake is the trade-off between economic activity and death. A chance mutation in the environmental pressure cooker of central China has put in jeopardy all our ability to go about our daily business. It is a malign version of the butterfly effect. Call it the bat effect....”

... The obvious solution is to make the investments in global public health that experts have been calling for since the 1990s....“

TGH - The WHO We Need for the Next Pandemic

N Sun et al; https://www.thinkglobalhealth.org/article/who-we-need-next-pandemic

Nice one. “The World Health Organization should be more independent, collaborate with NGOs, and increase emphasis on human rights.” Hard to argue with. But difficult to get there...

Science News – ‘Finally, a virus got me.’ Scientist who fought Ebola and HIV reflects on facing death from COVID-19


This interview with Peter Piot went viral last weekend, and for good reason. Must-read.

A few quotes:
"The only real exit strategy from this crisis is a vaccine that can be rolled out worldwide" Peter Piot, after recovering from COVID-19

On the WHO: “Likewise, I hope that the World Health Organization [WHO], which is doing a great job in the fight against COVID-19, can be reformed to make it less bureaucratic and less dependent on advisory committees in which individual countries primarily defend their own interests. WHO too often becomes a political playground....”

And finally, Piot acknowledged he feels, for the first time in his life, “vulnerable”. Now, when that only happens at the blessed age of 71, you can consider yourself “lucky” on this planet, Peter.

Guardian - Will coronavirus lead to fairer societies? Thomas Piketty explores the prospect


Excerpts: “...The right response to this crisis would be to revive the social state in the global north, and to accelerate its development in the global south. This new social state would demand a fair tax system and create an international financial register that would enable it to bring in the largest and richest firms to that system. The present regime of free circulation of capital, set up in the 1980s and 90s under the influence of the richest countries – especially in Europe – encourages evasion by millionaires and multinationals. It prevents poor countries from developing a fair tax system, which in turn undermines their ability to build a social state....”

“I always takes major social and political mobilisation to move societies in the direction of equality....”

NYT- How Pandemics End


“An infectious outbreak can conclude in more ways than one, historians say. But for whom does it end, and who gets to decide?”

“When will the Covid-19 pandemic end? And how? ... According to historians, pandemics typically have two types of endings: the medical, which occurs when the incidence and death rates plummet, and the social, when the epidemic of fear about the disease wanes. “When people ask, ‘When will this end?,’ they are asking about the social ending,” said Dr. Jeremy Greene, a historian of medicine at Johns Hopkins. ... In other words, an end can occur not because a disease has been vanquished but because people grow tired of panic mode and learn to live with a disease. “

“... One possibility, historians say, is that the coronavirus pandemic could end socially before it ends medically. People may grow so tired of the restrictions that they declare the pandemic over,”
even as the virus continues to smolder in the population and before a vaccine or effective treatment is found. “I think there is this sort of social psychological issue of exhaustion and frustration,” the Yale historian Naomi Rogers said. “We may be in a moment when people are just saying: ‘That’s enough. I deserve to be able to return to my regular life ...”

Foreign Affairs - Sweden’s Coronavirus Strategy Will Soon Be the World’s


“Herd Immunity Is the Only Realistic Option—The Question Is How to Get There Safely.”

BMJ Global Health (Commentary) - Off the back burner: diverse and gender-inclusive decision-making for COVID-19 response and recovery

S Bali et al; https://gh.bmj.com/content/5/5/e002595

By the Gender and Covid19 working group.

BMJ Editorial - Waste in covid-19 research

P Glasziou et al; https://www.bmj.com/content/369/bmj.m1847

“A deluge of poor quality research is sabotaging an effective evidence based response.”

Quote: “... Given the risk that a vaccine may be ineffective, partially effective, or delayed, there is an urgent need for a body similar to CEPI that could coordinate and support neglected research into non-drug interventions such as distancing, hand hygiene, masks, tracing, and environmental modifications, which have so far been the only effective means of control.”

Chatham House - In the COVID-19 Era, Healthcare Should be Universal and Free


“Coronavirus is the ultimate example of why we need universal health coverage because, if anyone is left out, it threatens the health security of everyone.”

Excerpt: “…It is, therefore, very significant that, as part of its Covid-19 policy responses, the World Health Organisation (WHO) has now explicitly called on countries to remove all healthcare user fees and co-payments. This is a radical change in position from the days when it promoted the formalisation of user fees in Africa through the Bamako Initiative. This programme encouraged community-based financing, for example establishing revolving drug funds, which in effect meant poor people having to pay for their medicines out of pocket. ...”
Medium (blog) - The 21st-century risks landscape means we need to accept that ‘black swans’ are increasingly becoming the new normal.

R Nadin (ODI) https://medium.com/@r.nadin/if-we-were-not-ready-for-a-predictable-pandemic-what-else-arent-we-ready-for-e28812e16e84

“Today’s world is more interconnected and interdependent than ever before. Technology is evolving in ways that even ten years ago, our younger selves would not have imagined. This world also often described as volatile and unpredictable — facing unprecedented threats such as climate change, pandemics and antibiotic resistance, increasing economic and financial instability, the spread of transnational criminal networks and terrorism, cyber disinformation and disruption, geopolitical volatility and conflict. These global threats are creating a 21st-century risk landscape that is highly complex. One in which our own responses to threats are generating feedback, creating further new and emerging risks. ... ... In this 21st-century risk landscape, black swans are increasingly common—events that seem difficult to predict (or more often ignored by most), with a low probability of occurring but with severe consequences....”

Guardian - Soaring drug prices could bar access to future coronavirus treatments


“Existing drugs may help us get through the coronavirus pandemic while we wait for a vaccine, but high pricing by pharmaceutical companies will probably mean that, even if these drugs are proven to be effective, many sick people will still be prevented from getting treatment. A study published this month in the Journal of Virus Eradication looked at nine of the drugs that have been identified as possible Covid-19 treatments and are in various stages of clinical trials globally. The team of researchers looked at how much each of the drugs is sold for in countries where data was available. Then they calculated what a generic version of these drugs might cost. For example, a course of sofosbuvir (a drug currently used to treat hepatitis C) costs around $5 to make but the current list price in the US is $18,610. ...”

Stat (Op-ed) - A global pathogen shield: the health security step to ‘never again’


They certainly deserve the prize for the catchiest term, ‘global pathogen shield’.

“... When the immediate crisis is over, we need a similar revolution in our approach to health security. No health system, however sophisticated, can ever be fully prepared to cope with a pandemic of this nature and on this scale. We urgently need to build a global pathogen shield: a rapid response capability primed to develop new treatments and vaccines against novel diseases such as Covid-19 and deploy them at scale....”

IMF blog – How Pandemics Leave the Poor Even Farther Behind

“if past pandemics are any guide, the toll on poorer and vulnerable segments of society will be several times worse. Indeed, a recent poll of top economists found that the vast majority felt the COVID-19 pandemic will worsen inequality, in part through its disproportionate impact on low-skilled workers. Our evidence supports concerns about the adverse distributional impacts of pandemics. We find that major epidemics in this century have raised income inequality and hurt employment prospects of those with only a basic education while scarcely affecting employment of people with advanced degrees....”

“...We focus on five major events—SARS (2003), H1N1 (2009), MERS (2012), Ebola (2014) and Zika (2016)—and trace out their distributional effects in the five years following each event. ...

WB (blog) - Can corruption risks be mitigated without hindering governments’ COVID-19 response?

“As governments respond to the coronavirus (COVID-19) crisis, the need for speed can lead to short-circuiting the normal procedures designed to control corruption risks. The circumstances of the pandemic can make traditional oversight even more challenging. Moreover, the nature of an emergency response itself can open new avenues for corruption. At its worst, corruption could lead to unnecessary suffering and even loss of lives by diverting scarce resources from the people and places who need them most. It could also entrench elite privilege, widen inequality, and undermine trust in the institutions of accountability. To help guide policy makers, the World Bank’s Governance team has prepared a policy brief on Ensuring Integrity in Government’s Response to COVID-19. ...”

Globalization & Health - Impact of international travel dynamics on domestic spread of 2019-nCoV in India: origin-based risk assessment in importation of infected travelers

“... The importation of the cases owing to enormous international travels from the affected countries is the foremost reason for local cycle of transmission. For a country like India, the second most populous country in the world with ~ 1.35 billion population, the management and control of 2019-nCoV domestic spread heavily relied on effective screening and strict quarantine of passengers arriving at various international airports in India from affected countries. Here, by extracting the data from FLIRT, an online airline database for more than 800 airlines, and scanning more than 180,000 flights and 39.9 million corresponding passenger seats during 4th – 25th March, we show that India experienced the highest risk index of importing the passengers from middle eastern airports. Contrary to perception, travelers from China imposed lowest risk of importing the infected cases in India. This is clearly evident form the fact that while the number of infected cases were on the peak in China India was one of the least affected countries. The number of cases in India started exhibiting a sharp increase in the infected cases only after the European countries and USA recorded large number of infected cases. We further argue that while the number of cases in middle eastern countries may still be very low, the airports in middle eastern countries, particularly Dubai, being one of the largest transit hubs for international passengers, including..."
arriving in India, might have posed a higher risk of getting infected with 2019-nCoV. We suggest that any future travel related disease infection screening at the airports should critically assess the passengers from major transit hubs in addition to affected country of origin.”

Science (Policy Forum) - A strategic approach to COVID-19 vaccine R&D
https://science.sciencemag.org/content/early/2020/05/08/science.abc5312

Among the authors: A Fauci & F Collins.

“There is an unprecedented need to manufacture and distribute enough safe and effective vaccine to immunize an extraordinarily large number of individuals in order to protect the entire global community from the continued threat of morbidity and mortality from severe acute respiratory syndrome–coronavirus 2 (SARS-CoV-2). The global need for vaccine and the wide geographic diversity of the pandemic require more than one effective vaccine approach. Collaboration will be essential among biotechnology and pharmaceutical companies, many of which are bringing forward a variety of vaccine approaches (1). The full development pathway for an effective vaccine for SARS-CoV-2 will require that industry, government, and academia collaborate in unprecedented ways, each adding their individual strengths. We discuss one such collaborative program that has recently emerged: the ACTIV (Accelerating COVID-19 Therapeutic Interventions and Vaccines) public-private partnership....”

TGH - Hand-Washing is Crucial for Combatting Coronavirus
https://www.thinkglobalhealth.org/article/hand-washing-crucial-combatting-coronavirus

“Expanded hand-washing could save thousands of lives from COVID-19 and other diseases—especially in low-income countries.”

“...Lack of access to hand-washing is likely a major driver of coronavirus transmission. Research indicates that hand-washing could prevent up to 55 percent of respiratory infections. In 2019, hand-washing was out of reach for one out of four people in the world, according to a new publication from the Institute for Health Metrics and Evaluation (IHME) in the journal Environmental Health Perspectives. Lack of access to hand-washing was especially stark in low-income countries in sub-Saharan Africa, South Asia, and the Caribbean. In sub-Saharan Africa, for example, one out of every two people lacked access to hand-washing basics like soap and water...”

CGD (blog) The Indirect Health Effects of COVID-19: Disrupted and Suspended Health Services

“The full impacts of COVID-19 and the restrictions adopted to mitigate the pandemic are yet to be fully revealed. We do not know the number of deaths indirectly related to the novel coronavirus around the world, and how these may differ from country to country. We are launching an inventory to track the evolving situation.”

“... We argue that one way to ‘quieten the noise’ and help policy makers who are hastily (re)formulating national plans is to step back and think at a more strategic or systemic level. Similarly, bringing together this sophisticated but somewhat disparate thinking and analysis into some form of coherent structure appears essential. While the role of strengthening health systems in responding to COVID-19 is beginning to be recognized, this is often high level and specific to particular settings. We suggest that a clear framework that can systematically incorporate various types of evidence and propose different kinds of action would not only facilitate current thinking around how to mitigate the effects of this pandemic, but also possible future pandemics and health emergencies....” Focus on macro, meso and micro level.


“Well-designed paid sick leave is critical to ensure workers stay home when sick to prevent the spread of SARS-CoV-2 and other infectious pathogens, both when the economy is open and during an economic shutdown. To assess whether paid sick leave is available in countries around the world, we created and analysed a database of legislative guarantees of paid leave for personal illness in 193 UN member states....”

On six main policy challenges in enabling the domestic private health sector to support the national response to COVID-19.


“Given that the COVID-19 crisis affects men and women in different ways, measures to resolve it must take gender into account. For women and girls, vulnerabilities in the home, on the front lines of health care, and in the labor market must be addressed.” Op-ed co-signed by a number of female ministers.
WB (blog) - Operational lessons for COVID-19 (coronavirus): What can we learn from past outbreaks?
what-can-we-learn-past-outbreaks

“As COVID-19 (coronavirus) spreads around the world, governments and development organizations
are thinking hard about how to respond effectively. Trajectories of the epidemic have varied widely
among countries as governments adopt a range of policies to contain it. These efforts raise the
question of what lessons we can glean from previous experiences in combating novel disease
outbreaks. We examined four case studies of epidemic response and recovery from the Global
Delivery Initiative (GDI): three from past outbreaks, and one new case: Building a more resilient
health system after Ebola in Liberia; Financial inclusion and resilience: How BRAC’s microfinance
program recovered from the West Africa Ebola crisis; How Nigeria’s Centre for Disease Control
contained Lassa Fever, 2015-2017 (Forthcoming); The Republic of Korea’s First 70 Days of
Responding to the COVID-19 Outbreak....”

Economist - Health workers become unexpected targets during covid-19
https://www.economist.com/international/2020/05/11/health-workers-become-unexpected-
targets-during-covid-19

“The toll on them may last long after the pandemic has abated.”

“... At a time when politicians lionise them and homebound citizens cheer them on with claps and
pictures of rainbows, doctors, nurses and other health workers around the world are finding
themselves under threat of violent attack, and under terrible psychological strain. From Australia
to China, governments and hospitals have had to take extraordinary measures to ensure the safety of
their staff, even as they battle to control the global pandemic. ... Attacks are often treated as
isolated incidents, but highlight a mounting problem: health-care systems across the world have
struggled in recent years both with rising violence and the psychological toll on staff. The figures
are stark. The World Health Organisation estimates that as many as 38% of physicians worldwide
have suffered physical violence at some point in their careers. ... ... Yet deeper problems leave
doctors and nurses vulnerable to attack. In many countries, perceptions of doctors have
deteriorated over recent decades... ... These concerns come on top of the mental and emotional toll
the pandemic is exacting.”

Devex - Data around COVID-19 is a mess and here’s why that matters

“Infections from the coronavirus have now passed 4 million globally, with deaths now running over
270,000. But experts warn these figures — used to understand the spread and impact of the
pandemic — need to be treated with caution. Data plays a critical role in the COVID-19 response.
Researchers rely on case data to make predictions of how many people will likely be infected by the
virus. Governments use this information to identify policies and measures they need to adopt and
implement in their countries’ contexts. Aid organizations use data to help understand needs and
target their interventions....”
“But their analyses and responses are only as good as the data at hand. So if there is underreporting of deaths in a country, modeling analyses picking up that data will likely underreport deaths in their predictions, said Nilanjan Chatterjee, a Bloomberg distinguished professor at Johns Hopkins University. And that will have an impact on how governments prepare for the pandemic. “If the data is not as good, then our forecast in the future [will also carry] underreported deaths ... and that will lead to under preparation [as these predictions] help governments to prepare how many hospital beds will be needed, ICU beds, and ventilators,” said Chatterjee, who has evaluated some of the oft-cited modeling analyses on COVID-19.

The problem is there’s a lot of underreporting globally, from testing to deaths from COVID-19. Inconsistent reporting and differences in countries’ reporting methods also make it challenging to make comparisons between countries. Health data experts, including professor Alan Lopez, director of the Bloomberg Initiative for Civil Registration and Vital Statistics, told Devex as little as one-quarter of reporting countries’ data on deaths may be trustworthy enough to support policy and decision-making. “In some countries, we know the data quite well, but those countries typically are only covering 25 to 30% of global deaths,” he said. “Many other countries will take several years to produce reliable data.”

Universal Rights Group (New York); Realizing the right to health must be the foundation of the COVID-19 response


“The COVID-19 pandemic will inflict cataclysmic suffering throughout the world, with sweeping implications for human rights in global health. As human rights analysis has begun to assess the wide-ranging infringements of human rights amidst this unprecedented pandemic response, it will also be necessary to consider the implications of this response for the realization of the human right to the enjoyment of the highest attainable standard of physical and mental health (right to health). The right to health has evolved under international law to provide a foundation for public health prevention, healthcare services, social distancing measures, and global health solidarity in the COVID-19 response....”


“As stressed in a recent blog by the WHO Health Financing team, the current COVID-19 crisis has far-reaching implications for health financing. In recent decades, many low- and middle-income countries have adopted Results Based Financing (RBF) mechanisms as part of their broader health system strengthening efforts. Such RBF programs, too, are currently under strain as a result of the pandemic, and require adaptations. At the same time, since its mechanisms allow for flexibility, RBF can currently be an asset: a specific COVID-19 response can be embedded into more systemic change. Through the publication of the first edition of a Quick Reference Guide for RBF in Times of COVID-19, Cordaid wishes to engage with the wider community of practitioners on RBF and PBF.”
Lancet Comment - Prevention and control of non-communicable diseases in the COVID-19 response

Hans Kluge et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31067-9/fulltext

“The COVID-19 response and continued and strengthened focus on NCD prevention and management are key and interlinked aspects of public health at the present time. If the COVID-19 response is not adapted to encompass prevention and management of NCD risks, we will fail many people at a time when their vulnerability is heightened. What steps should be taken to adapt the COVID-19 response? The WHO Regional Office for Europe has started to develop a list of actions that could be adapted by countries to address the needs of those at risk of NCDs or who are already living with NCDs, together with practical considerations for teams developing COVID-19 response plans at local or national levels …”

Lancet Comment - Sharpening the global focus on ethnicity and race in the time of COVID-19

N Bhala et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31102-8/fulltext

“The evidence in the UK and the USA in the time of COVID-19 has sharpened the focus on inequalities neglected for a long time. Therefore, hand in hand, political action is needed to tackle xenophobia and racism, with concerted efforts to resolve long-standing societal inequalities globally. Reliable collaborative evidence must underpin clinical, public health, and societal interventions by policy makers that address these injustices and tackle the COVID-19 pandemic and its sequelae....”

DemocracyWatch: COVID-19 ushers in a new era of surveillance apps


“Around the world, governments are using the crisis to roll back democracy and human rights – and to monitor citizens through new tracker apps.”

See also MIT Technology Review - A flood of coronavirus apps are tracking us. Now it’s time to keep track of them.

“There’s a deluge of apps that detect your covid-19 exposure, often with little transparency. Our Covid Tracing Tracker project will document them.”

The Guardian (Longread) - Naomi Klein: How big tech plans to profit from the pandemic

“As the coronavirus continues to kill thousands each day, tech companies are seizing the opportunity to extend their reach and power.”

She calls it the ‘Screen New Deal’.

Guardian - Bangladesh garment factories reopen despite coronavirus threat to workers

“In an effort to revive the stricken industry plant owners restart production, but labour activists claim safety measures are illusory.”

Imperial college (report) - Equity in response to the COVID-19 pandemic: an assessment of the direct and indirect impacts on disadvantaged and vulnerable populations in low- and lower middle-income countries

“The impact of the COVID-19 pandemic in low-income settings is likely to be more severe due to limited healthcare capacity. Within these settings, however, there exists unfair or avoidable differences in health among different groups in society – health inequities – that mean that some groups are particularly at risk from the negative direct and indirect consequences of COVID-19. The structural determinants of these are often reflected in differences by income strata, with the poorest populations having limited access to preventative measures such as handwashing. Their more fragile income status will also mean that they are likely to be employed in occupations that are not amenable to social-distancing measures, thereby further reducing their ability to protect themselves from infection. Furthermore, these populations may also lack access to timely healthcare on becoming ill. We explore these relationships by using large-scale household surveys to quantify the differences in handwashing access, occupation and hospital access with respect to wealth status in low-income settings. We use a COVID-19 transmission model to demonstrate the impact of these differences. Our results demonstrate clear trends that the probability of death from COVID-19 increases with increasing poverty. On average, we estimate a 32.0% (2.5th-97.5th centile 8.0%-72.5%) increase in the probability of death in the poorest quintile compared to the wealthiest quintile from these three factors alone. We further explore how risk mediators and the indirect impacts of COVID-19 may also hit these same disadvantaged and vulnerable the hardest. We find that larger, inter-generational households that may hamper efforts to protect the elderly if social distancing are associated with lower-income countries and, within LMICs, lower wealth status. Poorer populations are also more susceptible to food security issues - with these populations having the highest levels under-nourishment whilst also being most dependent on their own food production. We show that timing of the COVID-19 epidemic in low-resource settings has the potential to interrupt planting and harvesting seasons for staple crops, thereby accentuating this vulnerability....”

NPR - Opinion: Always The Bridesmaid, Public Health Rarely Spotlighted Until It's Too Late
J Rovner; NPR
One of the rare positive sides of the current situation: **public health** is back in the limelight.

**BMJ Editorial- Integrating implementation science into covid-19 response and recovery**

L Hirschmann, A Binagwaho et al; [https://www.bmj.com/content/369/bmj.m1888](https://www.bmj.com/content/369/bmj.m1888)

“National and subnational responses to the covid-19 pandemic have varied in their implementation of critical evidence based interventions, including social distancing, handwashing, SARS-CoV-2 testing, and contact tracing. The variable success of such measures also reflects differences in the nature of initial outbreaks and contextual factors within communities and health systems. **Implementation science methods can make all the difference, allowing us to build on these successes and ensure that new epidemiological and sociobehavioural models and other innovations can sustain and accelerate action to end this pandemic.**”

*(comparing South Korea & UK)*

**Sophie Harman (on Discovery) – It could happen here**

[https://discoversociety.org/2020/05/14/it-could-happen-here/](https://discoversociety.org/2020/05/14/it-could-happen-here/)

Quote: “As states start to switch from response to recovery, relaxing lockdowns, and positioning themselves favourably for the inevitable inquiry into what happened that Spring, the same political rhetoric plays out: a one off, could not see it coming, never experienced anything like this, we did what we could. The pandemic is presented as if something so big, a social force, a global phenomenon it is beyond the control of the best scientific research and politics. **Pandemics in this sense are hegemonic.** It is no longer economic forces, social norms, or the transnational political elite that shape our lives: it is the health emergency, **the virus, that becomes the hegemon.**”

**Ariseconsortium (blog) – Recommendations from Guatemala to urban municipalities responding to Covid19 in LMCs**


“Local governments need to review their strategies so that they pay more attention to the wider impacts that COVID-19 will have. Municipalities will need to dig deeper and identify their weaknesses in order to address them and identify better ways to deal with the crisis and its outcomes at community level.”

**Some more reads on country responses, role models, ...**

**BMJ Global Health - The sociopolitical context of the COVID-19 response in South Korea**

**BMJ Global health (blog) - COVID-19 in Guinea: The first line of health care in South and North get ready for action!**
BMJ Global Health blog - COVID-19 in Mauritania: Has the battle already been won?

BMJ Global Health blog - Trial and error in the battle against COVID-19 in Lubumbashi, Democratic Republic of Congo

Project Syndicate - The Kerala model

Ozy- Is Ghana the model the developing world needs against the virus?

Covid resources

Graduate Institute (Global Health centre): Knowledge portal on innovation and access to medicines, with focus on Covid19

https://www.knowledgeportalia.org/covid-19


Collaboration ‘Our World in Data’ and Blavatnik School


This collaboration “shows the Oxford COVID-19 Government Response Tracker as you’ve never seen it before!” Check out this great world map (visualization).

“The Government Response Stringency Index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest response). This index simply records the number and strictness of government policies, and should not be interpreted as ‘scoring’ the appropriateness or effectiveness of a country’s response.”

Covid “collateral damage”

Guardian - Unicef: 6,000 children could die every day due to impact of coronavirus


“As many as 6,000 children around the world could die every day from preventable causes over the next six months due to the impact of coronavirus on routine health services, the UN has warned.
Global disruption of essential maternal and child health interventions – such as family planning, childbirth and postnatal care, child delivery and vaccinations – could lead to an additional 1.2 million deaths of children under five in just six months, according to analysis by the Johns Hopkins Bloomberg School of Public Health, published in the Lancet Global Health Journal. This projected figure is in addition to the 2.5 million children who die globally every six months before their fifth birthday, and threatens to reverse nearly a decade of progress on ending preventable child deaths, said the UN’s children’s agency, Unicef, on Wednesday.”

See also UN News - COVID-19 pandemic ‘quickly becoming a child rights crisis’: Daily death rate could spike by 6,000 for under-fives

- For the study in the Lancet Global Health, see Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study.

- Accompanying Comments: (C Menendez et al) Avoiding indirect effects of COVID-19 on maternal and child health

“Raquel Gonzalez and partners said that national programmes should keep providing core maternal and child interventions even with the risk of COVID-19 transmission as they are “essential to save maternal and child lives”.

H Fore (boss UNICEF) - A wake-up call: COVID-19 and its impact on children’s health and wellbeing

- We also recommend the Devex analysis by Kevin Watkins (see this week’s intro) - How to prevent the 2020s from becoming a lost decade for children.

WHO- The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV


“Gains made in preventing mother-to-child transmission of HIV could be reversed, with new HIV infections among children up by as much as 104%.”

“A modelling group convened by the World Health Organization and UNAIDS has estimated that if efforts are not made to mitigate and overcome interruptions in health services and supplies during the COVID-19 pandemic, a six-month disruption of antiretroviral therapy could lead to more than 500 000 extra deaths from AIDS-related illnesses, including from tuberculosis, in sub-Saharan Africa in 2020–2021. In 2018, an estimated 470 000 people died of AIDS-related deaths in the region. There are many different reasons that could cause services to be interrupted—this modelling exercise makes it clear that communities and partners need to take action now as the impact of a six-month disruption of antiretroviral therapy could effectively set the clock on AIDS-related deaths back to 2008, when more than 950 000 AIDS-related deaths were observed in the region. And people would continue to die from the disruption in large numbers for at least another five
years, with an annual average excess in deaths of 40% over the next half a decade. In addition, HIV service disruptions could also have some impact on HIV incidence in the next year....”

FT - Experts warn coronavirus will divert resources from killer diseases
https://www.ft.com/content/c89b4edf-cb82-40be-84db-551cdf30cd24

From last weekend.

Excerpt: re vaccination: “Seth Berkley, head of Gavi, The Vaccine Alliance, that distributes donor-funded vaccines to the world’s poorest countries, stressed the need for a response approach tailored to the developing world. “Advice given for quarantining and frequent handwashing is impossible to do in urban slums,” he said, pointing to the need for communal washing facilities and food distribution systems. Ahead of a donor funding meeting next month in London, he is already planning extensive post-pandemic “catch up” vaccination campaigns for those programmes that have been delayed, as well as a potential role in distributing any future Covid-19 vaccine.....”

Devex – Why focusing on gender-based violence is a priority in a crisis

“Gender-based violence rises in almost any emergency — but this time, lockdowns make the situation even more dangerous. Experts explain how aid organizations can help.” Focus in this piece on the situation in FCAS.

The UN is trying, though – see Devex - The effort to prioritize gender-based violence in UN pandemic response but there’s still a big gap between rhetoric at the highest level and reality on the ground.

Other global health security news

Devex - US DFC launches new health investment initiative

“The U.S. International Development Finance Corporation has launched a new initiative aimed at ramping up the agency’s focus on and funding for health investments, particularly those that foster global health resilience.”

“The Health and Prosperity Initiative seeks to invest some $2 billion over the next three years and catalyze about $3 billion in private financing alongside its efforts. ...... When Adam Boehler, who founded and led a health care company prior to joining the government, came on board as CEO of DFC, it was part of his vision to “really ramp up our efforts in the health space,” Burrier said. To that end, DFC hired Nafisa Jiwani as managing director for health initiatives.
... Jiwani, who has a public health background, said that the COVID-19 crisis provides an opportunity to transform the traditional way that global health has been financed, which has primarily been through aid and grants. “By involving the private sector, we can complement those aid efforts to promote sustainable investments around preparedness and health care delivery. And I’m hoping that will then help build resilience needed in developing contexts to prevent future outbreaks,” she said. ... Through the initiative, DFC will invest between $5 million and $500 million per project. ... The initiative will prioritize investments in Africa — as noted in the call for proposals — partly because many of the countries on the continent need the most investment in building resilient health systems. Africa is also where there are more U.S. government partners working on health, Burrier said....”

BMJ Global Health (Analysis) - Cuba y seguridad sanitaria mundial: Cuba’s role in global health security
Clare Wenham et al; https://gh.bmj.com/content/5/5/e002227

“Cuba has been largely absent in academic and policy discourse on global health security, yet Cuba’s history of medical internationalism and its domestic health system have much to offer contemporary global health security debates. In this paper, we examine what we identify as key traits of Cuban health security, as they play out on both international and domestic fronts. We argue that Cuba demonstrates a strong health security capacity, both in terms of its health systems support and crisis response activities internationally, and its domestic disease control activities rooted in an integrated health system with a focus on universal healthcare. Health security in Cuba, however, also faces challenges. These concern Cuba’s visibility and participation in the broader global health security architecture, the social controls exercised by the state in managing disease threats in Cuban territory, and the resource constraints facing the island—in particular, the effects of the US embargo. While Cuba does not frame its disease control activities within the discourse of health security, we argue that the Cuban case demonstrates that it is possible to make strides to improve capacity for health security in resource-constrained settings. The successes and challenges facing health security in Cuba, moreover, provide points of reflection relevant to the pursuit of health security globally and are thus worth further consideration in broader health security discussions.”

Launch of Leap- a 'DARPA for global health'.

https://wellcomeleap.org/

Launched by the Wellcome Trust this week. You get the idea from some of the discourse below:

“Programs that aim to deliver breakthroughs in human health over 5 – 10 years and demonstrate seemingly impossible results on seemingly impossible timelines. ... Today, in the throes of a pandemic, we face our own Sputnik moment. And we must respond in kind. We need Apollo-like programs for vaccines, therapeutics, testing. And, new health advances for the future. We need a DARPA for global health. ... Leap is built on the DARPA model of innovation. ... Founded by visionaries Jeremy Farrar, Mike Ferguson, and the Wellcome Trust Leadership with a $300M seed investment, Leap intends to assemble international partners such that together we create the critical mass of funding required....”
GAVI replenishment update

Gavi news - **Norway, Italy, Japan, Spain, Ireland and Finland, as well as the Bill & Melinda Gates Foundation, commit new funding to Gavi, the Vaccine Alliance**

With an overview of the pledges made specifically for GAVI, at the kickstart event from 4 May.

And this week, **Canada also joined**: [Canada commits CAD 600 million to Gavi](https://www.theglobalfund.org/en/board/meetings/42/)

The (virtual) GAVI replenishment takes place early June.

**Global Fund board meeting (14-15 May)**


**Happy International Nurses Day (11 May)**

WHO - [Happy international Nurses Day](https://www.who.int/news-room/events/happy-international-nurses-day)

“**On the occasion of the International Day of the Nurse and the 200th anniversary of the birth of Florence Nightingale, the World Health Organization (WHO) joins hundreds of partners worldwide to highlight the importance of nurses in the healthcare continuum and thank nurses for what they do. The theme for this year is” Nursing the World to Health”.**”

Some papers and reports of the week

**Voices from the frontline: findings from a thematic analysis of a rapid online global survey of maternal and newborn health professionals facing the COVID-19 pandemic**

Lenka Benova et al: [https://www.medrxiv.org/content/10.1101/2020.05.08.20093393v1.full.pdf](https://www.medrxiv.org/content/10.1101/2020.05.08.20093393v1.full.pdf)

The authors prospectively documented experiences of frontline maternal and newborn healthcare providers during the COVID-19 pandemic.

Some of the results: “**Only one third of respondents received training on COVID-19 from their health facility and nearly all searched for information themselves. Half of respondents in LMICs received updated guidelines for care provision compared with 82% in HICs. Overall, only 47% of participants in**
LMICs, and 69% in HICs felt mostly or completely knowledgeable in how to care for COVID-19 maternity patients. Facility-level responses to COVID-19 (signage, screening, testing, and isolation rooms) were more common in HICs than LMICs. Globally, 90% of respondents reported somewhat or substantially higher levels of stress. There was a widespread perception of reduced use of routine maternity care services, and of modification in care processes, some of which were not evidence-based.”

See also the ITM press release.

“Researchers from the Institute of Tropical Medicine (ITM) in Antwerp are studying the effects the COVID-19 pandemic is having on maternal and newborn health care worldwide. Maternal and newborn health professionals are asked to complete a recurring online survey with various questions specific to the stage of the pandemic. The first findings show an alarming decline in the use of services, and the availability and quality of maternal and newborn care. In addition, the progress made in recent decades is in danger of being reversed....”

BMJ Editorial – Making sense of dictatorships and health outcomes
V Geloso et al; https://gh.bmj.com/content/5/5/e002542

“... Numerous policy experts and policy-makers have recommended attempting to import the ‘good’ from such regimes (ie, high-quality, cheap healthcare) and leaving behind the ‘bad’ (ie, the non-democratic institutions, repressed private sector economy, the limited respect for human rights and other restrictions imposed by the regime). In this editorial, we point out that such a sorting of the wheat from the chaff is impossible. First, we point out that it is unsurprising to see some dictatorships performing well with regard to health indicators due to their ability to forcibly mandate the allocation of resources towards achieving the regime’s objectives. Second, we point out that there are trade-offs associated with this ability that actually lead to poor economic outcomes and also to inferior outcomes on other (prosperity-related) health indicators. Third, we point out that some dictators have an incentive to invest in healthcare if it serves to bolster their regime. While the explanations provided in this editorial do not individually apply to all past and present dictatorships and autocratic regimes with impressive health policies and outcomes, they provide a useful way to make sense of their progress....”

Conclusion: “How should global health researchers and practitioners assess and make sense of improved health policy and outcomes under authoritarian and dictatorial regimes? In this editorial, we explained that it should not come as a surprise that some non-democratic regimes see some health indicators improve. Dictatorships excel at solving univariate problems. However, they tend to fail at dealing with the trade-offs associated with these solutions and on which such solutions often depend. These trade-offs are a lack of economic freedom which results in poverty and a lack of political freedom, both of which may ultimately have negative consequences on health outcomes.”

BMJ Global Health - How to prevent and address safeguarding concerns in global health research programmes: practice, process and positionality in marginalised spaces
B Aktar et al; https://gh.bmj.com/content/5/5/e002253
“Safeguarding is rapidly rising up the international development agenda, yet literature on safeguarding in related research is limited. This paper shares processes and practice relating to safeguarding within an international research consortium (the ARISE hub, known as ARISE). ARISE aims to enhance accountability and improve the health and well-being of marginalised people living and working in informal urban spaces in low-income and middle-income countries (Bangladesh, India, Kenya and Sierra Leone). Our manuscript is divided into three key sections. We start by discussing the importance of safeguarding in global health research and consider how thinking about vulnerability as a relational concept (shaped by unequal power relations and structural violence) can help locate fluid and context specific safeguarding risks within broader social systems. We then discuss the different steps undertaken in ARISE to develop a shared approach to safeguarding: sharing institutional guidelines and practice; facilitating a participatory process to agree a working definition of safeguarding and joint understandings of vulnerabilities, risks and mitigation strategies and share experiences; developing action plans for safeguarding. This is followed by reflection on our key learnings including how safeguarding, ethics and health and safety concerns overlap; the challenges of referral and support for safeguarding concerns within frequently underserved informal urban spaces; and the importance of reflective practice and critical thinking about power, judgement and positionality and the ownership of the global narrative surrounding safeguarding. We finish by situating our learning within debates on decolonising science and argue for the importance of an iterative, ongoing learning journey that is critical, reflective and inclusive of vulnerable people.”

Lancet (Review) - Artificial intelligence and the future of global health

N Schwalbe et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30226-9/fulltext

“Concurrent advances in information technology infrastructure and mobile computing power in many low and middle-income countries (LMICs) have raised hopes that artificial intelligence (AI) might help to address challenges unique to the field of global health and accelerate achievement of the health-related sustainable development goals. A series of fundamental questions have been raised about AI-driven health interventions, and whether the tools, methods, and protections traditionally used to make ethical and evidence-based decisions about new technologies can be applied to AI. Deployment of AI has already begun for a broad range of health issues common to LMICs, with interventions focused primarily on communicable diseases, including tuberculosis and malaria. Types of AI vary, but most use some form of machine learning or signal processing. Several types of machine learning methods are frequently used together, as is machine learning with other approaches, most often signal processing. AI-driven health interventions fit into four categories relevant to global health researchers: (1) diagnosis, (2) patient morbidity or mortality risk assessment, (3) disease outbreak prediction and surveillance, and (4) health policy and planning. However, much of the AI-driven intervention research in global health does not describe ethical, regulatory, or practical considerations required for widespread use or deployment at scale. Despite the field remaining nascent, AI-driven health interventions could lead to improved health outcomes in LMICs. Although some challenges of developing and deploying these interventions might not be unique to these settings, the global health community will need to work quickly to establish guidelines for development, testing, and use, and develop a user-driven research agenda to facilitate equitable and ethical use.”

See also the FT - Al set to transform healthcare in world’s poorer regions
Part of a FT Special report: “In this joint commission from The Lancet and Financial Times, we explore how AI and other digital advancements are being harnessed to improve healthcare in the world’s poorest regions.”

IJHPM - The Legal Determinants of Health: How Can We Achieve Universal Health Coverage and What Does it Mean?
L Gostin; https://www.ijhpm.com/article_3807.html
4 pager.

Lancet Public Health (Editorial) - COVID-19 puts societies to the test
Lancet Public Health

Editorial of the new issue. “… The coronavirus pandemic puts societies to the test: it is a test of political leadership, of national health systems, of social care services, of solidarity, of the social contract—a test of our very own fabric. In the face of this enormous challenge we risk deepening already stark health and social inequalities. In this issue of The Lancet Public Health, a series of research Articles, Comments, and letters tackle some of the most pressing issues in the response to the coronavirus outbreak....”

Health Research Policy & Systems research - Learning sites for health system governance in Kenya and South Africa: reflecting on our experience

By the RESYST/DIAHLS team. “Health system governance is widely recognised as critical to well-performing health systems in low- and middle-income countries. However, in 2008, the Alliance for Health Policy and Systems Research identified governance as a neglected health systems research issue. Given the demands of such research, the Alliance recommended applying qualitative approaches and institutional analysis as well as implementing cross-country research programmes in engagement with policy-makers and managers. This Commentary reports on a 7-year programme of work that addressed these recommendations by establishing, in partnership with health managers, three district-level learning sites that supported real-time learning about the micro-practices of governance – that is, managers’ and health workers’ everyday practices of decision-making....”

European Journal of Public Health - The SDGs and health systems: the last step on the long and unfinished journey to universal health care?
S Rajan, M McKee et al; https://academic.oup.comeurpub/article/30/Supplement_1/i28/5835790?guestAccessKey=75404157-c26d-482c-b01d-0a5571c30c18

Focus on the WHO Euro region.
Blogs & mainstream articles of the week

Lessons from the HIV policy lab: Tracking national HIV policies and ART access amidst Covid-19


“... Our Global Health Policy & Politics team gathered national policy documents (national HIV treatment guidelines, DSD guidelines, national HIV strategic plans, and pharmaceutical guidelines) to ascertain whether national policies allow for at least 3-month and at least 6-month dispensing of HIV medication for stable patients. We also looked at whether national policies clearly articulate who is considered stable on ART, and therefore eligible for multi-month dispensing. ... Of the countries with available data, 63% of country policies allow for at least a 3-month supply of ARVs, but only 23% allow for at least a 6-month supply of ARVs. Results varied by region, most notably East and Southern Africa. ...”

IHP - Community Health Workers and the Power of Measurement

https://www.internationalhealthpolicies.org/featured-article/community-health-workers-and-the-power-of-measurement/

SHAPES featured article by Keara Rodala et al. They zoom in on the Community Health Worker Common Indicators Project “which aims to identify and recommend a set of evaluation indicators to systematically assess the work and impacts of CHWs in the USA.”

Wellbeing Economy Alliance - Wellbeing Economics for the COVID-19 recovery - Ten principles to build back better


4-pager. Great inspiration for 'building back better’! “The COVID-19 pandemic is having devastating effects on vulnerable communities around the world but we are also seeing glimpses of hope, where societies are working to “build back better” by ensuring basic needs and protecting our natural environment. In this briefing paper, we outline a set of ten principles for “building back better” toward a wellbeing economy. We showcase examples of inspiring actions around the world that are moving us towards a wellbeing economy, along with examples of actions that are moving us away from this vision.”

Covid-19 diaries- Precarity and coronavirus

A Papamichail; https://covid19healthdiaries.com/diary?did=211

He focuses specifically on precarious employment within academia.
Quote: “...All of these career-related fears are of course being played out with the pandemic and all that comes with it as a background: missing and worrying about (and perhaps losing) friends and family, feeling upset and angry about those who have and will succumb to the illness, fearing for the shape the recovery will take, and so much more. And, here’s the kicker: in the midst of all this, we feel an incessant pressure to be productive, not least because producing at a “normal” pace won’t be enough to secure a job (if it ever was in the first place)....”

Some tweets of the week

Sadly, Adam Wagstaff passed away this week

A few farewell messages, via Twitter & otherwise:

Charles Kenny (CGD): “A very big loss to development economics and the World Bank.”

Charles Birungi (EV 2013): “The world is poorer without @adamw2011. A bold thinker, always willing to mentor young economists. I will sorely miss him. His work will live on forever. My sincere condolences to you @BennyWagstaff and family”.

Werner Soors (ITM): “He definitely played in a different league, but with a level-headed rationality that instilled respect.”

PS: I never met Adam Wagstaff but got to know him, like many among you, I presume, via his very erudite & analytical blogs. One of his many talents.

Sally McManus

on the idea of ‘paid pandemic leave’

“One of the key & obvious missing parts of the plan to reopen workplaces is the need for workers to stay home if sick. It’s an easy decision for ppl with paid sick leave & a much harder decision for ppl who do not. We need to make it an easy for everyone with paid pandemic leave.”

Priti Patnaik

“Responding to a question on returning to “normal” social practices, @DrMikeRyan says, only Science will not shape the future of how societies cope, but communities will have to play a role too. (Rephrased) It will not be ”only Science spitting out orders.”

Ifeanyi Nsofor

“The push for decolonizing global health is INCOMPLETE without decolonizing international health consultancy. We MUST STOP current situation where folks working for international health NGOs feel they are more intelligent than those working for local NGOs and government agencies.”
Ilona Kickbusch
“A very important warning from @INTERPOL_HQ - danger of trade in counterfeit #COVID19 #vaccines”.

David Graeber
“What if we defined "the economy" as "the way we take care of one another"? Since that’s what it ultimately is. What would economic indicators then look like?”

Helen Clark
“2/2 It’s now 15 weeks since @WHO declared #COVID19 to be a Public Health Emergency of International Concern. To date, UN Security Council has been unable to agree to a single resolution on the matter, despite 2014 precedent of declaring #Ebola a threat to global peace & security.”

Global governance of health

World Development - The Southern origins of sustainable development goals: Ideas, actors, aspirations


“The agency of Southern actors in global norm making was evident in the creation of the SDGs. Ideas and actors from the South played a central role in the emergence of sustainable development concept in the 1970s and 80s. Entrepreneurship of the South originated and promoted the idea of SDGs as distinct from continuing the MDG framework for development. Three examples from SDG negotiations illustrate how ideas rooted in theories and realities of the South influenced the formulation of the SDGs. Norms of international development are not static but dynamic, where mainstream norms are constantly being challenged.”

Science (Policy Forum) – Policy opportunities to enhance sharing for pandemic research

M Rourke, A Phelan, A Gostin et al; https://science.sciencemag.org/content/368/6492/716

“COVID-19 reveals gaps in international law that can inhibit timely sharing of information, samples, and sequences.”
TWN - COVID-19: Pledges of 7.4 billion euro raise several ambiguities


More analysis of the pledging kickstart event of last week. “The Coronavirus Global Response pledging event on 4 May celebrated raising 7.4 billion euro for the collaborative development of vaccines, treatment and diagnostics, but there is lack of clarity on ensuring equitable access and the role of the World Health Organization (WHO).”

Quote: “From the available information on the Coronavirus Global Response pledges, it is not clear exactly how much would actually go to the three partnerships or whether any funds would be available for developing countries to participate. While some funds have been pledged to WHO and CEPI, a considerable part of the pledges seem to be intended for the pharmaceutical industry and activities in the donor countries....”

LSHTM - Professor Peter Piot appointed as special advisor to President of European Commission


From end of last week: “The European Commission has announced the appointment of Professor Peter Piot, Director of the London School of Hygiene & Tropical Medicine (LSHTM), to the post of special advisor to the President of the European Commission, Ursula Von der Leyen, on the response to the coronavirus and COVID-19. In this role, he will advise the Commission in supporting and steering research and innovation in the global fight against the coronavirus pandemic....”

BBC - Tedros Adhanom Ghebreyesus: The Ethiopian at the heart of the coronavirus fight


Nice balanced view of dr. Tedros, and his leadership of WHO. We all agree the positive far outweighs the negative.

On the latter, one quote struck my attention in particular, though : “So while Dr Tedros may be political, a lot of that political effort seems to be spent reassuring authoritarian, opaque governments, in a bid to get them to work with the WHO to tackle diseases which threaten global health.”
PS: Some of his tweets from recent weeks aren’t exactly smart, from that point of view. Such as, “Thanks for the detailed update on the #COVID19 situation in #Belarus, President Aleksandr Lukashenko. ...” or a while ago, “My brother Lavrov...”.

IISD - Gridded Data Can Improve SDG Indicator Availability, Help Leave No One Behind


“The Sustainable Development Solutions Network’s TReNDS project launched a report on using gridded population data to ensure no one is left behind. Gridded population data sets combine census results with geospatial and other satellite data, and distribute the data using grid cells.

Gridded population data have emerged as an important resources for delivering actionable data for responding to disasters and monitoring health and infectious diseases.”

Global Health in IR - a collection from RIS

Cambridge;

« In light of the Covid-19 crisis, the Editors of RIS have created a collection of articles with a focus on Global Health. Below are all of the articles from the 2014 special issue on Global Health in IR and selected papers from the archive. This collection is available until the end of June 2020. »

UHC

Health Policy - An empirical evaluation of the performance of financial protection indicators for UHC monitoring: Evidence from Burkina Faso

B S Trakinsky, K Grepin et al;

“Achieving Universal Health Coverage (UHC) has been recognized as one of the Sustainable Development Goals (SDGs) and includes both ensuring access to health services and providing financial protection (FP) against using these services. Currently, progress towards achieving the FP component of UHC is assessed using the catastrophic health expenditure budget share indicator, which estimates the proportion of the population with health expenditures exceeding 10% of total income or consumption. Other indicators exist, however, and are widely used in the literature, yet few studies have compared the usefulness of these indicators for UHC monitoring. Using panel data...
from Burkina Faso, this paper seeks to evaluate the performance of common FP indicators based on three properties: (1) their ability to identify those most at risk of financial hardship (i.e. the poor), (2) their ability to detect households with health shocks, and (3) their sensitivity to seasonal variation. Our results indicate that, while some indicators perform better in certain conditions than others, none are without limitation. Indeed, despite being the best able to differentiate households who have experienced a health shock, the official SDG indicator performs the worst at identifying the poorest group of the population and is the most sensitive to seasonal variation. As such, more research is needed in order to improve the measurement of FP such that progress towards achieving UHC can be accurately monitored.”

As for other new Health Policy articles, check out:

Health policies for international migrants: A comparison between Mexico and Colombia

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

“… The authors describe the first National capacity-building program for Health Technology Assessment (HTA) in India. The approach described presents a strong model for adaptation in similar contexts. “

MSH – (updated) Community health planning and costing tool

https://www.msh.org/resources/community-health-planning-and-costing-tool

“Recognizing the need for improving the long-term planning of community health services, MSH, in partnership with the United Nations Children’s Fund (UNICEF), developed the Community Health Planning and Costing Tool. Initially developed in 2016, the tool was revised in 2020, based on user feedback, and is now available in both English and French…”

Planetary health


“The world economy is entering a deep economic recession, as massive lockdown efforts across the world have brought industry and services to a grinding halt. To support a rapid and sustainable economic recovery, the Group of 20 (G-20) must act immediately and end fossil fuel subsidies.”
Infectious diseases & NTDs

Quarz- As if Covid-19 was not enough, other virus outbreaks are erupting around the world


“It’s a good time to be a virus, it seems. While everyone is likely well aware of the coronavirus pandemic, other viral diseases are also thriving, spreading locally and threatening already overwhelmed health care systems...”

See for example (Reuters) - ‘Dengue kills too’ - Latin America faces two epidemics at once

“As the coronavirus kills thousands and dominates government attention across Latin America, another deadly viral infection is quietly stalking the region. Dengue - colloquially called breakbone fever for the severe joint pain it causes - is endemic in much of Latin America, but COVID-19’s arrival has pulled crucial attention and resources away from the fight against it, doctors and officials say. The Pan-American Health Organization (PAHO) expects 2020 to be marked by high rates of dengue, which can fill intensive care units and kill patients even absent the pressures of COVID-19, the respiratory disease caused by the novel coronavirus...”

Global Public Health - Promoting male circumcision as HIV prevention in sub-Saharan Africa: An evaluation of the ethical and pragmatic considerations of adopting a demand creation approach


“Male circumcision for HIV prevention is being promoted in 14 sub-Saharan African countries. Campaigns take a demand creation approach, a strategy based on generating awareness of and demand for an intervention. This article analyzes campaign materials, making the case that a focus on demand per se, at the expense of quality public health information, constitutes an ethical and pragmatic campaign flaw...”

“...in practice, circumcision promotion often lacks information about behavioural prevention. At times, campaigns omit any HIV prevention message. Instead, campaigns variously favour representing circumcision as a route to normative masculinity, to sexual prowess, or to good citizenship, among others. Alongside their targeted outcomes, public health campaigns also contribute to public discourses around sexuality and non-HIV aspects of health, in this case potentially leading to confusion and mistrust. The current public health promotion strategy for circumcision threatens to undermine the social processes needed to support HIV prevention.”
Science News - Mosquitoes’ taste for human blood may grow as African cities expand


“In most of the world, the Aedes aegypti mosquito is notorious for biting humans and spreading dengue, Zika, and other viruses. But in Africa, where the mosquito is native, most Aedes prefer to suck blood from other animals, such as monkeys and rodents. A new study suggests, though, that their taste for humans may rapidly expand—and with it their ability to spread disease. By surveying the range of Aedes biting preferences across Africa, the study shows that dryness and dense populations favor strains that target people. Those conditions are likely to intensify in Africa with climate change and increasing urbanization, though not everywhere....”

NCDs

BMC Health Services (Editorial) - “Current dementia care: what are the difficulties and how can we advance care globally?”


Editorial introducing a special issue that focuses on recent evidence on inequalities in dementia care across the globe and how dementia care can be advanced in various areas.

Nature (News) - How young refugees’ traumatic pasts shape their mental health

Nature:

“A detailed study shows that young migrants’ risk of developing psychiatric disorders rises stepwise with the number of traumas experienced.”

“One of the largest and most detailed studies of psychological health in young refugees found that the violent and life-threatening events they often encounter add to their risk of developing psychiatric problems. The uncertainty and stress of navigating asylum systems in their host nations make matters even worse. Researchers worked with 133 apparently healthy young migrants, nearly one-third of whom travelled alone as children. Participants’ stories of trauma and abuse were so horrific that they left the researchers needing counselling themselves.”
HP&P - Strengthening mental health services in Sierra Leone: perspectives from within the health system


“Though mental and substance use disorders are a leading cause of disability worldwide, mental health systems are vastly under-resourced in most low- and middle-income countries and the majority of people with serious mental health needs receive no formal treatment. Despite international calls for the integration of mental health into routine care, availability of outpatient mental health services and integration of mental health into the broader healthcare system remain weak in many countries. Efforts to strengthen mental healthcare systems must be informed by the local context, with attention to key health system components. The current study is a qualitative analysis of stakeholder perspectives on mental health system strengthening in one low-income country, Sierra Leone.....”

BMJ Tobacco - The two faces of the tobacco industry during the COVID-19 pandemic


“...While tobacco companies ostentatiously behave like model corporate citizens in their CSR efforts around the coronavirus crisis, behind the scenes they aggressively push back against emergency public health actions to reduce coronavirus transmission....”

Sexual & Reproductive / maternal, neonatal & child health

Lancet (Comment) - Mapping neonatal and under-5 mortality in India

P Kumar et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31050-3/fulltext

Comment linked to a new GBD study in the Lancet - Subnational mapping of under-5 and neonatal mortality trends in India: the Global Burden of Disease Study 2000–17

“India is one of the world’s largest and most populous countries, made up of more than 700 diverse districts. Variations in mortality in the country are known at the macro level, and now the India State-Level Disease Burden Initiative Child Mortality Collaborators have mapped neonatal and
under-5 mortality rates from 2000 to 2017 for every district in India, going down to geospatial grids as small as 5 km × 5 km. In The Lancet, the study authors report that the under-5 mortality rate (U5MR) in India decreased from 83·1 deaths (95% uncertainty interval 76·7–90·1) in 2000 to 42·4 deaths (36·5–50·0) per 1000 livebirths in 2017, and the neonatal mortality rate (NMR) decreased from 38·0 deaths (34·2–41·6) to 23·5 deaths (20·1–27·8) per 1000 livebirths....”

BMJ Global Health - Community health workers and early detection of breast cancer in low-income and middle-income countries: a systematic scoping review of the literature

https://gh.bmj.com/content/5/5/e002466

By J O’Donovan et al.

Human resources for health

HRH - Developing metrics for nursing quality of care for low- and middle-income countries: a scoping review linked to stakeholder engagement


“The use of appropriate and relevant nurse-sensitive indicators provides an opportunity to demonstrate the unique contributions of nurses to patient outcomes. The aim of this work was to develop relevant metrics to assess the quality of nursing care in low- and middle-income countries (LMICs) where they are scarce....” “...Indicators identified were reviewed by a diverse panel of nursing stakeholders in Kenya to develop a contextually appropriate set of nurse-sensitive indicators for Kenyan hospitals specific to the five major inpatient disciplines....”

WHO - Launch of the WHO Academy and the WHO Info mobile applications


“WHO announces the launch of the WHO Academy app designed to support health workers during COVID-19, and the WHO Info app designed to inform the general public. Today, the WHO Academy, World Health Organization’s lifelong learning centre, launched a mobile app designed to enable health workers to expand their life-saving skills to battle the COVID-19 pandemic. The app provides health workers with mobile access to a wealth of COVID-19 knowledge resources, developed by
WHO, that include up-to-the-minute guidance, tools, training, and virtual workshops that will help them care for COVID-19 patients and protect themselves....”

... The establishment of the WHO Academy, based in Lyon, France, is planned for launch in May 2021. The state-of-the-art lifelong learning centre, will apply the latest technologies and adult learning science to meet the learning needs of millions of health workers, policy makers, and WHO staff around the world.”

Miscellaneous

Burundi expels WHO officials coordinating coronavirus response


“In a letter addressed to WHO’s Africa headquarters, the foreign ministry says the four officials must leave by Friday.”

Stat - Atul Gawande to depart as CEO of splashy health venture. Is it ‘a death knell’?


“It seemed an ideal partnership: Three of America’s most powerful companies were teaming up with one of its most celebrated physician writers to topple a health care system with out-of-control costs and mediocre patient outcomes. But two years later, Atul Gawande is leaving the CEO role at Haven, the venture formed by Amazon, Berkshire Hathaway, and JP Morgan Chase & Co....”

“Atul Gawande is leaving his position as CEO at Haven, the health venture formed by Amazon, Berkshire Hathaway, and JPMorgan Chase & Co., a role he had held since the company’s formation two years ago. The departure, first reported by The Wall Street Journal, threatens to upend an initiative that is still in its infancy and that has not made much progress against the problems that it set out to solve, mainly improving health care delivery in the U.S. Although Gawande plans to stay on as chairman, many experts are concerned that his departure from his daily role — which comes a year after the company’s COO left after eight months on the job — may make it difficult for Haven to recover...”

See also Stat News - Gawande says leaving Haven CEO job will allow him to focus on Covid-19
Some more Covid19 related reads & analysis

Africa CDC - African researchers lead scientific coalition developing surveillance system for detecting emerging pandemics in real-time


“Researchers at the African Center of Excellence for Genomics of Infectious Diseases (ACEGID), Redeemer’s University, Ede, Nigeria, have begun a partnership with the Africa Centres for Disease Control and Prevention (Africa CDC), the Broad Institute of MIT and Harvard, and other research and public health partners, to implement a Sentinel project for an early warning system in Africa....”

Politico - Conspiracy bingo’: Transatlantic extremists seize on the pandemic


“The virus and its economic trauma are helping US and European white supremacists, immigration foes and other far-right activists organize and spread their messages online.”

Project Syndicate - Making the Best of a Post-Pandemic World


“Rodrik sees three trends, all reinforced by the Covid-19 crisis, shaping the global economy in the years ahead.”

Brookings (blog) - Figures of the week: The costs of financing Africa’s response to COVID-19


“Last month’s edition of the International Monetary Fund (IMF)’s biannual Regional Economic Outlook for Sub-Saharan Africa, which discusses economic developments and prospects for the region, pays special attention to the financial channels through which COVID-19 has—and will—impact the economic growth of the region. Notably, the authors of the report reduced their GDP growth estimates from their October 2019 forecast by 5.2 percentage points to -1.6 percent. The estimates for Nigeria and South Africa, the region’s largest economies, are even lower, at -3.4 and -5.8 percent respectively. The report indicates that these contractions will largely be driven by three shocks: (1) supply chain disruptions and reduced demand, (2) the spillover effects of plummeting global growth, and (3) a decline in commodity prices.....”
“The report underscores an exigent need for additional financing to fund health expenditures and support vulnerable groups....”

Guardian - China says it will update disease control measures in wake of coronavirus


“Senior health official says virus exposed ‘weak links’ in way country manages epidemics”.

Twitter announcement: warning users when a tweet containing info about Covid-19 is disputable/misleading

Twitter;

Via Stat: “Twitter just announced that it would warn users when a tweet containing information about Covid-19 was disputable or otherwise misleading. Such tweets could contain a label directing users to public health agency websites or the label would completely cover up the original tweet and warn users about the post’s potentially misleading content, the company shared.”

Project Syndicate - Bioethics for the Pandemic

J Sandor; Project Syndicate;

“Our existing ethical frameworks for health-care decisions were not devised for a pandemic – and it shows. The principles that have been enshrined, while important, do not address the difficult question of what to do when medical resources are suddenly in short supply, as they are now.”

IJHPM - We Need Compassionate Leadership Management Based on Evidence to Defeat COVID-19

Agnes Binagwaho; https://www.ijhpm.com/article_3806.html

A view from Rwanda. “The current pandemic of coronavirus disease 2019 (COVID-19) has had unprecedented reach and shown the need for strong, compassionate and evidence-based decisions to effectively stop the spread of the disease and save lives. While aggressive in its response, Rwanda prioritized the lives of its people – a human right that some governments forget to focus on. The country took significant steps, before the first case and to limit the spread of the disease, rolled out a complete nationwide lockdown within one week of the first confirmed case, while also providing social support to vulnerable populations. This pandemic highlights the need for leaders to be educated on implementation science principles to be able to make evidence-based decisions through a multi-sectoral, integrated response, with consideration for contextual factors that affect implementation. This approach is critical in developing appropriate preparedness and response strategies and save lives during the current threat and those to come.”
BMJ – Covid-19: The US state copying a global health template for contact tracing success
https://www.bmj.com/content/369/bmj.m1890

“Contact tracing is widely considered to be key to ending the pandemic. Tinker Ready visits the pioneering Massachusetts effort taking a leaf out of west Africa’s book.”

Lancet Letter - Where are the ECDC and the EU-wide responses in the COVID-19 pandemic?
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31132-6/fulltext

By J Jordana et al. “As the EU continues to face the COVID-19 pandemic, an unprecedented transboundary crisis, its member states resort to measures within the boundaries of the nation state. This situation questions the capacity of the EU to deploy public health instruments to cope with pandemics. One such instrument, the European Centre for Disease Control (ECDC), seems to show a discreet involvement in this crisis, suggesting emerging isolationist behaviours of the member states....”

BMJ Global Health – YouTube as a source of information on COVID-19: a pandemic of misinformation?
H O-I Lee et al; https://gh.bmj.com/content/5/5/e002604

Mis-information about #COVID19 is out-competing science on YouTube.

“Over one-quarter of the most viewed YouTube videos on COVID-19 contained misleading information, reaching millions of viewers worldwide. As the current COVID-19 pandemic worsens, public health agencies must better use YouTube to deliver timely and accurate information and to minimise the spread of misinformation. This may play a significant role in successfully managing the COVID-19 pandemic.”

CoMo Consortium, the COVID-19 pandemic modelling in context

The COVID-19 International Modelling Consortium (CoMo Consortium) was created by researchers at the University of Oxford and Cornell University, is partnering with infectious disease modellers and public health experts from over 40 countries in Africa, Asia and America. The CoMo Consortium uses a participatory approach to provide decision-making support to policymakers, using evidence from epidemiological and economic models adapted to each country’s context.
World Development - The social contract as a tool of analysis: Introduction to the special issue on “Framing the evolution of new social contracts in Middle Eastern and North African countries”


“The term “social contract” is increasingly used in social science literature but is rarely well operationalized. We define social contracts as agreements between societal groups and the state on rights and obligations toward each other. The notion of social contracts helps to compare state-society relations in different countries and at different times. After independence, MENA countries had similar social contracts, which were then challenged by the Arab uprisings in 2011. Since then, social contracts in MENA countries have developed in different directions.”

HP&P - What steps can researchers take to increase research uptake by policymakers? A case study in China


“Empirical analysis of the connections between research and health policymaking is scarce in middle-income countries. In this study, we focused on a national multidrug-resistant tuberculosis (TB) healthcare provider training programme in China as a case study to examine the role that research plays in influencing health policy. We specifically focused on the factors that influence research uptake within the complex Chinese policymaking process....”