IHP news 574  : Suddenly we are all Zoomers

(29 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,

Last week I stumbled upon a few nice articles in Courrier International on some of the intergenerational aspects of the global Covid-19 pandemic. I agree with them that we will certainly need a new social contract between generations (amongst many other new social contracts needed post-Covid, within and between countries).

Courrier International labeled the generation born between 1996 & 2015, generation ‘Z’, the “Zoomers”. Suddenly we’re all “Zoomers”, though, it appears.

All of a sudden, Larry Summers starts to write op-eds on How to Fix Globalization—for Detroit, Not Davos “(that would be a first), explaining with the same aplomb “the new era” as he did with the decades before (bet he saw Covid-19 coming too, from miles away). The Economist wants to “seize the moment”, capitalizing on the Covid-19 pandemic to “flatten the climate curve”. At least two decades too late. And the WEF website now features blogs like “Here’s why the world’s recovery from COVID-19 could be doughnut shaped”. Wonder why Klaus Schwab was clapping overenthusiastically then when the Donald was around earlier this year. As the world is witnessing the neoliberal havoc of the past decades, and increasing planetary destruction, this belated ‘change of heart’ by some powerful media and Davos men feels cheap. Wish they had been ‘woke’ decades ago.

Anyway, chances are the real ‘Zoomer generation’ sees through this (well, at least part of them). And fortunately, other forces are more credible, when it comes to the healthy and green recovery, we desperately need, see for example this Letter (signed by millions of health professionals) to G20 leaders from earlier this week. Or as Larry Elliot put it in the Guardian, “If not now, when?”

Meanwhile, although there’s still only Bundesliga football on tv (duh), there’s surely a wealth of high-level webinars these days, for every ideological taste one can think of. (The same is true for blogs, by the way, some global health people seem to have turned into ‘superspreaders’ of Covid19 blogs almost overnight 😅.) Earlier this week, when listening to a (Karolinska) webinar on decolonializing global health, I realized that at last, ‘global health’ has gotten rid of some of its “colonial” feel. Now that Covid-19 has hit Western Europe and the US badly, the term ‘global health’ will never again just refer to ‘health in those far-away places’. It’s a pity we needed a tragedy to realize this.

As the epicenter is now shifting to the Americas, it’s becoming ever more clear that Covid-19 ruthlessly exploits parts of human nature, not unlike other viruses (including the capitalist virus, although that one tends to exploit different traits). Already you can feel in many countries that “Covid-fatigued” people are getting tired of ‘social distancing’, not being able to hug each other or...
hang out with friends and family like before. The blatant “herd impurity” of some members of the political elite doesn’t really help.

Finally, we already want to flag the next important global health event on the agenda, the (virtual) GAVI replenishment (4 June). Personally, I hope not to see too many “Thank you, Bill, for your generous support” tweets flying around in the virtual UK air next week 😊. GAVI is an important Global Public Good, no doubt about it, and I sure hope the 7.4 billion will be reached, but it’s really time to finance these GPGs in another way than via replenishment rounds. Replenishments are relics of the MDG era. More systematic GPG financing should be part of a new “global” social contract/Compact - one for the Global “New Normal”. I’m afraid the brand new WHO Foundation doesn’t exactly fit the bill. Quoting Thomas Schwarz (MMI): “hmmm”.

We need progressive global taxation and also strong taxation of global public bads. Urgently. Given the current global political environment, ‘coalitions of the willing’ will have to take the lead. Let’s call them ‘Zoomer coalitions’!

Enjoy your reading.

Kristof Decoster

**Featured Article**

**Strengthening primary health care in India: the role of power in agenda setting and policy formulation**

*Shweta Singh (EV2018 & public health professional based in India)*

Policymaking is an inherently political process marked, more often than not, by ambiguity, negotiations and shifting priorities. Policy actors (elected leaders, bureaucrats, technocrats, civil society activists, lobbyists, media…) play an important role in agenda setting and policy formulation – stages we will focus on in this article. Each actor brings dynamic forms of power to the policy process, based on different positions in the hierarchy, as well as diverse roles, interests and values. These power dynamics often influence policy agenda setting and formulation even more than evidence, realities on the ground or the needs of the community. Recognizing the role of power and politics in policymaking has the potential therefore to shed more light on (sometimes murky) policy processes but also understand better the underlying issues of health inequities in the health system. Recognizing these power dynamics is particularly important in low- and middle-income countries like India, with multiple concurrent health system challenges and relatively limited resources to attain Universal Health Coverage.

Since the formation of India, there has been a huge push for primary health care in the country, including a more or less realistic action plan to achieve this. In 1947, the Bhore committee (set up a few years earlier to assess India’s health condition), already clearly prescribed the need to improve India’s primary health care system. At the global level, the Alma-Ata Declaration in 1978 stressed the importance of primary health care and emphasized a paradigm shift from a medical health system
model to a social model - and India was certainly paying attention. National health policies passed in 1983 and again in 2002 repeatedly emphasized the importance of primary health care. However, these (lofty) primary health care policies didn’t get much priority over the years. One of the important reasons behind this failure was that policy makers and program implementers have always conceptualized primary health care as being about selective primary care services rather than comprehensive ones. In addition, many of these actors have disproportionately focused on secondary and tertiary care, neglecting primary care. The increasing fragmentation of the Indian health system, with many players competing for power, constantly shifting priorities, and weak regulatory mechanisms to coordinate, presented another challenge.

The National Health Policy of 2017 re-emphasized India’s focus on primary health care and paved the way for the Ayushman Bharat Program, which has two main components. The first component aims to establish Health and Wellness Centers that will provide a package of 12 comprehensive primary care services and make referrals for advanced care. This involves upgrading existing Sub Health Centers (typically serving 5000 people) and Primary Health Centers (serving 30,000) by providing more health workers, infrastructure, service packages, drugs, and diagnostics. The second component of Ayushman Bharat is a health insurance scheme, called Pradhan Mantri Jan Arogya Yojana (PMJAY). The scheme aims for increased accessibility, availability and affordability of secondary- and tertiary-care health services in India.

It is interesting to observe that in spite of many years of recommendation by several committees, both at the national and global level, comprehensive primary health care appeared on the Indian political agenda only recently - and even then, still rather reluctantly.

Despite the proven cost-effectiveness of primary health care, it’s fair to say that India’s public health system is dominated by a selective, politically sanitized version of primary health care that has been reduced to a few vertical health programs, determined not by communities but by policy actors.

The aim of the first pillar of Ayushman Bharat is to establish a total of 150,000 Health and Wellness Centers across India by 2022. As of May 2020, only 40,137 Health and Wellness Centers were operational, however. In addition, there has been insufficient research so far shedding light on the actual situation on the ground. To date, it is unclear what benefits these centers have brought to ordinary citizens, the extent to which communities are using the services purported to be available at the centers and whether these centers are actually improving the India public health care delivery system through strengthening of a continuum of care model. Last but not least, resources aren’t in line with rhetoric. While the 2017 National Health Policy recommended that two-thirds of its budget had to be allocated to primary health care, Ayushman Bharat allocated only one-third (Rs. 1200 crore or $158 billion USD) to comprehensive primary health care and instead allocated two thirds (Rs. 2400 crore or $316 billion USD) to PMJAY. This flipped allocation is perhaps symptomatic for the “real” 2017 National Health Policy, showcasing far greater financial emphasis on paying for hospital-based secondary and tertiary care than on bolstering the comprehensive primary health care system.

So far, India has made reasonable progress in terms of reducing the Infant Mortality Rate, Maternal Mortality Rate, and Total Fertility Rate (major focuses of the public PHC system), but this progress is skewed across states and different social constructs such as class, caste, gender, age etc. In spite of these long standing ground realities, (as mentioned above) national level policy elites have repeatedly pushed through schemes and financial allocations that undermined the primary health care orientations of major policies, reports and calls to action – from the Bhore committee to the 2017 National Health Policy. The current epidemic of Covid-19 further exposes the (still dire) situation of the public health system in India, with chronic vacancies of health workers (e.g. more than a quarter
of India’s 736 districts have no district-level epidemiologist and 11 states have no state-level epidemiologist either), a continued lack of resources in many places, a weak surveillance system etc. In short, Covid-19 is yet another wake-up call highlighting the crucial need to make the public health system resilient at all levels.

Time will tell what the real intent of the 2017 National Health Policy is, and whether it will be successful in bringing a ground-level change or instead just turn out a political gimmick. Public health priorities are set by policy elites, yet we lack evidence about how power dynamics among these actors shape India’s health policies and programs. More research should be encouraged in this respect to provide substantial evidence to enable organizations and communities to re-evaluate their existing strategies and to explore new actions for change.

**Highlights of the week**

**BMJ Global Health (blog) - From models to narratives and back: a call for on-the-ground analyses of COVID-19 spread and response in Africa**


“This week, BMJ Global Health published two mathematical models ([here](https://blogs.bmj.com/bmjgh/2020/05/26/from-models-to-narratives-and-back-a-call-for-on-the-ground-analyses-of-covid-19-spread-and-response-in-africa/) and [here](https://blogs.bmj.com/bmjgh/2020/05/26/from-models-to-narratives-and-back-a-call-for-on-the-ground-analyses-of-covid-19-spread-and-response-in-africa/)) to predict the pattern of spread and the potential consequences of COVID-19 in Africa. These two papers are steps ahead of several other such predictive exercises in that they make deliberate effort to take into account the different ways in which people live their lives in different parts of the continent. The papers spelt out in some detail the various demographic, socio-economic and geographical factors that are (actually or potentially) responsible for how COVID-19 might spread on the continent. ... ... 

BMJ Global Health, in conjunction with the [Emerging Voices for Global Health](https://blogs.bmj.com/bmjgh/2020/05/26/from-models-to-narratives-and-back-a-call-for-on-the-ground-analyses-of-covid-19-spread-and-response-in-africa/) programme would like to invite narratives and analyses of on the ground experiences in Africa. We want these narratives and analyses to take these modelling exercises as their point of departure. How, for example has rurality played a role in the (non-)spread of COVID-19 in your setting? What about the age distribution, or even population density? What about the level of inequality? What is the role of your local political situation in the response measures put in place to control COVID-19? How have measures put in place by (both national and sub-national) governments (not) worked?...”

With focus on the ‘local gaze’.

**Planetary Health**

Guardian - World health leaders urge green recovery from coronavirus crisis

“Doctors and medical professionals from around the globe have called on world leaders to ensure a green recovery from the coronavirus crisis that takes account of air pollution and climate breakdown. More than 200 organisations representing at least 40 million health workers – making up about half of the global medical workforce – have signed an open letter to the G20 leaders and their chief medical advisers, pointing to the 7 million premature deaths to which air pollution contributes each year around the world....”

- See also Healthy recovery

“On May 26, 2020, over 350 organisations representing over 40 million health professionals and over 4,500 individual health professionals from 90 different countries, wrote to the G20 leaders calling for a #HealthyRecovery”.

“The letter, coordinated by the Global Climate and Health Alliance, the Every Breath Matters campaign, and the World Health Organisation, says that the covid-19 pandemic has exposed the vulnerability of communities when health, food security, and freedom to work are interrupted by “a common threat.”

- PS: do also check out WHO Manifesto for a healthy recovery from COVID-19

“Prescriptions for a healthy and green recovery from COVID-19” 6 in particular. Via HPW - “six WHO-endorsed steps that [Tedros] said would lead towards healthier societies, more resilient to future outbreaks and epidemics.” Including: “Stop using taxpayers’ money to fund pollution – divest from the fossil fuel industry” . So in essence, this new WHO Manifesto also calls for low carbon Covid-19 recovery (in line with other health actors).

- PS: (via HPW) “... The call comes just ahead of a critical moment for climate-related investments – the upcoming G7 Summit now planned for the end of June, which is to convene leaders of the world’s seven most advanced economies to discuss pandemic recovery....” In Camp David, apparently. With the Donald as the host.

Guardian - Cop26 climate talks in Glasgow likely to be delayed again

“Vital international climate talks due to be hosted by the UK are expected to be delayed until late next year because of the coronavirus crisis, it has emerged, dashing hopes they could be reconvened sooner. The UN talks, known as Cop26, were to be held in Glasgow this November, but in early April they were postponed as governments around the world grappled with lockdown. At that time governments thought the summit could be reconvened within the first three months of 2021. However, at a follow-up UN meeting on 28 May the UK will try to persuade other countries and the UN that a much longer delay is necessary and talks should be moved to the first half of November 2021, the Guardian has learned....”

See also UK urged to tie green recovery from Covid-19 crisis to Cop26 summit

“The UK government must urgently set out clear plans on a green recovery from the coronavirus crisis if the delayed UN climate summit is to be a success, say leading experts. The climate talks
known as Cop26 and scheduled to be held in Glasgow, are expected to be postponed by a year from their original date this November, dashing hopes that the summit would be swiftly reconvened. A formal decision on the delay will be taken by the UN Thursday evening. Tying the Cop26 talks to a green recovery from the Covid-19 crisis is now essential to regain momentum and ensure the summit produces the fresh global commitment needed on the climate crisis, experts say....”

And the delay has been confirmed now. See the Guardian - Cop26 climate talks in Glasgow will be delayed by a year, UN confirms To November 2021.

HSR 2022 will be held in South America

HSG – Announcing the hosts of HSR2022


“The Seventh Global Symposium on Health Systems Research (HSR2022) will be held in Bogota, Colombia. HSR2022 will welcome around 2,000 delegates between 31 October and 4 November 2022.....”

Covid-19 key updates

Focus on key messages & initiatives/reports/guidelines/... from WHO first (including WHO Afro), then on other news and new initiatives.

Some of the latest figures (as of May 28): “Confirmed coronavirus cases have surpassed 5.6 million worldwide, according to Johns Hopkins University. More than 355,000 people have died from the virus, while over 2.3 million have recovered.”

WHO Foundation Established to Support Critical Global Health Needs


The aim: more stable & flexible funding for WHO.

Cfr the press release (27 May): “The World Health Organization (WHO) welcomes the creation of the WHO Foundation, an independent grant-making entity, that will support the Organization’s efforts to address the most pressing global health challenges. Headquartered in Geneva, the Foundation will support global public health needs by providing funds to WHO and trusted implementing partners to deliver on the Organization’s “triple billion” goals. ... ... ... The Foundation which is legally separate from WHO, will facilitate contributions from the general public, individual major donors and corporate partners to WHO and trusted partners to deliver on high-impact programmes. Its goal is to help broaden WHO’s donor base and work towards more sustainable and predictable funding. The WHO Foundation will simplify the processing of philanthropic
contributions in support of WHO and make such contributions possible on all aspects of health and WHO's mission.”

“... In view of the COVID-19 pandemic, the WHO Foundation will initially focus on emergencies and pandemic response, and it will also raise and disburse funds for all WHO global public health priorities in full alignment with the WHO Member State adopted General Programme of Work.”

PS: the foundation was already 2 year in the works, and thus has nothing to do with the recent threat from the US, Tedros said.

For more, see https://www.whofoundationproject.org/

Founder of the WHO Foundation is former Swiss Secretary of State for Health Thomas Zeltner. Zeltner will also lead the Foundation.

Coverage also in HPW:

“...The success of the COVID-19 Solidarity Fund, which has raised more than US $241 million in a few short months, served as a good proof-of-concept for the WHO Foundation, which aims to raise money for a broader portfolio encompassing all WHO health programmes.... ... With unearmarked financing through the WHO foundation, the agency will hopefully be able to address some underfunded programmes that have not caught bilateral or other large donors’ attention. “All funding of the WHO foundation will help implement WHO’s General Programme of Work. On average, between 70-80% of the funds we raise will go directly to the WHO Secretariat. The remaining 20-30% will be used to strengthen public health globally by working with implementing partners of WHO,” said Zeltner. Still, money raised by the new Foundation is meant to “complement, not supplement” existing resources available to the agency, clarified Zeltner....”

And via Devex:

“...Tedros will designate a representative to attend the foundation’s board meetings as an observer. WHO will also periodically report to member states on its interactions with the foundation and funds received from it, which will be aligned with WHO’s budget, he added....”

A few tweets from investigative journalist Priti Patnaik:

“Brilliant question from Geneva-based senior journalist John Zarocostas on whether FENSA requirements that help avoid conflicts of interest, will apply to WHO Foundation - as it does to existing non-state actors/foundations. Short answer - it does not!”

“The Foundation does not have the same "legal quality" as other non-state actors (Rephrased) : Prof. Thomas Zeltner, Founder of the WHO Foundation and former Secretary of Health of Switzerland and Director-General of the Swiss National Health Authority.”
Official Launch of Voluntary Pool (today, 29 May)

Later today, @WHO and Costa Rica will officially launch a technology pool created to enhance global access to effective vaccines, medicines and diagnostics needed to bring the #COVID19 pandemic to an end.


Priti Patnaik - COVID19 Tech Platform – Countries pass up opportunity for a binding mechanism to ensure equitable access to meds

https://genevahealthfiles.wordpress.com/2020/05/28/covid19-tech-platform-countries-pass-up-opportunity-for-a-binding-mechanism-to-ensure-equitable-access-to-meds/

Analysis, related to WHO’s call to action on the COVID19 tech platform.

“Member states of World Health Organization are letting go of an opportunity to enforce binding mechanisms on sharing and pooling technology related to fighting COVID19 that would ensure equitable, affordable access to medicines, diagnostics and technologies. At the best of times, treaty-making is an uphill task, if not impossible, amongst more than 190 countries, but the pandemic could have been the imperative for countries to come together to challenge the status quo on the contentious and high-stakes game of access of medicines. **WHO is set to announce on May 29, 2020, essentially formalizing a proposal for a voluntary mechanism to pool all COVID19 related technologies, first suggested by Costa Rica.** There is palpable excitement and optimism around this mechanism. It is understood that nearly 20 countries have agreed to sign up for this voluntary mechanism. This could not be confirmed, at the time of writing this story. **As discussed earlier on this blog, a section of stakeholders including some members of the civil society believe, that a voluntary pooling mechanism cannot ensure equitable access.**

“It has also been pointed out that WHO has no powers to enforce a mandatory mechanism. **However, WHO is well within its powers to recommend a mandatory mechanism for sharing information – something that the member states should then take up, sources said.** And a quote: “There is a perception, among critics, that WHO was not keen on pulling together even this mechanism which is voluntary in nature. There is no doubt, battling geopolitics and financing pressures, in addition to leading the international response to the pandemic, must leave very little appetite to administer long, protracted negotiations on highly contentious matters. Countries do look up to WHO for leadership on difficult issues. **To illustrate the diversity and the extent of disagreement on how to address access issues around COVID19, consider this – while civil society and others have lamented the voluntary nature of this mechanism, industry leaders appear disinterested in this voluntary initiative even before it formally takes shape.**” ...” (Thomas Cueni (IFPMA) for example).

CNN - WHO officials warn countries not to become complacent with Covid-19

CNN:

“The World Health Organization said the downward trend of coronavirus cases didn’t occur naturally, and is warning countries not to become complacent. ... ... “Many countries have paid a
heavy price in doing the measures that have needed to be done to suppress the transmission of this disease, and they deserve credit,” Dr. Mike Ryan, executive director of WHO’s health emergencies program, said during a Monday briefing. “My concern right now is that people may be assuming that the current drop of infections represents a natural seasonality, and I think that’s a dangerous assumption,” he said. Ryan said it’s “worrisome” when people assume the downward trend occurred naturally. In reality, Ryan said, “that has occurred because of very, very, very tough public health measures that have been tough on the population.”

See also the Guardian - WHO warns of second peak (in countries easing up on measures)

“... the WHO emergencies head, Dr Mike Ryan, spoke of a potential second wave of infections at any time, especially if measures to halt the first wave were lifted too soon. He said: “We cannot make assumptions that just because the disease is on the way down now it is going to keep going down and we are get a number of months to get ready for a second wave. We may get a second peak in this wave.”

HPW - Africa Hosts Just 1.5% Of Global COVID-19 Tally


In his media briefing on Africa Day (25 May), Tedros paid tribute to Africa’s response so far:

“In contrast to Europe and the Americas, Africa has just 1.5 percent of the world’s reported cases of COVID-19, and less than 0.1 percent of the world’s deaths, World Health Organization Director-General Dr Tedros Adhanom Ghebreyesus noted on Africa Day 2020. “Africa appears to have so far been spared the scale of outbreaks we have seen in other regions,” said Dr Tedros. “Of course, these numbers don’t paint the full picture. Testing capacity in Africa is still being ramped up, and there is a likelihood that some cases may be missed.” Still, African countries’ histories of facing outbreaks of infectious disease have played in their favor, said the WHO Director-General. ...”

And there was also African (international) collaboration:

“... For example, a coalition of African leaders, organized through the African Union chaired by South African President Cyril Ramaphosa, was set up early in the global pandemic to coordinate cross-country preparedness efforts. Infrastructure and knowledge from battling previous outbreaks was used to rapidly scale COVID-19 interventions, as seen in South Africa’s rapid deployment of mobile diagnostic teams, and the Democratic Republic of the Congo’s use of Ebola screening infrastructure for COVID-19 temperature screening. Additionally, citizens across the continent have largely understood the need for strong lockdown measures, taken early by many African nations. WHO Regional Director for Africa Dr Matshidiso Moeti on Monday thanked citizens for abiding by stay-at-home orders where possible, acknowledging the hardships that many were facing....”

WHO Afro - Covid-19 'taking different path in Africa', says WHO

https://www.afro.who.int/news/africa-covid-19-cases-top-100-000
Statement WHO Afro from last late week.

“The 54 countries of the African Union were reporting a total of 103,933 cases of coronavirus on Saturday morning, according the Africa Centres for Disease Control. So far African nations have reported 3,183 deaths from Covid-19, while 41,473 people have recovered since the virus was first detected on the continent 14 weeks ago. There had been apocalyptic forecasts for the potential impact of the coronavirus pandemic in Africa. On Friday evening, after the 100,000th case was reached, the World Health Organization’s Africa office circulated a note saying that it now seemed clear that the pandemic “appears to be taking a different pathway in Africa.” The note continued:

Case numbers have not grown at the same exponential rate as in other regions and so far Africa has not experienced the high mortality seen in some parts of the world. Today, there are 3,100 confirmed deaths on the continent. ... Early analysis by WHO suggests that Africa’s lower mortality rate may be the result of demography and other possible factors. Africa is the youngest continent demographically with more than 60% of the population under the age of 25. Older adults have a significantly increased risk of developing a severe illness. In Europe nearly 95% of deaths occurred in those older than 60 years. WHO also noted that African governments swiftly imposed restrictive measures on their populations in an attempt to contain the spread of the disease. However, it also said that despite “significant progress in testing”, rates of testing remain low in comparison to other regions. It insisted that, despite the relatively low number of cases, “the pandemic remains a major threat to the continent’s health systems”. Now that countries are starting to ease their confinement measures, there is a possibility that cases could increase significantly, and it is critical that governments remain vigilant and ready to adjust measures in line with epidemiological data and proper risk assessment.”

For a recent update (26 May), see Cidrap News - Africa outbreaks show mixed patterns

“Africa’s case total recently passed 100,000, and while cases increased 15% last week, countries are reporting different trends. Currently, 25 are experiencing community transmission, and 15 are battling clusters, the WHO’s African regional office said yesterday in its weekly update. The seven countries reporting the steepest increases last week include Comoros, Mauritania, South Sudan, Central African Republic, Ethiopia, Madagascar, and the Democratic Republic of the Congo. However, the three countries with the most cases are still South Africa, Algeria, and Nigeria....”

HPW - World Health Organization Pauses Hydroxychloroquine Arm Of Multinational COVID-19 Treatments Trial For Review


“Enrollment of new patients in the hydroxychloroquine (HCQ) arm of the World Health Organization’s Global COVID-19 Solidarity Trial will be put on pause, as the trial’s oversight committee reviews all available data on COVID-19 and hydroxychloroquine, WHO Director-General Dr. Tedros Adhanom Ghebreyesus said on Monday. The WHO decision on Saturday came just a day after a major observational study published in The Lancet found a higher mortality rate in COVID-19 patients who have received hydroxychloroquine, chloroquine, or a combination of either drug and azithromycin, as compared to COVID-19 patients who did not receive any treatments....”
Stat News - WHO warns millions of children at risk as Covid-19 pandemic disrupts routine vaccinations


Warning from late last week. “Some 80 million babies around the world are at higher risk of diseases like diphtheria, measles, and polio as the coronavirus pandemic hinders routine vaccination programs, global health officials warned Friday. Vaccine campaigns have been disrupted in at least 68 countries, according to data released by the World Health Organization, UNICEF, the Sabin Vaccine Institute, and Gavi, the Vaccine Alliance. The interruptions could affect 80 million children under 1 year old in those countries. The agencies said that the disruptions are occurring at a scale unseen since widespread immunization campaigns began in the 1970s. The countries reported at least moderate interruptions to the programs, with some countries suspending their programs completely. The organizations said 27 countries have postponed campaigns of vaccinations that protect against measles, while more than a dozen have paused some polio vaccination programs....”

“... The WHO said that it will provide countries with recommendations next week for how to continue vaccination programs safely....”

PS: against this backdrop, Tedros also wished explicitly for a successful replenishment of GAVI, next week (4 June).

Important PS also: (via NYT) - Disruption to Global Immunization System Could Delay COVID-19 Vaccinations

“Massive disruptions to global immunisation programmes from the COVID-19 pandemic have health experts fearful that much of the developing world will not be able to get a vaccine for the new coronavirus, even once one is ready. ... If these continue to disrupt programmes, GAVI chief executive Seth Berkley said, much of the world may also be unprepared to administer vaccines against COVID-19 being developed by more than 100 projects worldwide. “If we neglect the supply chains and immunization infrastructure that keep these programmes running, we also risk harming our ability to roll out the COVID-19 vaccine that represents our best chance of defeating this pandemic,” Berkley told reporters via a World Health Organization conference call....”

WHO (Publication) - Revealing the toll of COVID-19: A technical package for rapid mortality surveillance and epidemic response


“The number of COVID-19 related deaths has become a key indicator to track the impact of the pandemic in countries and across the world. However, this number is not easily collected and reported by every country. To support national governments with surveillance and response planning, WHO has partnered with Vital Strategies and other global partners to launch a new technical package: Revealing the Toll of COVID-19: A Technical Package for Rapid Mortality Surveillance and Epidemic Response. Compared with only using COVID-19 confirmed deaths as a measure of impact, rapid mortality surveillance generates daily or weekly counts of mortality data
by age, sex, date of death, place of death and place of usual residence. This provides a more complete picture of impact, particularly for deaths that may be indirectly related to COVID-19. This also addresses the indirect impact caused by disruptions in healthcare access and supply chains. When policy-makers can compare estimated weekly number of excess deaths related to COVID-19 compared with pre-pandemic levels, they have a powerful tool to inform their national response and recovery planning.”

WHO - Countries failing to stop harmful marketing of breast-milk substitutes, warn WHO and UNICEF


“A new report by WHO, UNICEF, and the International Baby Food Action Network (IBFAN) reveals that despite efforts to stop the harmful promotion of breast-milk substitutes, countries are still falling short in protecting parents from misleading information. ... The COVID-19 pandemic highlights the need for stronger legislation to protect families from false claims about the safety of breast-milk substitutes or aggressive marketing practices. Breastmilk saves children’s lives as it provides antibodies that give babies a healthy boost and protect them against many childhood illnesses. WHO and UNICEF encourage women to continue to breastfeed during the COVID-19 pandemic, even if they have confirmed or suspected COVID-19. While researchers continue to test breastmilk from mothers with confirmed or suspected COVID-19, current evidence indicate that it is unlikely that COVID-19 would be transmitted through breastfeeding or by giving breastmilk that has been expressed by a mother who is confirmed or suspected to have COVID-19. The numerous benefits of breastfeeding substantially outweigh the potential risks of illness associated with the virus. It is not safer to give infant formula milk....”

See WHO: Marketing of breast milk substitutes: national implementation of the international code, status report 2020

WHO - FIFA, European Commission and World Health Organization launch #SafeHome campaign to support those at risk from domestic violence


“FIFA, WHO, and the European Commission have joined forces, to launch the #SafeHome campaign to support women and children at risk of domestic violence. The campaign is a joint response from the three institutions to the recent spikes in reports of domestic violence as stay-at-home measures to prevent the spread of COVID-19 have put women and children experiencing abuse at greater risk....”

With Marco Materazzi – I do remember that name from somewhere - part of the video awareness campaign : )
Geneva Health Files - Civil Society Push for Binding Commitments on Access to COVID-19 Tech

P Patnaik; https://genevahealthfiles.wordpress.com/2020/05/25/civil-society-push-for-binding-commitments-on-access-to-covid-19-tech/

“Civil society organizations continue to push for binding commitments on “equitable access to any effective technologies developed with regards to COVID-19”. The letter sent earlier this month to WHO, its member states and UNITAID signed by 86 civil society organizations can be read here. ... Signatories to this letter also mention concerns around the Access to COVID-19 Tools Accelerator (ACT), and how this new mechanism will make access possible, potentially even for drugs like remdesivir.”

Guardian - Exclusive: big pharma rejected EU plan to fast-track vaccines in 2017

“The world’s largest pharmaceutical companies rejected an EU proposal three years ago to work on fast-tracking vaccines for pathogens like coronavirus to allow them to be developed before an outbreak, the Guardian can reveal. The plan to speed up the development and approval of vaccines was put forward by European commission representatives sitting on the Innovative Medicines Initiative (IMI) – a public-private partnership whose function is to back cutting-edge research in Europe – but it was rejected by industry partners on the body....”

“The commission’s argument had been that the research could “facilitate the development and regulatory approval of vaccines against priority pathogens, to the extent possible before an actual outbreak occurs”. The pharmaceutical companies on the IMI, however, did not take up the idea. The revelation is contained in a report published by the Corporate Europe Observatory (CEO), a Brussels-based research centre, examining decisions made by the IMI, which has a budget of €5bn (£4.5bn), made up of EU funding and in-kind contributions from private and other bodies....”

For the report, see “More private than public: the way Big Pharma dominates the Innovative Medicines Initiative”.

Washington Post - In the developing world, the coronavirus is killing far more young people

“... As the coronavirus escalates its assault on the developing world, the victim profile is beginning to change. The young are dying of covid-19, the disease caused by the novel coronavirus, at rates unseen in wealthier countries — a development that further illustrates the unpredictable nature of the disease as it pushes into new cultural and geographic landscapes. .... In Brazil, 15 percent of deaths have been people under 50 — a rate more than 10 times greater than in Italy or Spain. In Mexico, the trend is even more stark: Nearly one-fourth of the dead have been between 25 and 49. In
India, officials reported this month that nearly half of the dead were younger than 60. In Rio de Janeiro state, more than two-thirds of hospitalizations are for people younger than 49.

... Analysts say the emerging data suggests many of the problems that have long troubled the developing world — intractable poverty, extreme inequality, fragile health systems — are increasing vulnerability to the disease. In countries with more poverty and fewer resources, people who might have survived elsewhere are instead dying....”

HPW – One In 4 People In Americas At Increased Risk of Poor Outcomes From COVID-19 Due To ‘Pervasive’ Incidence Of Underlying Diseases


“As global cases topped 5 million this past week, Latin America surpassed Europe and the United States, said WHO Regional Director for the Americas Carissa Etienne, at a regular press conference on Tuesday – And current data is ‘truly alarming’, as non-communicable diseases like diabetes, cancers or other respiratory diseases are “pervasive” in the American region. In the Americas, one in four people is at an increased risk of poor outcomes from COVID-19 because of the sheer amount of underlying diseases, said Etienne. “We have never seen such a deadly relationship between an infectious disease and NCDs”, said Etienne. “One of the most concerning aspects of the COVID-19 pandemic in PAHO is the disproportionate impact of the virus on people suffering from non-communicable diseases.” Latin America has 62 million people living with diabetes and 1.2 million people living with cancer, and these populations are much more vulnerable to COVID-19....”

See also the Guardian - WHO says the Americas are centre of pandemic as cases surge

“The Americas have emerged as the new centre of the coronavirus pandemic, the World Health Organization (WHO) has said, as a US study forecast deaths surging in Brazil and other Latin American countries through August....” “...Also of concern to WHO officials are accelerating outbreaks in Peru, Chile, El Salvador, Guatemala and Nicaragua.”

Devex - Exclusive: State Department makes bid for US global pandemic response powers


“The President’s Response to Outbreaks would be led by a new coordinator at the State Department, and it would establish a new central fund for global health security.”

“ The U.S. Department of State has circulated a document proposing a major new global health security initiative called the President’s Response to Outbreaks, which would consolidate international pandemic preparedness under a new State Department coordinator and establish a new central fund to fight pandemics.”
“The effort — referred to as PRO in the documents — includes two elements, according to the proposal documents, which Devex obtained. ... The first is a whole-of-government unit overseen by the State Department coordinator called America’s Response to Outbreaks, or ARO. This initiative appears to model that of the President’s Emergency Plan for AIDS Relief and would appoint the coordinator to “oversee a unit with whole-of-government reach, bringing to bear the tools of the interagency and U.S. private sector.”

The second piece of the PRO initiative would be the creation of the Preparedness Initiative for Pandemics and Emergency Response, or PIPER, “a central fund to focus bilateral, multilateral, and private-sector funds to fight pandemics.”

“... One of the frequently asked questions reads: “Will PIPER be an alternative to the WHO?” ... The response to that question in the document is that the initiative would “take place alongside a strong push for WHO reform” but that “some required functions and systems to provide an adequate and timely response to a pandemic are not achievable through the current WHO structure.””

- See also a (characteristic) tweet from Laurie Garrett:

“Jaw-drop. The @WhiteHouse plans to move the entire #COVID19 #pandemic response into the @StateDept, putting #DeborahBirx in charge, and creating a pseudo-#WHO alternative. It’s to be dubbed the President’s Response to Outbreaks, or PRO.”

PS: to which I would add: for every Jacinda Ardern, there’s a Deborah Birx 😊.

- See also Politico - Trump administration might consolidate pandemic response at State Department

“... The proposal, discussed during a National Security Council deputies committee meeting on Thursday, already has set off a turf battle between the State Department and the U.S. Agency for International Development. USAID officials were surprised and perplexed by the idea, which could lead them to lose control of significant funds and authorities....”

Devex - Senate bill latest in efforts to revamp US global health security

“A number of proposals have been made for how the U.S. can rethink its global health security infrastructure, with one of the latest coming from Sen. James Risch, chairman of the Senate Foreign Relations Committee. Risch, a Republican from Idaho, on Friday introduced the Global Health Security and Diplomacy Act of 2020, which is co-sponsored by Democrats Sen. Chris Murphy and Sen. Ben Cardin. The bill outlines a reorganization of leadership in U.S. global health security and proposes $3 billion in funding for global health security between fiscal years 2021 and 2025....”

PS: excerpt – “... A proposal that Senate Democrats introduced a few weeks ago called for a global health security coordinator at the NSC, rather than at the State Department. But the two proposals do have some commonalities. Both would also establish a trust fund for global health security to be managed by the World Bank. The Risch bill says the purpose of the fund would be to catalyze public
and private investments in developing countries “with demonstrated need, commitment to transparency, including budget and global health data transparency, and evidence-based outcomes.” The legislation goes into considerable detail about how such a fund would operate and what the U.S. role would be, including a requirement that the U.S. not account for more than 33% of total contributions to the fund. … Both bills also authorize the U.S. to participate in the Coalition for Epidemic Preparedness Innovations, an effort that has support in the House of Representatives as well…”

Nature (News)- What the growing rift between the US and WHO means for COVID-19 and global health
Amy Maxmen; https://www.nature.com/articles/d41586-020-01586-0

Absolute must-read analysis of the broader picture. “If President Trump sidelines the World Health Organization, experts foresee incoherence, inefficiency and resurgence of deadly diseases.”

“…Experts in health policy are contending with the real possibility that the United States will pull away from the World Health Organization (WHO), fracturing a relationship that began in the wake of the Second World War. They say that the repercussions could range from a resurgence of polio and malaria, to barriers in the flow of information on COVID-19. Scientific partnerships around the world would also be damaged, and the United States could lose influence over global health initiatives, including those to distribute drugs and vaccines for the new coronavirus as they become available, say researchers....”

FT - Scientists vs politicians: the reality check for ‘warp speed’ vaccine research
https://www.ft.com/content/1467b1da-28a5-47d4-a5e2-a6f4b68484c3

“Hollywood style messages from politicians about beating the pandemic downplay the technical complexity.”

Science (News) - Doubts greet $1.2 billion bet by United States on a coronavirus vaccine by October
https://www.sciencemag.org/news/2020/05/doubts-greet-12-billion-bet-united-states-coronavirus-vaccine-october

Just an example of this. “Operation Warp Speed’s funding of AstraZeneca is intended to deliver a COVID-19 vaccine by October, although some call that timeline unrealistic.”

Telegraph - How China has emerged as a front runner in race to start human trials for Covid-19 vaccine
“China is pulling ahead in the race to find a vaccine for the new coronavirus, with Chinese research teams accounting for 60 per cent of vaccine candidates currently in human trials. New data obtained exclusively by the Sunday Telegraph reveals that there are now 224 vaccines in development around the world - almost double the total of just a month ago. The data, collated by Coalition for Epidemic Preparedness Innovations (Cepi), reveals that while North America has the largest number of vaccine projects underway - accounting for 49 per cent of the world's total - China is furthest along the development track. Of the 10 vaccine candidates that have progressed to human trials globally, six are Chinese and it is the only country to have a candidate now firmly into Phase II trials....”

Stat News - Merck leaps into Covid-19 vaccine race, aiming to test two different candidates this year

Stat;

“Merck, one of the largest vaccine makers in the world, is entering the Covid-19 arena with an announcement on Tuesday it is developing two different vaccines for Covid-19 and is also licensing an oral drug that might treat the virus. Merck is buying Vienna-based Themis, which is developing an experimental Covid-19 vaccine based on a measles vaccine that could begin human studies soon. It is also partnering with the nonprofit IAVI on the development of a vaccine related to Merck’s existing Ebola vaccine that could enter human studies later this year. And it is licensing an experimental drug from a small company called Ridgeback Biotherapeutics....”

See also Science News - Merck, one of Big Pharma’s biggest players, reveals its COVID-19 vaccine and therapy plans

HPW – AstraZeneca & Pfizer Announce Plans For Phase III COVID-19 Vaccine Trials

https://healthpolicy-watch.org/74652-2/

“The UK-based Pharma firm AstraZeneca and US-based Pfizer announced they are planning to start Phase III trials as early as July for an experimental COVID-19 vaccine in the United States and the United Kingdom. The massive trials would enroll over 30,000 people, and AstraZeneca’s hope is to have an effective vaccine by the end of the year. Pfizer is aiming for an even more ambitious timeline to have a vaccine ready for approval by the US Food and Drug Administration and European Medical Agency by October, announced Albert Bourla, chairman and CEO of Pfizer....”

PS: “...Reports of some countries signing pre-purchase agreements for COVID-19 vaccines have surfaced in the past few weeks, sparking wide outrage that rich countries were jumping the line in the queue for an effective vaccine....”

Reuters – First signs if a COVID-19 vaccine works possible in autumn: GAVI

Reuters;

“First indications of the effectiveness of a potential vaccine against coronavirus may be available in the autumn, the head of the GAVI vaccine alliance told a Swiss newspaper, forecasting a long
road from there to broad availability. “Unfortunately, we really do not know which vaccine will work and whether there will be one at all. If we’re lucky, we’ll receive indications in autumn as to (a potential vaccine’s) effectiveness,” GAVI head Seth Berkley told NZZ am Sonntag in an interview published on Sunday.

Stat - Pharma panics as Washington pushes to bring drug manufacturing back to the U.S.
https://www.statnews.com/2020/05/26/panic-pharma-buy-american-manufacturing-us/

(gated) “As the coronavirus pandemic disrupts global supply chains, lawmakers are increasingly calling on drug makers to exclusively manufacture medicines in the United States. But for a large swath of the pharmaceutical industry, that's an existential threat....”

Guardian - Experts sound alarm over lack of Covid-19 test kits in Africa

“Public health experts have warned about the risks of low supplies of coronavirus test kits as lockdowns in African countries begin to ease and urban populations become more mobile. Different countries on the continent have adopted a range of testing strategies, but international competition for test kits and a lack of global coordination of resources have meant many African countries are testing with significantly limited reach. More than half of African countries are experiencing community transmission as lockdown measures relax....”

Some more links with news snippets:

Guardian - GSK to produce 1bn doses of coronavirus vaccine booster in 2021

“GlaxoSmithKline plans to produce 1bn doses of vaccine efficacy boosters, or adjuvants, next year for use in Covid-19 treatment. The world's largest vaccine maker said it was in talks with governments to back a manufacturing expansion that would help to scale up production of future vaccines for Covid-19....”

Covid-19 funding/advocacy/new initiatives

We already flagged the new WHO Foundation above.

Reuters - Global fundraising for COVID-19 vaccine, drugs exceeds $10 billion, EU says
“A global campaign to fund the development of vaccines and therapies against COVID-19 has so far raised 9.5 billion euros ($10.4 billion), the head of the European Commission said on Tuesday....”

Reuters - U.N. calls meeting to boost pandemic support for developing countries

“U.N. officials said they [will] meet on Thursday with over a dozen world leaders to discuss shoring up financial support for emerging economies, hit hard by the pandemic’s economic fallout. The online meeting comes amid surging coronavirus infections in developing countries and warnings it will cost more than the initially forecast $2.5 trillion for them to weather the crisis. It was convened by Canada, Jamaica and United Nations Secretary-General Antonio Guterres. ... Thursday’s meeting will include participants from the International Monetary Fund, World Bank, African Union, Institute of International Finance and the Organization for Economic Cooperation and Development (OCED). The goal is to deliver concrete proposals in eight weeks, Mohammed said. A draft concept paper for the meeting seen by Reuters called for the IMF to boost global liquidity by issuing a new allocation of its Special Drawing Rights currency, a move that has been opposed by Washington. It also backs an across-the-board debt standstill for all developing countries that request forbearance - not just the ones covered by the G20 debt suspension - and calls for proactive solutions by private-sector creditors to avoid the even higher cost of a “disorderly wave of defaults.”...”

See also High-Level Event on Financing for Development in the Era of COVID-19 and Beyond (28 May) (with among others, six discussion notes)

PS: on 2 June, the Financing for Development (FfD) Forum will hold a meeting titled, “Financing a Sustainable Recovery from COVID.”

For an update after the event (28 May), see UN News - COVID-19: Act now or risk ‘unimaginable devastation’ globally, warns UN chief

“ Unless countries across the world act together now, the COVID-19 pandemic will cause “unimaginable devastation and suffering around the world”, UN Secretary-General António Guterres said on Thursday at a virtual high-level meeting on financing for development. Painting a picture of 60 million pushed into extreme poverty; famine of “historic proportions”; some 1.6 billion people left without livelihoods; and a loss of $8.5 trillion in global output – the sharpest contraction since the Great Depression of the 1930s – he called for a response with “unity and solidarity”. “We are asking for immediate, collective action in six critically important areas”, Mr. Guterres said at the online event to leverage more funds for sustainable development....”

Eurodad – Back to the Future: A sovereign debt standstill mechanism - IMF Article VIII, Section 2 (b)
“A new Eurodad report has identified an available IMF mechanism to impose debt standstills: Article VIII, Section 2 (b) of the IMF Articles of Agreement. The article in question allows the IMF to impose a debt standstill through the temporary suspension of enforceability of debt contracts in domestic courts of more than 189 IMF member countries, including the US and the UK.”

“The Covid-19 crisis has placed huge pressure on public budgets, forcing governments to respond by increasing their public spending. At the same time, the crisis has decreased public revenues due to vital prophylactic measures that have slowed economies down. As a result, developing countries are experiencing acute financial pressures. They are faced with tough questions: prioritise health care and social safety expenditures to save lives, or divert scarce resources to meet creditor claims? The outlook is grim; experts predict a cascade of defaults among developing nations within the next 12 months. In anticipation of the imminent sovereign debt crisis, there are numerous calls for the adoption of measures for developing countries in need. These include standstills on public external debt. This is a mechanism that allows the postponement of debt repayments and provides some ‘breathing space’ to recover and, if necessary, restructure the debt. While the public sector creditors – G20 and the International Monetary Fund (IMF) – have granted some relief, the situation with private sector creditors is daunting and complicated by a collective action problem....”

BMJ ‘Journal of Medical Ethics’ blog - COVID-19 and beyond: how to pay for new pharmaceuticals


It’s not for the first time Pogge & team (Incentives for Global Health, Yale) advocate for a Health Impact Fund. This time, the consider how it would have worked for Covid-19.

“...To address the defects in the current research system, we propose, alongside conventional patents, an alternative reward mechanism that is better suited for tackling infectious disease outbreaks. More specifically, we propose the “Health Impact Fund” as a complementary system for incentivizing pharmaceutical innovations, in particular ones intended to help poor patients who cannot afford expensive medicines. This Fund would give any pharmaceutical company with a new drug the option to either set monopoly prices under patents or to register it with the Health Impact Fund. ...” If it chose the latter option, it would still be free to patent its drug, but would be obliged to sell it during a 10-year reward period at or below the cost of manufacture and distribution, and permit its generic production afterwards. The rewards disbursed by the Health Impact Fund would come out of large annual pools divided according to the health gains achieved by the registered medicines, as assessed by statistical methods and denominated in Quality-Adjusted Life Years (QALYs). The more any new medicine improved or lengthened human lives, the more money would go to its innovator.”

The authors then explore how the COVID-19 outbreak might have gone differently in a world with the Health Impact Fund as an established complement to the existing research regime.
Devex - Donors must match speed with transparency in coronavirus funding, advocates say


“As international donors work to get money out the door and into the hands of governments responding to the coronavirus pandemic, transparency advocates hope they will balance urgency with a strong call for open contracting and procurement....”

CGD - Introducing the COVID-19 Multi-model Comparison Collaboration


“...In response to increased requests from countries for guidance on the selection and validation of the models, as well as the interpretation of the model results, the World Health Organization (WHO), the World Bank, the Bill & Melinda Gates Foundation, the International Decision Support Initiative (iDSI) hosted by the Center for Global Development, the Royal Thai Government, and other partners including DFID and the following modelling teams: University of Basel, Institute for Health Metrics and Evaluation (IHME), Imperial College London, Institute for Disease Modelling, London School of Hygiene and Tropical Medicine (LSHTM) and the University of Oxford Modelling Consortium (consisting of several modelling partners in different countries) have agreed to collaborate under the auspices of the COVID-19 Multi-model Comparison Collaboration (CMCC). The purpose of the CMCC is to help enhance the use of mathematical models during the COVID-19 outbreak and help policymakers interpret models, foster collaboration between modelers, and assess the fitness-for-purpose of what COVID-19 models produce in terms of the policy questions that need to be resolved related to disease control. ...”

CMCC Concept note: here.

BMJ Global Health (blog) - Building sustainable health financing options for emergency response: Lessons from the COVID-19 response in Africa


“In trying to explore the emergency spending actions undertaken by African countries to bolster their health sector response in the face of COVID19, we reviewed the WHO public financial management (PFM) global data base with a focus on African countries. ...”
The authors summarise the financing measures across 3 categories. “These include: the majority of the countries established new special funds for COVID-19 (26 countries), re-allocation/supplementary budgets (14 countries) and activation of emergency spending for countries within existing contingency/disaster management funds (4 countries).”

They conclude: “As countries explore improved strategies of funding their health systems post COVID19, we argue that in addition to investing more in common goods for health to prevent emergencies, countries should legislate within their budget laws for contingency reserve funds that can easily be activated for health emergencies.”

CESM Advisory Group (draft) – Civil society calls to action for Covid-19

2-pager.

“The CSEM Advisory Group released the draft Civil Society Calls to Action for COVID-19. These Calls to Action are based on various documents including the Key Asks from the UHC Movement for the UN High-Level Meeting (UN HLM) on Universal Health Coverage (UHC) and the Civil Society Priority Actions for the UN HLM on UHC which received extensive inputs from civil society as well as other key stakeholders. These advocacy messages were adapted for use in the context of COVID-19 with inputs the CSEM gathered from our recent Civil Society Participation in the Covid-19 Response survey which received responses from 200 individuals from 58 countries in Africa, Asia, North America, and Latin America and the Caribbean.”

See also an op-ed by Justin Koonin et al (on civil society participation in the Covid response) - Covid 19—a test for political leaders to truly leave no one behind

“... The willingness of most governments to place trust in medical and scientific experts to guide their responses to the emerging epidemic is encouraging. However, with notable exceptions, civil society organizations (CSOs) have been left on the margins. An analysis of the COVID-19 taskforces of 24 countries finds almost no representation from civil society and community representatives. Another rapid survey of 175 CSOs from 56 countries reports a majority of respondents finding little or no opportunity for civil society to contribute to their government’s response. However, most CSOs reported working independently of the government to ensure COVID-19 awareness, continuity of care, and psychosocial support....”

COVID-19 and Mental Health: Open Letter to World Leaders
https://mailchi.mp/unitedgmh/covid-19openletter

Also a key part of the ‘building back better’ agenda. “We are calling on all world leaders to protect and scale up mental health support in all COVID-19 responses, and commit to building back better a stronger mental health system for the future. If you agree, please sign below....”

Covid-19 Science

In no particular order.
Small droplet aerosols in poorly ventilated spaces and SARS-CoV-2 transmission

Authors of the study conclude: “...This study shows that better ventilation of spaces substantially reduces the airborne time of respiratory droplets. This finding is relevant because typically poorly ventilated and populated spaces, like public transport and nursing homes, have been reported as sites of viral transmission despite preventive physical distancing. The persistence of small respiratory droplets in such poorly ventilated spaces could contribute to the spread of SARS-CoV-2. Our findings confirm that improving ventilation of public spaces will dilute and clear out potentially infectious aerosols. To suppress the spread of SARS-CoV-2 we believe health-care authorities should consider the recommendation to avoid poorly ventilated public spaces as much as possible....”

See also this Science Review - Reducing transmission of SARS-CoV-2

“We should all be wearing masks to protect each other from COVID-19. That’s the conclusion of an overview of the current evidence for airborne transmission of SARS-CoV-2, by atmospheric chemist Kimberly Prather and three colleagues. The authors also looked at the effect of masks in countries where they are commonplace, and the efficacy of other measures, such as people staying 2 metres apart. Although more research is needed, the authors argue that “airborne spread from undiagnosed infections will continuously undermine the effectiveness of even the most vigorous testing, tracing, and social distancing programs.”

Guardian - Effective test, track and tracing 'can reduce lost working hours by 50%'

“An effective track-and-trace system to prevent a second coronavirus peak will not only save lives, it could reduce the number of working hours lost to illness by as much as 50%, according to a major global study. The International Labour Organisation said the effective testing and tracing of infections was essential if employers wanted staff to return to work and for them to stay healthy. The Geneva-based, United Nations body estimates that working hour losses can be reduced from about 14% in countries that put in place weak track-and-trace systems down to 7% in countries with the “highest intensity of tracking and tracing”....”

Science (News) - Can plasma from COVID-19 survivors help save others?

“Small studies suggest transfusions with antibody-laden blood plasma may help patients fight the virus.”
Cidrap News - Study: Remdesivir benefits some COVID-19 patients


“A study published late last week in the New England Journal of Medicine found that hospitalized COVID-19 patients who received Gilead Sciences’ antiviral drug remdesivir recovered a median of 4 days earlier than those who received a placebo....”

For the broader picture on remdesivir (so far), see also an NEJM editorial - Remdesivir — An Important First Step.

See also Cidrap News - 5 days of remdesivir for COVID-19 may be enough

BMJ Global Health - The potential effects of widespread community transmission of SARS-CoV-2 infection in the World Health Organization African Region: a predictive model

https://gh.bmj.com/content/5/5/e002647

The BMJ Global Health modelling studies (by WHO Afro), already reported on in The Guardian a few weeks ago, are online now.

See also BMJ GH - The relatively young and rural population may limit the spread and severity of COVID-19 in Africa: a modelling study

Guardian - Research reveals gene role in both dementia and severe Covid-19


“People with a genetic mutation that increases the risk of dementia also have a greater chance of having severe Covid-19, researchers have revealed. The study is the latest to suggest genetics may play a role in why some people are more vulnerable to the coronavirus than others, and could help explain why people with dementia have been hard hit...”

CNN - Staying safe isn't just about hygiene and distance. It's about time, too.

CNN

“Growing evidence suggests that Covid-19 infection, like with other illnesses, is related to prolonged time exposed to the virus. The longer you stay in an environment that may contain the virus, the higher the risk of getting sick...”
Bloomberg – Covid-19 Patients Not Infectious After 11 Days: Singapore Study


Cfr a tweet: “Two separate studies (in Singapore and Korea) now indicate that people who recover from coronavirus and then test positive again aren’t infectious... Here’s the Korean one:

FT – French tests show mild infection protects strongly against coronavirus

https://www.ft.com/content/bf51fe92-00e8-4d52-ae42-4e7cbbc36367

“Tests on French health workers with mild forms of coronavirus show that 98 per cent of them developed antibodies powerful enough to neutralise the virus a month later. The study at two Strasbourg hospitals will help to ease scientific concerns that people with mild forms of the disease do not develop robust immunity to the Sars-Cov-2 virus. The findings also show that the antibody response grows for a few weeks rather than fading immediately after infection....”

HPW - Two COVID-19 Vaccine Candidates Induce Immune Response In Healthy Volunteers


“A COVID-19 vaccine candidate made by Chinese researchers successfully induced the development of neutralizing and binding antibodies against SARS-CoV-2, the virus that causes COVID-19, according to early results from a non-randomized phase I clinical trial published Friday in The Lancet. The trial results follow on to results announced by Moderna earlier this week, which found that their vaccine candidate was able to induce neutralizing antibodies in 8 healthy volunteers. In vaccine trials, the development of neutralizing antibodies is the most sought-after immune response because these antibodies bind to viral particles in a way that immediately blocks infection....”

HPW - Hydroxychloroquine May Cause More Harm Than Benefit To COVID-19 Patients, Says New Lancet Study


Coverage from late last week, on the study in the Lancet: “New research published in The Lancet on Friday found that hydroxychloroquine and chloroquine has‘no benefit’for coronavirus patients, and could even increase the risk of heart arrhythmias and mortality. ...”

As mentioned, WHO already drew some conclusions - “pausing Hydroxychloroquine Arm Of COVID-19 Clinical Trial – After Lancet Study Finds Higher Mortality Rate Among Patients Getting The Drug.”
Meanwhile, though, statistical questions have been raised on the Lancet study... - see The Guardian - Questions raised over hydroxychloroquine study which caused WHO to halt trials for Covid-19

Guardian - Children half as likely to get coronavirus than adults, data shows

“Under-20s appear 56% less likely to contract Covid-19, preliminary evidence suggests.”

Stat - The world needs Covid-19 vaccines. It may also be overestimating their power
Stat:

“... In the public imagination, vaccines are often seen effectively as cure-alls, like inoculations against measles. Rather than those vaccines, however, the Covid-19 vaccines in development may be more like those that protect against influenza — reducing the risk of contracting the disease, and of experiencing severe symptoms should infection occur, a number of experts told STAT...”

You might also want to read (Guardian) - Why we might not get a coronavirus vaccine

Washington Post - Young adults are also affected by Kawasaki-like disease linked to coronavirus, doctors say
Washington Post:

“Recent public health warnings about a severe and puzzling inflammatory syndrome linked to covid-19 have focused on children. But some doctors say they are also seeing the illness, similar to Kawasaki disease, in a few young adults....”

See also Science - Doctors race to understand rare inflammatory condition associated with coronavirus in young people

Nature - How countries are using genomics to help avoid a second coronavirus wave
https://www.nature.com/articles/d41586-020-01573-5

“Scientists in New Zealand, the United Kingdom and other places are using sequence data to track new infections as lockdowns ease.”

Washington Post - Researchers ponder why covid appears more deadly in the U.S. and Europe than in Asia
“It is one of the many mysteries of the coronavirus pandemic: Why has the death toll from covid-19 apparently been lower in Asia than in Western Europe and North America? Even allowing for different testing policies and counting methods, and questions over full disclosure of cases, stark differences in mortality across the world have caught the attention of researchers trying to crack the coronavirus code. Parts of Asia reacted quickly to the threat and largely started social distancing earlier on. But researchers are also examining other factors, including differences in genetics and immune system responses, separate virus strains and regional contrasts in obesity levels and general health....”

Quotes “...Nobel laureate Tasuku Honjo, a Japanese physician-scientist and immunologist, said people with Asian and European ancestry have enormous differences in the human leukocyte antigen (HLA) haplotype, genes that control the immune system’s response to a virus....” ... Scientists at Chiba University said a whole range of possible genetic factors might condition the body’s response to the virus and deserved further study — even while stressing that there is no evidence yet to back up the idea. ... Different immune responses could also play a role.... another factor worth exploring is differences in microbiomes — the trillions of bacteria that reside in a person’s gut and play a huge role in immune response. “Microbiomes are very different in different places. People eat very different food,” she said....”

Covid-19 Analysis

From various angles.

Lancet Editorial – COVID-19 in Africa: no room for complacency
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31237-X/fulltext

“Despite over 100 000 confirmed cases and infections in every country, the passage of COVID-19 through the African continent remains somewhat enigmatic..... There is no room for complacency. ... The focus on COVID-19 must not detract from continued action in other areas of health.... This pandemic should underline the importance of universal health coverage over narrow responses....”

The Editorial concludes: “There is still potential for disaster in Africa, especially as countries begin to ease the strictest lockdowns. The COVID-19 pandemic enforces global power structures. The rest of the world has a role in supporting and enabling an effective and safe response, but as much as Africa faces unique difficulties, it also has unique strengths. There have been many national successes and an effective regional response. Future action needs to be Africa-led and the rest of the world should look to see what can be learned.”

UHC 2030 (Discussion paper) - Living with COVID-19: Time to get our act together on health emergencies and UHC
“COVID-19 again raises an important question from previous outbreaks: how to make health systems sufficiently resilient to manage shocks in ways that protect everyone? • Health systems face dual challenges of responding to the outbreak and protecting other essential services. This paper examines implications for core health systems functions (service delivery, health financing, governance). • Preliminary conclusions are to: i) place greater emphasis on public health actions as part of UHC; ii) invest more and better in health; iii) seize the moment for changes that benefit both UHC and health security; and iv) unite behind shared health goals. A potential action agenda is proposed, building on the UHC ‘Key Asks’”.

PS: in the (great) (Graduate Institute Global Health Centre) webinar on Wednesday, participants warned very much for the danger of a new vertical ‘health security’ pillar – which seems favoured by some countries. That is certainly not the way to go. Many also acknowledged a ‘collective failure’, and the importance of refocusing on public health in the UHC agenda.

BMJ Global Health (Editorial) - Protecting children in low-income and middle-income countries from COVID-19

S Ahmed et al; https://gh.bmj.com/content/5/5/e002844

“A saving grace of the COVID-19 pandemic in high-income and upper middle-income countries has been the relative sparing of children. As the disease spreads across low-income and middle-income countries (LMICs), long-standing system vulnerabilities may tragically manifest, and we worry that children will be increasingly impacted, both directly and indirectly. Drawing on our shared child pneumonia experience globally, we highlight these potential impacts on children in LMICs and propose actions for a collective response...”

Lancet Perspective - Compassion in a time of COVID-19

Sandro Galea; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31202-2/fulltext

One of the great reads of last weekend.

Empathy is not enough. “ultimately ... compassion as the animating force behind our thinking about health, and our thinking about how we go about informing the decisions we make to contain a novel threat like COVID-19. Compassion extends beyond empathy. It does not motivate our action because we too may be harmed. Compassion motivates action because the phenomena we observe are unjust, not worthy of the world we would like to live in...” “…Compassion pushes us to understand how we have structured the world, and to ask how we can structure it better, not because we may suffer but because others are suffering and that is not how the world should be....”

Galea argues then that our approach to COVID-19 would have been different if were we accustomed to seeing health through the lens of compassion.
The Telegraph - Analysis: WHO has become a 'proxy battlefield' for a power struggle between the US and China

https://www.telegraph.co.uk/global-health/science-and-disease/analysis-has-become-proxy-battlefield-power-struggle-us-china/

“Trump has been relentless in his criticism of WHO. But far from tearing the agency apart, the US approach has brought member countries together.”

A few excerpts & quotes:

“Many commentators believe that Mr Trump’s anger has little to do with a desire to derail the WHO. Dr Clare Wenham, assistant professor of global health policy at the London School of Economics, said it was inspired by two things. “Firstly, he wants to deflect his failure to manage the coronavirus domestically. He’s trying to blame the outbreak on China and the WHO and using the WHO as a scapegoat. “And secondly the World Health Assembly has become a proxy battlefield for a broader power struggle going on between the US and China. It could have happened at any global forum - it just happened to be the WHO,” she said. While it is unclear where China’s promised billions will go, Dr Wenham believes other countries will step in to fill the void both in WHO’s finances and in global health more generally...”

“...Traditionally the US has been WHO’s largest single donor but its funding makes up only 15 per cent of the organisation’s budget - and many commentators believe that WHO will not find it hard to make up the shortfall. The last time the US pulled the plug on WHO contributions in the late 1980s the effects were much more keenly felt, says Dr Sharifah Sekalala, associate professor of law at the University of Warwick. “WHO is in a much better place today - you have non-traditional funders such as the Gates Foundation [the second largest funder of the WHO] and other foundations that might chip in and fund things like vaccines. WHO is not as vulnerable as it was in the past,” she says. She says that other countries - such as Sweden which paid its dues for the next two years in one go - have already stepped into the gap. ...

“...Dr Wenham believes what is likely to make a much bigger dent in WHO’s coffers is the drop in GDP many countries will face as a result of any coronavirus related-recession as this will reduce their assessed contributions. A US withdrawal will also herald a shift in focus at the WHO, says Dr Yu Jie, senior research fellow on China at Chatham House, a think tank. “Beijing will push the WHO into a more ‘global south’ focused organisation and seek to change the rules and standards in favour of developing countries,” she says. ...

CGD (blog) - What Is the World Health Organization Without the United States?
A Glassman et al; https://www.cgdev.org/blog/what-world-health-organization-without-united-states

“The unilateral ultimatum issued by President Donald Trump to the World Health Organization— "reform or else" in 30 days—raises the real possibility of a WHO without funds or governance participation from the United States. What would that mean in practice?”

Let’s hope we don’t have to ponder that question anymore after November.
Clingendael Institute (paper) – Globalization paradox and the corona pandemic
R van de Pas https://www.clingendael.org/publication/globalization-paradox-and-coronavirus-pandemic

“The global scale of the coronavirus (Covid-19) pandemic and its response is unprecedented. This Clingendael Report applies Dani Rodrik’s framework of Globalization’s political trilemma to analyze the current response to the pandemic....”

CGD – A Tool to Estimate the Net Health Impact of COVID-19 Policies

“...part of a series of blogs on the non-COVID-19 excess mortality caused by the response to COVID-19.”

“...Without strong vital statistics systems, we must rely on models to predict excess mortality, both COVID-19 and non-COVID-19. Because there is no comprehensive modeling platform at this time able to take a “whole of health” perspective, we have developed a simple tool that enables users to estimate these non-COVID-19 health effects for their own context, using their own data or assumptions. In this blog, we explain how the COVID-19 Net Health Impact Calculator works and demonstrate its use by providing some preliminary estimates for the Sahel region. We encourage you to explore the calculator and read more about its use in its user guide.”

Lancet - Human rights protections are needed alongside PPE for health-care workers responding to COVID-19
JJ Amon; https://www.thelancet.com/journals/langlo/article/PII/S2214-109X(20)30252-7/fulltext

Exactly. And not just in China.

“... Censorship and attacks on health-care workers responding to COVID-19 are not limited to China. ....” “The nightly demonstrations of appreciation for health-care workers taking place worldwide have been heartening, and there is no doubt that workers are showing a sense of duty, forbearance, and resilience. But these workers need more than PPE and appreciation. They also need their human rights to be respected, including the right to speak out and to be protected from attack, government intimidation, harassment, and arrest.”

IHP - Logjam in COVID-19 testing! What next? Could wastewater-based epidemiology (WBE) be an option, especially in LMICs?

Lila B Basnet (Nepal) wonders whether WBE (wastewater-based epidemiology) is an option to explore further, especially in LMICs.
But also in HICs it’s increasingly being picked up, see Stat - Wastewater testing gains support as an early warning system for Covid-19 cases

M Ravaillon (blog) - Can the World’s Poor Protect Themselves from the New Coronavirus?

https://economicsandpoverty.com/2020/05/25/can-the-worlds-poor-protect-themselves-from-the-new-coronavirus/

Blog linked to a new paper.

“... Virtually all of the WHO recommendations require that a household environment supports the capacity to protect from the virus—what can be called the “home environment for protection” (HEP). The HEP is the result of past wealth-constrained choices, and these are unlikely to change quickly. Dwelling attributes such as its size, construction and location (determining access to treatment) cannot be easily adjusted in response to the immediate virus threat, and nor is health all that people care about when allocating their resources. Importantly, all of the aspects of the HEP required for compliance with the WHO recommendations are likely to have a wealth effect, meaning that poorer households will have less capacity to protect themselves by following WHO recommendations. This is to be expected between countries as well as within them. A new paper with Caitlin Brown and Dominique van de Walle asks “Can the World’s Poor Protect Themselves from the New Coronavirus”? In a nutshell, our answer is “no.”

“... We find that prevailing WHO recommendations for protection make unrealistic assumptions about the home environments of the bulk of the world’s poor. Our calculations indicate that 90% of households have inadequate HEP by one or more of the dimensions considered. Strikingly, the recommendation of having a place to wash hands with soap is not satisfied by the majority of households in the developing world overall, and only satisfied by one-in-five households in sub-Saharan Africa. 40% do not have a formal health-care facility within 5km. Only 6% of the poorest 40% have a home environment that supports full compliance with the WHO recommendations, and the proportion is virtually zero in sub-Saharan Africa;...”

Plos NTDs - COVID-19 in Latin America: Novel transmission dynamics for a global pandemic?

https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0008265

“Matthew J. Miller and colleagues argue that the global COVID-19 pandemic is entering a new phase by spreading to Latin America, a geopolitical region marked by significantly worse poverty, water access and sanitation, and distrust in public governance, and that these aspects are likely to substantially affect the transmission dynamics and scope of the COVID-19 outbreak in the region.”

World Politics Review - Africa Is a Coronavirus Success Story So Far, If Only the World Would Notice

Nice piece, even if, by now, the world has begun to notice.

**Foreign Policy - If African Governments Won’t Act, the People Will**

A Green; [https://foreignpolicy.com/2020/05/26/if-african-governments-wont-act-the-people-will/](https://foreignpolicy.com/2020/05/26/if-african-governments-wont-act-the-people-will/)

“With frustration rising over haphazard responses to the coronavirus, community networks are filling the void across the continent.” The other side of the coin.

**Daily Maverick - Covid-19 ‘is an African governance crisis’**


Quote: “In the wake of Covid-19, a governance crisis is emerging which could impact on the way that Africa is able to respond to the pandemic. So says Dr Ngozi Erondu, Chief Executive for Project Zambezi, a public-private partnership created to improve access to essential medicines throughout sub-Saharan Africa. Liz Clarke spoke to her in London this week about the evolving health challenges facing Africa. ... ... there is a caveat to all of this. New data emanating from countries to the north, including Mozambique, Zimbabwe, Kenya, Tanzania and Nigeria show that testing for the virus is worryingly low, which means that unless there is a co-ordinated approach to restrict movement from border countries when lockdown ends and the free flow of people resumes, the risk of renewed outbreaks coming from neighbouring countries is inevitable. ...”

**Chatham House (Expert Comment) - Together, African Countries Have Enough to Fight COVID-19**

Ngozi Erundu; [https://www.chathamhouse.org/expert/comment/together-african-countries-have-enough-fight-covid-19](https://www.chathamhouse.org/expert/comment/together-african-countries-have-enough-fight-covid-19)

“Africa can mount a stronger COVID-19 response strategy by using regional trade blocs to coordinate, consolidate, and connect resources across the continent.”

**Devex - Donors are ignoring hygiene in the fight against COVID-19**


“... Despite being critical in the fight against COVID-19, efforts to improve hygiene are mostly absent in donor commitments to tackle the coronavirus, according to WaterAid. Instead, the focus is on vaccines. “Vaccines and therapeutics are clearly essential in ending this pandemic, but until they are available the only defence we have against COVID-19 is prevention,” said Tim Wainwright, CEO of WaterAid UK, in a statement. “Three billion people have nowhere to wash their hands with soap and water at home, and many doctors and nurses in developing countries work in a healthcare centre without the most basic hygiene provision.” ... ... Little money has been released to address this, Wainwright said. According to WaterAid’s internal donor tracking, only eight out of 53 major donor commitments to COVID-19 mention hygiene. The European Union, Gavi, and the U.K.’s Department for International Development, in partnership with Unilever, are among those with...”
commitments that look to support improved access to water, sanitation, and hygiene, while other pledges from the African Development Bank and the Bill & Melinda Gates Foundation fail to do so.

... In the long term, more heads of state and of donor agencies need to highlight the importance of water, sanitation, and hygiene in COVID-19 responses, Jones said, yet it is up to the sector to drive this argument home...."

DeveX - Rockefeller Foundation's pandemic chief calls for 'herd awareness'

Dr. Jonathan Quick, a leading expert on pandemics and the new head of pandemic response at The Rockefeller Foundation, emphasized the importance of behavior change in combating the coronavirus pandemic during an interview with DeveX. Quick spoke of the importance of “herd awareness,” by which he means a critical mass of the population knowing enough about wearing masks and other mitigation techniques to reduce disease spread. Quick sees this level of awareness as a step before a vaccine creates so-called “herd immunity.”...

PS: in the UK, there’s also such thing as ‘herd impunity’, we learnt this week 😊.

Guardian - 'Ban on bushmeat' after Covid-19 but what if alternative is factory farming?

“Governments and WHO face pressure to ban commercial trade in wild animals, but experts say this would criminalise a way of life for millions of people.”

HS Governance (blog) - COVID-19: Promoting accountability and transparency during the pandemic

“Countries cannot ignore corruption during the COVID-19 response. Even in ordinary times, research has shown that corruption in the health sector causes losses of $455 billion per year and, according to OECD estimates, up to US$2 trillion of procurement costs could be lost to corruption. Our new blog "COVID-19: Promoting accountability and transparency during the pandemic" by Aneta Wierzynska (Global Fund); David Clarke (WHO); Mark DiBiase & Anga Timilsina (UNDP), poses a serious question: How do we consider this reality during a global pandemic, when there are increased opportunities for corruption to take place, while at the same time not compromising an effective public health response?...”

PS: check out also this new (HS Governance collaborative) resource - Engaging the private sector in response to COVID-19
This site offers rapid, real-time, evidence-based, tailored support to countries to improve private sector engagement in their response to the COVID-19 crisis and to help build stronger health systems post-COVID-19.

See for example another new blog - Covid-19 and the collapse of the Private Health Sector: a threat to countries' response efforts and the future of HSS?

“As COVID-19 leads to a “cash crunch” for the private health sector in developing countries, in this new blog “COVID-19 and the Collapse of the Private Health Sector: a Threat to Countries’ Response Efforts and the Future of Health Systems Strengthening?” Mark Hellowell, Andrew Myburgh, Mirja Sjoblom, Srinivas Gurazada, and Dave Clarke consider the opportunities and risks of providing state support to health care businesses.”

Guardian - From Kenya to Bangladesh mask-making has become a thriving cottage industry


“Charities, NGOs and garment factories are adapting to provide protective gear, generating income and keeping communities safe.” Many of the people making masks are women.

WEF (blog) Here’s why the world’s recovery from COVID-19 could be doughnut shaped

E Charlton; https://www.weforum.org/agenda/2020/05/doughnut-model-amsterdam-coronavirus-recovery

Pointing to the Amsterdam example. “Amsterdam aims to offer everyone fair social terms within safe ecological limits.”

F2P (blog) - Why Informal Social Protection could be the missing piece in the Covid Response


“As part of their Masters in International Development and Humanitarian Emergencies, LSE students do a consultancy for aid agencies and others. Here Chiara Jachia, Natalie Schwarz, Hanna Toda and Anjuman Tanha discuss the Covid implications of their consultancy on Informal Social Protection. Oxfam’s Larissa Pelham introduces their project....”

BMJ GH (blog) - COVID-19 and the Future of Global Health Research Partnerships

Recommended blog by Chris Jenkins, a young researcher from the North.

“...COVID-19 has created long-term challenges for how we conduct research, especially in the context of global health. Restrictions to travel may result in some benefits (reduced airline pollution, and more efficient use of time and resources), but will also fundamentally alter our international collaborations....”

Lancet HIV (Editorial) - Lockdown fears for key populations
https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30143-0/fulltext

“With much of the world’s population under COVID-19 lockdown, curfews, and travel restrictions, access to HIV testing and treatment services is a significant concern for people with HIV and those who provide care. Interruptions in supply chains with subsequent stock-outs of antiretrovirals and closure of sexual health clinics and counselling services are already affecting the HIV response in some countries. Correspondence in this issue describes how drug shortages are affecting the HIV response in Indonesia. ... ... there have been worrying reports about countries and regions abusing the rights of key populations affected by HIV/AIDS under the pretext of COVID-19 regulations....”

Scientific American – Coronavirus Pandemic Threatens to Derail Polio Eradication—But There’s a Silver Lining

“COVID-19 has stifled the world’s largest immunization program. Yet polio’s vast workforce is also helping in the fight against the new disease...”

“But in spite of these setbacks, the global polio program’s adaptability may actually have a silver lining for the current pandemic. Many countries have been quick to realize the usefulness of the polio network — the largest immunization program of its kind in the world — in fighting the pandemic. Much of the network has been redeployed accordingly...”

P4H - No calm after the storm: time to retool country PFM systems in the health sector

“The COVID-19 crisis is impacting every form of government action, including policies and processes around public financial management (PFM). In this blog, we present our common understanding of PFM lessons stemming from the health response to COVID-19 and offer perspectives to support the development of a coordinated PFM reform agenda in health as countries move towards recovery from this crisis. This contribution is based on a rapid review of country PFM processes, designed and administered by the WHO in April-May 2020. ... . This work also builds on lessons that have emerged through a growing body of work on PFM and health and through a number of projects and
coordinated initiatives undertaken over the past decade to strengthen and tailor PFM systems in the health sector."

Guardian - Peru's coronavirus response was 'right on time' – so why isn't it working?

Guardian;

One of the tragic country stories now in Latin America, sadly, Peru.

The Conversation - How Mumbai's poorest neighbourhood is battling to keep coronavirus at bay

I Chatterjee; The Conversation;

“Informal settlements are experiencing a greater surge in COVID-19 cases than other urban neighbourhoods in Mumbai, India. Their high density, narrow streets, tight internal spaces, poor access to water and sanitation leave residents highly vulnerable to the spread of coronavirus. One of Mumbai’s poorest and most underdeveloped neighbourhoods, Shivaji Nagar, is one of three informal settlements I have been studying. More than a month before the Indian government imposed a national lockdown, Shivaji Nagar residents, supported by the NGO Apnalaya, adopted their own measures to counter the pandemic....”

The Atlantic – We Don’t Even Have a COVID-19 Vaccine, and Yet the Conspiracies Are Here

Atlantic;

Very informative (and recommended) analysis. “Even as vaccines for the disease are being held up as the last hope for a return to normalcy, misinformation about them is spreading.”

JAMA - Adverse Consequences of Rushing a SARS-CoV-2 Vaccine Implications for Public Trust

https://jamanetwork.com/journals/jama/fullarticle/2766651

“This Viewpoint discusses the importance of carefully evaluating SARS-CoV-2 vaccine candidates for safety and efficacy in the context of political pressure to accelerate the process, widespread vaccine hesitancy and refusal, and distrust of science.”

For a somewhat related read, see also Nature (Editorial) - Coronavirus misinformation needs researchers to respond

“Researchers must be transparent and acknowledge what is known and what isn’t.”
“The past few weeks have seen an explosion in misleading claims about COVID-19. These are mostly online, and many are intended to sow doubts about vaccination as a way to protect against infection. Researchers should play a part — no matter how small — in the response to misinformation and disinformation. We need to build a society that is resilient to falsehoods about COVID-19, a task that will only become more vital as vaccines near.”

WB (blog) - Oxygen for all, during COVID-19 (coronavirus) and beyond


Very important case, by Kevin Watkins (Save the Children). “… Medical oxygen supplies starkly illustrate health inequalities between and within countries… The challenge is to increase the supply of medical oxygen while reducing cost so that it’s accessible where it’s needed most, free at the point of use. It will take increased investment and commitment to put oxygen at the center of strategies for universal health coverage. … COVID-19 is a public health crisis without parallel in recent history. But it is also an opportunity to turn the spotlight on medical oxygen as one of the defining health equity issues of our age…”

BMJ GH - Universal masking for COVID-19: evidence, ethics and recommendations

Tak Kwong Chan; https://gh.bmj.com/content/5/5/e002819

“Policy makers must rely on best available evidence rather than awaiting strongest evidence when devising urgent policies that can potentially save human lives. There is no shortage of mechanistic evidence and observational studies that affirmed the benefits of wearing a face mask in the community, which should drive urgent public health policy while we await the results of further research. There is no valid scientific evidence to support the assertion that the use of a face mask in the community may impose a higher risk of infection on the ground of improper use or false sense of security. Rationing offers no moral ground to ignore the evidence about the benefits for the users of lower priorities. The proper approach to addressing shortage is to formulate stratified recommendations that take full account of the benefits of using face masks in the community and provide viable solutions at different scenarios (see table 3 in the main text). I urge the WHO and policy makers worldwide to consider my stratified recommendations, or adopting measures to a similar effect, particularly as the authorities are contemplating relaxation of other aggressive measures such as border closure, lockdown and social distancing.”

LA Times - Op-Ed: Why democracies do better at surviving pandemics


“… Democracies might be among the worst performers in the COVID-19 crisis, but they are also among the best, especially when they are led not by populist leaders, but by those who can draw on a high level of public trust. This has been the case with Germany, Taiwan, Finland, Norway, New Zealand and South Korea — the first five of which are led by women, whose leadership style tends to be inclusive rather than top-down. Democracies have also revealed their innate resilience and adaptability. COVID-19 is driving democratic political systems to become more accountable and responsive....”
FT - Democracies have proven they have the edge in coping with this crisis
C B Frey; https://www.ft.com/content/5d08522e-99b2-11ea-871b-edeb99a20c6e

“A ‘democratic depression’ seems unlikely — Covid-19 has exposed the flaws of authoritarianism.”
By C B Frey, a Citi Fellow at the Oxford Martin School, Oxford university. But the title is a bit misleading, and should have been qualified, see below:

“... if political regimes are judged by how they have responded to the pandemic, a democratic depression seems unlikely: Covid-19 has exposed the flaws of authoritarianism while showing the strengths of democracy. ... As our research shows, the countries that have responded most effectively are democracies that also have collectivist cultural traits. ... Collectivism, which emphasises group loyalty, conformity and obedience towards superiors, also makes collective action easier, such as mounting a co-ordinated response to a pandemic. Individualism, on the other hand, is associated with greater suspicion of government interventions. ... So far, democracies with more collectivist cultural traits have responded better to the pandemic....”

Health Affairs (blog) – Ending The COVID-19 Pandemic Requires Effective Multilateralism

“...enhanced multilateralism will be needed to raise enough funding for three key activities: (i) COVID-19 vaccine development and global delivery, (ii) the development and global distribution of COVID-19 treatments and diagnostics, and (iii) national and global pandemic response and preparedness activities. In all three cases, the good news is that we already have multilateral mechanisms that could be leveraged— we do not need to spend resources launching new ones....”

Nature (News) – The epic battle against coronavirus misinformation and conspiracy theories
https://www.nature.com/articles/d41586-020-01452-z

In-depth analysis. Recommended. “Analysts are tracking false rumours about COVID-19 in hopes of curbing their spread.”

FT – UK suffers highest death rate from coronavirus
https://www.ft.com/content/6b4c784e-c259-4ca4-9a82-648ffde71bf0

“FT analysis of data from 19 countries finds Britain hit hardest, ahead of US, Italy, Spain and Belgium.”

“... The timing of lockdowns relative to the spread of the virus had a significant effect on the total level of excess deaths, the data show....”
“Excess deaths is internationally recognised as the best way to compare countries’ performance in handling infectious diseases. Chris Whitty, the UK’s chief medical officer, called excess deaths “the key metric”....”

Final links:

- Science News - As India’s lockdown ends, exodus from cities risks spreading COVID-19 far and wide
- The Conversation - Sub-Saharan Africa needs to plug local knowledge gap to up its anti-COVID-19 game (by Alex Ezeh et al)

Quote: “... Now more than ever, African governments need their scientists and their scientific institutions to provide insights and guidance. They are turning to these local institutions for help in managing their responses to the pandemic. Unfortunately, many years of neglect and limited investment have created capacity gaps. Where capacity does exist, it is being used, though it remains inadequate. The extent of this is being documented by a network of academics across the continent. African scientists are not able to deliver what Africa needs because governments have starved their institutions of crucial funds for many years. The result is that governments are importing wholesale what is being done elsewhere....”

- International Journal for Equity in Health - Is Nigeria prepared and ready to respond to the COVID-19 pandemic in its conflict-affected northeastern states?
- IHP blog - The state of displaced populations in Cox’s Bazar, Bangladesh, in times of Covid-19 and cyclone Amphan (by S Krishnan)
- HP&P - A Voice From the Front Line: Reaching out of the box to engage private non-state healthcare actors in LMICs to combat COVID-19 (by Priya Balasubramaniam et al)

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

“This blog calls for extraordinary measures to coordinate and engage with the ‘other half of the health sector’ – the informal health sector, private health professionals and non-state actors in low- and middle-income countries (LMICs) with weak health systems to start with, where the pressure from the current pandemic has been especially tough. ...” “When state capacity has failed, the unorganized sector and local private practitioners are often the first line of contact for many vulnerable populations.”


“Controversial political decisions, mistrust, and limited epidemiological data complicate the response to the COVID-19 pandemic in east Africa. Esther Nakkazi reports.”
• Devex - Opinion: A reminder during COVID-19 — Africa is not a monolith (by H Bookholane)

• K2P Covid-19 series Advocating for Alternative Incentives for a Proactive Pharmaceutical R&D system

... the COVID-19 pandemic has highlighted that the system is unable to proactively address the needs for vaccines, testing and treatment for unpredictable and novel viruses. This puts into question the incentives of the pharmaceutical industry. Specifically, does the industry have the appropriate financial incentives to invest in unpredictable outbreaks?“

“This 40-pager delves into factors that govern the current market-based R&D incentives of the pharmaceutical industry. Informed by evidence, the document presents key alternative incentives and promising strategies to improve the pharmaceutical R&D system.”

• BMJ Editorial - Shielding from covid-19 should be stratified by risk

“Lockdown is damaging lives; stratified shielding could help get us out.” “Protecting those at most risk of dying from covid-19 while relaxing the strictures on others provides a way forward in the SARS-CoV-2 epidemic, given the virus is unlikely to disappear in the foreseeable future. Such targeted approaches would, however, require a shift away from the notion that we are all seriously threatened by the disease, which has led to levels of personal fear being strikingly mismatched to objective risk of death...”

Covid19 impact on other global health programmes

SRHM (Perspective) - Reproductive health under Covid-19 – challenges of responding in a global crisis.

“The frontline service delivery capacity has been threatened since the March 2020 declaration of a global pandemic. The @MarieStopes team look at the challenges of responding to #SRH in a global crisis.”

Guardian - Global report: 'disaster' looms for millions of children

“The coronavirus pandemic will have a “disastrous” impact on children’s rights worldwide, making them more vulnerable to forced labour and underage marriage, a rights group has said ... ... Millions of children would fall into extreme poverty because of the outbreak, which has left governments short of money for health and education for the young, Dutch NGO KidsRights said....”

See also here.
Devex - COVID-19's unequal impact on global development professionals  

“Global development workers increasingly fear that their organization will not survive the COVID-19 pandemic, with concern greatest among those in Africa. Devex’s latest COVID-19 Trends Tracker survey asked 580 professionals from 162 countries how the virus is affecting them....”

WHO EB meeting (22 May)  
https://www.who.int/about/governance/executive-board/executive-board-147th-session

You might want to re-read dr. Tedros’s speech at WHO’s (147th) Executive Board meeting

He summarized very briefly WHO’s work on COVID-19 in seven areas: leadership, analysis, communication, supplies, expertise, research and preparedness.

GAVI replenishment (4 June, virtual)

As a reminder, GAVI seeks to mobilize $7.4 billion for its regular immunization programs.

On June 4, the Advanced Market Commitment (AMC) for COVID-19 vaccines will also be launched. A 2 billion dollar AMC, apparently (as a start).

For more on the latter, see GAVI’s proposal for an AMC for Covid-19 vaccines. (2-pager).

Kristof Decoster (blog) - The GAVI replenishment & toxic tweets  
http://kdecoste.blogspot.com/2020/05/the-gavi-replenishment-toxic-tweets.html

A bit of a rant perhaps, but that’s the emotion some tweets seem to trigger, so it should make the senders of these tweets at least reflect. In this short blog, I make the case that Seth Berkley (CEO GAVI) better refrains from ‘thank you, Bill’ tweets. They are, in the current global environment, the PPP CEOs’ equivalent of dr. Tedros’ (unfortunately still too common) ‘thank you’ tweets versus authoritarian leaders. Potentially toxic.

But of course, the tweets are, in itself, revealing of a (now outdated) paradigm & mindset. Weird Berkley (and also others in global health power corridors) don’t seem to realize this, in a world now full of antivaxxers & bizarre conspiracy theories.
Menstrual Hygiene Day (28 May)

Menstrual Hygiene Day: Why Menstrual Health Belongs on India’s Political Agenda

K Babbar, D. Saluja et al; [https://thewire.in/rights/menstrual-hygiene-day-why-menstrual-health-belongs-on-indias-political-agenda](https://thewire.in/rights/menstrual-hygiene-day-why-menstrual-health-belongs-on-indias-political-agenda)

The authors conclude: “…on the occasion of Menstrual Hygiene Day, let’s pledge: a) to continue to talk about menstruation in our personal and professional spaces, help bust myths and taboos, and give the women in our lives, and others, the safe and guilt-free menstruating experience they deserve; and b) raise our voices to include menstrual health in the political agenda, in India as well as around the world.”

Telegraph – 'Periods don't stop in a pandemic': charities call for help as lockdowns spark shortages, price hikes


“Periods do not stop during pandemics, and millions of women and girls worldwide are facing severe shortages, price hikes and increased stigma, several charities have warned. Almost three-quarters have experienced restricted access to the necessary products, according to a survey of health professionals in 30 countries worldwide by the children’s charity, Plan International. Almost 70 per cent have restricted access to facilities to change, clean and dispose of period products, 58 per cent have seen an increase in price, and just over half a lack of access to information, services, and even clean water. One in four reported increased stigma and shaming during their periods....”

World No Tobacco Day (31 May) - #tobaccoexposed

[https://www.who.int/news-room/campaigns/world-no-tobacco-day/world-no-tobacco-day-2020](https://www.who.int/news-room/campaigns/world-no-tobacco-day/world-no-tobacco-day-2020)

Via the NCD Alliance newsletter: “Globally, tobacco kills 8 million people every year. According to the World Health Organization (WHO), worldwide at least 43 million adolescents aged 13-15 used tobacco in 2018. This year, the WHO campaign for World No Tobacco Day on 31 May will debunk myths and expose devious tactics employed by tobacco industries. ...”

The theme for World No Tobacco Day this year is “Protecting youth from industry manipulation and preventing them from tobacco and nicotine use”.

Do read also World No Tobacco Day during the time of coronavirus crisis (NCD Alliance – blog)

“The COVID-19 pandemic has affected almost all aspects of life for much of the world’s population. Although evidence on who is most vulnerable to COVID-19 is still emerging, it is clear that individuals with underlying chronic health conditions are more at risk. Many of these conditions, such as heart
or respiratory disease, cancer and diabetes, are more common among smokers and tobacco users.

PS: on new Covid-19 related misinformation by the tobacco industry - “Two recent studies argued that nicotine protects tobacco users from COVID-19 and can be used as a coronavirus treatment. These studies were widely quoted by the media, confused people, and even resulted in panicked people buying nicotine replacement products. These studies have methodological weaknesses and one paper included an author with conflict of interest.”

NCDs

WHO receives first-ever donation of insulin


“... Fifty low- and middle-income countries are soon to receive insulin for people with diabetes, thanks to a donation by global health-care company, Novo Nordisk. The donation, of insulin and glucagon, to the value of [a whopping] US$ 1.3 million, comes at a time when many people with noncommunicable diseases such as diabetes are facing challenges with access to life-saving treatment as a result of the COVID-19 pandemic. ... “We are very grateful for this timely donation of insulin,” said Dr Bente Mikkelsen, Director of the Department of Noncommunicable Diseases at WHO. “It is the first donation of a medicine for a noncommunicable disease to WHO and it comes at a critical point.” ...

Justice and health: The Lancet–Health Equity and Policy Lab Commission

Lancet (Comment) - Justice and health: The Lancet–Health Equity and Policy Lab Commission

J Prah Ruger & R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30928-4/fulltext

“... Global and domestic justice and health (panel) are under-recognised and under-utilised approaches to protect and promote global and domestic health. We now launch Lancet–Health Equity and Policy Lab (HEPL) Commission on Justice and Health to examine the crucial role of justice in providing solutions to global and domestic health problems. ... Under the leadership of Jennifer Prah Ruger (Chair), HEPL at the University of Pennsylvania and The Lancet will anchor the work of this Commission, engaging a variety of personal, disciplinary, gender, and geographical perspectives. The Commission will, over the next several years, examine aspects of justice and health at global and national levels and elucidate how justice can serve as an innovative, impactful, and inclusive means to solve global and domestic health problems. The Commission’s goal is to make recommendations for improving global and domestic health policy and outcomes. The Commission will chart the path towards a more just, humane, and sustainable world.”
Lancet Global Health – June issue

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

Start with the Editorial - Food insecurity will be the sting in the tail of COVID-19

But flagging also, among others:

- Comment - Essential universal health coverage needs local capacity development (by MTichener) related to a new study in the Lancet GH. “… In this context, David Watkins and colleagues have produced a modelling study and an online costing tool—the Disease Control Priorities Cost Model (DCP-CM)—as starting points to help countries prioritise their health packages and achieve what the authors of DCP3 term essential universal health coverage (EUHC).…”

- The first Global Pneumonia Forum: recommendations in the time of coronavirus
- All children surviving and thriving: re-envisioning UNICEF’s conceptual framework of malnutrition

Some papers and reports of the week

Report - Will innovations in healthcare and medicine deliver?

USP:

“USP and MIT Center for Collective Intelligence report imagines health innovations and what stands in the way of success.”

“Just a few weeks before the first cases of COVID-19 were made public, a group of more than 100 global experts in health and medicine was imagining the future of health innovation and factors that could determine its success or failure. A recurring theme was the increasing frequency of global crises that would lead to wide scale disturbances and force healthcare leaders to collaborate and deliver health solutions that are truly global. This hypothetical series of events that the world began to see play out in early 2020—alongside other future-oriented scenarios—is described in a new report by USP and the MIT Center for Collective Intelligence.” With 4 possible scenarios.

Critical Public Health - Neoliberalisation enacted through development aid: the case of health vouchers in India


“Despite a history of critical scholarship on development aid and neoliberalism in public health, very little specific attention has been drawn to how a tripling in aid commitments in the health sector after the Millennium Declaration created new opportunities for the advancement of neoliberal ideas and practices. Here we examine an externally funded aid project in Uttar Pradesh, India that
seemed to embrace important public health and access to care concerns but that can also be understood as part of a larger – and damaging – ideological project. We adopt a contextualising and process-oriented understanding of ‘neoliberalisation’ to examine its design and enactment. On the frontline, programme workers and users tactically re-interpreted the notion of ‘choice’ to serve their interests in ways that were not anticipated by programme designers. In the case of the programme workers, these reflected the individualised performance targets set up by the programme and an existing culture of clientelism. Our analysis challenges uncritical portrayals of development assistance for health as a beneficent reallocation of resources.

Journal of Global Health - G20 Okayama Health Ministers’ Meeting: Conclusions and commitments
http://www.jogh.org/documents/issue202001/jogh-10-010320.htm

“Since the initial years of the Group of 20 (G20) Summit, experts have awaited its high-level, concrete commitments to global health. The G20 Health Ministers’ Meeting (HMM) began under the German presidency in 2017; Argentina and Japan subsequently established the momentum to retain health as the top priority in G20 countries. During the Japanese presidency in 2019, the third G20 HMM took place in Okayama in October after the G20 Osaka Summit in June, highlighting “the Achievement of Universal Health Coverage (UHC),” “Response to Population Ageing,” and ‘Management of Health Risk and Health Security including Antimicrobial Resistance (AMR)” as the three main pillars. This report illustrates how the G20 Health Ministers have implemented the contents of the Leaders’ Declaration...”

BMJ Global Health (Analysis) - Regulating international clinical research: an ethical framework for policy-makers
B Aguilera et al; https://gh.bmj.com/content/5/5/e002287

“The global distribution of clinical trials is shifting to low-income and middle-income countries (LMICs), and adequate regulations are essential for protecting the rights and interests of research participants in these countries. However, policy-makers in LMICs can face an ethical trade-off: stringent regulatory protections for participants can lead researchers or sponsors to conduct their research elsewhere, potentially depriving the local population of the opportunity to benefit from international clinical research. In this paper, we propose a three-step ethical framework that helps policy-makers to navigate this trade-off. We use a recent set of regulatory protections in Chile to illustrate the practical value of our proposed framework, providing original ethical analysis and previously unpublished data from Chile obtained through freedom of information requests.”

Health Economics: The Virtual legacy of Adam Wagstaff in health economics: So much more than Old Wine in New Bottles

“On 12 May 2020, the health economics community lost one of its giants with the death of Adam Wagstaff. During his career, Adam made tremendous contributions to the development and analysis of health care financing policies, with a focus on both health equity and efficiency in countries around the world. The huge volume of his work is partially reflected through articles and citations to his work published in Health Economics. The Health Economics Editorial Board, in conjunction with
Wiley, prepared this Virtual Issue in Adam’s honor. The issue starts with remembrances of Adam by Eddy van Doorslaer, a long-time friend and colleague. The issue also contains, in chronological order, links to the 28 Health Economics articles which Adam wrote or co-authored. We hope this compilation increases awareness of the brilliance of a leading health economist whose contributions were cut short by most unfortunate illness.”

HP&P - Budget line items for immunization in 33 African countries

“When seeking to ensure financial sustainability of a health programme, existence of a line item in the Ministry of Health (MOH) budget is often seen as an essential, first step. We used immunization as a reference point for cross-country comparison of budgeting methods in Sub-Saharan African countries. Study objectives were to (1) verify the number and types of budget line items for immunization services, (2) compare budget execution with budgeted amounts and (3) compare values with annual immunization expenditures reported to WHO and UNICEF....” Check out the results.

Global Social Policy – Forum introduction: Moving the UHC agenda forward without waiting for the next health crisis
S Cook et al; https://journals.sagepub.com/doi/full/10.1177/1468018120922229

Introduction to a special issue. “Only 4 months after the world community reiterated its commitment to universal health coverage (UHC) with the political declaration on UHC at the United Nations (September 2019), the world once again faces a health emergency of international concern, as COVID-19 continues to spread in all regions....”

“....We need not wait long for the early papers documenting the emergence of COVID-19 to reinforce the point, once again, that better health systems and universal health coverage would have made a difference! It is therefore timely that this Forum focuses on the renewed upsurge in support for UHC. In the following short papers, a number of researchers, policy makers and policy entrepreneurs, civil society activists and practitioners reflect on how UHC returned to the agenda, globally and in specific national contexts; the varied experiences of different countries as they make efforts to establish universal access to quality care, free from financial risk; and who is being left out of these processes....”

Globalization & Health - Meeting the challenges posed by per diem in development projects in southern countries: a scoping review

“...This study presents the results of a review whose goal is to generate knowledge on the possible levers of action concerning per diem practices in southern countries in order to propose reforms to the existing schemes..... .... For the most part, the results of this review are recommendations supporting per diem reform. In terms of strategy, the recommendations call for a redefinition of per
diems by limiting their appeal. Issued recommendations include reducing daily allowance rates, paying per diem only in exchange for actual work, increasing control mechanisms or harmonizing rates across organizations. In terms of operations, the recommendations call for the implementation of concrete actions to reduce instances of abuse, including not paying advances or introducing reasonable flat-rate per diem. That said, the authors contacted stated that few per diem reforms had been implemented as a result of the issued recommendations....”

WHO Bulletin – Primary health care and nutrition
C Kraef, S Peterson et al; https://www.who.int/bulletin/online_first/BLT.20.251413.pdf?ua=1

“Globally, dietary factors are responsible for about one in five deaths. In many low and middle-income countries different forms of malnutrition (including obesity and undernutrition) can co-exist within the same population. This double burden of malnutrition is placing a disproportional strain on health systems, slowing progress towards universal health coverage (UHC). Poor nutrition also impedes the growth of local economies, ultimately affecting the global economy. In this article, we argue that comprehensive primary health care should be used as a platform to address the double burden of malnutrition. We use a conceptual framework based on human rights and the Astana Declaration on primary health care to examine existing recommendations and propose guidance on how policy-makers and providers of community-oriented primary health care can strengthen the role of nutrition within the UHC agenda. Specifically, we propose four thematic areas for action: (i) bridging narratives and strengthening links between the primary health care and the nutrition agenda with nutrition as a human rights issue; (ii) encouraging primary health care providers to support local multisectoral action on nutrition; (iii) empowering communities and patients to address unhealthy diets; and (iv) ensuring the delivery of high-quality promotive, curative and rehabilitation nutrition interventions. For each theme we summarize the available strategies, policies and interventions that can be used by primary health care providers and policy-makers to strengthen nutrition in primary health care and thus the UHC agenda.”

Lancet Letter – Time for global health diplomacy
A M Ariansen et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30490-6/fulltext

“2019 was The Lancet's Year for Nutrition. Highlights included reports from the EAT-Lancet Commission and The Global Syndemic Commission, both emphasising that global trade systems must be transformed to ensure healthy and sustainable diets. But what developments can be expected following these reports? We might get an indication by considering what has happened since The Lancet's 2009 Trade and Health Series. This Series criticised the trade agreements of the World Trade Organization (WTO) for being detrimental to global health, among other things, by facilitating unhealthy diets. So where are we now, more than a decade after the Trade and Health Series?... “ Overall, the trend was negative.

The authors conclude: “The need for professionalisation of global health diplomacy is pressing. Cross-disciplinary degrees in global health diplomacy should be developed, and global health diplomacy should be an integrated part of medical professional studies and other health related educations. Today, hardly any educational institutions offer courses on the subject. We challenge The Lancet to continue its global health leadership by facilitating the development of effective strategies in global health diplomacy, with the goal of equipping the medical community with the
skills necessary to engage in the negotiations required to influence trade policy. The Year for Nutrition is now behind us. Let the 2020s be the decade for global health diplomacy.”

Lancet Letter – Towards more balanced representation in Lancet Commissions
M Hetzel et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30617-6/fulltext

“...Three recent Lancet global health Commissions are exemplary of a striking imbalance: more than 70% of Commission authors originated from institutions based in North America and Europe, home to less than 20% of the world’s population. ... Another important move would be for highly respected scientific journals such as The Lancet to promote a more equitable representation of our globalised world in its Commissions and editorial boards because global challenges require global partnership and inclusive decision making. Surely, experts on planetary problems and solutions can be found beyond the prime academic institutions in high-income countries.”

Some blogs & mainstream articles of the week

Medium - Are We Really Interested in ‘Decolonizing Global Health’ or Are We Rushing to Prove Our Wokeness?
L Mkumba; https://medium.com/@lauramkumba/are-we-really-interested-in-decolonizing-global-health-or-are-we-rushing-to-prove-our-wokeness-cf8e2bb60c6d

“... with the growing traction of the student movement, I fear that we are no longer decolonizing, but rushing to prove our ‘wokeness’. I fear that we are actually creating a new system of oppression that is the antithesis of the foundation and goals of the movement. I fear that the critical reflection piece is being overlooked and the movement is starting to take on a superficial lens. ... The truth is students in countries that are facing the more aggressive fallout of colonialism, residing and studying in former colonial states, do not have the privilege to speak out like we do....”

... Are we really going to make progress if these conversations stay concentrated among HIC and students who occupy more global privilege? Are we really making progress when people in LMICs and former colonial states can’t even attend the events hosted in HICs? When are we going to have a decolonizing conference that is held in Sub-Saharan Africa or South Asia or Latin America? When are we going to have a conference that doesn’t require high internet bandwidth or visas and miles of paperwork to attend?...”

Nature - Learning to love virtual conferences in the coronavirus era
C Woolston; https://www.nature.com/articles/d41586-020-01489-0?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf234280079=1

“COVID-19 has provided an opportunity to rethink the scientific conference. If online meetings become the norm, how can researchers make the most of them?”
“Love” might be a bit much, but there’s still some good advice in this piece on how to get the most out of virtual conferences.

Katri Bertram (blog) - Fear culture – why we need to speak out

https://katribertram.wordpress.com/2020/05/21/fear-culture-why-we-need-to-speak-out/

“As citizens and individuals who have been raised in democratic countries with open debate cultures, freedom of speech, and free media, we find ourselves living in the middle of what is increasingly becoming “fear culture”. We speak up in small private circles against what we consider to be going in the wrong direction, but we don’t take a stance (beyond voting, if we aren’t so disillusioned and depressed that we don’t even vote). In our work and in public, by not speaking out, we tolerate fear, attacks, silencing – and have de facto given our voice away to others who readily take the floor and all power instead. We give away our power to shape culture. We have resigned ourselves to speaking out “once I am in a job where it’s allowed”, “once my future employer doesn’t find what I say too risky”, “once I am sure I will not be blacklisted or seen as a risk”, “once I am certain I will not be targeted by hate”, or “once I am certain everyone else speaks out too, and I am not a small minority” ....”

Quote: “In the work place, in society, and on social media, it’s time we stop holding our breaths. Things are not getting worse because there are some crazy people out there, things are getting worse because we are silently watching at the sidelines. Wake up! Speak out!”

Launch of the Africa CDC Kofi Annan Global Health Leadership Program


Was launched on May 25.

Some tweets of the week

Victoria Okoye

“Seems that lots of the “decolonizing” that folks say they’re doing in academia is likely, upon critical reflection, mostly superficial, and probably a lot more like re-colonizing. Am I alone in thinking this? Becoming skeptical + ready to drop this key word from my approach...”

Via Twitter

“Tests per confirmed case” is a fascinating new metric that would seem to be a good measure of how on top of their problem different nations are. At the top are New Zealand & Taiwan. At bottom of rankings are France & UK.”
Allison E Bailey

“People like hearing about my research interests when I start talking about the role of West African funeral rites in Ebola outbreaks. They don’t like hearing about my research interests when I start talking about the role of American cultural aspects in the spread of COVID-19.”

Jason Hickel

“Billionaires are incompatible with planetary boundaries.”

Renzo Guinto

“Decolonization is the undoing of colonization - liberation. Many countries already free politically. Decolonialism is untangling of knowledge production from a primarily Western perspective. This one is far from over. :-(

“Decoloniality is the untangling of knowledge production from western and eurocentric viewpoints, unpacking the perceived universality of it” and being aware of imposing western notions of what healthy is”

Thomas O’Connell

“Time for #PHC for #UHC to become the 'new normal' for Global Health”

Priti Patnaik

“As civil society groups and others pointed out, no mention of the word on "lockdown" in the "historic" #covid19 response resolution adopted at #wha73 earlier this month. We have failed to acknowledge the dead”

Global health centre

Agnes Soucat at the ‘Getting our act together on health emergencies & UHC’ webinar - “This pandemic is revealing the weaknesses of #globalhealth & showing how much countries are connected. "We must act together & ensure sufficient funding for public health functions and #CommonGoods for health such as coordination, policy development, data sharing” says @asoucat”

Jamie Uhrig

“Will the new @WHO Foundation accept funds from @Nestle @CocaColaco and @Pepsico? From Big Pharma? #CDoH”

Uli (also on the new WHO Foundation)

“non-traditional sources”… flashback of Sands @GlobalFund #PartneringUnderTheInfluence Rammelende bierglazen w/ Heineken or Lombard Odier (private bank famous for tax evasion)”
Global governance of health

Devex - After COVID-19, European Commission pushes for more foreign aid


“The European Commission on Wednesday proposed an additional €16.5 billion ($18.2 billion) for the European Union’s foreign spending as part of its COVID-19 recovery package, sparking relief among NGOs that had feared further cuts. The proposal, which must still be approved by EU states, would allocate €86 billion to the bloc’s main development instrument for 2021-2027, up 8.6% form the commission’s first outline in 2018....”

Devex - DFAT announces new aid policy in response to COVID-19. But is anything different?


“A new Australian aid policy document will be launched on May 29 pivoting to a focus on health security. But there are no new funds on offer. Instead, programs deemed non-essential are being cut....”

The Economic & Labour Relations Review - The COVID-19 pandemic: Lessons on building more equal and sustainable societies

K Van Barnevelt et al;
https://journals.sagepub.com/doi/full/10.1177/1035304620927107#articleShareContainer

“This discussion paper by a group of scholars across the fields of health, economics and labour relations argues that COVID-19 is an unprecedented humanitarian crisis from which there can be no return to the ‘old normal’. The pandemic’s disastrous worldwide health impacts have been exacerbated by, and have compounded, the unsustainability of economic globalisation based on the neoliberal dismantling of state capabilities in favour of markets. Flow-on economic impacts have simultaneously created major supply and demand disruptions, and highlighted the growing within-country inequalities and precarity generated by neoliberal regimes of labour market regulation. Taking an Australian and international perspective, we examine these economic and labour market impacts, paying particular attention to differential impacts on First Nations people, developing countries, women, immigrants and young people. Evaluating policy responses in a political climate of national and international leadership very different from those in which major
twentieth century crises were addressed, we argue the need for a national and international conversation to develop a new pathway out of crisis.”

ODI (blog) - Aid to fight new wars: reflections for development agencies in the time of Covid-19


“The leaders of international development agencies ... are facing a Rubik’s Cube of budget and staff allocation decisions across diverse topics and continents under a dense fog of uncertainty. Below are three inter-linked centring thoughts to help these leaders make their tough short-term judgment calls....” On ‘comparative advantage & the classic ‘build or buy’ choice’; preparing now for a potentially even riskier world’; Redeploying financial and human resources to fight ‘new wars’.

Global Policy Journal - Siloization of Climate and Public Health: The Case of Covid-19


“Transboundary problems have usually been addressed through issue-specific international institutions, but this approach has left gaps where causal pathways exist across problems. Novel solutions are required to overcome such pitfalls.”

“...The coronavirus pandemic reveals the problems of “siloization” of climate change and public health in global governance. Both issues are governed by different regimes, with different international bodies to manage them, the United Nations Framework Convention on Climate Change (UNFCCC) and the World Health Organization (WHO). ... COVID-19 is a wake-up call to overcome siloization of climate and health regimes. We propose a new multi-stakeholder partnership jointly managed by the UNFCCC and the WHO to protect forests and critical habitats to address both climate change and zoonotic disease outbreaks. Other organizations, such as the Food and Agriculture Organization, which are involved in forestry issues, could be involved as well....”

Devex - Advocates propose blueprint for US feminist foreign policy


News from late last week. “A group of more than 50 foreign policy, humanitarian, and gender equality advocates and organizations unveiled a blueprint for a U.S. feminist foreign policy Thursday.... ... The policy makes several bold recommendations — including that 20% of official
development assistance be dedicated to programs focused on gender equality and that feminist foreign policy have White House-level leadership. Analysis and planning throughout every agency would be required, addressing everything from development to defense to trade. The feminist foreign policy paper is the result of a lengthy process of discussions, research, and consultations with more than 100 feminist activists in more than 40 countries, which began in August 2018. …”

Let’s hope some of it will indeed materialize after “November”.

Devex - How to build a global health security movement


“Global health security has long suffered from a "cycle of crisis and complacency." Advocates hope the current pandemic might finally help change that.”

“…Despite what many consider a disappointing international response to COVID-19 so far, there are some signs that the U.S. government might try to breathe new life into global health security efforts. If that happens, it will not be the first time advocates have sought to turn an immediate threat into a long-term, sustainable plan for preparedness....”

Devex - 'It's very, very different': COVID-19 forces new era of development cooperation


“Anybody gets a snippet of information about anything, they share it. Almost without thought,” says Mercy Corps' Selena Victor. Development and humanitarian organizations are working faster and more effectively together as they respond to the global pandemic...”

Planetary health

Guardian - Improve water supply in poorer nations to cut plastic use, say experts


“Report calls for urgent action to tackle developing countries’ reliance on bottled water.”

“…Our vision for a Green New Deal is international in two senses: first, without global cooperation there is no path toward massive reductions in global carbon emissions; and, second, the diffusion of GND experiments across borders is essential to the realization of climate justice everywhere. These two senses of internationalism nourish one another. Fundamental transformations of the world order, from debt relief to fair distribution of green technology, are necessary foundations for national and sub-national Green New Deals — especially in the Global South, where finances and sovereignty are brutally constrained by the existing geopolitical architecture. … On the flipside, the innovative ideas for how to set this transformation in motion must emanate from concrete, lived experience of collective organization and climate policies that improve the lives of ordinary people in cities, provinces, and countries around the world…..”

See also Welcome to the Blueprint

“Here, Members of the Progressive International – academics, activists, union leaders, and others – will work together to develop a shared vision of a progressive international order. The Blueprint pillar’s first release, *Reclaiming the World After Covid-19*, showcases diverse perspectives from activists and thinkers about the components of an International Green New Deal to respond to the pandemic….”

“We will develop the Blueprint across six different dimensions:

“Advancing internationalism shifts the framework of international cooperation away from the interests of capital and toward our collective well-being. Dismantling oligarchy develops strategies for tackling finance, tax evasion, and corporate capture around the world. Building shared prosperity includes policies that shift our economic system away from exploitation and toward safety and abundance for all. Deepening democracy develops forms of activism and participation that empower people to take control of their workplaces and political institutions. Strengthening solidarity seeks to achieve equality and liberation for all people, regardless of identity or circumstance. Driving sustainability sets out the strategies and institutions to realise a just green future around the globe…..”
Infectious diseases & NTDs

Plos NTDs - Monitoring the elimination of human African trypanosomiasis at continental and country level: Update to 2018

“\nIn 2012 human African trypanosomiasis (HAT), also known as sleeping sickness, was targeted for elimination as a public health problem, set to be achieved by 2020. The World Health Organization (WHO) provides here the 2018 update on the progress made toward that objective. Global indicators are reviewed, in particular the number of reported cases and the areas at risk. Recently developed indicators for the validation of HAT elimination at the national level are also presented....”

The authors conclude: “The 2020 goal of HAT elimination as a public health problem is within grasp, and eligible countries are encouraged to request validation of their elimination status. Beyond 2020, the HAT community must gear up for the elimination of gambiense HAT transmission (2030 goal), by preparing for both the expected challenges (e.g. funding, coordination, integration of HAT control into regular health systems, development of more adapted tools, cryptic trypanosome reservoirs, etc.) and the unexpected ones.”

NCDs

Global Health Promotion - A ‘whole systems’ approach to reduce sugar-sweetened beverage consumption: issues for global health promotion through a small island lens

https://journals.sagepub.com/eprint/6EYCGDN9RGX6PKUDJYQK/full

Focus on the island of St Helena here.

Science Magazine - Anxiety Needs Global Health Attention

“Led by King’s College London in collaboration with the University of Zimbabwe and the London School of Hygiene & Tropical Medicine, and published in The Lancet’s EClinicalMedicine journal, the research examined a group of people with depression in Zimbabwe and found that people are nearly three times more likely to suffer this illness long-term if they also have a high level of anxiety. This is the first report of this finding from a low-income country and, according to the
researchers, programmes aimed at tackling depression in these countries must consider the implications that this complex combination of anxiety and depression has for the effectiveness of treatments.

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

Reuters - U.N. rejects U.S. claim it is using coronavirus to promote abortion


“The United Nations rejected on Thursday an accusation by the United States that the world body was using the coronavirus pandemic as an opportunity to promote access to abortion through its humanitarian response to the deadly global outbreak.”

SS&M - Household energy insecurity: dimensions and consequences for women, infants and children in low- and middle-income countries


“Energy insecurity in LMIC groups into physical, behavioral and economic dimensions. Consequences of energy insecurity are psychosocial, disease, and nutritional. About 8 out of 10 participants reduced energy consumption to avert energy insecurity. Women, Infants and children experienced dire consequences of energy insecurity in LMIC. A validated measure of energy insecurity for LMIC is an important next step.”

Cidrap News - Antibiotic use rising for sick kids in low-resource nations


“New research has found a small but steady increase in antibiotic use in sick children under the age of 5 in low- and middle-income countries (LMICs), with the biggest uptick seen in the world’s poorest countries...” “In a study published in The Lancet Global Health, a team of Swedish researchers analyzed data from 73 LMICs and found that reported antibiotic use among sick children under the age of 5 increased by 17% from 2005 through 2017. On average, around 4 in 10 sick children younger than 5 in these countries were reported to receive antibiotics for their illness in 2017...”
Social Determinants of Health

WHO Bulletin – Addressing social determinants of noncommunicable diseases in primary care: a systematic review


Aim: “To explore how primary care organizations assess and subsequently act upon the social determinants of noncommunicable diseases in their local populations.”

Critical Public Health - Beyond access to basic services: perspectives on social health determinants of Mozambique


“A wide range of evidence shows systematic differences in health status among social groups, which are associated with unequal exposure to and distribution of the social determinants of health (SDH). However, the role of these SDH has not been studied extensively in low-income countries, where most studies focus on access to medical care. In this paper, we undertake a retrospective cross-sectional analysis of the SDH in Mozambique for the period 2002–2014 based on a set of household budget surveys, covering 152,259 observations. … … The results, which include models stratified by sex, age and year, consistently show that neither better access to healthcare nor material conditions are related to better health. Rather, macro factors, proxied by place of residence, are the dominant predictor of health inequalities. In the stratified models, women and elders appear more vulnerable to poor health. The policy implication is that a narrow focus of health policy on selected services ignores the underlying economic and social context and their role in producing well-being or poor health. More integrated approaches are required to address the health equity gap in low-income countries.”

Science (Review) - Social determinants of health and survival in humans and other animals

https://science.sciencemag.org/content/368/6493/eaax9553.full

“… These findings suggest that some aspects of the social determinants of health—especially those that can be modeled through studies of direct social interaction in nonhuman animals—have deep evolutionary roots. They also present new opportunities for studying the emergence of social disparities in health and mortality risk. “

“The social environment, both in early life and adulthood, is one of the strongest predictors of morbidity and mortality risk in humans. Evidence from long-term studies of other social mammals
indicates that this relationship is similar across many species. In addition, experimental studies show that social interactions can causally alter animal physiology, disease risk, and life span itself. These findings highlight the importance of the social environment to health and mortality as well as Darwinian fitness—outcomes of interest to social scientists and biologists alike. They thus emphasize the utility of cross-species analysis for understanding the predictors of, and mechanisms underlying, social gradients in health.”

Access to medicines

Journal of Global Health - The case for compulsory licensing during COVID-19

http://www.jogh.org/documents/issue202001/jogh-10-010358.htm

By Hilary Wong.

TMIH - Does performance-based financing curb stock-outs of essential medicines? Results from a randomised controlled trial in Cameroon


“In 2011, the government of Cameroon launched its performance-based financing (PBF) scheme. Our study examined the effects of the PBF intervention on the availability of essential medicines (EM).”

Conclusions: “The PBF intervention in Cameroon had limited effects on the reduction of EMs stock-outs. These poor results were likely the consequence of partial implementation failure, ranging from disruption and discontinuation of services to limited facility autonomy in managing decision-making and considerable delay in performance payment.”

Stat - First generic version of Gilead’s remdesivir will be sold by a Bangladesh drug maker


“A drug maker in Bangladesh has become the first company to sell a generic version of remdesivir, the latest sign of how the push to ensure widespread access to Covid-19 medicines and vaccines has become an urgent issue in poor countries. Following an emergency decree issued by the Bangladesh government, Beximco Pharmaceuticals is donating copies of the Gilead Sciences (GILD)
medicine to state-run hospitals free of charge, but will sell the intravenous treatment to private clinics. **Moreover, the company is reportedly willing to export its version if other governments request the drug, although it does not have a license from Gilead to do so.** Beximco is able to take this step under provisions of a World Trade Organization agreement, which permits a “least-developed” country to grant a public agency or a company a license to copy a patented medicine without the consent of the patent holder. As a result, Bangladesh is not required to grant pharmaceutical patents until 2033....”

**Reuters - How one Indian company could be world's door to a COVID-19 vaccine**

*Reuters:*

“If the world is to gain access to a vaccine for COVID-19, there’s a good chance it will pass through the doors of Serum Institute of India. Serum Institute, the world’s largest manufacturer of vaccines by volume, is working on several candidates for the novel coronavirus - including potentially mass-producing the AstraZeneca/Oxford university one that has garnered global headlines - as well as developing its own....”

**FT - Ethiopia steps in to deliver respirators to Latin Americans**

*https://www.ft.com/content/c17614d0-cd94-4160-af0b-32dae6940253*

“Addis Ababa becomes transit hub as richer nations compete aggressively for scarce kit”.

“Ethiopia has emerged as a key transit hub for the shipment of much sought-after medical equipment to Latin America, as poorer countries complain they are being muscled out of the market by richer nations and their cargo seized during refuelling stops in Europe and the US. Authorities in the impoverished north-eastern Brazilian state of Maranhão switched to Ethiopia after they saw two cargoes of respirators purchased from China seized during refuelling stops in Europe and the US. ... ... A senior African diplomat in Brasilia said it was “shameful what the big guys are doing, robbing the medical gear from the small guys; hat tip to the Ethiopians for stepping up”. Ebba Kalondo, spokeswoman for the African Union, said rich countries were monopolising supplies of medical equipment. “There is a real inequality that those who have greater spending power in terms of the developed world are getting the goods or they have simply stopped selling them because they are stockpiling,” she said. African ambassadors at the World Health Organization in Geneva have complained in a letter of “international piracy” over personal protective equipment. With Latin American carriers under strain — Colombia’s Avianca recently filed for bankruptcy and Chile’s LatAm is reportedly awaiting a rescue package — Ethiopian Airlines, which has a new $360m Chinese-built terminal in Addis Ababa, is now delivering equipment not only to Brazil but also Chile, Colombia and Ecuador, with plans to fly to Argentina and Peru as well, according to Mr Girum.”
HPW - Ten Actions To Boost Low & Middle Income Countries’ Productive Capacity For Medicines

James Zhan (senior director of Investment and Enterprise at UNCTAD) et al; https://healthpolicy-watch.org/ten-actions-to-boost-lmics-productive-capacity-for-medicines/

“Low and middle-income countries urgently need affordable personal protective equipment, diagnostics, treatments and vaccines to ward off even bigger waves of COVID-19 infection and mortality – and global production capacity is failing to ensure timely supply even of those products now on the market. Now, more than ever, producers in poor countries need to be integrated into the health products ecosystem – at national, regional and global level – something that is good for public health, local economic development – and global public health security. In the wake of the far-reaching commitments already made by the global community at the World Health Assembly, to stimulate R&D and voluntarily pool new intellectual property (IP), James Zhan, senior director of Investment and Enterprise, and Christoph Spennemann, head of the IP Unit at the United Nations Conference on Trade and Development (UNCTAD), are calling upon the UN system, governments, industry and international investors to create a bold new partnership.”

“We envisage a two-pronged strategy to pursue our ten actions.”

(1) Our proposal addresses a gap in the international COVID-19 response by boosting productive capacity in LMICs. UNCTAD will closely coordinate and cooperate with existing initiatives, especially the WHO voluntary technology pool and the ACT Accelerator Global Response Framework, with a view to adding value and creating synergies.

(2) UNCTAD will intensify collaboration with our five partner agencies, i.e. WHO, The Global Fund, UNICEF, UNIDO, and UNAIDS to implement the May 2019 Interagency Statement on Promoting Local Production of Medicines and Other Health Technologies. Other partners will also be welcome to join us at our World Investment Forum later this year to mobilize key global players to commit to longer term productive capacity building. Drawing the lessons from the COVID-19 crisis, we intend to increase LMICs’ resilience in pandemic preparedness beyond the pandemic.

Human resources for health

BMJ Global Health - Community health workers in palliative care provision in low-income and middle-income countries: a systematic scoping review of the literature

McKenzie Clark MacRae et al; https://gh.bmj.com/content/5/5/e002368

“Community health workers (CHWs) are currently deployed in improving access to palliative care in a limited number of low-income or middle-income countries (LMICs). This review therefore aimed to document evidence from LMICs regarding (1) where and how CHWs are currently deployed in
palliative care delivery, (2) the methods used to train and support CHWs in this domain, (3) the evidence surrounding the costs attached with deploying CHWs in palliative care provision and (4) challenges and barriers to this approach.”

WP - Some American nurses are facing pay cuts. But around the world, many are getting huge raises.


On the issue of hazard pay. In Ghana, “President Nana Akufo-Addo unveiled a surprise: All healthcare workers in the West African nation would receive a 50 percent raise on top of income tax waivers as they toiled against the novel coronavirus.” “…Hazard pay has become a rallying cry and a source of controversy around the world as health-care workers risk their lives on the front lines — often without adequate supplies or protection. Ghana is offering some of the globe’s most generous additional benefits while a number of nations move to expand their support for those laboring in highly infectious environments.”

“…American officials have repeatedly referred to the country’s doctors and nurses as “heroes,” and President Trump has described them as “running into death just like soldiers running into bullets.” But the United States has approved no national hazard pay, and some health-care workers face reduced hours and pay as hospitals suffer losses…”

Miscellaneous

Open Democracy - Is there a role for NGOs in the transformation of society?

https://www.opendemocracy.net/en/transformation/there-role-ngos-transformation-society/

“In the last five years we’ve published 30 articles on NGOs and social change. What do they reveal?”

Lancet Offline – After COVID-19—is an “alternate society” possible?

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31241-1/fulltext

Quoting Zizek (and also Latour) here.
Horton concludes with Žižek’s final assessment and then adds: “...The most probable outcome of the epidemic is that a new barbarian capitalism will prevail.” This is Žižek’s view and you may agree or disagree with him. He has performed an important service. He has initiated a global conversation about what we do with this moment. We must continue and deepen that conversation. It is what we owe to each other.”

Lancet World Report – Fears of “highly catastrophic” COVID-19 spread in Yemen

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31235-6/fulltext

“Yemen’s health system has been devastated by years of conflict and COVID-19 deaths are reported to be surging in Aden. Sharmila Devi reports.”

Lancet World Report – COVID-19 strains remote regions of Peru

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31236-8/fulltext

“The health system in Iquitos is stretched and the true number of COVID-19 cases and deaths is unclear. Barbara Fraser reports from Lima.”

Devex - Opinion: Key considerations for tracing COVID-19 with geospatial data


“Countries around the world are working to operationalize test-trace-isolate-support chains and lower COVID-19 transmission. Such operations require tracing individuals who have been in meaningful contact with confirmed or presumptive coronavirus carriers and moving them quickly to supported isolation. ... ... In the last few months, a number of governments announced the creation of smartphone applications that aim to complement the traditional tracing process. Using geolocation and spatial movement data, these applications aim to identify whether someone has been in the proximity of a person with the virus — also known as “proximity tracing” — hence potentially finding asymptomatic individuals who might have otherwise been missed by traditional contact tracing. ... Despite the hype, for many low- and middle-income countries, these geospatial applications may not be worth the investment. Policymakers should carefully assess whether such applications are worth the investment....”
CGD (blog) - Disease Forecasting during the COVID-19 Pandemic: Have We Learned from Previous Outbreaks?


“Before COVID-19, the 2014-2015 West African Ebola epidemic (EVD epidemic), was one of the most heavily modelled outbreaks in history. Within the first two months of the COVID-19 pandemic, 31 mathematical models were developed. Despite the clear differences in the two outbreaks, the EVD epidemic can help us draw lessons to improve COVID-19 modelling and its reach in policymaking. We discuss some of those learnings in this piece...”

CGD - Tracking the Gender Impact of COVID-19


“How well can we track the gender impacts of COVID-19? The answer, unfortunately, is very imperfectly, as a joint Data2X and Open Data Watch ongoing review of the principal international databases is finding out....”

TGH - Religion and COVID-19—Keeping Faith in the Battle Against Coronavirus


“Faith leaders and their organizations can and should serve as crucial allies in the fight against COVID-19—and many are.”

Guardian - 'Unstoppable': African swine fever deaths to eclipse record 2019 toll


“The African swine fever (ASF) pandemic will be even worse this year than in 2019, say experts, warning that the spread of the highly contagious virus, which is fatal to pigs, is unrelenting. With world attention on the human viral pandemic of Covid-19, concern is growing that countries are not focusing enough on halting the spread of ASF through better biosecurity practices, cooperation on intensive vaccine development, or transparency regarding outbreaks....”