IHP news 578 : The end is really near now

(26 June 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,

Earlier this week, the end felt really near when I learnt that the climate crisis now even “threatens the future of global sport”, according to a recent report. The utter horror.

So yes, we need more ‘social tipping points’ like #BLM, and urgently so, very much also including the climate emergency, as Greta Thunberg commented earlier this week, when reflecting on BLM and broader trends in the world. While I don’t share her (still too) rosy view of ‘objective science’, it’s hard to argue with this quote from her: “The climate and ecological crisis cannot be solved within today’s political and economic systems,” she said. “That isn’t an opinion. That’s a fact.” It’s an assessment increasingly shared by many of her generation (as well as others). Against that backdrop, you have to wonder whether we won’t see more and more instances of a young generation that increasingly feels like they don’t have anything to lose anymore.

Meanwhile, in ugly “Covid land”, while the pandemic is still accelerating in many parts of the world, some countries give the impression of having “given up” on Covid. Put differently, “Living dangerously with covid 19 is becoming a new normal” in these countries, as somebody put it on Twitter, with a saddened heart. But in others, like mine, (or the UK, in the words of Devi Sridhar) this sentiment probably also plays a role: “As we see the return of the sunshine this week, and as the number of confirmed cases and deaths in the UK [Belgium...] continues to fall, it can feel as if the worst of the pandemic is over.” Even if, as dr. Tedros himself ominously warned this week, “Viruses don’t take breaks”.

But yes, summer is starting in my part of the world, and many young people, coming straight out of exams (and often a very tight lockdown), want to live again and “party like it’s 2020” – some with a slightly dystopian twist (see above). You might regret that, as the virus is anything but gone, and it’s mainly vulnerable groups that will be the victims, not the young generations (by and large), but it’s not completely incomprehensible. The youngsters probably also don’t fail to notice the difference between politicians asking for their ‘civic behavior’, whereas planes have to keep flying on “full capacity” in the EU (no social distancing whatsoever needed there, unlike on public buses and trains!), often airlines supported with government/tax payer money, moreover. That “show must go on”, apparently. Pretty sick joke, certainly given the current rhetoric on the “European Green Deal”. Weird also that, while individual citizens are being lectured, you hear far less about the ‘civic duty’ of corporations – in terms of respecting labour standards, paying fair taxes etc.

Which brings me to a related issue. I’d argue there’s comparatively little attention for the Covid havoc in meat production factories / (aka “slaughterhouses”) in the West (with many migrants working there), or high numbers of Covid cases among migrants in the Gulf Countries, Singapore, ... the devastating impact on livelihoods of garment workers in Bangladesh...
They all get a bit of attention in our media, sure, but far less than populist politicians’ dumb quotes & bungling of responses, experts’ risk assessment & modelling, or how the “man/woman in the street” experiences things. With the exception of the Black Lives Movement, far too often these reports in the media on slaughterhouses etc. also focus more on (almost analytically) trying to find out ‘why’ they’re affected more (housing conditions, abattoir air cooling systems, not enough social distancing...), rather than zooming in on the utter disgrace of their working and living conditions in the first place. The rhetoric about ‘essential workers’ (so prominent earlier in the pandemic) always felt dirt cheap. Public health jargon of social determinants and commercial determinants of health, on the other hand, perhaps “sanitizes” the debate too much, deflecting attention from what this is really is: “Capitalism @work”. Capitalism at its most brutal, perhaps, yes, but still, this is the system we all inhabit and seem to support, on a daily basis, and thus provide with implicit legitimacy.

So Greta and many in her ‘woke’ generation are damned right. It’s the system itself that has to go, as it’s structurally rotten. And like the system itself, its demise will be nasty.

Enjoy your reading.

Kristof Decoster

Featured Article

Engagement and responsibility: ethical challenges of doing an ethnography on the streets of Delhi

Bincy Mathew (Research Assistant with the George Institute for Global Health, New Delhi, India)

The experiences described in this blog are drawn from ongoing ethnographic fieldwork conducted among homeless women with maternal and child health concerns. This is from a project entitled Promoting Evidence-informed Interventions for Communities of the Homeless through an Action Network with the George Institute for Global Health, India.

I have been conducting ethnographic research among homeless people who live under the flyover in Delhi, India since the beginning of 2019. Ethnography is the study of how groups of humans behave, perceive and interact. According to Martyn and Paul (1995) “the ethnographer participates... in people’s daily lives for an extended period of time, watching what happens, listening to what is said, asking questions [...] to throw light on the issues with which he or she is concerned”. My ethnography among the homeless people typically involved regular visits to the area, multiple interviews with each participant, observing and accompanying women and their family members in their day-to-day lives, and field notes after each visit.

I considered sleeping rough as part of my ethnography, but the prospect was too much. I did not have the courage, as a female researcher, even before I knew of the physical attacks on the homeless by rats and the numerous life challenges my homeless acquaintances faced. Nor during my visits and interactions, could I live completely as they did. For example women at times chose roadsides to relieve themselves because the only other option was to use distant toilets. But I was uncomfortable
to do the same. So I witnessed – but never experienced – the anxiety of peeing inside a temporary cloth enclosure. I also saw – but did not have to endure – heat rashes, regular carrying of heavy buckets of water across long distances, cold water washes, and days of not being able to wash at all.

Over time, as homeless persons began regularly conveying their health problems to me, I found myself take up the position of a social worker – a role I never envisaged for myself – from assisting homeless people with healthcare (via a non-governmental organization) to at times assisting in emergency situations, for instance taking an 8-year-old to hospital following an injury.

In some ways, a symbiotic relationship has evolved between the bespectacled researcher who wanted to learn from homeless women about their lives and ante-natal care needs and the homeless participants. But I remain troubled by the fact that this interdependence between the researcher and the homeless people will be abruptly terminated when the ethnographic study comes to an end in the summer of 2020. Although my research project will be over, the homeless people will palpably continue to have these health problems.

In the course of my conversations with them, participants have expressed their reservations about people collecting data, and bringing about no change in their living conditions. The importance of working to share my ethnographic findings, and ensure the insights are heard by those with the power to act, is essential. But what impact can a public health researcher with less than five years of professional experience have on policy? I have tried to publish my qualitative findings in news media and to advocate for change. But it’s hard for an early-career researcher in India to push the boundaries: media pays greater attention to quantitative, clinical data, and it’s easier for well-connected people to publish their articles; while activism feels like a labyrinth of already connected people. Clearly, I will continue to try to make links and collaborations that help me convey my findings to decision-makers, but I fear many challenges will remain.

With these reflections, I also feel it would be unethical to disconnect from participants altogether. A long-term engagement with action or intervention elements based on what we have learned about systemic inequities in access to healthcare, and social determinants, feels like an important next step.

I learned so much about the hardships of living on the streets, about systemic inequities in access to healthcare, social determinants, and women’s agency and resilience even in these hard settings. In recognition of this, and even though it might sound a bit overwhelming, research should involve homeless participants as key stakeholders in all activities — from the conceptualization of grants, to writing of proposals, to fieldwork and dialogue with policy makers. This is acknowledging that ethnography, while giving us a glimpse of the lives of participants (bringing to fore deep-rooted challenges in accessing healthcare and attaining good health), is only an initial step, and not the only step. Still, while co-design of research and policy dialogue are desirable from my perspective, I recognise that accessing funds is challenging and that funds are often limited and short term. Moreover, such an approach inevitably brings with it new ethical dilemmas requiring careful reflection and planning from the outset.

In sum, reflexivity of the researcher and his or her responsibilities before, during and after a study ends is essential to doing ethical research. Even more so when you work with homeless people.
Highlights of the week

Planetary Health

With some of the latest dire warnings coming from Siberia and more in general, the Arctic circle this week. If we don’t change tack soon, humanity is “toast”.

Nature Communications (Perspective) - Scientists’ warning on affluence

T Wiedmann et al; https://www.nature.com/articles/s41467-020-16941-y

“For over half a century, worldwide growth in affluence has continuously increased resource use and pollutant emissions far more rapidly than these have been reduced through better technology. The affluent citizens of the world are responsible for most environmental impacts and are central to any future prospect of retreating to safer environmental conditions. We summarise the evidence and present possible solution approaches. Any transition towards sustainability can only be effective if far-reaching lifestyle changes complement technological advancements. However, existing societies, economies and cultures incite consumption expansion and the structural imperative for growth in competitive market economies inhibits necessary societal change.”

“…This perspective synthesises existing knowledge and recommendations from the scientific community. We provide evidence from the literature that consumption of affluent households worldwide is by far the strongest determinant and the strongest accelerator of increases of global environmental and social impacts. We describe the systemic drivers of affluent overconsumption and synthesise the literature that provides possible solutions by reforming or changing economic systems. These solution approaches range from reformist to radical ideas, including degrowth, eco-socialism and eco-anarchism. Based on these insights, we distil recommendations for further research in the final section....”

For some coverage, see Medium - Capitalism is destroying ‘safe operating space’ for humanity, warn scientists

“The paper notes that the richest 10 percent of people are responsible for up to 43 percent of destructive global environmental impacts.”

International Yoga Day (21 June)

UN News - On International Yoga Day, UN spotlights power of ancient practice to help ease COVID stress

“The UN celebrated the sixth annual International Day of Yoga on 21 June, recognizing the ancient practice as a holistic approach to health and wellbeing, and a powerful tool for dealing with the myriad stresses brought on by the COVID-19 pandemic.”

Not quite sure whether it also works against the Chinese at the Indian border. But who knows, perhaps if Mr. Modi leads the yoga exercises of the Indian troops in person? 😊

Public Service Day (23 June)

UN News - Frontline public servants lauded for ‘remarkable acts of service to humankind’

“As the world continues to grapple with the deadly COVID-19 pandemic, UN Secretary-General António Guterres on Monday paid tribute to frontline public sector workers for their “remarkable acts of service to humankind”, marking Public Service Day.”

Action Aid international - Covid-19 crisis: IMF told countries facing critical health worker shortages to cut public sector wages

“New analysis by ActionAid and Public Services International (PSI) reveals how International Monetary Fund (IMF) austerity policies restricted critical public employment in the lead up to the Covid-19 crisis. The analysis, released to mark UN Public Service Day (23 June), shows that every single low income country which received IMF advice to cut or freeze public employment in the past three years had already been identified by the World Health Organisation (WHO) as facing a critical health worker shortage.”

“Key findings include: Of the 57 countries last identified by the WHO as facing critical health worker shortages, 24 received advice from the IMF to cut or freeze public sector wages. When countries are told to contain wage bills – it means fewer doctors, nurses and frontline workers in countries already desperately short of medics. All but one of the 18 low-income countries advised by the IMF to cut or freeze public sector employment funding, are currently below the WHO’s recommended nurse-to-population threshold of 30 per 10,000. The WHO predicts that these countries will experience a collective shortage of at least 695,000 nurses by 2030.”

Finally, a tweet (Amina Fefe Dia) (on a quote by Jim Campbell (WHO)):

“We must be all shocked by the number of infections among health workers” said @JimC_HRH and “Political will is necessary to invest on a public sector fit for achieving the #SDGs””
Olympic Day (23 June)

IOC Joins Forces With WHO And The UN To Promote Health During COVID-19

After FIFA, WHO now also partners with the IOC.

“To mark Olympic Day, the International Olympic Committee (IOC) launched a partnership with the WHO and the UN to inspire healthy behavior around the world, announced a WHO statement on Tuesday.” ... In a global collaboration with athletes during the pandemic, the WHO will bring tailored health messages to people around the globe through digital platforms....”

Global health governance

Reuters - Europeans working with U.S. to restructure WHO, top official says

From late last week. “European governments are working with the United States on plans to overhaul the World Health Organization, a top health official for a European country said, signalling that Europe shares some of the concerns that led Washington to say it would quit.”

“The European health official, who spoke on condition of anonymity while discussing initiatives that are not public, said Britain, France, Germany and Italy were discussing WHO reforms with the United States at the technical level. The aim, the official said, was to ensure WHO’s independence, an apparent reference to allegations that the body was too close to China during its initial response to the coronavirus crisis early this year. “We are discussing ways to separate WHO’s emergency management mechanism from any single country influence,” said the official. Reforms would involve changing the WHO’s funding system to make it more long-term, the official said. The WHO now operates on a two-year budget, which “could hurt WHO’s independence” if it has to raise funds from donor countries in the middle of an emergency, the official said....”

Trilateral meeting WHO, France & Germany (Geneva, 25 June)

PS: as you know by now, next week, Germany will assume the presidency of the Council of the European Union. A key focus: Covid.

Reuters - Germany, France shore up political, financial aid to beleaguered WHO

“France and Germany expressed political and financial backing for the World Health Organization in its fight against the coronavirus on Thursday, with Berlin saying it would give a record half billion euros in funding and equipment this year.”
“... Spahn announced additional donations of funds and medical equipment to WHO that would bring Germany's total support to 500 million euros ($561 million) this year, the “highest amount ever”, as it assumes the EU presidency. “Germany will do its part to give the WHO the political, financial and technical backing that is needed. This comes with the expectation that remaining challenges are adequately addressed and needed reforms are pushed forward.” ... France said it would give 90 million euros to a WHO research centre in Lyon as well as an additional contribution of 50 million euros. “I truly believe the world needs, more than ever, a multilateral organisation,” French Health Minister Olivier Veran said. “I believe the world cannot get rid of partners. We need a global answer (to COVID-19) and only the WHO can provide that answer.”...

See also HPW - Germany Makes € 500 Million Pledge To WHO – Plug For ‘Major Funding Gap’ Left By United States

“...The German contribution, equal to about 20% of WHO's annual budget, plugs the major funding gap left by United States,...”

“...it is the breathtaking German contribution, which equals about US$ 561 million, that will put WHO on a more solid financial footing for the second half of 2020, which will be a critical period in the pandemic battle and for the organization’s leadership of the global response effort. In fact, the German funding will provide in 2020 alone an amount comparable to what the United States had pledged for the entire 2020-2021 period – in which US contributions had already been sharply reduced by the Trump Administration over previous years. ...

Propublica - Inside the Trump Administration's Decision to Leave the World Health Organization

Propublica;

“Despite Trump’s declared exit from the WHO, officials continued working toward reforms and to prevent withdrawal. This week, they were told they must justify any cooperation with the WHO on the grounds of national security and public health safety....”

“On Monday, the administration made it clear there would be no backing down. At a meeting at the White House, a director with the National Security Council told diplomats and health officials that they must now justify any engagement with the WHO as being necessary for national security and public health safety, senior government officials told ProPublica. In addition, the State Department has begun preparing formal paperwork to declare the official withdrawal of the United States from the WHO, officials said. “The president is moving toward a fast withdrawal,” a senior administration official said in an interview this week. Another administration official said on Friday that the White House does not plan to reconsider the decision. National security and health officials confirmed those assertions....”

WP Monkey Cage - Trump’s decision to pull U.S. out of WHO will boost China's influence

While there is no strong evidence substantiating President Trump’s claim that the WHO has become “China-centric,” the U.S. pullout may actually push the organization in that direction."

“The organization will probably look to Beijing for funding and leadership support.”

Yanzhong Huang explores how China currently engages with WHO, under three subheadings: Beijing isn’t a top contributor of WHO funding or personnel; China’s influence within the WHO has grown; China has important — but not decisive — influence over the WHO leadership.

Lancet Comment - Solidarity in the wake of COVID-19: reimagining the International Health Regulations

A Taylor et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31417-3/fulltext

“...It is time to reimagine the IHR as an instrument that will compel global solidarity and national action against the threat of emerging and re-emerging pathogens. We call on state parties to reform the IHR to improve supervision, international assistance, dispute resolution, and overall textual clarity....”

But see this Comment on Twitter from I Kickbusch:

“Quite a lot of consensus has developed over the last 10 years on these suggested revisions of the #IHR - the concerns are #geopolitical- what happens if the instrument is reopened in politically volatile times @WHO #COVID19.”

Save the Children (blog) - Everybody loves a good pandemic – The shrinking of civil society’s space to hold governments accountable


Must-read blog by Tara Brace-John.

“...amid the pandemic, governments are taking unprecedented measures with very little consultation. The space for civil society to hold them accountable is shrinking....”

This also goes for global health policy making & governance, she argues. Check out the recent examples she gives of this worrisome trend, like the virtual WHA and GAVI replenishments.

O’Neill Institute for national and global health law – A post-covid-19 global health infrastructure, part I: civil society calls for right to health capacity fund

Eric Friedman; https://oneill.law.georgetown.edu/a-post-covid-19-global-health-infrastructure-part-i-civil-society-calls-for-right-to-health-capacity-fund/
“...In this and my next postings, I will offer three proposals that should be core parts of an improved post-COVID-19 global health architecture, one based in the right to health. Next time I will write about how the Framework Convention on Global Health and health equity programs of action should be established as integral aspects of post-COVID-19 global and national health law and policy. Here, I focus on a new initiative, the Right to Health Capacity Fund (R2HCF). The R2HCF is a newly launched global civil society-led initiative. The fund would fill two critical financing gaps. First, it would fund right to health advocacy, supporting civil society organizations in everything from right to health-related community organizing to policy analysis and litigation. Second, it would provide grants to mechanisms for accountability and participation. These are structures and initiatives such as right to health education, health facility monitoring, access to justice programs, and participatory community design. ...”

UNAIDS Board meeting (23-25 June)

Report of Executive Director


UNAIDS (press release) - UNAIDS Executive Director sets out HIV/COVID-19 landscape at opening of PCB meeting

Short report of opening session. “The 46th meeting of the UNAIDS Programme Coordinating Board commenced on 23 June 2020. Held for the first time as a virtual meeting, as a result of the COVID-19 pandemic, the meeting will see three days of discussion and reflection on the HIV response, the interconnectedness between the twin pandemics of HIV and COVID-19 and the work of the Secretariat and the Joint Programme.”

“In her opening address to the PCB meeting, Winnie Byanyima, the Executive Director of UNAIDS, presented an overview of the HIV/COVID-19 landscape in mid-2020 and told the online audience that the HIV epidemic is still urgent, unfinished business. “Even before COVID-19 we were not on track to meet our targets for 2020. Now the COVID-19 crisis risks blowing us way off course...”

“Ms Byanyima urged countries to learn the lessons from a history of unequal access to HIV services and apply them to the fight against COVID-19. She noted that millions of people died from AIDS-related illnesses while there were medicines available that could have saved their lives—leaving access to medicines to pharmaceutical companies resulted in prices that were too high for people in developing countries. In the same vein, Ms Byanyima reiterated her call for a People’s Vaccine for COVID-19, with an international agreement that any vaccines and treatments discovered for COVID-19 be made available to all countries. “Developing countries must not be priced out,” she said....”
And a link on a new UNAIDS study:

COVID-19 could affect the availability and cost of antiretroviral medicines, but the risks can be mitigated

“UNAIDS study shows that the impact on production and logistics caused by COVID-19 could have a significant effect on antiretroviral therapy supply worldwide, but steps taken now could lessen the damage done.”

Coverage via UN News - Countries urged to act over potential HIV drug shortages, within next two months

“Stocks of medication for HIV patients could run out in the next two months, because of higher costs linked to lockdowns and COVID-19 border closures, UNAIDS said on Monday.”

Publish What You Fund - Aid transparency index 2020

https://www.publishwhatyoufund.org/the-index/2020/

Check out the latest results.

For coverage, see Reliefweb

“Significant improvements in donor transparency undermined by lack of impact evidence, according to new Aid Transparency Index.”

“The 2020 Aid Transparency Index highlights: Significant improvement in aid donors’ overall transparency compared to 2018, with over half of the 47 assessed donors now ranked as ‘good’ or ‘very good’. Only a minority of donors are publishing project results with fewer still publishing project reviews and evaluations, limiting the ability of stakeholders to gauge the effectiveness and value of aid spending. The Index is driving behaviour towards greater transparency and openness among aid donors.”

“Donors are publishing increasingly more, better quality data in the International Aid Transparency Initiative (IATI) Standard. … … However, there are persistent gaps in publication of performance data. While more donors are now publishing objectives, only a minority are publishing results of their projects. Fewer still are publishing project reviews and evaluations. Without this information, stakeholders monitoring donor projects have no way to gauge the effectiveness and value of aid spending, assess the impact of projects or to extract learning from successful and unsuccessful projects.…”

PS: on the category ‘Very good’ in particular: “Eleven donors reached the ‘very good’ category in the 2020 Index, four more than in 2018. We ranked Global Affairs Canada and Gavi ‘very good’ for the first time. UNICEF and the Global Fund returned to the ‘very good’ category, having dropped down into ‘good’ in 2018. Multilateral development banks dominated the top five spots in the
Index. The Asian Development Bank – Sovereign Portfolio topped the Index, the World Bank - IDA increased its score by 11 points compared with 2018 to reach second place, while UNDP and the African Development Bank – Sovereign Portfolio took third and fourth place, respectively. The Inter-American Development Bank (IDB) came fifth. The US’ Millennium Challenge Corporation (MCC) and the UK’s Department for International Development (DFID), the two highest-ranking bilateral donors, remained in the ‘very good’ category.”

PS: and a link via Devex - DFID merger causes ‘serious transparency challenge’ for UK aid

“Research shows a vast discrepancy in the transparency of aid spending by the U.K.’s Foreign & Commonwealth Office and Department for International Development.”

Access to Covid vaccines, medicines, ...

As “access” is a key issue re Covid-19 (perhaps even the key issue?) we thought it’d be good to dedicate a separate sub-section to this, from now on.

WHO - WHO member states briefing (18 June) – A Global framework to ensure equitable and fair allocation of covid-19 products


WHO published its proposed allocation framework to ensure equitable and fair distribution of #covid19 vaccines. (ppt)

The briefing presents the major elements of WHO’s proposal for a Global Allocation Framework for COVID-19 products, and illustrates the potential use of this framework to allocate vaccines.

Coverage via Politico - WHO sets out vaccines allocation plan

“The World Health Organization has set out its proposal for the distribution of future coronavirus treatments and vaccines, with over four billion doses needed to vaccinate the world’s priority populations. In a document presented to its member countries on June 18, the WHO writes that the goal of its Global Allocation Framework should be to reduce Covid-19 mortality and protect health systems. Accordingly, three groups should receive priority vaccinations: Health care workers; adults older than 65; and adults with comorbidities such as cancer, cardiovascular disease and obesity....”

MSF Access (Open Letter) – Open letter to Gavi Board Members: Urgent changes to COVAX Facility design required to ensure access to COVID-19 vaccines for all

MSF Access;

Ahead of the GAVI Board meeting, >40 civil society orgs sent a letter calling for urgent action to address concerns on a global mechanism for buying future #COVID19 #vaccines.
The letter highlights seven urgent recommendations that should be incorporated into the next phase of the Facility’s design.

For the moment, the risk is very much that we’re heading for a “two-tiered” system, and with Big Pharma cashing in once again. Just like the Germans always tend to win in the 90th minute of a football game at the World cup 😊 (see Gary Lineker).

**Guardian - How will the world’s poorest people get a coronavirus vaccine?**


Hard-hitting (and must-read) op-ed by MSF Access staff which more or less summarizes their Letter (above). “Rich countries’ governments are putting all their trust in a marriage of markets and philanthropy called Gavi.”

Quotes: “…Seth Berkley, the Gavi CEO, cannot claim to want “the world to come together” with “no barriers” while failing to tackle both rich country nationalism and pharmaceutical industry greed.”

“… Gavi can change the rules of the game and turn the Covid-19 vaccine into a global public good. It can ask far more of the pharmaceutical companies it is funding, and it can force the entire vaccine ecosystem to join a cooperative, collaborative and monopoly-free mechanism like the WHO’s Covid-19 Technology Access Pool. This would be the right move to make, and in doing so, Gavi could finally deliver on the promise it made to the world 20 years ago.”

**Blog - Jumping the queue : Who will get the vaccine first?**

[https://www.access2healthcare.net/post/jumping-the-queue-who-will-get-the-vaccine-first](https://www.access2healthcare.net/post/jumping-the-queue-who-will-get-the-vaccine-first)

Also, absolute must-read, by Mogha Kamal-Yanni. “Helicopter view” on the current situation, including on C-Tap, COVAX, first deals of COVAX etc. She then stresses three actions in order to make sure that we will get indeed a ‘People’s vaccine’.

**Development Today (Editorial) - Coronavirus vaccine, ODA and the need for transparency**


“Plans are underway for an aid-financed mechanism, the Gavi Covax Advance Market Commitment (AMC), that would provide free or subsidised COVID19 vaccine to almost half the world’s population. Discussions about how it will work and how much it might end up costing have taken place largely behind closed doors. For an initiative that could well claim a significant share of a shrinking global ODA pot, necessarily taking funding away from other needs, the lack of transparency is worrying.”
Concluding paragraph: “The Gavi leadership and the Gates Foundation, which has been deeply involved in this process, should keep in mind that this AMC mechanism will be largely funded by voters in Western countries and requires a democratic process to build the necessary support and legitimacy.”

Bill & Melinda Gates on the vaccine access issue

“Speaking at the Forbes 400 Summit on Philanthropy, the couple discuss plans to make sure that Covid-19 treatments and vaccines don’t just go to the highest bidding nations but are distributed equitably.”

Check out how they see the vaccines in the pipeline & how to scale them up in an equitable way.

Quote: “…Though the virus will remain a threat until the majority of the globe is inoculated, Gates says he is optimistic about the initial results from three coronavirus vaccine candidates (made by Moderna, AstraZeneca and Johnson & Johnson). But the real test will be in the manufacturing and distribution of the eventual product, because the world needs more than 10 billion doses to vaccinate 80% of the population (the current estimate of percentage needed to achieve herd immunity) with a two-dose vaccine. The tech visionary estimated that it’s a doable task over two years if both AstraZeneca and Johnson & Johnson’s candidates are successful, but the prolonged manufacturing process means there needs to be coordination in how the vaccine is distributed.”

Guardian - 'The power of volume': Africa unites to lower cost of Covid-19 tests and PPE

“Online marketplace for medical supplies will allow continent to buy in bulk and lower costs, says South Africa’s president.”

“… The platform is set to be run as a non-profit by the Africa Centres for Disease Control and Prevention in Ethiopia and Afreximbank in Egypt, which is already managing a $3.8bn Covid-19 fund for the continent. This fund would be used to cover freight costs so that small and remote countries such as the Seychelles would pay the same prices as Senegal, Masiyiwa said. Ethiopian Airways and South African Airways will help with shipments to hubs like Addis Ababa and Johannesburg so that volumes can be leveraged to lower costs, Masiyiwa said…”

Science News - Drug recently shown to reduce coronavirus death risk could run out, experts warn
“Supply of intravenous version of dexamethasone, preferred by doctors, is especially at risk”.

Telegraph - WHO calls for increased production of steroid after successful trial drives surge in demand


But Tedros sounded fairly confident on this, also on Monday: “Global demand for dexamethasone has surged since British researchers found the common steroid radically improves the chances of survival for critically ill Covid-19 patients, the World Health Organization has warned. The UN agency has called for a rapid increase in production of the drug, an anti-inflammatory that has been on the market for some 60 years and is used to treat conditions including arthritis and severe asthma. “Although the data are still preliminary, the recent finding that the steroid dexamethasone has life-saving potential for critically ill Covid-19 patients gave us a much-needed reason to celebrate,” Dr Tedros Adhanom Ghebreyesus, director general of the WHO, told a virtual press briefing on Monday.

“The next challenge is to increase production and rapidly and equitably distribute dexamethasone worldwide, focusing on where it’s needed most. Demand has already surged, following the UK trial results showing dexamethasone’s clear benefit.” But Dr Tedros added that the WHO is “confident we can accelerate production” as the steroid is an inexpensive drug - it costs just £5 for a full course of treatment - and is produced by many manufacturers across the globe. …”

Africa’s Leadership in Covid-19 vaccine development and access ( virtual conference, 24-25 June)


“Recognizing the urgent need for collaboration, cooperation, and coordination to ensure that Africa plays a leadership role in the development and access to potential vaccines, this two-day virtual conference, under the leadership of H.E. Moussa Faki Mahamat, Chairperson of the African Union Commission (AUC), will bring together healthcare professionals, researchers, public health experts, policy makers, media, civil society, community and religious leaders, and industries to explore this topic and help develop a framework for COVID-19 vaccine development and access in Africa.”

Among others, with Africa CDC, WHO (and WHO Afro), African Union ...

For the full programme, see here

Some reporting & coverage from this summit:

- Reuters - All African countries now have coronavirus lab testing capacity - WHO chief

Quote Tedros: “All African countries have now developed laboratory capacity to test for the coronavirus, the head of the World Health Organization said on Wednesday, during a virtual conference on COVID-19 vaccine development and access across the continent.”
Quote John Nkengasong: “... The head of the Africa Centres for Disease Control called on countries to secure sufficient vaccine supplies to avoid Africa being left out. “Unless we act now, Africa is at risk of being left behind in the global vaccine race,” John Nkengasong said. Nkengasong suggested a key step would be for Africa to partner with the GAVI vaccines alliance which has raised $2 billion from international donors for an Advanced Market Commitment to buy future COVID-19 vaccines for poor countries...."

- VOA - Africa Seeks Equitable Access to Any COVID-19 Vaccine

“African leaders and health experts have called for equitable and fair access to any approved vaccine against the coronavirus. As the number of confirmed COVID-19 cases in Africa has surpassed 300,000, governments across the continent are organizing themselves to manufacture any vaccine quickly....”

Lack of oxygen

NYT - In Poor Countries, Many Covid-19 Patients Are Desperate for Oxygen


“Aid agencies are scrambling to get oxygen equipment to low-income countries where the coronavirus is rapidly spreading.”

“Many patients severely ill with Covid-19, the illness caused by the coronavirus, require help with breathing at some point. But now the epidemic is spreading rapidly in South Asia, Latin America and parts of Africa, regions of the world where many hospitals are poorly equipped and lack the ventilators, tanks and other equipment necessary to save patients whose lungs are failing. The World Health Organization is hoping to raise $250 million to increase oxygen delivery to those regions. The World Bank and the African Union are contributing to the effort, and some medical charities are seeking donations for the cause. By a stroke of luck, the W.H.O., UNICEF and the Bill & Melinda Gates Foundation in 2017 began searching for ways to increase oxygen delivery in poor and middle-income countries — not in anticipation of a pandemic, but because oxygen can save the lives of premature infants and children with pneumonia. The organizations began ordering equipment in January, but within weeks suppliers were swamped by the sudden surge in demand created by the pandemic....”

See also AP - Scarce medical oxygen worldwide leaves many gasping for life. (story produced with the support of the Pulitzer Center on Crisis Reporting.)

“... For many severe COVID patients, hypoxia — radically low blood-oxygen levels — is the main danger. Only pure oxygen in large quantities buys the time they need to recover. Oxygen is also used for the treatment of respiratory diseases such as pneumonia, the single largest cause of death in children worldwide. Yet until 2017, oxygen wasn’t even on the World Health Organization’s list of essential medicines. In vast parts of sub-Saharan Africa, Latin America and Asia, that meant there was little money from international donors and little pressure on governments to invest in oxygen knowledge, access or infrastructure. “Oxygen has been missing on the global...”
**agenda for decades,**” said Leith Greenslade, a global health activist with the coalition Every Breath Counts....”

HPW – Shortage Of Oxygen In Low- & Middle-Income Countries Leaves COVID-19 Patients Gasping For Breath


With the view from WHO. “As new coronavirus cases surge around the world, shortages of supplemental oxygen, a crucial treatment for people suffering drastically low blood oxygen levels due to COVID-19, have left patients in many low- and middle- income countries gasping for breath. “WHO estimates that at the current rate of about 1 million new cases a week, the world needs about 620,000 cubic metres of oxygen a day, which is about 88,000, large cylinders,” World Health Organization Director-General Dr Tedros Adhanom Ghebreyesus told reporters on Wednesday. “Many countries are now experiencing difficulties in obtaining oxygen concentrators. Some 80% of the market is owned by just a few companies; demand is currently outstripping supply,” said Dr Tedros. ... WHO has procured 14,000 oxygen concentrators for use in 120 countries in recent weeks. Talks to buy some 170,000 more machines are in the works. The agency has also bought 94000 pulse oximeters, small monitors used to measure a patients’ blood oxygen level. Without access to such monitors, patients’ blood oxygen levels can drop precipitously low before telltale symptoms such as blue lips appear. ... However, patients with critical COVID-19 put on ventilators require higher flow rates of oxygen than commercially available oxygen concentrators are able to supply, said Dr Tedros. ”WHO is supporting several countries to buy equipment that will enable them to generate their own concentrated oxygen in larger amounts,” he added. But there is also a huge shortage of staff to operate these machines, according to news reports....”

Covid 19 key news – Still accelerating pandemic & heading for 10 million (next week)

With, as usual, first a focus on some of the main trends and key WHO messages from this week, then the other key news.

The latest global update (via Cidrap News) (25 June) - [Global COVID-19 cases top 9.5 million; Europe reports uptick](https://healthpolicy-watch.news/global-shortage-of-oxygen-leaves-covid-19-patients-gasping-for-breath/)

“As the global COVID-19 total exceeded 9.5 million cases today, fueled mainly by surges in the Americas and South Asia, cases in Europe rose for the first time in months, the head of the World Health Organization’s (WHO’s) European regional office warned today. The global total today climbed to 9,506,788 cases, along with 484,406 deaths, according to the Johns Hopkins online dashboard.”
Cidrap News - Global COVID-19 total quickly tops 9 million


(22 June) “Fueled by surges in countries with large populations such as Brazil, the United States, and India, the global COVID-19 total jumped to 9 million cases today, as the world registered its highest 1-day total of 183,000 cases. It only took 6 days for the pandemic total to rise from 8 million to 9 million cases, 2 days less than it took for the number to rise from 7 million to 8 million. ...”

Dr. Tedros said we’re probably heading for 10 millions cases by mid-next week or so.

- See also HPW - World Health Organization Reports Record Surge In New Coronavirus Cases
- And AP - UN: Pandemic appears to be peaking in several big countries

“A record level of new daily COVID-19 cases worldwide could suggest the pandemic is peaking in some large countries, even as the coronavirus has become “well established” in some regions, the World Health Organization’s emergencies chief said Monday. At a media briefing on Monday, Dr. Michael Ryan said “the numbers are quickly rising because the epidemic is developing in a number of populous countries at the same time,” even as it appears to be stabilizing and even reducing in parts of Western Europe....”

- For a good overview of current trends, see also Adam Kamradt-Scott (The Conversation) - In many countries the coronavirus pandemic is accelerating, not slowing.
- And on Africa more in particular, via Cidrap News Activity picks up in Africa

(June 23) “COVID-19 cases and deaths in the African region increased last week, though most of the activity is driven by 10 countries, the World Health Organization (WHO) African regional office said today in a weekly update. As a region, cases increased 30% over the past week, about the same as the previous few weeks. South Africa consistently had the highest increase, reporting about 3,000 cases a day for the last 2 weeks. Both South Africa and the region as a whole reported daily highs on Jun 20. Through Jun 21, the region had reported 222,074 cases. The 10 countries with the highest totals include South Africa, Nigeria, Ghana, Algeria, Cameroon, Ivory Coast, Senegal, Democratic Republic of the Congo, Guinea, and Kenya....”

And via Africa CDC (23 June) - COVID-19 Scientific and Public Health Policy Update

AP - WHO chief warns world leaders not to ‘ politicize’ pandemic

https://apnews.com/3a3642cb4b7244665dda34c437c87988

“World leaders must not politicize the coronavirus pandemic but unite to fight it, the head of the World Health Organization warned Monday, reminding all that the pandemic is still accelerating and producing record daily increases in infections. ... The comments by Tedros Adhanom Ghebreyesus, who has faced criticism from U.S. President Donald Trump, came as the number of reported infections soared in Brazil, Iraq, India and southern and western U.S. states, straining local hospitals.
It took over three months for the world to see 1 million virus infections, but the last 1 million cases have come in just eight days, Tedros said during a videoconference for the Dubai-based World Government Summit."

PS: UN SG Guterres expressed himself pretty much along the same lines, in an interview with AP - criticizing the lack of global cooperation on COVID-19.

WEF (blog) - There are no silver bullets: WHO briefing

“There are no easy answers in reducing transmission and reducing peaks, says Dr Michael Ryan.”

“The scale of the challenge was made clear by Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "In the first month of this outbreak, less than 10,000 cases were reported to WHO," he said. "In the last month, almost 4 million cases have been reported."…

WEF (blog) - The world's most vulnerable must be protected: WHO briefing

(19 June) “The World Health Organization held a media briefing on 19 June, to update the public on the COVID-19 coronavirus pandemic. Ahead of World Refugee Day, calls were made to protect the world’s most vulnerable populations during the pandemic. …”

See also HPW - Increase In Forced Displacement Raises Pandemic Fears About Vulnerable Refugee Populations

Worries about covid-19 in refugee camps are increasing.

HPW - Africa Must Develop Its Own Solutions To COVID-19, Say Experts Across The Continent

“We are at war with COVID-19, a war we must win to survive, said Dr John Nkengasong, Director of the Africa Centres for Disease Control, on Friday at a workshop on “Home-Grown Solutions to the COVID-19 Health Crisis,” hosted by the United Nations Development Programme."

“… But four months into the pandemic, the Africa CDC Director noted that current measures including social distancing, wearing face masks, handwashing and movement restrictions will be inadequate in curbing the virus on the continent. “We have to innovate ourselves out of the war,” Nkengasong said.”
Telegraph - A 'second pandemic': African countries hit by a wave of sexual violence

“Lockdowns and economic hardship have unleashed a wave of attacks against women but many cannot get the help they desperately need.”

Politico - Trump team weighs a CDC scrubbing to deflect mounting criticism

“Trump team weighs a CDC scrubbing to deflect mounting criticism.” That’s becoming a very large list of scapegoats for Donald: China, WHO, democratic state governors, CDC, … (and we’re only June).

FT - IMF downgrades are a warning to the world
https://www.ft.com/content/f639a334-b623-11ea-8ecb-0994e384dffe

“Fund’s forecasts reflect the fact that the pandemic is not under control.”

“The IMF has provided a stark warning that the damage coronavirus has done to the global economy is worsening. With the world failing to keep a lid on infections and the focal point of the crisis moving from Europe to the Americas, the fund has lowered the growth forecasts it made in April — which even then forecast the worst contraction since the Great Depression....”

See also UN News - COVID-19: Recovery will be slower following ‘crisis like no other’, IMF predicts

“Economic recovery from the COVID-19 pandemic is projected to be more gradual than previously forecast, according to a report published on Wednesday by the International Monetary Fund (IMF). It estimates growth this year at -4.9 per cent, or nearly two percentage points below projections in April, indicating that the recession will be deeper and recovery slower. The latest World Economic Outlook is an update to data published two months ago. Subtitled A Crisis Like No Other, An Uncertain Recovery, it warns that gains made over the past two decades in driving down extreme poverty could be in peril....”

And hear, hear, … “All countries—including those that have seemingly passed peaks in infections—should ensure that their health care systems are adequately resourced,” the agency said....”

UN News – UN tallies action so far to fight COVID-19, and roadmap out of the pandemic
“Amid the upheaval caused by the COVID-19 pandemic, the UN has mobilized to save lives, control transmission of the virus and ease the economic fallout, Secretary-General António Guterres told journalists on Thursday, speaking at the virtual launch of his report on the Organization’s response to the crisis. Not only does the report outline actions taken since the pandemic was declared, he said, it also offers a roadmap for building back better through greater global solidarity and unity....”

“The report was launched on the eve of the 75th anniversary of the adoption of the UN Charter, the founding document of the Organization....”

And a few links:

ABC News - Strained supply chain for glass vials could delay coronavirus vaccine

Covid 19 funding, debt relief, ...

World Bank - Operational Response to COVID-19 in Health Sectors

This page highlights some of the health operations financed under the COVID-19 Fast Track Facility.

CGD (blog) - Welcome Transparency on Debt from the World Bank
M Ahmed; https://www.cgdev.org/blog/welcome-transparency-debt-world-bank

“The World Bank has just released country-by-country data on the debt owed to individual creditors by the 73 countries eligible to participate in the G20-sponsored debt service suspension initiative.”

Bloomberg - World Bank Sees Private Lenders Joining G-20 in Debt Relief

“Malpass says private lenders need to join on comparable terms; China’s commitment to loan repayment suspension is encouraging (according to Malpass)”

“World Bank President David Malpass expects private creditors to work out a methodology to join the Group of 20 in providing debt relief for the world’s poorest economies to help them fight the global pandemic....”
Coming up – final pledging event EC – Global Goal: Unite for our future (27 June)


“On 28 May President von der Leyen launched a new campaign with international advocacy organisation Global Citizen, “Global Goal: Unite For Our Future”. It will culminate in a major global event on 27 June seeking to raise the considerable resources needed to accelerate the development of new solutions and ensure their universal and inclusive access.”

Global artists include Justin Bieber, Lady Gaga, Shakira & Miley Cyrus.

Global Policy (Briefing) - “TEAM EUROPE” Corona package for partner countries: More honesty and fresh money needed

B Ellmers; https://www.globalpolicy.org/component/content/article/158-general/53210-team-europe-230620-.html

“The figure sounds impressive: With a total amount of 36 billion euros the EU wants to help its partner countries in the Global South to deal with the economic and social consequences of the Corona virus crisis. This is the result of the recent meeting of EU Development Ministers which took place virtually on Monday, 8th June 2020. This figure is a substantial increase compared to the 20 billion euros of the so called “Team Europe” package presented in April. The European Commission is supposed to contribute 14 billion euros to the package. Another 11 billion should come from the European Investment Bank and European Bank Reconstruction and Development, the remaining 11 billion from EU Member States. However, the official communication by the EU no longer discloses which part of the package is fresh money and which part is reallocated from existing programs....”

Quote: “...When the European Commission presented the original Team Europe Package, it disclosed that it consists entirely of reallocated funds as the EU lacks the flexibility to mobilize fresh money in the final year of a multiannual financial framework, the six-year EU budget. “The 36 billion figure presented to the public after the Development Minister meeting is financial wizardry”, concludes Bodo Ellmers, Director Sustainable Development Finance Program at GPF Europe. “There is currently not much fresh money available, the EU should be more honest about that.””

Covid 19 Science

Reuters - China to run human coronavirus vaccine trial in UAE


“China National Biotec Group (CNBG) has won approval to run a large-scale “Phase 3” clinical trial of its novel coronavirus vaccine candidate in the United Arab Emirates (UAE), the company said on Tuesday. China is seeking to trial potential vaccines overseas because of a lack of new patients at home. Over a dozen experimental vaccines are being trialled around the world. None of them has yet
successfully completed a late-stage “Phase 3” test to determine efficacy in shielding healthy people from the virus…”

WEF (blog) - An expert explains: Why it’s wrong to talk about a second wave of COVID-19


“Jeremy Rossman, an expert in virology at the university of Kent, explains that, unlike influenza, there’s no evidence of a seasonality effect with Covid-19. “

Lancet Offline: The second wave

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31451-3/fulltext

Different view by Horton this week on this issue of (preparing for) a possible second wave.

“...The spectre of a second wave of COVID-19 hangs over us. Some infectious disease specialists believe that SARS-CoV-2 might be losing virulence. Most are less sanguine.... ... The past century has incubated the idea that a second wave should justify mortal fear. Whether true or not, it is right to ask: what should we do to prepare?...”

“...Prolonged lockdowns are certainly not the answer to future waves of COVID-19. School closures are not sustainable. The economy cannot be refrigerated again. Risks to mental health are real. Work at the Institute for Health Metrics and Evaluation (IHME) in Seattle suggests that SARS-CoV-2 displays strong seasonality. In the Northern Hemisphere, IHME scientists predict that a second wave will arrive in September, peaking by the end of 2020. They expect the public will have less tolerance for future government mandates to shut down societies. So what if local outbreaks do take off?...

Horton concludes: “... The lesson from the HIV pandemic is that no single preventive measure is adequate to control virus transmission. What matters is combination prevention—in the case of coronavirus, a mix of measures that include handwashing, respiratory hygiene, mask wearing, physical distancing (as much as is reasonably possible), and avoiding mass gatherings. So far, politicians and public health officials have not advocated the idea of combination prevention—they should. Another lesson from HIV is the importance of protecting key populations. COVID-19 is not socially neutral. SARS-CoV-2 exploits and accentuates inequalities. And on the dangers of a second wave to the most socially vulnerable, there has been not a word.”

Journal of Global Health Science - Equal risk, unequal burden? Gender differentials in COVID-19 mortality in India


Coverage via a WEF article :
“Early evidence indicates that males have higher overall burden, but females have a higher relative-risk of COVID-19 mortality in India. ... But in India, although more men are infected with the virus, the risk is of death is greater among women, according to a new study in the Journal of Global Health Science. As of 20 May, the case-fatality ratio (the number of people who die compared to those infected) for men was estimated at 2.9% and 3.3% for women. In particular, the risk of mortality for women was higher among three age groups: 5–19 years, 30–39 years, and 40–49 years. Poor nutrition could play a role in the gender difference, as the authors note: "A significant proportion of women in the age group 15–49 years are undernourished and this also leaves them vulnerable to an elevated risk of COVID-19 infection and severe outcomes." They said the gendered impacts of COVID-19 outbreak in India "needed to be effectively analysed for potential public health and policy inferences".

Cidrap News - Chinese study: Antibodies in COVID-19 patients fade quickly

“A new study from China showed that antibodies faded quickly in both asymptomatic and symptomatic COVID-19 patients during convalescence, raising questions about whether the illness leads to any lasting immunity to the virus afterward. The study, which focused on 37 asymptomatic and 37 symptomatic patients, showed that more than 90% of both groups showed steep declines in levels of SARS-COV-2–specific immunoglobulin G (IgG) antibodies within 2 to 3 months after onset of infection, according to a report published yesterday in Nature Medicine....”

See also HPW:

“Immunity to the novel coronavirus may not be as complete and long lasting as hoped for, according to new 2 studies—1 with a small number of participants and another that hasn’t been peer reviewed. Antibodies to SARS-CoV-2 may last only 2 to 3 months, especially for asymptomatic people, according to a new study published yesterday in Nature Medicine as reported by The New York Times....”

Lancet Microbe – Host range of SARS-CoV-2 and implications for public health

J Santini et al ; Lancet Microbe

See also a UCL press release - SARS-CoV-2 transmission to animals: monitoring needed to mitigate risk

“As evidence mounts for the possibility of SARS-CoV-2 infecting various animals, scientists at UCL say a global effort is needed to reduce the risk of the virus later returning to people.”

“In a comment piece for The Lancet Microbe, researchers write that if the virus becomes common in an animal population that lives near people, such as pets or livestock, there would be a risk that another outbreak could occur even if the virus is eradicated in people in the area. The authors call for more research into which animals are susceptible to SARS-CoV-2, the virus causing the Covid-19 disease, and suggest implementing surveillance programmes to regularly test animals that could pose the highest risks of transmission....”
Science (news) - ‘It’s a nightmare.’ How Brazilian scientists became ensnared in chloroquine politics

https://www.sciencemag.org/news/2020/06/it-s-nightmare-how-brazilian-scientists-became-ensnared-chloroquine-politics

“Researchers accused of killing patients after using a high dose to treat coronavirus infection.”

Vox - How superspreading is fueling the pandemic — and how we can stop it


Interesting read.

CNN - People in their 20s and 30s are spreading the virus

CNN:

“... But the emerging data about the infection rate for those under 50 years old is revealing that the 20- to 40-year-old segment of our population may in fact be the force driving this pandemic....”

Nature News - Mounting clues suggest the coronavirus might trigger diabetes

https://www.nature.com/articles/d41586-020-01891-8?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf235376952=1

“Evidence from tissue studies and some people with COVID-19 shows that the virus damages insulin-producing cells.”

NYT – Study raises concerns for pregnant women with the coronavirus


Based on US study. “Pregnant women infected with the coronavirus are more likely to be hospitalized, admitted to an intensive care unit and put on a ventilator.” But data are not conclusive. In other words: “more research is needed” 😊.

NPR – We Still Don't Fully Understand The Label 'Asymptomatic'

NPR:

“A new study reveals that even patients who are reportedly asymptomatic -- no fever, cough, fatigue or breathing issues -- could sustain temporary lung damage from the novel coronavirus.”

And a few links:
“The drug maker Sanofi Pasteur has been more cautious than some of its rivals in projecting when its Covid-19 vaccines might be ready. Now, it’s announcing an acceleration of clinical trials to reach the market faster — and striking a $425 million deal to broaden its partnership with a smaller biotech company to develop one of them. The start of a Phase 1/2 clinical trial for a vaccine that Sanofi is developing with GSK has been pushed up to September from December. And a first-in-human study of the vaccine it is developing with Translate Bio, based on mRNA technology, will begin in the fourth quarter, Sanofi said Tuesday. Sanofi, which has deep experience in vaccinology but has had one of the more conservative timelines of the major players in the race to develop Covid-19 vaccines, is now predicting it will be able to catch up to competitors that got off to an earlier start in clinical trials than it did....”

PS: and a quote at the end re possible treatment: “... Dr. Jeffrey Aronson, a clinical pharmacologist at the University of Oxford and president emeritus of the British Pharmacological Society, shared that very few infectious virus diseases can be treated effectively. “Once you’ve got the infection, you just have to wait for it to go. There’s very little you can do about it, apart from supportive measures,” he said. “Although the recent results with dexamethasone look encouraging for treating severely ill people.” He explained that the SARS-CoV-2 virus is “very clever” and has got “all kinds of mechanisms for protecting itself,” making it difficult to treat the virus with just a single agent. “I think what we’re going to have to do, if we want to treat this properly, is to use two, three, or possibly more drugs at a time,” he said, similar to current treatment for HIV and AIDS....”

Covid 19 analysis

From various angles.

Paper - The COVID-19 Pandemic: Diverse Contexts; Different Epidemics—How and Why?


“... in different countries, the COVID-19 epidemic takes variable shapes and forms in how it affects communities. Until now the insights gained on COVID-19 have been largely dominated by the COVID-19 epidemics and the lockdowns in China, Europe, and the United States. But this variety of global trajectories is little described, analysed, or understood. In only a few months, an enormous amount
of scientific evidence on SARS-CoV-2 and COVID-19 has been uncovered (knowns). But important knowledge gaps remain (unknowns). An important missing piece of the COVID-19 puzzle can be solved by learning from the variety of ways the COVID-19 epidemic is unfolding across the globe. This paper tries to make sense of this variability—by exploring the important role that context plays in these different COVID-19 epidemics; by comparing COVID-19 epidemics with other respiratory diseases, including other coronaviruses that circulate continuously; and by highlighting the critical unknowns and uncertainties that remain. These unknowns and uncertainties require a deeper understanding of the variable trajectories of COVID-19. Unraveling them will be important for discerning potential future scenarios, such as the first wave in virgin territories still untouched by COVID-19 and for future waves elsewhere.”

See also Research Gate; With 30 contributors from all over the globe.

Globalization & Health (Commentary) - Globalisation in the time of COVID-19: repositioning Africa to meet the immediate and remote challenges
S Yaya, R Labonté et al;
https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00581-4

Insightful & recommended read. « ...In addressing the socioeconomic impact of COVID-19 on African nations, we argue that governments should prioritize social protection programmes to provide people with resources to maintain economic productivity while limiting job losses. International funders are committing assistance to Africa for this purpose, but generally as loans (adding to debt burdens) rather than as grants. G20 agreement so suspend debt payments for a year will help, but is insufficient to fiscal need. Maintaining cross-border trade and cooperation to continue generating public revenues is desirable. New strategies for diversifying African economies and limiting their dependence on external funding by promoting trade with a more regionalised (continental) focus as promoted by the African Continental Free Trade Agreement, while not without limitations, should be explored. While it is premature to judge the final economic and death toll of COVID-19, African leaders’ response to the pandemic, and the support they receive from wealthier nations, will determine its eventual outcomes. »

Global Public Health - The comparative politics of COVID-19: The need to understand government responses

“... We argue that there will be no way to understand the different responses to COVID-19 and their effects without understanding policy and politics. We propose four key focuses to understand the reasons for COVID-19 responses: social policies to crisis management as well as recovery, regime type (democracy or autocracy), formal political institutions (federalism, presidentialism), and state capacity (control over health care systems and public administration). A research agenda to address the COVID-19 pandemic that takes politics as a serious focus can enable the development of more realistic, sustainable interventions in policies and shape our broader understanding of the politics of public health.”

See also this blog (18 May) by H Jarman & Scott Greer: Why is governance important for responding to Covid-19?
“...As we get deeper into our analysis of government responses to the COVID-19 pandemic, it’s becoming clear that governance is a key factor in predicting the success or failure of governments’ plans. ...”

WB (blog) - Beyond COVID-19 (coronavirus): What will be the new normal for health systems and universal health coverage?

A Soucat et al; World Bank;

Blog related to UHC 2030’s discussion paper (see previous IHP newsletter issue): “UHC2030’s new discussion paper on UHC and emergencies examines the implications of COVID-19 for health systems and highlights key areas where we can take joint action. Its main conclusions are: 1. The new normal for UHC includes greater emphasis on common goods for health ...; 2. Invest more and better in health – for both health and economic reasons...; 3. Seize the moment: opportunities for change can benefit both health security and UHC; ... 4. Local and global movements for shared health goals...”

Foreign Affairs - When the System Fails - COVID-19 and the Costs of Global Dysfunction


(gated) “The pandemic has revealed both the limits of the existing multilateral system and the horrific costs of the system’s failure. “

Undark - Coronavirus Coverage and the Silencing of Female Expertise

https://undark.org/2020/06/22/coronavirus-coverage-silencing-female-expertise/

“With male voices dominating the pandemic narrative, female scientists are lamenting the loss of diverse perspectives.” Starting with a take on a recent article by the NYT Global Health journalist, Donald McNeil, and the consultation round he did.

Devex - Opinion: Let the learning begin — a WHO open-access platform could transform COVID-19 response


“... As the world’s global health agency, the World Health Organization should bring meaning and order to this information by establishing an open-access online platform for sharing and accessing lessons on responding to all dimensions of the coronavirus pandemic. This lifesaving, relatively low-cost service to the world is eminently achievable — a global “best buy.” It could avoid politics and geopolitical rivalries while demonstrating the value of global cooperation in the midst of a pandemic marked by destructive competition. The natural body to develop this platform is WHO, already the world’s go-to source for COVID-19 information, from its science and technical guidance to daily...
situation reports. *The information portal would complement WHO’s technical guidance and gateway for coronavirus-related scientific findings....”*

**CGD (blog) - To Bolster Global Health Security, What About IMF Gold?**


“A simple way to guarantee an adequate flow of long-run, sustained funding for health surveillance and disease control, and to prepare for the next novel virus in the world’s poor countries, is to create an endowment dedicated to that purpose. A $10 billion endowment could generate income of $500 million a year.” The authors come up with an ingenious solution to let the IMF finance health security.

**International Food Policy Research institute (issue brief) - Gender-sensitive social protection: A critical component of the COVID-19 response in low- and middle-income countries**


« As social protection programs and systems adapt to mitigate against the COVID-19 crisis, gender considerations are likely to be overlooked in an urgent effort to save lives and provide critical economic support. Yet, past research and learning indicates that small adaptations to make program design and implementation more gender-sensitive may result in overall and equality-related gains. We summarize some of these considerations for LMICs across five areas: Adapting existing schemes and social protection modality choice, targeting, benefit level and frequency, delivery mechanisms and operational features, and complementary programming. »

**Open Democracy - Apocalypse, restoration and emergence: three myths to help us navigate a crisis**


“During protests and pandemics, the shared stories we use to make sense of the world become even more important.”

**NYT - Tsunami or Ripple? The Pandemic’s Mental Toll Is an Open Question**


“Some health officials have forecast a steep rise in new mental health disorders. Others say the impact isn’t likely to last.”
Excerpt: ... But when it comes to collective trauma of the chronic, disabling kind, many experts remain skeptical. Studies done in the wake of hurricanes, earthquakes and floods find that no more than 10 percent of people develop such prolonged reactions — and those are the people directly and intimately hit by the destruction. The other 90 percent pick up the pieces, and in time the nightmares and surges of panic recede. ... Living through a pandemic is nothing like surviving a natural catastrophe such as those: it’s less visible, less predictable, a creeping threat rather than flying debris — a marathon, psychologically, rather than a sprint to safety. A wave of new mental health disorders may indeed be on the way, especially if Covid-19 cases explode again late in the year, or the economic downturn deepens. But the evidence so far says nothing persuasive about whether it will be a tsunami or a ripple....

ODI (Briefing paper) - Dealing with Covid-19 in rural Africa: lessons from previous crises


“This note summarises insights from a study commissioned by DFID, which examines the lessons that can be drawn from previous crises to inform responses to Covid-19 in rural Africa. Most of the evidence comes from a review of seven viral health crises: HIV/AIDS; H5N1 (avian influenza); Severe Acute Respiratory Syndrome (SARS); H1N1 (swine flu); Ebola virus disease (EVD) in West Africa and the Democratic Republic of Congo; and Covid-19 in China. Two economic shocks were also considered: the 1997 Asian financial crisis and the 2007/2008 food price spike. It addresses two main questions: What might the consequences be of disease, and responses to it, on agriculture, rural livelihoods, food systems and food security? What lessons on dealing with those consequences can be drawn from previous crises?”

Devex - Opinion: NGOs are withdrawing from Africa when surge capacity is needed most


“Communities across Africa urgently need additional medical professionals, technical assistance, and financial support as COVID-19 continues to spread in places with high rates of malnutrition and fragile health systems. However, nongovernmental organizations have withdrawn out of concern for the safety of their staff members, creating a life-threatening gap in support when and where it is needed most. ... An East African coalition of humanitarian NGOs recently surveyed our members — including a few United Nations representatives — to learn more about how they are responding to the current situation. The results are not scientific, but they are telling....”

BMJ GH (Analysis) - Modelling the pandemic: attuning models to their contexts

Tim Rhodes et al ; https://gh.bmj.com/content/5/6/e002914

“The evidence produced in mathematical models plays a key role in shaping policy decisions in pandemics. A key question is therefore how well pandemic models relate to their implementation contexts. Drawing on the cases of Ebola and influenza, we map how sociological and

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anthropological research contributes in the modelling of pandemics to consider lessons for COVID-19. We show how models detach from their implementation contexts through their connections with global narratives of pandemic response, and how sociological and anthropological research can help to locate models differently. This potentiates multiple models of pandemic response attuned to their emerging situations in an iterative and adaptive science. We propose a more open approach to the modelling of pandemics which envisages the model as an intervention of deliberation in situations of evolving uncertainty. This challenges the ‘business-as-usual’ of evidence-based approaches in global health by accentuating all science, within and beyond pandemics, as ‘emergent’ and ‘adaptive’.”

Economist - Alan Doss and Mo Ibrahim on preventing covid from killing democracy in Africa

Economist;

Cfr a tweet: “Suspending elections amid the pandemic could erode democracy unless proper laws are in place. In Africa, covid-19 is not just a health crisis, it’s a political one. @AlanCDoss and Mo Ibrahim argue that governments must act to protect people’s freedoms.”

Excerpts: “The pandemic in Africa will not be just a crisis of public health or the economy. It risks becoming a political emergency that threatens the democratic progress that countries across the continent have made in recent years. ... Africa is poorly placed to deal with the situation. Only a few countries have social safety nets and fiscal space to cushion the impact of the severe economic recession that both the IMF and World Bank forecasts. Millions of people may lose their jobs or other sources of income. This will cause widespread social distress and possibly political upheaval, especially among young people who lack work and opportunity more than ever. This convergence of economic, social and political crises threatens stability. Ironically, democratic elections will be the match that lights the fuse. At least 18 African countries including Ethiopia, Ghana and Ivory Coast are expected to hold national elections in 2020. The majority of them are in the midst of conflicts or are just emerging from them, such as Niger, Burkina Faso and the Central African Republic. The governments face a tremendous challenge: impose strict social restrictions to prevent contagion, while at the same time let citizens meaningfully participate in the electoral process....”

Lancet Comment - Reordering gender systems: can COVID-19 lead to improved gender equality and health?

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31418-5/fulltext

by Tania King, A Kavanagh et al.

Lancet Letter - Lockdown is not egalitarian: the costs fall on the global poor

A Broadbent, D Walker, K Chalkidou, A Glassman et al;

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31422-7/fulltext

“We support Richard Horton’s call for a post-COVID-19 health recovery programme, but his lack of attention to so-called lockdown victims is disappointing....”
NYT - ‘They Just Dumped Him Like Trash’: Nursing Homes Evict Vulnerable Residents

**NYT investigation**

Just when you think capitalism can’t sink any lower, in the US: “Nursing homes across the country are kicking out old and disabled residents and sending them to homeless shelters and rundown motels.”

Aim: “to clear out less-profitable residents to make room for a new class of customers who would generate more revenue: patients with Covid-19.”

Project Syndicate - What the Global Pandemic Response Is Missing

*A Krueger; https://www.project-syndicate.org/commentary/allocation-mechanism-for-medical-supplies-to-developing-countries-by-anne-krueger-2020-06*

“While developing countries’ debt levels have received ample attention in recent months, little has been said about a more immediate problem: their inability to acquire the medical supplies needed to fight COVID-19. To minimize the negative impact, a non-market allocation mechanism must be quickly established.”

CGD notes – COVID-19 & Violence against Women and Children: What Have We Learned So Far?


“Six months into the COVID-19 crisis, thousands of news stories have been published warning of the increased risks of violence against women and children (VAW/C). Research from previous health, economic, and political crises supports this dynamic, predicting increases in multiple risk factors for diverse forms of violence. Yet most press coverage relies on month-to-month statistics from highly volatile single sources from high-income countries like helplines, hospitalizations, and police records. In this note, we review rigorous studies that have analyzed how COVID-19 and related policies are impacting rates of VAW/C and highlight more reliable methods, while acknowledging limitations of underlying data sources. We propose recommendations for how to both broaden and deepen our collective understanding of how COVID-19 is impacting these forms of violence, and what can be done in response....”

Reuters - In conflict-hit countries, coronavirus testing may not reach women

*Reuters;*

“Big gaps between the number of male and female coronavirus cases in parts of Africa and the Middle East suggest that women may be struggling to access testing or care, an aid agency said on Wednesday. In Pakistan, Afghanistan and Yemen, more than 70% of reported cases were male, compared to a global average of 51%, and the same was true in Central African Republic, Chad and Somalia, said the International Rescue Committee (IRC)....”
CGD (blog) - Estimating the Indirect Health Impacts of COVID-19 in Ethiopia


“Using our net health impact calculator and the limited publicly available data to guide the analysis, we find that Ethiopia likely faces significant excess non-COVID-19 deaths in the coming months—possibly more than the COVID-19 deaths avoided by the government’s robust response to the pandemic.”

F2P blog - How Important is the Weight of History in Shaping Covid Responses?

“There’s an interesting pattern that emerges from the coverage of how different countries have performed in their Covid-19 response: it is greatly influenced by their experience of previous disease outbreaks: Kerala had Nipah, which made all the difference according to this piece in The Guardian/ China had SARS and South Korea had MERS. West Africa, Uganda and DRC had Ebola. But the worst-hit areas – Europe and the US – have a collective narrative that has been shaped by the flu, a much more humdrum disease, with a vaccine. Could this be to blame for a laxer response in parts of both, with great costs?…”

“…There’s also a temporal aspect – memories fade, but Nipah, SARS, MERS, Ebola etc are recent enough that health systems (formal/informal) and social norms are still highly activated in the policy and social consciousness – like a societal immune response. In contrast, Spanish Flu, which caused havoc in Europe after World War One, has since faded from the collective memory – society has lost its antibodies….“

Lancet Editorial – Generation coronavirus?
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31445-8/fulltext

This week’s Lancet Editorial wonders whether “Gen C will stand for something more than coronavirus.” Focus on children & adolescents in the UK, but probably relevant for the entire globe.

And finally, some links, on national Covid pictures & responses, via BMJ Global Health blog:

COVID-19 in Mauritania: The epidemic resumes?

COVID-19: A need to revalue the first line of care: notes from the Tshamilemba Health Centre , Congo
Covid-19 impact on other global health programs

Reuters - Exclusive: Women, babies at risk as COVID-19 disrupts health services, World Bank warns

https://af.reuters.com/article/worldNews/idAFKBN23V17D

On a GFF survey. “Millions of women and children in poor countries are at risk because the COVID-19 pandemic is disrupting health services they rely on, from neonatal and maternity care to immunisations and contraception, a World Bank global health expert has warned. Monique Vledder, head of secretariat at the bank’s Global Financing Facility (GFF), told Reuters in an interview the agency was gravely worried about the numbers of children missing vaccinations, women giving birth without medical help and interrupted supplies of life-saving medicines like antibiotics. “We’re very concerned about what’s happening - particularly in sub-Saharan Africa,” Vledder said as she unveiled the results of a GFF survey, one of the first seeking to assess the impact of COVID-19 on women’s and children’s health. ... From late March, the GFF has conducted monthly surveys with local staff in 36 countries to monitor the impact of COVID-19 on essential health services for women, children and adolescents.

“Sharing the survey findings with Reuters, GFF said that of countries reporting, 87% said the pandemic, fears about infection or lockdown measures designed to curb the spread of the coronavirus, had led to disruptions to health workforces. More than three-quarters of countries also reported disruptions in supplies of key medicines for mothers and babies, such as antibiotics to treat infections and oxytocin, a drug for preventing excessive bleeding after childbirth. The number of GFF countries reporting service disruptions nearly doubled from 10 in April to 19 in June, and the number reporting fewer people seeking essential health services jumped to 22 in June from five in April. ... Rapidly declining access to reproductive health supplies is also a key worry, Vledder added. The GFF estimates that if the situation does not improve as many as 26 million women could lose access to contraception in the 36 countries, leading to nearly 8 million unintended pregnancies.”

See also a WB blog by Monique Vledder (GFF) - The risks of a secondary health crisis for women and children: 3 things to know


“A new report released by the Global Fund today estimates that countries affected by HIV, tuberculosis and malaria urgently need US$28.5 billion to protect the extraordinary progress achieved in the fight against the three diseases in the past two decades.”

“The report, Mitigating the Impact of COVID-19 on Countries Affected by HIV, Tuberculosis and Malaria, was released today to highlight the impact of COVID-19 and resources needed to protect progress against HIV, TB and malaria – diseases that still kill more than 2.4 million people a year. Since 2002, the Global Fund partnership has helped save more than 32 million lives and cut HIV, TB and malaria deaths by nearly half since the peak of the epidemics. The COVID-19 pandemic now
threatens to reverse that progress. Aside from the direct toll of COVID-19, which could be catastrophic in the most vulnerable countries, estimates suggest deaths from HIV, TB and malaria could as much as double if systems for health are overwhelmed, treatment and prevention programs are disrupted, and resources are diverted. Globally, that means the annual death toll from HIV, TB and malaria could be set back to levels not seen since the peak of the epidemics, wiping out nearly two decades of progress in the worst-hit regions....”

BMJ (blog) - Ensuring continuity of tuberculosis care during the covid-19 crisis
N A Vasquez, M Pai et al ; BMJ blog;

Arguing for implementation of 10 strategies.

AMR

Devex - New partnership aims to increase antimicrobial resistance data in 4 African nations

“A new partnership between Pfizer, Wellcome, and the governments of Ghana, Kenya, Malawi, and Uganda aims to increase the amount of country-specific data on this issue so that health officials in those countries and around the world can better understand what sort of interventions are needed to tackle antimicrobial resistance....”

“This is the first major public-private partnership on antimicrobial resistance surveillance in Africa. Pfizer hosts the only industry-led, open-access database that tracks antimicrobial resistance globally. ...”

Decolonize Global Health

Devex - Is COVID-19 magnifying colonial attitudes in global health?

With quotes from Seye Abimbola and Renzo Guinto, among others.

Quote: “The experience of racism and discrimination is not new in development, experts say, especially in global health, and the pace of the COVID-19 crisis is only exacerbating the situation. “COVID-19 is more of a mirror and a magnifying glass — it’s just reminding us and it’s just magnifying to us what is already defective in the system. French scientists insinuating that Africans should be the guinea pig for the new COVID vaccine? That’s not right and that has happened before
and that’s still happening now and it just got magnified,” said Renzo Guinto, a Filipino physician and public health expert....”

Black Lives Matters

UN News - Human Rights Council calls on top UN rights official to take action on racist violence

“The UN’s top rights official, Michelle Bachelet, is to spearhead efforts to address systemic racism against people of African descent by law enforcement agencies, the Human Rights Council decided on Friday. The resolution – decided unanimously without a vote - follows a rare Urgent Debate in the Council earlier in the week, requested by the African group of nations, following the death of George Floyd in the US state of Minnesota....”

New Humanitarian – Médecins Sans Frontières needs ‘radical change’ on racism: MSF president

“‘We are taking a hard look at how to confront racism and discrimination within our organisation.’”

“Médecins Sans Frontières has “failed people of colour, both staff and patients”, “failed to tackle institutional racism”, and is part of “white privileged culture”, according to a joint statement to staff from its president and an international board member obtained by The New Humanitarian. The 23 June message comes amidst heated internal debate in MSF about racism and the Black Lives Matter movement. One staffer, speaking to TNH on condition of anonymity due to the sensitivity of the issues involved, welcomed the statement as long overdue, but said it would be a “hard pill to swallow” for the white-dominated “old guard” of MSF.”

F2P blog - #PowerShifts Resources: Anti-Racism in Development and Aid

Great resource.

And a link:

Devex - Minorities less likely to get promoted in USAID civil service, watchdog finds
Ebola DRC

The Telegraph - World’s second deadliest Ebola outbreak finally over, DRC declares


“After 23 months, the longest and deadliest Ebola outbreak to hit the Democratic Republic of Congo has officially ended, Congolese authorities have announced. It is now 42 days – double the virus’s three-week incubation period – since the last patient was discharged from an Ebola treatment centre, signalling the end of an epidemic that has infected almost 3,700 people. …”

“Two thirds of those who caught the haemorrhagic fever died, with women and children worst hit – making up 56 and 28 per cent of the 2,280 fatalities respectively. … … This Ebola outbreak has not been the worst in global history. That grim title goes to the West African epidemic between 2014 and 2016, which saw more than 11,000 fatalities. But it has been the most challenging – North Kivu and Ituri are in the midst of humanitarian crises after decades of conflict. Despite two effective vaccines, new treatments and additional tools to protect health workers, including the ‘Ebola cube’, efforts to contain the virus were hampered by violence and mistrust. …”

At least 3,463 people have been infected, and 2,280 of them having died.

See also WHO - 10th Ebola outbreak in the Democratic Republic of the Congo declared over; vigilance against flare-ups and support for survivors must continue

And via HPW - Two-Year Ebola Outbreak In Eastern DRC Declared Over, But New Flare-Up in Western DRC & COVID-19 Pose Challenges

Lancet Global Health - The colliding epidemics of COVID-19, Ebola, and measles in the Democratic Republic of the Congo

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30281-3/fulltext

Well worth a read, by Jean B Nachega, Jean-Jaques Muyembe et al. On the triple whammy, and how the DRC is trying to deal with it.

NCDs

BMJ Global Health (Commentary) - Report of the WHO independent high-level commission on NCDs: where is the focus on addressing inequalities?

S E Perone et al ; https://gh.bmj.com/content/5/6/e002820
“The current WHO independent high-level commission on non-communicable diseases’ report lacks clear focus on addressing the issues of inequalities in non-communicable diseases. Much stronger recommendations are needed to ensure appropriate investment in strengthening and improving the quality of health systems, especially at primary healthcare. Governments, the private sector and other actors all need to be involved in finding sustainable solutions to ensure access to medicines and technologies for non-communicable diseases. Non-communicable diseases in humanitarian emergencies need to be included in any global guidance on the issue. In all contexts allocation of resources needs to optimise access for long-term care and treatment, paired with population-wide prevention efforts in order to guarantee universal health coverage.”

LGBTQ

UN News - Global ban needed on bogus ‘conversion therapy’, argues UN rights expert


From earlier this week. “Conversion therapy” is built on the false premise that it can alter the sexual orientation of gender diverse people, and many more countries around the world need to recognize its “dehumanizing” and deeply corrosive impact, according to a UN report that’s before the UN Human Rights Council this month. UN Independent Expert on Sexual Orientation and Gender Identity, Victor Madrigal-Borloz, [will] present his findings to the global human rights body, during what is celebrated across the world as LGBT Pride Month, calling for a global ban on the dangerous and deeply harmful practice....”

Some papers & reports of the week

CGD (Brief) – Commitment to Development Index 2020


Recommended. “The Commitment to Development Index (CDI) ranks 40 of the world’s most powerful countries on policies that affect more than five billion people living in poorer nations. Because development is about more than foreign aid, the Index covers seven distinct policy areas: Development Finance Investment; Migration; Trade; Environment; Security; Technology”.

Check out how your country is doing on the index.

In general “European countries are taking the lead”, this year, with the first five slots taken by European countries.

“Sweden tops this year’s CDI, followed by France in second, and Norway in third place. ...” ... China, the world’s second-largest economy, ranks 35th overall in how its policies contribute to development relative to its size....” US: 18th.
Check out also more in particular: (blog) CDI 2020: Assessing Commitment to Global Health

“...Specifically, we look at four health-related indicators: global health security, financing for international organisations, research and development, and trade openness....”

Lancet Commission - Institutionalisation and deinstitutionalisation of children
https://www.thelancet.com/commissions/deinstitutionalisation

In the Lancet Child and Adolescent Health.

“This Lancet Group Commission advocates global reform of the care of separated children through the progressive replacement of institutional provision with safe and nurturing family-based care. It provides essential information on both the global scale of institutionalisation and its physical, social, and mental health consequences. It presents a pragmatic roadmap for carefully managed change. Momentum to move children from institutions and into families is building, led by welcomed evidence and practical leadership from many sectors within child health, child protection, and social welfare. It is essential that governments, voluntary organisations, and health and social care professionals work together so that action is not taken precipitately, with potentially unintended adverse consequences, but is instead timely, sustainable, and child-centred.”

For 10 key messages, see this Lancet Comment.

HHR - Special Section: Mental Health and Human Rights

The latest (June) issue of Health and Human Rights has a special section on Mental Health and Human Rights.

Start with the Editorial (by A Chapman, D Puras et al) - Reimagining the Mental Health Paradigm for Our Collective Well-Being

Other mainstream news & blogs of the week

UN News - 170 nations endorse UN ceasefire appeal during COVID crisis

“UN Member States, Observers and others, sent a strong political message this week, with the announcement that 170 signatories have now endorsed the UN’s call to silence the guns, and stand united against the global threat of the COVID-19 pandemic. The initiative, prompted by Malaysia, shows that a large majority of nations are now standing shoulder-to-shoulder with the global ceasefire call that Secretary-General António Guterres made back in March, when the pandemic was just picking up speed....”
Canada announces $93.7M funding for sexual and reproductive health


“Aid groups are praising Ottawa’s pledge to allocate $93.7 million to fund projects supporting sexual and reproductive health and rights for millions of women and girls in developing countries whose access to these services has been severely curtailed as a result of the pandemic. Canada’s International Development Minister, Karina Gould, made the announcement at the #SheDecidesNow Virtual Round Table on Monday....”

“Canada’s pledge is part of the commitments announced by Prime Minister Justin Trudeau in 2019 and in 2017. It does not represent new funding but fleshes out the broad funding announcements made by the Trudeau government at the Women Deliver 2019 Conference in Vancouver in June 2019, where Canada pledged to increase its funding for women and girls’ health around the world to $1.4 billion every year starting in 2023, with half of this money dedicated to sexual and reproductive health projects....”

IHP (blog) - Can the private health market survive COVID-19? The case of private hospitals in Kurdistan


With focus on the International Finance Corporation (IFC)’s loan to Seema hospital in the KRI.

Science News - COVID-19 cancels charity galas and walks. Science is paying the price


“Nonprofits that fund research are delaying, trimming, or canceling grants to scientists.”

Not quite sure ‘nonprofits’ & ‘philanthropy’ refer to the same thing, but in any case, it’s probably time for fair taxation instead of relying on a philanthropy-based model for (some of the more “risk taking”) research. Just tax’em ! #coronamoment

Healthnewsreview - Pharma PR appears as unvetted COVID-19 vaccine news in STAT newsletter


“I’ve written about STAT’s Morning Rounds newsletter in the past, and criticized how STAT accepts pharma sponsorship of the newsletter. In the last two weeks, for example, the newsletter has featured sponsored content from: drug company AstraZeneca; the Biotechnology Innovation

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Organization – whose biggest sponsors include drug companies Lilly, Merck, Amgen, Johnson & Johnson; biotech company Genentech; Blue Cross Blue Shield Association; drug company Bristol Myers Squibb. I believe that an ethical news organization that covers pharma and biotech full-time should not accept sponsorship from pharma and biotech....”

And a link:

Guardian - Global economy will take $12tn hit from coronavirus, says IMF

“In an update to forecasts published in April, the Washington-based IMF said it now expected the global economy to contract by 4.9% this year, compared with a 3% drop expected in the spring....”

Some tweets of the week

Mukash Kapila

“It is rather telling that the expanding #COVID19 pandemic in #Africa is seen not as a matter of innate human concern for the vulnerable people there - and more as a threat to Europe incl UK. Same happened with #Ebola. This is not the value of solidarity, more the politics of fear.”

Ian Bremmer

“Lack of politicization - not a country’s wealth - is a key factor in successful #coronavirus responses. Contrast Vietnam, Argentina & Greece to the US, where wearing a mask is now a political statement, and cases are soaring. #QuickTake”

M Kavanagh

“On #COVID19 vaccine: lots of talk about equitable allocation, but I’m worried what’s actually happening is powerful states, country-by-country pre-ordering much of supply. Need a serious political strategy to secure a global approach or else...”

“..we’ll be "allocating" only the left-overs amongst most of the world. @WHO must focus on fair *global* distribution, not just on question of how to allocate supplies supported by aid funding or only in LMICs.”

Scott Greer

“Four months ago, globalization was the vector. Every day now, politics explains more of the mortality.”

Jason Hickel

“Patriarchy isn’t some atavistic holdover. It is the ideology that capitalism deploys to systematically devalue care and social reproduction, in order to keep labour cheap. If our struggle for a post-capitalist world is not feminist, we have missed the point.”
Global health events & announcements

Coming up – WHO hosted virtual research and innovation forum on Covid (July 1-2)

To take stock of knowledge gained on #COVID, key achievements & highlight emerging research priorities.

Coming up – The Fifth Annual Health Financing Forum: Building resilience and sustainable health financing during COVID-19 (coronavirus) (July 7-23, 1st part, virtual)


“The first part will take place virtually from July 7-23, 2020. Register here by July 5th. “

“In the face of COVID-19, how are countries faring on these fronts? The fifth Annual Health Financing Forum (AHFF) will take a deeper look, focusing on the theme of health financing resilience and sustainability. Hosted by the World Bank Group, the U.S. Agency for International Development (USAID) and the Global Financing Facility (GFF), in collaboration with the Joint Learning Network and other organizations, the forum will take place virtually for the first time, and in two parts. Part I, scheduled from July 7-23, 2020, will focus on health financing resilience, including steps that countries have taken in their pandemic responses and lessons learned to date. Part II, scheduled for later this year, will examine health financing vulnerability and sustainability in the context of the new normal, and the need to continue progress towards the SDGs.

PS: “Tentative lessons are already emerging from COVID-19, which need to be further explored. These include, for example: Most countries have shifted money, health workers, hospital beds, and medicines from other health services towards the COVID-19 response. Few countries have had a mechanism in place for deciding which existing health services need to be maintained at all costs, and which can be put on hold. National legislation sometimes hasn’t allowed disaster funds to be used for a health emergency, and parliamentary approval of other sources of funding has been slow.”

(New) Global Health Security Network

https://www.ghsn.org/

check out the brand new website & new Global Health Security Network.
“A newly formed association for those interested in Global Health Security. The GHSN community is an opportunity to engage with members, to share ideas and knowledge through the Association and at GHSN events around the world. …”

Coming up – 29 June - WHO - Pre-conference: 1st WHO Infodemiology Conference

https://www.who.int/news-room/events/detail/2020/06/29/default-calendar/pre-conference-1st-who-infodemiology-conference

“The phenomenon of an ‘infodemic’ has escalated to a level that requires a coordinated response. An infodemic is an overabundance of information – some accurate and some not – occurring during an epidemic. Like pathogens in epidemics, misinformation spreads further and faster and adds complexity to health emergency response. In the pre-conference experts engage with the public with 7 inspiring talks how the infodemic affects the world currently and reflections how it can be managed.…”

Global governance of health

Forbes - The UN’s Covid-19 Response Team Is Calling For A New Era Of Collaborations With The Private Sector (And Kindness)


“At a time when across the world, all countries are faced with the pressing dual concerns of health and the state of the economy, the United Nations is emphasising the importance of creating innovative partnerships as a way forward. With healthcare looking to rapid innovation from traditional and non traditional healthcare players, global players like the UN have made a call to entrepreneurs and innovators to take part in global solutions. Whilst the UN has a track record of facing scores of humanitarian and regional crises the unique differentiator COVID-19 embodies is the global nature of the pandemic, underscoring the interconnection between countries, governments, the private sector and civil society. Leading partnerships for this initiative is Robert Skinner, Senior Special Advisor for the United Nations’ COVID-19 Communications Response.…”

Globalizations - ‘We are not a partnership’ – constructing and contesting legitimacy of global public–private partnerships: the Scaling Up Nutrition (SUN) Movement

A L Lie; https://www.tandfonline.com/doi/full/10.1080/14747731.2020.1770038
“While the legitimacy of global public–private partnerships (partnerships) remains contested, particularly within the fields of health and nutrition, they continue to proliferate. How do partnerships gain and maintain support and recognition in the face of opposition and conflicting perceptions about their legitimacy? Drawing on interviews, observations and document analysis, this article discusses how a nutrition partnership, the Scaling Up Nutrition Movement (SUN), has legitimized itself over time through different strategies and normative justifications – and explores the influence of various audiences in shaping its legitimation strategies. As SUN struggles to reconcile conflicting demands among its various audiences through discursive and institutional strategies, an increasing mismatch between SUN’s rhetoric as a country-driven movement and its formalized global governance structures has developed. The article shows how the study of legitimation of partnerships can reveal underlying political struggles that ultimately shape the distribution of power within global governance.”

Press release - EU-China Summit: Defending EU interests and values in a complex and vital partnership (22 June)


Well worth a quick read, to get an idea of the shifting (and more assertive) EU position versus China – which will probably also influence global health governance changes/reform in the coming years.

“The European Union and China held their 22nd bilateral Summit via videoconference on 22 June 2020. President of the European Council, Charles Michel, and President of the European Commission, Ursula von der Leyen, accompanied by High Representative Josep Borrell, hold the Summit meeting with Chinese Prime Minister Li Keqiang followed by exchanges with Chinese President Xi Jinping…”

Among others, Hongkong (and Tibet & Xinjiang minorities) were raised by Von der Leyen et al, and also this:

The European Commission president openly accused China of conducting cyberattacks against hospitals during Europe’s coronavirus emergency.

Reuters - China says one-fifth of Belt and Road projects 'seriously affected' by pandemic


“About 20% of projects under China’s ambitious Belt and Road Initiative (BRI) to link Asia, Europe and beyond have been “seriously affected” by the coronavirus pandemic, an official from China’s Ministry of Foreign Affairs said on Friday....”

PS: and as already flagged last week, China’s Belt and Road Initiative can boost push for universal health coverage: WHO chief
(18 June): “China’s Belt and Road Initiative has the potential to strengthen the push for universal health coverage, according to the World Health organization’s Director-General Tedros Adhanom. Tedros made the remarks on Thursday at high-level video conference on Belt and Road International Cooperation....”

Economist (Special report) - Three future scenarios for the UN

https://www.economist.com/special-report/2020/06/20/three-future-scenarios-for-the-un

“Bedlam, bumbling or boldness?” Part of an Economist special report on the New World Disorder – UNhappy birthday.

Devex - 'Long overdue': The development voices in favor of a DFID merger


“Amid widespread condemnation of the U.K. government’s decision to merge the Department for International Development with the Foreign & Commonwealth Office, some voices from the development sector have tentatively expressed support for the move.”

Check out especially the views of Marta Foresti (ODI) and Mukesh Kapila (former DFID staff).

Excerpt: “...A powerful, integrated but autonomous development agency could, in time, have some positive outcomes,” Foresti said, including the potential to “bring development inside policy conversations not about poor countries but about global challenges.” “You don’t begin with development; you begin with climate, conflict and security, mobility, international crime. ... And you bring what we know about working in particular settings around the world, fostering local and regional development as part of the solution,” she said. That sentiment was echoed by Dr. Mukesh Kapila, who served as head of conflict and humanitarian affairs at DFID and at its previous incarnation, the Overseas Development Administration, which sat within FCO. He said the merger was “long overdue” and that it is time to examine the role of U.K. aid in the Sustainable Development Goals era, characterized by threats such as climate change, conflict, displacement and resource shortages, as well as the increasing assertiveness of lower- and middle-income countries. With Brexit, the U.K.’s position has also changed, Kapila said....”

For more expert analysis of the merger, do check out also ODI - DFID and FCO merger: our experts’ views (with 7 ODI experts’ views).
International Organisation - International Order in Historical East Asia: Tribute and Hierarchy Beyond Sinocentrism and Eurocentrism


“IR theorizing about international order has been profoundly, perhaps exclusively, shaped by the Western experiences of the Westphalian order and often assumes that the Western experience can be generalized to all orders. Recent scholarship on historical East Asian orders challenges these notions. The fundamental organizing principle in historical East Asia was hierarchy, not sovereign equality. The region was characterized by hegemony, not balance of power. This emerging research program has direct implications for enduring questions about the relative importance of cultural and material factors in both international orders and their influence on behavior—for describing and explaining patterns of war and peace across time and space, for understanding East Asia as a region made up of more than just China, and for more usefully comparing East Asia, Europe, and other regions of the world.”

Devex - Who were the World Bank top health contractors in 2018 and 2019?


(gated) “After monitoring overall World Bank procurement trends for 2018-2019, Devex Analytics digs deeper into the data behind the $1 billion in health sector contracts awarded by the bank in the past two years.”

Devex – What data tells us about the state of human rights


“The recently launched Human Rights Measurement Initiative looks into 2019 data, providing publicly comparable insights on how 203 countries are improving or sliding in ratings against human rights indicators. In just three years of data collection, contributing to the knowledge and monitoring of human rights, countries are already showing dramatic shifts in progress — with elections playing an important role in setting a country on a positive or negative path....”
**Reuters** – Russia quits U.N. system aimed at protecting hospitals, aid in Syria


“Russia has quit a United Nations arrangement that aimed to protect hospitals and humanitarian aid deliveries in Syria from being hit by the warring parties, according to a U.N. note to aid groups seen by Reuters on Thursday....”

**UHC**

**IJHPM - An Exploration of the Unintended Consequences of Performance-Based Financing in 6 Primary Healthcare Facilities in Burkina Faso**

A-M Turkotte-Tremblay et al ; [https://www.ijhpm.com/article_3836.html](https://www.ijhpm.com/article_3836.html)

Objective of this study was to increase evidence on the unintended consequences of PBF in Burkina Faso. There were plenty, it turns out. Gaming, Fixation on Subsidies, Falsification of Medical Registers, Tensions, Demotivation, ...

**Planetary health**

**Vox - Why it’s so damn hot in the Arctic right now**


“Siberia's triple-digit heat wave and wildfires are a glimpse into the future of the Arctic.”

“With average temperatures poised to rise further, more heat, thawing, melting, and fire lie ahead for the Arctic. “This year it’s in Siberia. Next year it might be in Alaska or northern Canada or it might be in Scandinavia,” Meier said. “On average, what we consider to be extreme events are going to become more and more normal.”...”
Guardian - The Covid-19 pandemic is threatening vital rainforests


“The coronavirus is undermining efforts to control rainforest fires in Indonesia and Brazil. And those fires could worsen the pandemic.”

AP - Coronavirus lockdowns increase poaching in Asia, Africa

https://apnews.com/9df0cc21045578ad86696bc05721c706

“In many parts of the developing world, coronavirus lockdowns have sparked concern about increased illegal hunting that’s fueled by food shortages and a decline in law enforcement in some wildlife protection areas. At the same time, border closures and travel restrictions slowed illegal trade in certain high-value species....”

Telegraph - Wildlife trade amplifies spread of coronaviruses, two studies find


“Asia’s booming wildlife trade is fuelling the spread of coronaviruses by providing the ideal opportunity for animals to infect each other and potentially humans, two studies have found....”

Guardian - Climate crisis threatens future of global sport, says report


“The rapidly accelerating climate crisis threatens the future of major sports events around the world, according to a report that also says the global sporting industry is failing to tackle its own emissions. The study found that in the coming years nearly all sports – from cricket to American football, tennis to athletics, surfing to golf – will face serious disruption from heatwaves, fires, floods and rising sea levels. It also estimated that globally, sports’ own carbon emissions are equal to that of a medium-sized country, adding that sport administrators and stars had an important role to play in global efforts to tackle climate breakdown. Andrew Simms, the co-ordinator of the Rapid Transition Alliance, which published the report, said: “Sport provides some of society’s most
influential role models. If sport can change how it operates to act at the speed and scale necessary to halt the climate emergency, others will follow.”

**HPW - UN Economic Commission For Africa Joins Agencies Calling For A ‘Green’ COVID-19 Recovery**


“Africa must tackle both the climate and coronavirus crises at the same time, according to a new paper published by the UN Economic Commission for Africa (UNECA), joining other regional agencies such as the European Commission and the World Health Organization in calling for a “green recovery” from COVID-19. The paper, *Climate Change and Development in Africa Post COVID-19: Some Critical Reflections*, came on the day temperatures potentially set a grim new record for the highest temperature recorded within the Arctic Circle, where a small town in Siberia surpassed 100.4 degrees Fahrenheit….”

And a link:

**IASS Policy Brief - Integrating Health and Climate Agendas: Recommendations for a Post-Pandemic World**

“Against the backdrop of the Covid-19 pandemic, health is receiving unprecedented public and political attention. Yet the fact that climate change also presents us with a health crisis deserves further recognition. A new IASS Policy Brief gives recommendations for integrating health and climate and achieving better outcomes in both arenas.”

**NCDs**

**HP&P - Strategies used to establish palliative care in rural low- and middle-income countries: an integrative review**


“Globally, 40 million people need palliative care; about 69% are people over 60 years of age. The highest proportion (78%) of adults are from low- and middle-income countries (LMICs), where palliative care still developing and is primarily limited to urban areas. This integrative review describes strategies used by LMICs to establish palliative care in rural areas...”
**IJHPM - A Systematic Review of Tobacco Industry Tactics in Southeast Asia: Lessons for Other Low- And MiddleIncome Regions**

G G H Amul et al; [https://www.ijhpm.com/article_3834.html](https://www.ijhpm.com/article_3834.html)

“...We conducted a systematic literature review of articles that describe tobacco industry tactics in Southeast Asia, which includes Singapore, Indonesia, Malaysia, the Philippines, Myanmar, East Timor, Thailand, Cambodia, Vietnam, Laos, and Brunei....”

**Drug & Alcohol Review - Alcohol use in times of the COVID 19: Implications for monitoring and policy**

[Drug & Alcohol Review;](https://doi.org/10.1111/dar.12333)

“Based on a literature search undertaken to determine the impacts of past public health crises, and a systematic review of the effects of past economic crises on alcohol consumption, **two main scenarios**—with opposite predictions regarding the impact of the current COVID-19 pandemic on the level and patterns of alcohol consumption—**are introduced**. The **first scenario** predicts an increase in consumption for some populations, particularly men, due to distress experienced as a result of the pandemic. A **second scenario** predicts the opposite outcome, a lowered level of consumption, based on the decreased physical and financial availability of alcohol. With the current restrictions on alcohol availability, it is postulated that, for the immediate future, the predominant scenario will likely be the second, while the distress experienced in the first may become more relevant in the medium- and longer-term future.....”

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

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

A Semaan et al; [https://gh.bmj.com/content/5/6/e002967](https://gh.bmj.com/content/5/6/e002967)

As already flagged in a previous IHP newsletter.
Open Democracy - Infant formula companies are ‘exploiting’ COVID-19 pandemic


“Nestle accused of using COVID-19 as a chance to push its products – while others target parents’ ‘fears of infection’.”

BMJ Global Health - The cost of maternal health services in low-income and middle-income countries from a provider’s perspective: a systematic review

A Banke-Thomas et al; https://gh.bmj.com/content/5/6/e002371

“...We conducted a systematic review on costs of maternal health services in low-income and middle-income countries from the provider’s perspective....”

BMJ GH - Implementation of the new WHO antenatal care model for a positive pregnancy experience: a monitoring framework

S R Lattof et al; https://gh.bmj.com/content/5/6/e002605

“Monitoring the implementation and impact of routine antenatal care (ANC), as described in the new World Health Organization (WHO) ANC model, requires indicators that go beyond the previously used global benchmark indicator of four or more ANC visits. To enable consistent monitoring of ANC content and care processes and to provide guidance to countries and health facilities, WHO developed an ANC monitoring framework. This framework builds on a conceptual framework for quality ANC and a scoping review of ANC indicators that mapped existing indicators related to recommendations in the new WHO ANC model. Based on the scoping review and following an iterative and consultative process, we developed a monitoring framework consisting of core indicators recommended for monitoring ANC recommendations in all settings, as well as a menu of additional measures. Finally, a research agenda highlights areas where ANC recommendations exist, but measures require further development....”

Lancet GH – Initial findings from a novel population-based child mortality surveillance approach: a descriptive study

“Sub-Saharan Africa and south Asia contributed 81% of 5.9 million under-5 deaths and 77% of 2.6 million stillbirths worldwide in 2015. Vital registration and verbal autopsy data are mainstays for the estimation of leading causes of death, but both are non-specific and focus on a single underlying cause. We aimed to provide granular data on the contributory causes of death in stillborn fetuses and in deceased neonates and children younger than 5 years, to inform child mortality prevention efforts.”

Check out the main findings.

**Access to medicines**

Devex - COVID-19 puts a spotlight on the Medicines Patent Pool


“As it approaches its 10th birthday, the pool is attracting attention for its model of making patented medicines more affordable in lower-income countries.”

Geneva Health Files - WTO: COVID19 – Measures regarding trade-related intellectual property rights


“WTO’s TRIPS Council met informally last week on June 19, 2020 to consider the implications of the pandemic for council related work and its future agenda, IP measures taken in the context of COVID19 and continuing positions on non-violation and situation complaints....”

“...It is interesting to take note of the range of IP measures taken in the context of the pandemic. Delegations were invited to share information and best practices on intellectual property measures taken in the context of the COVID-19 pandemic....”

**Miscellaneous**

Telegraph - Pandemic could unravel decades of progress in health and education in South Asia, Unicef warns


“The UN’s children’s charity said in total urgent action was needed to safeguard the futures of 600 million in the region.”
“An additional 120 million children in South Asia could be pushed into poverty due to the continuing spread of coronavirus throughout much of the region”.

Devex - New UNESCO report shows COVID-19 leaving vulnerable children behind  

“The “2020 Global Education Monitoring Report,” released June 23 by the United Nations Educational, Scientific and Cultural Organization, shows progress is slowing on the global out-of-school rate for primary and secondary school-age children, and COVID-19 will only make it worse. According to the report, an estimated 258 million children are out of school — and 97 million of these are in sub-Saharan Africa, and that number is growing. This means that by 2050, more than one in 10 adults in the region will not have completed primary education....”

Guardian – Revealed: data shows 10 countries risking coronavirus second wave as lockdown relaxed  

“Of the 45 countries to have recorded more than 25,000 coronavirus cases to date, 21 currently have relaxed responses to the pandemic. Of these, 10 are reporting a rising number of cases.”

Guardian analysis of coronavirus data, in combination with the University of Oxford’s coronavirus government response tracker,  

FT Health – Covid-19 antibody tests raise doubts over their accuracy and utility, study finds  
https://www.ft.com/content/dc4b97a9-d869-40bc-950a-60f9f383bed0

“A Cochrane review indicates that one in ten tests will miss cases of the disease.”

International Journal for Equity in Health - Health equity and COVID-19: global perspectives  

“The COVID-19 is disproportionately affecting the poor, minorities and a broad range of vulnerable populations, due to its inequitable spread in areas of dense population and limited mitigation capacity due to high prevalence of chronic conditions or poor access to high quality public health and medical care. Moreover, the collateral effects of the pandemic due to the global economic downturn, and social isolation and movement restriction measures, are unequally affecting those in the lowest power strata of societies. To address the challenges to health equity and describe some of the approaches taken by governments and local organizations, we have compiled 13 country case
studies from various regions around the world: China, Brazil, Thailand, Sub Saharan Africa, Nicaragua, Armenia, India, Guatemala, United States of America (USA), Israel, Australia, Colombia, and Belgium. This compilation is by no-means representative or all inclusive, and we encourage researchers to continue advancing global knowledge on COVID-19 health equity related issues, through rigorous research and generation of a strong evidence base of new empirical studies in this field.”

And some links:

UN News - COVID-19’s far reaching impact on global drug abuse

TGH - What We Ask About Coronavirus in Africa

“Well search query data from 21 African countries reveal public perceptions, gaps in knowledge, and opportunities to educate.”

Research

Global Public Health - Scientific literature on food and nutrition security in primary health care: A scoping review


“There is a growing interest in the scientific community regarding Primary Health Care practices aiming at assessing and addressing Food and Nutrition Security. The focus is usually on outcomes, instruments and effectiveness, with no concern regarding theories or concepts. We aimed to map the theoretical frameworks regarding practices towards Food and Nutrition Security in Primary Health Care and describe its conceptualisations based on Ludwik Fleck’s epistemological approach…”

Health Research Policy & Systems - How to strengthen a health research system: WHO’s review, whose literature and who is providing leadership?


“Health research is important for the achievement of the Sustainable Development Goals. However, there are many challenges facing health research, including securing sufficient funds, building capacity, producing research findings and using both local and global evidence, and avoiding waste. A WHO initiative addressed these challenges by developing a conceptual framework with four functions to guide the development of national health research systems. Despite some progress,
Globalization & Health - Artificial intelligence in health care: laying the Foundation for Responsible, sustainable, and inclusive innovation in low- and middle-income countries


“The World Health Organization and other institutions are considering Artificial Intelligence (AI) as a technology that can potentially address some health system gaps, especially the reduction of global health inequalities in low- and middle-income countries (LMICs). However, because most AI-based health applications are developed and implemented in high-income countries, their use in LMICs contexts is recent and there is a lack of robust local evaluations to guide decision-making in low-resource settings. After discussing the potential benefits as well as the risks and challenges raised by AI-based health care, we propose five building blocks to guide the development and implementation of more responsible, sustainable, and inclusive AI health care technologies in LMICs.”