

IHP news 582 : On vaccine nationalism, global tax reform & global solidarity

(31 July 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,

The danger of **vaccine nationalism** is getting [increasing attention](#), for obvious reasons. Things look rather gloomy on that front, even if Bill Gates [sounded fairly optimistic](#) a while ago (in spite of some worries he had as well in this regard), when addressing the International AIDS society. He emphasized “*we’ve done this before*” – obviously, he was referring to the **Global Fund**. Yes, humanity came together, back then, but these are no MDG times anymore. Bill Gates (*with an IQ at least twice mine, I’m guessing 😊*) should know by now. It’s thus likely **other avenues and mechanisms** (than sophisticated PPPs) **will have to be explored to get to ‘global solidarity’**. Both in what we used to call the ‘North’ and ‘South’.

Let’s start with **countries in the ‘North’**. With many citizens of former ‘rich’ countries feeling that **social contracts** in their countries are under great pressure or have been downright betrayed, due to austerity policies - with the current massive Covid-19 economic carnage (and sometimes warped ‘stimulus/relief packages’) probably adding to this sentiment -, I’m pretty sure that to get their support for global solidarity and a global social contract, you’ll have to **fix tax justice**. With clear emphasis on the 0.0001 %. I know, that’s only one element in the rise of populism, but it’s a vital one, if you want to do something about the current, often justified, distrust in elites. Even if it’s also about [respect and dignity](#), not just about (redistributing) money. If we fail to fix global tax justice, we’ll get instead **fifty shades of populism, nationalism** (including vaccine nationalism), autocracy, or worse. And pitchforks, plenty of pitchforks. This is one key driver of populism where “global health” can actually help, by being on the right side (i.e. [Winnie Byanyima’s side 😊](#)). For other aspects (migration, climate skepticism, anti-science ...) triggering populism, that’s not really an option. And let’s face it, Bill, especially in Covid-times, all around the world, people want billionaires to contribute. As Simon Kuper put it in a FT (!) piece, [“Taxing the rich may now be the most consensual proposition in politics”](#). Frankly, there’s really no reason for global health to **lag behind**.

Over to **the South** then, where – from a very different angle – you more or less come to a similar conclusion: the urgent need to fix the global tax system.

Focusing on LMICs, **Christian Aid** summed it up well in a new report, [Building Back with Justice](#).

“... A growing burden of unsustainable debt before the pandemic has now become a major brake on public spending. The G20 debt standstill only postpones, rather than cancels, debt servicing in poorer countries. At the same time, steep falls in commodity prices and a halt to most international tourism have hit the revenues of many of the poorest countries. Capital outflows of \$100bn from emerging markets in February and March added to the pressure. While the world’s richest countries need to step up to the plate, the biggest factor in the ability of countries to respond to the

pandemic and forge a sustainable recovery is their ability to raise domestic revenues. The current crisis presents an opportunity to mend a global tax system that was already deeply dysfunctional and regressive. In some of the African countries worst affected by the global economic downturn triggered by the pandemic, revenues lost to tax abuses exceed public expenditures in key sectors. Taxation has increasingly fallen on lower income groups, as major corporations and the wealthy have taken advantage of ever more elaborate tax avoidance measures, or simply evaded tax. Plans to recover from the crisis should begin with a commitment to tackle tax abuse, and to ensure that tax and spending is progressive, with those people and businesses with the broadest shoulders paying the most into the system. With private wealth having grown spectacularly in recent decades, now is the time to introduce wealth taxes that can help to fund the recovery and narrow the gaps in polarised societies. International financial institutions and governments must work to close corporate tax loopholes, and ensure that bailout funding provided to businesses is made conditional on their tax record....”

That analysis holds firmly, even if you should surely also read [Why African countries are reluctant to take up COVID-19 debt relief](#) (in the Conversation).

So I hope that [global health scholars](#) who rightly lament vaccine nationalism also make it a habit to argue for global tax justice in the very same piece. It might not help avert vaccine nationalism in the short term, but I bet it'll be good for global health and global solidarity in the longer term.

On a side note: I fully agree that in global health, you shouldn't listen too much to political scientists – rumour has it that among global health 'insiders', people with political science background aren't very popular (*I'm guessing because, like most social scientists, we tend to be better at analysing than at actually getting stuff done* 😊) – but sometimes it's good to have a few on the team anyhow. For more on the **global health “insiders-outsiders” divide**, see [Katri Bertram's great recent blog](#).

Let me finish with a short comment on that other major emergency, the **climate emergency**.

Johan Rockström argued again, forcefully (in the FT), [Why we need to declare a global climate emergency now](#). He's damned right. However, for WHO to join that effort, I'd wait a few months (till Joe Biden takes over from the Donald – *trust me, that will happen, sometimes you do need to have some faith in the wisdom of human beings (even Americans* 😊)). I agree with Harmer et al's proposition for WHO [to declare climate breakdown a PHEIC](#), sooner rather than later, in fact the emergency probably deserves the term 'super-PHEIC'. However, if you see how WHO currently is being attacked and blamed from all populist sides (especially the US administration side) in the Covid-19 pandemic, you can only imagine how Pompeo & other dickheads would react if dr. Tedros now declared the climate emergency a PHEIC. So no, let's wait a few months, strategically. (*PS: obviously, we hope the climate emergency then doesn't “react” the same way as Covid-19 did, after WHO's PHEIC declaration, i.e. “exploding”* 😊.)

Meanwhile, do stay safe! As far as I can tell, the virus still hasn't figured out how to spread via Zoom, so most of you should be fine 😊.

Enjoy your reading

Kristof Decoster

Featured Article

Lessons in immersion: how learning Kinyarwanda and French, and driving on the other side of the road helped me gain fluency in HPSR

Aaron Mulaki (*PhD candidate, University of Cape Town, School of Public Health and Family Medicine, Health Policy and Systems Division*)

Learning to live in a new country comes with the excitement of engaging with the world in a new way – but it is equally fraught with difficulties. I stayed in Rwanda from 2007 to 2012 where I was faced with the challenge of taking up French and Kinyarwanda as new languages in order to be more responsive to my Rwandan colleagues at the MoH decentralization desk and to engage in social circles in my new country of residence. My move to Rwanda also necessitated learning how to drive on the right side of the road, a departure from the Kenyan system where we keep left.

My Rwandan transition provides perspective on my Health Policy and Systems Research (HPSR) journey and how I have managed to vernacularize HPSR into everyday health policy and systems strengthening practice.

2017 was an important year in my growth trajectory as a health systems practitioner. I registered for a PhD course at the University of Cape Town in order to pursue my growing interests in health policy and systems research. While I had been in the health systems practice for many years, getting into this new space meant immersing myself in a new language altogether, a departure from my daily interaction and use of language in the health finance and governance space in Kenya. In the coming months, epistemology, interdisciplinarity, positivism, critical realism, complex causality, conceptual contours, theories and frameworks became my new staple. This resonates with introduction of new vocabulary in the face of COVID-19. Who would have predicted that the phrases ‘social distancing’, ‘containment measures’, self-isolation’ among others would become part of our daily conversations?

Overcome the biggest psychological barrier: fear

In Rwanda I recall difficulties and discomfort with French conjugation and tenses while trying to figure out what item was male and which one was female -- a cocktail made even more potent by trying to simultaneously learn Kinyarwanda vocabulary and intonations. Orienting myself into HPSR therefore felt like *déjà vu*. Overcoming the fear of making mistakes and speaking about my areas of discomfort had a positive impact on my linguistic and cultural learning curve in Rwanda and my ability to gain fluency and comfort in HPSR.

I learned quickly that the application of HPSR methods, theories and frameworks ranging from Kingdon’s multiple streams framework to Walt and Gilson’s policy triangle to Gaventa’s Power Cube in the analysis of power in the policy process can be daunting and messy. I therefore had to quickly be comfortable in having moments of confusion, awkwardness, and in some cases sheer panic, as I tried to make sense of these - the new terrain in HPSR.

Hang out with a local

In Rwanda I quickly surrounded myself with people who I thought spoke great French, or at least had an accent that I longed to have. Kinyarwanda was widely spoken and I was therefore keen to learn from my friends, colleagues and even the vendors at the famous Kimironko market. Learning language on the fly through immersion is far more engaging but also far more nerve-wracking than slow and contained classroom study.

Similarly, with HPSR I've had the good fortune -- and the stress -- of immersive engagement through my PhD studies and a fellowship on health policy analysis funded by the Alliance of Health Policy and Systems Research. The fellowship brings together budding researchers from different countries under the tutelage of world class faculty. It builds their capacity to conduct cutting edge policy analysis to generate knowledge on the influence of politics and power in the policy process. You can't go any more 'local' in HPSR while engaging with mentors such as Profs. Lucy Gilson, Irene Agyepong, and Jeremy Shiffman among many others who have significant footprint in this area and have dedicated the greater part of their lives to HPSR. Engagement with these mentors among others has contributed significantly in improving my command of health policy analysis in real practice, and made me feel a part of the HPSR community. I continue walking with them.

Unlearn and start thinking in the foreign language

Learning to drive in Rwanda was difficult to say the least and was accompanied by many episodes of sheer panic, close calls with other motorists and questions about whether it was necessary to drive in the first place. In order to guarantee incident free driving in Rwanda I had to unlearn driving on the left while learning the rules of driving in Rwanda.

Growing in HPSR requires departure from set ways in your discipline and instead becoming 'undisciplined'. It demands that you learn the methodologies consistent with the science, and are willing to push boundaries and straddle across disciplines. Nelson Mandela once said "If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart." To all of you who are going through the experience that I went to in acquiring a new language, keep at it! Sooner rather than later you will connect with the HPSR community of practice and the science in a deeper and more meaningful way, making your journey in this exciting space worth it.

Highlights of the week

Emerging Voices for Global Health

BMJ Global Health Editorial - "Together we move a mountain": celebrating a decade of the Emerging Voices for Global Health network

N S Prashanth et al; <https://gh.bmj.com/content/5/7/e003015.full>

Must-read viewpoint on the **10-year journey of Emerging Voices, so far**, that started in Antwerp/Montreux in 2010. **Editorial by some EV governance members, with contributions from over 30 EV alumni.** As the world's challenges have only become more dire, compared to 2010, we're sure EV will be needed very much as well in the next decade. Lots of mountains still to move...

Or in the final words of the editorial: *“Looking back at the past decade of EV4GH, we seek to **reaffirm its promise of continuing to incubate disruptive and critical early career leadership within global health.** Together we move a mountain. Long may it continue!”*

Update on EV 2020

<http://www.ev4gh.net/2020/07/update-on-emerging-voices-2020/>

Do read about the rescheduled EV 2020 programme – with a virtual training programme (starting in September) & a F2F event end of March 2021. A new cohort of EVs has been selected now.

PS: Check out also the latest **op-ed** by one of the most prolific EVs (also moonlighting as Chief Planetary Doctor), **Renzo Guinto**, in **Project Syndicate** : [Pandemic Policy Must be Climate Policy](#) In the piece, he argues for *“...**flattening the curve of carbon emissions and our broader ecological footprint in order to buy time to build sustainable systems.**”*

*“...securing a healthier, more sustainable, and more equitable future – unmarred by ever-more health crises and other disasters – **can be achieved only with gradual, intentional, and planned decarbonization and inclusive resilience-building.** Here, the COVID-19 recovery plans and economic-stimulus packages being proposed by governments, businesses, and international organizations are a good place to start.”*

Planetary Health/Climate Emergency

FT - Why we need to declare a global climate emergency now

J Rockström; <https://www.ft.com/content/b4a112dd-cafd-4522-bf79-9e25704577ab>

See this week’s intro. *“It is cheap insurance for future generations to match the risk with action to preserve the ecosystems we all need.”*

*“**Our planet is no longer stable.** Old certainties about the climate are evaporating as rising greenhouse gas emissions accelerate global warming....” “... With each decade that passes, scientists have to reach further back in time to find comparable atmospheric conditions. **By 2025, greenhouse gases will reach levels not seen in more than 3m years, when the average temperature was 3C-4C warmer than today and sea levels 20 metres higher....”***

*“... **There is sufficient evidence to draw the most fundamental of conclusions: now is the time to declare a state of planetary emergency.** The point is not to admit defeat, but **to match the risk with the necessary action to protect the global commons for our own future....”***

Guardian - Record 212 land and environment activists killed last year

<https://www.theguardian.com/environment/2020/jul/29/record-212-land-and-environment-activists-killed-last-year>

“Global Witness campaigners warn of risk of further killings during Covid-19 lockdowns.”

World Hepatitis Day (28 July)

WHO - World Hepatitis Day: fast-tracking the elimination of hepatitis B among mothers and children

<https://www.who.int/news-room/detail/27-07-2020-world-hepatitis-day-fast-tracking-the-elimination-of-hepatitis-b-among-mothers-and-children>

“The proportion of children under five years of age chronically infected with hepatitis B (HBV) dropped to just under 1% in 2019 down from around 5% in the pre-vaccine era (the period between the 1980s and the early 2000s), according to new estimates from the World Health Organization (WHO). This marks the achievement of one of the milestone targets to eliminate viral hepatitis in the Sustainable Development Goals – to reach under 1% prevalence of HBV infections in children under five years of age by 2020...”

For coverage, see also HPW - [Hepatitis B Incidence In Children Falls Under 1%, Reaching 2020 Target](#)

A few articles in the Lancet Gastroenterology & Hepatology related to global hepatitis (B &) C elimination

- [A model of the economic benefits of global hepatitis C elimination: an investment case](#)
- [Global hepatitis C elimination: an investment framework](#)

“WHO has set global targets for the elimination of hepatitis B and hepatitis C as a public health threat by 2030. However, investment in elimination programmes remains low. To help drive political commitment and catalyse domestic and international financing, we have developed a global investment framework for the elimination of hepatitis B and hepatitis C. The global investment framework presented in this Health Policy paper outlines national and international activities that will enable reductions in hepatitis C incidence and mortality, and identifies potential sources of funding and tools to help countries build the economic case for investing in national elimination activities. The goal of this framework is to provide a way for countries, particularly those with minimal resources, to gain the substantial economic benefit and cost savings that come from investing in hepatitis C elimination.”

Global Tax Justice

Oxfam - Pandemic Profiteers Exposed

<https://www.oxfamamerica.org/press/pandemic-profiteers-exposed/>

“Pharmaceutical and tech companies and wealthy white Americans benefit from dramatic pandemic profits, further exacerbating inequality.”

“In [Pandemic Profiteers Exposed](#), Oxfam found that 17 of the top 25 most profitable US corporations, including Microsoft, Johnson & Johnson, Facebook, Pfizer, and Visa, are expected to make almost \$85 billion more in 2020 than in previous years. Oxfam is calling for a resurrection of the WWII-era excess profits tax to limit pandemic price-gouging, level the playing field between companies, and raise much needed funds for COVID relief and recovery, such as providing ongoing COVID-19 testing and vaccines for every person on the planet.”

Covid-19 key news, trends, WHO messages, ...

As you already know by now, we very much recommend the short daily global updates from **Cidrap News**, among others.

See for example:

Cidrap News – Global COVID-19 total surges past 17 million

<https://www.cidrap.umn.edu/news-perspective/2020/07/global-covid-19-total-surges-past-17-million>

“The global COVID-19 total today crossed the 17 million case threshold, a day that also marked 6 months since the World Health Organization (WHO) declared the outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations.”

*“... WHO releases new resource for protecting nursing homes: At a WHO briefing today, Director-General Tedros Adhanom Ghebreyesus, PhD, said as the world learns to live with the virus, one of the key steps is to **protect vulnerable people, including older people, especially those in nursing homes**. He said in many countries, 40% of COVID-19 deaths have been among nursing home residents, and in some high-income countries, 80% of deaths have been in that population. Given the importance of the problem, Tedros said the **WHO has released a [policy brief on preventing and managing COVID-19 outbreaks in nursing homes](#)**. The document covers government policy actions to protect people in those settings, which include steps such as integrating long-term care into national response plans. It also includes actions for nursing homes to take, including real-world examples.”*

*“In another WHO development, Tedros announced that **the group has formed a technical advisory group on behavioral insights and sciences for health, which is made up of 22 experts from 16 countries**. The group, chaired by Cass Sunstein, JD, a legal scholar at Harvard University, will advise*

the WHO on how to increase and improve the use of behavioral and social sciences in a range of health areas, including COVID-19.”

See also Cidrap News (28 July): <https://www.cidrap.umn.edu/news-perspective/2020/07/pandemic-cases-cross-165-million-keeping-countries-edge>

(July 28) *“As COVID-19 cases piled up in several current hot spots, such as Latin America, the United States, and India, countries such as Vietnam and Greece that have brought their disease levels down scrambled to target flare-ups with stepped-up measures. ... “*

See also Cidrap News (July 29) - [Scaled-back hajj begins as Mideast sees signs of COVID-19 stabilization](#)

Washington Post – Coronavirus makes a comeback around the world

https://www.washingtonpost.com/world/a-coronavirus-comeback-around-the-world/2020/07/28/8ddd9e64-d043-11ea-826b-cc394d824e35_story.html

“An unforeseen summer surge of coronavirus cases in countries that had seemingly quelled their outbreaks is helping to drive the unrelenting growth of the global pandemic, undercutting predictions that a “second wave” would not occur until the fall. Japan, Israel, Lebanon and Hong Kong are among dozens of places reporting record numbers of new cases in recent days, many weeks after they had crushed the curve of infections, reopened their economies and moved on. And in some countries that had brought numbers down, notably in Europe, the reopening of borders, bars and nightclubs is being blamed for a small but noticeable increase in cases....”

“The United States, Brazil and India are still fueling the bulk of the pandemic’s growth, accounting for nearly two-thirds of the new cases reported globally over the past week. Many other countries, including in Africa, Latin America and the Middle East, have not yet reached a peak in infections, officials at the World Health Organization say....”

Guardian - 'One big wave' – why the Covid-19 second wave may not exist

https://www.theguardian.com/world/2020/jul/29/one-big-wave-why-the-covid-19-second-wave-may-not-exist-coronavirus?CMP=share_btn_tw

“The Covid-19 pandemic is currently unfolding in “one big wave” with no evidence that it follows seasonal variations common to influenza and other coronaviruses, such as the common cold, the World Health Organization has warned. Amid continued debates over what constitutes a second wave, a resurgence or seasonal return of the disease, Margaret Harris, a WHO spokesperson, insisted that these discussions are not a helpful way to understand the spread of the disease....”

See also UN News – [COVID-19 is not just seasonal, cautions WHO, as ‘first wave’ continues.](#)

PS: ‘Later’ flu season in Global South:

“Turning to countries in the global south, Dr Harris noted that winter was underway there, with samples tested, indicating “high” COVID infection rates but low influenza traces. “Now the interesting thing is we are seeing from those samples, high levels of COVID, but we’re not seeing high levels of influenza at the moment. So, we’re expecting a later flu season in the southern hemisphere.” The development is in line with WHO’s latest influenza update indicating that globally, influenza activity is currently at lower-than-expected levels....”

Guardian - Global report: Covid-19 still accelerating, warns WHO, as restrictions return in Europe

<https://www.theguardian.com/world/2020/jul/28/global-report-covid-19-still-accelerating-warns-who-as-restrictions-return-in-europe>

“The World Health Organization chief, Tedros Adhanom Ghebreyesus, has warned that the pandemic continues to accelerate, with the number of cases worldwide doubling in the past six weeks, nearly six months after it declared a “public health emergency of international concern”....”

“Tedros said on Monday night: “This is the sixth time a global health emergency has been declared under the international health regulations, but it is easily the most severe,” saying that cases have roughly doubled in the past six weeks, as the pandemic “continues to accelerate”....”

PS: WHO also warned that travel bans are not a “sustainable strategy” to halt the virus spread.

And see a WEF blog - [6 months on from declaring ‘a public health emergency’, WHO says COVID-19’s future is up to us](#). Sums it up well, I think.

See also UN News - [We must all accept hard choices if we’re to beat COVID-19, urges WHO](#)

“Governments everywhere should adopt a much more focused approach to stopping coronavirus transmission if they want to avoid having to impose sweeping lockdowns once again. That’s the message on Monday from the World Health Organization, (WHO), whose head of emergencies, Dr Mike Ryan, likened fighting COVID-19 to using specialised tools for surgery, to ensure better outcomes for patients...

And a quote, via the [WEF blog](#): WHO chief: We're all making life and death decisions

“Treat the decisions about where you go, what you do and who you meet as a matter of life and death, the Director-General of the World Health Organization has urged. Speaking at a media briefing, Dr Tedros Adhanom Ghebreyesus said the pandemic has changed the way we live our lives for good, and finding ways to live them safely will depend on making “good choices”. “It may not be your life, but your choices could be the difference between life and death for someone you love, or for a complete stranger.”

HPW - Protecting Africa's Health Workers Against COVID-19 Despite Weak Health Systems, Poor Infrastructure

<https://healthpolicy-watch.news/protecting-africas-health-workers-against-covid-19-despite-weak-health-systems-poor-infrastructure/>

From late last week: *“As the number of health care worker infections continues to rise in Africa, Health Ministers are calling attention to increasing pressure on Africa’s health system – and the people running it. Lack of personal protective equipment, adequate infection prevention protocols, and burnout have led to widespread dissatisfaction among doctors in recent weeks, culminating in health worker strikes in some countries. Over 10,000 health workers across 40 countries in Africa have tested positive for COVID-19, representing about 2% of the continent’s total number of coronavirus cases, according to African Health Ministers and experts present at a World Health Organization press briefing on Thursday....”*

WHO - Preventing and managing COVID-19 across long-term care services: Policy brief, 24 July 2020

https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1

New policy brief.

UN News - Coronavirus: Reshape the urban world to aid ‘ground zero’ pandemic cities

<https://news.un.org/en/story/2020/07/1069041>

“Cities have proved to be “ground zero” the world over for the COVID-19 pandemic, the UN chief said on Tuesday, encouraging leaders everywhere to “rethink and reshape the urban world” as we recover. “Now is the moment to adapt to the reality of this and future pandemics”, Secretary-General António Guterres said in his recorded message launching the latest [UN policy brief](#), “COVID-19 in an urban world”.

Launch Gender & Covid-19 project

<https://www.genderandcovid-19.org/>

Official launch of the Gender and COVID-19 project. With also a fabulous new website.

“Bringing together academics from around the world, we conduct real time gender analysis to identify and document the gendered dynamics of COVID-19 and gaps in preparedness and response....”

Access to Covid-19 vaccines, medicines, supplies

Vital section, as I'm sure I don't need to tell you... and with a few important reads too this week.

To start this section, on 30 July, dr. Tedros mentioned the **ACT Accelerator facilitation council** in a [member state briefing](#). In general, he gave an update on the ACT Accelerator and WHO's role in this.

Science News - 'Vaccine nationalism' threatens global plan to distribute COVID-19 shots fairly

<https://www.sciencemag.org/news/2020/07/vaccine-nationalism-threatens-global-plan-distribute-covid-19-shots-fairly>

Excellent helicopter view of the current situation, by Kai Kupferschmidt. **Must-read.**

"As rich countries sign deals worth billions of dollars, the rest of the world may get left behind"

Some excerpts & quotes:

"As soon as the first COVID-19 vaccines get approved, a staggering global need will confront limited supplies. Many health experts say it's clear who should get the first shots: health care workers around the world, then people at a higher risk of severe disease, then those in areas where the disease is spreading rapidly, and finally, the rest of us."

"The idea behind COVAX is to invest in about 12 different vaccines and ensure early access when they become available. "The goal is to have 2 billion doses by the end of 2021," says Seth Berkley, director of GAVI, the Vaccine Alliance, the third COVAX partner: 950 million for high- and upper middle-income countries, 950 million for low- and lower middle-income countries, and 100 million for "humanitarian situations and outbreaks that are out of control."

"So far, more than 70 countries that plan to finance their own vaccine have expressed interest in signing up with COVAX. (They have to formally commit by the end of August and provide an advance of 15% of the overall amount.) Whether they will come through is another matter. Some countries in the European Union—which often stresses the importance of global solidarity—have indicated they intend to donate money, but may not order vaccines themselves through COVAX."

"...Nkengasong says Africa needs to explore other avenues as well. "We welcome the COVAX Facility arrangement but we cannot just wait for discussions in Geneva," he says. "We need to take charge of our own destiny." At an African Union meeting in late June, South African President Cyril Ramaphosa called on leaders to secure vaccine supplies for the continent and ensure that vaccines are manufactured there. Nkengasong says African governments are approaching banks to finance deals with pharma companies similar to those signed by the United States. "We need to come together as a continent of 1.3 billion people to not be left behind." ..."

"...Kate Elder, a vaccines expert at Doctors Without Borders's Access Campaign, sees COVAX as perhaps the best shot at an equitable distribution of vaccines, but says it should be more

transparent.... ... What's needed most for COVAX to work is political commitment at the highest levels of government, says Alexandra Phelan, a lawyer at Georgetown University who specializes in global health. Without "a really big international effort," for instance at the United Nations or the G-20, the early doses of vaccines are unlikely to go to those who need them most, Phelan says. "

Foreign Affairs - The Tragedy of Vaccine Nationalism

Tom Bollyky et al ; <https://www.foreignaffairs.com/articles/united-states/2020-07-27/vaccine-nationalism-pandemic>

Another must-read (by Tom Bollyky & Chad Bown).

Very interesting overview of current situation; the piece also **offers some suggestions to overcome the danger of vaccine nationalism**, applying **game theory** in the process.

*"It is not too late for global cooperation to prevail over global dysfunction, but it will require states and their political leaders to change course. **What the world needs is an enforceable COVID-19 vaccine trade and investment agreement** that would alleviate the fears of leaders in vaccine-producing countries, who worry that sharing their output would make it harder to look after their own populations. Such an agreement could be forged and fostered by existing institutions and systems. And it would not require any novel enforcement mechanisms: the dynamics of vaccine manufacturing and global trade generally create layers of interdependence, which would encourage participants to live up to their commitments. **What it would require, however, is leadership on the part of a majority of vaccine-manufacturing countries—including, ideally, the United States.**"*

NYT - Exclusive: EU Eyes COVID-19 Vaccines at Less Than \$40, Shuns WHO-Led Alliance-Sources

<https://www.nytimes.com/reuters/2020/07/24/us/24reuters-health-coronavirus-eu-vaccines-exclusive.html>

Worrying. Excerpts:

"The European Union is not interested in buying potential COVID-19 vaccines through an initiative co-led by the World Health Organisation as it deems it slow and high-cost, two EU sources told Reuters, noting the bloc was in talks with drugmakers for shots cheaper than \$40. The position shows the EU has only partly embraced a global approach in the race for COVID-19 vaccines as, while it is a top supporter of initiatives for worldwide equitable access, it prefers prioritising supplies for the EU population. "

*"... It could also deal a blow to the WHO-led COVAX initiative to secure vaccines for all. "Using COVAX would lead to higher prices and later supplies," one of the two officials said. **The COVAX mechanism meant to buy vaccines in advance is targeting a \$40 price for COVID vaccines for wealthy countries, the official said, adding the EU could buy at cheaper prices with its own scheme for upfront purchases. "***

“...On Wednesday, Pfizer and BioNtech said the U.S. government had agreed to pay nearly \$2 billion to secure their potential COVID-19 shot which, if successful, would be used to vaccinate 50 million people at a price of about \$40 dollar per person.

*“The EU also wants to secure vaccines by the end of the year, should they be available. This timetable **"is not feasible"** for COVAX, one official said. ... The European Commission, which is the bloc's executive arm and leads EU talks with drugmakers, has advised EU states to join COVAX if they wish, but not for buying vaccines, the official said. A Commission spokesman declined to comment”*

For other EU related news, see also Reuters - [Exclusive: EU talks with Pfizer, Sanofi, J&J on COVID vaccines hit snags - sources](#)

MSF Access - Open letter to Gavi Board Members: Inclusion of civil society in COVAX Facility and COVAX AMC governance is essential

[MSF Access](#);

“Ahead of Gavi, the Vaccine Alliance’s Board Meeting 30 July 2020, over 175 civil society organisations and individuals, including Médecins Sans Frontières (MSF) Access Campaign, wrote an open letter to the Board demanding better representation of civil society and communities in the governance of the Gavi-led COVID-19 Vaccine Global Access (COVAX) Facility and COVAX Advance Market Commitment (AMC). At present, civil society representation is completely absent in the COVAX Facility. Presence of civil society organisations in these governance structures is key in intensifying the focus on equitable global access at a time when vaccine nationalism threatens to undermine a fundamental goal of the Access to COVID-19 Tools (ACT) Accelerator.”

TRIPS Council to discuss IP and the public interest in the context of Covid-19

Ellen ‘t Hoen; <https://medicineslawandpolicy.org/2020/07/trips-council-to-discuss-ip-and-the-public-interest-in-the-context-of-covid-19/>

“...The discussion on the sharing of key technologies needed during the pandemic is now also being taken up by the World Trade Organization (WTO). South-Africa has put the discussion on the agenda of the 30 July Trade-Related Aspects of Intellectual Property Rights (TRIPS) Council, the WTO body governing IP norms agreed to by member states, with a [Communication](#) titled “Intellectual Property and the Public Interest: Beyond Access to Medicines and Medical Technologies Towards a More Holistic Approach To TRIPS Flexibilities.” ...”

“...It would serve the public interest to share globally new knowledge and tools being developed to respond to Covid-19, but the emerging vaccine nationalism of the last months shows a trend away from the lofty promises of solidarity expressed during the early days of the pandemic, towards a world where each country is fighting for its own interests...”

“South Africa is now proposing at the TRIPS Council a more holistic approach to the use of TRIPS flexibilities for various technologies and various forms of IP beyond patents, including industrial designs, copyrights and trade secrets. ...”

WB – IFC To Provide \$4 Billion To Boost Healthcare Supplies to Developing Countries Amid COVID-19

<https://ifcextapps.ifc.org/IFCExt/Pressroom/IFCPressRoom.nsf/0/70763342FB27B761852585B40058C13A>

“In an effort to help developing countries fight the coronavirus pandemic with more masks, ventilators, test kits, and potential vaccines, the International Finance Corporation (IFC) launched today a financing platform to increase the access of those countries to healthcare supplies. The \$4-billion Global Health Platform will help address the severe shortage of medical supplies in developing countries. The platform will provide financing to manufacturers of healthcare products, suppliers of critical raw materials, and healthcare service providers so they can expand capacity for products and services to be delivered to developing countries. IFC, the largest global development institution focused on the private sector in emerging markets, will contribute \$2 billion from its own account while mobilizing an additional \$2 billion from private-sector partners...”

Reuters - Health workers should be top priority for vaccines - nurses' group

<https://www.reuters.com/article/us-health-coronavirus-who-healthworkers/health-workers-should-be-top-priority-for-vaccines-nurses-group-idUSKCN24S1UD>

“Nurses and other health workers must be top priority for the first COVID-19 vaccines, especially as they are often left without enough protection against the virus in their frontline jobs, the International Council of Nurses said on Monday. An estimated 1.5 million health care workers have been infected, three times the number in early June, it said, citing figures from the World Health Organization (WHO) on the novel coronavirus which has infected some 16 million people worldwide...”

MSF Access - COVID-19 test maker Cepheid overcharges and undersupplies WHO effort for developing countries

https://msfaccess.org/covid-19-test-maker-cepheid-overcharges-and-undersupplies-who-effort-developing-countries?utm_source=Twitter&utm_medium=Organic&utm_campaign=COVID-19

“Given the urgent global need for rapid, point-of-care diagnostic tests to deal with the continuous spread of the COVID-19 pandemic, Médecins Sans Frontières/Doctors Without Borders (MSF) today called on US diagnostics corporation Cepheid to allocate its COVID-19 tests (Xpert Xpress SARS-COV2) equitably and affordably across all countries. MSF called on Cepheid to refrain from profiteering off of the pandemic, by lowering the price of each test to US\$5 from the nearly \$20 it charges in the world’s poorest countries, in order to ensure much broader access to the test. MSF research shows the tests could be sold at a profit for \$5 each.”

Reuters - Moderna aims to price coronavirus vaccine at \$50-\$60 per course: FT

[Reuters:](#)

“Moderna Inc is planning to price its coronavirus vaccine at \$50 to \$60 per course, at least \$11 more than another vaccine from Pfizer Inc and BioNTech, the Financial Times reported on Tuesday, citing unnamed sources.”

HPW - Moderna Launches Final Phase COVID-19 Vaccine Trial Following Patent Spat

<https://healthpolicy-watch.news/moderna-launches-phase-iii-covid-19-vaccine-trial-amidst-patent-spat/>

“Moderna, a frontrunner in the COVID-19 vaccine development race, today entered the final phase of testing required before pursuing regulatory approval, beginning the Phase III trial for their vaccine candidate mRNA-1273.... ... Moderna’s Phase III trial launch comes days after the biotech firm lost a key patent dispute last Thursday against Arbutus, a small Canadian company that holds rights to technology that delivers medical treatments via mRNA. ...”

P Marquez (blog) - While waiting for a COVID-19 vaccine, it’s time to focus on gaps in vaccine distribution, cold chain, and uptake

<http://pvmarquez.com/vaccinationsystems>

*“As the world waits anxiously for a COVID-19 vaccine to become available, **countries have a “window of opportunity” to focus on existing gaps in vaccine distribution and cold chain systems and vaccination demand and uptake constraints.** If these gaps are addressed in a timely way, it will facilitate widespread administration, not only of a new COVID-19 vaccine, but will also help revamp the delivery of routine vaccines, particularly those for children, that are part of the Expanded Program on Immunization (EPI)...”*

And some links:

- Vox - [The global risk of “vaccine nationalism”](#) (by Jen Kirby)
- HP - [Head of China CDC gets injected with experimental vaccine](#)

“The head of the Chinese Center for Disease Control and Prevention says he has been injected with an experimental coronavirus vaccine in an attempt to persuade the public to follow suit when one is approved....”

- The Gray Zone - [Why the Bill Gates global health empire promises more empire and less public health](#)

This article provides a mix of valid claims, as well as wacko ones.

This belongs to the first category: **it doesn't really help in the fight against antivaxxers that the Gates Foundation is "all over" the Covid-19 vaccine pipeline.** That is problematic, to say the least. And that's even not taking into account the Gates Foundation's vast unchecked power in global health.

Covid-19 funding, debt relief, ...

Telegraph - 'Difficult years ahead' for developing countries as Covid-19 set to trigger a \$400bn drop in funding

<https://www.telegraph.co.uk/global-health/climate-and-people/difficult-years-ahead-developing-countries-covid-19-set-trigger/>

"Developing countries will have at least \$400 billion less to spend on sustainable development, including access to safe water, healthcare and education, this year and next due to the impact of the coronavirus pandemic, according to a new report from End Water Poverty and WaterAid. Faced with the dual crises of Covid-19 and climate change, the charities warned that there are "difficult years ahead", with progress on eradicating extreme poverty and achieving the Sustainable Development Goals (SDGs) by 2030 set to stall and in many cases reverse unless urgent action is taken. The report found that developing countries will have \$395bn less for public spending on SDGs in 2020-21, as governments faced with recession are having to spend stretched resources on the emergency response to Covid-19 while tax revenues plummet. Similarly, these countries could also expect to receive around \$25-30bn less in aid from donor countries as they are set to reduce aid spending as a result of their own worsening finances due to the pandemic. "

"... The report explores several options for closing the funding gap, including cutting fossil fuel subsidies, which it claims could raise more than \$400bn globally while also helping to meet climate targets. Debt cancellation could also drastically reduce the estimated \$1.5 trillion in annual debt repayments that are due from developing countries in the coming years, the report says, arguing that it will help the countries respond to the pandemic rather than paying creditors. ..."

FT Editorial View - Africa needs more help with its pandemic response

<https://www.ft.com/content/1af2ff7c-d9c4-47fd-972c-6a6cb2fda8dd>

"Hunger and disease are beckoning in small and fragile states."

"... The IMF predicts the continent will suffer its worst recession since the 1970s. Lockdowns have had a disproportionate impact on informal workers who need to earn to live. Remittances and revenues from commodity exports have plummeted. Before the pandemic, several African countries were among the fastest growing in the world. They could be set back a generation. In more fragile states, including Somalia, South Sudan, Zimbabwe, and the Sahel, hunger beckons. The World Food Programme says that by the end of the year 265m people worldwide could be acutely hungry, many of them in Africa. As scarce resources are diverted to fighting Covid-19, other health priorities suffer. Measles immunisation campaigns have been suspended in 27 countries. For the very poorest, the secondary and tertiary impacts of the pandemic could be far more severe than coronavirus itself.

*So far, the international community has been slow to respond. ... Mark Lowcock, emergency relief co-ordinator at the UN, estimates it would cost \$90bn to protect the poorest 10 per cent of the world's people from the worst impacts of coronavirus. That includes many people in Africa as well as in countries such as Afghanistan and Syria. It may sound like a lot, but it is 1 per cent of the stimulus rich countries have spent on themselves. **The consequences of not acting are all too predictable: hunger, violence, political instability and migration. The cost of action is relatively small....***"

The Conversation - Why African countries are reluctant to take up COVID-19 debt relief

M Mutize; <https://theconversation.com/why-african-countries-are-reluctant-to-take-up-covid-19-debt-relief-140643>

Important, even if perhaps somewhat biased, read.

*"... **Of the 25 countries eligible for the debt relief, only four have requested assistance – Cameroon, Côte d'Ivoire, Ethiopia and Senegal. The majority have either refused to apply, or have not yet requested a debt moratorium. The reasons for this are understandable. Poor countries know that the debt markets are not largely favourable to them. And they acknowledge the risk of being punished by existing creditors, prospective investors and rating agencies if they seek a debt moratorium....***"

Devex - US Senate COVID-19 funding bill includes \$4B for global response

<https://www.devex.com/news/us-senate-covid-19-funding-bill-includes-4b-for-global-response-97811>

Much less than hoped for. Anyway, the Congress process will still take a while.

*"**The U.S. Senate's coronavirus supplemental funding bill unveiled Monday includes only about \$4.4 billion for global COVID-19 relief efforts, far less than advocates had pushed to include. Development experts have been pushing for about \$20 billion in funding for the global response in this next — and potentially final — supplemental COVID-19 funding bill. ...***"

*"**The proposed package in the HEALS Act includes \$1 billion for the U.S. International Disaster Assistance account; \$3 billion for global health programs, including funding for Gavi, the Vaccine Alliance; \$10 million for U.S. Agency for International Development operating expenses; and \$425 million for State Department consular and border security programs. The bill does not include any money for The Global Fund to Fight AIDS, Tuberculosis and Malaria, which says it expects by the end of this month to exhaust the \$1 billion in COVID-19 relief funding it was able to mobilize. ...***"

PS: *"The House of Representatives' latest COVID-19 supplemental funding bill — the \$3 trillion HEROES Act, which passed in May — included no funding for the global response. **The House and Senate will now have to negotiate and try to find agreement between the HEROES Act and the HEALS Act, though many of the sticking points are expected to be about domestic implications of the***

bill. Advocates, meanwhile, are continuing to push for more global funding to be included in the final legislation.”

Hilarious, the names of these Acts. You have to be American to come up with “HEROES and HEALS Acts”.

Covid-19 Science

In no particular order.

Stat - ‘A huge experiment’: How the world made so much progress on a Covid-19 vaccine so fast

[Stat:](#)

Interesting analysis on the various reasons why the vaccine process for Covid-19 is going so fast.

“...The sheer urgency of the Covid-19 pandemic has helped bolster tremendous progress toward a vaccine, but there are other aspects of the current crisis that have enabled scientists to work at an unprecedented pace. The SARS-CoV-2 virus, for instance, belongs to a family of viruses that's already known to scientists, who could then rejigger projects on previous coronaviruses for this new one. The fact that Covid-19 is an acute infection that most people seem to clear on their own — and not a chronic disease — also makes it easier to target...”

FT - Over half of Mumbai slum dwellers have had Covid-19, study claims

<https://www.ft.com/content/5cfb2253-40ec-4ef3-9c1a-94b8a7bf2307>

“Findings suggest spread of coronavirus in India could be much worse than thought.”

“More than half of residents in several of Mumbai’s slums may have been infected with coronavirus, a study has found, suggesting that the spread of Covid-19 in India could be far greater than previously thought. ... The findings add to evidence that the number of Covid-19 infections in India could be far greater than the official caseload, which is already the world’s third highest. There have been almost 1.5m recorded infections and 33,000 deaths in the country. ... A separate survey carried out in the capital New Delhi and released last week found that 23.5 per cent of more than 20,000 people tested had Covid-19 antibodies.”

Nature Microbiology - Evolutionary origins of the SARS-CoV-2 sarbecovirus lineage responsible for the COVID-19 pandemic

<https://www.nature.com/articles/s41564-020-0771-4>

- Cfr a **tweet Laurie Garrett**: « *BREAKING: Multinational team uses 3 different methods to determine where #SARSCoV2 came from: each leads to horseshoe bats found widely in Asia.* »

The virus now causing a human #pandemic has been in bats "for decades," only now reaching people. »

- And via Stat: « *Scientists pinning down the evolutionary history of the virus that causes Covid-19 conclude that it's been circulating in bats for decades, dating its divergence from other bat viruses to as early as 1948. Diverse viruses can recombine in bats, they write, defying attempts to pick out the ones that could cause human outbreaks before they emerge. That places the burden back on human surveillance systems designed to spot, identify, and classify dangerous viruses once they show up in people — in real time.* »
- Coverage also in the Telegraph - [Coronaviruses linked to Sars-Cov-2 have been circulating in bats 'for decades', study finds](#)

"It's likely that viruses capable of infecting humans are common in bats, which has significant implications for efforts to prevent pandemics"

"...Commenting on the latest research, Dr Peter Daszak, president of the EcoHealth Alliance, said the study is the latest piece of evidence confirming that Sars-Cov-2 evolved naturally - with the virus' ancestor originating in a bat in south China, Myanmar, Laos or Vietnam...."

Stat News - Covid-19 infections leave an impact on the heart, raising concerns about lasting damage

<https://www.statnews.com/2020/07/27/covid19-concerns-about-lasting-heart-damage/>

Very worrying. *"Two new studies from Germany paint a sobering picture of the toll that Covid-19 takes on the heart, raising the specter of long-term damage after people recover, even if their illness was not severe enough to require hospitalization...."*

BMJ Analysis – Is risk compensation threatening public health in the covid-19 pandemic?

https://www.bmj.com/content/370/bmj.m2913?utm_source=STAT+Newsletters&utm_campaign=710d0cdd83-MR_COPY_13&utm_medium=email&utm_term=0_8cab1d7961-710d0cdd83-149563537

"Unfounded concerns about risk compensation threaten public health when they delay the introduction of protective measures such as wearing of face coverings, argue Theresa Marteau and colleagues."

Wearing a face covering to reduce Covid-19 transmission doesn't lead to a false sense of security, a review of 22 pre-pandemic studies of behavior during other respiratory infections concludes.

Stat – Covid-19 vaccines may cause mild side effects, experts say, stressing need for education, not alarm

[Stat News;](#)

*“While the world awaits the results of large clinical trials of Covid-19 vaccines, experts say the data so far suggest one important possibility: **The vaccines** may carry a bit of a kick. In vaccine parlance, **they appear to be “reactogenic,”** meaning they **have induced short-term discomfort in a percentage of the people who have received them in clinical trials.** This kind of discomfort includes **headache, sore arms, fatigue, chills, and fever....”***

The Wire - Bangladesh to Host Late-Stage Trial of China’s Sinovac COVID-19 Vaccine

<https://science.thewire.in/the-sciences/bangladesh-late-stage-trial-chinas-sinovac-covid-19-vaccine/>

Interesting from a geopolitical perspective.

National Geographic - Why do asymptomatic COVID-19 cases even happen?

<https://www.nationalgeographic.com/science/2020/07/why-do-asymptomatic-coronavirus-cases-even-happen-cvd/>

“Health officials are concerned about why some people who test positive for the coronavirus never feel sick. Could it be the luck of genetics? The blessings of youth? Or something else?”

Interesting read. We even learnt a new word 😊.

*“... In other words, what researchers thought were truly asymptomatic cases might actually be what’s known as **paucisymptomatic**, meaning **their few symptoms are so mild they never suspect an infection.**”*

Atlantic - You Can Stop Cleaning Your Mail Now

<https://www.theatlantic.com/ideas/archive/2020/07/scourge-hygiene-theater/614599/>

“People are power scrubbing their way to a false sense of security.” Interesting read as well, among others, on the dangers of ‘**Hygiene Theater**’.

*“...In May, the Centers for Disease Control and Prevention updated its guidelines to clarify that while COVID-19 spreads easily among speakers and sneezers in close encounters, **touching a surface “isn’t thought to be the main way the virus spreads.”** Other scientists have reached a more forceful conclusion. “Surface transmission of COVID-19 is not justified at all by the science,” Emanuel Goldman, a microbiology professor at Rutgers New Jersey Medical School, told me. He also emphasized the **primacy of airborne person-to-person transmission....”***

Telegraph - Immunity: why antibody studies may offer a false sense of security in megacities

<https://www.telegraph.co.uk/global-health/science-and-disease/immunity-antibody-studies-may-offer-false-sense-security-megacities/>

“Studies showing a high presence of antibodies in hard-hit cities are not an excuse to relax public health measures, experts warn.”

NYT - Masks May Reduce Viral Dose, Some Experts Say

<https://www.nytimes.com/2020/07/27/health/coronavirus-mask-protection.html>

“People wearing face coverings will take in fewer coronavirus particles, evidence suggests, making disease less severe.”

Atlantic – We need to talk about ventilation

https://www.theatlantic.com/health/archive/2020/07/why-arent-we-talking-more-about-airborne-transmission/614737/?utm_source=twitter&utm_medium=social&utm_campaign=share

“How is it that six months into a respiratory pandemic, we are still doing to little to mitigate airborne transmission?”.

HPW – Low Vitamin D Could Increase Risk Of COVID-19

<https://healthpolicy-watch.news/low-vitamin-d-could-increase-risk-of-covid-19/>

“People who tested positive for COVID-19 had lower Vitamin D levels on average than people who tested negative, according to a massive [peer-reviewed Israeli study](#) published in the FEBS Journal...”

And some links:

- NYT - [The Coronavirus Could Dodge Some Treatments, Study Suggests](#)

“A laboratory experiment hints at some of the ways the virus might elude antibody treatments. Combining therapies could help, experts said.”

- Nature - [SARS-CoV-2-reactive T cells in healthy donors and patients with COVID-19](#)

We detected SARS-CoV-2 S-reactive CD4+ T cells in 83% of patients with COVID-19 **but also in 35% of healthy donors.** ... *demonstrating **the presence of S-cross-reactive T cells, probably generated during past encounters with endemic coronaviruses.** The role of pre-existing SARS-CoV-2 cross-reactive T cells for clinical outcomes remains to be determined in larger cohorts. However, **the presence of S-cross-reactive T cells in a sizable fraction of the general population** may affect the dynamics of the current pandemic, and has important implications for the design and analysis of upcoming COVID-19 vaccine trials.”*

- JAMA - [Assessment of Community-Level Disparities in Coronavirus Disease 2019 \(COVID-19\) Infections and Deaths in Large US Metropolitan Areas](#)

Via our colleagues from GHN: “Predominantly non-white communities had almost 3X higher COVID-19 incidence than mostly white communities, **even when income levels are accounted for...**”

- The Telegraph - [Travellers from Italy brought Covid-19 to one in four virus-hit countries outside China, study finds](#) Based on a new Lancet study mapping the global spread of the disease.

Covid-19 Analysis (& resources)

From various angles, as usual.

BMJ Global Health - The COVID-19 pandemic: diverse contexts; different epidemics—how and why?

W Van Damme et al; <https://gh.bmj.com/content/5/7/e003098>

*“... 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 USA. 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). **Learning from the variety of ways the COVID-19 epidemic is unfolding across the globe can potentially contribute to solving the COVID-19 puzzle. 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...**”*

PS: This ‘diversity’ paper also sparked the [call for BMJ Global Health/Emerging Voices blogs](#) on on-the-ground experiences in SSA. New blogs are still very much welcomed!

For a new BMJ GH blog (responding to this call), see [Ghana during COVID-19 : Reflections on Social Capital in Community Participation](#) (by Mary E Ashinyo et al)

Washington Post “Monkey Cage” blog - Covid-19 is accelerating multilateralism in Africa

<https://www.washingtonpost.com/politics/2020/07/27/covid-19-is-accelerating-multilateralism-africa/>

Recommended read. “The **African Union [with a key role for African CDC]** helped spearhead a coordinated response to the pandemic.”

Excerpt: “ The global struggle against the coronavirus pandemic has prompted some governments to close their borders and retreat from multilateralism, and instead implement protectionist policies and trade restrictions. African countries are taking a different approach. **To combat the spread of infection while minimizing social and economic disruptions, Africa is promoting multilateralism through cooperation and coordination among its countries.** The analysis in “African Development, African Transformation” presents evidence of the **emergence of collaborative institutions and initiatives in Africa and their capacity to influence development outcomes and international cooperation.** ...”

McKinsey - Not the last pandemic: Investing now to reimagine public-health systems

<https://www.mckinsey.com/industries/public-sector/our-insights/not-the-last-pandemic-investing-now-to-reimagine-public-health-systems#>

Hear, hear, this coming from McKinsey! Sadly, they don't mention where the money has to come from. Although they're very well placed to know 😏.

*“The case for strengthening the world's pandemic-response capacity at the global, national, and local levels is compelling. The **economic disruption caused by the COVID-19 pandemic could cost between \$9 trillion and \$33 trillion**—many times more than the projected cost of preventing future pandemics. **We have estimated that spending \$70 billion to \$120 billion over the next two years and \$20 billion to \$40 billion annually after that** could substantially reduce the likelihood of future pandemics...”*

BMJ Global Health - The remaining unknowns: a mixed methods study of the current and global health research priorities for COVID-19

A Norton et al ; <https://gh.bmj.com/content/5/7/e003306>

*“In March 2020, the WHO released a Global Research Roadmap in an effort to coordinate and accelerate the global research response to combat COVID-19 based on deliberations of 400 experts across the world. Three months on, the disease and our understanding have both evolved significantly. As we now tackle a pandemic in very different contexts and with increased knowledge, we sought to build on the work of the WHO to gain a more current and global perspective on these initial priorities. **Methods:** We undertook a mixed methods study seeking the views of the global research community to (1) assess which of the early WHO roadmap priorities are still most pressing; (2) understand whether they are still valid in different settings, regions or countries; and (3) identify any new emerging priorities. **Results:** Thematic analysis of the significant body of combined data shows **the WHO roadmap is globally relevant; however, new important priorities have emerged, in particular, pertinent to low and lower middle-income countries (less resourced countries), where health systems are under significant competing pressures. We also found a shift from prioritising vaccine and therapeutic development towards a focus on assessing the effectiveness, risks, benefits and trust in the variety of public health interventions and measures.** Our findings also provide insight into **temporal nature of these research priorities**, highlighting the urgency of research that can only be undertaken within the period of virus transmission, as well as other important research questions but which can be answered outside the transmission period. Both types of studies are key to help combat this pandemic but also importantly to ensure we are better prepared for the future.”*

BMJ Editorial - Covid-19 in Latin America

A Pablos-Mendez et al ; <https://www.bmj.com/content/370/bmj.m2939>

“Responses are complicated by poverty, comorbidity, and political dynamics.”

FT - Modi stumbles: India’s deepening coronavirus crisis

<https://www.ft.com/content/53d946cf-d4c2-4cc4-9411-1d5bb3566e83>

“The prime minister warned the virus could derail decades of progress. But new infections are now at record levels.”

IMF (working paper) - A Framework for Estimating Health Spending in Response to COVID-19

P Dudine et al ; <https://www.imf.org/en/Publications/WP/Issues/2020/07/24/A-Framework-for-Estimating-Health-Spending-in-Response-to-COVID-19-49550>

*“We estimate the additional health spending necessary to treat COVID-19 patients. We expand a Susceptible Infected Recovered model to project the number of people requiring hospitalization, use information about healthcare costs by country, and make assumptions about capacity constraints in the health sector. **Without social distancing and lockdowns, countries would need to expand health systems ten-fold, on average, to assist all COVID-19 patients in need of hospitalization. Under capacity constraints, effective social distancing and quarantine reduce the additional health spending from a range of \$0.6–1 trillion globally to \$130–231 billion, and the fatality rate from 1.2 to 0.2 percent, on average.**”*

Telegraph - 'We will live with this for years': virus expert on debilitating after-effects of Covid-19

<https://www.telegraph.co.uk/global-health/science-and-disease/will-live-years-virus-expert-debilitating-after-effects-covid/>

*“Leading public health researcher ‘came out’ as coronavirus sufferer to highlight how the disease affects individuals.” **Peter Piot** “has said survivors will be living with the effects of Covid-19 for “years to come” after he was struck down by a severe infection, and **called for added support for those who have recovered from the disease.** ... He added that **more support needs to be in place for coronavirus survivors as the after-effects of the disease could last for years.** “*

*“The medical profession is accumulating experience but it’s clearly an area that is under researched. ... **“This is a neglected area of research. Most of the therapeutic research is on acute prevention and preventing people from dying - this is of course important but we need to understand better these long-term effects,” he said.** ...”*

BMJ blog - Nisreen A Alwan: What exactly is mild covid-19?

[BMJ Blog](#)

Spot on, this blog. *“...As a public health doctor and epidemiologist, I strongly think we must now clearly define and “measure “recovery” from covid-19. This way we can quantify non-death health outcomes and monitor long-term implications of the virus. The definition needs to be more sophisticated than just hospital discharge or testing negative for the virus. It must take into account symptom duration, fluctuation, overall functionality and quality of life in comparison to before infection. If we do not have enough information to define “mild” at this stage, then let us not use the term loosely, otherwise it is detrimental to pandemic control. I am advocating for precise case definitions for covid-19 morbidity that reflect the degree of severity of infection and allow us to measure moderate and long term health and wellbeing outcomes....”*

ASTMH (Editorial) - Mobile Health Technology for Enhancing the COVID-19 Response in Africa: A Potential Game Changer?

J Nachege et al ; <http://www.ajtmh.org/content/journals/10.4269/ajtmh.20-0506>

Could very well be the case.

See also a **WB blog** - [After coronavirus, telemedicine is here to stay.](#)

BMJ Editorial - Behavioural, environmental, social, and systems interventions against covid-19

S Michie et al ; <https://www.bmj.com/content/370/bmj.m2982>

“These critical interventions should be **top not bottom of the covid-19 research agenda.**”

IHP - The Danger of Othering During Pandemics: Learning from the example of Singapore.

Sanam Monteiro et al ; <https://www.internationalhealthpolicies.org/blogs/the-danger-of-othering-during-pandemics-learning-from-the-example-of-singapore/>

“**Othering**” during pandemics is, sadly, a global phenomenon, Sanam Monteiro and Renugaa R argue; here they focus more in particular on Singapore.

CGD (blog) – Seeing the Wood for the Trees: What Does the “Science Say” on COVID-19?

Yi Ling-Chi et al ; <https://www.cgdev.org/blog/seeing-wood-trees-what-does-science-say-covid-19>

“As policymakers around the world battle COVID-19, practical investments are urgently needed to ensure that decision-makers consult the best and most relevant evidence on COVID-19 before making a decision—a process known as “evidence-informed decision-making.”” With some suggestions.

Christian Aid (report) - Building back with justice - Dismantling inequalities after Covid-19

https://www.christianaid.org.uk/sites/default/files/2020-07/building-back-justice-covid19-report-Jul2020_0.pdf

See also this week’s intro. 67 p.

“... The pandemic, its impact on societies and the way that governments have responded, reflect deep failures in how our world is ordered. Before Covid-19 spread, that world was characterised by overconsumption, mass deprivation and environmental destruction. It was neither sustainable nor justifiable. As governments look to control the pandemic and lay the foundations for recovery, we have the opportunity to chart a path to a world that is more equal, just and green, and promotes human flourishing. In the coming months, choices taken by governments around the world will decide whether that path is taken. This report sets out what that agenda looks like, and argues for why it is the right thing to do.”

Global Integrity (blog) - Announcing our COVID-19, Fiscal Governance & Anti-Corruption Database

<https://www.globalintegrity.org/2020/07/23/covidgovdb/>

*“At **Global Integrity**, our response to COVID-19 began with listening to our partners. Based on their needs, we began developing tools and initiatives that would add value to their work. This has included helping to facilitate dialogue amongst a number of African organizations through the Account4COVID initiative and promoting collaboration amongst global partners at the Open Gov Hub. To support this work we have **curated 300+ resources on COVID-19, fiscal governance, and anti-corruption**. In doing this, we have built on the work of other organizations such as Center for International Private Enterprise (CIPE), Transparency and Accountability Initiative (TAI), Open Contracting Partnership (OCP), International Budget Partnership (IBP), The Global Anticorruption Blog, and the COVID-19 Conflict and Governance Evidence Summaries which is produced by the Institute for Development Studies and builds on early work by Heather Marquette and colleagues. We are now happy to make the [Global Integrity COVID-19, Fiscal Governance & Anti-Corruption Database](https://www.globalintegrity.org/2020/07/23/covidgovdb/) open to all...”*

Covid-19 impact on other global health causes & programmes

Lancet Comment - Child malnutrition and COVID-19: the time to act is now

H Fore, dr. Tedros et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31648-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31648-2/fulltext)

Comment by 4 UN organization leaders, related to a new study in the Lancet.

COVID-19 is increasing the risk of all forms of malnutrition—child wasting, stunting, micronutrient malnutrition, and maternal malnutrition.

The 4 leaders argue for **5 actions** to be taken asap.

Excerpts:

*“... Malnutrition could exacerbate the effects of COVID-19 in mothers and children. At the same time, more children are becoming malnourished due to the deteriorating quality of their diets, interruptions in nutrition and other essential services, and the socioeconomic shocks created by the pandemic in LMICs. **New estimates by Derek Headey and colleagues in an accompanying Comment in The Lancet suggest that without timely action, the global prevalence of child wasting could rise by a shocking 14.3%.** With an estimated 47 million children younger than 5 years affected by wasting globally before the COVID-19 pandemic, **this would translate to an estimated additional 6.7 million children with wasting during the first 12 months of the pandemic—80% of them in sub-Saharan Africa and south Asia—and more than 10 000 additional child deaths per month during this same period.** The estimated increase in child wasting is only the tip of the iceberg. The COVID-19 pandemic is also expected to increase other forms of child malnutrition, including stunting, micronutrient deficiencies, and overweight. ...”*

“As leaders of four UN agencies, we are issuing a call for action to protect children's right to nutrition in the face of the COVID-19 pandemic. “

Coverage for example in the Telegraph [Pandemic fallout will leave 6.7m children dangerously undernourished, Unicef warns.](#)

Lancet Infectious Diseases (Newsdesk) – The indirect impact of COVID-19 on women

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30568-5/fulltext#.XyK4lguiwaA.twitter](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30568-5/fulltext#.XyK4lguiwaA.twitter)

“Lockdown measures and school closures affect girls and women differently across the world and may have long-term negative consequences. Talha Burki reports.”

“...An estimated 740 million women are employed in the informal economy. In developing nations, such work constitutes more than two-thirds of female employment. But as countries all over the world locked down, these jobs quickly disappeared. That can have catastrophic consequences. ... Then there are issues associated with the response to the pandemic. Some 243 million women are thought to have experienced sexual or physical abuse at the hands of an intimate partner at some point over the last 12 months. Many of these women have been trapped with their abuser.... .. In March, UNESCO estimated that the pandemic was preventing 1.52 billion children from attending school. Some of them will never return. Out of education, girls face a heightened risk of female genital mutilation and early marriage...”

And a link:

Guardian - [Measles vaccination disruptions due to Covid-19 put 80 million children at risk](#)

Covidization of research

Nature Medicine - Covidization of research: what are the risks?

<https://www.nature.com/articles/s41591-020-1015-0>

Once again, a must-read by **Madhukar Pai**.

“Every crisis is a strong call to mobilize the entire research community to respond. The COVID-19 pandemic is no exception. Researchers, universities, funders, philanthropies, journals, and journalists have all pivoted, en masse, to COVID-19. Everyone is ‘Covidized’, and it should worry us.”

AMR

Cidrap News - Global use of broad-spectrum antibiotics rising, data show

<https://www.cidrap.umn.edu/news-perspective/2020/07/global-use-broad-spectrum-antibiotics-rising-data-show>

*“Global consumption of antibiotics that have a greater potential for driving antibiotic resistance nearly doubled from 2000 to 2015, according to a new analysis in *The Lancet Infectious Diseases*. The study, led by researchers from the **Center for Disease Dynamics, Economics & Policy (CDDEP)**, looked at global antibiotic consumption patterns using antibiotic sales data and the World Health Organization's (WHO's) Access, Watch, and Reserve (AWaRe) antibiotic classification framework, introduced in 2017 to provide an indirect indication of the appropriateness of antibiotic use at national and global levels. **The researchers found that consumption of Watch antibiotics—which are broader spectrum drugs that are not recommended for routine use because of their higher potential for resistance—rose by 90.9%. In low- and middle-income countries (LMICs), use of Watch antibiotics rose by 165%. The authors of the study say the findings, which are likely driven by a variety of factors, highlight the challenges of efforts to improve antibiotic prescribing and combat antibiotic resistance....”***

HPW – New “One Health Global Leaders Group” Seeks Candidates To Help Combat Antimicrobial Resistance

<https://healthpolicy-watch.news/76111-2/>

“The United Nations Interagency Coordination Group (IACG) is seeking candidates for a “One Health Global Leaders Group” that will be established to fight the growing threat of antimicrobial

resistance (AMR). Individuals from civil society and the private sector are invited to submit an application to serve in the Global Leaders Group by 31 August 2020. Former Ministers of Health or senior government officials with experience in battling AMR will be nominated and considered through a separate process. The One Health Leaders Group aims to advise global and national stakeholders to help control AMR, and advocate for more resources to be dedicated to controlling AMR. Membership will be 2-3 years long, with the possibility of a second 2-year term with agreement from the co-chairs and Secretariat....”

NCDs

O’Neill institute - UN Experts call for decisive measures to tackle NCDs: Front-of-package warning labelling

O Cabrera et al ; <https://oneill.law.georgetown.edu/un-experts-call-for-decisive-measures-to-tackle-ncds-front-of-package-warning-labelling/>

“Without clear efforts to promote action on the prevention of unhealthy diets, the rise of [noncommunicable diseases] will remain on the margins of global health action. States cannot remain passive in the face of NCDs. They should adopt an integral approach to reduce the consumption of unhealthy food products through the use of a broader set of laws and regulations”, said the UN Special Rapporteur on the right to the highest attainable standard of physical and mental health, Dr. Dainius Pūras, in a [statement](#) released yesterday. The [statement](#) sends a powerful message about the adoption of front-of-package warning labelling regulations for unhealthy foods and beverages as a key measure in tackling the global burden of noncommunicable diseases (NCDs). Both the newly-appointed UN Special Rapporteur on the right to food, Michael Fakhri, and the UN Working Group on the issue of human rights and transnational corporations and other business enterprises have also endorsed the statement....”

Movendi (blog) - Where Next for the Global Governance of Alcohol and Public Health?

C Slattery et al; <https://movendi.ngo/blog/2020/07/27/where-next-for-the-global-governance-of-alcohol-and-public-health/>

*Analysis. “One of the most significant developments for alcohol control in a decade came this past February, when the World Health Organization (WHO) Executive Board decided to **develop a 2022-2030 action plan to implement its 2010 Global Alcohol Strategy on the Harmful Use of Alcohol (Global Alcohol Strategy)**. The executive board’s first decision on alcohol control since 2010 also requested the development of a technical report on cross-border alcohol marketing and adequate resourcing for WHO’s alcohol control work. ..”*

Lancet Commission –Dementia prevention, intervention, and care: 2020 report of the *Lancet* Commission

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30367-6/fulltext)

*“Overall, a growing body of evidence supports the **nine potentially modifiable risk factors for dementia modelled** by the 2017 Lancet Commission on dementia prevention, intervention, and care: less education, hypertension, hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, and low social contact. **We now add three more risk factors for dementia** with newer, convincing evidence. These factors are **excessive alcohol consumption, traumatic brain injury, and air pollution**. We have completed new reviews and meta-analyses and incorporated these into an updated 12 risk factor life-course model of dementia prevention. **Together the 12 modifiable risk factors account for around 40% of worldwide dementias**, which consequently could theoretically be prevented or delayed. **The potential for prevention is high and might be higher in low-income and middle-income countries (LMIC) where more dementias occur.**”*

Via the Lancet press release:

“40% of dementia cases could be prevented or delayed by targeting 12 risk factors throughout life”.

- *Experts add excessive alcohol intake and head injury in mid-life, and exposure to air pollution in later life to list of key modifiable risk factors for dementia – **expanding number of preventable causes from 9 to 12 factors** that span from childhood to later life*
- *Report also highlights **9 recommendations for policymakers and individuals to help reduce risk**, including providing primary and secondary education for all children, decreasing harmful alcohol drinking, preventing head injury, using hearing aids, protecting ears from high noise levels, and urgently improving air quality*
- ***The potential to prevent cases of dementia is high, and the biggest impact is likely to be seen in low- and middle-income countries where two-thirds of cases occur***

*Modifying 12 risk factors over the lifecourse could delay or prevent 40% of dementia cases, according to an **update to The Lancet Commission on dementia prevention, intervention, and care, which is being presented at the Alzheimer’s Association International Conference (AAIC 2020)**.*

*Combined, the **three new risk factors are associated with 6% of all dementia cases** – with an estimated 3% of cases attributable to head injuries in mid-life, 1% of cases to excessive alcohol consumption (of more than 21 units per week) in mid-life, and 2% to exposure to air pollution in later life. ...” “The remaining risk factors are associated with 34% of all dementia cases...”*

Coverage in the Guardian - [Lifestyle changes could delay or prevent 40% of dementia cases - study](#).

Decolonize Global Health

Devex - Fight 'shadow pandemic' by overhauling funding strategy, women leaders say

<https://www.devex.com/news/fight-shadow-pandemic-by-overhauling-funding-strategy-women-leaders-say-97789>

“COVID-19 is weakening social, educational, and health services access for women and girls. But the crisis also provides an opportunity to dismantle traditional development funding structures, and create a more equitable system that reaches more women, especially women of color, according to female development leaders. Prioritizing longer-term and core funding, connecting directly with grassroots organizations, and learning from the work of feminist development organizations could all help women of color in development have more impact, Latanya Mapp Frett, president and CEO at the Global Fund for Women, explained to Devex...”

Geneva Health Files exists 3 months

<https://genevahealthfiles.wordpress.com/2020/07/27/the-three-month-mark-geneva-health-files/>

Investigative health journalist, Priti Patnaik, 's brainchild. Check out coverage so far.

“In the three months since its inception, Geneva Health Files has published more than a dozen, in-depth, comprehensive, analytical stories on global health matters as they took shape in Geneva. The city is the epicenter of pandemic-related international health policy-making and this publication is keeping a close watch on how these decisions are being made...”

Access to medicines

HPW - Italy Publishes National Regulation Requiring Pharma Disclosure Of Public Support For R&D On New Drugs

<https://healthpolicy-watch.news/76047-2/>

“Italy has become the first nation to require pharmaceutical companies to disclose secret data about any public subsidies it may have received for the development of a new drug, during negotiations over drug pricing and reimbursement with national regulatory authorities, according to a decree [published](#) Friday in the nation’s official gazette. The decree, following on from last year’s milestone World Health Assembly [resolution](#) on transparency of markets for health products, represents a “very important” step towards enabling government authorities to negotiate more effectively with the private sector over new drug prices, Luca Li Bassi, former Director-General of the Italian Medicines Agency (AIFA), told Health Policy Watch...”

HPW - Pharma Reaps Billions Off Orphan Drug Designations, Says New Report By Dutch NGO

<https://healthpolicy-watch.news/76078-2/>

*“Big pharma has reaped billions in profit off the back of European orphan drug regulations that are supposed to incentivize R&D for rare diseases, according to an analysis of 120 orphan medicines registered in the EU over the past two decades. Instead of incentivizing R&D for rare maladies, the EU’s orphan drug legislation has turned into a “corporate cash machine” that has enabled market exclusivities to extend well beyond the ten years set by the EU’s regulations, preventing generic competitors to enter the market, said The Investigative Desk, a Dutch non-profit for investigative journalism that undertook the research. The findings were **published** in the **British Medical Journal (BMJ)** and the **Dutch Journal of Medicine (NTvG)** on Wednesday. ...”*

WHO, WIPO, WTO launch updated study on access to medical technologies and innovation

<https://www.who.int/news-room/detail/29-07-2020-who-wipo-wto-launch-updated-study-on-access-to-medical-technologies-and-innovation>

“On 29 July, the Directors-General of the World Health Organization (WHO), the World Intellectual Property Organization (WIPO) and the WTO presented a new edition of the Trilateral Study on Access to Medical Technologies and Innovation. Building on the first edition launched in 2013, the publication seeks to strengthen the understanding of the interplay between the distinct policy domains of health, trade and intellectual property (IP), and how they affect innovation and access to medical technologies, such as medicines, vaccines and medical devices. The second edition provides an improved, evidence-based foundation for policy debate and informed decision-making at a critical time for global health....”

World Breastfeeding Week

WHO – Joint message: UNICEF Executive Director Henrietta H. Fore and WHO Director-General Tedros Adhanom Ghebreyesus

<https://www.who.int/news-room/detail/31-07-2020-world-breastfeeding-week-2020-message>

“The theme of World Breastfeeding Week 2020 is “Support breastfeeding for a healthier planet”. In line with this theme, WHO and UNICEF are calling on governments to protect and promote women’s access to skilled breastfeeding counselling, a critical component of breastfeeding support.”

'Maternity' Survey of maternal/newborn health professionals: looking for respondents for Round 2

Findings of the first round were published a while ago, see [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](#)

Via the organizer of this survey, Lenka Benova:

"We have emailed all the respondents from Round 1 to take part again, and of course welcome any "new" respondents. I hope you might be able to distribute the link and the invitation to your colleagues, member organisations and other networks. The survey is available in 11 languages, and available here: <https://bit.ly/2NYGx2a>. I have posted about it on my twitter account (@lenkabenova) as well, if you are able to amplify. We are currently working on country summaries - we have posted Nigeria and Tanzania on our study page, with several more to come shortly. <https://www.itq.be/E/matco-global-study-of-maternal-health-provision-during-the-covid-19-pandemic>."

UHC

WB (blog) - Ethics Play Key Role in Universal Health Care Push

M Pate et al; <https://blogs.worldbank.org/health/ethics-play-key-role-universal-health-care-push>

Cfr a tweet: *"Launch of the @WorldBank & @IFC Ethical Principles in Health Care—or #EPIHC. We urge private #healthcare providers to publicly adopt these 10 principles to uphold patients' rights, safeguard information, and empower staff."*

Lead poisoning

UN News - Revealed: A third of world's children poisoned by lead, UNICEF analysis finds

<https://news.un.org/en/story/2020/07/1069251>

"Lead poisoning is affecting children on a "massive and previously unknown scale", according to a ground-breaking new study launched on Thursday by the United Nations Children's Fund (UNICEF) and international non-profit organization focused on pollution issues, Pure Earth. The report, the first of its kind, says that around 1 in 3 children - up to 800 million globally - have blood lead levels at, or above, 5 micrograms per decilitre (µg/dL), the amount at which action is required. Nearly half of these children live in South Asia...."

See also the Guardian - [One in three children have dangerous levels of lead in their blood](#).

ODA

OECD – Donors agree on aid treatment of debt relief

<https://www.oecd.org/newsroom/donors-agree-on-aid-treatment-of-debt-relief.htm>

*“Members of the OECD Development Assistance Committee (DAC), comprised of 29 donor countries and the EU, have agreed on a method for reporting debt relief as official development assistance (ODA). The agreement follows calls by developing countries and civil society for expanded international debt relief efforts. Creditors within the Paris Club, a forum of official creditors for negotiating debt restructuring, had asked as well for the system to encourage the forgiveness and rescheduling of debt. **The new agreement paves the way for more resolute action to relieve developing countries of the burden of debt as they struggle with the economic and social consequences of the COVID-19 pandemic.** Under the new terms, donors are allowed to count the rescheduled or forgiven amounts as ODA, with the amount reported capped to the nominal value of the original loan: this means that the value of a dollar of a loan and its subsequent debt treatment in OECD ODA statistics would never be equal to or more than the value of a dollar that had been granted (given rather than lent). This aims to encourage donors to reschedule or cancel poor countries’ debt when they are not able to repay, while applying strict conditions of fairness and transparency in terms of reporting. **“To achieve the Sustainable Development Goals, we need a mixture of financing: grants, concessional and non-concessional loans, more private investment, more effective domestic resource mobilisation, as well as debt relief”, said DAC Chair Susanna Moorehead. “During the current crisis, poor countries are asking for debt relief. This collective decision by the DAC will generate much-needed support and development impact, and help ensure that ODA goes where partner countries need it most”...**”*

Ahum.

SDGs

New Internationalist – Could the SDGs deliver on their promises?

<https://newint.org/features/2020/06/11/debate-could-sdgs-deliver-their-promises-gary-rynhart-jan-vandemoortele>

*“We are a third of the way towards 2030, the target date for the UN Sustainable Development Goals (SDGs). **Gary Rynhart (YES)** and **Jan Vandemoortele (NO)** differ over how likely the Goals are to be achieved.”*

Some papers and reports of the week

New Textbook - Foundations of Global Health & Human Rights

Edited by Lawrence O. Gostin and Benjamin Mason Meier;

<https://global.oup.com/academic/product/foundations-of-global-health-and-human-rights-9780197528303?lang=en&cc=us#>

With Foreword by Dr. Tedros.

“Brings together leading health and human rights scholars and practitioners from across disciplines and the globe; Explores how different political actors and organizations have developed and implemented human rights in health policy; Includes case studies complementing the theoretical analysis of the chapters by highlighting the practical application of human rights in global health.”

SS&M - Social Capital and Health: What Have We Learned in the last 20 Years And Where Do We Go From Here?

Edited by Spencer Moore et al; <https://www.sciencedirect.com/journal/social-science-and-medicine/vol/257/suppl/C>

Special issue. Gated, though. “This Special Issue on “Social Capital and Health” provides an opportunity to reflect on what we have learned over the last two decades of social capital and health research and consider the directions that the next decade of research might take....”

*“In becoming what has been termed one of the most popular social science imports into public health (Kawachi et al., 1997), social capital has evolved in many important directions within health research over the past two decades. While certainly not exhaustive of these directions, **the papers in this Special Issue capture many of these key domains in the evolution of social capital in public and population health—including conceptualization (e.g., cohesion vs. networks; level of analysis), measurement, basic and applied research, and practice....**”*

Globalization & Health - The International Health Regulations (2005), the threat of populism and the COVID-19 pandemic

K Wilson, L Gostin et al ;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00600-4>

*“The global response to the COVID-19 pandemic has laid bare weaknesses and major challenges in the international approach to managing public health emergencies. Populist sentiment is spreading globally as democratic nations are increasing their support for or electing governments that are perceived to represent “traditional” native interests. **Measures need to be taken to proactively address populist sentiment when reviewing the IHR (2005) effectiveness in the COVID-19 pandemic.** We discuss how populism can impact the IHR (2005) and conversely **how the IHR (2005) may be able to address populist concerns** if the global community commits to helping states address public health threats that emerge within their borders.”*

IJHPM - Right Wing Politics and Public Policy: The Need for a Broad Frame and Further Research

R Labonté & F Baum ;

https://www.ijhpm.com/article_3867_8d69ed606b8d967bae48b2917f68495f.pdf

“Our paper responds to a narrative review on the influence of populist radical right parties (PRRPs) on welfare policy and its implications for population health in Europe. Five aspects of their review are striking: (i) welfare chauvinism is higher in tax-funded healthcare systems; (ii) PRRPs in coalition with liberal or social democratic parties are able to shift welfare reform in a more chauvinistic direction; (iii) coalitions involving PRRPs can buffer somewhat the drift to welfare chauvinism, but not by much; (iv) the European Union (EU) and its healthcare policies has served somewhat as a check on PRRPs’ direct influence on healthcare welfare chauvinism; (v) PRRPs perform a balancing act between supporting their base and protecting elected power. We note that PRRPs are not confined to Europe and examine the example of Trump’s USA, arguing that the Republican Party he dominates now comes close to the authors’ definition of a PRRP. We applaud the authors’ scoping review for adding to the literature on political determinants of health but note the narrow frame on welfare policy could be usefully expanded to other areas of public policy. We examine three of such areas: the extent to which policy protects those who are different from mainstream society in terms of race, ethnicity, gender or sexuality; the debate between free trade and protectionism; and the rejection of climate change science by many PRRPs. Our analysis concludes that PRRPs promote agendas which are antithetical to eco-socially just population health, and conclude for a call for more research on the political determinants of health.”

Global Policy - Dignity, Inequality, and the Populist Backlash: Lessons from America and Europe for a Sustainable Globalization

R Abdelal; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12852>

“The greatest challenge to the sustainability of our current era of globalization comes from within the United States. Most Americans have come to reject globalization. We must discern the lessons from the parts of the developed world where the backlash is also profound – France, for example – and where it has been more muted – such as Germany. In both the United States and France, gross Gini coefficients have increased sharply during the past thirty or so years. The French state has, however, delivered a net, after-tax, after-transfer distribution of income that is more equal than it was thirty years ago. And yet: France is still in the midst of an anti-systemic populist revolt. There is only one inescapable conclusion: it is not just about the money. Those who feel left behind in both countries feel that they have lost respect and dignity. We cannot redistribute our way out of the crisis of global capitalism. The German experience holds lessons. We must value and valorize the many ways in which people contribute. We must also pursue policies that create patterns of employment that confer dignity, meaning, and purpose. I argue for dignity as a tool of policy, beyond its normative desirability as a goal.”

BMJ GH - Europe should lead in coordinated procurement of quality-assured medicines for programmes in low-income and middle-income countries

C Perrin, R Ravinetto et al ; <https://gh.bmj.com/content/5/7/e003283>

*“Thoughtful procurement policies in humanitarian and development medical programmes can mitigate the risk of purchasing poor-quality medicines, allowing to address fundamental moral obligation to equity, transparency and accountability. European donors are aware of the quality problems in the global pharmaceutical market, and some are already translating awareness into explicit procurement and quality assurance policies. However, a joint position and coordinated action is lacking. **European donors should share existing knowledge and tools, seek the input of recipient countries, and develop a joint position on how the donor community can help to ensure access to affordable and quality-assured health products**—also during public health emergencies such as the COVID-19 pandemic. Applying stringent and harmonised quality assurance requirements, **European donors and their implementing organisations can help shaping the global pharmaceutical market towards affordable, quality assured products.**”*

International Studies Quarterly - From Threat to Risk? Exceptionalism and Logics of Health Security

Jessica Kirk; <https://academic.oup.com/isq/article-abstract/64/2/266/5815429?redirectedFrom=fulltext>

Already published online in April. *“The logic of “risk” is increasingly important in the study of global health politics. One recent contribution has even argued that risk is beginning to replace security as the defining logic of health governance and policy. Others dispute this on the basis that risk and security have always operated together in the “securitization” of disease. **This article constitutes a theoretical intervention into this burgeoning debate. Does a stronger appreciation of risk warrant the diminishment of security? Are we looking at the “riskification” of health rather than “securitization”?** Or would this miss the way these two logics might be complimentary or intertwined in ways that we are yet to theorize? I argue that the global health and securitization literatures are better served by an explicit consideration of risk and security logics in interplay, or never entirely encompassed by the other, nor in complete alignment, yet never truly separate. To do this, I propose a reconceptualization of the central problem—exceptionalism—that allows for risk to be understood as a form of exceptionalist politics. I demonstrate the validity of this approach through an otherwise “easy case” of securitization: the US response to the 2014–2016 Ebola outbreak in West Africa.”*

Global Challenges - Dimensions of Health Security—A Conceptual Analysis

P Stoeva; <https://onlinelibrary.wiley.com/doi/10.1002/gch2.201700003>

*“...There is no consensus among analysts about the specific parameters of health security. This inhibits comparative evaluation and critique, and affects the consistency of advice for policymakers. **This article aims to contribute to debates about the meaning and scope of health security by applying Baldwin’s (1997) framework for conceptualizing security with a view to propose an alternative framing.** Asking Baldwin’s concept-defining questions of the health security literature highlights how **implicit and explicit assumptions currently place health security squarely within a narrow traditionalist analytical framework.** Such framing of health security is inaccurate and constraining, as demonstrated by practice and empirical observations. **Alternative approaches to security propose that security politics can also be multiactor, cooperative, and ethical, while being conscious of postcolonial and feminist critique in search of sustainable solutions to existential threats to individuals and communities. A broader conceptualization of health security can***

transform the politics of health security, improving health outcomes beyond acute crises and contribute to broader security studies' debates."

Globalization & Health - Incorporating operational research in programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria in four sub-Saharan African countries

S Camacho, K Wyss et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00599-8>

"The current study builds upon a previous situation analysis of the extent to which grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) are being utilized to support operational research and implementation research (OR/IR) activities in recipient countries. The objective of this follow-up study was to identify approaches and pathways to implement an OR component into grants to the Global Fund, in four sub-Saharan African countries. Special focus was given to the Structured Operational Research and Training Initiative (SORT IT)...."

Global Health Science & Practice - Institutionalization of Projects Into Districts in Low- and Middle-Income Countries Needs Stewardship, Autonomy, and Resources

Peter Waiswa; <https://www.ghspjournal.org/content/8/2/144>

"There are too many projects in developing countries; ill health continues because most projects fail to be institutionalized. Although a district-led integrated community case management project in Uganda had donor support, sufficient implementation led by a nongovernmental organization, and adequate human resources, it had no national or district budget for commodities and lacked supervision and monitoring. All these are characteristics of a failed design for institutionalization. Institutionalization requires optimal design with stewardship, autonomy, capacity, affordability, minimal complexity, and a system for accountability."

Global Policy - A Proposal for a New Universal Development Commitment

Andy Sumner, J Glennie et al ; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12844>

"Most developed countries have accepted, in principle at least, the 50-year-old commitment of contributing 0.7 per cent of gross national income to supporting the development of developing countries. But what if all countries made a universal development commitment, meaning a scaled contribution? We propose a new universal and scaled financial commitment to development, informed by but not necessarily identical to official development assistance. This paper: (1) sets out how a new era is emerging of higher global ambitions – for example, to end poverty; (2) proposes a new way to raise and govern international public funds; and (3) discusses the possible size and use of contributions, and the evolution in global governance and democracy that a new deal would entail. We conclude with a set of questions that the proposal raises."

Globalization & Health - Challenges and Opportunities in China's Health Aid to Africa: Findings from Qualitative Interviews in Tanzania and Malawi

G Daly et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00577-0>

*"... While conflicting opinions have been raised regarding the motivation and value of these investments, few data have been solicited from those directly involved in China-Africa health aid. **We conducted a qualitative study to collect information on perceptions and opinions regarding Chinese-supported health related activities in Africa through in-depth interviews among local African and Chinese participants in Malawi and Tanzania.**"*

Some of the **Results & interpretation:** *" Our findings reveal shared experiences and views related to challenges in communication; cultural perspectives and historical context; divergence between political and business agendas; organization of aid implementation; management and leadership; and sustainability. **Participants were broadly supportive and highly valued Chinese health aid. However, they also shared common insights that relate to challenging coordination between China and recipient countries; impediments to communication between health teams; and limited understanding of priorities and expectations.** Further, they share perspectives about the **need for shaping the assistance based on needs assessments as well as the importance of rigorous reporting, and monitoring and evaluation systems.** ... **Our findings suggest that China faces similar challenges to those experienced by other longstanding development aid and global health donors.** As it continues to expand cooperation across Africa and other regions, it will be important for China to consider the issues identified through our study to help inform collaborative and effective global health assistance programs.*

Some other news updates & blogs of the week

WB - Trade Pact Could Boost Africa's Income by \$450 Billion, Study Finds

https://www.worldbank.org/en/news/press-release/2020/07/27/african-continental-free-trade-area?cid=afrr_tt_wbafrica_en_ext

*"The African Continental Free Trade Area (AfCFTA) represents a major opportunity for countries to boost growth, reduce poverty, and broaden economic inclusion, **a new World Bank report has found.** If implemented fully, **the trade pact could boost regional income by 7% or \$450 billion, speed up wage growth for women, and lift 30 million people out of extreme poverty by 2035.** The report suggests that achieving these gains will be particularly important given the **economic damage caused by the COVID-19 (coronavirus) pandemic, which is expected to cause up to \$79 billion in output losses in Africa in 2020.** The pandemic has already caused major disruptions to trade across the continent, including in critical goods such as medical supplies and food..."*

See also **UN News** - [Trade pact could boost Africa's income by as much as \\$450 billion: World Bank](#)

*"... **" By making African countries more competitive and lifting some 68 million people out of moderate poverty, the Free Trade Area, or AfCFTA for short, has the potential to increase employment opportunities and incomes",** said the bank's Chief Economist for Africa, Albert Zeufack.*

The pact was brokered by the African Union, and entered into force at the end of May last year for the 24 countries that had deposited their instruments of ratification. However, according to news reports, it is unlikely to be implemented for several months, due to the disruptions caused by the coronavirus. The initial deadline to begin trading, had been 1 July this year. ... “

Global Policy Watch/Social Watch – Heard at the 2020 UN High-level political forum

Barbara Adams et al ; <http://www.socialwatch.org/node/18522>

Great overview of key themes & quotes at the latest HLPF. Key themes of **building back better, leave no one behind, COVID-19, inequalities, data and accountability**. Among others also: ‘social protection to the fore’.

And a quote: *“Rich countries and corporations are pushing everyone else behind...’leave no one behind’ is SDG-washing. --Winnie Byanyima, UNAIDS.”*

WEF - Bill Gates: How HIV/AIDS prepared us to tackle COVID-19

<https://www.weforum.org/agenda/2020/07/bill-gates-hiv-aids-covid19/>

See also this week’s intro. On **Gates’ discourse at the latest AIDS conference**. *“Billionaire philanthropist Bill Gates says he is optimistic about beating coronavirus. He told a global AIDS conference that HIV/AIDS had shown how drugs could be made available fairly [Gates referred to the Global Fund, here] He’s warning against poorer countries missing out if drug companies put profits first. “*

Gavi helps immunise 65 million children in 2019, though COVID-19 puts progress under pressure

<https://www.gavi.org/news/media-room/gavi-helps-immunise-65-million-children-2019-though-covid-19-puts-progress-under>

“New analysis of WHO/UNICEF data by Gavi, the Vaccine Alliance, shows the gap in vaccine coverage between Gavi-supported lower-income countries and wealthier countries has shrunk to record lows. Coverage for newer vaccines, such as those that tackle pneumonia and diarrhoea, now higher in Gavi-supported countries than the global average. COVID-19 pandemic makes the task of reaching those children still missing out on vaccines even more urgent.”

“Lower-income nations are catching up with wealthier countries in basic vaccine coverage, according to a new Gavi analysis of the [WHO/UNICEF Estimates of National Immunization Coverage \(WUENIC\)...](#)”

WEF - This is how the world can get routine vaccinations back on track

<https://www.weforum.org/agenda/2020/07/immunization-disruption-covid-19/>

“Around the world, 80 million children under the age of one could go unvaccinated because of coronavirus-related disruption to medical outreach projects. In a report called [Immunization Coverage: Are We Losing Ground?](#), UNICEF details how diseases such as diphtheria, measles, and polio pose a real and present danger to millions of the world’s most vulnerable. Getting routine vaccination programmes back on track rapidly could mean the difference between life and death for millions of children.

*“Based on data from the WHO, UNICEF, Gavi, and the Sabin Vaccine Institute, **the report also outlines how disrupted immunization programmes have been strengthened in the past. ...”***

Read for example what **Liberia** did in 2014.

Katri Bertram (blog) - Thought leadership suffers from insider-outsider divide in global health

<https://katribertram.wordpress.com/2020/07/25/thought-leadership-suffers-from-insider-outsider-divide-in-global-health/>

Must-read. Bertram assesses the **differences between ‘insiders’ and ‘outsiders’ in global health**, having been part of both sides in her career so far.

PS: Katri Bertram also just launched a new initiative, [Partners for Impact \(PFI\)](#).

The initiative brings together best practices and key findings from research to support development organisations that are interested in improving their work on partnerships – and ultimately their impact. Read why she launched the initiative, in the [launch blog](#).

O’Neill Institute - A post-Covid-19 global health infrastructure, part II: Health Equity Programs of Action

Eric Friedman; <https://oneill.law.georgetown.edu/a-post-covid-19-global-health-infrastructure-part-ii-health-equity-programs-of-action/>

*“The world needs a dramatically improved global health architecture – and no doubt, from changes at WHO to possibly new or reshaped institutions, we will see post-COVID-19 reforms. What we need is a **new global health architecture based in the right to health**. My colleague Professor Larry Gostin and I have proposed **three core aspects of that architecture: the Framework Convention on Global Health (FCGH), a Right to Health Capacity Fund, and health equity programs of action....”** Here, Friedman focuses on the latter.*

Global Policy – When Women take their Place as Leaders, Economies and Societies Thrive

<https://www.globalpolicyjournal.com/blog/29/07/2020/when-women-take-their-place-leaders-economies-and-societies-thrive>

“Rosie Campbell and Shannon O’Connell introduce a new research report on the benefits of women political leaders.”

Tweets of the week

Bue Rübner

“In a world ecological perspective all capitalist states are failed states.”

Kai Kupferschmidt

“@WHO has created "Technical Advisory Group on Behavioural Insights and Sciences for Health": 22 outside experts, chaired by @CassSunstein.”

“New group incl. experts in psychology, neuroscience, behavioural economics, anthropology and more, says @drtedros. It will "advise @WHO on how to increase and improve the use of behavioral and social sciences in a range of health areas, including #covid19.”

Global governance of health

Reuters - Exclusive: WTO unlikely to get interim leader as U.S. insists on its candidate, causes impasse

<https://uk.reuters.com/article/us-trade-wto-usa-exclusive/exclusive-wto-unlikely-to-get-interim-leader-as-u-s-insists-on-its-candidate-causes-impasse-idUKKCN24U2P2>

*“The World Trade Organization will likely not appoint an interim chief to succeed outgoing Director-General Roberto Azevedo in late August, three sources following the process said on Wednesday, after Washington’s insistence on a U.S. candidate caused a deadlock. Keen to avoid a leadership void, WTO members were due to select an acting chief from among Azevedo’s deputies to take over from the Brazilian while they consider eight candidates vying to head the global trade watchdog, which is facing an acute crisis amid rising U.S.-China tensions and intense criticism from Washington. Azevedo resigned a year before the end of his term to allow his successor time to prepare for the next major ministerial conference in 2021. **Under the new proposal, four deputies - from the United States, China, Germany and Nigeria - would keep their current responsibilities, instead of one being named to act as interim chief until Azevedo’s replacement is chosen later this year. “The U.S. is insisting on an American, but China and Europe put the brakes on that,” said a former WTO official familiar with the current process....”***

Devex - Fact check: Has aid really gone down with the pandemic?

<https://www.devex.com/news/fact-check-has-aid-really-gone-down-with-the-pandemic-97765>

“Last week, an exclusive by Associated Press claimed that aid from top donors is dropping, “even as need soars.” ...”

This Factcheck argues, rightly, that the headline is rather misleading. Read why.

Mediapart -Recherche contre le Covid-19: la place de Bill Gates et des VIP interrogé

<https://www.mediapart.fr/journal/international/280720/recherche-contre-le-covid-19-la-place-de-bill-gates-et-des-vip-interroge?xtor=CS7-1047>

(gated) « Bill Gates est devenu un financeur incontournable des instances de décision des politiques mondiales de santé. Dans son sillage et dans un autre registre, des mégaconcerts caritatifs visent à récolter des fonds pour financer traitements et vaccins contre le Covid-19. Mais l'industrie pharmaceutique est la première bénéficiaire de ces actions solidaires. »

This piece argues that all the grand concerts for ‘vaccines for all’ that aim to raise funding, are actually quite beneficial for the pharmaceutical sector.

CGD (blog) Measuring Domestic Resource Mobilization–Thoughts on a New Study by NORAD

S Gupta et al ; <https://www.cgdev.org/blog/measuring-domestic-resource-mobilization%E2%80%93thoughts-new-study-norad>

*“While there is debate in the management literature about the primacy of **measurement** in effecting change, there is no doubt that it is a necessary component of bringing about lasting change.”*

*“... currently there are **six DRM assessment tools** that were introduced mostly in the past six years. ... Frode Lindseth of the Norwegian Tax Administration has just published [a valuable inventory of these tools and frameworks](#). The work was undertaken to support the Norwegian Agency for Development and Cooperation (NORAD) in its DRM technical assistance to developing countries. Lindseth looked at the comparative advantages of the various tools and frameworks and the complexity of choices that developing country officials and their supporting partners face in their use....”*

Devex - Did the UK's 0.7% aid spending commitment backfire?

<https://www.devex.com/news/did-the-uk-s-0-7-aid-spending-commitment-backfire-97745>

*(gated) “The U.K.'s commitment to spend 0.7% of gross national income on aid protected the budget during the austerity years — but **it also attracted criticism.**”*

LSE - COVID-19 gender study gets funding boost

<http://www.lse.ac.uk/News/Latest-news-from-LSE/2020/g-July-20/COVID19-gender-study-gets-funding-boost>

“LSE researchers looking at the real-time impact of COVID-19 on women’s health, social and economic welfare are part of a global team which has been awarded a \$1.6 million USD grant from the Bill & Melinda Gates Foundation. The team will provide rapid guidance and recommendations to policymakers, and others responsible for responding to the pandemic, by identifying how COVID-19 is affecting women and men differently and gaps in preparedness and response. Dr Clare Wenham, from the Department of Health Policy, and Professor Naila Kabeer, from the Department of International Development and Department of Gender Studies, are working on the project with academics from Bangladesh, Brazil, Canada, Democratic Republic of Congo, Hong Kong, Kenya, Nigeria and the USA....”

FT - Pandemic deepens divide over Cuba’s international medical squads

<https://www.ft.com/content/06069a38-7066-4cc0-bbe3-285a1dcaa465>

“Supporters want Nobel Prize for teams but US and rights groups accuse Havana of abuses.”

Excerpt: “...The controversy shows no sign of abating. Supporters of Cuba in the US, Latin America and Europe are campaigning for next year’s Nobel Peace Prize to be awarded to the medical brigades. Meanwhile in the US Congress, three Republican senators last month tabled the Cut Profits to the Cuban Regime Act, which would require the state department to publish a list of countries that contract with Havana for medical personnel and to consider that a factor in their ranking in the department’s annual Trafficking in Persons report. One senior western diplomat familiar with the Cuban medical programme described it as “a really challenging issue”....”

CGD (blog) - Time for a New—or Old—Development Finance Model

C Kenny et al ; <https://www.cgdev.org/blog/time-newor-olddevelopment-finance-model>

“We need to move forward—or backward—in what we expect development finance institutions (DFIs) to do in terms of financing private sector development in the world’s poorest countries.”

CGD (blog) The EU’s New Budget: Europe’s Recovery at The Expense of Its Long-Term Ambitions

A Käppelli et al ; <https://www.cgdev.org/blog/eus-new-budget-europes-recovery-expense-its-long-term-ambitions>

*« After a four day marathon run of negotiations, the 27 Heads of State of the EU reached an agreement on both the **Recovery Fund**—a large fund to support the post-COVID recovery across the EU—and its new long-term budget and priorities, **the Multiannual Financial Framework (MFF) 2021-2027**. While leaders across the EU are now hailing the deal as a “win” for their own voters and priorities, inevitably **the negotiations were fundamentally driven by domestic interests and priorities, and predictably, international development has suffered as a result of the cuts.** »*

CGD (blog) - Addressing Private Sector Debt through Sustainable Bond Guarantees

<https://www.cgdev.org/blog/addressing-private-sector-debt-through-sustainable-bond-guarantees>

*“The **latest G20 finance ministers meeting** concluded with no major progress on debt relief for the world’s poorest countries, and a few setbacks. To date, no country eligible for the G20’s Debt Service Suspension Initiative has requested a moratorium on their **private sector debt**. We are at an impasse.”*

UHC

WB (paper) - Should Hospitals Return User Fees to Treasury?

<https://openknowledge.worldbank.org/bitstream/handle/10986/34167/Should-Hospitals-Return-User-Fees-to-Treasury.pdf?sequence=4&isAllowed=y>

Flagged by Rob Yates’ special search engine on the WB & user fees. Do check a short Twitter conversation between Rob & Mara Pillinger:

Rob Yates: *“What is the @WorldBank thinking putting out a paper justifying health care user fees in the era of #COVID-19?”*

Mara Pillinger: *I think their message is “if you are going to charge user fees, at least leave the \$ in the hospitals”. (Like a harm reduction strategy for neoliberal health systems?) But yeah, the title, 1st sentence, & every pull-out quote should be “STOP CHARGING USER FEES (but if you do...)”*

“They explicitly say they’re not advocating for/against UFs. But yeah, agree that not explicitly advocating against UFs is the problem.”

PS: after this Twitter exchange, the paper then mysteriously disappeared from the repository.

IJHPM - Can Combining Performance-Based Financing With Equity Measures Result in Greater Equity in Utilization of Maternal Care Services? Evidence From Burkina Faso

T Mwase et al ; https://www.ijhpm.com/article_3873.html

The authors assessed the equity impact of PBF combined with equity measures on utilization of maternal health services in Burkina Faso.

Planetary health

Guardian - We are entering an era of pandemics – it will only end when we protect the rainforest

<https://www.theguardian.com/commentisfree/2020/jul/28/pandemic-era-rainforest-deforestation-exploitation-wildlife-disease>

By **Peter Daszak** (president **EcoHealth Alliance**). *“Reducing deforestation and the exploitation of wildlife are the first steps in breaking the chain of disease emergence.”*

Guardian - UN calls on youth activists to advise on climate crisis and Covid-19 recovery

<https://www.theguardian.com/science/2020/jul/28/un-calls-on-youth-activists-to-advise-on-climate-crisis-and-covid-19-recovery>

*“Youth climate activists are to advise the UN secretary general on the climate emergency as part of a new effort to bring young people into decision-making and planning on the crisis. Seven young people, aged between 18 and 28, will **take on roles to “provide perspectives, ideas and solutions”** to the secretary general, **António Guterres**, aimed at helping to scale up global climate action in the recovery from the coronavirus crisis and ahead of a crunch summit next year on the climate....”*

Guardian - Revealed: new evidence links Brazil meat giant JBS to Amazon deforestation

https://www.theguardian.com/environment/2020/jul/27/revealed-new-evidence-links-brazil-meat-giant-jbs-to-amazon-deforestation?CMP=share_btn_tw

“New evidence appears to connect JBS, the world’s biggest meat company, to cattle supplied from a farm in the Brazilian Amazon which is under sanction for illegal deforestation. This is the fifth time in a year that allegations have surfaced connecting the company to Amazon farmers linked with illegal deforestation....”

And a link:

Lancet Planetary Health - [COVID-19 and heatwaves: a double whammy for Indian cities.](#)

“The world urgently needs a planetary health perspective to properly address the challenge posed by COVID-19. The COVID-19 pandemic and extreme heat events are already coinciding, further threatening community health in many cities across the globe. The onset of the hot season presents individuals and local decision makers with new challenges on the optimal ways to stay safe from both heat stress and COVID-19....”

Infectious diseases & NTDs

DRC Ebola outbreak is 'escalating': WHO

[Outbreaknews Today](#);

*"The World Health Organization (WHO) says the Ebola Virus Disease (EVD) outbreak in Équateur Province, Democratic Republic of the Congo (DRC) is **escalating, with increasing new confirmed cases along with geographical spread to new health areas– 23 health areas in seven health zones are affected...**"*

Nature Communications - Long-lasting severe immune dysfunction in Ebola virus disease survivors

[Nature Communications](#);

*"Long-term follow up studies from Ebola virus disease (EVD) survivors (EBOV_S) are lacking. Here, we evaluate immune and gene expression profiles in 35 Guinean EBOV_S from the last West African outbreak, a median of 23 months (IQR [18–25]) after discharge from treatment center. Compared with healthy donors, EBOV_S exhibit increases of blood markers of inflammation, intestinal tissue damage, T cell and B cell activation and a depletion of circulating dendritic cells. All survivors have EBOV-specific IgG antibodies and robust and polyfunctional EBOV-specific memory T-cell responses. Deep sequencing of the genes expressed in blood reveals an enrichment in 'inflammation' and 'antiviral' pathways. Integrated analyses identify specific immune markers associated with the persistence of clinical symptoms. **This study identifies a set of biological and genetic markers that could be used to define a signature of "chronic Ebola virus disease (CEVD)".***

Lancet Infectious Diseases (Newsdesk) – New WHO road map for NTD recovery post COVID-19

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30566-1/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30566-1/fulltext)

*"The publication of a new WHO road map to reduce the burden of neglected tropical diseases **highlights the importance of strengthening health systems.** Tim Jesudason reports..."*

International Health – COVID-19 and neglected tropical diseases in Africa: impacts, interactions, consequences

<https://academic.oup.com/inthealth/article/doi/10.1093/inthealth/ihaa040/5877805?searchresult=1>

By **David Molyneux** et al. *"In this editorial, we discuss the potential impact of COVID-19 on neglected tropical disease (NTD) programmes as health services seek to function in the newly changed COVID-19 environment..."*

Nature News – Virologists divided over plans to change virus-naming rules during the pandemic

<https://www.nature.com/articles/d41586-020-02243-2>

“Researchers say now is bad time to introduce a system for naming viral species, when scientists are focused on the coronavirus outbreak.”

NCDs

BMC International Health & Human Rights (Debate) - International norm development and change: can international law play a meaningful role in curbing the lifestyle disease pandemic?

P Stoeva; <https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-020-00239-7>

“...Both analysts and international institutions are advocating the adoption of a new international legal norm to address the NCD crisis.”

*“Drawing on existing knowledge from international relations and international legal studies, **this article argues that a new international treaty is not only currently improbable, but also not strictly desirable. ...**” “In-depth critical analysis and reflection is needed regarding the strengths and weaknesses of a legal approach to addressing the NCD pandemic. The argument is set out in three sections - the first reviews contributions of agentic constructivism, which focus on the process of normative emergence and change, and draws on empirical examples to highlight overlooked aspects of normative development and how they relate to NCD politics. The second engages with the critique of legal principles. Critical approaches to law seek to expose the myths that legal principles are neutral, objective, good. The third section discusses the characteristics of practice in the NCD field and its implications on process and principles for the pursuit of a legal solution to the NCD crisis.”*

Health Policy Open - Implementing a national non-communicable disease policy in sub-Saharan Africa: Experiences of key stakeholders in Ghana

G N Nyaaba et al ; <https://www.sciencedirect.com/science/article/pii/S2590229620300071>

*“Comprehensive national non-communicable disease (NCDs) policy development and implementation are crucial for preventing and controlling the increasing NCD burden, particularly in the Africa region where the largest increase in NCD related mortality is expected by 2030. Yet, even where national NCD policies exist, effective implementation remains hindered for reasons not clearly elucidated. **This study explores the experiences of key health stakeholders at national and sub-national levels with implementing a national NCD policy in Ghana....**”*

SS&M – Non-market strategy as a framework for exploring commercial involvement in health policy: a primer

E Eastmure et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953620304767>

“Businesses use non-market strategies to influence public health policy. Non-market strategy can include political, social responsibility and legal activity. Non-market strategy can enhance understanding of commercial determinants of health. Analysis of non-market strategies can be undertaken with publicly available data.”

Sexual & Reproductive / maternal, neonatal & child health

Guardian - Democrats introduce bill to repeal anti-abortion rule for US overseas aid

<https://www.theguardian.com/global-development/2020/jul/29/democrats-introduce-bill-to-repeal-anti-abortion-rule-for-us-overseas-aid?CMP=tw a-global-development b-gdnddevelopment>

*“The first bill to repeal a US law preventing aid from funding abortion services overseas was introduced to congress on Wednesday. Democratic congresswoman Jan Schakowsky said the Helms amendment, a policy introduced in 1973, was “**deeply rooted in racism**” and must be replaced to allow US money to be used to support safe abortion services worldwide. **The new bill is not expected to pass in the short-term, but is part of a longer-term strategy by Democrats to uphold women’s reproductive health rights, which have come under sustained attack from the Trump administration.**”*

Access to medicines

NPR - On Amazon, Dubious 'Antiviral' Supplements Proliferate Amid Pandemic

[NPR](#);

“... NPR has found more than 100 supplements listed for sale on Amazon that make unsubstantiated and potentially illegal claims that they can fight viruses.” Story focused on US, but probably a global problem.

Stat - Ruling threatens to upend patents on Moderna’s Covid-19 vaccine

<https://www.statnews.com/2020/07/23/ruling-threatens-to-upend-patents-on-modernas-covid-19-vaccine/>

From late last week. *“Moderna, racing to develop a vaccine for Covid-19, lost a key patent decision Thursday, one that could delay the company’s progress or force it to hand over a cut of profits. The U.S. Patent and Trademark Office denied Moderna’s claim that a patent held by a rival company was*

invalid. The patent, which covers technology used to deliver messenger RNA treatments, is held by the Canadian firm Arbutus....”

CGD (blog) - Stockpiling of Drugs: Should the World Care?

D Dawoud et al ; <https://www.cgdev.org/blog/stockpiling-drugs-should-world-care>

“In a context where global cooperation is needed perhaps more than ever before, how concerned should we be by efforts to “stockpile” potential treatments, and how can we encourage further cooperation? We look at the case of dexamethasone and remdesivir.”

Human resources for health

ASTMH - The World Needs 6 Million More Nurses: What Are We Waiting For?

S A Bialous et al ; <http://www.ajtmh.org/content/journals/10.4269/ajtmh.20-0451>

Good question. And a very pertinent one in the **Year of the Nurse and Midwife**.

Miscellaneous

Washington Times - U.N. rules that countries may place restrictions on protests during a public health emergency

<https://www.washingtontimes.com/news/2020/jul/29/un-rules-countries-may-place-restrictions-protests/>

“The United Nations Human Rights Committee ruled Wednesday that governments can restrict protests and demonstrations for public health reasons. The committee sought to specify its longstanding freedom of speech laws after worldwide anti-racism protests that occurred amid the COVID-19 pandemic revealed gaps in the rule’s language...”

Newsweek - Global Health Security Needs New Thinking | Opinion

<https://www.newsweek.com/new-world-health-mechanisms-covid-bold-thinking-1521096>

By **David Miliband** et al.

*“... In 1944 the **Bretton Woods conference** reconceived the post-second world war economic architecture. The war was not over, but post-war planning had begun. **We need similar ambition today**. Defending the WHO is necessary but not sufficient to address the weaknesses that the COVID crisis has revealed. Fundamentally, those weaknesses revolve around the interplay between, first, underfunded national and local health systems which are strikingly unequal, and second,*

international coordination which relies on goodwill and is too weak in a world of great power rivalry....”

Stat News - Covid-19 relief package likely to include billions more for vaccines, testing

<https://www.statnews.com/2020/07/27/covid19-relief-legislation-barda-nih/>

Focus on US spending here (but still good to know). *“The latest round of Covid-19 relief could include a dramatic increase in new funding for public health initiatives, according to draft legislation released Monday by Senate Republicans. The proposed bill includes \$20 billion for BARDA, the pandemic-response agency, to advance the development of Covid-19 vaccines and therapeutics, as well as \$6 billion to coordinate vaccine distribution efforts through the Centers for Disease Control and Prevention. The bill, authored largely by the Senate’s GOP majority, also includes \$16 billion for Covid-19 testing, an additional \$3.4 billion for the CDC, \$2 billion to supplement the Strategic National Stockpile of protective gear and medical supplies, \$7.6 billion for community health centers, and a new \$25 billion fund to bail out cash-strapped health providers....”*

Science News - Ancient microbial arms race sharpened our immune system—but also left us vulnerable

<https://www.sciencemag.org/news/2020/07/ancient-microbial-arms-race-sharpened-our-immune-system-also-left-us-vulnerable>

“Study traces genetic responses to pathogens back more than 600,000 years to the ancestor of Neanderthals and humans. “

“... By analyzing modern human genomes and ancient DNA from our extinct cousins, the Neanderthals and Denisovans, the researchers detected a burst of evolution in our immune cells that occurred in an ancestor of all three types of human by at least 600,000 years ago. As the researchers report in the current issue of Genome Biology and Evolution, these genetic changes may have sharpened the body’s defenses against the pathogens that evolved to exploit sialic acids—but created new vulnerabilities...”

The Conversation - Ghana’s much praised COVID-19 strategy has gone awry. Here is why

<https://theconversation.com/ghanas-much-praised-covid-19-strategy-has-gone-awry-here-is-why-143217>

In another piece on Ghana, see **Brookings** - [How well is Ghana—with one of the best testing capacities in Africa—responding to COVID-19?](#)

The Conversation features a number of **country (response) pictures**.

Check out also for example [COVID-19 exposes weaknesses in Kenya's healthcare system. And what can be done.](#)

Vox – The odd, growing list of Covid-19 symptoms, explained

<https://www.vox.com/2020/7/29/21327317/symptoms-of-covid-19-coronavirus-fever-cough-toes-rash-loss-of-taste-smell>

“Fever, Covid toes, and a loss of taste: Why are Covid-19 symptoms so weird and varied?”

Global Health Research and Policy - China's model to combat the COVID-19 epidemic: a public health emergency governance approach

Yan Ning et al ; <https://ghrp.biomedcentral.com/articles/10.1186/s41256-020-00161-4>

“...In this commentary, we summarize China's model to combat the COVID-19 epidemic from a public health emergency governance approach. Stemmed from goals and values, a number of mechanisms are put forward, which include: a whole-of-government response and accountability, setting up a multi-sectoral cooperation platform, swiftly scaling up epidemic emergency capacity, whole-of-society actions with engagement of social organizations, and engaging citizens in the epidemic prevention and control...”

Stat – Sexist and incomplete data hold back the world's Covid-19 response

<https://www.statnews.com/2020/07/30/sexist-and-incomplete-data-hold-back-the-worlds-covid-19-response/>

Op-ed by Melinda Gates.

IPS – Neglected, Sacrificed: Older Persons During the COVID19 Pandemic

I Ortiz; [IPS](#);

“COVID19 is devastating on older persons. The numbers are staggering, more than 80 percent of the fatalities due to coronavirus in the US and East Asia occurred among adults aged 65 and over. In Europe and Australia, the figures are even higher, 94 and 97 per cent of the deaths were persons aged 60 and over. However, when contagions spread, older persons were denied access to beds and ventilators, despite being the most vulnerable group. Human rights experts were alarmed by the decisions made around the use of scarce medical resources in hospitals and intensive care units, discriminating solely based on age. Despite being helpless and most at risk, older persons were not prioritized; they were de facto sacrificed, denied treatment and emergency support.”

“The multi-billion care industry lobbying to secure immunity against lawsuits Long-term care is a lucrative and powerful industry. Europe's care sector is concentrated in the hands of a few large private groups, often run by pension and investment funds. Also in the US, 70 percent of the 15,000 nursing homes are run by for-profit companies; many have been bought and sold in recent years by private-equity firms. In the US, nursing homes and long-term care operators have been lobbying state and federal legislators across the US to pass laws giving them broad

immunity, denying responsibility for conditions inside care homes during COVID19. Nineteen states have recently [enacted laws](#) or gubernatorial executive orders granting nursing homes protection from civil liability in connection with COVID19. Nobody is responsible for the suffering of thousands of older persons that died alone in care homes....”

Science Policy Forum – COVID-19 risks to global food security

<https://science.sciencemag.org/content/369/6503/500>

Economic fallout and food supply chain disruptions require attention from policy-makers

Research

Globalization & Health - Bibliometric analysis of scientific publications on “sustainable development goals” with emphasis on “good health and well-being” goal (2015–2019)

W Swaileh et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00602-2>

*“Global progress in the United Nations’ Sustainable Development Goals (SDGs) requires significant national and international research efforts and collaboration. **The current study aimed to provide policymakers, academics, and researchers with a snapshot of global SDGs-related research activity.**”*

Some of the findings: “... **The World Health Organization was the most active institution in publishing SDGs-related documents.** The European region (n = 9756; 52.2%) had the highest research contribution while the Eastern Mediterranean region (n = 1052; 5.6%) had the least contribution. **After exclusion of SDG 17, the SDG 3 (good health and well-being) was the top researched SDG for the African region, the Eastern Mediterranean regions, and the South-Eastern Asian region.** **the most researched targets of SDG 3 were targets 7 (sexual and reproductive health services) and 8 (universal health coverage) while the least researched targets were 5 (substance use disorders) and 9 (death from hazardous materials).** International research collaboration within SDG 3 between high- and low-income countries was inadequate.”