

# IHP news 583 : Early August

( 7 August 2020)

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

Dear Colleagues,

As it's early August and holidays for some of you, just some random thoughts in this week's intro. (What's new, I hear you say ... 😊)

Recently, I've come to consider **Greta Thunberg** (and brave likeminded kids in her generation, as well as activists of the [Extinction Rebellion movement](#)) as our own **Joshua Wong(s)**. Very determined, questioning the very rules of the - in her case, global capitalist – game. Trying to get transformative change in time, against all odds. And deep down, you know they're bloody right. True, global capitalist power works in far more sophisticated ways than Xi Jinping's Iron Hand, not just inviting but even trying to coopt Greta at high-level meetings and conferences. Still, most of the times, her battle against the rules of the game looks as daunting and uphill as Joshua's.

Moving to the latter's fight then, while I strongly agree with **Richard Horton's** key messages in a recent op-ed in the Guardian, [This wave of anti-China feeling masks the west's own Covid-19 failures](#), eg. *"The threat of coronavirus should kindle global cooperation, not a new cold war"*, just like a few weeks ago in a Lancet Offline, I doubt Richard found the right balance in his words on [Xi Jinping's China](#). But judge for yourself.

Over to a few reads from this week we very much want to recommend. One on perhaps the foremost 'pandemic intellectual', **Ulrich Beck**, by Adam Tooze (in [Foreign Policy](#)) – PS: 'public intellectuals' are so pre-Covid, you really need to be a 'pandemic intellectual' now 😊 – and a [fabulous chapter on commercial determinants of health \(by Luke Allen\)](#). Among others, with a neat new conceptual framework. Just hope next time **planetary boundaries** will feature a bit more prominently in this framework. Also have my doubts whether **capitalism** can be 'treated as a neutral instrument for the purpose of this chapter', given its historical track record of exploitation and injustice, and, again, the rather [dystopian future](#) that awaits us on this planet if we don't change tack fundamentally. Still, his more "neutral" way to look at CDH (than usual) makes sense.

In other news, earlier this week, **WHO launched a mask challenge**, encouraging people to send in photos of themselves wearing a mask. I obviously see the point of wearing a mask (in some cases), but have to say: shopping was already a deeply depressing experience for me in ordinary times, but walking around in a shopping mall with a mask is even worse. It's probably time for the Manic Street Preachers' song, *"La tristessa durera"*, to be voted as the official Covid-19 anthem. At least as long as there's no vaccine.

Speaking of which, you come across more and more upbeat news on the vaccine front these days, even if [pandemic brinkmanship](#) is never far away, and it all feels a bit [rushed](#). And so it was probably smart and strategic from WHO's dr. Tedros to [warn](#) 'there might never be a silver bullet', at a

briefing earlier this week. Indeed, the pandemic fatigue in many corners is now so high that a vaccine is almost awaited like the Second Coming. Or at the very least, a Hollywood-style “happy end”.

Last but not least, I notice that in some global corners ‘**We need COVAX**’ seems to be overtaking ‘UHC! UHC! UHC’ as key mantra. Agree, but only if COVAX gets [civil society inclusion in its governance](#) right. And if billionaires cough up the bulk of the money.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Reflections from COVID-ridden urban Guatemala

**Guillermo Hegel (public health professional)**, with support from Yaimie Lopez, Kim Ozano & Werner Soors

On July 28<sup>th</sup>, [António Guterres](#) launched the UN policy brief [COVID-19 in an urban world](#). The brief starts off with the finding that 90% of all reported COVID-19 cases so far occurred in cities, and highlights the critical role local governments play in crisis response, recovery and rebuilding. This is particularly important for Latin America, which – together with its northern sibling – is the [most urbanized region in the world](#): more than 80 % of its citizens live in urban areas. The subcontinent is also the most unequal region in the world. Together with rising poverty rates, and weak health and social protection systems, this explains why Latin America today is the epicenter of the pandemic, according to the joint [UN Economic Commission for Latin America and the Caribbean \(ECLAC\) and Pan American Health Organization \(PAHO\) COVID-19 report](#), published on 30<sup>th</sup> July.

Against the backdrop of these recent publications and trends, I had a thorough look again at a blog I wrote for the ARISE consortium earlier this year, ‘[Recommendations from Guatemala to urban municipalities responding to COVID-19 in low- and middle-income countries](#)’. Based on my experience in municipal health policy and with WHO’s [Urban HEART](#) policymaking tool, my blog wanted to stimulate critical thought and effective action by local governments addressing COVID-19. We are three months later, and my country is still in [what ECLAC and PAHO call](#) the “control phase”. In fact, with now [over 50,000 cases](#) for a 15 million population and no sign of flattening the curve, we haven’t controlled anything yet. The economic recovery phase has not taken off, and the rebuilding phase remains a distant dream.

This is not an ideal position for providing recommendations. The critical role of local, urban governments in controlling the COVID-19 pandemic is [endorsed today at global level](#). Accountability mechanisms that have worked well in Guatemala are face-to-face meetings within citizen participation structures, such as the Municipal Development Committees. But most of them weren’t used during lockdown, potentially losing the voices of the most vulnerable and most affected. Yet the case for a stronger and truly inclusive local role in COVID-19 control is stronger than ever. In this editorial, I revisit [my blog](#) and offer some humble reflections from my urban perspective.

### **Collect and use data to identify vulnerable populations**

It is unacceptable – both ethically and operationally – if vulnerable populations at local level remain unidentified. Valuable data on vulnerability only become available through coordination within and across municipal operating units and other public institutions. In addition, municipalities should seek partnerships with researchers and social workers who can support data collection and analysis. This can be time-consuming and is often neglected, particularly during a crisis, but is a key condition for effective action. Where these data are available, it is useful to have them visualized in a [digital dashboard or through a similar format](#) to facilitate communication and decision making across all actors at urban level. If this is not possible, the data should at least be presented through maps or tables. A stratified view, by neighbourhood or even household, will form the basis of an evidence-based municipal crisis response.

### **Engage with all community actors**

From situation analysis up to crisis management, genuine community participation is key to ensure success in the short, medium and long term. Accountability structures that facilitate the participation of all citizens and promote different levels of involvement, even while staying at home, are relevant. As stated by the UN, to “[ensure the most marginalized communities and individuals play leadership roles in immediate response, design and planning efforts](#)”. In addition, recognized civil society groups should be considered as communication channels for reliable information, thereby reducing the paranoia generated often through social media.

### **Consider the needs of people living and working informally**

Understanding and acting upon the needs of people in urban settlements and/or working in the informal sector is [a key challenge](#). Without access to water, food and basic services, and with pre-existing high levels of violence, [people cannot be expected to stay home](#). Without improvement in these conditions, if home confinement is achieved through force (like Guatemala’s state of siege), the risk of infection in overcrowded homes is considerable. In addition, without access to informal earning opportunities, the already vulnerable in these settlements [are at risk of starvation](#). In parallel, intra-family violence and crime increase. It is at municipal level, and through multi-sectoral coordination and planning, that unfulfilled needs can best be identified and acted upon, creating healthy living and working environments.

### **Improve and support the local capacity to respond to COVID-19**

A good situation and needs analysis without a decent operational capacity makes no sense. In Villa Nueva, the municipality in Guatemala where I work and live, existing Health Policy guidelines can serve as an example of capacity-strengthening action points for COVID-19 control:

- Establish a municipal information system that enables information gathering and sharing in real time, strengthening monitoring and creating a platform for accessing information from and to citizens;
- Prepare a list of infrastructure, human resources, equipment and supplies within the health system in coordination with the Ministry of Health for a de facto Integrated Network of Health Services;
- Unify diagnostic and referral protocols and organize hands-on provider training. This will allow municipal and Ministry of Health officials, private providers and other health actors to have clarity and institutional support, avoiding system collapse and improving case management.

In addition, although a local health system is thus very important in the response to COVID-19, local action should also be supported by central government and “[public health measures intended to flatten the epidemiological curve should go hand in hand with social protection measures](#)”. Here,

one giant step forward would be national implementation of an innovative proposal made a month ago by the Economic Commission for Latin America and the Caribbean: a [six-month basic income for all citizens under the poverty line](#). At an estimated cost of 2% of GDP, this would avoid a much bigger economic and social loss. The proposal was [endorsed by the Pan American Health Organization](#) only days ago. A glimpse of hope and another lesson from Latin America for the world, but one still to materialize...

## Highlights of the week

### World Breastfeeding week (1-7 August)

UN News - Breastfeeding 'for a healthier planet'

<https://news.un.org/en/story/2020/08/1069372>

Have to admit the causal link is not immediately obvious 🤔.

*"World Breastfeeding Week got underway on Saturday, with the UN urging communities everywhere to **support breastfeeding for a healthier planet**". Health agency (WHO) and the UN Children's Fund (UNICEF) issued **a joint call for governments to protect and promote women's access to skilled breastfeeding counselling - a critical component of breastfeeding support.**" The UN has long advocated the [benefits of breastfeeding](#), which delivers health, nutritional and emotional benefits to both children and mothers. It also helps foster a sustainable food system...."*

HPW - WHO Encourages Mothers To Breastfeed, Says Benefit Outweighs COVID-19 Risk

<https://healthpolicy-watch.news/who-encourages-mothers-to-breastfeed-says-covid-19-risks-is-low/>

*"Mothers should continue to breastfeed their children as the benefits of breastfeeding outweigh the risks of COVID-19 during the pandemic, said WHO Director General Dr Tedros Adhanom Ghebreyesus Monday, kicking off World Breastfeeding Week. The risk of transmitting COVID-19 to via breastmilk is low, according to the World Health Organization. So far, there have been no confirmed cases of mother-to-child transmission of COVID-19 by breastfeeding...."*

## Covid-19 key updates

### Cidrap News - Global COVID-19 deaths top 700,000; WHO team heads to South Africa

<https://www.cidrap.umn.edu/news-perspective/2020/08/global-covid-19-deaths-top-700000-who-team-heads-south-africa>

(August 5)

*"In the latest global COVID-19 developments, the fatality count passed the 700,000 mark as the World Health Organization (WHO) announced the deployment of a surge team to South Africa, the continent's hardest-hit country, and Australian health officials took more steps to limit spread from its hot spot in Victoria state. The global total today topped 18.5 million and is now at 18,635,877 cases, with 702,903 deaths, according to the Johns Hopkins online dashboard...."*

See also UN News - [South Africa: UN health agency sends experts to help battle against COVID-19](#)

*"Meanwhile, in vaccine developments, the Coalition for Epidemic Preparedness Innovations (CEPI) recently surveyed vaccine manufacturers to gauge their capacity to meet the demand for COVID-19 vaccine. In a [statement](#), the group said that information from 113 companies that responded to the survey suggests a capacity of 2 to 4 billion doses from October through the end of 2021. CEPI said the finding is important, because it hopes to distribute 2 billion doses through the COVAX initiative, a collaboration with the WHO and Gavi to deliver vaccines equally to all countries, amid worries that a few countries could monopolize the vaccine supply, a development that would work against ending the global spread of COVID-19. "Our survey confirm that this 2 billion manufacturing target can not only be achieved but can be delivered without displacing other critical vaccine manufacturing activities," the group said."*

And see also Cidrap News (6 August) - [Africa hot spots get more WHO support](#)

*"Though South Africa is Africa's hardest hit country and is where a World Health Organization (WHO) surge team arrived yesterday, the group is also worried about rising cases in other countries, especially Kenya. Kenya's outbreak is escalating rapidly, with cases doubling every 2 weeks, the WHO African regional office said today in its latest weekly health emergencies and outbreaks report. High attacks in Nairobi and Mombasa County are especially concerning, now that the country has reopened. The WHO also said it is worried about high numbers of healthcare worker infections in private hospitals and limited availability of PPE in parts of Kenya. ... . The WHO's African regional office said today that 10 countries make up 89% of the continent's new cases over the past 2 weeks, and that cases have increased 20% over the same time period in 16 countries. The WHO said it is increasing assistance to 11 surge countries that have asked for help, and it is scaling up response efforts...."*

### Guardian - Global report: July's terrible toll revealed as coronavirus cases double every six weeks

<https://www.theguardian.com/world/2020/aug/03/global-report-julys-terrible-toll-revealed-as-coronavirus-cases-double-every-six-weeks>

*“With global infections passing 18 million on Monday, the World Health Organization (WHO) warned over the weekend that the pandemic continues to accelerate, with **cases doubling about every six weeks....**”*

### **Cidrap News - COVID-19 shows no let-up across Americas region**

<https://www.cidrap.umn.edu/news-perspective/2020/08/covid-19-shows-no-let-across-americas-region>

(August 4) *“In the latest global COVID-19 developments, illness levels increased in more countries that initially suppressed their outbreaks, and the Americas region is still in the tight grip of the virus, amid another warning that the pandemic is disrupting regular health services. The global total today rose to 18,373,514 cases, and 696,008 people have died from their infections, according to the Johns Hopkins online dashboard. At a Pan American Health Organization (PAHO) media briefing today, Director Carissa Etienne, MBBS, MSc, said that as of yesterday, **more than 9.7 million cases have been reported from the Americas, roughly half of the global total....**”*

### **UN News - No end in sight to COVID crisis, and its impact will last for ‘decades to come’**

<https://news.un.org/en/story/2020/08/1069392>

*“Expressing “appreciation for WHO and partners’ COVID-19 pandemic response efforts”, the **emergency committee convened by the UN health agency’s chief, made it clear that there is not yet an end in sight to the public health crisis ...** . The **committee** convened by Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, under the International Health Regulations (2005) (IHR), **held its fourth meeting on 31 July.** “ **“... The pandemic is a once-in-a-century health crisis, the effects of which will be felt for decades to come”,** Tedros told the Committee in his opening remarks on Friday. ... .. **The Committee made a range of recommendations to both WHO and Member States. ...**”*

See also WHO - [COVID-19 Emergency Committee highlights need for response efforts over long term.](#)

Cfr tweets:

*“The **Temporary Recommendations** advise countries to: -support the WHO research efforts, incl. through funding -join in efforts to allow equitable allocation of diagnostics, therapeutics & vaccines by engaging in the Access to #COVID19 Tools (ACT) Accelerator among other initiatives.”*

*“The Temporary Recommendations advise WHO to continue to: -mobilize global & regional multilateral orgs & partners for #COVID19 preparedness & response -support Member States in maintaining health services -accelerate the R&D & access to diagnostics, therapeutics & vaccines.”*

And Reuters - [Impact of coronavirus will be felt for decades to come, WHO says.](#)

## HPW - WHO updates travel guidance

### [WHO updates travel guidance](#)

***“In another development, the WHO yesterday updated its [travel guidance](#), which covers considerations for resuming international travel. At a media briefing earlier this week, WHO officials acknowledged that travel bans can't stay in place indefinitely and that the activity will be safer if countries do more to reduce disease levels within their own borders. The guidance states that there is no "zero risk" for importing or exporting cases and that the gradual lifting of restrictions should be based on a thorough risk assessment that weighs local transmission patterns, measures to control the virus, and health system capacities in destination and departure countries. The WHO recommended prioritizing essential travel for emergencies, humanitarian actions, essential personnel, and repatriation. ... .”***

See also Reuters - [There is no 'zero risk' in easing travel restrictions, WHO says](#)

*“There is no “zero risk” strategy for countries easing international travel restrictions during the COVID-19 pandemic, and essential travel for emergencies should remain the priority, the World Health Organization (WHO) said. In a long-awaited update to its guidance on travel, the United Nations global health agency said **cross-border trips for emergencies, humanitarian work, the transfer of essential personnel and repatriation would constitute essential travel...**”*

## Cidrap News - Global COVID-19 total tops 18 million, plans gel for virus-origin probe

<https://www.cidrap.umn.edu/news-perspective/2020/08/global-covid-19-total-tops-18-million-plans-gel-virus-origin-probe>

(August 3)

On the WHO-led virus-origin probe:

***“In another development, a WHO advance team that traveled to China to meet with scientists and health officials there to lay the groundwork for studies into the origin of the virus has concluded its work, Tedros said. The two groups have settled on the terms of reference for the studies and a work program for an international joint team led by the WHO. As the first step, the team will conduct a detailed epidemiologic investigation into the first cases in Wuhan. Mike Ryan, MD, who leads the WHO's health emergencies program, said there are some gaps in the epidemiological landscape and a more extensive study is needed to look at the first cases. A surveillance system was in place to identify atypical pneumonia, which triggered the alarm in Wuhan. However, he said that doesn't necessarily indicate where the virus crossed from animals to humans. The group will look at the first signal and systematically work their way back, and **phase 2 of the investigations will focus on the animal source.** “Otherwise, you're looking for needles in the haystack,” he said.”***

See also SCMP - [Coronavirus: WHO team lays groundwork in China for investigation into animal source](#)

*“Two-person team held ‘extensive discussions ... and received updates on epidemiological studies, biologic and genetic analyses’, UN agency says...”*

## HPW - Less than 1% Of All Infected Individuals May Die From COVID-19, But Easy Transmissibility Makes The Virus Dangerous, Says WHO

<https://healthpolicy-watch.news/less-than-1-of-all-infected-individuals-may-die-from-covid-19-but-easy-transmissibility-makes-the-virus-dangerous-says-who/>

*“‘Less than 1%’ of infected individuals die from the coronavirus according to the World Health Organization, marking the first time the agency has reported an ‘infection fatality rate’ for the general population. The virus is easily spread and more deadly in older people, making it a threat. The remarks by WHO’s experts came just a few days after WHO’s Emergency Committee warned that countries should be preparing to deal with the pandemic in “the long term,” after meeting for the third time this year to determine the status of the pandemic. WHO Director-General Dr Tedros Adhanom Ghebreyesus declared that COVID-19 still constituted a Public Health Emergency of International Concern (PHEIC). WHO has cited a more commonly used case-fatality rate – the proportion of deaths among reported cases – of 3.4% based on a February report from China. The infection fatality rate, in contrast, is an estimate of the proportion of deaths in all those infected, including unreported cases....”*

## Telegraph - Exclusive: Top WHO disease detective warns against return to national lockdowns

<https://www.telegraph.co.uk/global-health/science-and-disease/exclusive-top-disease-detective-warns-against-return-national/>

*“Dr Maria Van Kerkhove, who helps lead the WHO’s pandemic response, said that ‘localised’ measures should instead be used to stem Covid-19.”*

## HPW - “The Risk Is On The Financial Side, Not The Safety Side” When Searching For A COVID-19 Vaccine, Says WHO

<https://healthpolicy-watch.news/the-risk-is-on-the-financial-side-not-the-safety-side-when-searching-for-a-covid-19-vaccine-says-who/>

*“In the unprecedented race to develop a COVID-19 vaccine, the World Health Organization says that there are no “cutting corners” in testing the safety and efficacy of a new vaccine candidate....”*

*““This is about accelerating the process of development, putting the risk on the financial side of the equation, not on the safety side of the equation, and ensuring that there’s enough [vaccine] production to meet the needs around the world,” said WHO Health Emergencies Executive Director Mike Ryan at the Aspen Security Conference.”*

## Guardian - Global report: WHO warns against dangers of 'vaccine nationalism'

<https://www.theguardian.com/world/2020/aug/07/global-report-who-warns-against-dangers-of-vaccine-nationalism>

And Tedros himself, in a video address to this Aspen Security Conference: *“The World Health Organization has warned against “vaccine nationalism”, cautioning richer countries that if they keep treatments to themselves they cannot expect to remain safe if poor nations remain exposed.*

As global cases of Covid-19 passed 19 million on Friday, WHO chief **Tedros Adhanom Ghebreyesus** said it would be in the interest of wealthier nations to help every country protect itself against the disease. "Vaccine nationalism is not good, it will not help us," Tedros told the Aspen Security Forum in the United States, via video-link from the WHO's headquarters in Geneva."

### **Guardian - Global report: Covid risks 'generational catastrophe' warns UN; Latin America exceeds 5m cases**

<https://www.theguardian.com/world/2020/aug/04/global-report-covid-risks-generational-catastrophe-warns-un-latin-america-exceeds-5m-cases>

*"The United Nations has warned of a "generational catastrophe" because of the impact of the coronavirus pandemic on education, as Latin America surpassed five million Covid-19 cases – or nearly 30% of global infections. The UN secretary general, Antonio Guterres, said the world was at a "defining moment" with the world's children and young people. He said the decisions governments took during the pandemic over education would have lasting impacts on hundreds of millions and on the development prospects of countries for decades to come. Guterres said that as of mid-July schools were closed in 160 countries, affecting more than 1 billion students, while at least 40 million children had missed out on pre-school. This came on top of more than 250 million children already being out of school before the pandemic and only a quarter of secondary school students in developing countries leaving with basic skills. "We face a generational catastrophe that would undermine decades of progress and exacerbate entrenched inequalities," he said, warning of "deeply concerning" knock-on effects on child nutrition, child marriage and gender equality. The warnings came as Guterres launched a new campaign titled "Save our future" calling for action on reopening schools once local transmission is under control, and prioritising financing for education...."*

### **Telegraph - Africa at 'pivotal point' as continent races towards one million coronavirus cases**

<https://www.telegraph.co.uk/global-health/science-and-disease/africa-pivotal-point-continent-races-towards-one-million-coronavirus/>

*"After months of slow burn, Africa is now roaring towards one million coronavirus cases. "*

*"... Many officials are looking anxiously to South Africa, where the virus is surging through densely packed urban areas, overwhelming some of the best equipped public hospitals on the continent and forcing authorities to dig mass burial sites. .... "The continent is at a pivotal point," Dr Matshidiso Moeti, the World Health Organization's Africa Director said last week. "The virus has spilled out of major cities and spread into distant hinterland."*

*...So far there have been about 20,000 deaths directly linked to the virus, according to the Africa Centre for Disease Control (Africa CDC) in Addis Ababa. ... While the pandemic has prompted governments around the world to retreat from multilateralism and implement protectionist policies, the virus has actually driven more international cooperation in Africa, say Landry Signé and Mary Treacy at the Brookings Institute in Washington DC. ... But now the virus has spread to every country on the continent and after months of economically damaging lockdowns, governments are*

*being forced to loosen regulations and open their borders to trade and tourism. As they do the virus is beginning to gain momentum from Kenya and Ethiopia to Zimbabwe and South Africa.*

*... The dire lack of testing has prompted fears that a silent epidemic may be spreading through the continent...”*

Resource: [WHO Africa Dashboard](#).

See also the Guardian - [Total confirmed coronavirus cases in Africa pass 1 million](#)

*(August 6) “World Health Organization warns figure is ‘the tip of the iceberg’ and that the true number could be much higher.”*

## WP - A coronavirus vaccine won't change the world right away

<https://www.washingtonpost.com/health/2020/08/02/covid-vaccine/>

Good analysis. *“Soaring hopes for a shot may spark resistance to simple strategies that can tamp down transmission.”*

Excerpts:

*“... In the public imagination, the arrival of a coronavirus vaccine looms large: It’s the neat Hollywood ending to the grim and agonizing uncertainty of everyday life in a pandemic. But **public health experts are discussing among themselves a new worry: that hopes for a vaccine may be soaring too high.** The confident depiction by politicians and companies that a vaccine is imminent and inevitable **may give people unrealistic beliefs about how soon the world can return to normal — and even spark resistance to simple strategies that can tamp down transmission and save lives in the short term....”***

*“... The declaration that a vaccine has been shown safe and effective will be a beginning, not the end. Deploying the vaccine to people in the United States and around the world will test and strain distribution networks, the supply chain, public trust and global cooperation. It will take months or, more likely, years to reach enough people to make the world safe. ... A proven vaccine will profoundly change the relationship the world has with the novel coronavirus and is how many experts believe the pandemic will end. **In popular conception, a vaccine is regarded as a silver bullet. But the truth — especially with the earliest vaccines — is likely to be far more nuanced. Public health experts fear that could lead to disappointment and erode the already delicate trust essential to making the effort to vanquish the virus succeed....”***

## FT - We must not wait idly for an elusive Covid-19 vaccine

R Feachem; <https://www.ft.com/content/a544c0de-7274-4831-b164-6059cd68d15c>

More or less similar stance – and recommended. *“A **package of behavioural and drug-based interventions** will save lives and better prepare us for the next crisis.”*

Starting from a historical lesson on the fight against malaria & HIV.

And some links:

NYT - [Welcome Back to Germany. Now Take Your Free Virus Test.](#)

Best practice? “...The requirement for travelers includes **those coming from 130 countries and regions, including the United States and three districts in Spain, which the German authorities consider high-risk for spread of the virus....**”

## Covid-19 access to medicines, vaccines, ...

Pretty essential section too, as you know by now.

### WHO (ppt) - ACT-Accelerator Facilitation Council

[https://apps.who.int/gb/COVID-19/pdf\\_files/30\\_07/ACT-A\\_Council.pdf](https://apps.who.int/gb/COVID-19/pdf_files/30_07/ACT-A_Council.pdf)

Short ppt (7 slides). Read about the functions of this new Council (also mentioned yesterday by Tedros in a [member states briefing](#)).

PS: the ACT Accelerator still has a **28 billion funding gap**....

### Guardian - Russia claims to be ahead of rivals in race to produce Covid vaccine

<https://www.theguardian.com/world/2020/aug/03/russia-claims-to-be-ahead-of-rivals-in-race-to-produce-covid-vaccine>

*“The Russian government claims to have stolen a march on dozens of global rivals – including the US and UK – in the race to produce a viable coronavirus vaccine, saying **it would start production of a vaccine next month and begin mass immunisation by October**. The announcement came amid controversy over how Russia has rushed its two vaccine candidates through safety testing, in which researchers dosed themselves as part of truncated human trials....”*

See also Reuters - [Russia preparing mass vaccination against coronavirus for October](#)

And Bloomberg – [Russia Plans to Register First Covid-19 Vaccine by Aug. 12](#)

*“... **Russia plans to register a coronavirus vaccine by Aug. 10-12**, clearing the way for what its backers say would be the world’s first official approval of an inoculation against the epidemic. The drug **developed by Moscow’s Gamaleya Institute and the Russian Direct Investment Fund** may be approved for civilian use within three to seven days of registration by regulators, according to a person familiar with the process, who asked not to be identified because the information isn’t public....”*

PS: The **WHO** urged Russia to follow established guidelines for safe vaccines.

## Nature (News) - China's coronavirus vaccines are leaping ahead – but face challenges as virus wanes

[Nature](#);

*“Companies could struggle to enrol enough trial participants, or gather enough data to convince regulatory agencies that the shots work.”*

## SCMP - Coronavirus: China positions itself for ‘vaccine diplomacy’ push to fight Covid-19

[SCMP](#);

*“Beijing is offering loans and priority access to developing countries for vaccinations as they move to large-scale trials. As richer nations scramble for early doses manufacturing constraints likely to cause shortages for years.”*

Excerpt:

*“... So far, China is not part of Covax, a World Health Organisation-backed mechanism which aims to ensure equitable distribution of vaccines to participating countries, including those that cannot afford doses themselves. Beijing has however been making overtures of its own to developing countries. Nepal, Afghanistan, Pakistan, and the Philippines have all been cited by Chinese diplomats in recent weeks as countries that could benefit from successful China-made vaccines. Chinese Foreign Minister Wang Yi last month offered US\$1 billion in loans for Latin American and Caribbean countries to purchase potential Covid-19 vaccines, according to the Mexican government. In June, Xi said African countries would get priority access “once the development and deployment of a Covid-19 vaccine is completed in China”. Helping lower and middle income countries gain access to vaccines could be a boost for China’s international standing, said Yanzhong Huang, senior fellow for global health at the Council on Foreign Relations in New York. “If China plays ‘vaccine diplomacy’ this is going to help project China’s soft power and help China to revitalise the implementation of the Belt and Road Initiative,” he said, referring to China’s flagship global infrastructure and trade project...”*

## GAVI - 92 low- and middle-income economies eligible to get access to COVID-19 vaccines through Gavi COVAX AMC

<https://www.gavi.org/news/media-room/92-low-middle-income-economies-eligible-access-covid-19-vaccines-gavi-covax-amc>

Short report on last week’s GAVI Board meeting. Didn’t read much about great inclusion of civil society in COVAX’ governance...

*“Gavi Board agrees scope of COVAX Advance Market Commitment (AMC), which aims to secure doses of COVID-19 vaccines for 92 low- and middle-income countries and economies at the same time as wealthier nations. The Gavi COVAX AMC forms part of the COVAX Facility, a mechanism hosted by Gavi, the Vaccine Alliance, designed to guarantee rapid, fair and equitable access to COVID-19 vaccines for every country in the world, rich and poor...”*

*“... The goal is by the end of 2021 to deliver two billion doses of safe, effective vaccines to all participating countries including the 92 AMC-eligible economies. Once a vaccine has been approved by regulatory agencies and/or prequalified by the WHO, the COVAX Facility will then purchase these vaccines with a goal to try and initially provide doses for an average of 20% of each country’s population, focusing on health care workers and the most vulnerable groups. Further doses will be made available based on financing, country need, vulnerability and potential threat, and a buffer of doses will also be maintained for emergency and humanitarian use.*

### **Politico – The ultimate geopolitical game — distributing a coronavirus vaccine**

<https://www.politico.eu/article/the-ultimate-geopolitical-game-distributing-a-coronavirus-vaccine/>

Nice read from last week. Excerpts: *“Who will get the coronavirus vaccine first? All the lofty rhetoric aside, **geopolitics and money talk**. It’s not purely about protecting a population’s health. **As many experts see it, a vaccine is also a vital in getting economies back on track**. World leaders know this, and it’s causing wealthy countries to snap up hundreds of millions of doses of pre-ordered potential vaccines, hedging their bets that one of the front-runners they’ve chosen will be successful. **Suerie Moon**, co-director of the Graduate Institute Geneva’s Global Health Centre, calls these candidates **“strategic assets” on par with “military weapons.”** Having **access to a vaccine is a chance to strengthen a country’s allegiances, political standing and prestige**, she noted...”*

On Big Pharma: *“... **Thomas Cueni**, director general of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), warned that **industry might be caught in the middle between governments wanting their country to receive the vaccine first and global access initiatives attempting to ensure equitable distribution**. “We do not want to run that risk,” he said at a Chatham House event on July 22. “That’s why we are fully committed to the COVAX Facility.” “But in terms of getting support for the facility, you need solidarity from richer countries willing to subsidize the poorer countries,” he added. However, **Doctors Without Borders’ senior vaccines policy adviser, Kate Elder**, thinks that industry shouldn’t be automatically released from responsibility. “Industry definitely should not just be making deals with the first high-income country that has a lot of money to come in and negotiate with them,” she said. Elder conceded, however, that Big Pharma seems to have shifted its stance in the pandemic, with some vaccine-makers promising “not for profit” vaccines.....*

On IP: *.... **James Love** believes that if anyone has a vaccine that could work, “they should start the technology transfer right now to other companies that have the capacity to manufacture that vaccine.” The more manufacturers have capacity, the more quickly the vaccines can be made, which in turn makes it easier to get large quantities cheaply to more people, explained Love. “But that has not been the path that governments have really embraced adequately,” he said.*

On Covax: *“ .... **soon after launching, the facility’s draft design was sharply criticized by civil society groups** as it would have seen wealthy countries covering up to 20 percent of their populations, with no similar arrangement for donor-funded countries. **The feedback appears to have***

*been taken on. According to a Gavi spokesperson, under the latest iteration, “allocation will initially prioritize health and social care workers but will then expand to cover 20 percent of the population of participating countries.” “Further doses will then be made available based on country need, vulnerability and COVID-19 threat,” the spokesperson said....”*

## **NYT - Sanofi and GlaxoSmithKline Snag Biggest Coronavirus Vaccine Deal Yet**

<https://www.nytimes.com/2020/07/31/health/covid-19-vaccine-sanofi-gsk.html>

From late last week. *“The arrangement brings the Trump administration’s investment in coronavirus vaccine projects to more than \$8 billion. The head of the federal effort is a former GSK executive.”*

*“The French drug maker Sanofi said on Friday that it had secured an agreement of up to \$2.1 billion to supply the U.S. federal government with 100 million doses of its experimental coronavirus vaccine, the largest such deal announced to date. The arrangement brings the Trump administration’s investment in coronavirus vaccine projects to more than \$8 billion. This sprawling, multiagency effort, known as **Operation Warp Speed**, is placing bets on multiple vaccines and is paying companies to manufacture millions of doses before clinical trials have been completed....”*

And from this week – FT - [Johnson & Johnson strikes \\$1bn vaccine deal with US](#).

## **NYT -Indian Billionaires Bet Big on Head Start in Coronavirus Vaccine Race**

<https://www.nytimes.com/2020/08/01/world/asia/coronavirus-vaccine-india.html>

“The world’s largest vaccine producer, **the Serum Institute**, announced a plan to make hundreds of millions of doses of an unproven inoculation. “

Cfr tweet: *“Indian billionaire spends \$450 million to manufacture 500 doses of the Oxford vaccine per minute (=5 million weekly) in the hope it will work. If so, half will go to Indians, half abroad, prioritizing poorer countries.”*

## **New Statesman - Pandemic brinkmanship: the geopolitics behind the race for a vaccine**

<https://www.newstatesman.com/world/north-america/2020/08/pandemic-brinkmanship-geopolitics-behind-race-vaccine>

*“How competition between nations could undermine the fight to eradicate Covid-19.”*

*“... if Russia will soon have its own homegrown vaccine, then why bother with the alleged industrial cyberespionage? The answer may lie in the **emerging geopolitics of the novel coronavirus**. **Russia is not alone in being accused of pandemic brinkmanship; both Iran and China have allegedly hacked vaccine research, with the latter being ordered to close its consulate in Houston, Texas as a result.** To some experts, all three cases speak to a **disturbing geo-politicisation of Covid-19 vaccination.**”*

*“The vaccine development process has become a political competition, with every country looking after its own interests first...”*

## **BMJ Opinion – The rush to create a covid-19 vaccine may do more harm than good**

[https://blogs.bmj.com/bmj/2020/08/05/the-rush-to-create-a-covid-19-vaccine-may-do-more-harm-than-good/?utm\\_campaign=shareaholic&utm\\_medium=twitter&utm\\_source=socialnetwork](https://blogs.bmj.com/bmj/2020/08/05/the-rush-to-create-a-covid-19-vaccine-may-do-more-harm-than-good/?utm_campaign=shareaholic&utm_medium=twitter&utm_source=socialnetwork)

Absolute must-read by **Els Torreele** (MSF Access). *“The global race for covid-19 vaccines seems well underway to break all speed records. But **this focus on rapid vaccine development, fuelled by unprecedented political, financial, and populist pressures, risks missing the target of global access to effective vaccines that can curb the pandemic, while irreparably damaging the public confidence of people desperate to return to their lives....”***

She concludes: *“By setting the performance bar far lower in covid-19 vaccine development than what would otherwise be acceptable for a new vaccine, we are also unwittingly redefining the very concept of a vaccine—from a long-term effective preventive public health tool to what could amount to a population-wide suboptimal chronic treatment. This might be good for business, but could prove fatal to global public health.”*

## **MSF Access - We need strings attached!**

C Teicher et al; [https://medium.com/@MSF\\_access/we-need-strings-attached-b51952795e6b](https://medium.com/@MSF_access/we-need-strings-attached-b51952795e6b)

On MSF Access’ concerns on BARDA.

*“...The **Biomedical Advanced Research and Development Authority (BARDA)** was created to address chemical, biological, radiological, and nuclear threats and has received, to date, more US taxpayer money than any other US government entity to develop new medicines, vaccines, and diagnostics to fight COVID-19: **at least \$5.5 billion since early 2020....”***

*“**Unfortunately, we have very little idea how this funding is being used.** BARDA does nothing to guarantee that its pharmaceutical and defense industry partners will share research and development (R&D) costs, clinical trial results, or other data that physicians and researchers need. Worse, BARDA does not require its industry partners to make products developed with this funding widely available and affordable once they hit the market here and abroad. **That is good news for pharmaceutical corporations that want BARDA to finance the creation of their COVID-19 products without any strings attached. This includes the US \$456 million in COVID-19 money that BARDA has already given to Johnson & Johnson, \$30 million to Sanofi, \$483 million to Moderna, \$1.2 billion to AstraZeneca, and \$628 million to Emergent BioSolutions.... ”***

## **DW - Will coronavirus help 'greedy' pharma reset reputation?**

<https://www.dw.com/en/will-coronavirus-help-greedy-pharma-reset-reputation/a-53647192>

Interesting interview. Recommended. *“The pharmaceutical industry has often been castigated, especially in the US, for being profit-driven. Now, many are saying the coronavirus crisis offers a perfect opportunity to the industry to boost its image. .... **DW spoke to Gerald Posner, an***

*investigative journalist and the author of a dozen books including Pharma: Greed, Lies, and the Poisoning of America, to understand if the coronavirus crisis could really help Big Pharma repair its tarnished image. ...”*

## **Devex – Where is the money for COVID-19 diagnostics?**

<https://www.devex.com/news/where-is-the-money-for-covid-19-diagnostics-97833>

*“An international initiative that aims to deliver much-needed COVID-19 test kits to low- and middle-income countries is severely underfunded, and faces challenges negotiating accessibility and affordability. The Access to COVID-19 Tools Accelerator, launched in April, aims to ensure equity in the distribution of COVID-19 diagnostics, vaccines, and treatment to all countries. The initiative was launched with much fanfare, with some of the most high-profile leaders voicing their support. But global demand for the products and nationalistic mentality in some countries are challenging its ambitions. **Diagnostics, one of the major pillars of the initiative and an important tool in reducing virus transmission has received commitments of roughly \$250 million of the \$2 billion needed in the immediate term.** The money would ensure the delivery of 500 million test kits to LMICs, spur innovation, and help strengthen countries’ diagnostic capacities, said Dr. Catharina Boehme, CEO of FIND, a co-convenor of the ACT Accelerator’s diagnostics pillar....”*

## **Geneva Health Files – The re-emergence of the WTO as a key forum for global health**

P Patnaik; <https://genevahealthfiles.wordpress.com/2020/08/06/the-re-emergence-of-the-wto-as-a-key-forum-for-global-health/>

(6 August) Analysis of the **TRIPS Council meeting** (July 30).

*“A recent meeting of The Council for Trade-Related Aspects of Intellectual Property Rights (TRIPS) at WTO (July 30,2020), saw wide-ranging discussions on the kinds of barriers faced by countries while responding to the pandemic. It also examined questions on the existing flexibilities in international trade and in domestic laws to improve the access to health products. Specifically, a significant proposal tabled by South Africa was the basis of these discussions. **This story tries to examine whether discussions at the WTO including at the TRIPS Council, can help shape how countries might address the big, urgent questions on the access to health products in the context of the accelerating pandemic of COVID-19....”***

Among others, with an interesting role for **South-Africa**.

See also **Geneva Health Files - [Trade in the time of the pandemic.](#)**

*“...Geneva Health Files looks closely at the story of international trade that makes available medicines and medical services within existing constraints. The pandemic has shown how the restrictions in these pathways, puts the most vulnerable communities at risk of lacking access to both. **The Council for Trade-Related Aspects of Intellectual Property Rights (TRIPS), at the WTO met this past week to discuss how the multilateral IP system can play a role in addressing the pandemic. ... .. This story looks at the structure and components of what constitutes the trade in***

*medical products and services. it looks at the export restrictions that have come to characterize trading in these times.....”*

## **MSF applauds South Africa for championing health safeguards at meeting of WTO members**

<https://msfaccess.org/msf-applauds-south-africa-championing-health-safeguards-meeting-wto-members>

*“As World Trade Organization (WTO) members met on 30 July for a Trade-Related Aspects of Intellectual Property Rights (TRIPS) Council formal session, South Africa took leadership in highlighting that the intellectual property (IP) barriers that stand in the way of access to COVID-19 drugs, tests and vaccines must be urgently overcome, and called on WTO members to explore new bold measures. The [statement](#) delivered on 30 July follows an intervention made by South Africa last month in an informal session of the TRIPS Council and a [paper](#) submitted by the country earlier this month entitled ‘Intellectual Property and the Public Interest: Beyond access to medicines and medical technologies towards a more holistic approach to TRIPS flexibilities’. In **the submission and the statement, South Africa expressed the critical need for WTO members to overcome IP barriers; the concrete examples of IP barriers facing COVID-19 vaccine development; the difficulties countries face using the full range of health safeguards enshrined in international trade and IP rules; the limitations of relying on voluntary mechanisms to address IP barriers; and the need to address trade secrets that stand in the way of technology transfer. In the statement, South Africa called for the consideration of ‘new bold measures’ to address IP barriers, including binding commitments to ensure open sharing and global non-exclusive rights to use know-how, data and technologies, and legislative measures to restrict patent evergreening. ...”***

## **Stat - Yes, we need a vaccine to control Covid-19. But we need new treatments, too**

K Mulligan et al ; <https://www.statnews.com/2020/08/05/we-need-a-covid-19-vaccine-but-we-need-new-treatments-too/>

Op-ed clearly making the case why it’s important to also develop new treatments for Covid-19.

*“... **Treatments are an essential part of the Covid-19 fight for two reasons. First, they are an indispensable tool for managing the pandemic before a vaccine is available (which could be a lot longer than anyone wants it to be). And second, even after a vaccine is available, treatments will be the essential backstop to manage illness resulting from imperfections in vaccine effectiveness and uptake. ... .. In addition to saving lives and boosting hospital capacity, an effective treatment could also increase people’s willingness to return to more normal levels of economic activity. ...”***

## **Covid-19 funding, debt relief, ...**

### **Project Syndicate - A global debt crisis is looming – how can we prevent it?**

J Stiglitz et al ; [https://www.theguardian.com/business/2020/aug/03/global-debt-crisis-relief-coronavirus-pandemic?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/business/2020/aug/03/global-debt-crisis-relief-coronavirus-pandemic?CMP=Share_iOSApp_Other)

*“While the Covid-19 pandemic rages, more than 100 low- and middle-income countries will still have to pay a combined \$130bn in debt service this year – around half of which is owed to private creditors. With much economic activity suspended and fiscal revenues in free fall, many countries will be forced to default. Others will cobble together scarce resources to pay creditors, cutting back on much-needed health and social expenditures. Still others will resort to additional borrowing, kicking the proverbial can down the road, seemingly easier now because of the flood of liquidity from central banks around the world....”*

Do read what Stiglitz et al [propose](#), among others a multilateral buyback facility managed by IMF.

## **CGD (blog) - Exploring the Feasibility of Medium-Term Revenue Strategies in Developing Countries**

S Gupta et al ; <https://www.cgdev.org/blog/exploring-feasibility-medium-term-revenue-strategies-developing-countries>

*“Many developing countries are pursuing domestic revenue mobilization (DRM) initiatives, which is critical for them to finance the spending necessary to enable sustainable development. The need for DRM has now taken on greater urgency given the fiscal implications of the COVID-19 crisis.”*

*“To assist developing countries to enhance their DRM efforts, **the Platform for Collaboration on Tax (PCT)—a joint initiative between the IMF, OECD, the UN and the World Bank Group—**proposed the concept of a **Medium-Term Revenue Strategy (MTRS)**. The MTRS was launched in 2016 with the intention of providing a comprehensive strategy for increasing tax revenues over the medium term, and aligning tax policy, revenue administration, and legal reforms around a coherent plan embraced by all of government as well as other stakeholders. In a new [CGD paper](#), Peter Mullins reviews the experience so far with the MTRS and finds that, while country take-up of the MTRS has been disappointing, it is worth pursuing for now as a strategy for DRM....”*

## **Covid-19 Science**

In no particular order.

### **Reuters - Next big COVID-19 treatment may be manufactured antibodies**

[Reuters](#):

*“As the world awaits a COVID-19 vaccine, the next big advance in battling the pandemic could come from a **class of biotech therapies** widely used against cancer and other disorders - **antibodies designed specifically to attack this new virus....”***

*“Unlike vaccines, which activate the body’s own immune system, the impact of infused antibodies eventually dissipates. Still, **drugmakers say monoclonal antibodies could temporarily prevent infection in at-risk people such as medical workers and the elderly**. They could also be used as a **therapeutic bridge until vaccines become widely available....”***

## NYT - Scientists Uncover Biological Signatures of the Worst Covid-19 Cases

<https://www.nytimes.com/2020/08/04/health/coronavirus-immune-system.html>

*“Studies of patients with severe cases of Covid-19 show the **immune system lacks its usual coordinated response.**”*

*“... In certain patients, according to a [flurry of recent studies](#), **the virus appears to make the immune system go haywire.** Unable to marshal the right cells and molecules to fight off the invader, the bodies of the infected instead launch an entire arsenal of weapons — a misguided barrage that can wreak havoc on healthy tissues, experts said....”*

## Guardian - Survivors of Covid-19 show increased rate of psychiatric disorders, study finds

<https://www.theguardian.com/world/2020/aug/03/survivors-of-covid-19-show-increased-rate-of-psychiatric-disorders-study-finds>

*“More than half of people who received hospital treatment for Covid-19 were found to be suffering from a psychiatric disorder a month later, a study has found. ... Research suggests more than half experience **PTSD, anxiety, insomnia, depression or compulsive symptoms...**”*

## Cidrap News - Health workers, especially minorities, at high risk for COVID, even with PPE

<https://www.cidrap.umn.edu/news-perspective/2020/08/health-workers-especially-minorities-high-risk-covid-even-ppe>

*“Frontline healthcare workers who had PPE were still at 3 times the risk of infection.”*

*“At the peak of the pandemic in the United States and the United Kingdom, frontline healthcare workers (HCWs) who had adequate personal protective equipment (PPE) were still at more than three times the risk of COVID-19 infection than the general public—even after accounting for differences in testing frequency, according to a study published late last week in **The Lancet Public Health...**”*

## Science Magazine - From ‘brain fog’ to heart damage, COVID-19’s lingering problems alarm scientists

<https://www.sciencemag.org/news/2020/07/brain-fog-heart-damage-covid-19-s-lingering-problems-alarm-scientists>

Recommended **in-depth analysis.** *“Some COVID-19 survivors are still sick months later. Doctors want to learn why and what they can do.”*

## FT - Fatigue plagues thousands suffering post-coronavirus symptoms

<https://www.ft.com/content/8a8c9630-7cce-417a-8732-f0589009be14?shareType=nongift>

*“Long-haul Covid’ has already become mired in controversy over causes and treatment.”*

## Forbes - New Evidence Suggests Young Children Spread Covid-19 More Efficiently Than Adults

<https://www.forbes.com/sites/williamhaseltine/2020/07/31/new-evidence-suggests-young-children-spread-covid-19-more-efficiently-than-adults/#48a231e819fd>

Ah... *“Two new studies, though from different parts of the world, have arrived at the same conclusion: **that young children not only transmit SARS-CoV-2 efficiently, but may be major drivers of the pandemic as well.** The first, which was [published](#) in JAMA yesterday, reports findings from a pediatric hospital in Chicago, Illinois. The second, a [preprint manuscript](#) awaiting peer review, was conducted in the mountainous province of Trento, Italy....”*

See also the **Guardian** - [Covid-19 may spread more easily in schools than thought, report warns.](#)

## Vox - What scientists are learning about kids and Covid-19 infection

<https://www.vox.com/21352597/covid-19-children-infection-transmission-new-studies>

*“Several new studies are deepening our understanding of infection and transmission in kids, but there’s still a lot we don’t know.”*

## Science – COVID-19 unlikely to cause birth defects, but doctors await fall births

<https://science.sciencemag.org/content/369/6504/607>

*“Experts cautiously optimistic that virus doesn’t target fetus during first trimester.”*

## NYT - Yes, the Coronavirus Is in the Air

Linsey Marr; <https://www.nytimes.com/2020/07/30/opinion/coronavirus-aerosols.html>

Op-ed by a civil engineer. *“Transmission through aerosols matters — and probably a lot more than we’ve been able to prove yet.”*

Quote: *“...I agree that long-range transmission by aerosols probably is not significant, but I believe that, taken together, much of the evidence gathered to date suggests that **close-range transmission by aerosols is significant — possibly very significant, and certainly more significant than direct droplet spray....”***

See also **Vox** - [Scientists say the coronavirus is airborne. Here’s what that means.](#)

## Clinical Infectious Diseases - The risk of COVID-19 transmission in train passengers: an epidemiological and modelling study

<https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa1057/5877944>

The authors **quantified the transmission risk of COVID-19 on high-speed train passengers** using data from 2,334 index patients and 72,093 close contacts who had co-travel times of 0–8 hours from 19 December 2019 through 6 March 2020 in China.

Check out the findings.

## Preprint - The effectiveness of eight nonpharmaceutical interventions against COVID-19 in 41 countries

<https://www.medrxiv.org/content/10.1101/2020.05.28.20116129v3>

Conclusions: *“Our results suggest that, by implementing effective NPIs, many countries can reduce  $R$  below 1 without issuing a stay-at-home order. **We find a surprisingly large role for school and university closures in reducing COVID-19 transmission**, a contribution to the ongoing debate about the relevance of asymptomatic carriers in disease spread. Banning gatherings and closing high-risk businesses can be highly effective in reducing transmission, but closing most businesses only has limited additional benefit.”*

And some links:

NYT - [Old Vaccines May Stop the Coronavirus, Study Hints. Scientists Are Skeptical.](#)

*“Certain vaccines may provide broad protection against infections. But new research doesn’t prove these vaccines can turn back the coronavirus, experts said.”*

NYT - [Even Asymptomatic People Carry the Coronavirus in High Amounts](#)

*“Researchers in South Korea found that roughly 30 percent of those infected never develop symptoms yet probably spread the virus.”*

## Covid-19 analysis

### Nature News - How the pandemic might play out in 2021 and beyond

[https://www.nature.com/articles/d41586-020-02278-5?utm\\_source=tw\\_t\\_nnc&utm\\_medium=social&utm\\_campaign=naturenews](https://www.nature.com/articles/d41586-020-02278-5?utm_source=tw_t_nnc&utm_medium=social&utm_campaign=naturenews)

*“This coronavirus is **here for the long haul** — here’s what scientists predict for the next months and years.”*

*“...Around the world, epidemiologists are constructing short- and long-term projections as a way to prepare for, and potentially mitigate, the spread and impact of SARS-CoV-2, the virus that causes COVID-19. Although their forecasts and timelines vary, **modellers agree on two things**: COVID-19 is here to stay, and the future depends on a lot of unknowns, including whether people develop lasting immunity to the virus, whether seasonality affects its spread, and — perhaps most importantly — the choices made by governments and individuals....”*

*“...If immunity to the virus lasts less than a year, for example, similar to other human coronaviruses in circulation, there could be annual surges in COVID-19 infections through to 2025 and beyond. Here, **Nature explores what the science says about the months and years to come....”***

## **Guardian - The threat of Covid should kindle global cooperation, not a new cold war with China**

R Horton; <https://www.theguardian.com/commentisfree/2020/aug/03/covid-19-cold-war-china-western-governments-international-peace>

Agree with Horton’s message. Not completely with the tone of his piece re the Chinese regime.

## **Unesco – Urban solutions: learning from cities’ responses to Covid-19**

<https://unesdoc.unesco.org/ark:/48223/pf0000373940>

Online meeting (UNESCO Cities Platform meeting) report. 41 p.

*“...**Organized into three panels** – on the emergency response, early recovery and planning for the future, respectively – and one special session on city tourism, the online meeting first and foremost **aimed to build on the tangible experiences acquired by cities over the past months, as part of a larger reflection on the future of cities**. Throughout the debates, the **central message was the need to design a more inclusive, sustainable, greener cityscape**. Such a future **cannot be secured without addressing the structural imbalances and inequalities** that the pandemic has made us all, once again, aware of...”*

## **Foreign Policy - The Sociologist Who Could Save Us From Coronavirus**

Adam Tooze; <https://foreignpolicy.com/2020/08/01/the-sociologist-who-could-save-us-from-coronavirus/>

One of the reads of the week. *“**Ulrich Beck** was a prophet of uncertainty—and the most important intellectual for the pandemic and its aftermath.”*

## **WHO Bulletin (Editorial) – Refugees and COVID-19: achieving a comprehensive public health response**

A Alemi et al ; <https://www.who.int/bulletin/volumes/98/8/20-271080.pdf>

Editorial of the new August WHO Bulletin issue.

Their conclusion: ***“As resources are constrained, agencies and professionals serving refugees should consider giving priority to screening vulnerable subgroups (that is, those with chronic health conditions) to manage comorbidities more effectively, encourage patients to reduce high-risk behaviour, provide treatment and reduce transmission rates. Moreover, professionals serving refugees in camps and in host communities should expect that stigma will influence preventive measures and treatment-seeking among refugees, and should therefore consider encouraging care providers and local leaders to dispel fears, misconceptions and the stigma associated with COVID-19. Lastly, overlooking mental health conditions, exacerbated by the socioeconomic hardship caused by this pandemic, will complicate refugees’ integration and increase the uncertainty they endure. Governments, public health professionals and organizations should act now to prevent the spread of COVID-19 in refugees whose vulnerabilities place them at great risk of mortality.”***

### **NPR - The Nations With The Most To Lose From COVID-19**

[https://www.npr.org/sections/goatsandsoda/2020/07/31/896879448/the-nations-with-the-most-to-lose-from-covid-19?utm\\_source=dlvr.it&utm\\_medium=twitter](https://www.npr.org/sections/goatsandsoda/2020/07/31/896879448/the-nations-with-the-most-to-lose-from-covid-19?utm_source=dlvr.it&utm_medium=twitter)

Recommended analysis.

***“... In fact, of the countries reporting the most cases globally, 6 of 7 are middle-income nations. And they're not just any middle-income countries. They're some of the most influential players in the Global South. Brazil, India, Mexico, Peru, Russia and South Africa are not only major emerging market economies, they're regional political powers...”***

### **BMJ - Covid-19 is causing the collapse of Brazil’s national health service**

<https://www.bmj.com/content/370/bmj.m3032>

***“Brazil is one of the few countries in the Americas that has free universal healthcare. But years of neglect and the pandemic have left the system on the verge of collapse, writes Rodrigo de Oliveira Andrade.”***

### **Science – COVID-19 in Africa: Dampening the storm?**

<https://science.sciencemag.org/content/369/6504/624>

***“The dampened course of COVID-19 in Africa might reveal innovative solutions.”***

Interesting read – certainly for the biomedical scientists among you. Among others on ‘**trained immunity**’.

## HPW - South Africa's COVID-19 Cases Explode As Country Tries To Rescue Its Economy

<https://healthpolicy-watch.news/south-africas-covid-19-cases-explode-as-country-tries-to-rescue-its-economy/>

Dire analysis of current situation in South-Africa.

## ORF (report) - The day after tomorrow: Africa's battle with Covid19 and the road ahead

<https://www.orfonline.org/research/the-day-after-tomorrow-africas-battle-with-covid19/>

*"...This **report** provides an account of Africa's battle against COVID-19, maps a profile of the continent's vulnerabilities that render it susceptible to systemic collapse, and analyses ways in which it can build resilience in the face of future crises. **The report takes a systemic perspective, and provides analyses oriented around four axes—health, economic, socio-political and technological systems; and three key elements—risk, response and resilience...."***

## Infectious Diseases of Poverty - The COVID-19 Pandemic in Francophone West Africa: From the First Cases to Responses in Seven Countries

P Bonnet, V Ridde et al ; <https://www.researchsquare.com/article/rs-50526/v1>

Pre-print. « *In early March 2020, the COVID-19 pandemic hit West Africa. Countries in the region quickly set up crisis management committees and organised drastic measures to stem the spread of the coronavirus. **The objective of this article is to analyse the epidemiological evolution of COVID-19 in seven Francophone West African countries (Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger, Senegal) as well as the public health measures decided upon during the first four months of the pandemic. ..."***

## Guardian – Iran's Covid death toll three times higher than admitted, says report

<https://www.theguardian.com/world/2020/aug/03/iran-covid-death-toll-three-times-higher-than-admitted-says-report>

*"Iran's official death toll is more than 17,000, but the BBC's Farsi service said on Monday it had seen government documents indicating that the total was actually more than 42,000. The outlet said the records sent by an anonymous source showed the country's first Covid-19 death occurred on 22 January, a month earlier than the first official case, and that overall confirmed infections were about 451,000 as of 22 July – nearly double the public figures...."*

## Guardian - Global report: Philippines 'losing battle' as WHO records biggest jump in Covid-19 cases

[Guardian;](#)

*“Senior doctors in the Philippines have pleaded with the government to impose a strict lockdown in the capital Manila or risk losing the battle to contain the spread of coronavirus. As the World Health Organization recorded the highest daily number of new cases so far during the pandemic, the medics said the Philippines’ fragile health system needed a “time out” to avert collapse....”*

See also Bloomberg - [The Philippines passed Indonesia for having the worst coronavirus outbreak in Southeast Asia.](#)

### Wire - COVID-19: Why Does Bihar’s Public Healthcare System Struggle So?

<https://science.thewire.in/health/covid-19-why-does-bihars-public-healthcare-system-struggle-so/>

By Vikash Keshri, who focuses on some **software issues** (governance, trust, accountability) in this piece.

### Science News - Once praised for taming the pandemic, Asian-Pacific nations worry about new onslaught

<https://www.sciencemag.org/news/2020/08/once-praised-taming-pandemic-asian-pacific-nations-worry-about-new-onslaught>

*“Early successes led to complacency, premature lifting of control measures, and social distancing fatigue.”*

### Lancet Editorial - The truth is out there, somewhere

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31678-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31678-0/fulltext)

Last week’s Lancet Editorial, on the Covid-19 **infodemic**, and how to deal with it.

*“... An urgent call for action to gauge, map, and develop a means of combating this problem was explored at a WHO-organised conference held across April, June, and July. The meeting, which focused on so-called **infodemiology**—the science behind managing infodemics—brought together experts from a range of disciplines, including epidemiology, public health, applied mathematics, and data science. “*

*“...Dealing with the infodemic relating to COVID-19 will need a combined global effort involving health organisations, governments, media outlets, and individuals ... .. The problem of infodemics and the importance of infodemiology are escalating, and not just related to COVID-19. There is collective responsibility to produce clear, simple, honest messages, but individual digital and health literacy must also be strengthened. Behaviour change is needed, appreciating the importance of emotion, trust, credibility, and self-efficacy. The key to infodemics is not to produce even more information, but to address the environmental and social factors that make spreading misinformation easy.”*

## The Conversation - Flaws in the collection of African population statistics block COVID-19 insights

E Olamijuwon et al ; <https://theconversation.com/flaws-in-the-collection-of-african-population-statistics-block-covid-19-insights-142669>

*“... As **demographers** who have studied population dynamics and the social determinants of health in various African contexts, we are concerned that weaknesses in data collection and collation may make it more difficult to tailor solutions for specific populations. More importantly, understanding who is most at risk from the virus will allow policymakers to improve the allocation of health resources to those who need them most...”*

They conclude: *“**In the short term**, the relevant departments or ministries in African countries must ensure that standardised and detailed data collection is part of national COVID-19 plans. This is to achieve better outcomes for the population. Such data should be publicly available for researchers to generate new insights into the pandemic. **In the longer term**, countries need routine and accurate collection of statistics about populations. These should cover vital events such as mortality, fertility and disease outbreaks. Further delays in strengthening these systems will limit research that is relevant to the African context.”*

## Journal of Equity & Health (Commentary) - Axes of alienation: applying an intersectional lens on the social contract during the pandemic response to protect sexual and reproductive rights and health

J Dasgupta, M Schaaf et al ; <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-020-01245-w>

The authors propose the use of an intersectional lens to explore the impact of the COVID-19 pandemic on the social contract, drawing on our field experiences from different continents particularly as related to SRHR.

## CFFP - Policy Brief : A Feminist Foreign Policy Response to #COVID-19

<https://centreforfeministforeignpolicy.org/policy-brief-a-feminist-foreign-policy-response-to-covid-19>

*“... this policy brief offers the following: In a first step, it provides a **brief overview of the FFP frameworks from Sweden, Mexico, Canada, and France**, before discussing the main gendered impacts of the crisis. In a second step, it **outlines how those four countries with FFPs have been responding to the pandemic (differently)**. Finally, it **identifies concrete policy recommendations for a feminist response to COVID-19**. Further to this, this policy brief will provide additional recommendations for a more comprehensive feminist approach towards foreign policy which goes beyond the immediate emergency response...”*

## IJHPM - Denial and Distraction: How the Populist Radical Right Responds to COVID-19

M Falkenbach & S Greer;

[https://www.ijhpm.com/article\\_3880\\_f20c98f8df9e2d3a3158f031d1dd6d88.pdf](https://www.ijhpm.com/article_3880_f20c98f8df9e2d3a3158f031d1dd6d88.pdf)

*“This commentary considers the impact of the coronavirus disease 2019 (COVID-19) pandemic on the study of populist radical right (PRR) politicians and their influence on public health and health policy. A systematic review of recent research on the influence of PRR politicians on the health and welfare policies shows that health is not a policy arena that these politicians have much experience in. In office, their effects can be destructive, primarily because they subordinate health to their other goals. Brazil, the US and the UK all show this pattern. PRR politicians in opposition such as the Freedom Party of Austria (FPÖ) in Austria or the Lega in Italy, said very little during the actual health crisis, but once the public no longer appeared afraid they lost no time in reactivating anti-European Union (EU) sentiments. Whether in government or in opposition, PRR politicians opted for distraction and denial. ...”*

## Covid-19 impact on other global health programmes

### NYT - The Biggest Monster' Is Spreading. And It's Not the Coronavirus

Apoorva Mandavilli; <https://www.nytimes.com/2020/08/03/health/coronavirus-tuberculosis-aids-malaria.html?smid=tw-share>

One of the (dire) must-reads of the week.

*“Tuberculosis kills 1.5 million people each year. Lockdowns and supply-chain disruptions threaten progress against the disease as well as H.I.V. and malaria.”* In-depth report on delays in diagnosis, treatment interruptions, supply chain failures, ...

Excerpts: *“... Until this year, T.B. and its deadly allies, H.I.V. and malaria, were on the run. The toll from each disease over the previous decade was at its nadir in 2018, the last year for which data are available. Yet now, as the coronavirus pandemic spreads around the world, consuming global health resources, these perennially neglected adversaries are making a comeback...”*

*... It's not just that the coronavirus has diverted scientific attention from T.B., H.I.V. and malaria. The lockdowns, particularly across parts of Africa, Asia and Latin America, have raised insurmountable barriers to patients who must travel to obtain diagnoses or drugs, according to interviews with more than two dozen public health officials, doctors and patients worldwide. Fear of the coronavirus and the shuttering of clinics have kept away many patients struggling with H.I.V., T.B. and malaria, while restrictions on air and sea travel have severely limited delivery of medications to the hardest-hit regions. ... About 80 percent of T.B., H.I.V. and malaria programs worldwide have reported disruptions in services, and one in four people living with H.I.V. have reported problems with gaining access to medications, according to U.N. AIDS. Interruptions or delays in treatment may lead to drug resistance, already a formidable problem in many countries. ...”*

*“... Several public health experts, some close to tears, warned that if the current trends continue, the coronavirus is likely to set back years, perhaps decades, of painstaking progress against T.B., H.I.V. and malaria. The Global Fund, a public-private partnership to fight these diseases, estimates that mitigating this damage will require at least \$28.5 billion, a sum that is unlikely to materialize.”*

## Lancet World Report – COVID-19 has “devastating” effect on women and girls

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext)

*“Natalia Kanem, executive director of the UN Population Fund, is among experts warning about disrupted health services and a surge in gender-based violence. Sophie Cousins reports.”*

Check out also **some Lancet Global Health Correspondence** - Impact of COVID-19 on maternal and child health, eg. [Authors' reply](#).

## BMJ GH - Learning from Exemplars in Global Health: a road map for mitigating indirect effects of COVID-19 on maternal and child health

D Philips et al (on behalf of the Exemplars in Global Health Partnership);

<https://gh.bmj.com/content/5/7/e003430>

*“To minimise these negative indirect effects, countries will need to consider all domains of health systems, including demand, supply, resources and social determinants. To this end, learning from countries that have improved health outcomes amid other crises could provide helpful strategies. **Some of the strategies used by these positive outlier countries** include clear national leadership, data-driven targeting, community-focused health services and a strong emphasis on equity. **Studying positive outlier countries to find lessons applicable for other settings** is the focus of the recently launched Exemplars in Global Health programme...”*

## Planetary Health

### Open Democracy - Deep Adaptation opens up a necessary conversation about the breakdown of civilisation

<https://www.opendemocracy.net/en/oureconomy/deep-adaptation-opens-necessary-conversation-about-breakdown-civilisation/>

*“Many scientists say that societal collapse is now a likely outcome. We must prepare for this possibility and not deny its plausibility.”* Insightful read on “collapsology”.

## Guardian - Letter from economists: to rebuild our world, we must end the carbon economy

J Sachs, M Mazzucato, J Stiglitz, R Reich, G Zucman et al;

<https://www.theguardian.com/commentisfree/2020/aug/04/economists-letter-carbon-economy-climate-change-rebuild>

Letter signed by 100 economists. *“The carbon economy amplifies racial, social and economic inequities, creating a system that is fundamentally incompatible with a stable future...”*

Cfr **tweet Jason Hickel**: *“We need: 1) A declining cap on fossil fuels; 2) Institutional divestment; 3) Justice for those affected by climate breakdown.”*

## WHO Bulletin - Incorporating natural ecosystems into global health and food security programmes

A Jacob et al ; <https://www.who.int/bulletin/volumes/98/8/20-252098/en/>

*“... Incorporating natural ecosystems into global health and food security programmes can help meet the goals of the health and food security sectors while contributing to the improved management and sustainability of ecosystems and the important services they provide. **Here we suggest three practical ways in which natural ecosystems can be incorporated into global health and food security programmes** to achieve these goals more sustainably and ensure that ecosystem degradation does not undermine previous achievements in these sectors...”*

## Guardian (Longread) - The evolution of Extinction Rebellion

[https://www.theguardian.com/environment/2020/aug/04/evolution-of-extinction-rebellion-climate-emergency-protest-coronavirus-pandemic?CMP=share\\_btn\\_tw](https://www.theguardian.com/environment/2020/aug/04/evolution-of-extinction-rebellion-climate-emergency-protest-coronavirus-pandemic?CMP=share_btn_tw)

Must-read. *“In its first year of existence, XR transformed the global conversation around the climate crisis. But then it was gripped by internal conflicts about its next steps. **Can the movement reinvent itself for the post-pandemic world?**”*

Quote: *“... In July, XR announced **plans** for its next rebellion, which will begin on 1 September, when activists plan to peacefully disrupt parliament until the government agrees to debate the group’s three demands. In its statement, XR identified **“an intersection of global crises” including climate breakdown, Covid-19, racial injustice and economic inequality as “symptoms of a toxic economic system propped up by corrupt politicians that is driving us to extinction”** ...”*

Hard to argue with that.

## Guardian - Rising temperatures will cause more deaths than all infectious diseases – study

<https://www.theguardian.com/us-news/2020/aug/04/rising-global-temperatures-death-toll-infectious-diseases-study>

*“The growing but largely unrecognized death toll from rising global temperatures will come close to eclipsing the current number of deaths from all the infectious diseases combined if planet-heating emissions are not constrained, a major new study has found. Rising temperatures are set to cause particular devastation in poorer, hotter parts of the world that will struggle to adapt to unbearable conditions that will kill increasing numbers of people, the research has found. The economic loss from the climate crisis, as well as the cost of adaptation, will be felt around the world, including in wealthy countries. In a high-emissions scenario where little is done to curb planet-heating gases, global mortality rates will be raised by 73 deaths per 100,000 people by the end of the century. This nearly matches the current death toll from all infectious diseases, including tuberculosis, HIV/Aids, malaria, dengue and yellow fever...”*

See also Bloomberg - [Life and Death in Our Hot Future Will Be Shaped by Today's Income Inequality](#)

And the paper: [Valuing the Global Mortality Consequences of Climate Change Accounting for Adaptation Costs and Benefits.](#)

### Guardian - Deadly diseases from wildlife thrive when nature is destroyed, study finds

<https://www.theguardian.com/environment/2020/aug/05/deadly-diseases-from-wildlife-thrive-when-nature-is-destroyed-study-finds>

Based on new [research](#) in Nature. *“The human destruction of natural ecosystems increases the numbers of rats, bats and other animals that harbour diseases that can lead to pandemics such as Covid-19, a comprehensive analysis has found. The research assessed nearly 7,000 animal communities on six continents and found that the conversion of wild places into farmland or settlements often wipes out larger species. It found that **the damage benefits smaller, more adaptable creatures that also carry the most pathogens that can pass to humans.** The assessment found that the populations of animals hosting what are known as zoonotic diseases were up to 2.5 times bigger in degraded places, and that the proportion of species that carry these pathogens increased by up to 70% compared with in undamaged ecosystems...”*

## International Day of the World's Indigenous people (9 August)

### Lancet Editorial - Self-determination and Indigenous health

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31682-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31682-2/fulltext)

*“Colonisation is a fundamental determinant of Indigenous peoples' health. **Indigenous is a term defined by dislocation**, and the effects of that displacement are felt by Indigenous peoples around the world. **Aug 9, International Day of the World's Indigenous Peoples**, is a chance to look at the continuing effects of territorial removal, the destruction of people, culture, and languages, and the **lack of self-determination (the right to determine one's own social, cultural, and economic development)**, and their impact on Indigenous peoples' health. **Any attempt to address the health inequities of Indigenous peoples will require governments to finally grapple with these foundational factors and enact and enforce the rights of Indigenous peoples to self-determination***

**and territorial sovereignty.** There are an estimated 476 million Indigenous people worldwide (6% of the world's population). Indigenous people have disproportionately high rates of poverty, non-communicable diseases, infant and maternal mortality, mental illness, and infectious diseases (such as tuberculosis and HIV/AIDS), and a life expectancy gap of up to 20 years. **Indigenous peoples are particularly susceptible to pandemic infectious diseases like COVID-19....”**

## Decolonize global health

**Aidspan: A black African in global health speaks candidly about his experience of racism**

<https://www.aidspan.org/en/c/article/5367>

Poignant read. *“In The Context Of Global Reckoning Of Racism Following The Demonstrations Of “Black Lives Matter”, Aidspan Asked An African Retiree In The Global Health Arena To Share His Experience Of Racism.”*

**BMJ Global Health (Editorial) - Global health degrees: at what cost?**

A Svadzian, M Pai et al ; <https://gh.bmj.com/content/5/8/e003310>

Must-read comparative analysis of global health education programs. Authors identified 41 degree programs & estimated total tuition costs.

A few quotes, to give you a flavour: *“Based on where global health degrees are offered and the high fees charged, we infer that most degrees might be catering to HIC students and students from elite and privileged backgrounds in LMICs, thus privileging a student group that is already privileged. The current leaders of global health organisations are drawn from this same limited pool. The pattern of global health training serves to perpetuate lack of diversity, a huge problem in global health that risks perpetuating colonial approaches and structures....”*

*“In conclusion, even if HIC universities made their degrees more accessible, we should still ask why an African trainee must go to London or Boston to learn about control of sleeping sickness or malaria (and pay top dollars for such training)? **The traditional mindset in global health that expertise flows from North to South, is reflected in research, training, consultancy and technical assistance. This colonial model is ripe for disruption. Building top-notch institutions in LMICs is critical, to reduce dependence on HICs, and to improve the overall quality, depth and relevance of global health training and research.** Someday, we hope HIC trainees will earn global health degrees from such LMIC universities, and learn directly from experts who are closest to the problems and closest to the solution....”*

**BMJ GH Commentary - Decolonising global health: if not now, when?**

A M Büyüm et al ; <https://gh.bmj.com/content/5/8/e003394>

*“The current global health ecosystem is ill equipped to address structural violence as a determinant of health. Histories of slavery, redlining, environmental racism and the predatory nature of capitalism underpin the design of global and public health systems, resulting in structural, racial and ethnic inequities within **Black, Indigenous and People of Color (BIPOC) communities** globally. While the manifestation of inequity in individual countries or regions is bound up in the local-to-global interface of historical, economical, social and political forces, **COVID-19 disproportionately affects BIPOC and other marginalised communities**. Aside from direct health impacts on marginalised communities, exclusionary colonialist patterns that centre Euro-Western knowledge systems have also shaped the language and response to the pandemic—which, in turn, can have adverse health outcomes. **Decolonising global health advances an agenda of repoliticising and rehistoricising health through a paradigm shift, a leadership shift and a knowledge shift. While the global response to COVID-19 has so far reinforced injustices, the coming months present a window of opportunity to transform global health.***

*“In this commentary, we draw on examples that show how the most vulnerable and marginalised in society are ignored and exploited by design and in context-specific ways in the pandemic response. Through these examples, **we call for a threefold shift in global health research, policy and practice....**”*

## Special issue - French Decolonization in Global Perspective

<https://www.berghahnjournals.com/view/journals/fpcs/38/2/fpcs.38.issue-2.xml#.XyjEzXxjHaE.twitter>

Edited by J Lynn Pearson. *“While the recent “transnational” and “global” turns in history have inspired new approaches to studying the French Revolution and the French Resistance, they have made a surprisingly minor impact on the study of French decolonization. Adopting a global or transnational lens, this special issue argues, can open up new possibilities for broadening our understanding of the collapse of France’s global empire in the mid-twentieth century as well as the reverberations of decolonization into the twenty-first.”*

And a great link:

Open Democracy - [It’s time to put an end to supremacy language in international development](#)

*“The words we use in NGOs and aid agencies draw imaginary lines between ‘us’ and ‘them,’ stifling our imagination.”*

*Quote: “...the words we choose (or use unconsciously) both stem from and reinforce particular visions, worldviews and ways of doing things. In the aid industry these ways of doing things - and measuring, valuing and prioritizing between them - are overwhelmingly rooted in colonialism, capitalism and control, or what I think of as ‘supremacy thinking.’ Today’s insidious market mentality, the continuation of great-power geopolitics and the military-industrial complex, and the unequal legacies of colonialism have molded a **near-universal discourse of international development that is essentially this: that investments + transactions = impact**. The ‘white savior industrial complex’ contributes feel-good language and heart-tugging photos to soften the cold calculus of this underlying equation....”*

Check out also [Track Changing Initiative](#)

*“The Track Changing Initiative (TCI) is a task group of the Kampala Initiative that was established during a civil society workshop on “How to advance cooperation and solidarity within and beyond aid” that took place in Kampala on 15-16 November 2019. The aim of this task group is to provide a critical and global civil society perspective on the “aid narrative”, and to look for more truthful alternatives grounded in social justice and global solidarity.”*

## Tobacco control

### HPW -Formula 1 Still Benefiting From Tobacco Sponsorships, Despite Public Promise To Cut Ties With The Industry

<https://healthpolicy-watch.news/formula-1-still-benefiting-from-tobacco-sponsorships-despite-public-promise-to-cut-ties-with-the-industry/>

*“The racing sport Formula 1 (F1) has made more than US \$4.4 billion in advertising and sponsorship from tobacco companies in the past seven decades, according to a report published by F1 industry monitor [Formula Money](#) and global tobacco industry watchdog [STOP](#). The first-ever analysis of its kind, [Driving Addiction: F1 and Tobacco Advertising](#), was published just ahead of the British Grand Prix in Silverstone, scheduled for this weekend. Phillip Morris International (PMI) and British American Tobacco (BAT), two tobacco industry powerhouses, are upping their spending on F1 this year, budgeting US \$115 million in the 2020 season. In the 2019 F1 season, PMI and BAT spent US \$100 million on sponsorship and advertising...”*

## Lancet Commission on Gender and Global Health announced

### Lancet Comment - The Lancet Commission on Gender and Global Health

Sarah Hawkes et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31547-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31547-6/fulltext)

*“... Despite [this] body of knowledge, however, **consideration of gender in global health is neglected. Gender is everywhere in global health discourse and promises, but nowhere in action or accountability plans.** ... «*

*« ... The underlying cultural, social, political, legal, and economic drivers that create disadvantage are not immutable. With this in mind and building on the journal's past commitments to gender equity, **The Lancet announces a new Commission on Gender and Global Health.** This Commission has been set up **with the explicit and uncompromising aim to move beyond the evidence to catalyse action.** For change to happen, academic evidence is necessary but insufficient: the world does not need another report on the evidence and extent of a so-called gender problem in health. **The Commission was borne of a collective and strategic understanding of the need to mobilise individuals and institutions to redress imbalances in the gender–health relationship, producing a politically informed, globally relevant, and intersectional feminist strategy for structural change in global health...**”*

## HSG symposium 2020 update

### HSR2020 scientific program takes shape

<https://hsr2020.healthsystemsresearch.org/hsr2020-scientific-program-takes-shape>

New update. With info on the various streams of the program.

## Some papers & reports of the week

### Chapter - Commercial Determinants of Global Health

Luke Allen; [https://link.springer.com/content/pdf/10.1007%2F978-3-030-05325-3\\_57-1.pdf](https://link.springer.com/content/pdf/10.1007%2F978-3-030-05325-3_57-1.pdf)

One of the reads of the week. Includes, among others (cfr tweet Allen): ***“a new #CDOH conceptual framework for consumption and spread of #Tobacco, #Alcohol & #JunkFood. These commercial vectors must be: - Affordable - Physically available - Culturally acceptable (preferably desirable) = Three spheres for #NCD policy action.”***

### Health Affairs - Return On Investment From Immunization Against 10 Pathogens In 94 Low- And Middle-Income Countries, 2011–30

S Y Sim et al ; <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00103>

By the **Decade of Vaccine Economics (DoVE) Project**.

*“Estimating the value of global investment in immunization programs is critical to helping decision makers plan and mobilize immunization programs and allocate resources required to realize their full benefits. We estimated economic benefits using cost-of-illness and value-of-a-statistical-life approaches and combined this estimation with immunization program costs to derive the return on investment from immunization programs against ten pathogens for ninety-four low- and middle-income countries for the period 2011–30. Using the cost-of-illness approach, return on investment for one dollar invested in immunization against our ten pathogens was 26.1 for the ninety-four countries from 2011 to 2020 and 19.8 from 2021 to 2030. Using the value-of-a-statistical-life approach, return on investment was 51.0 from 2011 to 2020 and 52.2 from 2021 to 2030. The results demonstrate continued high return on investment from immunization programs. The return-on-investment estimates from this study will inform country policy makers and decision makers in funding agencies and will contribute to efforts to mobilize resources for immunization. Realization of the full benefits of immunization will depend on sustained investment in and commitment to immunization programs.”*

## **IJHPM - “Not Just a Journal Club – It’s Where the Magic Happens”: Knowledge Mobilization through Co-Production for Health System Development in the Western Cape Province, South Africa**

The Western Cape HPSR Journal Club team; [https://www.ijhpm.com/article\\_3874.html](https://www.ijhpm.com/article_3874.html)

*“The field of Health Policy and Systems Research (HPSR) views **researchers as active participants in processes of knowledge mobilization, learning and action.** Yet few studies examine how such processes are institutionalized or consider their health system or wider impacts. **This paper aims to contribute insights by presenting a South African experience: the Western Cape (WC) HPSR Journal Club (JC)....”***

## **Global Public Health - HIV Policy Advancements in PEPFAR Partner countries: a review of data from 2010–2016**

A R Verani et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1795219>

*“This paper aims to describe and analyse progress with domestic HIV-related policies in PEPFAR partner countries, utilising data collected as part of PEPFAR’s routine annual program reporting from U.S. government fiscal years 2010 through 2016. 402 policies were monitored for one or more years across more than 50 countries using the PEPFAR policy tracking tool across five policy process stages: 1. Problem identification, 2. Policy development, 3. Policy endorsement, 4. Policy implementation, and 5. Policy evaluation. This included 219 policies that were adopted and implemented by partner governments, many in Africa. Policies were tracked across a wide variety of subject matter areas, with HIV Testing and Treatment being the most common. Our review also illustrates challenges with policy reform using varied, national examples. Challenges include the length of time (often years) it may take to reform policies, local customs that may differ from policy goals, and insufficient public funding for policy implementation.”*

## **Global Health Action (special issue) – LEARN: Sexual Reproductive Health, ANC and Nutrition**

<https://www.tandfonline.com/toc/zgha20/13/sup2?nav=toclist>

Special issue related to **health policy in Lao PDR**. Series of 15 papers.

Start with the **Editorial - [Research provides evidence for health policy in Lao PDR](#)** (by I Bromage et al).

*“In 2015, the European Union initiated a programme to strengthen the capacity of national institutes of public health in several low- and middle-income countries to provide such evidence. **In this Special Issue of Global Health Action, papers are presented that address a number of research questions aimed at providing the Lao Ministry of Health with evidence on topics that had high priority for them, mainly relating to reproductive health and nutrition. ...”***

*The Lao People’s Democratic Republic (Lao PDR) faces a range of sexual and reproductive health (SRH) challenges, including poor sexual and reproductive health (SRH) literacy, low uptake and use of contraceptives, and the resulting unintended pregnancies. ... The research reported in the*

*papers in this special issue was conducted within the framework of a much larger initiative supported by the European Union (EU): the **Supporting Public Health Institutes Program (SPHIP)**. The goal of the EU programme SPHIP is to strengthen national public health institutes (NPHIs) in eight low-income countries, including Lao PDR. ... In Lao PDR, the SPHIP initiative focuses on strengthening the capacities of Lao Tropical and Public Health Institute (Lao TPHI) and the University of Health Sciences (UHS). The multi-year project is called **Lao Equity through policy Analysis and Research Networks (LEARN)**. ...”*

## **Health Policy Open - Strengthening health policy development and management systems in low- and middle- income countries: South Africa's approach**

J Lane et al ; <https://www.sciencedirect.com/science/article/pii/S2590229620300083>

*“The development and management of health policies, strategies and guidelines (collectively, policies) in many low- and middle-income countries (LMICs) are often ad hoc and fragmented due to resource constraints a variety of other reasons within ministries of health. The ad hoc nature of these policy processes can undermine the quality of health policy analysis, decision-making and ultimately public health program implementation. To identify potential areas for policy system strengthening, we reviewed the literature to identify potential best practices for ministries and departments of health in LMICs regarding the development and management of health policies. This review led us to identify 34 potential best practices for health policy systems categorized across all five stages of the health policy process. While our review focused on best practices for ministries of health in LMICs, many of these proposed best practices may be applicable to policy processes in high income countries. After presenting these 34 potential best practices, we discuss the potential of operationalizing these potential best practices at ministries of health through the adoption of policy development and management manuals and policy information management systems using the South Africa National Department of Health's experience as an example.”*

## **Globalization & Health - Promoting the use of evidence in health policymaking in the ECOWAS region: the development and contextualization of an evidence-based policymaking guidance**

C J Uneke et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00605-z>

*“The Economic Commission of the West African States (ECOWAS), through her specialised health Institution, the West African Health Organization (WAHO) is supporting Members States to improve health outcomes in West Africa. There is a global recognition that evidence-based health policies are vital towards achieving continued improvement in health outcomes. The need to have a tool that will provide systematic guide on the use of evidence in policymaking necessitated the production of the **evidence-based policy-making (EBPM) Guidance**....”*

## **Some blogs & other mainstream news of the week**

### **IISD - HLPF 2021 to Focus on Nine SDGs Linked to Pandemic Recovery**

<http://sdg.iisd.org/news/hlpf-2021-to-focus-on-nine-sdgs-linked-to-pandemic-recovery/>

*“The 2021 session of the HLPF will review nine SDGs: 1, 2, 3, 8, 10, 12, 13, 16 and 17. The thematic focus of ECOSOC and HLPF in 2021 will be ‘Sustainable and resilient recovery from the COVID-19 pandemic ...’.*

No surprises there...

And another SDG related link: IISD - [Publication Reflects on Role of National Review to Drive SDG Action](#)

*“The report by Partners for Review identifies a number of best practices related to the development of Voluntary National Reviews (VNRs) as well as other review processes related to the SDGs. The report notes that the diversity of stakeholders engaged in the reviews has also increased, with actors including supreme audit institutions (SAIs), parliaments, the media, foundations and grassroots civil society groups.”*

## **UNAIDS congratulates Tlaleng Mofokeng on her appointment as United Nations Special Rapporteur on the right to health**

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/august/20200803\\_tlaleng-mofokeng](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/august/20200803_tlaleng-mofokeng)

*“Tlaleng Mofokeng, a South African medical doctor and a women's rights and sexual and reproductive health rights activist, has been appointed as the new United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. “I congratulate Tlaleng Mofokeng on her appointment as the United Nations Special Rapporteur on the Right to Health—the first African woman to be appointed to this important role,” said Winnie Byanyima, Executive Director of UNAIDS. “I know that she will fight for human rights and for everyone, everywhere to be able to get the health care they need. We both share a vision: that health care should not be just for the rich, but a right for all.”...*”

She was appointed early July.

Do read a conversation with her in HHR - [Tlaleng Mofokeng: Special Rapporteur on the Right to Health](#)

Cfr a tweet: “New spec rapporteur on #healthrights @drtlaleng speaks with @BenjaminMMeier on dignity, vulnerability & justice. “Without health we have nothing”.”

*“...I’m trying to move away from having a hierarchy of illnesses, where some are more important than others. And that’s why I want to prioritize the theme of vulnerability and restoration of dignity, because then it doesn’t matter whether you’re talking about HIV or TB or malaria. If we are driven by that vision, then I can support you in whatever you are doing.”*

## Tax Justice Network - Donor countries' tax funding for civil society barely half what is claimed

<https://www.taxjustice.net/2020/08/04/donor-countries-tax-funding-for-civil-society-barely-half-what-is-claimed/>

Cfr tweet Alex Cobham: *“Scathing analysis from Richard Christel at the Transparency and Accountability Initiative, of aid donor countries' claims to support civil society work on tax.”*

## WEF - Here's how a revamped wealth tax could fuel the COVID recovery

I Khan; <https://www.weforum.org/agenda/2020/08/how-redesigned-wealth-taxes-could-help-us-weather-the-coronavirus-crisis>

Khan comes up with a **smart approach to wealth taxes**, borrowing a leaf from the Greeks' eisphora wealth tax on the richest Athenians, and Islamic Zakat.

Well worth a read, even if I'm convinced capitalism itself has to go.

## F2P blog - How to be a Good Ancestor: Book Review

<https://oxfamblogs.org/fp2p/how-to-be-a-good-ancestor-book-review/>

Nice book review (by Duncan Green) of **Roman Krznaric's** new book (and apparently a must-read): [The Good Ancestor: How to think long term in a short-term world](#).

And for a first taste of Krznaric's book, see **Open Democracy** - [To solve the climate crisis, we need more democracy, not less](#)

Based on the (new) **Intergenerational Solidarity Index**. *“The ISI provides a single index score for 122 countries each year between 2015 and 2019, and is based on combining ten different indicators of long-term policy performance. Environmental indicators include carbon footprint and deforestation, the economic indicators include measures such as wealth inequality and net savings, while the social indicators cover areas such as investment in primary education and child mortality (a full list of indicators and the complete dataset is available here). The scores range from 1 (low intergenerational solidarity) to 100 (high intergenerational solidarity).”...*

## ODI (blog) - Redirect finance, cooperate globally, redefine the system: three key economic ideas

R Roy; <https://www.odi.org/blogs/17218-redirect-finance-cooperate-globally-redefine-system-three-key-economic-ideas>

*“ODI's [Global Reset Dialogue](#) invited leaders from around the world to share their visions for building a more equal, resilient and sustainable future beyond the coronavirus. Our incoming Managing Director (Policy and Research) **Rathin Roy**, one of the moderators of the Dialogue, shares*

his response to ideas put forward for tackling the climate crisis. Global leaders identified **three economic issues that will be important** in the world emerging during and after Covid-19 ... “

Do read also (ODI: by I Khan) [Human rights are at a crossroads – but accountability and activism can inspire change](#) (summarizing human rights messages from this Global Reset Dialogue).

### **Katri Bertram (blog) - Mental health and well-being (in times of Covid-19) – why it matters**

<https://katribertram.wordpress.com/2020/08/04/mental-health-and-well-being-covid19/>

*“Eight months into the Covid-19 pandemic, most current media attention on global health is focused on vaccine trials, and who will get vaccines first (and who last, if at all). Most global health organisations are focused on protecting essential services (that fall under their mandates). **Mental health and well-being, which were promoted strongly as important issues especially by the World Health Organization when countries started going into shutdown, have slipped off the agenda, perhaps with the exception of domestic abuse and violence (albeit also here with a primary focus on physical risks and health)....”***

Read why this is short-sighted.

Quote: “... **I fully agree that saving lives is important.** For most of my career in global health, this has been a focus of my work. But **equally important for me has been to prevent unnecessary suffering. Mental health and well-being are a key component of this.** What I have learned about the impacts that conflicts, crises and separation can have, for example on children, will never leave me. Having engaged on and written about issues such as work-life-balance and well-being in the global health and development sector, I’ve also come to realise that **well-being is even further down the priority list, far behind behind mental health that already lies somewhere at rock bottom....”**

### **Economist - Guy Standing on how lockdowns make the case for a basic income**

[Economist](#);

“Universal basic income isn’t just a solution during the pandemic—it’s right for after it, too.”

### **F2P blog - Covid has put Governance at the heart of debates on Development, but how has it changed the questions we ask?**

G Teskey; <https://oxfamblogs.org/fp2p/covid-has-put-governance-at-the-heart-of-debates-on-development-but-how-has-it-changed-the-questions-we-ask/>

Brilliant stuff. Summarized in two tables.

Conclusion: *“It is not that any of the five ‘pre-Covid’ questions have been answered or have gone away. Far from it – we know they haven’t. But it does seem that Covid-19 has upended the contemporary governance discourse and inserted a bunch of much more urgent, shorter-term and*

*more politically pertinent questions. If we are thinking and working politically then maybe Covid-19 offers an opportunity for governance practitioners to play a key role in identifying ‘post-Covid’ recovery strategies, and address some of the issues identified in Table 2.”*

## **P4H - Financing the existence of autonomous hospitals (Yes, another lesson from COVID-19)**

Bruno Meessen et al ; <https://p4h.world/en/who-ihf-financing-hospital-autonomy-covid19>

*“Across the globe, health systems are being shaken on their foundations by the COVID-19 pandemic. By shedding light on risks or latent problems we were not aware of, the crisis constitutes a major test for our frameworks, the way we have structured our learning agendas, policy plans and action. COVID-19 and the **financial crisis it triggered for the hospital sector** invite us to look at health financing from the perspective of health facilities. **The World Health Organization and the International Hospital Federation will partner to identify possible solutions that ensure the future of autonomous hospitals and their best contribution to the Universal Health Coverage (UHC) goal.**”*

## **HS Governance Collaborative - Global Health Governance Building the Reset initiative : Some touch stones for the reset**

<https://hsgovcollab.org/en/blog/global-health-governance-building-reset-initiative-some-touch-stones-reset>

*“by **Godelieve Van Heteren and Benjamin Rouffy-Ly**. A few months into our building the reset initiative, we take stock of the key takeaways from our interactions.”*

## **Some tweets of the week**

### **Anthony Costello**

*“Behemoth capitalism. **Apple** is now worth more than Canada. Within a year or two it will be worth more than Brazil, Italy and possibly even India. **Should they be invited to the G8?**”*

### **Office the State Treasurer**

*“**Remdesivir manufacturer, Gilead**, just set the price for the COVID-19 treatment: **between \$2,300 and \$3,100 per patient**. @icer\_review estimates the treatment costs approx. \$1 per vital to produce. \$1.”*

### **Ilona Kickbusch**

*"I am becoming more and more wary of @who reform proposals - the context shows that in a weakening multilateral system countries don't respect norms and are not committed to solidarity @WHO cannot be reformed in a vacuum #COVID19."*

## Global governance of health

### Devex - Opinion: 5 ways to reform the World Health Organization

Claire Chaumont ; <https://www.devex.com/news/opinion-5-ways-to-reform-the-world-health-organization-97843>

Perhaps not all of them, but some very sensible suggestions in there. Ideas listed by Chaumont: strong sanctions, narrow(er) mandate, increased untied funding, open governance, & broad technical expertise.

### Devex - OECD DAC issues new rules that count debt relief as ODA

<https://www.devex.com/news/oecd-dac-issues-new-rules-that-count-debt-relief-as-oda-97858>

See also last week's IHP news. *"After months of discussion, and years on the to-do list, the Organisation for Economic Co-operation and Development's Development Assistance Committee has agreed on rules for how it will count debt relief as official development assistance."*

Read all the detail & analysis in this Devex piece.

### Guardian - Almost half of UK charities for world's poorest set to close in a year – survey

[https://www.theguardian.com/global-development/2020/aug/06/almost-half-of-uk-charities-for-worlds-poorest-set-to-close-in-a-year-survey-covid-19?CMP=share\\_btn\\_tw](https://www.theguardian.com/global-development/2020/aug/06/almost-half-of-uk-charities-for-worlds-poorest-set-to-close-in-a-year-survey-covid-19?CMP=share_btn_tw)

*"Nearly half of the UK's small charities working with the world's poorest people expect to close within the next 12 months due to lack of financial support, a survey has found. Despite most of them seeing a spike in demand for their services during Covid-19, 15% of the charities will be forced to shut their doors within the next six months, and 45% within a year, according to data from the Small International Development Charities Network (SIDCN)..."*

### Devex - Travel restrictions have aid workers wondering: Is this profession viable anymore?

<https://www.devex.com/news/travel-restrictions-have-aid-workers-wondering-is-this-profession-viable-anymore-97861>

*"...Travel restrictions during the coronavirus pandemic have shifted more responsibility to local aid workers, as many international aid workers remain grounded at home. But mandatory*

quarantines, visa restrictions, and commercial flight cancellations continue to complicate the job for those working outside their home country. In some cases, people are being tasked with additional responsibilities to make up for staffing gaps, experts say. And international aid workers based in what the United Nations considers hardship duty stations are no longer able to easily take off the standard rest and recuperation time from their work environments....”

“The stakes of being stationed in a conflict or crisis zone have become especially high for aid workers with spouses, children, or elderly relatives back home, Pugh said. He expects **these new factors could hasten the industry’s demographic shift “to a younger person’s realm.”**”

And a tweet:

“We congratulate **Anders Nordström** @NordstrmAnders on his appointment as head of the secretariat of the @WHO Independent Panel for Pandemic Preparedness and Response.”

## UHC

### New initiative Alliance (& partner organisations) - Embedded primary health care research: Asking policy-makers the questions

<https://www.who.int/alliance-hpsr/news/2020/embedded-phc-research-asking-policy-makers/en/>

“What are the priority challenges being faced by policy- and decision-makers as they work to maintain primary health care (PHC) services while responding to the COVID-19 crisis? Uncovering the answer to that question for policy-makers across Asia and the Pacific is at the heart of an **initiative that the Alliance has launched with several partner organizations. This new initiative – Embedded primary health care research to engage communities and build learning health systems** – is being spearheaded by the WHO Science Division and the Alliance, in partnership with the WHO Special Programme on Primary Health Care, the South-East Asia Regional Office of WHO, the Western Pacific Regional Office of WHO, UNICEF and the United Nations University International Institute for Global Health. **Two regional consultations with policy-makers representing more than 20 countries were held in early July, followed by a synthesis consultation** bringing together participants from the regional consultations with other high-level participants to agree an action plan and to reconfirm commitments to embedded research on primary health care....”

“Our consultation process was organized around five key themes related to #PHC and #COVID19, but a number of additional emerging priorities were also identified....”

### Coming up: series of webinars about the UHC Survey and the State of UHC Commitment multi-stakeholder review (13 August-3 Sept)

<https://www.uhc2030.org/blog-news-events/uhc2030-events/webinar-series-for-the-state-of-uhc-commitment-555382/>

“On 13 July 2020, UHC2030 launched a multi-stakeholder process to gather data and stories for [the State of UHC Commitment](#) including the [UHC Survey 2020](#). This webinar series, co-organised by

UHC2030, CSEM and Chatham House is aimed at CSOs, private sector and other non-governmental stakeholders working on UHC.

**First English webinar: Thursday 13 Aug at 10am BST...**

## **IJHPM - Evidence-Informed Deliberative Processes for HTA Around the Globe: Exploring the Next Frontiers of HTA and Best Practices; Comment on “Use of Evidence-informed Deliberative Processes by Health Technology Assessment Agencies Around the Globe”**

U Gopinathan, K Chalkidou et al ; [https://www.ijhpm.com/article\\_3881.html](https://www.ijhpm.com/article_3881.html)

*“This comment reflects on an article by Oortwijn, Jansen, and Baltussen about the use and features of ‘evidence-informed deliberative processes’ (EDPs) among health technology assessment (HTA) agencies around the world and the need for more guidance. First, we highlight procedural aspects that are relevant across key steps of EDP, focusing on conflict of interest, the different roles of stakeholders throughout a HTA and public justification of decisions. Second, we discuss new knowledge and models needed to maximize the value of deliberative processes at the expanding frontiers of HTA, paying special attention to when HTA is applied in primary care, employed for public health interventions, and is produced through international collaboration.”*

## **Planetary health**

### **Telegraph - Locust swarms could be heading for one of the most vulnerable regions on earth, warns UN**

<https://www.telegraph.co.uk/global-health/climate-and-people/locust-swarms-could-heading-one-vulnerable-regions-earth-warns/>

*“The destructive pests are now heading to the Sahel, where hunger is widespread.”*

*“Billions of desert locusts which have been swarming over the Horn of Africa since the start of the year could soon head west to the Sahel, one of the most food-insecure regions in the world, the United Nations has warned. ...”*

### **WEF (blog) - Who should be responsible for removing CO2 from the atmosphere?**

C Fyson; <https://www.weforum.org/agenda/2020/07/carbon-emissions-reduction-global-effort/>

*“Carbon dioxide removal (CDR) is needed to achieve the goals of the Paris Agreement. However, there is debate as to who is responsible, based on those who emit the most, or those in the equity position to help the most. Researchers have modelled two approaches to sharing out CDR needs – one based on culpability for climate change and the other based on capability for addressing it.”*

## Infectious diseases & NTDs

### UNAIDS calls for global United States leadership on COVID-19

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/july/20200731\\_US\\_leadership\\_covid](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/july/20200731_US_leadership_covid)

*“As the world faces the colliding pandemics of COVID-19, HIV, tuberculosis and malaria, UNAIDS supports the call for bold, bipartisan support by the United States of America for global efforts against these concurrent health challenges.”*

### BMJ Feature - Fighting malaria with genetically modified mosquitoes

<https://www.bmj.com/content/370/bmj.m2172>

*“Could a bold project to genetically engineer mosquitoes curb the scourge of malaria in Africa? Finding out will require careful science—and public acceptance, writes **Esther Nakkazi**.”*

*“On 29 July 2019, the Target Malaria insectary was opened at the Uganda Virus Research Institute in Entebbe. It was the last of four partner sites to open—alongside Burkina Faso, Ghana, and Mali—in an effort to eradicate malaria. The aim: to release mosquitoes into an environment already rife with mosquitoes carrying malaria parasites....”*

And a link:

Stat - [The DRC needs an Ebola survivor program to truly quell its outbreak](#)

By a former Liberian deputy minister of health. *“...I was Liberia’s assistant minister of health when the epidemic broke out and led the country’s Ebola response, including establishing its **Ebola survivor program**. (Later, as deputy health minister, I expanded the program.) The program had two overarching two goals: stopping human transmission to prevent the next outbreak and providing survivors with desperately needed support....”*

## AMR

### HP&P - What are the barriers to implementing national antimicrobial resistance action plans? A novel mixed-methods policy analysis in Pakistan

M Khan, J Hanefeld et al; <https://academic.oup.com/heapol/article-abstract/doi/10.1093/heapol/czaa065/5879872?redirectedFrom=fulltext>

*“Despite political commitment to address antimicrobial resistance (AMR), countries are facing challenges to implementing policies to reduce inappropriate use of antibiotics. **Critical factors to the success of policy implementation in low- and middle-income countries (LMIC), such as capacity for enforcement, contestation by influential stakeholders and financial interests, have been***

*insufficiently considered...” “We found that there was only widespread support for implementing hard regulations (prohibiting certain actions) against antibiotic suppliers with little power—such as unqualified/informal healthcare providers and animal feed producers—but not to target more powerful groups such as doctors, farmers and pharmaceutical companies. Policy actors had limited knowledge to develop implementation plans to address inappropriate use of antibiotics in animals, even though this was recognized as a critical driver of AMR.”*

They conclude: **“Our results indicate that local political and economic dynamics may be more salient to policy actors influencing implementation of AMR national action plans than solutions presented in global guidelines that rely on implementation of hard regulations. This highlights a disconnect between AMR action plans and the local contexts where implementation takes place. Thus if the global strategies to tackle AMR are to become implementable policies in LMIC, they will need greater appreciation of the power dynamics and systemic constraints that relate to many of the strategies proposed.”**

And a link:

The Conversation - [Antibiotic resistance: cheap diagnostic test could be a saviour](#)

*“...Scientists at the University of Cambridge are developing a simple, cheap and portable AMR diagnostic kit, packaged into a portable hand-luggage-sized suitcase with a solar-panelled battery, that can be used anywhere in the world...”*

## NCDs

### NYT - Dementia on the Retreat in the U.S. and Europe

[NYT](#);

*“Rates of dementia have steadily fallen over the past 25 years, a [new study](#) finds. But the disease is increasingly common in some parts of the world.”*

*“One leading hypothesis for the decline in the United States and Europe is improved control of cardiovascular risk factors, especially blood pressure and cholesterol. ... Another possible reason for declining dementia rates might be better education, which is thought to have a protective effect by giving the brain more capacity...”*

*“...One puzzling aspect of the decline is that it seems to be confined to Europe and the United States — it was not seen in Asia, South America or, from limited data, in Africa...”*

### Plos Med (Editorial) – From genetics to bariatric surgery and soda taxes: Using all the tools to curb the rising tide of obesity

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003317>

Editorial linked to a special issue on obesity. *“In an editorial, guest editor Sanjay Basu and Senior Editor Adya Misra discuss the special issue on the determinants, treatment and prevention of Obesity.”*

### **BMC Public Health - Adapting and implementing training, guidelines and treatment cards to improve primary care-based hypertension and diabetes management in a fragile context: results of a feasibility study in Sierra Leone**

Guanyang Zou, S Witter et al; [BMC Public Health](#);

*“Sierra Leone, a fragile country, is facing an increasingly significant burden of non-communicable diseases (NCDs). Facilitated by an international partnership, a project was developed to adapt and pilot desktop guidelines and other clinical support tools to strengthen primary care-based hypertension and diabetes diagnosis and management in Bombali district, Sierra Leone between 2018 and 2019. This study assesses the feasibility of the project through analysis of the processes of intervention adaptation and development, delivery of training and implementation of a care improvement package and preliminary outcomes of the intervention....”*

### **Global Public Health - Undercounting of suicides: Where suicide data lie hidden**

J Snowden et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1801789>

*“The suicide rates officially reported by most countries are widely believed to be lower than actual rates, attributable partly to inaccuracy of registration of deaths and misclassification of cause of death. In this review paper, we discuss under-counting of deaths and of suicides, referring to findings from international research. We then describe the three main ICD-10 cause of death categories that possibly harbour ‘hidden suicides’: ill-defined or unknown causes of death, events of undetermined intent (EUI), and accidental deaths. We used the 2017 Australian mortality statistics to illustrate these three categories. The World Health Organization (WHO) data and international research show (1) that mortality data provided to the WHO by a large number of its Member States are of questionable quality and not timely; and (2) substantial variations among countries in rates of suicide, ill-defined or unknown deaths, EUIs, and accidental deaths (notably, poisoning). Accurate reporting of suicides is needed to advance research on suicide prevention and develop more effective suicide prevention programmes. Nations should endeavor to obtain, publish and analyse data regarding annual rates of deaths coded as of ill-defined/unknown cause, EUI, and accidental poisoning and other relevant types of accident.”*

And a link:

**Public Health Nutrition - [Evaluating Coca-Cola’s attempts to influence public health ‘in their own words’: analysis of Coca-Cola emails with public health academics leading the Global Energy Balance Network](#)** (by P Serodio, M McKee, D Stuckler et al)

See also **BMJ News - [Coca-Cola’s work with academics was a “low point in history of public health”](#)**

*“An analysis of thousands of emails has shown the extent to which Coca-Cola sought to obscure its relationship with scientists, minimise perception of its role, and use researchers to promote industry*

friendly messaging. The findings represented a “low point in the history of public health,” said one of the authors....”

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

### SRHM - Perspectives of an SRHR advocate on the impact of the Global Gag Rule in Kenya

E Opondo; <https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1795449>

Self-explanatory title.

### Global Health Promotion -Pro-equity legislation, health policy and utilisation of sexual and reproductive health services by vulnerable populations in sub-Saharan Africa: a systematic review

M Mac-Seing, C Zarowsky et al ; <https://journals.sagepub.com/doi/full/10.1177/1757975920941435>

*“Twenty-five years ago, the International Conference on Population and Development highlighted the need to address sexual and reproductive health (SRH) rights on a global scale. The sub-Saharan Africa region continues to have the highest levels of maternal mortality and HIV, primarily affecting the most vulnerable populations. Recognising the critical role of policy in understanding health population, we conducted a systematic review of original primary research which examined the relationships between equity-focused legislation and policy and the utilisation of SRH services by vulnerable populations in sub-Saharan Africa....”*

## Access to medicines

### Stat – Trump to order government to buy certain drugs solely from U.S. factories, setting up major shakeup for industry

<https://www.statnews.com/2020/08/06/trump-to-order-government-to-buy-certain-drugs-solely-from-u-s-factories-setting-up-major-shakeup-for-industry/>

*“President Trump will sign an executive order Thursday directing the federal government to buy certain drugs solely from American factories. Trump is expected to sign the executive order at the Whirlpool Corporation in Ohio at 3:15 p.m. The “Buy American” order could represent a seismic shakeup of the drug industry: No one knows exactly how much of the American drug supply chain is produced abroad, but some experts insist up to 90% of critical generic drugs are made at least partially abroad....”*

See also FT - [Donald Trump to order government to buy medicines from US companies](#)

“President’s action aimed at reducing reliance on foreign supply chains for essential drugs.”

### Stat - Scientists are testing pricey rare-disease drugs as Covid-19 treatments. What if one works?

<https://www.statnews.com/2020/08/05/orphan-drugs-covid-19/>

*“Some of the existing drugs scientists are testing as Covid-19 treatments have a special status for rare disease treatments, and the price tags to match — prompting early warnings from academics and drug pricing reform advocates that if one is effective, access could be an issue...”*

### Guardian - Covid-19 treatment: Gilead Sciences urged to study drug that showed promise with cats

<https://www.theguardian.com/world/2020/aug/04/covid-19-gilead-sciences-gs-441524-remdesivir-cats>

*“Activists are calling on the pharmaceutical firm Gilead Sciences to study a drug for the treatment of Covid-19 that showed promise in curing cats of a coronavirus. The drug, called GS-441524, is chemically related to remdesivir, an antiviral also made by Gilead, and one of the only treatments to successfully shorten the duration of Covid-19 recovery. GS-441524 has also attracted attention for its promise to treat another potential coronavirus – feline infectious peritonitis, or FIP. The drug has become an unapproved black market treatment for the disease, once universally thought to be fatal to cats. In a letter sent to the heads of four government agencies currently developing treatments and vaccines for Covid-19, the left-leaning Public Citizen group called on Gilead to work collaboratively to begin development of the drug...”*

## Human resources for health

### Paper - Medical Worker Migration and Origin-Country Human Capital: Evidence from U.S. Visa Policy

P Abarcar et al ; [https://www.amherst.edu/system/files/Abarcar\\_Theoharides\\_2020\\_July\\_FINAL.pdf](https://www.amherst.edu/system/files/Abarcar_Theoharides_2020_July_FINAL.pdf)

*“We exploit changes in U.S. visa policies for nurses to measure brain drain versus gain. Combining data on all migrant departures and postsecondary institutions in the Philippines, we show that nursing enrollment and graduation increased substantially in response to greater U.S. demand for nurses. The supply of nursing programs expanded to accommodate this increase. Nurse quality, measured by licensure exam pass rates, declined. Despite this, for each nurse migrant, 10 additional nurses were licensed. New nurses switched from other degree types, but graduated at higher rates than they would have otherwise, thus increasing the human capital stock in the Philippines...”*

## Miscellaneous

### The Atlantic - How the Pandemic Defeated America

[Atlantic](#);

By **Ed Yong**. One of the reads of the week, also.

See also **Nature** - [Two decades of pandemic war games failed to account for Donald Trump](#).

*“The scenarios foresaw leaky travel bans, a scramble for vaccines and disputes between state and federal leaders, but none could anticipate the current levels of dysfunction in the United States.”*

Cfr tweet: *““Jeremy Konyndyk, at the Center for Global Development in DC, says that **members of the biosecurity community have often focused on vaccines, rather than on complex, systemic deficiencies in the public-health system. They often overlooked the “middle game” in outbreak responses.**””*

### BMJ Editorial - Behavioural fatigue: a flawed idea central to a flawed pandemic response

<https://www.bmj.com/content/370/bmj.m3093>

Debatable. But worth a read nevertheless.

### NYT - When Covid Subsided, Israel Reopened Its Schools. It Didn't Go Well.

[NYT](#)

With Israel's lessons for the world, when it comes to reopening schools.

### Foreign Policy – The Covid-19 Global Response index

<https://globalresponseindex.foreignpolicy.com/>

*“... the Index is the first effort to track national leaders' responses in critical policy areas, including public health directives, financial responses, and fact-based public communications—and is doing so on an ongoing basis. FPA's COVID-19 Global Response Index covers an initial set of 36 countries, including G20 nations as well as several other developing and middle-income countries that experts and epidemiologists have identified as having notable experiences with respect to COVID-19. ...”*

## **Global Policy - Five Ways to Reboot the Global Food Economy to Make It Healthier for All**

C Hawkes; <https://www.globalpolicyjournal.com/blog/03/08/2020/five-ways-reboot-global-food-economy-make-it-healthier-all>

*"...This five-point plan could do the work of resetting the food economy over the short term, allowing it to both flourish and nourish over the long term...."*

## **Emerging Voices**

**BMC Medical ethics - Ethical practice in my work: community health workers' perspectives using photovoice in Wakiso district, Uganda**

<https://bmcomedethics.biomedcentral.com/articles/10.1186/s12910-020-00505-2>

New paper authored by EV alumni **David Musoke & Charles Ssemugabo**, among others.