IHP news 586: The best is yet to come!

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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,

We were glad to learn earlier this week that [The best is yet to come!], at a Republican convention where Joseph Goebbels would surely have had a cosy ‘Heimat’ feeling. We happen to agree with Kimberley Guilfoyle’s assessment (even if, sadly, we can’t confidently shout it out like her). As we collectively say goodbye to neoliberal globalized capitalism in the quest to ‘Build back better’, I’m convinced progressive forces will eventually prevail over ugly populist-authoritarian ones, at least in the long run. And in the US, in the short run, even if the endgame will be ugly and full of lies.

The week started with a Champions League final, which, in my humble opinion, should be rebaptized by UEFA into ‘The Essential workers on the Pitch’ final (with corresponding salaries for football players), in sync with the new post-neoliberal times. As, frankly, I don’t see much difference between the millions (plus many other commercial perks) “earned” by top football players and the billions of Big Pharma or GAFA. Neither – and I hate to break this to the Bayern München fans subscribed to this newsletter - do I see much difference between the millions of euros earned by Bayern players or by Neymar, Di Maria and other Mbappé’s. Top football as one of the ultimate symbols of the (now fully discredited) neoliberal era needs to go. Let’s just play football again like in the 50s or 60s. Heard from my dad Di Stefano, Garrincha and Puskas were fun to watch too. (Messi’s next club can perhaps start by paying him a UBI 😊.)

In other news this week, it appears the Berlin Charité hospital has discovered a new “niche” in the competitive global health world – it’s got something to do with Putin.

On the Covid-19 front, WHO sounded somewhat optimistic, for once, claiming that the world will rein in the pandemic within two years. Let’s hope so. Meanwhile, I don’t hear much about C-Tap these days, not even from WHO leaders. Conversely, COVAX is all the rage now, at least in terms of number of ‘engaged’/‘interested’ countries. Funding doesn’t really follow suit, though, for the moment. But readers of this newsletter know by now where to find the big bucks 😊. As for the billions of non-readers, in case they don’t turn out happy with some of the high-tech financialization that seems to be in the making once again (a Covax Exchange, ahum?), there’s always the pitchfork option. The best is yet to come!

Enjoy your reading.

Kristof Decoster
Featured Article

Covid-19: an opportunity for social innovation?

Lindi van Niekerk (PhD Candidate, London School of Hygiene and Tropical Medicine, Social Innovation in Health Initiative)

“The world is but a canvas to the imagination” Henry David Thoreau

Nothing provides humanity with such an opportunity as that of a crisis. At the beginning of 2020, many of us working in the field of health policy and systems research continued about our daily tasks in a routine manner, following the expert prescriptions we hoped would heal the voids that exist within our health systems. Since January 2020, signs were mounting that a crisis was heading on our way, and when the Covid-19 related Public Health Emergency of International Concern (PHEIC) turned out a full-blown pandemic, we faced the reality that many of our ways of doing and being no longer sufficed. Our well-polished tools and approaches, many which we knew were insufficient but the best available at our disposal, left us ill-equipped, as the landscape we were applying them to changed overnight. Something more was and is needed.

Social innovation scholars like Frances Westley have been drawing upon fields such as ecology to understand the process of social change for several decades. Building upon the work of CS Hollings on resilience, social innovation scholars regard shocks and crises, not as problems to be solved but rather, as opportunities for self-reflection and as windows of opportunity for the emergence of new ideas and possibility. Global health crises, such as Covid-19, highlight how existing health system patterns and processes are failing to serve those in need most effectively, efficiently and humanely. However, this crisis could also be the catalyst for innovation leading to the creation of radically different and durable systems, free of past inequities and burdens.

But what type of innovation might set us on the path to such transformation? Certainly, the need for technical innovation, in the form of rapid diagnostics, a vaccine and other therapies, in the Covid-19 pandemic cannot be discounted. But while we wait for such technical innovation to emerge, social innovation should also play a valuable role in health system response efforts. Key amongst the distinctions between the two approaches is how technical innovations have a problem-focused starting point, aiming at bringing correction, while social innovations have a possibility-focused starting point, intending emergence of creativity not yet conceived and addressing the institutionalized root causes of issues. The significance of these distinct orientations is captured by Peter Block who notes: “problem solving can make things better but it cannot change the nature of things, especially systems which are complex and adaptive”. Further, as compared to technical innovation’s primary goals to achieve financial, technical or intellectual impact, social innovation envisions to achieve the wellbeing and quality of life for society as a whole in an equitable way, without the exclusion of certain people or groups. Where technical innovation is mainly driven by disciplinary experts, social innovation offers a more inclusive playing field where actors from diverse backgrounds and levels can contribute, often by leveraging their lived experience of an issue or a setting coupled with a high level of passion for making a difference. Due to its embeddedness in the local culture and context, social innovation tends to be more sustainable than technical intervention implementation (with its short or limited time-cycles).
Social innovation should however not be regarded as a new phenomenon in health. Throughout history, there have been examples of social reformers and innovators in health - individuals with great courage, who at a time of crises brought new hope through social innovation. Fast forward to 2020, we as part of the Social Innovation in Health Initiative, have identified and studied a large number of social innovations in health, implemented in low and middle-income countries right at the frontlines. These social innovations were triggered by the health system failures and institutional voids that are hindering millions of people from accessing equitable and quality health care.

A key feature of the social innovation initiatives we have been studying is that they do not address health system challenges through top-down imposed implementation, but rather emerge, often organically, from the embedded and lived contextual reality and through the community involvement. An example where we have seen this bottom-up nature of social innovation reflected so well is in the Kaundu Community Based Health Insurance Initiative. The Kaundu Community Health Centre, serving a very low socio-economic population in a rural district in Malawi, has been able to extend service delivery to its local population, and reduce out of pocket health expenditure, through establishing a localized health insurance scheme that is fully embedded in the community and traditional leadership structures. The ‘how’ (the implementation) of social innovation is often where the greatest novelty can be found.

At the same time, however, social innovations rarely function in isolation of the government public health system. Our work showed over 80% had some level of engagement or partnership with their local Ministry of Health. A second social innovation from Malawi, for example, Chipatala Cha Pa Foni, illustrates how an idea that arose from a young Malawian citizen and was implemented as a partnership between VillageReach (a NGO), Airtel (a private company) and the Malawian Ministry of Health, can become a central component of the national Covid-19 response. Chipatala Cha Pa Foni is a national nurse-led health information call centre that provides health information free of charge to all citizens. By being embedded in the health system across all levels, social innovations have demonstrated a great degree of responsiveness in dealing with arising health issues, creatively adapting their models in response, serving as a bridge between community, the government and other sectors and by unlocking dormant resources.

Beyond filling much needed service gaps, social innovations are significant for their role in promoting community capacity and shifting in institutions and power dynamics between various health system actors. In the current Covid-19 context, for example, learnings from new social innovations are emerging from many settings and showing how citizens are stepping into and building leadership within their own communities and households to find ways to curtail the virus. Community Action Networks established by residents in Cape Town, South Africa are such an example of a citizen-directed social innovation against Covid-19. Social innovation can support this bottom-up democratic action through its embodied values of inclusiveness and participation.

Health systems all over the globe, and even more so in low- and middle-income countries, are under pressure from this pandemic and it will yet again test the systems’ resilience. Based on our research conducted in social innovation the past 5-years, we see promise that social innovation could contribute to health systems in two ways. Firstly, by strengthening the micro-level health systems response to Covid-19 and in so doing relieve the pressure at the macro-level to steer and steward the response solely from the top. Engaging with social innovators at the frontlines or providing new non-traditional actors the opportunity to present creative solutions expands our options for addressing this local and global challenge. Secondly, the pandemic has created a new window of opportunity for social innovation at a systems (macro) level. By learning from resilient social innovations which were created, implemented and sustained by and with people right at the heart
of health systems, we can move beyond the rhetoric of people-centredness to build practical strategies. Contextually and community-embedded social innovations can serve as a practical roadmap to guide decision makers how to transform health systems in the face of the storm.

Acknowledgments: The Social Innovation in Health Hubs at the University of Malawi, Makerere University, the University of the Philippines and CIDEIM (in partnership with ICESI University and Pan American Health Organization), the Special Programme for Research and Training in Tropical Diseases and the other partners of the Social Innovation in Health Initiative.

Highlights of the week

Polio in Africa

Guardian - Africa to be declared free of wild polio after decades of work

We reckon you know this by now, but great news nevertheless.

“Achievement comes following Nigeria vaccination drive, with last cases of wild virus recorded four years ago.”

“... Despite the progress, however, 16 countries in the region are currently experiencing small outbreaks of vaccine-derived polio, which can occur among underimmunised communities....”

PS: wild #polio is now only left in just two countries: Afghanistan and Pakistan.

HPW - Africa eradicates wild poliovirus
https://healthpolicy-watch.news/africa-eradicates-wild-poliovirus/

With more background on this great news, including on the polio battle history of the past decades.

“The independent Africa Regional Certification Commission (ARCC) for Polio Eradication officially declared on Tuesday that the World Health Organization (WHO) African Region is free of wild poliovirus. This marks the eradication of the second virus from the face of the continent since smallpox 40 years ago. And while vaccine derived polio is still circulating in 16 countries, there is a new strategy to tackle that next....”
Ebola DRC

HPW - The DRC Requires “Critical” Support To Fend Off Growing Ebola Outbreak

Less encouraging news, from late last week. “The Democratic Republic of Congo (DRC) requires “critical” support to fend off a growing Ebola outbreak in the western Province of Équateur, warned WHO’s Regional Director for Africa Matshidiso Moeti on Friday. Her warnings came as Équateur’s Ebola cases have almost doubled to one hundred in the past five weeks, of which 96 are confirmed and four are suspected. Only US$6 million of the $40 million required for the Ebola response has been pledged so far, as international donors remain distracted by the COVID crisis. The DRC government has committed $4 million, and WHO has pledged $2 million....”

Planetary Health

Book – Less is More: How Degrowth will save the world
https://www.penguin.co.uk/books/111/1119823/less-is-more/9781785152498.html

By Jason Hickel. “The world has finally awoken to the reality of climate breakdown and ecological collapse. Now we must face up to its primary cause. Capitalism demands perpetual expansion, which is devastating the living world. There is only one solution that will lead to meaningful and immediate change: DEGROWTH....”

“...This book tackles these questions and traces a clear pathway to a post-capitalist economy. An economy that’s more just, more caring, and more fun....”

Guardian - Human consumption of the Earth’s resources declined in 2020

“Covid-19 led to 9.3% reduction in humanity’s ecological footprint compared with same period last year.”

“The rate at which humanity is consuming the Earth’s resources declined sharply this year as a result of the Covid-19 pandemic, according to researchers. Consequently, Earth Overshoot Day, the point at which human consumption exceeds the amount nature can regenerate in a year, has moved back by over three weeks from 29 July in 2019 to 22 August this year....”
Nature (Op-ed) - Redirect military budgets to tackle climate change and pandemics

D Garcia; https://www.nature.com/articles/d41586-020-02460-9

Long overdue indeed. “Governments should stop spending billions of dollars on weapons and protect citizens from the real threats they face.”

“This year must represent a turning point for national security budgets. Governments need to accept that their concept of national security sustained by a military–industrial complex is anachronistic and irrelevant. To recover from the costs of the pandemic, estimated at up to $82 trillion over the next 5 years, they should instead focus their spending on stimulus packages for decarbonization, health, education and the environment. National security budgets should be ploughed into realizing the UN Sustainable Development Goals (SDGs) and the 2015 Paris agreement to avert dangerous climate change....”

Devex - First-of-its-kind summit to push development banks on climate


“When the world’s public development banks gather at their first all-hands meeting in Paris this November, it will prove a litmus test of their commitment to combating climate change. The partly virtual Finance in Common summit on Nov. 10-12, will tackle the recovery from the COVID-19 pandemic. And climate change will play no small role, particularly as banks discuss sustainable ways to rescue the economy. Audrey Rojkoff, the secretary-general of the summit and deputy-director for strategy, partnerships and communication at the French Development Agency, or AFD, said that the joint declaration will “of course” mention the Paris Agreement on climate change. “But they are not all ready to align their financial flows with the Paris Agreement,” Rojkoff told Devex, referring to the roughly 450 public development banks who make up 10% of annual global investment....

“So what we are discussing now is, what is the ambition of this joint declaration? To which extent we can make all the public development banks commit to align in the short term to the Paris Agreement or to develop strategies to align in the next couple of years? ... ... “The hope is that Finance in Common will be a moment that shows that the broader ecosystem of public finance institutions is following suit, shifting away from fossil fuels.”"

Global health governance

Non-Paper on Strengthening WHO’s leading and coordinating role in global health
With a specific view on WHO’s work in health emergencies and improving IHR implementation

Via Geneva Global Health Hub. Let’s hope this French/German “non-paper” won’t lead to a “non-discussion” : )

HPW – WHO Announces High Level Review Of Its Emergency Response Capacity


“The World Health Organization will establish a new high level review of the Organization’s capacity to respond to disease outbreaks in the framework of the International Health Regulations (IHR) that govern emergency response. The aim is to ensure that WHO is “as effective as possible in operations as they unfold,” announced Director-General Dr. Tedros Adhanom Ghebreyesus on Thursday. The announcement follows from last week’s Franco-German proposal outlining ten key reforms to prop up the WHO, and to improve funding for the agency...”

And see this tweet: “Earlier today I informed WHO’s Member States that I plan to establish an IHR Review Committee to advise me on whether any changes to the IHR may be necessary to ensure this powerful tool of international law is as effective as possible.” - @DrTedros

See also UN News - Committee to review global treaty on response to health emergencies.

“An independent expert committee will be established to examine various aspects of the international treaty that governs preparedness and response to health emergencies, the head of the World Health Organization (WHO) announced on Thursday. The Review Committee will advise whether any amendments to the International Health Regulations (IHR) are necessary to ensure it is as effective as possible, WHO Director General Tedros Adhanom Ghebreyesus told journalists. He said the COVID-19 pandemic has been “an acid test” for many countries, organizations and the treaty....”

“The IHR Review Committee will hold its first meeting on 8 and 9 September. The committee will also interact with two other entities, exchanging information and sharing findings. They are the Independent Panel for Pandemic Preparedness and Response, established last month to evaluate global response to the COVID-19 pandemic, and the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme.” “It is expected that the committee will present a progress report to the World Health Assembly, WHO’s decision-making body, at its resumed session in November. The committee will present its full report to the Assembly in 2021....”

GFO – Corruption, fraud and disinformation during the coronavirus disease 2019: heightened vigilance is necessary

https://www.aidspan.org/en/c/article/5264

“Accountability systems of international donors, including the Global Fund, need to adapt to the COVID-19 emergency as cases of corruption continue to rise.”

“International donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, promptly made funds available to assist the fight of the COVID-19 pandemic. It is important to assess whether
existing mechanisms, including the Global Fund’s “three-line defense model,” can be used to manage risk in the context of the COVID-19 crisis. Allegations of fraud and corruption are multiplying across countries. Aidspan relies on civil society organizations to help maintain accountability in this COVID-19 pandemic.”

“...This article highlights the measures established by the Global Fund to anticipate possible fraud linked to the misappropriation of its funding, and assesses suspected cases of fraud and corruption.”

Covid key news

With some of the key WHO messages from this week, Covid-19 trends and other headline news.

Guardian - Global report: WHO says world could rein in pandemic in less than two years

“The world should be able to rein in the coronavirus pandemic in less than two years, the World Health Organization has said... . The WHO’s chief, Tedros Adhanom Ghebreyesus, struck a partly optimistic note when he drew comparisons between the Covid-19 pandemic and the with the 1918 flu pandemic, saying technology could help end the spread. “We have a disadvantage of globalisation, closeness, connectedness, but an advantage of better technology, so we hope to finish this pandemic before less than two years,” he told reporters....”


And Cidrap’s global update as of 27 August - India surge pushes global COVID-19 total higher.

Reuters - Pandemic pace slows worldwide except for southeast Asia, eastern Mediterranean, WHO says

“The COVID-19 pandemic is still expanding, but the rise in cases and deaths has slowed globally, except for southeast Asia and the eastern Mediterranean regions, the World Health Organization (WHO) said. In its latest epidemiological update, issued on Monday night, it said that the Americas remains the hardest-hit region, accounting for half of newly reported cases and 62% of the 39,240 deaths worldwide in the past week. More than 23.65 million people have been reported to be infected by the coronavirus globally and 811,895 have died, according to a Reuters tally on Tuesday.”

On the Americas, see also Cidrap News:
“Cases in the Americas region are fueling the largest portion of the world’s COVID-19 rise, and at a Pan American Health Organization (PAHO) media briefing today, its director, Carissa Etienne, MBBS, MSc, said cases have more than doubled since Jul 1 and that deaths have doubled in the last 6 weeks. As economies reopen, she urged countries to double down on their contact tracing and data management, with local officials having a large role in guiding targeted measures. "In far too many places, there seems to be a disconnect between the policies being implemented and what the epidemiological curves tell us," Etienne said in her opening comments. "This is not a good sign. Wishing the virus away will not work, it will only lead to more cases, as we’ve seen over these past 6 weeks." As in other parts of the world, younger people in the Americas region are driving the spread of the virus, but most deaths are in people older than 60 years, she said. Etienne said she’s concerned about a rise in infections in the Caribbean, sparked partly by the resumption of nonessential travel in the region and citizens returning home after lockdowns.”

As for Africa, via BBC:

“African countries are closing in on 1.2 million coronavirus cases mark, according to an update by Africa Centres for Disease Control and Prevention (CDC). The centre tweeted that the cases are now at 1,196,710 with the deaths at 28,014 and recoveries at 922,833. South Africa has the most cases at 611,450, followed by Egypt 97,478, Morocco 53,252, Nigeria 52,548, Ghana 43,622, Algeria 42,302, Ethiopia 42,143 and Kenya 32,803....” So half the African cases are in South Africa.

UN News - WHO presses for greater investment in global COVID-19 vaccine facility

For a lot more on COVAX, see also the next section.

“Investing in a mechanism that will guarantee all countries have fair and timely access to a COVID-19 vaccine is the only way out of the global pandemic, the head of the World Health Organization (WHO) said on Monday. So far, 172 countries are engaging with the COVAX Global Vaccines Facility, which aims to deliver two billion doses by the end of next year, WHO chief Tedros Adhanom Ghebreyesus told journalists. “Investing in the COVAX Facility is the fastest way to end this pandemic and ensure a sustainable economic recovery,” he said. Last week, Mr. Tedros made a push for countries to join the facility, which currently has nine vaccines in its portfolio and another nine under evaluation. “As governments invest trillions into economic stimulus, the COVAX Facility offers a huge return on investment. …”

PS: Nations have until 31 August to express their interest in joining, with confirmation due by 18 September. Initial payments should be made by 9 October.

PS: “.... In a related development, the Coalition for Epidemic Preparedness and Innovations (CEPI) said in a statement today that seven of the nine vaccines in the COVAX portfolio are in clinical trials and that so far, governments, companies, and individuals have contributed committed $1.4 billion for development, but another $1 billion is urgently needed to push the portfolio forward.”
UN News - WHO stresses need for quick action amid reports of fresh COVID-19 outbreaks


“With several countries experiencing fresh COVID-19 outbreaks after periods of little or no transmission, the UN World Health Organization (WHO) on Friday highlighted the need for authorities to be able to move quickly to prevent further spread of the disease. These nations provide a cautionary tale because they show how “progress does not mean victory”, said WHO chief Tedros Adhanom Ghebreyesus in his latest update on the crisis. …”

FT – WHO virus probe criticised after investigators fail to visit to Wuhan

https://www.ft.com/content/f9dea077-66fb-4734-9d1d-076dc93568e1

“A team from the World Health Organization tasked with investigating the origins of coronavirus did not visit Wuhan, fuelling concern from western governments over Beijing’s commitment to identifying the source of the pandemic. A recently concluded three-week trip to China by the two-person WHO team did not entail a visit to Wuhan, the central Chinese city where the first cases of novel coronavirus were detected in December 2019, the UN agency has confirmed. WHO said the team was merely laying the groundwork in advance of a full international mission to investigate the virus but it was also vague on whether this larger task force would visit Wuhan.” With mostly US & Australians quoted, for the ‘Western governments’ stance. But also Yanzhong Huang’s view.

“…. China’s foreign ministry said on Wednesday that concerns over the credibility of the inquiry were “totally unjustified”. The ministry said China had acted responsibly by inviting a WHO team to the country while it was still in a “critical period” of preventing a resurgence of the virus. “We hope all relevant countries . . . can be like China to adopt a positive attitude and work together with the WHO,” it added. Last week, the UN agency said: “A two-person WHO team has recently concluded its three-week assignment in China to lay the groundwork for an investigation into the source of the virus. This was in advance of the full mission, therefore, there are no ‘results of the WHO’s recent mission’ to share.” “…In response to questions from the Financial Times this week, WHO said that its advance team had (remote) conversations with senior scientists from the Wuhan Institute of Virology. It agreed with China that preliminary epidemiological studies around the Wuhan market and the first cluster of cases would be conducted in the coming weeks and months…."

HPW - WHO & UNICEF To Issue Mask Guidance For Children


“The World Health Organization and UNICEF have issued new age-specific mask guidance for children, recommending looser masking protocols for younger children. The agency’s new guidance comes the week after a new study from researchers at the Massachusetts General Hospital found that children infected with COVID-19 had higher virus levels in their nose and throats than adults, despite showing less severe or no symptoms. The findings suggest that children may be “silent spreaders” of the virus, expelling more virus than infected adults despite being less prone to getting symptoms of COVID-19 themselves. “[Based on preliminary studies] there appears to be a difference in transmission by age group, with the younger children able to transmit less than teenagers, for
example, but this data is really limited,” Maria Van Kerkhove, WHO technical lead for COVID-19, told reporters Friday. *Children under the age of 5 should not be required to wear masks, according to the new guidance. The guidance takes a “risk-based” approach to recommendations for kids between the ages of 6 to 11 years old....”*

See also the Guardian - [Children over 12 should wear face masks to combat Covid, says WHO.](https://www.theguardian.com/world/2020/aug/24/china-has-been-giving-potential-coronavirus-vaccine-to-key-workers-since-july)

Guardian - China has been giving potential coronavirus vaccine to key workers since July

[https://www.theguardian.com/world/2020/aug/24/china-has-been-giving-potential-coronavirus-vaccine-to-key-workers-since-july](https://www.theguardian.com/world/2020/aug/24/china-has-been-giving-potential-coronavirus-vaccine-to-key-workers-since-july)

“The Chinese government has been administering a coronavirus vaccine candidate to selected groups of key workers since July, a senior health official has said. Zheng Zhongwei, the head of the National Health Commission’s science and technology centre, told state media organisation CCTV on Sunday the government had authorised “emergency use” of a Sars-Cov-2 vaccine for workers including health workers and border officials....”

For more detail, see also SCMP - [Coronavirus: China has been using Covid-19 vaccine candidate on key workers since July, health official says.](https://www.scmp.com/news/china/society/article/3088921/china-giving-after-cover-up)

NYT - First Documented Coronavirus Reinfection Reported in Hong Kong


“The patient did mount an immune response to the new infection, however, and did not experience symptoms.”

No need to panic, in other words, with a view on a vaccine or otherwise, seems to be the prevailing mood among experts.

More analysis:

- H Branswell (Stat) - [First Covid-19 reinfection documented in Hong Kong, researchers say](https://www.statnews.com/2020/08/24/coronavirus-new-infection/siswa-wa-china/)
- Kai Kupferschmidt (Science) - [Some people can get the pandemic virus twice, a study suggests. That is no reason to panic](https://www.sciencemag.org/news/2020/08/some-people-can-get-pandemic-virus-twice-study-suggests-thats-no-reason-panic)

Bellingcat - WHO Director-General Attacked on Twitter with CCP-Related Memes

Disturbing read. “Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization (WHO), tweets daily out of WHO headquarters in Geneva, Switzerland. But within minutes of many of his tweets going live, he is flooded with personal attacks, memes, and slurs. .. We ... wanted to find out: Do the tweets targeting Dr. Ghebreyesus’s account come from inauthentic accounts, or genuine human frustration? What types of attacks are addressed at Tedros, and are there patterns that might hint to a larger coordinated network of accounts? In scraping a collective 15,000+ tweets from over the course of two months, we attempt to answer these questions, and to illuminate how Twitter disinformation disrupts the activities of one of the world’s most prominent public health officials....”

Conclusion: “…While criticism of public health officials on social media is rooted in genuine human frustration, our analysis of account behaviors and connections reveals the presence of a coordinated network of inauthentic accounts targeting @DrTedros on Twitter. As of today, these accounts continue to spam @DrTedros with memes....”

WHO – New WHO technical package to help countries improve health data for COVID-19 response and beyond


“Today, as part of its commitment to strengthening health information systems and improving health, especially in the context of the COVID-19 pandemic, WHO announced a new approach to improving access to life-saving data: the SCORE for Health Data Technical Package. ... The SCORE (Survey, Count, Optimize, Review, Enable) Technical Package aims to improve the availability of timely, reliable, validated, and comparable health data. For the first time in a single, harmonized package, it represents all the key elements for optimized health information system performance. Simply put, SCORE will help governments around the globe set benchmarks and improve standards in healthcare....”

WHO partners with the Bloomberg Philanthropies Data for Health Initiative to deliver this timely resource to countries.

UNAIDS (new report) – Lessons learned from the HIV response – UNAIDS warns of dangers of failing to respect human rights in the response of COVID-19


“Report reveals interruptions of HIV services, violence, harassment, abuse, arrests, deaths and a failure to respect human rights in their early responses to the pandemic—UNAIDS urges governments to protect the most vulnerable, particularly key populations at higher risk of HIV.” “

“Rights in a pandemic outlines 10 immediate areas for action for governments towards building effective, rights-based COVID-19 responses.”
WEF (blog) – ‘Strong health systems a matter of national security’ - Ethiopian PM

Interesting framing. “Speaking at the 70th session of the World Health Organization’s Regional Committee for Africa, attended by Ministers of Health and officials from 47 Member States, Prime Minister Abiy said: “This virus has not only affected our health, but also tested our way of living, societal norms and economies at large. In Africa we quickly felt the impact of the pandemic due to our weak health systems coupled with the highest disease burden in the world. “COVID-19 has taught as that strong health systems are a matter of national security and survival.”

Stat – Trump pledges a Covid-19 vaccine by end of 2020 — without acknowledging the scientific uncertainty

“President Trump on Thursday pledged a Covid-19 vaccine would be available by the end of 2020, the most concrete claim he has made yet about the timetable for coronavirus vaccine development.”

Covid access to vaccines, medicines, ...

You know this is a key section, with lots happening (in front of and behind the scenes)....

GAVI - 172 countries & multiple candidate vaccines engaged in COVID-19 Vaccine Global Access Facility

As already flagged above. “Nine CEPI-supported candidate vaccines are part of the COVAX initiative, with a further nine candidates under evaluation, and procurement conversations on-going with additional producers not currently receiving research and development (R&D) funding through COVAX – giving COVAX the largest and most diverse COVID-19 vaccine portfolio in the world. 80 potentially self-financing countries have submitted non-binding expressions of interest to the Gavi-coordinated COVAX Facility, joining 92 low- and middle-income economies that are eligible to be supported by the COVAX Advance Market Commitment (AMC). Goal of bringing the pandemic under control via equitable access to COVID-19 vaccines needs urgent, broadscale commitment and investment from countries.”

See also WHO (press statement ) - 172 countries and multiple candidate vaccines engaged in COVID-19 vaccine Global Access Facility.
Forbes - Oxford’s COVID vaccine deal with AstraZeneca raises concerns about access and pricing


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

Excerpts:

“Oxford University surprised and pleased advocates of overhauling the vaccine business in April by promising to donate the rights to its promising coronavirus vaccine to any drugmaker. The idea was to provide medicines preventing or treating COVID-19 at a low cost or free of charge, the British university said. That made sense to people seeking change. The coronavirus was raging. Many agreed that traditional vaccine development, characterized by long lead times, manufacturing monopolies and weak investment, was broken. “We actually thought they were going to do that,” James Love, director of Knowledge Ecology International, a nonprofit that works to expand access to medical technology, said of Oxford’s pledge. “Why wouldn’t people agree to let everyone have access to the best vaccines possible?” A few weeks later, Oxford—urged on by the Bill & Melinda Gates Foundation—reversed course. It signed an exclusive vaccine deal with AstraZeneca that gave the pharmaceutical giant sole rights and no guarantee of low prices—with the less-publicized potential for Oxford to eventually make millions from the deal and win plenty of prestige."

“Other companies working on coronavirus vaccines have followed the same line, collecting billions in government grants, hoarding patents, revealing as little as possible about their deals—and planning to charge up to $37 a dose for potentially hundreds of millions of shots. ... ... Even as governments shower money on an industry that has not made vaccines a priority in the past, critics say, failure to alter the basic model means drug industry executives and their shareholders will get rich with no assurance that future vaccines will be inexpensively available to all. “If there were ever an opportunity” to change the economics of vaccine development, “this would have been it,” said Ameet Sarpatwari, an epidemiologist and lawyer at Harvard Medical School who studies drug-pricing regulation. Instead, “it is business as usual, where the manufacturers are getting exclusive rights and we are hoping on the basis of public sentiment that they will price their products responsibly.” .... ... Some see the Gates Foundation, a heavy funder of Gavi, CEPI and many other vaccine projects, as supporting traditional patent rights for pharma companies. “[Bill] Gates has staked out this outsized role in the vaccine world,” Love said. “He has an ideological belief that the intellectual property system is a wonderful mechanism that is necessary for innovation and prosperity.”....”

FT - Covid-19 vaccine makers lobby EU for legal protection

https://www.ft.com/content/12f7da5b-92c8-4050-bcea-e726b75eef4d

“Pharma body urges exemption from civil liability in case speedily developed drugs go wrong.”

“The European pharmaceutical industry’s vaccines lobby has pushed the EU for exemptions that would protect its members from lawsuits if there are problems with any new coronavirus vaccines, according to people with knowledge of the discussions and an internal memo seen by the Financial Times. ... ... “The speed and scale of development and rollout do mean that it is impossible to generate the same amount of underlying evidence that normally would be available through extensive clinical trials and healthcare providers building experience,” reads a memo circulated to
members by Vaccines Europe, a division of the European Federation of Pharmaceutical Industries and Associations. The document says that this creates “inevitable” risks. For this reason, Vaccines Europe said in its memo it was advocating a “comprehensive no-fault and non-adversarial compensation system, and an exemption from civil liability”. Responding to queries from the FT, the European Commission said that because of the pandemic, it needed to act as quickly as possible while safeguarding patient safety. … … It added that any suggestion that contracts it was negotiating would not respect the rules in its Product Liability Directive were “categorically false”. But it also said it was making provision for the EU’s 27 member states to indemnify vaccine companies for “certain liabilities” via advance purchase deals it had struck and was seeking to make on their behalf. It said it was doing this “in order to compensate for such high risks taken by manufacturers”.

Geneva Health Files – The Covax Exchange: Gavi’s plans to let countries trade in vaccines


More ‘financialization of health’…

“On Gavi’s table: plans to let countries trade “vaccine credits” like stocks.” “…Gavi says the plan will allow countries to exchange vaccines doses with each other, allowing each economy to optimise to their own needs.”

Some excerpts: “In order to get a firm commitment from rich countries to commit to buying vaccines from Gavi’s Covax Facility, the immunization agency is working on a plan for a “Covax Exchange” – where countries can trade their ‘vaccine credits’, according to sources. This is ostensibly because the Facility needs funds to support poorer countries so that they can access vaccines when they become available.”

“…A Gavi spokesperson confirmed the plan, but clarified that it would not generate a financial return. “…”This clarification from Gavi that the Covax Exchange will not generate financial return, is contrary to what sources suggested in conversations with Geneva Health Files. If it is indeed the case, it will become clear in the days to come. Without financial returns, some countries may not be incentivized enough to buy into the Facility, sources said.”

“…The specific proposal of potentially letting countries trade their vaccine stocks, has reportedly been put forth by some high-income countries. “Rich countries want some flexibilities and some options, when they are being asked to pay up to be a part of the Covax Facility”, the source said. Asked if this flexibility will mean, that rich countries will have the first right on the most suitable vaccine candidate in the Covax Facility, the source confirmed that this is to be expected. As a result, poorer countries will potentially be left with less suitable candidates....”

“...It seems that fully-financed countries may be able to opt-out of their financial commitments made at Covax – for a price. …”

“...Gavi has described the AMC as the ODA-supported financing instrument of the Covax Facility, that will be limited to the duration of the pandemic. It will use official development assistance (ODA) funds from OECD donors to incentivise manufacturers.” “Earlier this month, Gavi said that 80 higher-income economies, which would finance the vaccines from their own public finance budgets, had submitted Expressions of Interest ahead of the 31 August deadline for confirmation of
intent to participate. *These countries are expected to “partner” with 92 low- and middle-income countries* that will be supported by the AMC “if it meets its funding targets.” *It is not clear, what will be the outcome, in case the AMC does not meet its funding targets.*

Nature (News explainer) - The unequal scramble for coronavirus vaccines — by the numbers


“*Wealthy countries have already pre-ordered more than two billion doses.*” Good overview and visualization.

SCMP - China promises its Mekong neighbours priority access to a coronavirus vaccine developed in China

SCMP;

Chinese vaccine diplomacy at work. “*Premier Li Keqiang tells the Lancang-Mekong Cooperation that China will provide neighbours with resources to fight the pandemic; China offers annual hydrological data to better combat floods, drought and the effects of climate change.*”

The Conversation - India is key for global access to a COVID-19 vaccine – here’s why

R Horner; [https://theconversation.com/india-is-key-for-global-access-to-a-covid-19-vaccine-heres-why-144772](https://theconversation.com/india-is-key-for-global-access-to-a-covid-19-vaccine-heres-why-144772)

Interesting (and well-informed) read.

“*India has the potential to play a key role in overcoming vaccine nationalism because it is the major supplier of medicines to the global south.* Médecins Sans Frontières once dubbed the country the “pharmacy of the world”. *India also has, by far, the largest capacity to produce COVID-19 vaccines. Its role in manufacturing a vaccine could come in two different ways – mass-producing one developed elsewhere (likely) or developing a new vaccine as well as manufacturing it (less likely, though not impossible). … … India’s Serum Institute has already started manufacturing the University of Oxford/AstraZeneca vaccine candidate before clinical trials have even been completed. This is to avoid any subsequent delay if the vaccine is approved. It is seen by many, including the WHO’s chief scientist, as the world’s leading prospect. … … Uncertainty reigns over who will get these vaccines manufactured in India – and there have been very mixed messages….*”

FT (op-ed) - Defeating Covid-19 requires a common global approach

[https://www.ft.com/content/02f721f4-141d-4066-8a0e-c6ed04739ba6](https://www.ft.com/content/02f721f4-141d-4066-8a0e-c6ed04739ba6)

Among others, Ngozi Okonjo-Iweala (GAVI board chair) is trying to find the 31.3 billion for the ACT Accelerator.
“...ACT-Accelerator offers an exit plan for the worst health crisis in more than a century. It promises to be excellent value for money. ... ... At the same time, the world must establish and enforce robust global trade rules for healthcare products. A worrying feature of Covid-19 has been the readiness of governments to ignore trade rules in a short-sighted rush to put their own country first. More than 90 countries have imposed temporary export restrictions due to the pandemic, often ignoring their obligations under World Trade Organization rules. For now and the future, the multilateral trading system should balance access and affordability for all with the need to protect intellectual property to spur research and innovation....”

Nah, that’s not going to cut it. Not in our times, Ngozi & Seth. This sort of WEF-inspired ‘global solidarity’, with some of the usual suspects again reaping billions (and the rest of the tax payers coughing up most of the money), is a dead end. It’s time for global health leaders to point out clearly where the money can be found (instead of asking for ‘donors’ generosity’).

Wemos - This is how we can counteract vaccine nationalism

https://www.wemos.nl/en/this-is-how-we-can-counteract-vaccine-nationalism/

“Amid the COVID-19 pandemic, national governments have been scrambling to secure treatments and vaccines that are currently in development. These efforts, being dubbed the relatively new term ‘vaccine nationalism’, will ultimately hamper equitable access to much needed COVID-19 technologies. Countries should rather embrace a Technology Access Pool (C-TAP), says global health advocate Tom Buis in his new article in MBt magazine.”

And some links:

- FT - Trump considers fast-tracking UK Covid-19 vaccine before US election

“FDA could use emergency authorisation rules despite fears over high-profile resignations due to safety concerns.”

- Stat - FDA, under pressure from Trump, expected to authorize blood plasma as Covid-19 treatment

But see also HPW: US Food And Drug Administration Commissioner Walks Back Claims On Plasma Treatment For Coronavirus

- Guardian - Oxford University Covid-19 vaccine firm denies Trump talks

And a tweet: “Abbott launches $5 coronavirus test that yields results in 15 minutes, without needing any laboratory equipment. This will significantly speed testing efforts. 50 million tests a months, headed our way.”
Covid funding, debt relief, social protection...

Devex - Funding COVID-19 vaccines: A timeline


“In the race to create a vaccine in response to the COVID-19 pandemic, funding is a critical component. An analysis of data available on the Devex funding database reveals over $39.5 billion in funding has been announced for vaccine research and development, in addition to planning for vaccine manufacturing and distribution. The announcements, tracked between Jan. 1 and Aug. 16, show that vaccine support and development are priorities for funding by governments, bilateral and multilateral organizations, NGOs, and the private sector. ... The timeline of funding shows that concern around the COVID-19 risk was emerging early — with the urgency reaching a peak between May and June. Now, funding is focused on distribution — and countries are jostling to ensure they are first in line for distribution when a vaccine is approved....”

Bretton Woods Project - World Bank’s rating obsession will negate debt justice


“The international financial system’s reliance upon credit ratings – usually based on dubious premises – needs urgent rethinking. The Covid-19 pandemic is just one of the catastrophes leaving many low-income countries – and soon middle-income countries – unable to service foreign debts. Yet, the World Bank and IMF continue squeezing poor countries on behalf of commercial lenders, failing to provide the debt cancellations desperately needed.” Read about the link with the WB’s own AAA rating.

IPS - World Bank’s ‘Mobilizing Finance for Development’ Not Financing Development


Hard-hitting and spot-on viewpoint. “The World Bank leadership must urgently abandon its ‘Maximizing Finance for Development’ (MFD) hoax. Instead, it should resume its traditional multilateral development bank role of mobilizing funds at minimal cost to finance developing countries. Funding is urgently needed for Covid-19 containment, relief and recovery efforts, to prevent recessions becoming protracted depressions and to achieve the SDGs.

Global Fund seeks $5B as money runs out for COVID-19 response

The Global Fund to Fight AIDS, Tuberculosis and Malaria is running out of funding for its COVID-19 Response Mechanism, and is seeking an additional $5 billion. The initial $500 million the multilateral organization allocated in April was already fully deployed to countries at the end of July. The additional money is meant to help countries continue their response against COVID-19. The $5 billion is broken down as: $2.3 billion for COVID-19 response; $1.8 billion to protect frontline health workers; $1 billion to help countries’ mitigate the impact of the pandemic on HIV, TB and malaria programs; and $0.9 billion to reinforce health systems, said Melanie Brooks, spokesperson for the Global Fund."

See also (recommended in-depth) GFO Analysis - The Global Fund’s Covid-19 emergency funding is running out.

"The Global Fund availed $1 billion to respond to the COVID-19 pandemic and mitigate the impact of the pandemic on services for HIV, tuberculosis, and malaria. This funding is running out; the Global Fund has deployed the initial $500 million availed through the COVID-19 Response Mechanism. However, countries are facing difficulties making use of the grant flexibilities. The Global Fund needs to promptly identify sources of additional funding to fight the pandemic and to protect gains made in the fight against the three diseases. It also needs to increase the transparency and accountability of COVID-19 emergency funding."

UNAIDS calls for urgent action to strengthen social protection programmes in the face of COVID-19


"UNAIDS is calling on countries to adopt urgent measures to reinforce social protection programmes to shield the most vulnerable people from the health impact and socio-economic fallout of the COVID-19 pandemic. ... The call for action for governments to invest adequately in social protection programmes is endorsed by UNAIDS, the United Nations Children’s Fund (UNICEF) and the International Labour Organization (ILO) and supported by the World Food Programme (WFP), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Office on Drugs and Crime (UNODC), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank."

See also UN News - COVID-19: UN urges ramping up social protection programmes to safeguard those most vulnerable.

Guardian – Poorest countries face lost decade due to Covid-19, says IMF


"The shock waves from Covid-19 will lead to a lost decade for the world’s poorest countries unless they get concerted and urgent help, the International Monetary Fund has said. The Washington-based IMF said low-income developing countries (LIDCs) entered the pandemic in a vulnerable position and faced the prospect of their progress in poverty reduction over the past seven to 10 years being wiped out. In a blog, IMF economists called on the international community to adopt a
seven-point plan so that poor countries could cope with Covid-19 and recover quickly. Growth, which averaged 5% in 2019, was likely to come to a standstill this year, the IMF said, adding that previous pandemics had left permanent scars. It backed a recent call from the World Bank president, David Malpass, for a more ambitious programme of debt relief that would move beyond repayment holidays to a reduction in the stock of debt....

Covid Science

Science (blog) - Preparing For the Vaccine Results


Must-read blog, raising some valid questions as we’re all waiting for the trial stage 3 results from a number of vaccines.

NPR - Why The Novel Coronavirus Is So 'Superspready'


“...two of the main reasons, say researchers: the way this coronavirus spreads and the behavior of infected individuals....”

Stat - Four scenarios on how we might develop immunity to Covid-19


“... STAT asked a number of experts to map out scenarios of how we might come to coexist with this new threat. In a time of uncertainty, the scenarios they sketched were actually hopeful, even if the relief most envisage is not immediately around the corner. .... Menachery laid out four possible scenarios for how humans might interact with SARS-2 over time — in other words, what kind of immunity we might expect. As Menachery sees it, the possibilities for the future when it comes to Covid-19 and human immunity break down as follows: sterilizing immunity, functional immunity, waning immunity, and lost immunity. “

NYT (op-ed)- Are We Looking for the Wrong Coronavirus Vaccines?


Conclusion: “... The best vaccines don’t just protect the inoculated from getting sick from a disease. They also protect everyone else from even contracting the pathogen that causes that disease.
Preventing the very transmission of SARS-CoV-2, no less than stopping it from turning into Covid-19, should be a main priority of current efforts to develop the vaccines to end this pandemic.”

And functional & waning immunity are the most likely scenarios, it appears. Which is encouraging.

Reuters - Moderna COVID-19 vaccine appears to work as well in older adults in early study

Reuters;

“Moderna Inc (MRNA.O) said on Wednesday its experimental COVID-19 vaccine induced immune responses in older adults similar to those in younger participants, offering hope that it will be effective in people considered to be at high risk for severe complications from the coronavirus....”

NYT – What if the First Coronavirus Vaccines Aren’t the Best?

“Dozens of research groups around the world are playing the long game, convinced that their experimental vaccines will be cheaper and more powerful than the ones leading the race today.”

“... The New York Times has confirmed that at least 88 candidates are under active preclinical investigation in laboratories across the world, with 67 of them slated to begin clinical trials before the end of 2021. Those trials may begin after millions of people have already received the first wave of vaccines. It will take months to see if any of them are safe and effective. Nevertheless, the scientists developing them say their designs may be able to prompt more powerful immune responses, or be much cheaper to produce, or both — making them the slow and steady winners of the race against the coronavirus....”

NYT - Why Does the Coronavirus Hit Men Harder? A New Clue

“Women produce a more powerful immune response than do men, a new study finds.”

“The findings, published on Wednesday in Nature, suggest that men, particularly those over age 60, may need to depend more on vaccines to protect against the infection....” “...“The more robust T cell responses in older women could be an important clue to protection and must be explored further.””

HPW - Evidence On Convalescent Plasma Therapy To Treat COVID-19 Patients Is “Very Low Quality”, Warns WHO
“There is insufficient evidence that treating people hospitalized for COVID-19 with blood plasma from recovered patients is safe and effective – and more randomized clinical trials are thus needed, warned the World Health Organization on Monday. Evidence overall remains “inconclusive,” said WHO chief scientist Soumya Swaminathan at a WHO press conference on Monday. She spoke just a day after the United States Food and Drug Administration (FDA) issued an emergency authorization for use of the antibody-rich cocktail from the plasma of recovered coronavirus patients in people hospitalized with COVID-19....”

BMJ (Editorial) - Airborne transmission of covid-19
https://www.bmj.com/content/370/bmj.m3206

“Guidelines and governments must acknowledge the evidence and take steps to protect the public.”

Telegraph - Singapore scientists find coronavirus variant with milder infections
Telegraph;

Based on a Lancet study from last week.

JAMA (Editorial) - Efficacy of Remdesivir in COVID-19
Editorial;

With some new buts & ifs.

See also Cidrap News - Remdesivir of scant benefit in hospitalized COVID patients, study finds

“The antiviral drug remdesivir had little effect in patients with moderate COVID-19 in 105 hospitals in the United States, Europe, and Asia in a randomized, controlled, open-label trial published late last week in JAMA, adding to a mixed picture of the drug in randomized clinical trials (RCTs), which are considered the gold standard for gauging interventions....”

Guardian - Six of the most promising treatments for Covid-19 so far

By Sarah Boseley.

And some links:

- Guardian - Obesity increases risk of Covid-19 death by 48%, study finds
“Obesity increases the risk of death from Covid-19 by nearly 50% and may make vaccines against the disease less effective, according to a comprehensive study using global data. The research from leading global experts warns that the risks for people with obesity are greater than previously thought. The study, commissioned for the World Bank, will increase the pressure on governments to tackle obesity, including in the UK where the prime minister, Boris Johnson, has put himself at the head of a drive to reduce the nation’s weight....”

See also Cidrap News (on three new studies) - Obesity, metabolic syndrome tied to risk of COVID infection, severity.

Covid Analysis

AJTMH (Editorial - African Resources and the Promise of Resilience against COVID-19

http://www.ajtmh.org/content/journals/10.4269/ajtmh.20-0470

“The COVID-19 pandemic has been slow to arrive in the world’s poorest countries, especially in Africa. There are good reasons to believe that the consequences for the continent could be worse than anywhere else. The weaknesses of some governments, healthcare systems, and economies, plus armed conflict, are factors that the virus can and will exploit. A recent British Broadcasting Corporation article noted that there are 10 African countries that have no ventilators, nine have < 1 per 1 million people, and most of the others have too few to serve their populations in an outbreak of U.S. proportions. African countries need help but are not all helpless. To adequately preview the impact of COVID-19 on the continent, however, both weaknesses and strengths must be considered. The Africa of 2020 is not the Africa of 1960 or even 2014. Africa is a continent of 54 countries, with a range of climatic, cultural, demographic, and economic conditions that contrast them with more developed regions and with each other (Table 1). The country-to-country effects of COVID-19 could be quite different, and there are resources that may help produce better than expected outcomes.”

IMF (blog) - How Pandemics Leave the Poor Even Farther Behind


From a few months ago.

“A recent poll of top economists found that the vast majority felt the COVID-19 pandemic will worsen inequality, in part through its disproportionate impact on low-skilled workers. Our evidence supports concerns about the adverse distributional impacts of pandemics. We find that major epidemics in this century have raised income inequality and hurt employment prospects of those with only a basic education while scarcely affecting employment of people with advanced degrees....”
Foreign Affairs - The Pandemic Hurts Countries That Don’t Value Workers
https://www.foreignaffairs.com/articles/united-states/2020-08-19/pandemic-hurts-countries-dont-value-workers

“Weak Labor Protections Make the United States More Vulnerable to COVID-19.”

Guardian - UK’s cheap food could fuel Covid-19 spread, says WHO envoy

“Exclusive: Cramped work and home conditions may be behind infections in factories, says expert.”
David Nabarro, in fact.

CGD - Using COVID-19 Test, Trace, and Isolate Systems Effectively in Middle-Income Countries

“...Here, we present seven key recommendations for COVID-19 test, trace and isolate systems, accounting for the specific context of MICs…”

P Marquez (blog) - Let’s not forget about Mental Health during COVID-19!
http://pvmarquez.com/mentalhealandthecovid-19

Informative blog. “...Given the intense disruption brought by COVID-19 to our everyday life, it is of great importance to understand how the pandemic is affecting mental well-being and what can be done to help people cope and deal with its consequences in the short- and medium-terms. In answering this question, we need to learn from past crises as well as to look at the emerging evidence from the current pandemic.....”

FT - The real fake news about Covid-19
https://www.ft.com/content/e5954181-220b-4de5-886c-ef02ee432260

No need to fully agree, but worth a read. “The idea that we are suffering an ‘infodemic’ when it comes to coronavirus is attractive — and wrong.”

“... In February, Tedros Adhanom Ghebreyesus, director-general of the World Health Organization, declared that Covid-19 was not the only public health emergency the world was facing — we were also suffering from an “infodemic” of fake medical news. “Fake news spreads faster and more easily than this virus,” he said, “and is just as dangerous.” ...”

infodemiology, the study of how to
manage an information overload during an epidemic, is a recent field: researchers at the Reuters Institute for the Study of Journalism (RISJ) and the Oxford Internet Institute pointed out that the majority of papers have emerged since the start of 2020. But the word “infodemic” first appeared in The Washington Post in 2003, in relation to the Sars epidemic. David Rothkopf, journalist and political scientist, used it to describe how “a few facts, mixed with fear, speculation and rumour”, amplified by technology, could lead to a disproportionate reaction. Just as we can imagine coronavirus transmitted via droplets, so we can conceive of false advice being spread over the internet. The WHO, by contrast, defines an infodemic as “an overabundance of information — some accurate and some not — occurring during an epidemic”. That deluge of information, it claims, makes it harder to access reliable information. Our first problem, then, is that we cannot even agree what the “disease” is. … … there are reasons to view the framework of information-as-disease with scepticism, not least because some of the basic assumptions are questionable.…”

BMJ blog - The vulnerable are here too: Insights from Nigeria

First paragraph: « ... While interviewing patients, family members and healthcare professionals for my research in Nigeria, I interviewed a 70-year-old woman who has been wheelchair-bound for almost 13 years after having a stroke. Her older son lives outside of Nigeria and she currently lives in her own house with her youngest son and daughter-in-law. The vulnerable woman narrated stories of abuse, neglect and undignified maltreatment from her son including taking over her properties and money, verbal abuses and being locked-up inside the house without any support on some occasions. The woman explained the difficulty of discussing these concerns with the seemingly overburdened doctors and nurses at the clinic which she attends every 6 months. She responded that I am the only person who has asked about her welfare beyond her immediate physical health needs; hence she did not see the need to discuss this with anyone else. I was distraught. The woman has been suffering in silence with no support or help.... ” “We care for our elderly within the family and not in institutions’, I am often told by Africans who live in Europe. However, the enmeshed family system in Nigeria and many African cultures are evolving rapidly with mass urban migration of working-age adults leaving older relatives alone at home in the care of other relatives or carers....”

One - 5 countries that took proactive action on COVID-19


Nature (Comment) - Cities: build networks and share plans to emerge stronger from COVID-19
X Bai et al; Nature;

“Responses to the pandemic in India’s slums, Brazil’s favelas and Africa’s marketplaces show that networks play a crucial part in making cities more resilient. Let’s enhance and empower them.”
CGD (blog) - The COVID-19 Multi-model Comparison Collaboration Releases Its First Two Outputs

“Since April 2020, a group of national governments, funders, and development partners supporting COVID-19 responses in low- and middle-income countries have been working together as the COVID-19 Multi-model Comparison Collaboration (CMCC) to support the use of epidemiological models during the COVID-19 pandemic. Today, the CMCC releases its first two outputs—an important step towards enhancing the informed use of models in COVID-related policymaking.”

Chatham House (Expert Comment) – Lessons from COVID-19: A Catalyst for Improving Sanctions?

“As the COVID-19 pandemic continues, efforts by states and humanitarian actors to stop its spread and to treat the sick are being hindered by existing sanctions and counterterrorism measures.” Comparing US & EU sanctions.

HHR - Human Rights Must Be Central to the International Health Regulations

“…As the IHR are revised anew to meet future global health threats, this Viewpoint examines the continuing importance of human rights in infectious disease control, balancing public health necessities and individual rights protections and reinforcing the connections between global health law and human rights law....”

BMJ Global Health - Community engagement for successful COVID-19 pandemic response: 10 lessons from Ebola outbreak responses in Africa
https://gh.bmj.com/content/4/Suppl_7/e003121

“… We present 10 lessons learnt from responding to Ebola that African countries should quickly adapt in their response to the COVID-19 pandemic, namely: involve social scientists early in the response; mobilise family leaders for surveillance, case detection, contact identification and follow-up and quarantine; treat contacts with dignity and the empathy they deserve; communicate laboratory results promptly; care for the severely ill, while maintaining family connections; prevent stigmatisation of people and the families of those who recover; recruit local staff in the response and involve local people to build response structures; mobilise and involve resistant communities in the response to overcome dissent; involve grass-roots leaders in the preparation and implementation of response measures; mobilise media players, including social media networks....”
Summary messages: “Health actors, community leaders and communities must co-construct options for COVID-19 response that are acceptable, and feasible, and foster commitment of affected communities. **This approach calls for an urgent paradigm shift from a predominantly biomedical approach to outbreak response to one that balances biomedical and social science approaches.**

**WP (Monkey Cage) - Are women leaders better at fighting the coronavirus?**


“... Here are five things **political science** tells us about women leaders and the pandemic....”;

Pandemics change what people value in their leaders; women leaders are no better than men at containing viral spread; women politicians prioritize the pandemic’s social consequences; the economic crisis may be bad news for women leaders; studying gender requires careful research.

**Paper (Politics & Gender) - Women Leaders and Pandemic Performance: A Spurious Correlation**

J Piscopo; [Cambridge Coronavirus collection](https://www.cambridge.org/core/); By the same author.

“**The connection between women leaders and superior pandemic performance is likely spurious.** This narrative overlooks that women currently govern precisely the kinds of countries that should mount effective pandemic responses: **wealthy democracies with high state capacity.** This article maps where women currently serve as presidents and prime ministers. The article then uses Varieties of Democracy and OECD data to show that many women-led countries score high on state capacity, and that high capacity states have low coronavirus mortality whether led by women or by men. Arguments emphasizing women chief executives’ superior pandemic performance, while offered in good faith, are misleading.”

And a tweet by Alice Evans: “**Rising authoritarianism may compound men’s over-representation in politics OECD members without transparent laws or impartial administrations are more likely to have male leaders (& a higher COVID-19 mortality)**

**Lancet Letter – Surveillance is underestimating the burden of the COVID-19 pandemic**

N A Alwan; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31823-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31823-7/fulltext)

“**So far in the COVID-19 pandemic, surveillance systems are not monitoring ill health and long-term implications of COVID-19, only deaths are reported.** Most are also not tracking all cases, only positive tests are counted. Underestimating the number of cases means inadequate control of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and failure to support those who do not recover quickly from COVID-19. **We must universally agree and implement surveillance case definitions for infection and recovery....**”
Lancet Editorial – Research and higher education in the time of COVID-19
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31818-3/fulltext

This week’s editorial – raising some important points, from a systems perspective.

“...the pandemic will have complex, unexpected, and long-term implications for research that must be anticipated now...” Also for education.

Covid impact on other global health programmes

SCMP - As world grapples with coronavirus pandemic, tuberculosis is having a resurgence
SCMP;

“Public health experts warn the deadly infectious disease is silently spreading and claiming more lives. Resources have been diverted for Covid-19 and systems are overwhelmed, while lockdowns make it harder to get diagnosed and treated for TB.”

With assessment by Madhukar Pai.

Covid resources

HS Governance Collaborative - New discussion documents available: Private sector engagement in COVID-19 testing, treatment and supplies

“WHO calls on national governments everywhere to adopt a whole-of-government and whole-of-society approach in responding to the COVID-19 pandemic. Reducing the further spread of COVID-19 and mitigating its impact should be a top priority for Heads of State and Governments. The response should be coordinated with actors in the private sector and civil society. WHO has developed three discussion notes to support Member States with practical advice and illustrative examples of private sector engagement as part of a whole-of-society approach to COVID-19 testing, treatment and supplies.”

Published early August.

New initiatives

New US $200 Million Program Aims To Help Countries Build Better Health Information Systems

https://healthpolicy-watch.news/us-200-million/

“A new US $200 million program, financed by the United States Agency for International Development (USAID), aims to strengthen health data systems in developing countries. USAID is currently undertaking conversations with “several countries” interested in participating in the program, according to a spokesperson from global health NGO and partner on the project, Vital Strategies....”

“USAID’s Country Health Information Systems and Data Use (CHISU) Program aims to build up and streamline health information infrastructure, as well as support training in using data for decision making at the sub-national and national level. One of the first projects of its kind in USAID’s portfolio, the program will be led by public health firm John Snow Inc. in collaboration with Vital Strategies, research firm RTI International, and digital health NGO Jembi Health Systems. A consortium of leading public health academic centers in low and middle-income countries, GEMNet Health, is also a partner in the program....”

Global philanthropy

Columbia Journalism Review - Journalism’s Gates keepers
T Schwab ; https://www.cjr.org/criticism/gates-foundation-journalism-funding.php?s=09

Neat title and insightful article.

Excerpts:

“... As philanthropists increasingly fill in the funding gaps at news organizations—a role that is almost certain to expand in the media downturn following the coronavirus pandemic—an underexamined worry is how this will affect the ways newsrooms report on their benefactors. Nowhere does this concern loom larger than with the Gates Foundation, a leading donor to newsrooms and a frequent subject of favorable news coverage....”

“... Gates’s generosity appears to have helped foster an increasingly friendly media environment for the world’s most visible charity. Twenty years ago, journalists scrutinized Bill Gates’s initial foray into philanthropy as a vehicle to enrich his software company, or a PR exercise to salvage his battered reputation following Microsoft’s bruising antitrust battle with the Department of Justice. Today, the foundation is most often the subject of soft profiles and glowing editorials describing its
good works. ... If critical reporting about the Gates Foundation is rare, it is largely beside the point in “solutions journalism,” a new-ish brand of reporting that focuses on solutions to problems, not just the problems themselves. That more upbeat orientation has drawn the patronage of the Gates Foundation, which directed $6.3 million to the Solutions Journalism Network (SJN) to train journalists and fund reporting projects. Gates is the largest donor to SJN—supplying around one-fifth of the organization’s lifetime funding. SJN says more than half of this money has been distributed as subgrants, including to Education Lab, its partnership with the Seattle Times.

“... at the same time, Gates funding, alone, doesn’t fully explain why so much of the news about the foundation is positive. Even news outlets with no obvious financial ties to Gates—the foundation isn’t required to publicly report all of the money it gives to journalism, making the full extent of its giving unknown—tend to report favorably on the foundation. That may be because Gates’s expansive giving over the decades has helped influence a larger media narrative about its work. And it may also be because the news media is always, and especially right now, looking for heroes....”

Vox - Larry Ellison, one of the world’s richest people, asks for a second chance at charity

60 billion hangs in the balance. Ellison relaunched charitable foundation a year ago next month.

Excerpts:

“...the personal leverage Ellison has often gained through his philanthropy challenges the broader theory that exempting the uber-wealthy’s donations from taxes actually helps solve the world’s problems. There is new pressure across the world of billionaires to focus their philanthropy to address inequities in society, rather than just pursuing their passions or funding their alma maters....”

“... a year after shifting his charity’s focus to back more traditional causes like farming in Africa, schooling in India, and eradicating polio, it’s all still a work in progress for the world’s 11th-richest man. ... Ellison has outlined four new priorities for his foundation’s work: conservation, education, food, and health. But his past shows how he can change his mind seemingly overnight — raising the specter that Ellison, even in his 70s, may still have more false starts left in him as he begins a new era of personal giving...”

And so far, he hasn’t really lived up to his Giving Pledge (i.e. the Gates/Buffet initiative) either.

Geneva Health Files : launch of newsletter
https://genevahealthfiles.wordpress.com/2020/08/26/sign-up-geneva-health-files-newsletter/

Do sign up!
For one of Priti Patnaik’s latest stories, see “Policy Coherence” in the pandemic?

“What the trilateral report on public health, IP and trade, says on the pandemic? ... This story takes a quick look, specifically, at the gamut of policy options available for COVID-19 response, as described in the report. ... the report also has certain examples from the last few months that might indicate what “policy coherence” could look like. This post has tried to put together some of the relevant policy responses....”

Decolonialize global health

Ever expanding, this movement, into new territory (and niches), for good reason.

Guardian - The fashion industry echoes colonialism – and DfID’s new scheme will subsidise it


“Last week, the line between UK aid and private businesses was called into question, as the Department for International Development (DfID) announced the decision to direct £4.85m of taxpayers’ money towards the work of large retailers including M&S, Tesco and Primark. The DfID funding is intended to support large companies to fix vulnerable supply chains and ensure that “people in Britain can continue to buy affordable, high-quality goods from around the world”. These aims, along with the fact that UK brands have been entrusted to deliver them, set off alarm bells for labour rights campaigners like myself, who advocate for better working conditions in the global garment industry. Given that many of the supply chains that brands have built and reap huge profits from, are eroding and undermining workers’ rights, it is absurd that the government is entrusting and subsidising retailers to “fix” the problem. The fashion industry regularly churns out billionaire CEOs, while garment workers are paid poverty wages....” “DfID does not attempt to conceal the prioritisation of British consumers, and their need to buy “affordable” goods, rather than support exploited workers. Instead of ensuring a steady flow of cheap goods at unrealistic prices that barely cover wages and materials, the UK government should be ensuring that consumers pay a fair price for their goods. To do otherwise effectively subsidises the exploitative and systemically unfair model....”

Open Democracy - Preparing for the end of the world as we know it

The Gesturing towards decolonial futures Collective ; https://www.opendemocracy.net/en/oureconomy/preparing-end-world-we-know-it/

“For many Indigenous people, the collapse of our current system is not necessarily bad news.”

Recommended read. Includes a neat table.

“Gesturing Towards Decolonial Futures (GTDF) is a collective of researchers, artists, educators, activists and Indigenous knowledge keepers from the Global North and South. Our collective focuses
on how artistic and educational practices can gesture towards the possibility of decolonial futures. We work at the interface of questions related to historical, systemic and on-going violence and questions related to the unsustainability of “modernity-coloniality”. We use the term modernity-coloniality to mark the fact that modernity cannot exist without expropriation, extraction, exploitation, dispossession, destitution, genocides and ecocides. Drawing on Indigenous critiques and practices from the communities we collaborate with in Brazil, Peru, Mexico and Canada, we propose that a decolonial future requires a different mode of (co-)existence that will only be made possible with and through the end of the world as we know it, which is a world that has been built and is maintained by different forms of violence and unsustainability....”

Better Think Tanking


New initiative, "Better Think Tanking", that aims to push think tanks & NGOs to better reflect principles of diversity & inclusion in culture & career paths.

Check out the vision:

“We think that the think tank sector lacks diversity because of its professional culture, traditional networks and management practices, which are all marked by unchecked biases, intersectional discrimination and a generational divide..... ... start a movement for a more conscious and reflective non-profit and think tanking practice ...”

Guardian – Racism endemic at DfID, staff claim

https://www.theguardian.com/world/2020/aug/26/racism-endemic-at-dfid-staff-claim

“Report says racism is endemic in UK aid department’s HQ and network of offices abroad.”

“Many black, Asian and minority ethnic men working in the Department for International Development claim to have experienced prejudice at work, including racist jokes and doubts about their legality as UK citizens. The government’s aid department has also been severely criticised for signing off an anti-sexual harassment campaign that portrayed BAME men following or restraining white women, in a report seen by the Guardian. The findings, including a survey of BAME staff and published in March this year, were uncovered as the department faces a merger with the Foreign and Commonwealth Office....”

And a link: FT - UN-backed climate fund faces wave of abuse allegations from staff

“Former and current employees describe incidents of sexism, racism and harassment at Green Climate Fund.”
Dengue

Guardian - Dengue breakthrough after mosquitoes laced with natural bacteria

“Infecting mosquitoes with a naturally occurring bacteria dramatically reduces their ability to transmit dengue, according to a breakthrough study that could pave the way to eliminating the disease. Research conducted in Indonesia, where dengue is endemic, found that releasing mosquitoes infected with the bacteria Wolbachia into parts of Yogyakarta city reduced the number of dengue infections by 77% compared with untreated areas. “We are really hopeful this will lead to local elimination [of dengue] in Yogyakarta city, and the next stage is to scale up beyond Yogyakarta to other parts of Indonesia,” said Dr Katie Anders, director of impact assessment at the World Mosquito Program, and one of the study’s lead researchers. The same method is also being applied in other countries where dengue is prevalent, with the aim of eliminating the disease as a public health concern....”

UHC

Lancet - Measuring universal health coverage based on an index of effective coverage of health services in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019
GBD 2019 UHC collaborators; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30750-9/fulltext

“Based on the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019, we assessed UHC effective coverage for 204 countries and territories from 1990 to 2019. ... ... Globally, performance on the UHC effective coverage index improved from 45·8 (95% uncertainty interval 44·2–47·5) in 1990 to 60·3 (58·7–61·9) in 2019, yet country-level UHC effective coverage in 2019 still spanned from 95 or higher in Japan and Iceland to lower than 25 in Somalia and the Central African Republic. Since 2010, sub-Saharan Africa showed accelerated gains on the UHC effective coverage index (at an average increase of 2.6% [1.9–3.3] per year up to 2019); by contrast, most other GBD super-regions had slowed rates of progress in 2010–2019 relative to 1990–2010. Many countries showed lagging performance on effective coverage indicators for non-communicable diseases relative to those for communicable diseases and maternal and child health, despite non-communicable diseases accounting for a greater proportion of potential health gains in 2019, suggesting that many health systems are not keeping pace with the rising non-communicable disease burden and associated population health needs. ...”

Conclusion: “The present study demonstrates the utility of measuring effective coverage and its role in supporting improved health outcomes for all people—the ultimate goal of UHC and its achievement. Global ambitions to accelerate progress on UHC service coverage are increasingly unlikely unless concerted action on non-communicable diseases occurs and countries can better translate health spending into improved performance. Focusing on effective coverage and
accounting for the world’s evolving health needs lays the groundwork for better understanding how close—or how far—all populations are in benefiting from UHC.”

Check out also the related Lancet Comment, by M Kruk et al: The universal health coverage ambition faces a critical test. With a vital last paragraph:

“Finally, as the world grapples with the adverse consequences of globalisation, diminishing trust in experts and data, and growing awareness of structural racism, sexism, and imbalances in global power, it is time to ask: for whom is this measure? As with other global metrics, the UHC index is maximally tailored to promote accountability to global bodies, such as the UN, and to be debated in global journals and conferences. How would the index look if the direction of accountability shifted to people in countries: the users (and non-users) of health care? This would require political courage to face health-system flaws, investment in national health measurement, and commitment to using data to improve health systems. Without nationally meaningful measures and governments’ accountability to their population, UHC may become an empty signifier: a non-threatening tool for enhancing a country’s global status rather than maintaining and improving health for all its citizens.”

Some papers and reports of the week

Archives of Public Health - History of global burden of disease assessment at the World Health Organization


One of the reads of the week. By the former coordinator of mortality and burden of disease statistics at WHO.

“The World Health Organization collaborated in the first Global Burden of Disease Study (GBD), published in the 1993 World Development Report. This paper summarizes the substantial methodological improvements and expanding scope of GBD work carried out by WHO over the next 25 years....”

Conclusions: “WHO work on global burden of disease has positioned it to be the lead agency for monitoring many of the UN Sustainable Development Goals. Current moves to use IHME analyses raises a number of issues for WHO and for Member States in relation to WHO’s constitutional mandate, its accountability to Member States, the consistency of WHO and UN demographic and health statistics, and the ability of Member States to engage with the results of the complex and computer-intensive modelling procedures used by IHME. As new global health actors and funders have arisen in recent decades, and funding to carry out WHO’s expanding mandate has declined, it is unclear whether WHO has the ability or desire to continue as the lead agency for global health statistics.”
IHME (report) – Financing Global Health 2019: Tracking Health Spending in a Time of Crisis


New report by A Micah, J Dieleman et al. Do check out at least the Executive summary as it’s a very rich new report.

See also a related TGH blog - Health Systems Strengthening in the Age of COVID-19

“According to the Institute for Health Metrics and Evaluation (IHME) latest financing global health report, Tracking Health Spending in a Time of Crisis, which two of us co-authored, even though total funding for health systems strengthening has increased over time, it has shrunk as a percentage of total development assistance for health, down from 21 percent ($1.6 billion) in 1990 to 14 percent ($5.6 billion) in 2019....”

BMJ Global Health – Implementation of health and health-related sustainable development goals: progress, challenges and opportunities – a systematic literature review

W Aftab et al; https://gh.bmj.com/content/5/8/e002273

“While health is one of the Sustainable Development Goals (SDGs), many other ‘health-related’ goals comprise determinants of health. Integrated implementation across SDGs is needed for the achievement of Agenda 2030. While existing literature is rich in normative recommendations about potentially useful approaches, evidence of implementation strategies being adopted by countries is limited. We conducted a systematic review with qualitative synthesis of findings using peer reviewed and grey literature from key databases. We included publications examining implementation of health and health-related SDGs (HHSDGs) at national or subnational level published between June 2013 and July 2019. Our findings indicate that high-level political commitment is evident in most countries and HHSDGs are being aligned with existing national development strategies and plans. A multisectoral, integrated approach is being adopted in institutional setups but evidence on effectiveness of these approaches is limited. Funding constraints are a major challenge for many countries. HHSDGs are generally being financed from within existing funded plans and, in some instances, through SDG-specific budgeting and tracking; additional funding is being mobilised by increasing domestic taxation and subsidisation, and by collaborating with development partners and private sector. Equity is being promoted by improving health service access through universal health coverage and social insurance schemes, especially for disadvantaged populations. Governments are collaborating with development partners and UN agencies for support in planning, institutional development and capacity building. However, evidence on equity promotion, capacity building initiatives and implementation approaches at subnational level is limited. Lack of coordination among various levels of government emerges as a key challenge. Strengthening implementation of multisectoral work, capacity building, financial sustainability and data availability are key considerations to accelerate implementation of HHSDGs.”
BMJ Global Health (Analysis) - Tailored support for national NCD policy and programme implementation: an over-looked priority

A Jackson-Morris et al; https://gh.bmj.com/content/5/8/e002598

“Many low-income and middle-income countries (LMICs) are unlikely to achieve Sustainable Development Goal 3.4 to reduce premature deaths from non-communicable diseases (NCDs) by one-third by 2030. ... Barriers to implementing effective strategies are well known, yet the value of tailored technical support to countries has been overlooked and downplayed. Tailored technical support is specialist guidance for country-specific application of technical tools, and capacity enhancement when needed, that enables an LMIC to advance its NCD priorities and plans. We present a model identifying pivotal junctures where tailored technical support can help surmount implementation obstacles. We draw on our experience preparing NCD investment cases with health ministries, development partners and technical agencies. National investment cases produce evidence based, locally tailored and costed packages of NCD interventions and policies appropriate to national needs and circumstances. They can include analysis of financing needs and point towards sustainable funding mechanisms. Enhancing the NCD-specific knowledge of government and Civil Society Organization leads can capitalise on existing expertise, aid integrative health system developments and unlock capabilities to use global tools and guidance. Investment cases form a platform to develop or review NCD plans and (re)prioritise action, then apply implementation science to trouble-shoot obstacles. Partnering national stakeholders with technical support in this process is critical to develop and implement effective NCD strategies.”

Health Research Policy & Systems - Indicators to evaluate organisational knowledge brokers: a scoping review


« Knowledge translation (KT) is currently endorsed by global health policy actors as a means to improve outcomes by institutionalising evidence-informed policy-making. Organisational knowledge brokers, comprised of researchers, policy-makers and other stakeholders, are increasingly being used to undertake and promote KT at all levels of health policy-making, though few resources exist to guide the evaluation of these efforts. Using a scoping review methodology, we identified, synthesised and assessed indicators that have been used to evaluate KT infrastructure and capacity-building activities in a health policy context in order to inform the evaluation of organisational knowledge brokers. ... ... This review presents a total of 174 method-based indicators to evaluate KT infrastructure and capacity-building. The presented indicators can be used or adapted globally by organisational knowledge brokers and other stakeholders in their monitoring and evaluation work. »

Lancet Public Health - The shibboleth of human rights in public health

L Gostin et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30182-1/fulltext

On the importance of human rights education. “Human rights discourse has greatly influenced advocacy for justice in public health. Yet, beyond rhetorical claims, how can we employ human rights to achieve the aspiration of health with justice? Without human rights education to support public
health practice, human rights have become a shibboleth of public health—raised frequently to signal devotion to justice, but employed rarely in policy, programming, or practice. As advocates respond to the public health injustices of populist nationalism during an unprecedented pandemic, **human rights education must be an essential foundation to hold governments accountable for implementing rights to safeguard public health...**

And they see progress, among others in schools of public health: “...As public health responds to rising challenges of health injustice, in the pandemic response and beyond, **strengthening human rights training for the next generation is imperative.** Through shared competencies for human rights education in public health, faculty can promote common terminology and core knowledge. This standardised education on the inextricable linkages between human rights and public health provides a path for students to understand international law, facilitate human rights implementation, and hold governments accountable....”

**Critical Public Health - Concepts, disciplines and politics: on ‘structural violence’ and the ‘social determinants of health’**

“It has long been recognised that human health is indelibly shaped by a variety of factors. These include pathogens such as bacteria and viruses, but also broad-ranging social, economic and political forces operating at different spatial scales. **In seeking to understand the nature and effects of these forces, two concepts have become particularly influential: the ‘social determinants of health’ and ‘structural violence’.** In this paper, we critically examine their origins, tracing their ‘prehistory’ and **little-recognised intersections**, based on searches of both concepts in PubMed and Google Scholar, and a critical reading of the range of texts our searches produced. This forms the groundwork from which we examine their similarities and differences, and their potentialities and limitations. **We demonstrate that both concepts operate largely as black boxes.** Their usage has thus become tied to disciplinary and methodological projects, with attendant implications for their wider usage – especially given the respective statuses of the fields of medical anthropology and social epidemiology in public health. **We conclude that structural violence and the social determinants of health have both been influential in research and policy, but have struggled to effect the kinds of political change that their moral commitment to social justice promises and that further dialogue between them is required.”

**Global Public Health - COVID-19: Can this crisis be transformative for global health?**

Among others, arguing for the need for a New Global Health Order.

“...This commentary argues that, despite its devastating effects, the Covid-19 pandemic can be a **longer-term positively transformative event for global health.** However, this will require going beyond the development of more effective plans for health emergency preparedness, to confront the crisis in global health governance and leadership, and rethink the roles of key actors involved in world health. **It ultimately calls us back to the very concept of ‘global health’: the values it should encompass, what we should expect from it and how we might envisage reshaping or ‘co-creating’ it for the future.”
IJHPM - Towards an Explanation of the Social Value of Health Systems: An Interpretive Synthesis

E Whyle et al; https://www.ijhpm.com/article_3902.html

“Health systems are complex social systems, and values constitute a central dimension of their complexity. Values are commonly understood as key drivers of health system change, operating across all health systems components and functions. Moreover, health systems are understood to influence and generate social values, presenting an opportunity to harness health systems to build stronger, more cohesive societies. However, there is little investigation (theoretical, conceptual, or empirical) on social values in health policy and systems research (HPSR), particularly regarding the capacity of health systems to influence and generate social values. This study develops an explanatory theory for the 'social value of health systems.'”

The authors identify “four mechanisms by which health systems are considered to contribute social value to society: Health systems can: (1) offer a unifying national ideal and build social cohesion, (2) influence and legitimise popular attitudes about rights and entitlements with regard to healthcare and inform citizen’s understanding of state responsibilities, (3) strengthen trust in the state and legitimise state authority, and (4) communicate the extent to which the state values various population groups.”

Oxfam report – For a Decade of Hope Not Austerity in the Middle East and North Africa: Towards a fair and inclusive recovery to fight inequality

https://oxfamilibrary.openrepository.com/handle/10546/621041

“...This paper argues that if another decade of pain is to be averted, governments need to take immediate action to reduce inequality through providing public services to protect ordinary people by taxing the richest and guaranteeing decent work....”

Coverage via Reliefweb: Middle East and North Africa billionaires’ wealth up by $10 billion during pandemic - enough to pay Beirut blast repair bill

“The 21 billionaires in the Middle East and North Africa (MENA), all of them men, saw their wealth increase by nearly $10 billion (£7.6bn) since the start of the Covid-19 crisis, Oxfam revealed in a report published today. The windfall is almost double the estimated $5bn (£3.8bn) required to rebuild Lebanon’s shattered capital. Meanwhile, 45 million more people in the region could be pushed into poverty as a result of the pandemic....”

Blogs & other mainstream news of the week

WHO- World Mental Health Day: an opportunity to kick-start a massive scale-up in investment in mental health

https://www.who.int/news-room/detail/27-08-2020-world-mental-health-day-an-opportunity-to-kick-start-a-massive-scale-up-in-investment-in-mental-health
Joint press release on the new Word Mental Health Day campaign, starting in September.

“Mental health is one of the most neglected areas of public health. Close to 1 billion people are living with a mental disorder, 3 million people die every year from the harmful use of alcohol and one person dies every 40 seconds by suicide. And now, billions of people around the world have been affected by the COVID-19 pandemic, which is having a further impact on people’s mental health. Yet, relatively few people around the world have access to quality mental health services. In low- and middle-income countries, more than 75% of people with mental, neurological and substance use disorders receive no treatment for their condition at all....”

“... That’s why, for this year’s World Mental Health Day, WHO, together with partner organizations, United for Global Mental Health and the World Federation for Mental Health, is calling for a massive scale-up in investment in mental health. To encourage public action around the world, a World Mental Health Day campaign, Move for mental health: let’s invest will kick off in September. “World Mental Health Day is an opportunity for the world to come together and begin redressing the historic neglect of mental health,” said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. ... Countries spend on average only 2% of their health budgets on mental health. Despite some increases in recent years, international development assistance for mental health has never exceeded 1% of all development assistance for health. ”

Vox Development - Development in an era of deglobalisation

P Goldberg et al ; https://voxdev.org/topic/firms-trade/development-era-deglobalisation

“In an era of deglobalisation, developing countries need more equality within their borders.”

“... Our results suggest that international integration has provided a pathway for poor countries to eliminate poverty in the past. If international integration becomes less tenable in the future, to eliminate poverty, policymakers in poor countries would need to focus on equalising the distribution of income, for instance through taxation or (as suggested by the model underlying this paper’s analysis) redistribution of equity shares to the poor in order to create a middle class that is large enough to foster development....”

The Conversation - The foreign aid game is changing: these are the opportunities for Africa


“There are growing signs that the aid relationship between the Global South and the Global North is changing fast. Many traditional Western donors are reevaluating the role of aid while keeping a close eye on their own national interests. These changes may not be all bad. ... The global development agenda now includes multiple goals on poverty reduction, economic growth, the environment and climate change. This unprecedented international policy overload is radically altering the aid landscape. As the world’s most developed countries craft a new narrative that more strongly links aid to climate change and humanitarian crises, African countries can tip the
balance in their favour. This can provide an opportunity to shape the future of North-South relations....”

Partners for Impact - Building a new partnership – the role of individuals

“In this blog we explore how individuals play different roles in building new partnerships. Understanding these roles and their functions makes navigating a potential partner, outreach, and building a new partnership easier.”

“Organisational partnerships require individuals to interact and agree to work in partnerships. New organizational partnerships may build on previous or current individual relationships. Different individuals can play different roles in new partnerships. These roles are: gatekeeper, connector, case builder, decision maker, veto player, bridge builder. Understanding the different functions of individuals is important, as this both influences who needs to be on board (or not against) as well as timelines.”

Alice Evans (blog) – Why is Intimate Partner Violence so High in Sub-Saharan Africa?

Insightful blog. SSA is poorer, and poverty predicts IPV. But IPV is not just a function of poverty, obviously.

Project Syndicate – Why All Countries Should Contribute to Ending Global Poverty

“In 1969, richer countries agreed to commit 0.7% of their gross national income to international development aid. The world has changed since then, and a new era calls for a fresh approach to poverty eradication, involving a scaled financial commitment from all countries.”

“Against this backdrop, and amid the global pandemic, our proposal calls for a “universal development commitment” (UDC) from all countries – rich and poor alike. Given their aim of poverty eradication, the SDGs would inevitably be the core focus of any such UDC....”

Some tweets of the week

M Pai
“Key pandemic lesson: Universal health coverage cannot be a luxury or privilege. It is a fundamental & non-negotiable universal human right.”
Dr. Nasreen Alwan

“I feel like a broken record but here goes, only looking at deaths from #CV19 underestimates the pandemic implications. Many previously healthy people with #LongCovid unable to return to work/caring for months. Unless we properly measure the problem we’re always playing catch up.”

**Global health events**

G2H2 - A civil society guide to the 73rd World Health Assembly #WHA73

[http://g2h2.org/posts/wha73events/](http://g2h2.org/posts/wha73events/)

The (resumed) World Health Assembly will take place from Monday 9 to Saturday 14 November 2020, in principle (dates to be confirmed).

IISD - A UN High-Level Week with Meetings and Moments, but No Motorcades


A look ahead to the UN High-Level week in September.

“During the opening week of the 75th session of the UN General Assembly, Heads of State and Government will exchange statements via pre-recorded messages, played to a nearly empty General Assembly Hall. The UN’s high-level week also will feature the first annual SDG Moment, a high-level meeting of the UNGA to commemorate the UN’s 75th anniversary, the Summit on Biodiversity, and a high-level meeting of the UNGA on the 25th anniversary of the Fourth World Conference on Women (Beijing+25).”

**Global governance of health**

WB - Africa Centres for Disease Control and Prevention’s COVID-19 response: A united, continental strategy


Good overview of Africa CDC’s role so far in the pandemic.

Guardian - Leadership of merged DfID evidence of ‘hostile takeover’ by FCO, say critics

“NGOs and MPs fear appointments to Foreign, Commonwealth and Development Office reflects unbalanced priorities.”

CGD (blog) - The UK Foreign and Development Office and Global Public Goods

Recommended. “The need to combine technical and financial resources with negotiation and coordination suggests a role for both the development and diplomacy skills of the Foreign, Commonwealth and Development Office. Using ODA and diplomacy, the department could take the lead in delivering global public goods that are of particular value to the world’s poorest people. ... But for the FCDO to fully embrace a role delivering on global public goods, it will need a wider range of financial tools than just aid...”

Devex - EU Brexit negotiator wants 'framework' for development cooperation with UK

“The European Union’s Brexit negotiator says the interests of the bloc and the departing U.K. would be best served by an ongoing framework for cooperation on development policy — the opposite of the ad hoc approach now favored by London. ...”

“It seems to me that it is also in the interest of the United Kingdom to have a preventative framework,” Michel Barnier told reporters Friday at a virtual press conference in Brussels after the seventh round of talks on the pair’s future relationship. The Frenchman said such an approach would ensure the best cooperation with the U.K. in the area of development, notably in Africa, in political cooperation, at the United Nations, and in sensitive regions such as the Mediterranean.

“These are the areas where I think that our interest would be to have a usable framework, rather than to improvise at the moment of a crisis,” Barnier said. In April, however, Omar Daair, head of the Europe department at the U.K. Department for International Development, said that it would collaborate with the EU on a “case-by-case” basis....”

Devex - Disrupt and compete: How Trump changed US foreign aid

Analysis of the past few years in the US in terms of aid.

“The past three years and eight months have been tumultuous for U.S. development agencies, programs, and professionals. Since President Donald Trump’s inauguration in January 2017, the U.S. aid community has seen three White House proposals to slash billions in foreign assistance, two additional attempts by the administration to rescind funding that Congress appropriated anyway, a murky “foreign assistance review” that aimed to divide the world between friends and enemies, attacks on multilateral institutions, politically-motivated funding cuts to some countries and
politically-motivated humanitarian aid to others, emboldened versions of policies against abortion and family planning, and a combination of high-level vacancies and highly-controversial appointments to political positions within U.S. foreign aid agencies. During the same period, the U.S. Agency for International Development has undergone a well-regarded reorganization, introduced new tools to expand its partner base, and adopted an organizational vision that revolves around transitioning countries away from an outdated donor-recipient model of aid to partnership. The U.S. government successfully launched a long-sought development finance institution with bipartisan support and a centralized initiative focused on women’s empowerment. Both the foreign aid budget — thanks to the U.S. Congress — and USAID itself have emerged broadly intact as four years of the Trump administration draw to a close. That mixed record of rhetoric, quiet reforms, and a U.S. foreign assistance effort that found ways to persist through an administration concerned with “America First” has left aid experts wondering how to evaluate — or even characterize — the global development policy of Trump’s White House....”

Guardian - Labour launches study of possible reforms to UN institutions

“Labour has launched a review of possible reforms to United Nations institutions, in a move that will inevitably raise questions about the continued merits of Britain’s veto as one of the five permanent members of the security council. The review, ordered by the shadow foreign secretary, Lisa Nandy, and led by Ray Collins, the shadow foreign minister in the Lords, will study the structure of the security council, the role of the general assembly and the powers of the World Health Organization...”

UHC

Journal of Policy Modeling - Decision time: Cost estimations and policy implications to advance Universal Health Coverage in Cambodia

“Cambodia aims to expand social health protection to move toward Universal Health Coverage. We developed a modeling tool to facilitate the simple, interactive estimation of cost and coverage for three policy alternatives, enabling decision-makers to simultaneously adjust for scenario options currently under consideration. Assuming the adoption of all scenario options, the projected cost of expanding social health protection to all is US$42 million, to vulnerable individuals is US$32.1 million, and to uncovered 1st–3rd wealth quintile people is US$30.4 million. These policy alternatives are projected to increase population coverage to 100%, 89.1%, and 92.5% by 2025, respectively. The results have multiple policy implications.... »

BMJ GH - Implementing sustainable primary healthcare reforms: strategies from Costa Rica
L Spiegel et al; https://gh.bmj.com/content/5/8/e002674
“As the world strives to achieve universal health coverage by 2030, countries must build robust healthcare systems founded on strong primary healthcare (PHC). In order to strengthen PHC, country governments need actionable guidance about how to implement health reform. Costa Rica is an example of a country that has taken concrete steps towards successfully improving PHC over the last two decades. In the 1990s, Costa Rica implemented three key reforms: governance restructuring, geographic empanelment, and multidisciplinary teams. To understand how Costa Rica implemented these reforms, we conducted a process evaluation based on a validated implementation science framework. ... We found that Costa Rica implemented PHC reforms through strong leadership, a compelling vision and deliberate implementation strategies such as building on existing knowledge, resources and infrastructure; bringing together key stakeholders and engaging deeply with communities. These reforms have led to dramatic improvements in health outcomes in the past 25 years…”

BMJ Global Health - Allocating resources to support universal health coverage: policy processes and implementation in Malawi
P Twa et al; https://gh.bmj.com/content/5/8/e002766

“...In this article, we discuss Malawi’s experience in 2019 of revising its resource allocation formula (RAF) for the geographical distribution of the government health sector budget to the decentralised units in-charge of delivering primary and secondary healthcare....”

WHO Bulletin – Use of hospitals for essential primary care services in 56 countries: determinants and quality
C Arseneau, M Kruk et al; https://www.who.int/bulletin/online_first/BLT.19.245563.pdf?ua=1

Objective: “To estimate the use of hospitals for four essential primary care services offered in health centres in low- and middle-income countries and to explore differences in quality between hospitals and health centres.”

Finally, a link in Health Research Policy and Systems: Health technology assessment of biosimilars worldwide: a scoping review

Planetary health

Guardian - Earth has lost 28 trillion tonnes of ice in less than 30 years

“... The level of ice loss revealed by the group matches the worst-case-scenario predictions outlined by the Intergovernmental Panel on Climate Change (IPCC), he added....”
Guardian - Children raised in greener areas have higher IQ, study finds


Based on a new Belgian study in Plos. “Research also found lower levels of difficult behaviour in rich and poor neighbourhoods.”

Psyche - Future generations deserve good ancestors. Will you be one?

R Krznaric [https://psyche.co/ideas/future-generations-deserve-good-ancestors-will-you-be-one](https://psyche.co/ideas/future-generations-deserve-good-ancestors-will-you-be-one)

R Krznaric with a short essay with some key messages from his latest book.

“Humankind has colonised the future. We treat it like a distant colonial outpost devoid of people where we can freely dump ecological degradation, technological risk and nuclear waste – as if nobody will be there. … … This is a struggle that I feel acutely aware of, and not just because I have children. I spent nearly a decade as a political scientist studying democracy, and it never once occurred to me that our political systems disenfranchise future generations in the same way that slaves and women were disenfranchised in the past. But that is the reality. Future generations are granted no political rights or representation. Their interests have no influence at the ballot box or in the marketplace. …”

On some of the arguments for the need to pay more attention to future generations: “… The Scales, the Arrow and the Baton [check what these mean ] open our minds to respecting the interests of future generations and ensuring their fair treatment in a world where existing political and economic institutions largely ignore them.”

“… But what about the claims of the present, or what Martin Luther King Jr in 1967 called ‘the fierce urgency of the now’? There are, for instance, 150 million children currently at risk of malnutrition-related mortality, primarily in developing countries. Shouldn’t they have a greater claim to our attention – and resources? … … The struggles of current and future generations are not, however, mutually exclusive. Today’s children are in themselves part of our future generations: by working to realise their rights – for instance by investing in their education and healthcare – we are enacting the values of intergenerational justice. Similarly, striving to secure the legal right of future generations to a clean and healthy atmosphere – as is currently taking place in the Our Children’s Trust lawsuit in the United States – will benefit both present and future generations through curtailing the impacts of the fossil fuel industry…."

New Political Economy - How Did We Do That? Histories and Political Economies of Rapid and Just Transitions


“This paper develops an account of the politics and prospects of deeper transitions towards sustainability based on a critical empirical, but theoretically informed, reading of previous socio-technical transitions....”

https://www.thelancet.com/journals/lanph/article/PIIS2542-5196(20)30161-3/fulltext

By the IHME team.

“To inform action at provincial levels in China, we estimated the exposure to air pollution and its effect on deaths, disease burden, and loss of life expectancy across all provinces in China from 1990 to 2017.”

Among the findings: “Although the overall mortality attributable to air pollution decreased in China between 1990 and 2017, 12 provinces showed an increasing trend during the past 27 years.”

Guardian - Up to half of world's water supply stolen annually, study finds

“Between 30% and 50% of the world’s water supply is stolen each year, mainly by agricultural interests and farmers, yet the crime itself is not well understood, a new international study led by the University of Adelaide says. The lead author, Dr Adam Loch, from the university’s Centre for Global Food and Resources, said there was a lack of data around water theft partly because those stealing the resource were often poor, vulnerable and at-risk in developing countries. “But theft also occurs in the developed world, especially in agricultural settings,” he said. “According to Interpol, thieves steal as much as 30% to 50% of the world’s water supply annually – a big number. Compounding this problem is the fact that, as the scarcity of our most precious resource increases due to climate and other challenges, so too do the drivers for water theft.” In a paper published in Nature Sustainability, the researchers developed a framework and model which they applied to three case studies: cotton growing in Australia, marijuana cropping in the US and strawberry growing in Spain. Loch said the study found the drivers of water theft included social attitudes, institutions and future supply uncertainty....”

Euractiv – Bill Gates’ nuclear venture plans small reactors to complement solar, wind power

“A nuclear energy venture founded by Bill Gates said Thursday (27 August) it hopes to build small advanced nuclear power stations that can store electricity to supplement grids increasingly supplied by intermittent sources like solar and wind power.”
Infectious diseases & NTDs

HP&P (Commentary) - Tuberculosis control and care in the era of COVID-19


“...To effectively control the TB epidemic and meet the EndTB goals, the Zero TB Initiative was launched in October 2015. It aims to create ‘islands of TB elimination’ using a comprehensive approach of search, treat and prevent. Unfortunately, the COVID-19 pandemic has upended much of these activities. Reports from India, China and Pakistan suggest a daily decline in case notification of 75–80% in the last few months (Glaziou, 2020; Stop TB Partnership, 2020a) with testing in Pakistan decreasing up to 80%....”

Science - How ‘elite controllers’ tame HIV without drugs

Science:

“A tiny fraction of the 38 million HIV-infected people in the world have what seems like a superpower. Without the help of antiretroviral (ARV) drugs, they keep the AIDS virus at undetectable levels in their blood, sometimes for many years, even though they still have HIV genes woven into their chromosomes. Now, the most in-depth genomic analysis of these rare individuals, who account for less than 0.5% of all HIV infections, reveals a clue to their success, which scientists hope will ultimately lead to new strategies to corral the virus in others....”

And a link:

WHO Afro - Togo is first African country to end sleeping sickness as a public health problem.

AMR

Devex - We need to improve AMR surveillance systems, now more than ever


Worth a read, this Op-Ed.

“... In 2015, the World Health Organization launched the Global Antimicrobial Resistance Surveillance System, or GLASS — a platform for global data-sharing worldwide that aimed to support countries in establishing national AMR surveillance systems as part of national action plans, or NAPs, to enable collection, analysis, and sharing of data. But to date, just 82 countries — less than half of WHO member states — have enrolled in GLASS, and 66 have submitted AMR data. Technically, this means that national AMR data is either unavailable in a shareable format or not readily accessible — thus hindering the comparison of local or global trends in AMR. As low- and middle-income countries continue to work toward developing and implementing the NAPs, the need
for efficient data capture and management systems to support AMR surveillance cannot be underestimated. This is more pertinent with COVID-19. Besides driving an increase in the use of antibiotics and potentially AMR, the pandemic has highlighted failings in health care systems globally, the need for better data on health system capacities, and crucial gaps in real-time disease surveillance data....

NCDs

Globalization & Health - Non-communicable disease governance in the era of the sustainable development goals: a qualitative analysis of food industry framing in WHO consultations


“The UN system’s shift towards multistakeholder governance, now embedded in the Sustainable Development Goals (SDGs), invites a broad range of actors, including the private sector, to the policymaking table. Although the tobacco industry is formally excluded from engagement, this approach provides opportunities for other unhealthy commodity industries to influence the World Health Organization’s (WHO’s) non-communicable disease (NCD) agenda. Focusing on the food industry, this research maps which actors engaged with WHO consultations, and critically examines actors’ policy and governance preferences as well as the framing they employ to promote these preferences in the global context....”

The World Health Organization, Corporate Power, and the Prevention and Management of Conflicts of Interest in Nutrition Policy; Comment on “Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool”


Recommended analysis of a tool that amounts to progress in terms of the prevention & management of CoI in nutrition policy. “The World Health Organization’s (WHO’s) draft Decision-Making Process and Tool to assist governments in preventing and managing conflicts of interest in nutrition policy marks a step-change in WHO thinking on large corporations and nutrition policy. If followed closely it stands to revolutionise business-government relations in nutrition policy. Ralston and colleagues outline how the food and beverage industry have argued against the decision-making tool. This commentary expands on their study by setting industry framing within a broader analysis of corporate power and explores the challenges in managing industry influence in nutrition policy. The commentary examines how the food and beverage industry’s collaboration and partnership agenda seeks to shape how policy problems and solutions are interpreted and acted on and explores how this agenda and their efforts to define conflicts of interest effectively represent non-policy programmes. More generally, we point to the difficulties that member states will face in adopting the tool and highlight the importance of considering the central role of transnational food and beverage companies in contemporary economies to managing their influence in nutrition policy.”
The “Trekkies” among you will also want to read Star Trek Offers Insights That Illuminate Actor Engagement in Global Nutrition Governance; Comment on “Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool” (also in IJHPM)

I noticed that part of ‘civil society’ was labelled ‘Klingons’: )

HPW - More Than 100 Public Health Organizations Call For Formula 1 To Ditch Tobacco Sponsorships
https://healthpolicy-watch.news/more-than-100-public-health-organizations-call-for-formula-1-to-ditch-tobacco-sponsorships/

“Some 101 public health organizations called for an end to tobacco sponsorships and advertising in the racing sport, Formula 1 (F1), in an open letter. Despite a public verbal commitment from the Federation Internationale de l’Automobile [FIA] to divest from the tobacco industry, Phillip Morris International (PMI) and British American Tobacco (BAT) will spend over US $115 million on F1 sponsorships in 2020....”

WB - Knowledge Brief: Business, Employment, and productivity impacts of SSB taxes

6-pager. “Industry-sponsored studies reporting negative effects of SSB taxes on businesses, employment, and economic growth have been used very effectively to support arguments against SSB taxes and influence health-related policy. These studies tend to be based on questionable assumptions and provide only a partial picture of economic impacts. Emerging evidence from independent evaluation and modelling studies consistently identifies net positive economic impacts from SSB taxes, including overall employment and productivity gains, and increased government spending.”

Sexual & Reproductive / maternal, neonatal & child health

Global Public Health - The global politics of the age–gender divide in violence against women and children

“Decades of collective and cumulative work by practitioners, activists and researchers have made violence prevention an important part of international development agendas. However, violence prevention and response work addressing women and children has historically been siloed. Those working at the intersection of violence against women (VaW) and violence against children (VoC) have wrestled with the age–gender divide. Addressing the historical and political influences that
underpin this divide will likely enhance progress towards more integrated strategies. This paper examines the origins and development of this polarisation and potential strategies for a more coordinated and collaborative agenda. ... Findings reveal key differences and tensions between the two fields, including in collection and use of research and evidence, core conceptual frameworks, and the development, funding and implementation of policy and practice. Potential opportunities for future synergies between the two fields are highlighted, particularly through a focus on the adolescent girl.”

Guardian - Uganda court rules government must prioritise maternal health in 'huge shift'

“Health rights activists in Uganda have welcomed a landmark court ruling that the government should increase its health budget to ensure women receive decent maternal healthcare services. The ruling is the result of a lawsuit filed in 2011 over the deaths in childbirth of two women – Jennifer Anguko and Sylvia Nalubowa – in a public health facility. In a unanimous decision on Wednesday, a panel of five judges said the government needed to prioritise maternal healthcare in its budgets for the next two financial years....”

BMJ - Breastfeeding in India is disrupted as mothers and babies are separated in the pandemic
https://www.bmj.com/content/370/bmj.m3316

“India’s efforts to promote breastfeeding are threatened by covid-19, as misguided fears of infection see newborns separated from mothers and formula milk promoted. Neha Bhatt reports.”

Finally, on new research in the Lancet: Mifepristone and misoprostol versus misoprostol alone for the management of missed miscarriage (MifeMiso): a randomised, double-blind, placebo-controlled trial

Tweet: “Treatment with mifepristone plus misoprostol was more effective than misoprostol alone in the management of missed miscarriage: finding from MifeMiso, a randomised, double-blind, placebo-controlled trial @MifeMiso_trial”

Miscellaneous

UN News - Globally, 1 in 3 children missed out on remote learning when COVID-19 shuttered schools

“For at least 463 million children whose schools closed due to COVID-19, “there was no such a thing as remote learning,” the head of the UN Children’s Fund (UNICEF) said on Thursday, as the agency
launched a new report outlining the limitations of remote learning and exposing the deep inequalities in access. “

Book - The People’s Health, Volume 2: Health Intervention and Delivery in Mao’s China, 1949-1983

Book tip – to order via Amazon: (…"

“…the People’s Health is the first systematic study of health care and medicine in Maoist China. Drawing on hundreds of files from rarely seen party archives and oral testimonies from experts, local cadres, and villagers across China, Zhou Xun shifts her historian’s gaze away from official statistics towards the records of local institutions and personal memories that reflect and give voice to lived experiences. Through the everyday interactions of policy makers, national and local administration, and communities, Zhou illustrates the dynamic relationship between politics and health, and between individual lives and the political system. Presenting case studies of internationally acclaimed public health initiatives in the PRC - the anti-schistosomiasis campaign and the Barefoot Doctor program - this book offers the first thorough, politically neutral analysis of their background, execution, and national and international repercussions....”

For an excerpt, see a piece in the Conversation - Mao’s China falsely claimed it had eradicated schistosomiasis – and it’s still celebrating that ‘success’ in propaganda today

International Journal of Infectious Diseases - Is Colombia an example of successful containment of the COVID-19 2020 pandemic? A critical analysis of the epidemiological data. March to July 2020

“Colombia detected its first COVID-19 case on March 2nd, 2020. From March 22nd to April 25th, it implemented a national lock down that, apparently, allowed the country to keep a low incidence and mortality rate up to mid-May. Forced by the economic losses the government opened many commercial activities, which was followed by an increase in cases and deaths. This paper presents a critical analysis of the Colombian surveillance data in order to identify strengths and pitfalls of the control measures....”

NYT - As Politicians Clashed, Bolivia’s Pandemic Death Rate Soared

“Bolivia was mired in political turmoil when the pandemic hit. The response was chaotic. And the surge in deaths that followed was among the worst in the world, according to an analysis by The New York Times.”
FT - Mexico reports ‘catastrophic’ 60,000 Covid-19 deaths
https://www.ft.com/content/fc83004a-769f-49b3-9f7c-9d5fd840d31f

“Researchers fear actual toll could be three times higher.”

“Mexico has surpassed its “catastrophic” worst-case scenario of 60,000 Covid-19 deaths and is shaping up as one of the worst health and economic casualties of the global pandemic. Latin America’s second-biggest economy, which has the world’s third highest overall coronavirus death toll, hit the grim milestone on Saturday, when the health ministry reported 60,254 and 556,216 confirmed cases. But officials have long acknowledged that the government’s data is an underrepresentation and the health ministry and private studies say the real death tally could be some three times higher. ... But Sandra López-León, a Mexican epidemiologist in New York, said that if the current death toll were three times higher than reported, as feared, it would amount to a per capita rate of more than 1,394 cases per million inhabitants. That would put Mexico far ahead of the current worst-hit country on a per capita basis, Belgium, which has nearly 870 deaths per million inhabitants and does not appear to be underestimating deaths to such an extent....”

Economist – Why the economic value of a face mask is $56.14
Economist;

Cfr a tweet: “According to The Economist’s reckoning, a single American wearing a mask for a day is helping avoid a fall in GDP of $56.14. Not bad for something that costs 50¢ to buy.”

ILO - Youth & COVID-19: Impacts on jobs, education, rights and mental well-being

“The report captures the immediate effects of the pandemic on the lives of young people (aged 18–29) with regards to employment, education, mental well-being, rights and social activism. Over 12,000 responses were received from young people in 112 countries....”

BMJ GH – YouTube as a source of information on COVID-19: a pandemic of misinformation?
https://gh.bmj.com/content/5/5/e002604

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


“This report attempts to capture those lessons by examining the actions of the twenty countries that, according to public health data, have been most effective in managing the crisis and limiting its impact....”

Economist – Conspiracy theories about covid-19 vaccines may prevent herd immunity


A first world problem. “Anti-vaccination sentiments are more prevalent in rich countries than in poor ones”

Emerging Voices

International Journal for Equity in Health - Unspoken inequality: how COVID-19 has exacerbated existing vulnerabilities of asylum-seekers, refugees, and undocumented migrants in South Africa

Ferdinand Mukumbang (EV 2018) et al; International Journal for Equity in Health;

“An estimated 2 million foreign-born migrants of working age (15–64) were living in South Africa (SA) in 2017. Structural and practical xenophobia has driven asylum-seekers, refugees, and undocumented migrants in SA to abject poverty and misery. The Coronavirus Disease 2019 (COVID-19) containment measures adopted by the SA government through the lockdown of the nation have tremendously deepened the unequal treatment of asylum-seekers and refugees in SA. This can be seen through the South African government’s lack of consideration of this marginalized population in economic, poverty, and hunger alleviation schemes. Leaving this category of our society out of the national response safety nets may lead to negative coping strategies causing mental health issues and secondary health concerns. An effective response to the socioeconomic challenges imposed by the COVID-19 pandemic should consider the economic and health impact of the pandemic on asylum-seekers, refugees, and undocumented migrants.”

Research

BMC Health Services Research - Using routine health information data for research in low- and middle-income countries: a systematic review

“Given that substantial investments have been made in strengthening RHISs in LMICs in recent years, and that there is a growing demand for more real-time data from researchers, this systematic review builds upon the existing literature to summarize the extent to which RHIS data have been used in peer-reviewed research publications....”