IHP news 587: Crunch time

(4 September 2020)

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

Dear Colleagues,

In this week’s Featured Article (below), we cross-post a blog published mid-August on the BMJ Global health blog, in response to a call by BMJ Global Health, in conjunction with the Emerging Voices for Global Health on COVID-19 in Sub-Saharan Africa. We hope you enjoy it. Covid-19 is anything but gone, so people who still want to respond to this call, are very welcome to do so.

Meanwhile, in many parts of the world, it was ‘back to school’ for many kids, teenagers and even college students this week (with quite some accompanying anxiety amongst parents, experts and decision makers on how to do this in a more or less safe way), in some countries against a backdrop of increasing anti-corona manifestations.

As for the COVAX facility, it’s clearly “crunch time” now - something the facility has in common with the never-ending Belgian government negotiations 😃. That the US doesn’t want to be part of it, is no big blow in my opinion, the opposite would have surprised, actually, from the current “to hell with multilateralism and global solidarity” Administration. The somewhat ambiguous support from the European Commission, Japan, Germany,… is perhaps a bigger problem. Anyway, we’ll know more by mid-October. Things are still moving.

From the youngsters to the oldies then. Ageism has been a major issue from the start of the pandemic, and so it was good to see dr. Tedros himself weighing in on this, when closing a media briefing earlier this week. He made an eloquent argument against dismissing Covid deaths as “just the elderly,” calling it “moral bankruptcy”. That’s exactly right, and Tony Abbot, amongst other right-wing bigots, should pay attention. Earlier this week, he said “the economic cost of lockdowns meant families should be allowed to consider letting elderly relatives with the coronavirus die by letting nature take its course.” Tony’s version of “It’s what it is”, I guess (or of ‘crunch time for the elderly’ 😞).

We all sense these are pivotal times. Indeed, it’s pretty much “crunch time” for mankind as a whole, and not just because US presidential elections (“the most important ones in history”) are coming up soon. The road we take in the coming years will determine the lives of our children and grandchildren. It’s for a reason you see tweets with “history lessons” going viral, like “The history of Nazis holding rallies in left-wing areas of Weimar Germany, instigating street fights, and then telling the press that only they could save Germany from the "violent communists" seems like an important thing for people to be studying right now”, or “Remember what happened to the Romanovs” (in a tweet pointing out that czar Nicholas II was “worth” 200 billion early 20th century, based on current exchange rate, commenting on Jeff Bezos’ new wealth ‘milestone’).
And all of this, needless to say, against a dire planetary backdrop. As Eric Holthaus wrote, a week ago, in the Correspondent, “To put it simply, we’ve left the era of climate stability that’s given rise to human civilisation. … Donald Rumsfeld, the US philosopher-military architect, had a famous saying about “known unknowns” and “unknown unknowns” that was meant to strike fear and build the case for rapid action. Climate change has reached the point where even the known unknowns should be enough for us to take action.”

Unfortunately, the global politics of this ‘urgent action we need’, turn out extremely ugly and difficult, all the more so because multilateralism is “at a historic low point”. Having said that, I don’t fully share the analysis of a Pollution of the Global Information Commons, currently quite in vogue among elites.

Nevertheless, you’ll understand that on most days, I feel more in a Deep Adaptation mood than in a ‘Building Back better’ one. Hope early November that will change 😊!

Enjoy your reading.

Kristof Decoster

Featured Article

COVID-19 in Kenya: 150 days of learning

Allan Ochola (graduate student in microbiology at Kenyatta University in Kenya and 2019/2020 eLife community ambassador. Twitter: @allanochola)

(Cross-posted from BMJ Global Health blog, where it was published first (on August 13).)

How does one fight an invisible, insidious, and all but intractable foe worth 30 kb in size? In Kenya, the hundred and fiftieth day of COVID-19 passed on 9th August 2020, nine months after the virus manifested itself in the Chinese province of Wuhan. The pandemic has brought forth some key learnings in the process.

Even though modern science has risen at breath-taking speed, the most effective tools are still the public health measures, from the 19th century – quarantine and social distancing. The crisis has given us an opportunity to witness the speed and volume of innovation from local innovators and universities to give doctors a broader range of weapons. The lack of enough personal protective equipment for health workers that have been certified and approved by the Kenya Bureau of Standards for use and inadequate isolation and quarantine facilities to cope with the exponential rise of new cases across the country are among the key challenges to the COVID-19 response.

The current emergency has made it critical to rethink our manufacturing and supply chain systems. And this has presented an opportunity to shift to approaches that meet and amplify the needs of
Kenyans using the available resources and raw materials. Against all odds, we figured out how to be innovative and mass produce low-cost critical care beds, disinfectants and other items used to suppress this virus. There is an increasing likelihood that companies will now require innovative skills that were previously untapped to fill in new demands. Startups will likely emerge from the recently launched great COVID-19 innovation challenge by the Kenyan Government to harness the collective capability of Kenya’s tech ecosystem in addressing grand challenges in health and food systems innovations and the future of work amidst the pandemic. The “Buy Kenya, Build Kenya” strategy has also convinced entrepreneurs to begin producing masks and ventilators.

We now know that we face a risk of COVID-19 inequality according to recent analysis and government official reports concerning the education and food due to impacts of the pandemic and this has created an easy prey for a virus that turns our bodies against us. The Integrated Food Security Phase Classification estimated 980,000 people in 29 counties in Kenya’s arid and semi-arid lands were expected to face food crises or worse for the period April–July 2020. According to the Ministry of Education, about 20 million children have also been affected by the nationwide closure of schools due to the COVID-19 pandemic, putting an end to school feeding programs that would otherwise improve their health and nutrition levels. The recently launched radio lessons by the Kenya Institute of Curriculum Development have locked out students from disadvantaged households, especially in slum areas and refugee camps, and those with disabilities or affected by mental issues with no access to such devices.

Inequalities in data capture and modelling that do not account for the spread across the population and inform control measures, compounded by factors such as weak health information systems, competing social priorities, politics in health, gender inequalities and cultural differences have become more pronounced amongst vulnerable populations with COVID-19. This is especially seen in those who are pregnant, or are affected by HIV, TB or other non-communicable diseases and persons with disability, with data being virtually non-existent. It is in this populace that we need to pay more attention to avert mortality and leave no one behind.

Everyone deserves access to healthcare, and the coronavirus which struck against a backdrop of floods, the cholera outbreak and locust invasion, limited our overall effective response to COVID-19. Challenges in contact tracing and limited laboratory testing reagents have been identified as key gaps and include a lack of protocols and approvals at the points of entry in the country. The challenge for policymakers and public health officials is that, because we shut everything all at once, it’s hard to know which measures worked best and which can be improved.

There has been a lot of talk about when things will return to normal. Normal is a public healthcare system that has been starved of funding. Normal is having limited career options for researchers. Normal is inadequate medical supplies and medicines in our health facilities. The choice of how we achieve this is not simple, even though the picture is. Kenya’s national response has been critical, but not enough. With the utmost gratitude, we celebrate public health professionals as heroes who are risking their own lives to keep the rest of us safe. Our focus going forward must be to develop a robust public health strategy. Finally, as the government loosens up on movement restrictions, contact tracing will be key to avoid flaring up of cases and until a vaccine arrives, we have to be careful not to be over-simplistic in our definition of recovery.
Highlights of the week

EV4GH evaluation: Deadline 11 September

As a reminder:

ITM - Emerging Voices is looking for evaluators

https://www.itg.be/E/Article/emerging-voices-is-looking-for-evaluators

“After a decade of training Emerging Voices, we are curious to see if the initiative managed to make a change, but also to look forward and analyse how it can remain relevant and innovative for the future.”

NCD countdown

Lancet report - NCD Countdown to 2030

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31761-X/fulltext


Via the press release:

“Many countries falling behind on global commitments to tackling premature deaths from chronic diseases, such as diabetes, lung cancer and heart disease:

- Among high-income countries, only Denmark, Luxembourg, New Zealand, Norway, Singapore, and South Korea are on track to meet the SDG target of a third reduction in non-communicable disease (NCD) mortality by 2030 for both men and women at current rates of decline.

- Relationship between COVID-19 and non-communicable diseases highlights urgent need for governments to implement policies to prevent avoidable deaths from chronic diseases.”

“Although premature mortality from NCDs is declining in most countries, for most the pace of change is too slow to achieve SDG target 3.4....”

As a reminder: “In 2015, world leaders signed up to achieve the United Nations’ SDG 3.4 of a one-third reduction in deaths between 30 and 70 years of age from four key NCDs – cancer, cardiovascular disease, chronic respiratory disease, and diabetes – by the year 2030. The NCD Countdown 2030 report, led by Imperial College London, World Health Organization, and the NCD
Alliance, reveals that the global goal to reduce premature mortality from NCDs by one third by 2030 is still achievable but many countries are falling short.”

- Check out also the related Lancet Editorial - Covid-19: A new lens for NCDs.

“COVID-19 and NCDs form a dangerous relationship, experienced as a syndemic that is exacerbating social and economic inequalities. The Lancet NCDI Poverty Commission: bridging a gap in universal health care for the poorest billion, will be published later this month and will explore the relation between poverty and NCDs in more detail. COVID-19 also provides a new lens through which to view NCDs. ... During the COVID-19 pandemic, many countries have seen the value of stronger tobacco and alcohol controls, an important step towards reducing NCDs. But others have struggled to balance public health measures against predatory commerce and economic recovery. ...

The editorial concludes: “COVID-19 is a pandemic that must highlight the high burden that NCDs place on health resources. It should act as a catalyst for governments to implement stricter tobacco, alcohol, and sugar controls, as well as focused investment in improving physical activity and healthy diets. COVID-19 has shown that many of the tools required for fighting a pandemic are also those required to fight NCDs: disease surveillance, a strong civil society, robust public health, clear communication, and equitable access to resilient universal health-care systems. COVID-19 could provide new insights into interactions between the immune system and NCDs, and potentially change the way we understand and treat these diseases. It might also generate new long-term disabilities that will add to the NCD burden. 2020 has shown the crucial relation between communicable diseases and NCDs....”

Planetary health

BMJ Analysis - Integrating climate action for health into covid-19 recovery plans
K Belesova, D Heymann & A Haines; https://www.bmj.com/content/370/bmj.m3169

“Kristine Belesova and colleagues argue that recovery from the covid-19 pandemic must safeguard the health of current and future generations in the face of the climate emergency.”

Key messages: “Our society has a responsibility to implement a sustainable recovery from covid-19 that safeguards planetary health; Economic recovery packages should help build more resilient social foundations, including reducing health inequalities, and cut greenhouse gas emissions; Low carbon recovery strategies will benefit the economy and health; Lifestyle and employment changes in response to covid-19 must be harnessed to catalyse decisive action on the climate emergency; Health professionals have an important role in promoting healthy and sustainable recovery and decisive action on climate change.”

New Book – Planetary health: Protecting nature to protect ourselves
S Myers & H Frumkin; https://islandpress.org/books/planetary-health
Planetary Health: Protecting Nature to Protect Ourselves provides a readable introduction to the [i.e. planetary health] new paradigm.

Guardian - How helpful is the term 'climate refugee'?  

In-depth analysis. Recommended. “Politicians warn the climate crisis will lead to more people migrating. But experts say this framing of the issue risks being misleading and dangerous.”

“Much like the climate crisis itself – where some of the countries least responsible are those suffering its effects the most – systemic, unequal power relations are relevant to understanding why, when and where people move....”

Guardian - Rampant destruction of forests ‘will unleash more pandemics’  
https://www.theguardian.com/environment/2020/aug/30/rampant-destruction-of-forests-will-unleash-more-pandemics

“Scientists are to warn world leaders that increasing numbers of deadly new pandemics will afflict the planet if levels of deforestation and biodiversity loss continue at their current catastrophic rates. A UN summit on biodiversity, scheduled to be held in New York next month, will be told by conservationists and biologists there is now clear evidence of a strong link between environmental destruction and the increased emergence of deadly new diseases such as Covid-19....”


“Faced with plunging profits and a climate crisis that threatens fossil fuels, the industry is demanding a trade deal that weakens Kenya’s rules on plastics and on imports of American trash.”

“Confronting a climate crisis that threatens the fossil fuel industry, oil companies are racing to make more plastic. But they face two problems: Many markets are already awash with plastic, and few countries are willing to be dumping grounds for the world’s plastic waste. The industry thinks it has found a solution to both problems in Africa. According to documents reviewed by The New York Times, an industry group representing the world’s largest chemical makers and fossil fuel companies is lobbying to influence United States trade negotiations with Kenya, one of Africa’s biggest economies, to reverse its strict limits on plastics — including a tough plastic-bag ban. It is also pressing for Kenya to continue importing foreign plastic garbage, a practice it has pledged to limit. ... Plastics makers are looking well beyond Kenya’s borders. “We anticipate that Kenya could serve in the future as a hub for supplying U.S.-made chemicals and plastics to other markets in Africa through this trade agreement,” Ed Brzytwa, the director of international trade for the American Chemistry Council, wrote in an April 28 letter to the Office of the United States Trade Representative.”
“... The plastics proposal reflects an oil industry contemplating its inevitable decline as the world fights climate change. Profits are plunging amid the coronavirus pandemic, and the industry is fearful that climate change will force the world to retreat from burning fossil fuels. Producers are scrambling to find new uses for an oversupply of oil and gas. Wind and solar power are becoming increasingly affordable, and governments are weighing new policies to fight climate change by reducing the burning of fossil fuels. **Pivoting to plastics**, the industry has spent more than $200 billion on chemical and manufacturing plants in the United States over the past decade...”

Globalizations - The appallingly bad neoclassical economics of climate change


“Forecasts by economists of the economic damage from climate change have been notably sanguine, compared to warnings by scientists about damage to the biosphere. This is because economists made their own predictions of damages, using three spurious methods: assuming that about 90% of GDP will be unaffected by climate change, because it happens indoors; using the relationship between temperature and GDP today as a proxy for the impact of global warming over time; and using surveys that diluted extreme warnings from scientists with optimistic expectations from economists. Nordhaus has misrepresented the scientific literature to justify the using a smooth function to describe the damage to GDP from climate change. Correcting for these errors makes it feasible that the economic damages from climate change are at least an order of magnitude worse than forecast by economists, and may be so great as to threaten the survival of human civilization.”

Open Democracy - To criticise Deep Adaptation, start here


Insightful analysis, addressing some of the most common criticisms (7 in total) of Deep Adaptation (and collapse anticipation).

Excerpt: “...Rather than one paper, Deep Adaptation is a term to describe the inner and outer processes that occur – ultimately positively – as we consider the collapse of our own societies to be likely, inevitable or already unfolding. People have different understandings of the nature of societal collapse, and the definition I offer is that it involves the uneven ending of normal modes of sustenance, shelter, security, health, pleasure, identity and meaning. The Deep Adaptation agenda is explicitly about helping us prepare in ways that may reduce harm, especially by reducing conflict and trauma. To help with that, it is also a framework of four questions, which offers people a way of exploring those potential changes together. They are called the 4Rs. What do we most value that we want to keep and how? That’s a question of resilience. What could we let go of so as not to make matters worse? That’s a question of relinquishment. What could we bring back to help us with these difficult times? That’s a question of restoration. With what and whom shall we make peace as we awaken to our common mortality? That’s a question of reconciliation.”

“Deep Adaptation is not a creed, but described by French collapse scholars as a “necessary conversation about the breakdown of civilisation.” ... ..”
Global Health governance

Announcement of Independent Panel for Pandemic Preparedness and Response
https://www.theindependentpanel.org/

As a reminder: “The mission of the Independent Panel is to provide an evidence-based path for the future, grounded in lessons of the present and the past to ensure countries and global institutions, including specifically WHO, effectively address health threats. It will do so by providing a fresh assessment of the challenges ahead, based on insights and lessons learned from the health response to COVID-19 as coordinated by WHO as well as previous health emergencies. The Independent Panel will conduct an impartial, independent and comprehensive review, beginning in September 2020 with a final report expected in advance of the 74th World Health Assembly scheduled for May 2021....”

Check out the panel members selected by co-chairs Helen Clark & Ellen Johnson Sirleaf.

Quite some big names in there, like Joanne Liu, Mark Dybul, David Miliband, Michel Kazatchkine, ex-Mexican president Ernesto Zedillo, ...

Coverage via Reuters - Pandemic review panel named, includes Miliband, ex Mexican president.

And see also Stat News:

“The panel is financed by WHO and has its own staff in Geneva, led by Dr. Anders Nordstrom, a former acting director-general at the agency.”

Guardian - Trump sets up fight with Congress over plan to cut dues to WHO immediately
https://www.theguardian.com/world/2020/sep/02/world-health-organization-trump-administration-us-who-dues

“The Trump administration is planning to cut its membership dues to the World Health Organization, in a legally controversial move that will be challenged by Congress. The US issued its formal notice of withdrawal from the WHO in July, after Donald Trump accused the body of being pro-China and of failing to contain the coronavirus pandemic. However, the withdrawal does not take effect until next July, and until then – according to a 72-year-old agreement with Congress – the US is obliged to maintain its financial contributions. By the time of the withdrawal notice, the first tranche of $58m of its “assessed contributions” – national membership dues – had already been paid, leaving a second tranche of about $62m. The deputy assistant secretary of state for international organisation affairs, Nerissa Cook, said on Wednesday those funds, as well as $18m owing from the previous year “will be reprogrammed to the UN to pay other assessments”. Cook said the details had to yet to be worked out, but made it clear the money would be diverted away from the WHO towards paying other UN dues. The administration will also make limited voluntary contributions to the WHO in areas where there is no alternative. That includes a “one-time
disbursement” of $68 million to WHO humanitarian health assistance in Libya and Syria and its efforts to eradicate polio, mostly in Afghanistan and Pakistan."

"Democrats in Congress have challenged the president’s right to reduce or divert funds from the WHO, saying it is a violation of the joint resolution of Congress that marked the agreement made with Congress at the time of US accession to the global health body in 1948."

See also the NYT - Trump Administration Will Redirect $62 Million Owed to the W.H.O.

"The money, part of $120 million owed in annual dues, will go to other agencies fighting flu and buying vaccines."

"The United States will still participate in W.H.O. meetings “on a limited basis,” said Dr. Alma C. Golden, USAID’s assistant administrator for global health. They will include the agency’s governing bodies and technical committees considering issues that affect American citizens, economic interests or the federal government’s investments in global health."

GAVI - Call for applications: COVAX seeks civil society representatives to contribute to ensuring equitable global access to COVID-19 vaccines


Late. Very late. Still, some would say “better late than never”....

G2H2 - Initial series of Covid-19 related “dialogue meetings” between civil society organizations and WHO Director-General Dr Tedros

http://g2h2.org/posts/tedros2020/

Interesting initiative. The first one took place earlier this week (1 Sept) - Achieving a gender transformative COVID response. Check out some of the next in line.

A concrete outcome of the first dialogue, cfr. Twitter:

“WHO supports creation of #Gender & #COVID19 Working Group to guide #GenderTransformative response - key outcome from @WHO @GendroOrg @womeninGH dialogue.”

WHO convenes expert group for behaviour change

https://www.who.int/news-room/detail/03-09-2020-who-convenes-expert-group-for-behaviour-change

“ The World Health Organization convened its first Technical Advisory Group on Behavioural Insights and Sciences for Health. ... Following a global call which attracted over 200 applications from 47 countries, some 21 advisers have been selected to represent a variety of countries and
expertise in related disciplines, to design and implement policies and programmes – not only in terms of COVID-19, but on public health in general. Psychology, anthropology, health promotion, social and behavioural sciences, neurosciences, behavioural economics, social marketing, design thinking and epidemiology are some of the areas of expertise of the members that come from government agencies, academia, international organizations and civil society – and are now to provide advice to WHO on a range of topics."

You find their profiles [here](https://www.politico.eu/article/germany-eyes-global-health-ambitious-as-us-steps-back-jens-spahn/).

**Politico - Germany eyes global health ambitions as US steps back**


“Berlin is emerging as the likely new global health power but it doesn’t want to go it alone.”

Interesting analysis, also if you’re not from Germany.

A few excerpts:

“It’s not just cash that Germany is funneling into global health. It’s also determined to be the voice of reason in shaking up the WHO post-pandemic. ... Back at home, Germany’s new global health strategy is also being drawn up and set to be published later this year. ... More broadly, Germany is trying to lead by example, said Anna Holzscheiter, professor of political science at the Technical University of Dresden and head of the research group on global health policy at the Berlin Social Science Center. ... At the same time, Germany has managed to walk the tightrope between swearing its allegiance to the WHO and criticizing it....”

“... As Detlev Ganten (World Health Summit) sees it, Germany has the opportunity under its Council presidency to work with the rest of Europe to exert some influence on global health. “Before the pandemic situation, global health was not considered as important as it is now,” he said. ... But well before the pandemic, Germany was shoring up its clout in global health under the leadership of Chancellor Angela Merkel, with Gröhe, Merkel’s close confidant, being instrumental....”

“... Ilona Kickbusch, an external WHO adviser and founder of the Global Health Centre at the Graduate Institute of Geneva, describes this shift as a "big reshuffle," with the pandemic creating a space for "middle powers," such as Germany, to move in. ... What perhaps best explains Germany’s reluctance to take the reins on its own is its commitment to multilateralism, which is vital for these “middle powers,” explained Kickbusch. ... Germany also isn’t alone in its efforts to increase its standing on global health. “It’s also states like China that have aspirations to step in," warned Holzscheiter. And private foundations such as the Bill and Melinda Gates Foundation and the Wellcome Trust are “already knocking on the door,” she said. Kickbusch points to the EU and the Commission in particular as entities that also show ambitions in this area. India, Australia and France are other “middle powers” that have become more active in the global health fronts, she said. “There is a shift happening. And we’ll have to watch that," said Kickbusch.”

**Devex - What’s behind the backlash against a White House pandemic proposal?**

“US. government efforts to create a new initiative for global pandemic preparedness and response have run into a stiff wall of criticism. While objections to the State Department-led plan reflect substantive concerns about its direction, they also show how difficult it is for an administration that has spent nearly four years seeking to undermine U.S. foreign aid and global health engagement to convince development advocates it has their best interests at heart. Details about the “President’s Response to Outbreaks,” a two-pronged, bilateral and multilateral pandemic initiative overseen by the Department of State, first came to light in late May, when Devex obtained documents describing the proposal. U.S. aid experts immediately raised concerns about the idea, and have continued to warn that it could create new bureaucratic delays, further marginalize the World Health Organization, and even “dismember” the U.S. Agency for International Development. The result is that some of the strongest advocates for U.S. leadership in global health now strongly oppose the only known effort by President Donald Trump’s administration to update America’s engagement in global health security in response to COVID-19. Devex spoke to a senior State Department official about the current status of internal discussions and how officials involved in the effort arrived at the conclusions they did....”

Covid key news & updates

With some key messages from WHO, global trends, ... (PS: the important Covax story, we keep for the next ‘Access’ section

You might want to start with the KFF coronavirus tracker (as of 3 Sept). More than 26 million official cases, and over 860000 deaths so far. Three big spots on the map (US, Brazil, India).

Cidrap News - School resumes in some European nations, as pandemic total passes 25.5 million


(Sept 1) Global update.

See also a Cidrap News report from earlier this week - Global COVID-19 total tops 25 million amid WHO warning

On the WHO warning (about complacency) more specifically:

“At a WHO media briefing today, Tedros Adhanom Ghebreyesus, PhD, said 8 months into the pandemic, it’s understandable that people are tired and want to get on with their lives and that countries want to reopen. He said the WHO wants the same thing and acknowledges the steps countries have taken to take pressure off their healthcare systems, which have taken a toll. "At the same time, no country can just pretend the pandemic is over," he said, adding that the virus spreads easily, can be fatal, and most people are still susceptible. "If countries are serious about opening up, they must be serious about suppressing transmission and saving lives." He said the WHO urges countries, communities, and people to take four key steps: prevent amplifying events, protect vulnerable people, take individual steps such as physical distancing and wearing masks, and find,
isolate, and care for cases while tracing their contacts. Tedros also said populations shouldn’t become numb to high death rates or minimize fatalities, because they occur in high-risk groups, such as older people, a way of thinking that he referred to as “a moral bankruptcy.”

See also UN News - Kickstarting economies without COVID-19 plan, ‘a recipe for disaster’: Tedros

“Eight months into the COVID-19 pandemic, countries want to “get their economies going again”, the head of the World Health Organization (WHO) said on Monday, advising on the measures that governments, communities and individuals should take, to do so safely....”

Bloomberg - India Is Becoming the World’s New Virus Epicenter

“India is fast becoming the world’s new virus epicenter, setting a record for the biggest single-day rise in cases as experts predict that it’ll soon pass Brazil -- and ultimately the U.S. -- as the worst outbreak globally. As many as 78,512 new cases were added Monday taking the total tally to over 3.6 million. On Sunday, India reported the highest ever one-day surge among all major countries. With 971 reported deaths, the Asian country pushed past Mexico for the third-highest number of deaths worldwide. At the current trajectory, India’s outbreak will eclipse Brazil’s in about a week, and the U.S. in about two months....” The virus is now also penetrating the rural hinterland.

Cidrap News - Health agency: COVID-19 hitting health workers hard in Americas

“The scale of the COVID-19 pandemic in the Americas is unprecedented, an official with the Pan American Health Organization (PAHO) said today in a press conference. And nowhere has its impact been bigger than in the healthcare workforce. PAHO Director Carissa Etienne, MBBS, MSc, said that nearly 570,000 healthcare workers in the Americas have fallen ill with COVID-19, and more than 2,500 have died. Overall, there have been almost 13.5 million cases in the Americas and more than 469,000 deaths....”

Cidrap News - From refugee camps to developed nations, COVID-19 keeps world on edge

(from late last week, as of 28 August) “Global pandemic activity shows no sign of slowing, with the first case detected in Syria’s Al Hol refugee camp, cases accelerating in former European hot spots, and spread increasing in countries like Cuba that have previously kept cases low....”
Reuters - Emergency authorisation of COVID-19 vaccines needs great care: WHO

“The emergency authorisation of COVID-19 vaccines requires a “great deal of seriousness and reflection”, the World Health Organization said on Monday after the United States announced it was considering fast-tracking candidate drugs. Although every country had the right to approve drugs without completing full trials, “it is not something that you do very lightly”, WHO chief scientist Soumya Swaminathan told a news conference....”

Guardian - Concern over 'opaque' Covid-related contracts awarded around world
https://www.theguardian.com/world/2020/sep/01/concern-over-opaque-covid-related-contracts-awarded-around-world?CMP=share_btn_tw

“The UK has spent more than £2.5bn on services and equipment related to the Covid-19 pandemic, according to fresh analysis that raises concerns about “opaque” contracts around the world wasting money and putting lives at risk....”

“A report by the Open Contracting Partnership and Spend Network found governments had spent $130bn (£97bn) on pandemic-related contracts, including on PPE (personal protective equipment) and other medical supplies, out of an annual procurement spend of nearly $13tn. But the two organisations, which have built a searchable database of international procurement contracts, warned that a lack of transparency and high-quality data about money spent with private firms meant huge sums could be wasted. “Companies with no relevant experience were awarded huge contracts for medical equipment, without transparency or competition,” they said. “Supplies failed to arrive or did not meet the required standards, leaving medical staff without critical resources and costing lives.”...”

UN News - COVID-19: ‘Game-changer for international peace and security’ – UN chief

“The world has “entered a volatile and unstable new phase” in terms of the impact of COVID-19 on peace and security, the UN chief told a virtual meeting with world leaders on Wednesday. Speaking at one of a series of international meetings among heads of State to enhance global cooperation in fighting terrorism and violent extremism, as part of the Aqaba Process, Secretary-General António Guterres said the pandemic was more than a global health crisis. “It is a game-changer for international peace and security”, he spelled out, emphasizing that the process can play a key role in “promoting unity and aligning thinking” on how to beat back the pandemic....”

BMJ Blog – We have heard your message about long covid and we will act, says WHO
BMJ;
A few weeks ago, we wrote a BMJ Opinion piece about the long term impacts of covid and called for patients’ experiences of long covid to be included in any initiatives to explore the experience of “long-haulers.” This opinion piece foregrounded a video called “message in a bottle” made by the LongCovidSOS patient group, which caught the attention of the World Health Organisation’s covid-19 response team. The LongCovidSOS team were then invited to organise a meeting. This opportunity to present the existing evidence and highlight patients’ experiences of having Long Covid took place on Friday 21 August 2020. The meeting was attended by Maria Van Kerkhove, (WHO Covid Technical Lead) and Janet Diaz (WHO Head of Clinical Care) from the central WHO team.

Dr. Tedros himself popped up too, at the end of the meeting, saying “We heard you”. “We have heard loud and clear that long covid needs recognition, guidelines, research and ongoing patient input and narratives, to shape the WHO response from here on.”

Covid access to vaccines, medicines, ...

Key section. Among others, as you can imagine, on the COVAX saga.

But first: Dr. Tedros (3 Sept): “Next week we will convene the first meeting and launch of the ACT-Accelerator Facilitation Council to take stock of the progress so far and align our needs. The first council meeting will mark a crucial milestone in the ACT-Accelerator as we move from our start-up phase to full scale-up.....”

Reuters - Exclusive: Vaccine group says 76 rich countries now committed to 'COVAX' access plan


“Seventy-six wealthy nations are now committed to joining a global COVID-19 vaccine allocation plan co-led by the World Health Organization (WHO) that aims to help buy and fairly distribute the shots, the project’s co-lead said on Wednesday. Seth Berkley, chief executive of the GAVI vaccines alliance, said the coordinated plan, known as COVAX, now has Japan, Germany, Norway and more than 70 other nations signed up, agreeing in principle to procure COVID-19 vaccines through the facility for their populations. “We have, as of right now, 76 upper middle income and high income countries that have submitted confirmations of intent to participate - and we expect that number to go up,” Berkley told Reuters in an interview. “This is good news. It shows that the COVAX facility is open for business and is attracting the type of interest across the world we had hoped it would,” he said. COVAX coordinators are in talks with China about whether it might also join, Berkley said. “We had a discussion yesterday with the (Chinese) government,” Berkley said. “We don’t have any signed agreement with them yet,” but Beijing has given “a positive signal,” he added....”

And via Cidrap News:

“In Africa, health and vaccine officials said today at a WHO African regional office briefing that African countries are joining the COVAX facility with the goal of securing at least 220 million doses,
enough to cover 20% of the population, starting with frontline health workers and expanding to vulnerable groups.

FT - ‘Vaccine nationalism’ delays WHO’s struggling Covax scheme
https://www.ft.com/content/502df709-25ac-48f6-ae01-aec7ac03c759

Analysis of some last-minute changes on the scheme.

Excerpts:

“The World Health Organisation has been forced to redesign its global Covid 19 vaccine procurement facility, after rich nations were slow to sign up and sought bilateral deals instead. Governments were told last week that the deadline to join the so-called Covax programme had been pushed back from August 31 to September 18, according to documents seen by the Financial Times. The final date for initial payments from participating countries has been postponed to October 9, the documents show, and new procurement options have been introduced to offer improved flexibility....”

... The European Commission said this week it would offer €400m in guarantees to Covax to help supply vaccines to low and middle income countries. Both the commission and the WHO said the exact terms of the EU’s relationship with Covax were still being worked out. The WHO also said Germany had joined Covax. Covax has struggled to convince high income countries to use the facility for their own domestic vaccine procurement.... One person briefed on the discussions said Covax had failed to persuade high-income countries that they could get the vaccine cheaper or quicker by joining the initiative. “You go much slower if you go multilaterally than if you go bilaterally: that’s obvious,” the person said. The WHO has warned countries about the long-term risks of relying on bilateral procurement.

... To attract more countries to the scheme, Covax has introduced an alternative, more flexible payment model following feedback from potential participants, the documents seen by the FT show. ... But other points of contention remain. In particular, under the scheme countries are prohibited from obtaining vaccines for more than 20 per cent of their populations until the other participating countries have received the same proportion of doses or their requested share, if that is lower. The WHO has also sought to address growing concerns among vaccine manufacturers that they could be held liable for side-effects from any vaccine developed at accelerated speeds....”

• Via Cidrap News: Japan joins COVAX

“Japan today said it would participate in the WHO’s COVAX Facility, a tool that pairs pooling the risk of supporting vaccine development with securing vaccine doses for countries equitably and at reasonable prices. Countries had until yesterday to confirm their intent to join. It’s not clear if Japan will use COVAX to acquire vaccine doses, as it recently announced a plan to acquire 521 million doses from 5 different vaccines....”

• Via Gavi - Australia commits AU$ 80 million to guarantee access to COVID-19 vaccines for all (for the COVAX AMC)


Absolute must-read from Monday.

Excerpts:

“Deadline for Final Commitments Delayed – Allows Time To Legally Formalize COVAX: the hard deadline to join the Facility has also been pushed to September 18, when countries will be expected to make a “binding financial commitment” to the initiative, said WHO senior advisor Bruce Aylward at the press conference. ... Some 170 Member States have expressed preliminary interest in the facility, including Germany, which just publicly signed onto the Facility on Monday. But in fact, no firm financial commitments have yet been signed – as the facility lacks a formal legal framework. The three-week delay will provide time to resolve a set of complex legal and financial and governance issues so that the COVAX structure can be formalized, said Nora Kronig, Switzerland’s global health ambassador, in an interview with Health Policy Watch earlier on Monday. That legal framework is critical to enable firm commitments by the wide range of WHO member states that have shown interest in COVAX but operate under vastly different national rules for vaccine approval and procurement, added Kronig, head of the International Affairs Division of Swiss Office of Public Health. “

“... The facility would provide an opportunity for high- and middle-income countries to purchase approved vaccines in bulk – and therefore at lower prices – with reference to a dozen vaccine candidates now in advanced stages of trials, which have received R&D support from the Oslo-based Coalition for Epidemic Preparedness (CEPI), and are thus engaged somehow with the COVAX facility. ... According to the structure currently under consideration, there would be three “tracks” by which countries can join COVAX, sources told Health Policy Watch, confirming earlier reports that WHO and its partners have sought to create greater financial flexibility to attract high-income countries to the sharing pool. ...” Check out the tracks: Committed Purchase Option; Optional Purchase Commitment; Advance Market Commitments.

“... Although COVAX is co-led by WHO, CEPI, and Gavi, the Vaccine Alliance, Switzerland and Singapore have jointly chaired the informal “Friends of the COVAX facility” group – which is attempting to iron out the final details and ensure broad participation in COVAX among high income and upper middle income WHO member states. ...”

WSJ - In Race to Secure Covid-19 Vaccines, World’s Poorest Countries Lag Behind


(gated) “Deals struck by wealthier countries to secure at least 3.7 billion doses are expected to tie up much of the world’s production capacity.”
“Developing nations are at risk of being left far short of the Covid-19 vaccine supplies they need as richer countries secure billions of doses even before the drugs pass final clinical trials, according to health experts. The U.S., the European Union, Japan and the U.K. have agreed to purchase at least 3.7 billion doses from Western drugmakers developing vaccines, according to announcements from the companies and countries in recent months. That tally includes options available for additional doses. …”

Reuters - EU offers 400 million euros to WHO-led COVID-19 vaccine initiative

With some more info on the EC commitment to Covax.

“The European Commission said it would contribute 400 million euros ($478 million) to an initiative led by the World Health Organization to buy COVID-19 vaccines, but did not clarify whether EU states would acquire shots through the WHO scheme. The EU financial support will be provided through guarantees, the Commission said on Monday. A spokeswoman for the EU executive did not clarify how these guarantees would be offered and why they were preferred to direct funding in cash. The EU Commission is negotiating advance purchases of COVID-19 vaccines with several drugmakers on behalf of the 27 EU states and has said in past weeks EU governments cannot buy vaccines through parallel procurement schemes. ... Asked whether its guidance to EU states not to buy vaccines through COVAX was now dropped, a commission spokeswoman declined to elaborate. “The detailed terms and conditions for the EU's participation and contribution will be worked out in the coming days and weeks,” the Commission said....”

See the EC press release - Coronavirus Global Response: Commission joins the COVID-19 Vaccine Global Access Facility (COVAX)

WP - U.S. says it won't join WHO-linked effort to develop, distribute coronavirus vaccine

No surprises there.

“... The Trump administration said it will not join a global effort to develop, manufacture and equitably distribute a coronavirus vaccine, in part because the World Health Organization is involved, a decision that could shape the course of the pandemic and the country’s role in health diplomacy. ... ... The Covax decision, which has not been previously reported, is effectively a doubling down by the administration on its bet that the United States will win the vaccine race. It eliminates the chance to secure doses from a pool of promising vaccine candidates — a potentially risky strategy.
“‘America is taking a huge gamble by taking a go-it-alone strategy,’” said Lawrence Gostin, a professor of global health law at Georgetown University. “‘... WHO officials have argued that countries need not choose — they can pursue both strategies by signing bilateral deals and also joining Covax. ... “By joining the facility at the same time that you do bilateral deals, you’re actually betting on a larger number of vaccine candidates,’’ Mariângela Simao, a WHO assistant director for drug and vaccine access, said at an Aug. 17 briefing....’’

Lancet (Comment) - COVID-19 vaccine trials should seek worthwhile efficacy


Comment by the World Health Organization Solidarity Vaccines Trial Expert Group.

As you can imagine, the @WHO Expert Group calls for multivaccine comparative trials (WHO’s Solidarity Vaccines Trial).

“WHO recommends that successful vaccines should show an estimated risk reduction of at least one-half, with sufficient precision to conclude that the true vaccine efficacy is greater than 30%. This means that the 95% CI for the trial result should exclude efficacy less than 30%.”

“... The WHO Solidarity Vaccines Trial (figure) aims to evaluate efficiently and rapidly (within 3–6 months of each vaccine's introduction into the study) the efficacy of multiple vaccines, helping to ensure that weakly effective vaccines are not deployed.”

Coverage among others in the Guardian – Covid vaccine rush could make pandemic worse, say scientists. “Experts say strong evidence of efficacy needed to avoid approval of inferior vaccines.”

Stat News - Plan to expand global access to Covid-19 vaccines nears fish-or-cut-bait moment


Analysis from late last week on COVAX’s “crunch time”. (in an interview with R Hatchett (CEO CEPI).

“The critical moment is now for countries to commit to the COVAX facility, because that will enable us to secure ample quantities of vaccine and then to be able to convey when that vaccine is likely to become available based on current information. What we’re now here asking countries to do is to indicate their intent to participate by Aug. 31, and to make a binding commitment by Sept. 18. And to provide funds in support of that binding commitment by early October. ...”

And a quote: “... One of the things that we’ve argued through COVAX is that to control the pandemic or to end the acute phase of the pandemic to allow normalcy to start to reassert itself, you don’t have to vaccinate 100% of your population. You need to vaccinate those at greatest risk for bad outcomes and you need to vaccinate certain critical workers, particularly your health care
workforce. And if you can achieve that goal, which for most countries means vaccinating between 20% and maybe 30% of the population, then you can transform the pandemic into something that is much more manageable. Then you can buy yourself time to vaccinate everybody who wants to be vaccinated....”

For similar reads, see Reuters analysis (from last weekend):

- New reckoning for WHO vaccine plan as governments go it alone
- Exclusive: WHO sweetens terms to join struggling global COVAX vaccine facility - documents

“... The latest #COVAX @WHO plan, promises to "negotiate the best possible pricing from manufacturers" and to establish a "marketplace" for trading or selling doses...”

“Through the WHO’s standard “Committed Purchase” arrangement already on offer, self-financing states are to make a lower upfront payment of an estimated $1.60 per dose, plus a $8.95 financial guarantee per unit, but have to make firm guarantees to buy doses, it said. If the final price exceeds double that total of $10.55 per dose, or $21.10, countries are allowed to drop out, it said. Under the new “Optional Purchase” arrangement, their higher upfront payment is $3.10 per dose. This covers their full pro-rata share of the investments required by the COVAX facility to enter into agreements with manufacturers and accelerate scale of production and access, it said, adding that the estimated all-inclusive cost per dose might still be $10.55....”

Boston Globe - Vaccine nationalism is unfair and unwise
https://www.bostonglobe.com/2020/08/29/opinion/vaccine-nationalism-is-unfair-unwise/

Recommended overview read, from last weekend. On the need for a People’s Vaccine, and also explaining why even a well-resourced COVAX won’t cut it...

Excerpts: “Byanyima wants the world to handle COVID-19 better. Together with Oxfam International, a global anti-poverty organization, UNAIDS is leading a movement for “a people’s vaccine.” Its supporters are campaigning for free access for everyone not only to the vaccine itself, but to the knowledge and technology it takes to produce it. So far, more than 140 world leaders have echoed the call, including Joseph Stiglitz, a Nobel laureate for economics; Dr. John Nkengasong, head of the Africa CDC, which coordinates the continent’s COVID response; and Pope Francis....”

“...And all of these agreements exclude the knowledge-sharing advocates say is crucial to timely intervention. Unlike HIV/AIDS drugs, which are fairly easy to copy, vaccines are complicated biological materials. Experts say loosening patents or licenses won’t be enough. Unless drug companies openly share technology, know-how, and data, generic manufacturers won’t be able to do much. The Coronavirus Technology Access Pool, spearheaded by the World Health Organization, is designed for that purpose, but drug companies are focusing elsewhere — and the consequences could be catastrophic. “If knowledge is not shared now, at the very first moment . . . it may take years for generic producers to get on track....”
The Hill – Who would benefit from a successful Chinese COVID-19 vaccine?

Recommended analysis of the picture on (possible) Chinese vaccines. “There seems to be little doubt, then, that China could be among the countries that first produces a successful vaccine for COVID-19. There are several issues before large-scale benefits will accrue globally. Can China produce sufficient doses for its domestic use and for other countries? Which countries are likely to benefit? …”

“COVID-19 may prove to be a game changer in providing an incentive for the Chinese government and vaccine manufacturers to scale up the motivation and capacity to enter the global market. … For a world waiting anxiously for an effective vaccine, it is very likely that China will be working with the WHO to increase the capacity of Chinese manufacturers for a world market. Chinese vaccines are still very unlikely to provide for the SRA countries, including the U.S., unless significant exceptions are granted in the context of COVID-19 pandemic.”

Science Policy Forum – An ethical framework for global vaccine allocation
E Emmanuel et al; https://science.sciencemag.org/content/early/2020/09/02/science.abe2803

“The Fair Priority Model offers a practical way to fulfill pledges to distribute vaccine fairly and equitably”

“…Many have endorsed “equitable distribution of COVID-19...vaccine” without describing a framework or recommendations. Two substantive proposals for the international allocation of a COVID-19 vaccine have been advanced, but are seriously flawed. We offer a more ethically defensible and practical proposal for the fair distribution of COVID-19 vaccine: the Fair Priority Model. The Fair Priority Model is primarily addressed to three groups. One is the COVAX facility—led by Gavi, the World Health Organization (WHO), and the Coalition for Epidemic Preparedness Innovations (CEPI)—which intends to purchase vaccines for fair distribution across countries. A second group is vaccine producers. Thankfully, many producers have publicly committed to a “broad and equitable” international distribution of vaccine. The last group is national governments, some of whom have also publicly committed to a fair distribution…”

“…Three values are particularly relevant: benefiting people and limiting harm, prioritizing the disadvantaged, and equal moral concern….” “...The Fair Priority Model proceeds in three phases, preventing more urgent harms earlier…”

HPW - Gilead Says Remdesivir Shortages Due To Supply Chain Issues, Civil Society Argues For Wider Licensing
“As global stocks of remdesivir, one of the few promising therapeutics for COVID-19, run low, the drug’s maker Gilead Sciences says that voluntary licensing to enable more manufacturers to produce the drug will not help expand access, countering advocates’ calls. Rather, the lack of a “coordinated global supply chain” is to blame for worldwide shortages of remdesivir, says the pharmaceutical giant....”

And some more links:

- The Age - China claims to take lead in global race to develop vaccine

“China has said it is pulling ahead in what could be the final leg of the global coronavirus vaccine race, with four of seven possible candidates in last stage human trials - more than any other country. However, some are concerned about the quality of the vaccines and that they are being used to gain political leverage. Beijing is so confident of its inoculations that authorities have been administering vaccines for more than a month before clinical studies conclude, authorities revealed last week....”

- CNN - One shot of coronavirus vaccine likely won’t be enough

“When a coronavirus vaccine comes on the market, people will likely need two doses, not just one - and that could cause real problems....”

- Reuters - COVID-19 vaccine diplomacy: Mexico courts allies across ideological spectrum

“Mexico joined in early June the WHO’s global COVAX plan, which aims to deliver at least 2 billion doses of approved vaccines by the end of next year and ensure “equitable access.” But Martha Delgado, a Mexican deputy foreign minister whom President Andres Manuel Lopez Obrador put in charge of Mexico’s international response, told Reuters its share of that program was unlikely to be enough to provide the roughly 200 million vaccine doses Mexicans will need. “We can’t depend on it,” said Delgado. “COVAX promises to help with 20% of the population - we need a bigger quantity of vaccines and so do other countries as well.” ...” And so Mexico is keeping its options open.

- Science News - Here’s how the U.S. could release a COVID-19 vaccine before the election—and why that scares some

“Science explains FDA’s emergency use authorization and other ways countries can speed approvals for vaccines to the new coronavirus. “

See also the Guardian - CDC tells health officials to expect a coronavirus vaccine by November

“Critics fear its development has become politicized by Trump who may push for the release of a vaccine that is not fully tested.”
And Science News - Leader of U.S. vaccine push says he’ll quit if politics trumps science.

Laurie Garrett’s take (in Foreign Policy) - Trump’s Vaccine Can’t Be Trusted

“If a vaccine comes out before the election, there are very good reasons not to take it.”

- Euractiv – Commission hopes for COVID-19 vaccine market authorisation in November

Sounds almost like a Trumpian timeline...

- Nature (News) - India will supply coronavirus vaccines to the world — will its people benefit?
  “The country will struggle to make and distribute enough doses to control its own massive outbreak, scientists say.”

- FT – DHL warns of Covid-19 vaccine delivery problems

“Two-thirds of the world’s population is unlikely to have easy access to any Covid-19 vaccine that needs to be stored at freezing temperatures, the German logistics giant Deutsche Post DHL has warned. Research by DHL and consultancy firm McKinsey has found that insufficient “last mile” cooling facilities in the final delivery stages and a lack of storage at clinics in large parts of Africa, Asia and South America would “pose the biggest challenge” to delivering a vaccine at scale. Existing “cold-chain” infrastructure, which allows for temperatures to be controlled throughout the delivery process, is only sufficient to bring a frozen vaccine to 2.5bn people in approximately 25 developed countries, the paper concluded. “Governments and [non governmental organisations] would need to implement special measures to ensure vaccine distribution,” the authors wrote, such as rapidly building storage capacity. ... DHL ... added that the company was already in discussions with “some of the bigger governments” about solving such problems....”

- Think Global Health – A New Way to Drive COVID-19 Vaccine Development

CGD proposal. “How a "benefit-based advance market commitment" could build on existing Gavi COVAX and EU Joint Procurement initiatives” (by A Tows, K Chalkidou & R Silverman)

Covid funding, debt relief, social protection, ...

Project Syndicate - Africa’s Gathering Debt Storm

Cobus van Staden; https://www.project-syndicate.org/commentary/africa-rich-countries-debt-repayment-freeze-by-cobus-van-staden-2020-08

Neat helicopter view, also bringing in the geopolitical aspects (that affect the G20, WB & IMF proposals), as well as the role of China & private creditors in African debt. Recommended!
FT - Covid-19 crisis set to push poorest nations into debt distress, Paris Club warns

“*The economic fallout from the Covid-19 crisis is likely to tip several of the world’s poorest countries into debt distress, forcing official creditors and private-sector lenders to accept a reduction or restructuring of loan repayments, the Paris Club group of creditor countries said on Tuesday. Any such move would go beyond the scope of the current debt service suspension initiative (DSSI) by the G20 group of wealthy nations, including Paris Club members, under which 42 out of 73 eligible countries have applied for a moratorium on repayments of government-to-government debts this year. …”*

“*The current DSSI applies to repayments on government-to-government loans falling due in the eight months from April 1. The latest data from the G20 show that 42 countries have applied to take part, allowing them to delay a combined $5.3bn in repayments due this year, although the debts must eventually be repaid in full. The total falls far short of the estimated $11.5bn in potential savings for the 73 countries, according to the World Bank, which is one of the co-ordinators of the DSSI....”*

SCMP - G20 debt relief for Africa may be too little too late as coronavirus pandemic takes toll


“*Economic Commission for Africa negotiator says she is not aware of any African countries gaining from China debt relief under G20 deal. Eligible countries spend US$92 million a day on debt payments when they could be tackling pandemic-related crises: campaigner.”*

IMF - COVID-19 Funds in Response to the Pandemic


Cfr tweet: “*Extrabudgetary Funds for #COVID19 in 40+ countries: key benefits and disadvantages for sustainable PFM. First Guidance Note co-developed by @IMFNews and @WHO.”*

“*In response to the COVID-19 pandemic, many countries have created dedicated extrabudgetary funds (EBFs) to mobilize resources and streamline emergency spending measures. A recently published IMF Note discusses the role these funds can play in the current crisis. The note examines the motivation for setting up EBFs and describes a database of more than 40 funds worldwide compiled by the World Health Organization (WHO). It documents the diverse nature of these funds, discusses the risks that poorly designed funds can pose for public financial management (PFM) and provides guidance on how to design funds to make them efficient, transparent and accountable....”*
Brookings blog - Sustainable development finance proposals for the global COVID-19 response


Blog linked to a new (and recommended) working paper - Sustainable development finance proposals for the global Covid-19 response.

Excerpts (from the blog): “… The situation is more nuanced, and unpredictable, for emerging and developing economies, especially those with thin domestic financial markets. For these countries, most additional financing must come from abroad. The question at the heart of this paper is “where will the money come from to respond, restore and reset programs for sustainable development?” The answers lie in an assessment of international financing instruments. “

“…There are three clear phases in the economic response to COVID-19. First, there is an immediate response to save lives. Countries must manage the health crisis by expanding public health services and flattening the curve to avoid overburdening hospital capacity through lockdowns, social distancing, and clear communication to the public of their social responsibilities. Second, there are steps to restore livelihoods and mitigate the socio-economic impact of the crisis and the multiple global economic shocks of falling commodity prices, trade, tourism, remittances, and, in some cases, capital flight, along with major losses in jobs and wages. Third, there is a “build back better” agenda of resetting growth along a path of improved sustainability, inclusion, and resilience.”

From the paper: “… This paper seeks to review the more promising proposals in a systematic way. We have limited the selection of proposals to those that are (i) already being discussed in official policymaking circles; and (ii) are large enough to have a material impact given the scale of the identified gap. … … Amongst the various proposals we have reviewed, two stand out as having the potential to reach scale for the response and recovery phases, building on political collaboration mechanisms within existing institutions. They are: • A new allocation (and reallocation) of SDRs (Special Drawing Rights) • Greater ambition of MDBs (multilateral development banks)…”

FT - Africa’s Covid-19 corruption: ‘Theft doesn’t even stop during a pandemic'
https://www.ft.com/content/617187c2-ab0b-4cf9-bdca-0aa246548745

“Officials probed into whether they used their positions to siphon funds intended to tackle coronavirus.”

CGD (blog) - Digital Technology to Scale Up COVID-19 Social Assistance: What Have We Learned?

“In response to COVID's economic disruption, many countries launched unprecedented relief packages to cushion the economic and social impact of the pandemic. Social protection measures
have grown exponentially. *In a new policy paper, we draw on early evidence from selected countries on the use of digital technology to implement these government-to-people (G2P) social transfer programs.* Our review suggests that an important objective for policymakers in the post-COVID period will be to build on the capabilities developed during the crisis to strengthen social protection and payment systems and render them more inclusive, effective, and sustainable.”

**World Development - Whatever It Takes? The Global Financial Safety Net, Covid-19, and Developing Countries**


You are allowed to hum Imagine Dragons’ *“Whatever it takes”* now :)

“*Developing countries require $2.5 trillion to meet immediate Covid-19 financing needs. New data on IMF and regional financial arrangement activities since pandemic onset show the global financial safety net is not meeting these needs. IMF and regional financial arrangements provided $90.11 billion in Covid-19 financing in the immediate aftermath of the crisis. Datasets available for scholars and analysts to track trends and evaluate the impact of the global financial safety net on development outcomes.”*

**Covid science**

**Stat - Inexpensive steroids reduce deaths of hospitalized Covid-19 patients, WHO analysis confirms**


*“Use of inexpensive, readily available steroid drugs to treat people hospitalized with Covid-19 reduced the risk of death by one-third, according to an analysis encompassing seven different clinical trials conducted by the World Health Organization and published Wednesday in the Journal of the American Medical Association. The positive steroid findings — the result of a pooled look at data known as a meta-analysis — confirm a similar survival benefit reported in June from a single, large study. Corticosteroids are the first, and so far only, therapy shown to improve the odds of survival for critically ill patients with Covid-19. Based on the newly published data, the WHO on Wednesday issued new treatment guidelines calling for corticosteroids to become the standard of care for patients with “severe and critical” Covid-19. Such patients should receive 7-10 days of treatment, a WHO panel said. But it cautioned against use of the steroids in patients with non-severe illness, saying that “indiscriminate use of any therapy for COVID-19 would potentially rapidly deplete global resources and deprive patients who may benefit from it most as potentially life-saving therapy.”...”*

See also the Guardian - [Two types of steroid found to save lives of some Covid-19 patients](https://www.theguardian.com/science/2020/jun/06/covid-19-steroid-trials/)

*“Analysis of seven trials finds dexamethasone and hydrocortisone should be given in severe cases.”*
Nature - How many people has the coronavirus killed?
https://www.nature.com/articles/d41586-020-02497-w

Recommended. “Researchers are struggling to tally mortality statistics as the pandemic rages. Here’s how they gauge the true toll of the coronavirus outbreak.”

“More than 850,000 people have been recorded as having died of COVID-19. But measures of excess deaths — all deaths from any cause, compared with the expected number — suggest that the true number might be much higher, meaning that some COVID-19 deaths have been misclassified. Other causes of death might have also risen, such as in cases when people couldn’t get the medical care they needed from overburdened hospitals. A Nature analysis of comprehensive data sets including 32 countries (largely in Europe) and 4 major world cities shows that there are huge variations in excess deaths between countries…”

Quote: “Experts worry that simple reports of excess deaths have led to premature or faulty comparisons of countries’ pandemic responses, and have largely ignored the situation in low- and middle-income countries owing to a lack of data....”

BMJ - Two metres or one: what is the evidence for physical distancing in covid-19?
https://www.bmj.com/content/370/bmj.m3223

This article (including the overview table) went viral in recent weeks.

“Rigid safe distancing rules are an oversimplification based on outdated science and experiences of past viruses, argue Nicholas R Jones and colleagues.”

Cidrap News – Yet more data support COVID-19 aerosol transmission

Cidrap;
“Two studies published late last week in Clinical Infectious Diseases highlight the role of airborne spread of COVID-19 and the importance of efficient ventilation systems....”

Reuters - Scientists see downsides to top COVID-19 vaccines from Russia, China

Reuters;

“High-profile COVID-19 vaccines developed in Russia and China share a potential shortcoming: They are based on a common cold virus that many people have been exposed to, potentially limiting their effectiveness, some experts say....”
BMJ GH (Analysis) - Transmission risk of respiratory viruses in natural and mechanical ventilation environments: implications for SARS-CoV-2 transmission in Africa
https://gh.bmj.com/content/5/8/e003522

“... Most resource-limited healthcare settings lack air handling systems to filter infectious contaminants in the air. A hybrid approach of using natural ventilation coupled with affordable mechanical ventilation devices could prove useful in controlling infection transmission in low-income and middle-income countries.”

Scientists are reporting several cases of Covid-19 reinfection — but the implications are complicated

“Following the news this week of what appears to have been the first confirmed case of a Covid-19 reinfection, other researchers have been coming forward with their own reports. One in Belgium, another in the Netherlands. And now, one in Nevada. What caught experts’ attention about the case of the 25-year-old Reno man was not that he appears to have contracted SARS-CoV-2 (the name of the virus that causes Covid-19) a second time. Rather, it’s that his second bout was more serious than his first....” That was a nasty surprise.

NYT - Your Coronavirus Test Is Positive. Maybe It Shouldn’t Be.

“The usual diagnostic tests may simply be too sensitive and too slow to contain the spread of the virus. ... Some of the nation’s leading public health experts are raising a new concern in the endless debate over coronavirus testing in the United States: The standard tests are diagnosing huge numbers of people who may be carrying relatively insignificant amounts of the virus. Most of these people are not likely to be contagious, and identifying them may contribute to bottlenecks that prevent those who are contagious from being found in time. But researchers say the solution is not to test less, or to skip testing people without symptoms, as recently suggested by the Centers for Disease Control and Prevention. Instead, new data underscore the need for more widespread use of rapid tests, even if they are less sensitive....”

And some links:

- Via the Guardian:

“There was more encouraging news in the form a study by US scientists of antibodies taken from 30,000 people in Iceland. The results showed that, despite some recent fears to the contrary, the antibodies humans make to fight the coronavirus last for at least four months after diagnosis and do not fade quickly. “If a vaccine can spur production of long-lasting antibodies as natural infection
seems to do, it gives hope that immunity to this unpredictable and highly contagious virus may not be fleeting,” the team said.

- Stat - Millions of Americans carry the sickle cell trait, many without knowing it. Could they be at risk for severe Covid-19?

- Stat - Sanofi and GSK move Covid-19 vaccine into human trials

“Vaccine giants Sanofi and GSK are joining the ranks of Covid-19 vaccine makers testing their candidates in people, launching a large Phase 1/2 clinical trial Thursday that will take place at 11 sites across the United States. The trial, which is expected to be completed by early December, would pave the way for a pivotal Phase 3 efficacy trial to start the same month, if the experimental vaccine proves to be safe, tolerable, and appears to be generating enough of an immune response to proceed.”

- Vox - How chronic stress and Covid-19 might be linked

“Researchers are asking if stress could be another preexisting condition that makes Covid-19 infections worse.”

Covid analysis

NYT - Why the Coronavirus More Often Strikes Children of Color

NYT

“Children in minority communities are much more likely to become infected and severely ill. Many have parents who are frontline workers, experts say.” Focus on the US here, but probably also true elsewhere.

BMJ blog - Margaret McCartney: We need better evidence on non-drug interventions for covid-19


“Non drug interventions should be based on evidence. We need to generate this to inform the covid-19 and future pandemics, argues Margaret McCartney.” So far it’s largely lacking, this evidence.

TNI - Juggling crises – Latin America’s battle with Covid-19 hampered by investment arbitration cases

https://longreads.tni.org/jugglingcrises
“Peru, Mexico, Argentina, Bolivia and Guatemala are just some of the Latin American countries being hit by the investment protection regime in the midst of the COVID-19 pandemic. Foreign investors are threatening to bring claims before international arbitration tribunals due to the measures states are taking to mitigate the effects of the pandemic. Arbitrators are refusing to accept states’ requests to postpone ongoing arbitration cases and are obliging governments to disburse millions to investors at a time when public funds are required for more urgent priorities. Once again, the current crisis reveals the perverse consequences of the investor-state dispute settlement system and the urgent need to break free from it.”

CGD - Mental Health and the COVID-19 Pandemic: What We Knew, What We Now Know, and What We Still Don’t Know


“Evidence of the impact of COVID-19 on mental health is growing. And yet there is still a lot we don’t know about the pandemic’s effect on people’s mental health.”

Preprint paper - The health sector cost of different policy responses to COVID-19 in low- and middle- income countries

S T Rueda et al; https://www.medrxiv.org/content/10.1101/2020.08.23.20180299v1

“Much attention has focussed in recent months on the impact that COVID-19 has on health sector capacity, including critical care bed capacity and resources such as personal protective equipment. However, much less attention has focussed on the overall cost to health sectors, including the full human resource costs and the health system costs to address the pandemic. Here we present estimates of the total costs of COVID-19 response in low- and middle-income countries for different scenarios of COVID-19 mitigation over a one year period. We find costs vary substantially by setting, but in some settings even mitigation scenarios place a substantial fiscal impact on the health system. We conclude that the choices facing many low- and middle- income countries, without further rapid emergency financial support, are stark, between fully funding an effective COVID-19 response or other core essential health services.”


J S Hunt; https://www.ghsn.org/Policy-Reports/

Focus on the US, here, but also well worth a read for others.

Some of the key “Negative Impacts of Conspiracy theories around the COVID-19 pandemic: Undermining of mitigation efforts such as facemasks and lockdowns; Encouraging lower vaccination
rates (if or when a vaccine becomes available); Politicisation of scientific institutions, practitioners and researchers; Launching political campaigns of conspiracy theorists."

Also with a number of recommendations.

**Project Syndicate - The COVID Middle-Income Trap**  
M Ahmed et al; [Project Syndicate](https://projectsyndicate.org/)

"**COVID-19 has had a devastating impact on middle-income countries, especially in Latin America.** By helping these countries to overcome the pandemic and its economic fallout, the international community will be acting in its own interests, too."

"The coronavirus pandemic has had a devastating impact on middle-income countries (MICs). With the exception of the United States, the ten countries with the highest number of COVID-19 cases to date are all MICs. And the same is true for new daily cases and COVID-19 deaths per million population. ..."

For the moment, Covax is no solution for MICs, as you know.

**Our world in data - Which countries have protected both health and the economy in the pandemic?**  
J Hasel; https://ourworldindata.org/covid-health-economy

Cfr tweet: [No sign of a health-economy trade-off, quite the opposite. “](https://twitter.com/JerryHasel/status/1392502293949593088)

"Responses to the pandemic have often been framed in terms of striking a balance between protecting people’s health and protecting the economy. There is an assumption that countries face a trade-off between these two objectives. But is this assumption true? A preliminary way of answering this question is to look at how the health and economic impacts of the pandemic compare in different countries so far. Have countries with lower death rates seen larger downturns? Comparing the COVID-19 death rate with the latest GDP data, we in fact see the opposite: countries that have managed to protect their population’s health in the pandemic have generally also protected their economy too."

**Paper - Effects of a Universal Basic Income during the pandemic**  
A Banerjee et al; [https://econweb.ucsd.edu/~pniehaus/papers/ubi_covid.pdf](https://econweb.ucsd.edu/~pniehaus/papers/ubi_covid.pdf)

Early results in this debate.

"We examine some effects of Universal Basic Income (UBI) during the COVID-19 pandemic using a large-scale experiment in rural Kenya. Transfers significantly improved well-being on common measures such as hunger, sickness and depression in spite of the pandemic, but with modest effect sizes. They may have had public health benefits, as they reduced hospital visits and decreased social (but not commercial) interactions that influence contagion rates. During the pandemic (and
contemporaneous agricultural lean season) recipients lost the income gains from starting new non-agricultural enterprises that they had initially obtained, but also suffered smaller increases in hunger. This pattern is consistent with the idea that UBI induced recipients to take on more income risk in part by mitigating the most harmful consequences of adverse shocks.”

Global Health Action - Implications of COVID-19 control measures for diet and physical activity, and lessons for addressing other pandemics facing rapidly urbanising countries

“...In this current debate piece, focusing on two of the four risk factors that contribute to >80% of the NCD burden, we consider the possible ways that the restrictions put in place to control the pandemic, have the potential to impact on dietary and physical activity behaviours and their determinants. By considering mitigation responses implemented by governments in several LMIC cities, we identify key lessons that highlight the potential of economic, political, food and built environment sectors, mobilised during the pandemic, to retain health as a priority beyond the context of pandemic response....”

Covid impact on other global health programs

WHO - In WHO global pulse survey, 90% of countries report disruptions to essential health services since COVID-19 pandemic

“The World Health Organization (WHO) [today] published a first indicative survey on the impact of COVID-19 on health systems based on 105 countries’ reports. Data collected from five regions over the period from March to June 2020 illustrate that almost every country (90%) experienced disruption to its health services, with low- and middle-income countries reporting the greatest difficulties. Most countries reported that many routine and elective services have been suspended, while critical care - such as cancer screening and treatment and HIV therapy – has seen high-risk interruptions in low-income countries....”

Plos NTDs (Viewpoint) - The COVID-19 pandemic should not derail global vector control efforts

Plos NTDs;

“The World Health Organization (WHO) has emphasised the crucial need to sustain efforts to prevent, detect, and treat malaria during this pandemic. However, a similar approach should also be adopted for the control of arboviral diseases of global importance, including dengue, Zika, chikungunya, and yellow fever, as recommended by the Pan-American Health Organization (PAHO) in their interim guidance on control of Aedes aegypti mosquitos during the COVID-19 pandemic...”
With some recommendations for the control of VBDs (vector-borne diseases) in Covid times.

Covid resources

Nature (data descriptor) - HIT-COVID, a global database tracking public health interventions to COVID-19

https://www.nature.com/articles/s41597-020-00610-2

“The COVID-19 pandemic has sparked unprecedented public health and social measures (PHSM) by national and local governments, including border restrictions, school closures, mandatory facemask use and stay at home orders. Quantifying the effectiveness of these interventions in reducing disease transmission is key to rational policy making in response to the current and future pandemics. In order to estimate the effectiveness of these interventions, detailed descriptions of their timelines, scale and scope are needed. The Health Intervention Tracking for COVID-19 (HIT-COVID) is a curated and standardized global database that catalogues the implementation and relaxation of COVID-19 related PHSM....”

Nature (data descriptor) - A structured open dataset of government interventions in response to COVID-19

https://www.nature.com/articles/s41597-020-00609-9

“In response to the COVID-19 pandemic, governments have implemented a wide range of non-pharmaceutical interventions (NPIs). Monitoring and documenting government strategies during the COVID-19 crisis is crucial to understand the progression of the epidemic. Following a content analysis strategy of existing public information sources, we developed a specific hierarchical coding scheme for NPIs. We generated a comprehensive structured dataset of government interventions and their respective timelines of implementation. ...”

Other global health security news

NPR - Group Whose NIH Grant For Virus Research Was Revoked Just Got A New Grant

NPR Goats & Soda;

“The National Institutes of Health has awarded a grant worth $7.5 million over five years to EcoHealth Alliance, a U.S.-based nonprofit that hunts emerging viruses. The award comes months after NIH revoked an earlier grant to EcoHealth, a move scientists widely decried as the politically motivated quashing of research vital to preventing the next coronavirus pandemic. ... EcoHealth Alliance is one of 11 institutions and research teams receiving grants from NIH, announced this week, to establish the Centers for Research in Emerging Infectious Diseases. The global network will monitor pathogens that emerge in wildlife and study how and where they go on to infect humans.
The centers should also serve as an early-warning system against future pandemics, Dr. Anthony Fauci, director of the National Institutes of Allergies and Infectious Diseases, said in a statement Thursday. ... The new network, to be called the Centers for Research in Emerging Infectious Diseases, will focus more on drug and vaccine expertise than on the daring fieldwork sponsored by Predict [see below – NYT article], which involved jobs like netting bats and birds and sampling gorilla carcasses. ... Each of the centers in the CREID network will focus on creating research and surveillance collaborations in different geographical regions.... “

NYT - U.S. Will Revive Global Virus-Hunting Effort Ended Last Year

NYT:  
“A federal agency is resurrecting a version of Predict, a scientific network that for a decade watched for new pathogens dangerous to humans. Joe Biden has also vowed to fund the effort. ... A worldwide virus-hunting program allowed to expire last year by the Trump administration, just before the coronavirus pandemic broke out, will have a second life — whatever the outcome of the presidential election. ...”

“Joseph R. Biden Jr. has promised that, if elected, he will restore the program, called Predict, which searched for dangerous new animal viruses in bat caves, camel pens, wet markets and wildlife-smuggling routes around the globe. ...The government agency that let Predict die last October has quietly created a $100 million program with a similar purpose as Predict, but it has a different name. The new program, set to begin in October, will be called Stop Spillover. ...”

Africa CDC - Africa CDC launches web-based tool to better manage public health emergency workforce deployments

Africa CDC:  
“The Africa Centres for Disease Control and Prevention (Africa CDC), in partnership with the International Health Regulations (IHR) Strengthening Project of Public Health England (PHE), today launched a new web-based tool, AVoHC Net, to facilitate rapid deployment and better administration of a standby workforce for public health emergencies across Africa. AVoHC Net will particularly facilitate easy and rapid access to updated profiles of members of the African Volunteer Health Corps (AVoHC); exchange of relevant information with partners for public health emergency deployments; training of experts on disaster preparedness, management and response; and access to country-specific health profiles for risk mapping and vulnerability assessment....”

Polio

Guardian - Vaccine-derived polio spreads in Africa after defeat of wild virus


“A new polio outbreak in Sudan has been linked to the oral polio vaccine that uses a weakened form of the virus. News of the outbreak comes a week after the World Health Organization (WHO)
announced that wild polio had been eradicated in Africa. The WHO linked the cases to a strain of the virus that had been noted circulating in Chad last year and warned that the risk of spread to other parts of the Horn of Africa was high....”

“While so-called vaccine-derived polio is a known risk, the emergence of these cases so soon after the announced eradication of wild polio in Africa is a setback....”

Telegraph - Polio could get worse in Pakistan, despite victory in Africa, as cases rise again in last two haunts


“Coronavirus and the Taliban are hampering efforts to eradicate the virus.”

“Polio in Pakistan could get significantly worse this year even as the world is celebrating eradication of the virus from Africa, according to independent experts monitoring the worldwide vaccination campaign. Modelling suggests the country could suffer hundreds of cases in 2020, and the crippling virus is now claiming victims in areas once considered clear of the scourge.”

“... The monitoring board set up to check progress by the Global Polio Eradication Initiative (GPEI) last year declared efforts in both Pakistan and Afghanistan were in crisis in the face of security threats, public suspicion and mismanagement and political infighting. The latest report from the board, led by Sir Liam Donaldson, a former Chief Medical Officer of England, said Pakistan appeared willing to turn the programme around, but was running out of time. “If that does not happen in the next six months, if those changes do not get rolling, the wheels will come off the Pakistan bus,” their report warns....”

Dawn - Global health body portends poliovirus resurgence in Pakistan

Dawn:

Related read. “The Independent Monitoring Board (IMB) has declared that the epidemiological situation in Pakistan is extremely worrying and disappointing, stating that particularly the outbreak of the wild poliovirus in the southern part of Khyber Pakhtunkhwa (KP) province continues alongside the core reservoirs of Karachi and Quetta. The IMB provides an independent assessment of the progress being made by the Global Polio Eradication Initiative (GPEI) in the detection and interruption of polio transmission globally. The top global health body fears that beyond the traditional reservoirs, transmission is expanding to previously polio-free areas of Pakistan. A major outbreak of vaccine-derived poliovirus cases is also besetting Pakistan, reads a report of the IMB...”

Devex – Michel Zaffran reflects on polio lessons and the job ahead

Well worth a read. “Michel Zaffran is stepping down as director of the World Health Organization’s polio eradication program by the end of 2020, having reached the organization’s retirement age. But the French national is spending his last few months in office with his hands full.” Check out his conversation with Devex. Zaffran who has led the organization’s polio program for the past five years.

Excerpt: “**WHO and partners have also kick-started a process to revise the current global polio eradication strategy**, which Zaffran said he hopes will be finished in time for the World Health Assembly in 2021. The **strategy requires fresh thinking in light of the challenges posed by and needs arising from COVID-19**, and Zaffran said they will be looking for input from a range of stakeholders, such as behavioral scientists and civil society organizations that have not been previously involved in the development of the strategy...” Among others: communities should be more in the driving seat themselves, ‘owning’ the response. And linking/integrating polio vaccine efforts with other vaccines needed & basic needs of communities.

### Decolonize global health

**Nature Letter - Can schools of global public health dismantle colonial legacies?**

By Ngozi Erondu et al. Focusing here on recent developments at LSHTM, and the way forward.

**Modern Monetary Theory in the Periphery**


“What does MMT have to offer developing nations?” Interesting analysis, in which the author applies MMT on developing countries.

Some background on MMT: “**MMT is a macroeconomic approach that a number of heterodox economists have developed over three decades, describing how the monetary system and government fiscal operations work in countries that issue a sovereign currency. It is increasingly gaining media attention, not least because of the inspiration it provides to proponents of a Green New Deal in the US, Europe, and other rich countries. According to its main authors, MMT is not “ultimately” about money. Money is just a prerequisite for addressing the more important issue of mobilizing domestic resources for the full employment of the labour force and other public endeavours....**”

### Suspension World Bank’s global business climate index

News from late last week, but as you were all on holidays still, perhaps good to remind you 😊.
FT – World Bank suspends its business climate index over data ‘irregularities’
https://www.ft.com/content/4991f839-6577-4f76-b729-807377e372d4

“Multilateral lender to conduct ‘systematic review’ of last five Doing Business reports.”

“The World Bank has suspended the publication of its global business climate index after identifying “irregularities” in its data that may have affected the ranking of four countries, including Saudi Arabia and China. ... . “This is a huge admission by the World Bank with far-reaching implications,” said January Makamba, a member of parliament and former deputy minister in Tanzania. “A lot of policy recommendations and prescriptions, and judgment[s] on FDI direction . . . in developing countries have been based on this report,” he added on Twitter. The four countries most affected by the irregularities in the 2020 and 2018 reports, were China, Saudi Arabia, the United Arab Emirates and Azerbaijan, the World Bank said....”

“... data integrity was not the only problem with ranking countries in this way, according to Carlos Lopes, a professor of economics at the University of Cape Town and the former head of the United Nations Economic Commission for Africa. The global investor focus on the index had encouraged countries to prioritise creating low-tax, low-regulation environments, sometimes at the expense of macroeconomic considerations, he said. “It makes countries compete into some sort of race to the bottom against the expectation that they will be rewarded with more FDI when in fact what matters most for investors is stability, predictability and regulatory clarity,” he added....”

See the World Bank statement.

Gender & global health

UN News - Generations of progress for women and girls could be lost to COVID pandemic, UN chief warns

“Highlighting the disproportionate and devastating socio-economic impact of COVID-19 on women and girls globally, the UN chief António Guterres called on Monday for a major push to prevent “years, even generations” worth of progress on women’s empowerment, from being lost to the pandemic. In an address to a virtual town hall with young women from civil society organizations, the Secretary-General said that the global pandemic has already reversed decades of limited and fragile progress on gender equality and women’s rights. “Without a concerned response, we risk losing a generation or more of gains”, he cautioned....”

UN News - Women bear the brunt, as COVID erodes progress on eradicating extreme poverty
“The coronavirus pandemic and its fallout will likely push 47 million more women into poverty, reversing decades of progress to eradicate extreme poverty, new data released on Wednesday by the UN has revealed. The study, commissioned by UN Women and the UN Development Programme (UNDP), points to a 9.1 per cent increase in the poverty rate for women. Prior to COVID-19, the rate was expected to decrease by 2.7 per cent between 2019 and 2021. The projections also show that while the pandemic will impact global poverty generally, women will be disproportionately affected, especially women of reproductive age....”

See also Devex - Pandemic is widening poverty gap between women and men, new UN findings show

“After years of steady decline, the global poverty gap between women and men is now widening amid the COVID-19 pandemic, with women aged 25-34 particularly hard hit, according to new findings by the United Nations Development Programme and UN Women. It could take more than a decade for younger women, many of whom are at the start of their careers and raising young children, to regain their financial losses and professional stability. For every 100 men aged 25 to 34 living on $1.90 or less per day in 2021, there will be 118 women, according to the “From Insights to Action” report, released Wednesday....”

Devex - 15 African statisticians unite to advance gender data across the continent

On the Africa Gender Data Network. “...The network, funded by Data2X and launched last year, unites statisticians from across the African continent who are the focal points for gender data in their national statistical offices. The initiative is intended to provide a space for these statisticians to share best practices on what has worked — or what has failed — in their countries, as well as to learn the latest methodologies in gender data gathering....”

Devex - USAID gender policy faces backlash from advocates, lawmakers

“Lawmakers and advocates have raised numerous concerns about the U.S. Agency for International Development’s new draft gender policy, saying it would be a step back for the U.S government’s gender equality work. “Far from advancing gender equality, this draft policy reads like a political document and reflects priorities that will undermine gender equality,” a group of 15 senators, led by Sen. Bob Menendez, the top Democrat on the Senate Foreign Relations Committee, wrote in a letter they sent to USAID acting Administrator John Barsa on Monday. The advocates and lawmakers said they were concerned that the new policy narrows the agency’s approach to gender equality, and that it is less inclusive and unlike the previous policy leaves out any mention of LGBTQI individuals. They said it also doesn’t explicitly outline women’s rights as human rights and does not address comprehensive reproductive health care as a component of gender equality efforts....”

And a link: IISD - Gender Norms Still Define Politics as Masculine Space, Researchers Find.
CRISPR

Stat – Expert panel lays out guidelines for germline editing, while warning against pursuit of ‘CRISPR babies’

https://www.statnews.com/2020/09/03/crispr-babies-were-not-ready-for-more-but-panel-outlines-steps-before-future-attempts/

“Nearly two years after the birth of the first “CRISPR babies” stunned the world, an international group of experts on Thursday warned such human experimentation — in which the DNA of embryos is edited before starting pregnancies — should not be conducted because of unresolved scientific and ethical issues. But the group’s eagerly awaited report detailed the steps that scientists should go through before attempting to create gene-edited babies should countries ever greenlight the procedure. “... The international group echoed previous panels in determining that the world was not yet ready for gene-edited babies. But it also spelled out the circumstances when countries could ultimately decide to authorize such work if technical hurdles were cleared and societal concerns were addressed”

“...The commission’s report will now inform the work of a World Health Organization advisory committee, which is constructing a system to govern genome editing research. In a statement, the WHO committee said the new report “is an important contribution, including offering a framework for a potential translational pathway towards clinical application provided specific scientific, medical, and societal criteria could be fulfilled.”...

See also the Guardian - Genome editing for heritable diseases not yet safe, report states.

WHO Bulletin -September issue

https://www.who.int/bulletin/volumes/98/9/en/

- Do start with the Editorial:

Gaps in access to essential medicines and health products for noncommunicable diseases and mental health conditions (by Ren Minghui et al)

...“We have identified five key lessons and five overarching developments that will be critical to expanding access to medicines and health products for noncommunicable diseases and mental health conditions, and where WHO can provide additional guidance....”

And of the articles, not published online before, you might also want to read:

- COVID 19 and the oxygen bottleneck
“The COVID 19 pandemic is exposing an important weakness in health systems: medical oxygen production and delivery. Tatum Anderson reports.”

Some papers and reports of the week

HP&P - Global-scale action in health: a common language is a critical starting point to bolster global health financing

Must-read. “…Two trends are likely to shift global health financing from country-specific to global-scale investments. First, increasing globalization of health risks, like the COVID-19 pandemic, antimicrobial resistance or multinational corporate strategies, creates a global health commons in need of safeguarding … Second, global economic development means more countries will finance their health systems independent of country-specific aid … “In response, globally scoped terms, like ‘global public goods’ (GPGs), global or international ‘collective action’ and ‘global functions for health’, are en vogue but variably or imprecisely applied. Reaching a shared understanding on definitions and applying terms both precisely and consistently is a critical starting point for advancing policy. This Commentary intends to re-establish that common starting point. We review the use of these terms, discuss their future role in global health and consider their implications for financing global health....”

Briefing paper - Financing for Development in the Era of COVID-19 and Beyond - A snapshot of the ongoing work at the United Nations in times of crisis

“This briefing paper looks at the financing for development (FfD) work at the United Nations in 2020, an exceptional year due to outbreak of the global coronavirus crisis in the spring....”

“... The coronavirus crisis then turned out to be a ‘perfect storm’ for development finance – an unprecedented event, in which all sources of development finance dried up simultaneously: .... “

A quote: “...Interestingly, very few speakers trusted that the private sector could play a significant role in the crisis response going beyond its participation in debt relief initiatives. This was a significant deviation from the hegemonic view in the pre-COVID FfD dialogue in recent years, which had attributed the primary role in development finance to private finance, and had degraded public finance to a supporting role in blended financing instruments leveraging private finance...”

Final analysis: “The coronavirus crisis has been a game changer for the UN’s work on financing for development. The need to coordinate a multilateral response boosted the political relevance of FfD on the UN’s agenda, and on the international agenda as a whole. The fact that the steps taken by the G20 as a coalition were unimpressive and insufficient created space for the UN as a forum and...”
platform for multilateral dialogue on FfD topics. The fact that no major power came forward to act as an honest broker in this crisis created space for smaller nations to take leadership roles, using their preferred forum, the United Nations. ... The foundation of six thematic multi-stakeholder working groups realized a long-standing demand by FfD experts, who have argued for having a more continuous engagement and more continuous political dialogue on FfD topics at the UN, rather than just a one-off event once a year in April.... In terms of concrete mobilization of resources, the UN's 2020 FfD work has not achieved much so far. It did however create new political momentum for major reforms of the international financial architecture. .."

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

S Hanney et al; [HRPS]

Conclusion: “The evidence synthesis provides a firm basis for decision-making by policy-makers and research leaders looking to strengthen national health research systems within their own national context. It identifies five crucial policy approaches — conducting situation analysis, sustaining a comprehensive strategy, engaging stakeholders, evaluating impacts on health systems, and partnership participation. “

European Journal of Public Health - Supplement: The Health-Related Sustainable Development Goals in the European Region -Where Are We 4 Years On?

[https://academic.oup.com/eurpub/issue/30/Supplement_1]

New supplement.

For an alternative view, you might want to ask Greta Thunberg.

IJHPM - BRIC Health Systems and Big Pharma: A Challenge for Health Policy and Management

V Rodwin et al; [https://www.ijhpm.com/article_3449.html]

“BRIC nations – Brazil, Russia, India, and China – represent 40% of the world’s population, including a growing aging population and middle class with an increasing prevalence of chronic disease. Their healthcare systems increasingly rely on prescription drugs, but they differ from most other healthcare systems because healthcare expenditures in BRIC nations have exhibited the highest revenue growth rates for pharmaceutical multinational corporations (MNCs), Big Pharma. The response of BRIC nations to Big Pharma presents contrasting cases of how governments manage the tensions posed by rising public expectations and limited resources to satisfy them. Understanding these tensions represents an emerging area of research and an important challenge for all those who work in the field of health policy and management (HPAM)....”
Global Health Action - A definition of global oral health: An expert consensus approach by the Consortium of Universities for Global Health’s Global Oral Health Interest Group


“...Interest in the global dimensions of oral health, a generally neglected area of global health, is growing; yet, no previously published research has defined the term ‘global oral health.’ As such, the Global Oral Health Interest Group of the Consortium of Universities for Global Health determined a need for an introductory definition of ‘global oral health’ to guide program planning, implementation, and evaluation. .... Our resulting definition is as follows: Global Oral Health aims for optimal oral health for all people and elimination of global health inequities through health promotion, disease prevention, and appropriate oral care approaches that consider common determinants and solutions and acknowledge oral health as part of overall health. The purpose of this short communication is to generate a narrative around our proposed definition of global oral health to support establishing guidelines and developing best practices for academic global oral health programs, policies, and practices that aim to achieve a goal of oral health globally.”

WHO Bulletin – Communities, universal health coverage and primary health care

E Sacks et al; https://www.who.int/bulletin/online_first/BLT.20.252445.pdf?ua=1

«... Metrics used for evaluating primary health care and UHC largely focus on clinical health outcomes and the inputs and activities for achieving them. Little attention is paid to indicators of equitable coverage or measures of overall well-being, ownership, control or prioritising, or to the extent to which communities have agency. In the future, communities must become more involved in evaluating the success of efforts to expand primary health care. Much of primary health care always has and will continue to take place outside health facilities. Involving community members in decisions about health priorities and in community-based service delivery is key to improving systems that promote access to care...”

Some blogs & other mainstream news of the week

IISD - 39 Countries Form Alliance for Poverty Eradication


“The Alliance for Poverty Eradication was inaugurated at a high-level meeting of the UN General Assembly, focused on trends, options, and strategies for eliminating poverty. Olivier de Schutter, UN Special Rapporteur on Extreme Poverty and Human Rights, said the number of people in extreme poverty is still unacceptably high, and this is not a result of natural disasters but of inappropriate policy choices....”

PS: “De Schutter informed participants of a process underway to establish a Global Fund for Social Protection. This will aim to coordinate various countries’ efforts to strengthen social protection. It would also work to mobilize resources to support developing countries in bridging financing gaps and establishing social protection floors. Finally, the Fund would also provide a reinsurance facility,
allowing poor countries to protect themselves against shocks and thus maintain the functioning of social protection systems...." 

Devex - BlackRock donation triggers calls for funding reform at MSF

Oops. “Some staff see a conflict in the humanitarian NGO taking $3.4 million from the global investment giant with stakes in weapons, tobacco, alcohol, and pharmaceutical companies.” It’s MSF USA, apparently, that was fairly enthusiastic about the funding received from BlackRock.

“... BlackRock, an investment management firm, has shares in weapons, tobacco, alcohol, and pharmaceutical companies, including those MSF has previously criticized such as Johnson & Johnson, Eli Lilly, and Abbott Laboratories. MSF is not the only humanitarian organization to receive funding from BlackRock. The International Rescue Committee also listed the firm as a $1 million-plus donor in its 2018 annual report....”

F2P blog - What have 5 years of tax campaigns achieved?
https://oxfamblogs.org/fp2p/what-have-5-years-of-tax-campaigns-achieved/

Guest blog by Oliver Pearce (from Oxfam UK). Good overview of the progress made (and challenges still ahead) in terms of global tax reform. The glass is only half full, he emphasizes.

Some tweets of the week

Ilona Kickbusch

( tweeting on a WSJ article on WHO )

“In reading this I do feel like @adamkams - the analysis and the recommendations have all been there before - it’s a broken record. States need to build and pay for a strong @WHO otherwise media can recycle the same story next time round.”

Kent Buse

(on a Guardian article)

“the spectacle of execs cashing in on unproven technology that taxpayers helped fund – in the middle of a pandemic, to boot – does nothing for public trust in scientists. “It creates a cynicism that’s understandable,” says @DrPaulOffit
Bente Mikkelsen

#ahum?

“The next @GlobalFund Strategy - which will begin in 2023 - is under development. Here are five reasons why the Global Fund Board’s Strategy Committee should recommend in October 2020 to include #hypertension, #diabetes and #cancer in the next Strategy....”

Etienne Krug

With a few tweets related to a new UN resolution on road safety:

“Great news: the @UN General Assembly just proclaimed 2021-2030 as the Second Decade of Action for #RoadSafety with the ambitious target of preventing 50% of road traffic deaths & injuries.”

“New: @UN General Assembly just decided to convene a high-level meeting of the UNGA on #RoadSafety no later than end 2022 with a view to create the necessary political will to increase safety on the worlds roads and save lives.”

Global health events

Coming up: a wealth of events, including many virtual ones ... Among others:

- Global launch event for @TheLancet NCDIPoverty Commission. Online on 15 Sept to hear about how to take action on non-communicable diseases and injuries of the poorest billion people. Registration: https://zoom.us/webinar/register/WN_N1ES-NafRQilBbe8lEuo5HA

- Graduate institute virtual event (zoom) – 17 Sept: Using the right to health to restore dignity (with new UN Special Rapporteur on the right to health): https://graduateinstitute.ch/GHC-Health-Dignity


BMJ GH (blog) - Towards improved Civil Registration and Vital Statistics systems during public health emergencies: Reflections from Africa CRVS week


By WHO Afro authors, on this year’s Africa Civil Registration and Vital Statistics week.
“The COVID-19 pandemic has exposed vulnerabilities in the health systems of the Africa Region, including in the civil registration and vital statistics (CRVS) systems. This year’s Africa Civil Registration and Vital Statistics Week explored these with a series of webinars on the theme, Civil Registration and Vital Statistics as an Essential Service for Monitoring and Mitigating the Impact of Emergencies. ... As countries seek to ‘build back better’, and strengthen the resilience of their health systems, a focus on improved national capacities for generation of mortality statistics cannot be over-emphasized. We offer potential solutions for strengthening CRVS across countries of the WHO Africa Region....”

Devex - What happened at World Water Week: 4 takeaways

I always expect Kevin Costner to pop up at World Water Week, but no. The annual Stockholm meeting was virtual, this year.

“More money, communication, and resilience are key to solving the world’s water crisis, according to messages delivered during World Water Week 2020, where delegates explored the linkages between water, climate change, and COVID-19....”

Some of the key messages: “Building climate resilience is key to the water challenge; Finance for this, and WASH, is waning; A lack of effective communication could be to blame; The perceived value of water matters. ...”

**Global governance of health**

**WTO leadership**

Reuters - Damaged WTO now leaderless as chief Azevedo steps down

“The World Trade Organization’s director-general Roberto Azevedo steps down on Monday, leaving the already-damaged global watchdog leaderless as it faces the biggest crisis in its 25-year history....”

Do read also some analysis (on his ‘legacy’) in the Wire - As Roberto Azevêdo Jumps Ship from WTO to Pepsi, What Legacy Does he Leave Behind?

“... Azevedo has claimed success on issues like a Trade Facilitation Agreement aimed to cut through delays in trade. But on his watch, the WTO also failed to conclude the Doha Development Agenda....”
Conclusion: “...In short, Azevêdo must have realised that it would be difficult to serve the trade body when Washington is now set on a destructive course. So, why not instead serve in the corporate sector with his accumulated knowledge of the past seven years when he freely interacted with leaders and trade ministers for a public purpose?”

From DFID to FCDO

DFID’s swansong: Report shows UK aid department progress over last 5 years


“The achievements of the U.K.’s Department of International Development over the last five years have been quietly released by the government, as the organization prepares to merge with the Foreign & Commonwealth Office next week. In a bureaucratic swansong, the "DFID Results Estimates 2015-2020" sector report — likely to be one of the final publications by the department — highlights the vast reach of its work, with millions of people provided health, education, and economic support....” You find a summary of these results in this Devex piece.

Devex - FCDO prepares to open its doors amid uncertainty for UK aid


“Two key appointments to the U.K.’s new Foreign, Commonwealth and Development Office were met with broad approval by development professionals on Monday, as the department prepares to open its doors. But the final days of the Department for International Development were marked by a government threat to end its legal commitment to spending 0.7% of gross national income on aid, and to “review” a key body scrutinizing how it is spent....”

Guardian - UK will lead world on tackling famine and Covid with new department, says Raab


“Dominic Raab pledged Britain will take the global lead in tackling coronavirus and the growing risk of famine in developing countries by combining diplomatic strength with “world-leading” aid expertise, as the newly merged Foreign, Commonwealth and Development Office (FCDO) prepared to launch on Wednesday. In his first appointment as head of the FCDO, the foreign secretary appointed Nick Dyer, acting permanent secretary of the former Department for International Development (DfID), as the UK’s first special envoy for famine prevention and humanitarian affairs.

The merger of DfID and the Foreign and Commonwealth Office (FCO) to form the FCDO, announced by Boris Johnson in June, has been widely criticised, including by three former prime ministers. Critics have expressed concern it will jeopardise Britain’s position as a world leader in development and risk abandoning its commitment to people in low-income countries. Raab announced a £119m aid
package to tackle coronavirus and famine, aimed at alleviating extreme hunger for over 6 million people in Yemen, the Democratic Republic of the Congo, Somalia, Central African Republic, the Sahel region, South Sudan and Sudan. Ahead of a year in which the UK takes on the presidencies of the G7 and COP26, the foreign secretary urged other countries to step up and help the developing world as it faced a series of challenges....”

Devex - Raab addresses rumors around aid for defense, 0.7% commitment as FCDO opens

More on the launch of the FCDO and new priorities.

UN

IPS - It is Time for a Democratic Global Revolution
http://www.ipsnews.net/2020/08/time-democratic-global-revolution/

For this sentence in particular: “... The world’s people need an actual say in global affairs that is not intermediated by national governments and their “diplomats. The key ingredient of a new UN should be a democratically elected world parliament that complements intergovernmental bodies such as the UN General Assembly.”

Hope to see it in my lifetime.

IISD - Will Multilateralism Get an Action Plan?
http://sdg.iisd.org/commentary/policy-briefs/will-multilateralism-get-an-action-plan/

“The UN’s high-level commemoration of its 75th anniversary has the potential to advance the ongoing dialogue on multilateralism – beyond expressions of commitment and into a more precise vision. However, this is a tall order this year, when multilateralism finds itself at a “historic low point”.

UHC

Health Policy - An assessment of the core capacities of the Senegalese health system to deliver Universal Health Coverage

By Elizabeth Paul et al.
You might also want to check out another Health Policy Open article - The evolution of social health insurance in Vietnam and its role towards achieving universal health coverage.

Planetary health

Resources, Conversation & Recycling - The Green Print: Advancement of Environmental Sustainability in Healthcare


“...Healthcare sustainability science explores dimensions of resource consumption and environmental emissions associated with healthcare activities. This emerging field provides tools and metrics to quantify the unintended consequences of healthcare delivery and evaluate effective approaches that improve patient safety while protecting public health. This narrative review describes the scope of healthcare sustainability research, identifies knowledge gaps, introduces a framework for applications of existing research methods and tools to the healthcare context, and establishes research priorities to improve the environmental performance of healthcare services. ...” “There is an urgent need for research that informs policy and practice to address the public health crisis arising from healthcare pollution....”

Devex - Development bank summit could be new model for grand cooperation


(gated) “France and the EU are inviting every development bank in the world to discuss their ambitions to tackle climate change this November. Organizers give Devex an inside look at what they hope to achieve.”

Guardian - Only one in 10 utility firms prioritise renewable electricity – global study


Based on a new Oxford study. “Only one in 10 of the world’s electric utility companies are prioritising investment in clean renewable energy over growing their capacity of fossil fuel power plants, according to research from the University of Oxford....”

Devex - Climate resilience topped conversations at World Water Week


“As World Water Week pivoted to an “at home” virtual event last week, conversations around climate resilience took center stage. The week-long global gathering — typically hosted each year in
Stockholm, Sweden, by the Stockholm International Water Institute — aims to “transform global water challenges.” In its 29th year, the event focused on climate change as its key theme. While issues of climate finance, the convergence of sanitation and climate crises, and water politics for climate impact were also session subjects, climate resilience seemed to get the most attention …”

Climate policy (Editorial) - Curbing fossil fuel supply to achieve climate goals

Editorial of a new special issue, ‘Curbing fossil fuel supply to achieve climate goals’.

Infectious diseases & NTDs

Science News - Some mosquitoes already have resistance to the latest weapon against malaria

“…Two years ago, the World Health Organization (WHO) gave the green light for clothianidin, long used in agriculture to kill crop pests, to be added to the current mainstays of indoor mosquito control, which are losing their effectiveness as the insects develop resistance. Since then, many African countries have been laying plans to spray the walls of homes with the pesticide—it would represent the first new class of chemicals adopted for such use in decades—and looking anxiously for evidence of pre-existing resistance. Now, scientists at Cameroon’s Centre for Research in Infectious Diseases (CRID) have found it…."

“Corine Ngufor, a medical entomologist at the London School of Hygiene & Tropical Medicine, says this appears to be the first report of clear resistance to clothianidin in malaria-carrying insects. “It may spread very quickly and make this new class of insecticide almost useless for malaria vector control within a few years,” she warns. Colince Kamdem, the CRID research scientist who led the study, says agricultural use of neonicotinoids—the class of chemicals to which clothianidin belongs—likely drove the emergence of the resistant mosquito strains. “WHO would never have recommended this insecticide if such data were available,” he contends…."

AMR

Cidrap News - Studies highlight dynamic impact of COVID-19 on antibiotic use

Based on two studies, “COVID-19 has affected antibiotic use in different ways, creating a cloudy picture of how the pandemic will ultimately affect AMR....”
NCDs

Global Health Action - Noncommunicable Disease (NCD) strategic plans in low- and lower-middle income Sub-Saharan Africa: framing and policy response

Conclusion: «Broadly, we observe that plans developed by countries in SSA recognize the heterogeneity of the NCD burden in this region. However, they emphasize interventions that are consistent with global strategies focused on preventing a narrower set of cardiometabolic risk factors and their associated diseases. In comparison, relatively few countries detail plans to prevent, treat, and palliate the full scope of the needs they identify. There is a need for increased support for bottom-up planning efforts to address local priorities.”

Globalization & Health - Selling second best: how infant formula marketing works

“Despite the clear policy intent to contain it, the marketing of formula milk remains widespread, powerful and successful. This paper examines how it works....”

BMJ GH - The international and domestic politics of type 2 diabetes policy reform in Brazil
E Gomez; https://gh.bmj.com/content/5/9/e002457

Case study. “Understanding the international and domestic political factors influencing the evolution of type 2 diabetes policies and primary care institutions is a new area of scholarly research. This article contributes to this area of inquiry by illustrating how a government’s shifting foreign policy aspirations, that is, to establish the government’s reputation as an internationally recognised leader in type 2 diabetes policy, and presidential electoral incentives provide alternative insights into the evolution of type 2 diabetes treatment policies and primary care institutional reforms.”

Frontiers in Psychology - Testing a Self-Determination Theory Model of Healthy Eating in a South African Township

“There is a need for increased support for bottom-up planning efforts to address local priorities.”
HP&P - A public–private partnership for dialysis provision in Ethiopia: a model for high-cost care in low-resource settings

“Our purpose was to explore whether private–public partnerships (PPPs) can serve as a model for access to high-cost care in low-resource settings by examining a unique PPP providing haemodialysis services in a remote setting, investigating challenges and enablers....”

HP&P - The worse the better? Quantile treatment effects of a conditional cash transfer programme on mental health

Study on Malawi.

« We find that the cash transfer improves mental health on average by 0.1 of a standard deviation. The effect varies strongly along the mental health distribution, with a positive effect for individuals with worst mental health of about four times the size of the average effect. These improvements in mental health are associated with increases in consumption expenditures and expenditures related to economic productivity. Our results show that CCTs can improve adult mental health for the poor living in low-income countries, particularly those with the worst mental health.”

Sexual & Reproductive / maternal, neonatal & child health

Cidrap News - WHO recommends targeted approach for mass distribution of azithromycin

“The World Health Organization (WHO) issued new guidelines last week that recommend that mass administration of azithromycin be considered for children younger than 1 year in some sub-Saharan countries with high childhood mortality....”

SRHM - From bad to worse: global governance of abortion and the Global Gag Rule

“The Trump Administration’s Protecting Life in Global Health Assistance (PLGHA) significantly expands the “Global Gag Rule” – and, in so doing, weakens the global governance of abortion. By chilling debate, reducing transparency, ghettoising sexual and reproductive health and rights work,
and interfering with research, PLGHA makes an already bad context demonstrably worse. Individual women suffer the most, as PLGHA inhibits ongoing efforts to reduce abortion-related morbidity and mortality....”

For another new read in SRHM, see Foreign assistance or attack? Impact of the expanded Global Gag Rule on sexual and reproductive health and rights in Kenya.

Access to medicines

HPW - US Agency Is Investigating Moderna’s Patents For Allegedly Failing To Disclose Federal Support

https://healthpolicy-watch.news/usagency-investigating-moderna-for-allegedly/

“The United States Defense Advanced Research Projects Agency (DARPA) is investigating Moderna, a company developing a much hyped COVID-19 vaccine candidate, for allegedly failing to disclose federal funding on its US patent applications....”

And a link:

HPW - Unwrapping The Biological Secrets Behind Moderna’s COVID-19 Vaccine Technology.

Human resources for health

BMJ Global Health - Reforming the regulation of medical education, professionals and practice in India

V R Keshri et al ; https://gh.bmj.com/content/5/8/e002765

“...In this commentary, we situate the reform being envisaged through NMC [the National Medical Commission] in this wider health policy and systems context in India. After providing contextual background, we focus our arguments around three themes—medicalisation, corporatisation and centralisation. We conclude our piece by discussing the implications of these trends on public health and health systems in India....”

Miscellaneous

Lancet - Offline: Strengthening the voice of medicine in society

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31860-2/fulltext

“Do doctors have too much power? The influential French writer and philosopher Bernard-Henri Lévy believes so....” Check out Horton’s response.
Lancet World Report - COVID-19 exacerbates violence against health workers
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31858-4/fulltext

“Hundreds of incidents of violence and harassment have been recorded, but these are likely to be just the tip of the iceberg. Sharmila Devi reports.”

WP - New Trump pandemic adviser pushes controversial ‘herd immunity’ strategy, worrying public health officials
Washington Post:

“One of President Trump’s top medical advisers is urging the White House to embrace a controversial “herd immunity” strategy to combat the pandemic, which would entail allowing the coronavirus to spread through most of the population to quickly build resistance to the virus, while taking steps to protect those in nursing homes and other vulnerable populations, according to five people familiar with the discussions. ... The administration has already begun to implement some policies along these lines, according to current and former officials as well as experts, particularly with regard to testing....”

Caused a stir on social media, and already denied by the Trump administration. But well worth a read, anyhow.

ICJ (International Commission of Jurists) report - New ICJ global report shows that the right to health must be central to State responses to COVID-19

“In a new report published [today], the ICJ called on all States to ensure that their responses to the public health emergency brought on by the COVID-19 comply with the international human rights law and the right to health. The report emphasized the particularly acute and discriminatory impact of the pandemic on already marginalized people and the need for access to health facilities, goods and services necessary to combat COVID-19 without discrimination. The report Living Like People Who Die Slowly: The Need for Right to Health Compliant COVID-19 Responses documents the adverse human rights effects wrought by the COVID-19 pandemic.”

Pew - Most Approve of National Response to COVID-19 in 14 Advanced Economies

“Countries’ approaches to combat the spread of the coronavirus have varied throughout Europe, North America, Australia, Japan and South Korea, but most publics in these regions believe their own country has done a good job of dealing with the outbreak, according to a new Pew Research Center survey of 14 advanced economies. Overall, a median of 73% across the nations say their
country has done a good job of handling novel coronavirus ... .... “The UK & US are exceptions to this rule.

Still, “... many also say their country is more divided due to the outbreak...”

WEF - 3 in 4 adults around the world say they would get a COVID-19 vaccine

“...A new Ipsos survey, conducted on behalf of the World Economic Forum, shows that three-quarters of adults would get a vaccine for COVID-19 if it were available. But nearly two-thirds (59%) don’t think one will be available by the end of 2020....”

Cities & Health - Global change increases zoonotic risk, COVID-19 changes risk perceptions: a plea for urban nature connectedness

Part of a special issue on Covid-19. “”...Because ecological understanding of urban human-animal relations improves disease risk assessment, we call for ethnographical exploration of this interface. ‘Global Urban Confinement Measures’ impact health by influencing disease perceptions, limiting nature access, and strengthening inequities....”

And via Tech crunch: Apple & Google announced new tools that make it easier for public health bodies to provide COVID-19 exposure notifications.

Emerging Voices

IJHPM - What Is COVID-19 Teaching Us About Community Health Systems? A Reflection From a Rapid Community-Led Mutual Aid Response in Cape Town, South Africa
https://www.ijhpm.com/article_3904.html

Co-authored by EV alumni E Whyle & L Brady.

Global Health Action - Out-of-pocket expenditure for hypertension care: a population-based study in low-income urban Medellin, Colombia

By Esteban Londono.