

# IHP news 588 : Humility. Dignity. Solidarity.

( 11 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,

We have **two (co-) editorials** this week, on **India's new education policy**, and [David Graeber's legacy](#) (including for global health), respectively. See below this intro!

As Kate Soper put it in a spot-on [Guardian op-ed](#) this week, "*Covid-19 gave us a glimpse of a less work-driven society, but it will take determination to avoid a return to the old normal.*" I agree, and "Covidized" academia is certainly no exception. Nevertheless, I find it encouraging to see how values like 'humility' and 'dignity' are once again gaining momentum, providing a very much needed counterweight against 'resilience', 'agility', 'flexibility', ... so in vogue among elites and in power circles (for all the wrong reasons).

And no, I'm not referring here to dr. Tedros' well-known "one word"-Twitter campaign, even if he rightly pointed out the importance of 'humility in leadership' at a [media briefing](#) early this week, listing countries that have done well against Covid-19 so far.

But it's not just 'humility', 'dignity' is also coming back with a vengeance, it seems, from various angles. The new **Special Rapporteur on the Right to Health, Tlaleng Mofokeng**, made it clear a few weeks ago that she [wants to prioritize the theme of vulnerability and restoration of dignity](#), as she is trying to move away from having a hierarchy of illnesses, where some seem more important than others, and no doubt also inspired by the current BLM movement. **Ben Phillips**, an activist who just published a new book, "How to fight inequality", [put it like this](#): "*The fight against inequality is at root a struggle for dignity: social and economic exclusion break the lives of the poor and dehumanize the rich, so in fighting for a more equal world we are working to heal society.*" Finally, in the slipstream of the Covid-19 'essential worker' discussion, **Michael Sandel** also wrote a new book, on the 'Tyranny of Merit'. A [quote](#), via the Guardian: "*Humility is a civic virtue essential to this moment,*" he says, "*because it's a necessary antidote to the meritocratic hubris that has driven us apart.*" In the book, he argues for a **politics centred on dignity**.

I'm no doubt not the only one hoping that on November 3, that effort will get a major boost. Like [Graeber](#), we have to believe another world is possible. Even if IHP's background is political science, not anthropology 😞. But that gives us then, on the other hand, the benefit of believing in "self-fulfilling prophecies" 😊. And who knows, with more humility and dignity, we might at least end up with more global "solidarity"?

Enjoy your reading.

Kristof Decoster

## Featured Articles

### Is India's New Education Policy sufficiently inclusive of people with disabilities?

By [Shubha Nagesh](#) & [Stuti Chakraborty](#)

*"It is as impossible to withhold education from the receptive mind as it is impossible to force it upon the unreasoning"- Agnes Repplier*

India's New [Education Policy \(2020\)](#) has replaced its [1986 education policy](#), with the ambitious goal to transform India into a knowledge giant, while ensuring equity and inclusion. This article seeks to understand the extent to which the new policy will accommodate and nurture people with disabilities, particularly young children, and what still remains to be done.

Children with disabilities are known to be discriminated against in schools, playgrounds, libraries and other physical spaces, which leads to their exclusion not just from classrooms and playgrounds, but from society at large. Discriminatory attitudes, lack of accessibility in schools and lack of teachers with special education training are some of the major barriers that prevent disabled children from accessing a meaningful educational experience. An important additional element are the education system and education policy, both of which can influence the education of children with disabilities significantly.

To address this discrimination and exclusion, and to ensure that these children get good quality education, UNICEF recommends, amongst others, the promotion of accessible, inclusive learning spaces and investments in the training of teachers for inclusive education. Two frameworks, the [Convention on the Rights of the Child](#) (CRC) and the [United Nations Convention on the Rights of Persons with Disabilities](#) (UN CRPD) play a vital role in reminding us of our duty to ensure an inclusive education system at all levels.

In 2002, the [Right to Education](#) was inserted in the [Indian Constitution](#) under Article 32 A. This went down in history as a landmark decision that held the promise to deliver free and compulsory education for all children up to 6-14 years. While many steps have been taken since then to ensure the inclusion of students with disabilities, there is still a long way to go to ensure education to many more, particularly those in remote and far to reach areas with limited or no access. There is still quite a journey ahead, in terms of enhancing sensitivity towards the human values of empathy and tolerance, and fundamental human rights. The societal ostracism of children who are considered to be "deviant" from perceived societal norms remains an issue in far too many settings.

India's New Education Policy (NEP) (2020) seeks to address all such forms of marginalisation.

The proposed policy aims to address hitherto neglected dimensions in education for socio-economically disadvantaged groups, taking into account among others, gender identities, socio-economic identities and disabilities, and geographical identities. It also recommends designating regions with significantly large populations of educationally and socially disadvantaged groups as Special Education Zones (SEZs). Furthermore, the policy provides for school complexes/clusters which essentially involves collating smaller schools, with the aim of improving coordination, governance, effectiveness and impact in whole regions.

While the NEP 2020, arguably, attempts to address significant shortcomings within the existing education system and facilities in India, with the goal of improving access to education and creating a mindful, inclusive and just society, the truth is more could have been done.

Here are a few recommendations on how this policy could be(come) more inclusive, for children with disabilities in particular:

**A paradigm shift in the framing of disability** and shift from the deficit/charitable model to a rights-based (empowerment) model. The policy should explore how school premises can accommodate students with diverse needs. It should also outline appropriate training requirements for special education teachers and remove barriers encountered in establishing resources to enable special education, with cross-disciplinary training.

**Addressing implicit assumptions and notions around disability** could help remove attitudinal barriers for children with disabilities in schools. It is important to recognize that not everyone can perform “optimally” as defined by society, no matter what adaptations are put in place and that should be fine too! People should be supported to “perform” to the best of their individual abilities and education systems and teachers should understand and practice this to the best possible extent. If schools employ special educators early on in their process of building an inclusive atmosphere in their schools, the implementation of policies and procedures around education could become easier, less prone to stigma and exclusion and more meaningful to methodical applications in practice.

**Incorporation of accountability and evaluation systems in the policy** could help with monitoring and evaluating progress in creating an inclusive environment in schools. Outcome measures like good attendance, sound participation, graduation, reporting good emotional well-being etc. could be some of the measures to evaluate success of sound special education dimensions of an education policy.

**Addressing stigma with firm anti-discrimination mandates and regulations.** No matter what training, resources and infrastructure are put in place, if attitudes remain unchanged, the goal of becoming an inclusive society will remain elusive. Training, policies, and mandates must therefore focus on the promotion of attitudes and mindsets that embrace and recognize diversity as natural, so that children with disabilities can feel that they belong in schools, which will in turn allow them to be empowered through education.

**Active involvement of relevant stakeholders.** A big step forward towards developing and ensuring an inclusive curriculum is the active involvement of parents of children and adults with disabilities, and activists and organisations that support the rehabilitation of this population, in line with the philosophy, "nothing about us, without us". The valuable expertise of this community cannot be overemphasized, especially because children and adult with disabilities and their families are best placed to identify the challenges they face and the solutions that are most appropriate.

These considerations, coupled with changes to the core educational curricula, can set the tone for creating an enabling environment that would embrace inclusion and create a world that works for everyone.

In conclusion, inclusive education can help children with disabilities get increased access to employment, health and other services, and develop a better awareness of their rights, thereby improving their quality of life.

"A world accessible to all is a stable world."- American Disability Act

## So long, David – four reflections and a way forward

Last week, **David Graeber** [passed away](#), way too early, unfortunately. In this short article, some ITM staff dwell on what David Graeber meant to them, and what the global health community could and perhaps should learn from him. Feel free to weigh in as well under the blog.

“Yes, we must mourn David Graeber. Thinking about his work is probably the best way to do that today, in all our bullshit jobs. Graeber was an anarchist, and many people from the left to the right thought that was an insane position, as he said himself. I tend to view everything that is *not* anarchist as an insane position. The outlook on life, the idea of relations and the value of other people, the view on hierarchy are so different between anarchists and all the other ones that it makes me think of the question on the reality of ‘dreams versus the real world’. Which is which? For me, Graeber represents ‘the real world’ and his ideas help(ed) to fight the nightmares of liberal illusion. What makes the passing of Graeber extra sour is that it happens at the very moment where people like him are needed most. Of course, ‘Graebers’ were always needed, but right now, we find ourselves at a turning point in civilization – *PS: we are not too naive to not know that a world that ‘feeds’ on inequity needs turning points every day.* Today, against the abundance of academics and politicians who talk to us about the relativism of any sense of urgency, urge us to believe in ‘trickle down’ effects and to trust technological bright ideas that will help us avoid making any real change in the relations between the haves and the have nots, we dearly need all we can get of thinkers who are serious about alternative ways to shape our human geography. Losing Graeber is therefore indeed a very serious matter – and also an immediate call to use our time better than staying stuck in bullshit bureaucracies.”

### Willem van de Put

“Like for many others, David Graeber’s passing away last week came as a shock to me. “*Why is it that the good guys always seem to die young?*”, my colleague Willem (of a considerable age himself already 😊) pointed out. While I have not had the luxury to read many of Graeber’s books, I got to know about him in recent years through various essays and articles. What could global health learn and remember from him?

Well, for one, that the framing (which he at least partially came up with), “*We are the 99%*”, has been far more effective in the longer-term battle for equity than global health power’s MDG-era inclination to “go to Davos”, “*as that’s the only place where you can still get some real shit done*”. With a view on the interests of the 99%, Graeber probably also wouldn’t put his faith in PPPs, ‘leveraging’ the private sector, philanthrocapitalism or other trademark ‘global health’ ways of doing things. In the same vein: token civil society representation, the endless ‘networking’ or the ‘leadership programmes’ so in vogue now.

Now that we all realize, in the slipstream of Covid-19, that essential workers are vital for our societies and economies, I hope we all manage to get the level of ‘bullshitization’ of our jobs down as much as possible in the years to come, and conversely, their level of ‘essential work’ and ‘purpose’ as much up as possible. The latter clearly means: with a view on the economy of the 21<sup>st</sup> century, which should be a caring economy, with respect for planetary boundaries. A mix of a

revamped ‘meritocracy’ and ‘decent work for all’, including proper valorization and work-life balance. Against that backdrop, Graeber would probably have applauded the comeback of the concept of ‘dignity’ as well. And who knows, if we get this right, humanity might perhaps find its ‘collective soul’ back, just in time.”

### Kristof Decoster

“David Graeber’s passing away came as a blow, possibly because he was a role model for many, in terms of being an anarchist-activist-academic, all in one. With Graeber, there was still hope. We could aspire to be like him. Two of his books have been of considerable influence on my thinking and actions.

The first is [Debt, the First 5000 years](#) (2011). I read it while analyzing the legitimacy of IMF conditionalities, structural adjustment programmes, and the debt crisis impacting on health systems in countries around the globe (since the 70’s). It was at the height of the huge European financial crisis, and as you recall, Greece had to go on its knees to reform its social system and repay its outstanding financial debts. Its people said “No” in a referendum, but under pressure of the ‘Troika’ (ECB/EC/IMF), the Greeks had to give in. Graeber’s book provided the great insight that in the world’s history of Debt, every now and then and for the sake of social and economic stability, debts have to be cancelled. This is known as a ‘Jubilee’. Financial debts are not cast in stone, they are a social construct. Both the indebted and the debtor have responsibilities in order to maintain a just relation. It is thus legitimate and justified to resist the enforcement of debt repayments, as Graeber did so well, being part of the Occupy movement.

The other book is the magnificent [Bullshit jobs: a theory](#) (2018). I had wondered for a long time why essential jobs, like nursing, midwifery or other health care jobs are not more appreciated in society, including with better remuneration. On the other hand, there are all the unnecessary, overpaid, bureaucratic management jobs, a.k.a. ‘bullshit jobs’ in the words of Graeber. Basically, these are pointless jobs, part of the ‘managerial feudalism’ that our capitalist systems generate. As an alternative, Graeber proposed universal basic income schemes so that people could engage in work that creates societal value, like (in)formal health care. His deep, socio-anthropological analyses and action-oriented alternatives, provided a form of solace while navigating the daily administrative nonsense (timesheets!!) arriving on my desk. And now he is gone. Jason Hickel tweeted “*David is an ancestor now, and the ancestors guide us*”. This work of Graeber provides a good starting point, if you want to delve in his ideas. [Fragments of an Anarchist Anthropology](#) (2004).”

### Remco van de Pas

“Nothing left to say, my friends. Except sharing a memory, maybe. One late summer Sunday afternoon, about thirty years ago. Upstate New York. Reddish leaves, warm light. In the garden of an old man, who had once left his identity of union leader in the old world to become a professor of quantum physics in the new. A group of family and friends, among them a sister of [Pete Seeger](#), who had brought a young acquaintance with her. That was David Graeber, and he didn’t say a word. Nor did I. We listened. Over cookies and wine, the professor emeritus (torn jeans and worker shirt) and the equally old singer did the talking. About the hard times, those good old days, the civil rights movement, when singers were still blacklisted (she explained) and [Billie Holiday](#) “*could still sing*” (he had witnessed her first New York performances, in an obscure club owned by a bad friend). As the afternoon progressed, their stories did too, and we listened, mouth open and eyes shining. We felt

so warm. The kind of warmth David was able to transmit later, even in his most demystifying and critical works.

They're all gone now, dead and gone, and David unexpectedly soon. But sometimes I look out of the window, think I see reddish leaves and warm light, and I hope."

Werner Soors

## Highlights of the week

### Some key Covid-19 reads of the week

We start with this brand new section. As we are aware that the Covid-19 info tsunami can be overwhelming (including for IHP), we would like to flag – before providing the usual Covid related sections further on in the newsletter – a **few absolute 'must-reads'** (in our humble, biased opinion).

#### Covid19 health diaries - The Triple Crises of Private Health: State and Multilateral Governance Responses

<https://covid19healthdiaries.com/diary?did=352>

Third post in a fabulous series by **Owain Williams**. Very rich article, and thus an absolute must-read. *"This is the **final part of the collection of posts on the triple crises of private health**, these largely having focused on the private hospital sector. I will be splitting this post into **two parts, one looking at national responses and the emerging multilateral governance of the crises of private health.**"*

To whet your appetite a bit, check out these tweets:

- From the **author**: *"This **might not go down so well in some circles** (e.g. @WHO and @WorldBank)"*
- From **MMI**: *"Thanks for this important "long read" on @WHO policies and practice shifting from #publichealth and #PHC to a relaxed approach of engaging with private sector within #PPP #UHC, (still) ignoring hard lessons of economic crisis and failures in #Covid19 response."*

#### International Affairs - Why the COVID-19 response needs International Relations

S Davies & C Wenham;

<https://academic.oup.com/ia/article/96/5/1227/5901405#.X1YZZIAo4OM.twitter>

*"The COVID-19 pandemic affects all countries, but how governments respond is dictated by politics. Amid this, the World Health Organization (WHO) has tried to coordinate advice to states and offer ongoing management of the outbreak. **Given the political drivers of COVID-19, we argue this is an important moment to advance International Relations knowledge as a necessary and distinctive***

*method for inclusion in the WHO repertoire of knowledge inputs for epidemic control. Historical efforts to assert technical expertise over politics is redundant and outdated: the WHO has always been politicized by member states. We suggest WHO needs to embrace the politics and engage foreign policy and diplomatic expertise. We suggest practical examples of the entry points where International Relations methods can inform public health decision-making and technical policy coordination. We write this as a primer for those working in response to COVID-19 in WHO, multilateral organizations, donor financing departments, governments and international non-governmental organizations, to **embrace political analysis rather than shy away from it**. Coordinated political cooperation is vital to overcome COVID-19.”*

## **Lancet Global Health - Projected health-care resource needs for an effective response to COVID-19 in 73 low-income and middle-income countries: a modelling study**

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30383-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30383-1/fulltext)

Cfr the press release:

**“Modelling study estimates health-care cost of COVID-19 in low- and middle-income countries at US\$52 billion every four weeks; Massive price tag of COVID-19 response in 73 low- and middle-income countries underscores benefits of investing in pandemic preparedness.**

New modelling research, published in **The Lancet Global Health** journal, estimates that it could cost low- and middle-income countries (LMICs) around US\$52 billion (equivalent to US\$8.60 per person) over four weeks to provide an effective health-care response to COVID-19, assuming each country’s reproductive number (average number of contacts that a case infects) remained unchanged. However, the sizeable costs of a COVID-19 response in the health sector are likely to escalate if transmission increases—rising to as much as US\$62 billion (US\$10.15 per person) over four weeks under a scenario where current restrictions are relaxed and transmission increases by 50%.

**This compares to the US\$4.5 billion each year (equivalent to 65 cents per person) that the Commission on a Global Health Risk Framework for the Future recommended the world spend on pandemic preparedness in 2016—with most of this investment designated for upgrading public health infrastructure and capabilities in LMICs...**”

Oops.

## **1000 x 1000 solidarity initiative**

<http://www.1000x1000.be/>

Warmly recommended. ““We are in the same storm, but not in the same boat.” In recent months it has become clear that the COVID-19 crisis and the lockdown left no one unaffected. But not everyone was hit equally hard. For those with a weaker socio-economic profile and low-skilled workers, the situation is distressing. Their children are victims too: they have difficulty keeping up with the new school regime, partly due to limited access to e-learning. **Sixteen professors and emeriti from Flemish Universities and research institutions are therefore joining forces and calling for solidarity with a new Social Contract. With our action, 1000 × 1000, we hope to reach at least 1000**

*colleagues from the academic world. Together we try to collect 1000 euros each or together one million euros through the King Baudouin Foundation. Money that will be invested in improving the educational opportunities of children and young people from disadvantaged groups. Read and sign our 1000 × 1000 call, help us raise money and become an ambassador!..."*

## Planetary health

### Devex - Despite pandemic slowdown, climate change continues to worsen

<https://www.devex.com/news/despite-pandemic-slowdown-climate-change-continues-to-worsen-98053>

(gated) *"Without major changes by the world's biggest polluters, global temperatures are set to rise 3 to 5 degrees Celsius above preindustrial level within the century, according to the **World Meteorological Organization's latest findings.**"*

For the WMO report, see [United in Science report: Climate Change has not stopped for COVID19](#)

See also UN News - [Science, solidarity and solutions needed against climate change: Guterres](#) .

### WEF - Water wars: How conflicts over resources are set to rise amid climate change

[WEF](#);

*"From Yemen to India, and parts of Central America to the African Sahel, **about a quarter of the world's people face extreme water shortages that are fueling conflict, social unrest and migration**, water experts said [last week] on Wednesday. With the world's population rising and climate change bringing more erratic rainfall, including severe droughts, competition for scarcer water is growing, they said, with serious consequences. ..." On a **recent webinar hosted by the World Resources Institute (WRI)**, a U.S.-based research group.*

### Globalizations - What does degrowth mean? A few points of clarification

J Hickel; <https://www.tandfonline.com/doi/full/10.1080/14747731.2020.1812222>

*"... Here I set out to **clarify three specific issues**: (1) I specify what degrowth means, and argue that the framing of degrowth is an asset, not a liability; (2) I explain how degrowth differs fundamentally from a recession; and (3) I affirm that degrowth is primarily focused on high-income nations, and explore the implications of degrowth for the global South."*

Key quote: **"Degrowth in the North represents decolonization in the South."**

## Ecological Economics - Global patterns of ecologically unequal exchange: Implications for sustainability in the 21st century

C Dorninger et al ; <https://www.sciencedirect.com/science/article/pii/S0921800920300938>

*“Ecologically unequal exchange theory posits asymmetric net flows of biophysical resources from poorer to richer countries. To date, empirical evidence to support this theoretical notion as a systemic aspect of the global economy is largely lacking. **Through environmentally-extended multi-regional input-output modelling, we provide empirical evidence for ecologically unequal exchange as a persistent feature of the global economy from 1990 to 2015.** We identify the regions of origin and final consumption for four resource groups: materials, energy, land, and labor. By comparing the monetary exchange value of resources embodied in trade, we find significant international disparities in how resource provision is compensated. Value added per ton of raw material embodied in exports is 11 times higher in high-income countries than in those with the lowest income, and 28 times higher per unit of embodied labor. **With the exception of embodied land for China and India, all other world regions serve as net exporters of all types of embodied resources to high-income countries across the 1990–2015 time period. On aggregate, ecologically unequal exchange allows high-income countries to simultaneously appropriate resources and to generate a monetary surplus through international trade.** This has far-reaching implications for global sustainability and for the economic growth prospects of nations.”*

cfr **Tweets J Hicckel**: *“This new paper really upends conventional narratives about international development. **Basically, poor countries are developing rich countries, not the other way around.**”*

And: *“...**So what does this mean for international development?** It means that poorer countries don't need charity, or aid; what they need is justice: specifically, they need fairer prices for their labour and resources.”*

## Guardian - Climate crisis could displace 1.2bn people by 2050, report warns

<https://www.theguardian.com/environment/2020/sep/09/climate-crisis-could-displace-12bn-people-by-2050-report-warns>

*“**More than 1 billion people face being displaced within 30 years as the climate crisis and rapid population growth drive an increase in migration** with “huge impacts” for both the developing and developed worlds, according to an analysis. **The Institute for Economics and Peace (IEP), a thinktank that produces annual global terrorism and peace indexes, said 1.2 billion people lived in 31 countries that are not sufficiently resilient to withstand ecological threats. Nineteen countries facing the highest number of threats, including water and food shortages and greater exposure to natural disasters, are also among the the world’s 40 least peaceful countries, the IEP’s first ecological threat register found....”***

## Lancet Planetary Health - Quantifying national responsibility for climate breakdown: an equality-based attribution approach for carbon dioxide emissions in excess of the planetary boundary

J Hicckel; <https://www.sciencedirect.com/science/article/pii/S2542519620301960>

*“This analysis proposes a novel method for quantifying national responsibility for damages related to climate change by looking at national contributions to cumulative CO2 emissions in excess of the planetary boundary of 350 ppm atmospheric CO2 concentration. This approach is rooted in the principle of equal per capita access to atmospheric commons.*

Some Findings: *“As of 2015, the USA was responsible for 40% of excess global CO2 emissions. The European Union (EU-28) was responsible for 29%. The G8 nations (the USA, EU-28, Russia, Japan, and Canada) were together responsible for 85%. Countries classified by the UN Framework Convention on Climate Change as Annex I nations (ie, most industrialised countries) were responsible for 90% of excess emissions. The Global North was responsible for 92%. **By contrast, most countries in the Global South were within their boundary fair shares, including India and China (although China will overshoot soon).** Interpretation: *“These figures indicate that high-income countries have a greater degree of responsibility for climate damages than previous methods have implied. These results offer a just framework for attributing national responsibility for excess emissions, and a guide for determining national liability for damages related to climate change, consistent with the principles of planetary boundaries and equal access to atmospheric commons.”**

See also a Twitter thread by the author: *“This represents a process of atmospheric colonisation. Just as rich countries have relied on the appropriation of labour and resources from the South to fuel their growth, so they have appropriated atmospheric commons, with devastating consequences for the colonized.”*

PS: do check out the whole [September issue](#) of the Lancet Planetary Health.

## First international day of clean air (Sept 7)

### HPW - Clean Air For All: Towards A Global Community Of Action

<https://healthpolicy-watch.news/clean-air-for-all-towards-a-global-community-of-action/>

*“September 7 is the first International Day of Clean Air for blue skies launched by the United Nations’ General Assembly. It aims to build a global community of action that calls on countries to work together to tackle air pollution and provide clean air for all....”*

See also UN News - [Build a better future with blue skies for all, UN urges, marking first International Day of Clean Air](#)

With all info on the day, resolution, ...

PS: Check out also the new (Clean Air Fund) report, [State of Global Air quality funding](#).

*“The State of Global Air Quality Funding 2020 provides an analysis of global Official Development Finance and foundation funding flows towards outdoor air quality initiatives between 2015 and 2019. Its aim is to identify gaps in funding and opportunities for strategic investment and collaboration to deliver clean air for all.”*

## Global Tax justice

### Tax Justice (blog); A UN Tax Convention – then a U-turn

Alex Cobham; <https://www.taxjustice.net/2020/09/04/a-un-tax-convention-then-a-u-turn/>

Blog published ahead of the global meeting of ministers of Finance (8 Sept). *“Last night, the United Nations published a document with a ground-breaking tax justice recommendation for the global meeting of ministers of finance which takes place this Tuesday 8 September. But just a few hours later, the document was replaced with another, claiming to be the ‘advance unformatted version’. This document was identical in most respects, except for a lack of formatting – and the elimination of the recommendation in question. While the opposition remains strong – and we had been told to expect fierce pushback on this specific text – the episode confirms the direction of travel in international tax. Faith in the OECD’s ability to reflect the concerns of non-members has hit rock bottom, for sound reasons, and new UN instruments are increasingly likely to follow. This post explains the context, then details the U-turn, before drawing out some implications – for the ministers of finance meeting, for the UN FACTI panel, and for the OECD...”*

A few quotes :

« In the FfD COVID initiative, as in the FACTI panel, **the dynamic has been a clear one: non-OECD countries tending to highlight the structural flaws that result in their disproportionate losses, and being inclined towards UN solutions; while OECD countries favour retaining decision-making power at the OECD...**”

« ... The **pivotal proposal** in this context of shifting division has been that of a **UN tax convention**. »

« ... For Tuesday’s ministers of finance meeting, this episode sends a clear signal – **the opposition will not tolerate the beginning of negotiations over a UN tax convention**. And yet such a blatant display of that blocking power may have the opposite result. ...”

### UN News – Finance Ministers meet to refine ‘single ambitious menu’ for COVID-19 recovery and beyond

[UN News](#);

“... The meeting on [Financing for Development in the Era of COVID-19 and Beyond](#) was the initiative of the UN Secretary-General and the Prime Ministers of Jamaica and Canada, launched in May. **The aim is to present what the organizers described as “a single ambitious menu of policy options” to address recovery in the short term, but also to mobilize the resources needed to achieve the [Sustainable Development Goals \(SDGs\)](#) by 2030, and to create a resilient global financial system over the long term. ...”**

“Over the past three months, ministers formed six discussion groups to address issues critical for economic survival and recovery, with the imperative of building back better. ... The discussions sought to further refine policy that will be presented to Heads of State and Government at a UN meeting on 29 September. “

On this ‘menu of options’, see [Part 1](#) and [Part 2](#).

## Global Tax Justice Towards Tax Justice in a Post-Pandemic World

[https://www.globaltaxjustice.org/en/latest/towards-tax-justice-post-pandemic-world?fbclid=IwAR0XYq4JNscA\\_v-E4M\\_0s6ZgeDojR-0gCGxgNHg9InVlWG0u\\_hl3Bfa\\_fKc](https://www.globaltaxjustice.org/en/latest/towards-tax-justice-post-pandemic-world?fbclid=IwAR0XYq4JNscA_v-E4M_0s6ZgeDojR-0gCGxgNHg9InVlWG0u_hl3Bfa_fKc)

With a good overview of the progressive agenda on tax justice, at all levels (global, national, ...). Check it out (in the **second part** of this article). On stopping the erosion of public financial resources, increasing domestic revenues, the reform of global tax rules and architecture, ...

## Oxfam report – Pandemic profits for companies soar by billions more as poorest pay price

<https://www.oxfam.org/en/press-releases/pandemic-profits-companies-soar-billions-more-poorest-pay-price>

*“Thirty-two of the world’s largest companies stand to see their profits jump by \$109 billion more in 2020 as the Covid-19 pandemic lays bare an economic model that delivers profits for the wealthiest on the back of the poorest, according to a new Oxfam report today. [Power, Profits and the Pandemic](#), published ahead of tomorrow’s six-month anniversary of the declaration of the pandemic, also outlines how Covid-19 has made things even worse by encouraging corporations around the globe to put profits before workers’ safety, push costs and risks down the supply chain and use their political influence to shape policy responses. Globally, half a billion people are expected to be pushed into poverty by the economic fallout from the pandemic. 400 million jobs have already been lost and the International Labour Organisation estimates that more than 430 million small enterprises are at risk. Meanwhile, the protection given to shareholders has fuelled a share price boom. The top 100 stock market winners have added more than \$3 trillion to their market value since the pandemic. As a result, the 25 richest billionaires have increased their wealth by staggering amounts....”*

*“...Oxfam is calling for a response to the immediate crisis that prioritizes support for workers and small businesses. It includes establishing a **Covid-19 Pandemic Profits Tax** to ensure shared sacrifice, and the redeployment of resources away from those cashing in on the pandemic and toward those bearing the burden.”*

## Global health governance

### ACT-Accelerator updates (ppt 3 Sept)

[https://apps.who.int/gb/COVID-19/pdf\\_files/03\\_09/ACT-Accelerator.pdf](https://apps.who.int/gb/COVID-19/pdf_files/03_09/ACT-Accelerator.pdf)

The ppt has strangely disappeared, among others after a twitter conversation related to the civil society representatives (mentioned in the overview slide):

*“Who will represent civil society @WHO @gavi @CEPIvaccines @EU\_Commission ? And more importantly how were they selected and by whom?”*

See also a few tweets (of the week), below.

PS: Norway will co-chair the council for #ACT-A, together with South-Africa. See also [ACT-Accelerator](#).

## Inaugural meeting Facilitation Council ACT-A

The **Inaugural meeting of the Facilitation Council** of the Access to COVID-19 Tools Accelerator (ACT-A) took place on **10 September**.

- For a short report, see **the EC - [Coronavirus Global Response: WHO and Commission launch the Facilitation Council to strengthen global collaboration](#)**.

*“The **objectives** of the first Council meeting was to align the plan for ACT-Accelerator as a key global solution to end the crisis and restore health systems and global growth, concur on the economic rationale and investment case for fully financing the ACT-Accelerator, and mobilise political leadership and international support for global equitable allocation.”*

- **PS: Funding is still not going well, for the ACT Accelerator:**

See this quote from A Guterres: *“**\$3 billion contributed so far to ACT accelerator were "critical as a seed funding for the startup phase"**, says @antonioguterres . “But we **now need \$35 billion more to go from startup, to scale up and impact.**”*

- And via Reuters - [Guterres calls for 35 billion more for WHO Covid-19 programme](#)

*“**United Nations Secretary General Antonio Guterres called for \$35 billion more, including \$15 billion in the next three months**, for the World Health Organization’s “ACT-Accelerator” programme to support vaccines, treatments and diagnostics against COVID-19....”*

- **WHO Press release - [Coronavirus Global Response: Access to COVID-19 Tools-Accelerator Facilitation Council holds inaugural meeting](#)**

*“A total of US\$35 billion is still needed for the ACT-Accelerator to realise its goals of producing 2 billion vaccine doses, 245 million treatments and 500 million tests....”*

- **UN News sounds more optimistic - [Leaders pledge ‘quantum leap’ towards fully funding COVID-19 vaccines and treatments](#)**

*“**Global leaders, including more than 30 Heads of State and Ministers, have underlined their commitment** towards fast-tracking the development and production of COVID-19 tests, medicines and vaccines, that will be available for anyone, anywhere, who needs them. Following a virtual meeting on Thursday, **they pledged to advocate for the \$35 billion** still required for the Access to COVID-19 Tools (ACT) Accelerator, to realize the goal of producing two billion vaccine doses, 245 million treatments and 500 million tests. ...” See their [statement](#).*

## Devex - Here's what we know so far about the COVID-19 independent panel

<https://www.devex.com/news/here-s-what-we-know-so-far-about-the-covid-19-independent-panel-98026>

As a reminder. See also last week's IHP newsletter.

Excerpt: ***“What will be the scope of the review? It is still not clear what the scope and limitations of the review will be, but Clark said the panel will consider “a series of bold themes,” including questions of when and how the pandemic emerged and why the world was caught off guard despite years of warnings about a potential health crisis. The panel also intends to learn more about ongoing efforts to contain virus transmission, the pandemic’s impact on people’s health and health systems, the experience of those on the front lines, and collaboration. “... Clark also talked about the importance of communication and the issue of an “infodemic,” which has added to the challenges of responding to COVID-19. “We can ask, too, with the benefit of hindsight — which is always a wonderful thing — how WHO and national governments might have worked differently, knowing what we know now about the disease. Are there lessons to be learned in order not to repeat the experiences of this pandemic?” she said. The former prime minister, who also previously headed the United Nations Development Programme, said the panel will look for feedback from a broad range of stakeholders — not just WHO and member states, but also health experts, economists, social impact specialists, civil society, the private sector, and the larger public...”***

See also Reuters - [Pandemic review to ask “hard questions”, WHO files open, co-chairs say](#) .

First meeting on 17 September.

So hard questions won't be avoided.

## Geneva Health Files – newsletter issue 2

<https://genevahealthfiles.substack.com/p/who-reform-proposal-vaccine-prices>

We strongly recommend **subscribing to this newsletter**. You can do so here:

<https://genevahealthfiles.substack.com/subscribe>

This week with, among others, a key analysis story with a **close review of the French-German reform proposal for WHO**, currently under discussion and what it means for the governance of global health.

***“...The reform proposal led by Germany and France to strengthen WHO’s emergencies response and bolster global health security, could result in a balance of power tilting in favour of donor countries, diplomatic sources in Geneva say. Questions are being raised on whether the proposal truly seeks to empower WHO, or if it is also an attempt to fill the leadership vacuum caused by the retreat of the U.S. from the multilateral institution. ...” “The proposal, being perceived in some quarters, as a genuine effort to strengthen multilateralism in global health, may be focusing too much on global health security; and risks exclusion of countries who may not be able to contribute as much as wealthy countries by way of assessed contributions - a key suggestion by Germany and France....”***

*“The document refers to the COVID-19 response resolution and the commitments for the evaluation of the lessons-learned during this period. **“The lessons-learned process following this global health crisis will have to focus in particular on the strengthening of global health security structures including the WHO’s Emergency Programme (WHE) and potential updates to the International Health Regulations (IHR),”** it says. This seems to be central to the reform proposal...”*

## **Economist - The world needs a better World Health Organisation**

<https://www.economist.com/international/2020/09/12/the-world-needs-a-better-world-health-organisation>

*“The WHO has done well against covid-19. But it needs more muscle and more money.”* Nothing shocking in this helicopter view piece from the Economist, and much to agree with. With quotes from M Pillinger, among others.

PS: finally, a link: [Foreign Policy - Trump Administration Orders U.S. Diplomats to Curtail Contact With WHO](#) Cfr a tweet: *“Trump administration officials are realizing that the consequences of withdrawing from the World Health Organization are more widespread and serious than they first thought.”*

## **Covid-19 key news & updates**

With some global trends, key messages WHO, ... Access issues (vaccine, ...) are for the next section.

Looks like we’re heading for more than 1 million global deaths by 1 October. Number of (official) cases is now [nearing 29 million](#) (Cidrap, 10 Sep).

## **Cidrap News – WHO calls for bolstered public health**

<https://www.cidrap.umn.edu/news-perspective/2020/09/india-cases-surge-global-covid-19-total-tops-27-million>

(Sep 8)

*Excerpt: **“WHO calls for bolstered public health, begins review. Meanwhile, in other global developments, at a World Health Organization (WHO) briefing yesterday, Director-General Tedros Adhanom Ghebreyesus, PhD, warned that COVID-19 won't be the last pandemic and that a lesson from the current one is that countries need to be better prepared to handle inevitable future challenges. Though the medical field has made enormous advances, too many countries have neglected their public health systems, which are the foundation for battling infectious disease outbreaks, he said. Many countries have done well, because they have learned lessons from grappling with threats such as SARS, MERS, polio, measles, and Ebola....”***

*“In another development, he said a group appointed to review how well the International Health Regulations (IHR) functioned during the pandemic was slated to begin its work today. Tedros added that along with the review, the group will recommend any needed changes. The IHR review*

*is a regular part of WHO emergency responses. Depending on their progress, the group may present an interim report to the World Health Assembly (WHO) when it resumes its meeting in November. A final report is due by the WHA's 2021 meeting next May...."*

For Tedros' opening comments (8 Sept), see [WHO Director-General's opening remarks at the International Health Regulations Review Committee](#)

## **WEF – 7 countries we can all learn from to fight future pandemics, according to the WHO**

<https://www.weforum.org/platforms/covid-action-platform/articles/5-countries-we-can-all-learn-from-to-fight-future-pandemics-according-to-the-who>

WHO can't criticize countries, but it can highlight ones that are doing or have done well. Notably, here, **Thailand, Italy, Mongolia, Mauritius, Uruguay, Pakistan...**

*"There are many other countries who've done well, added Dr Tedros. **From Japan to New Zealand and Viet Nam**, many countries have fared better because of lessons learned during previous outbreaks of disease, such as SARS or Ebola...."*

## **NPR - India Moves Into 2nd Place For COVID-19 Cases**

<https://www.npr.org/sections/coronavirus-live-updates/2020/09/07/910401174/india-moves-into-2nd-place-for-covid-19-cases>

*"India's recorded coronavirus case total has surpassed that of Brazil, making India the second worst-affected country in the world after the United States. India overtook Brazil on Monday after registering 90,802 fresh cases — the **highest single-day increase any country has recorded so far during the pandemic**. India's total cases are now more than 4.2 million. The caseload is lower than that of the U.S. by about 2 million but India is where the virus is spreading at the fastest pace. For about a month, India has been recording the largest number of new cases of any country. **About 1,000 people are dying every day in India after testing positive for the coronavirus...."***

See also the Guardian - [India becomes country with second highest number of Covid cases.](#)

Link: Cidrap News - [Brazil's COVID-19 total tops 4 million.](#)

## **WP - Refugee camps have avoided the worst of the pandemic. That could be about to change.**

<https://www.washingtonpost.com/world/2020/09/01/refugee-camps-have-avoided-worst-pandemic-that-could-be-about-change/>

*"... **Nearly six months into the pandemic, advocates warn, the coronavirus has started to find new footholds in some camps, or in dangerous proximity, threatening some of the world's most vulnerable populations.**"*

## Cidrap – Africa's cases continue decline

<https://www.cidrap.umn.edu/news-perspective/2020/09/global-covid-19-surges-amid-push-more-support>

(10 Sep) *“In its latest weekly situation report, the WHO's African regional office said today that cases have declined 17% since the last reporting period, part of a 7-week drop in cases. Deaths over the past week declined by 14%. South Africa is still the region's main hot spot, with Ghana, Ethiopia, and Cameroon also among the most affected countries. The region reported 249 more healthcare worker infections....”*

## CNN \_ Deaths from Covid-19 are undercounted, WHO says

[CNN;](#)

*“The World Health Organization said it is clear: **Covid-19 deaths are likely undercounted at this time.**”* With quotes from **B Aylward & M van Kerkhove.**

## UN News - Distrust of public institutions, health inequities could push more countries into conflict, UN political affairs chief warns

<https://news.un.org/en/story/2020/09/1072022>

*“The erosion of trust in public institutions, unequal access to health care and tensions around delicate peace negotiations, are among the risks amplified by COVID-19, which if not mitigated, could push more countries into violence, the **UN political affairs chief told the Security Council on Wednesday.**”*

## UN News - ‘Essential lessons’ from HIV fight can help coronavirus response, says UNAIDS

<https://news.un.org/en/story/2020/09/1071962>

*“**Decades of global experience in tackling AIDS can help countries respond to the COVID-19 pandemic, a new UN report published on Wednesday has revealed.** The study by UNAIDS, the UN agency working to stamp out HIV and AIDS, outlines how the world can leverage and build resilient health systems that address both pandemics. ...”*

*“...**The report** is entitled [COVID-19 and HIV: 1 moment, 2 epidemics, 3 opportunities—how to seize the moment to learn, leverage and build a new way forward for everyone’s health and rights.](#) It reveals how key lessons learned in combating HIV can support accelerated action against COVID-19 without jeopardizing ongoing response to HIV and other health emergencies, thus providing a “unique opportunity” to reimagine systems for health, according to UNAIDS chief Winnie Byanyima. ...”*

## WHO, Africa CDC launch virus laboratories network

<https://www.aa.com.tr/en/africa/who-africa-cdc-launch-virus-laboratories-network/1969029>

*“The World Health Organization (WHO) and the Africa Centres for Disease Control and Prevention (CDC) on Thursday launched a network of laboratories to reinforce genome sequencing of the novel coronavirus in Africa. In a statement, WHO said 12 specialized and regional reference laboratories in the network will provide sequencing, data analysis, and technical support to the countries....”*

## Reuters - World must scale up clinical trials to address COVID-19, WHO says

<https://www.reuters.com/article/us-health-coronavirus-who-tedros/world-must-scale-up-clinical-trials-to-address-covid-19-who-idUSKBN2611WT>

*“The head of the World Health Organization urged countries on Thursday to contribute resources that can expedite products which may help stem the coronavirus pandemic. The WHO’s ACT-Accelerator programme already supports research into potential vaccines, drugs and diagnostics, WHO Director-General Tedros Adhanom Ghebreyesus told an online event. “But we need to rapidly scale up our clinical trials, manufacturing, licensing and regulation capacity so that these products can get to people and start saving lives,” he said....”*

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

After warnings from scientists, WHO, MSF Access and others on ‘rushed’ vaccines and enormous political pressure over the past few weeks, **Big Pharma** – of all instances – **pledged not to seek government approval without extensive safety and effectiveness data**. In other words, “stand with science”. 😊 Hurray. But that you probably already know by now.

Some ‘access to vaccine’ related reads from this week:

### Guardian - Political leaders are raising ‘false hopes’ about coronavirus vaccines

<https://www.theguardian.com/world/2020/sep/06/political-leaders-are-raising-false-hopes-about-coronavirus-vaccines>

*“Vaccines will not be a silver bullet to end the Covid-19 pandemic and leaders must avoid creating false hope, Jeremy Farrar has warned. Sir Jeremy Farrar, director of the Wellcome Trust, writes in today’s Observer that the first vaccines are likely to be only partially effective. Raising expectations and rushing new drugs into production risks damaging public trust in any vaccination programmes that eventually arrive, he said. Farrar, a member of the government’s Scientific Advisory Group for Emergencies (Sage), also takes aim at “vaccine nationalism”, saying supplies need to be allocated fairly rather than hoarded by richer nations....”*

See J Farrar’s op-ed - [Let’s get real. No vaccine will work as if by magic, returning us to ‘normal’](#)

*“...The “first” vaccine, or even the first generation of vaccines, will most likely not be perfect; we need to be pragmatic and transparent on that front. The reality is that with these vaccines, we will be taking small steps to return to a sense of normality.”*

### Telegraph - Speed of coronavirus vaccine race 'crazy' and unsafe, scientists warn

<https://www.telegraph.co.uk/global-health/science-and-disease/speed-coronavirus-vaccine-race-crazy-unsafe-scientists-warn/>

From last weekend. *“The more this moves into politics, the more it becomes a little crazy,' one leading expert says.”* *“Leading scientists across the world say rushing the development of a coronavirus vaccine to bring it to the public before the end of this year is unrealistic, unsafe, and even “crazy”.*

*“The World Health Organization [said on Friday](#) it does not expect to see a vaccine until mid-2021, and it is working with experts to define the criteria for declaring a vaccine successful. ... .. And if the speed of development and testing is unprecedented, the speed with which regulatory bodies and governments will have to assess the evidence for the vaccines is, too. ...”*

### National Post - Africa CDC urges all nations to join WHO's COVAX vaccine initiative

<https://nationalpost.com/pmnh/health-pmnh/africa-cdc-urges-all-nations-to-join-whos-covax-vaccine-initiative>

*“All nations should join hands in a global effort to procure and distribute potential vaccines against the coronavirus across the globe, **the head of Africa’s diseases control body** said [last week] on Thursday....”*

### BBC News - Africa to get 220 million Covid-19 vaccine doses

[BBC;](#)

*“The World Health Organization (WHO) has said that once a Covid-19 vaccine is approved, Africa will get at least 220 million initial doses. The first batch will **prioritise front-line healthcare workers and vulnerable groups**, according to the WHO Africa Program Area Manager Richard Mihigo. He said distribution will be based on the population of each country. **Mr Mihigo said all 54 countries had expressed interest in a Covid-19 vaccine.** Africa has a population of more than 1.3 billion people....”*

### Reuters - U.S., European COVID vaccine developers make pledge to uphold testing rigour

[Reuters;](#)

*“Nine leading U.S. and European vaccine developers pledged on Tuesday to uphold the scientific standards their experimental immunisations will be held against in the global race to contain the coronavirus pandemic....”*

See also Stat News - [Pharma drew a line in the sand over Covid-19 vaccine readiness — because someone had to](#)

*... The vaccine makers that are signing this pledge — Pfizer, Merck, AstraZeneca, Sanofi, GlaxoSmithKline, BioNTech, Johnson & Johnson, Moderna, and Novavax — are rushing to complete clinical trials. But only Pfizer has indicated it may have late-stage results in October, and that’s not a given. ... Yet any move by the FDA to greenlight a Covid-19 vaccine without late-stage results will be interpreted as an effort to boost Trump — and rightly so....”*

And this FT op-ed - [Vaccine speed must not trump safety](#)

By **Thomas Cueni**; “Manufacturers know Covid-19 jabs are the wrong arena for currying political favour.” Op-ed by the director-general of **the International Federation of Pharmaceutical Manufacturers**

*“To bolster public confidence, leading vaccine manufacturers are rallying to support regulators. The Covid-19 Vaccine Maker Pledge launched on Tuesday commits to only submit such vaccines for approval after demonstrating safety and efficiency through a Phase 3 clinical study....”*

### **HPW - Emergency Use Approval Is A “Temporary Solution,” Countries Should Wait For Large Clinical Trials To Finish To Roll Out A COVID-19 Vaccine En Masse**

<https://healthpolicy-watch.news/emergency-use-approval-is-a-temporary-solution-countries-should-wait-for-large-clinical-trials-to-finish-before-rolling-out-a-covid-19-vaccine-en-masse/>

*“Countries would be better off waiting until Phase 3 clinical trials, which test the safety and efficacy of an experimental vaccine in tens of thousands of people, are completed before rolling out the vaccine for wider use, World Health Organization Chief Scientist Soumya Swaminathan said on Monday. Although some countries, including China, Russia and the United States, have approved or are considering COVID-19 vaccine candidates for emergency use, Swaminathan underlined that **emergency use regulation is only a “temporary solution,”** and countries needed more data before deciding to roll out the vaccine to the public. “It is only a temporary solution, and the longer term solution is really completing those Phase 3 trials, which will provide the confidence for those vaccine candidates to be actually used in the millions of doses,” said Swaminathan....”*

### **Stat - AstraZeneca Covid-19 vaccine study put on hold due to suspected adverse reaction in participant in the U.K.**

<https://www.statnews.com/2020/09/08/astrazeneca-covid-19-vaccine-study-put-on-hold-due-to-suspected-adverse-reaction-in-participant-in-the-u-k/>

This was world news as well. *“A large, Phase 3 study testing a Covid-19 vaccine being developed by AstraZeneca and the University of Oxford at dozens of sites across the U.S. has been put on hold due to a suspected serious adverse reaction in a participant in the United Kingdom. A spokesperson for AstraZeneca, a frontrunner in the race for a Covid-19 vaccine, said in a statement that the company’s “standard review process triggered a pause to vaccination to allow review of safety data.”...”*

Predicted impact (via our colleagues from GHN): *“The pause in the trial of a front-runner vaccine candidate, developed with University of Oxford, is likely to slow the vaccine timeline, and potentially impact other clinical trials underway.”*

But it also shows that the process is going as should be, with enough safety concerns kept in mind, seems the mainstream consensus.

See also HPW - [AstraZeneca & Oxford University Suspend COVID-19 Vaccine Trial To Investigate Potential Severe Adverse Reaction](#)

And Nature News - [A leading coronavirus vaccine trial is on hold: scientists react](#) *“Scientists urge caution in global vaccine race as AstraZeneca reports ‘adverse event’ in a person who received the Oxford vaccine.”*

## UN News - UNICEF to lead global procurement, supply of COVID vaccines

<https://news.un.org/en/story/2020/09/1071662>

*“UNICEF, in collaboration with the [Revolving Fund of the Pan American Health Organization](#) (PAHO), will lead efforts to procure and supply doses of COVID-19 vaccines on behalf of the [COVAX Global Vaccines Facility](#) for 92 low- and lower middle-income countries whose vaccine purchases will be supported by the mechanism. In addition, UNICEF will also serve as procurement coordinator to support purchases by [80 higher-income economies](#), which have expressed their intent to participate in the COVAX Facility and would finance the vaccines from their own budgets, the UN agency said in a [news release](#) on Friday. UNICEF will undertake these efforts in close collaboration with the World Health Organization (WHO), Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI), PAHO, World Bank, the Bill and Melinda Gates Foundation, and other partners. ...”*

## Science (blog) - Coronavirus Vaccine Roundup, Early September

D Lowe; <https://blogs.sciencemag.org/pipeline/archives/2020/09/03/coronavirus-vaccine-roundup-early-september>

Too technical for me, this roundup of corona viruses in the pipeline. But just for this final paragraph perhaps:

*“Dang, that’s a lot of vaccine candidates. And as you can see, it’s a long-tail distribution – there are some big ones that everyone knows about, but a lot of people are bringing a lot of technologies to bear on the problem. This makes me think that **we’re going to have a multichapter story, in the end. There will be the first vaccines approved, then the second wave, then the improvements on those, until we have (with luck, hard work, skill, and lots of money) tossed this virus out of the human population and back to the bats, pangolins, or whoever had it in the first place. An excellent side effect is that vaccine technology will never be the same after this – it’s going to be like aircraft design before and after World War II, and for many of the same reasons. This whole pandemic has been awful, in many different ways, but we’re going to come out of it stronger and more capable than when we went in.**”*

See also Nature - [Evolution of the COVID-19 vaccine development landscape](#)

*“...The biggest change in the overall profile of COVID-19 vaccine developers (Fig. 2) since April has been the increasing engagement of large multinational companies. ...”*

## Reuters - Delivering super-cooled COVID-19 vaccine a daunting challenge for some countries

[Reuters](#):

See also last week's IHP News. *“Getting a coronavirus vaccine from manufacturing sites to some parts of the world with rural populations and unreliable electricity supply will be an immense challenge, given the need to store some vials at temperatures as low as minus 80 degrees Celsius (-112 Fahrenheit), Deutsche Post warned on Tuesday. The German logistics firm said that distribution of an eventual vaccine across large parts of Africa, South America and Asia would require extraordinary measures to keep deliveries of so-called mRNA vaccines refrigerated at Antarctic-level temperatures. Companies developing vaccines requiring exceptional cold storage, such as Moderna and CureVac, are working hard to make their injections last longer in transit. The novel class of mRNA vaccines is among the furthest advanced in a field of 33 immunisation shots currently being tested on humans globally, but they may need to be cooled at minus 80 degrees Celsius. ...”* *“But upgrading cold storage infrastructure in regions outside the 25 most advanced countries, home to one third of the global population, will pose an immense challenge, said Deutsche Post in its study, conducted with consultancy firm McKinsey. “*

See also the Telegraph - [Daunting task of distribution exposed as it emerges some vaccines must be 'deep frozen' at -70C](#)

And Stat Plus- [An uncharted situation for all of us': From shipping containers to security concerns, a Covid-19 vaccine supply chain takes shape](#) ; Gated, though.

## Lancet Comment- Legal agreements: barriers and enablers to global equitable COVID-19 vaccine access

A Phelan et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31873-0/fulltext#.X1cc6gA1xQo.twitter](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31873-0/fulltext#.X1cc6gA1xQo.twitter)

Must-read. With the following final paragraph:

*“Any international governance platform for COVID-19 vaccines, including the COVAX Facility or a new mechanism, will only succeed if there is global momentum and commitment to global equitable COVID-19 vaccine access, particularly from HICs. Yet many HICs are currently driving the proliferation of bilateral APAs [Advance Purchase Agreements], entrenching nationalism, and directing future vaccine distribution. In November, 2020, countries will meet for the second part of the pandemic segmented WHA. This meeting might be the last chance all countries have to adopt an international instrument and agree on a mechanism for COVID-19 vaccines before they become available. Any international COVID-19 vaccine allocation framework, even as a non-binding resolution, must establish governance principles, including accountability, transparency, and*

participation, and define decision makers, increase country commitments to financing and acceptable conduct, and set principles and a mechanism for equitable distribution within and, importantly, between countries. Such an agreement is necessary to protect human rights and ensure transparency, accountability, participation, and equity. **Finally, at the G20 in late November, 2020, HICs have a crucial opportunity to choose the world we will face if successful COVID-19 vaccines are developed: one where law is not a barrier but a tool for achieving global health equity with justice.**"

### **Economist - Tedros Adhanom on why vaccine nationalism harms efforts to halt the pandemic**

<https://www.economist.com/by-invitation/2020/09/08/tedros-adhanom-on-why-vaccine-nationalism-harms-efforts-to-halt-the-pandemic>

Good overview of his well-known plea by now, and his main arguments for it.

### **HPW - In COVID-19 Battle, Africa Needs To "Own" Its Public Health Space – Senior Africa CDC Official**

<https://healthpolicy-watch.news/covid-19-forces-a-new-public-health-order-in-africa/>

*"The pandemic has brought to the fore Africa's reliance on international support for its health sector – and it is also challenging the continent's ability to build up its resilience when donors fall through. "There is a new public health order that is coming because of COVID-19. COVID-19 has opened our eyes to resetting lots of activities, relationships, strategies and actions," Dr. Ahmed Ogwel Ouma, Africa Centres for Disease Control (CDC) Deputy Director, told Health Policy Watch, in an exclusive interview. "What we are doing with COVID-19 is exactly what we need to do for all the other disease conditions and across the whole of healthcare. "We will own our space – Africans thinking for Africa and delivering for fellow Africans. This is the new public health order that is coming and COVID-19 is a way of delivering that public health order." ..."*

### **BBC News - Covid vaccine: 8,000 jumbo jets needed to deliver doses globally, says IATA**

<https://www.bbc.com/news/business-54067499>

*"Shipping a coronavirus vaccine around the world will be the "largest transport challenge ever" according to the airline industry. The equivalent of 8,000 Boeing 747s will be needed, the International Air Transport Association (IATA) has said. There is no Covid-19 vaccine yet, but IATA is already working with airlines, airports, global health bodies and drug firms on a global airlift plan..."*

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

### Project Syndicate - The Unfinished Agenda of Financing Africa's COVID-19 Response

B Coulibaly, N Okonjo-Iweala et al ; [Project Syndicate](#);

This commentary is co-signed by the **African Union Special Envoys on COVID-19**.

**“The continent’s pandemic-response funding gap is likely to amount to some \$100 billion annually over the next three years. The international community – especially the G7, the G20, and multilateral development banks – must take bold, innovative, and expeditious action to close it.”**

Excerpt: *“... A welcome exception is the **G20’s Debt Service Suspension Initiative**. If fully implemented, the DSSI is supposed to provide more than \$12 billion in additional liquidity to the 76 least-developed countries in 2020, and an additional \$14 billion in 2021. **Yet, so far, the DSSI has fallen short of expectations, releasing only \$4 billion to participating countries...**” ... **But even if the DSSI is fully implemented, it will not be enough to close Africa’s pandemic-response funding gap, which is likely to amount to some \$100 billion annually over the next three years. To help cover the shortfall, multilateral lenders should step up. ... So far, the African Development Bank, the IMF, and the World Bank have disbursed about \$60 billion to Africa. But, in order to frontload support for developing economies over the next two years, they will need to expand their capital base significantly. That is why we are calling for a new replenishment round for the World Bank’s International Development Association, and additional resources for other multilateral development banks and the IMF. Moreover, the IMF should consider a new allocation of its reserve asset, Special Drawing Rights. ... But a new allocation will take time. In the interim, the G20 countries should make available the \$129.7 billion in unused SDRs they already hold, in the form of loans to developing and emerging economies. The IMF should be responsible for devising how to allocate these existing SDRs to vulnerable countries...**”*

### LSE (blog) - Development funds in Sub-Saharan Africa are being cut and reallocated—but locals’ needs must come first

<https://blogs.lse.ac.uk/covid19/2020/09/09/development-funds-in-sub-saharan-africa-are-being-cut-and-reallocated-but-locals-needs-must-come-first/>

**“Development financing in Sub-Saharan Africa has already fallen, and funds are now being reallocated to COVID-19 projects. Jessica Omukuti and Matt Barlow (University of York) say NGOs need to draw on local expertise before making cuts and changing programmes.”**

## Covid Science

### First COVID-19 Global Forecast: IHME Projects Three-Quarters of a Million Lives Could be Saved by January 1

<http://www.healthdata.org/news-release/first-covid-19-global-forecast-ihme-projects-three-quarters-million-lives-could-be>

From late last week, this forecast. See also [Newswire](#).

***“Deadly December” estimated with nearly 30,000 deaths each day as winter returns to the Northern Hemisphere.***

*“In the first global projections of the COVID-19 pandemic by nation, the Institute for Health Metrics and Evaluation (IHME) at the University of Washington's School of Medicine is predicting nearly 770,000 lives worldwide could be saved between now and January 1 through proven measures such as mask-wearing and social distancing. **Cumulative deaths expected by January 1 total 2.8 million, about 1.9 million more from now until the end of the year.** Daily deaths in December could reach as high as 30,000...”*

Rather controversial, though, these estimates, see NPR - [New Global Coronavirus Death Forecast Is Chilling — And Controversial](#) (with the views of Chris Murray, A Jha and K Chalkidou).

### Coverage FT – Coronavirus latest: Russia vaccine produces immune response, peer-reviewed study shows

<https://www.ft.com/content/3f5caff9-ccc9-3e75-9646-1c5f0224e8d5>

Also from late last week already. Coverage of the related Lancet study.

***“Early-stage trials of Russia’s controversial new coronavirus injection generated strong immune responses in 100 per cent of the participants without any “serious adverse effects”, according to the first peer-reviewed study of the vaccine. Scientists administered the vaccine in two studies this summer to 76 participants whose levels of antibodies were up to 1.5 times higher than those of recovering Covid-19 patients, showed a study published in UK medical journal The Lancet on Friday. Researchers from Moscow’s Gamaleya Institute, the state-run centre that developed the vaccine, found that the tests showed the vaccine “is safe and immunogenic in healthy adults” but said that “further investigation is needed of the effectiveness of this vaccine” to prevent Covid-19...”***

Was a bit (scientific) controversy around the study in the Lancet, though, I noticed this week (on Twitter). See Reuters - [Some scientists spot 'unlikely' patterns in Russia vaccine data: letter](#).

### Telegraph - Viral load: How much of the virus does it take to make us sick?

<https://www.telegraph.co.uk/global-health/science-and-disease/viral-load-much-virus-does-take-make-us-sick/>

*“Growing evidence suggests **the dose of the virus determines how ill we become**. It may also help explain why deaths no longer track cases.”*

### Cidrap News - Depression triples in US adults amid COVID-19 stressors

[Cidrap;](#)

*“COVID-19 has tripled the rate of depression in US adults in all demographic groups—especially in those with financial worries—and the rise is much higher than after previous major traumatic events, according to a **study published yesterday in JAMA Network Open**.”*

### Nature - Coronavirus reinfections: three questions scientists are asking

[https://www.nature.com/articles/d41586-020-02506-y?utm\\_source=twit\\_nnc&utm\\_medium=social&utm\\_campaign=naturenews&sf237555303=1](https://www.nature.com/articles/d41586-020-02506-y?utm_source=twit_nnc&utm_medium=social&utm_campaign=naturenews&sf237555303=1)

*“Second infections raise questions about long-term immunity to COVID-19 and the prospects for a vaccine.”*

### Guardian - Coronavirus: 60,000 may have 'long Covid' for more than three months – UK study

[Guardian;](#)

Focus on the UK here, but no doubt the picture is not very different in many other countries. *“Up to 60,000 people in the UK may have been suffering from “long Covid” for more than three months, unable to get the care they need to recover from prolonged and debilitating symptoms. Tim Spector, a professor of genetic epidemiology at King’s College London who runs the app-based **Covid symptom study**, said around 300,000 people had reported symptoms lasting for more than a month. A minority have been suffering for longer; up to 60,000 people have reported having symptoms for more than three months. ...”*

### Science News - Why COVID-19 is more deadly in people with obesity—even if they're young

<https://www.sciencemag.org/news/2020/09/why-covid-19-more-deadly-people-obesity-even-if-theyre-young>

*“‘The stickiest blood I’ve ever seen’ and other weight-related factors worsen the coronavirus disease.”*

### NYT - A New Theory Asks: Could a Mask Be a Crude ‘Vaccine’?

[NYT;](#)

*“Scientists float a provocative — and unproven — idea: that **masks expose the wearer to just enough of the virus to spark a protective immune response.**”*

And some more links:

- NYT - [How the Coronavirus Attacks the Brain](#)

*“It’s not just the lungs — **the pathogen may enter brain cells**, causing symptoms like delirium and confusion, scientists reported.”*

- Economist - [Some good news on covid-19](#)

“The virus seems to generate a robust and fairly long-lasting immune response.” Based on two recent studies.

- Economist - [The Southern hemisphere skipped flu season in 2020](#). Efforts to stop Covid-19 have had at least one welcome side-effect.

## Covid-19 Analysis

More Covid-19 analysis. See also the extra Miscellaneous section.

### European Journal of Cultural studies - Toxic White masculinity, post-truth politics and the COVID-19 infodemic

J Harsin; <https://journals.sagepub.com/doi/pdf/10.1177/1367549420944934>

*“This article demonstrates and critiques the coronavirus’ cultural agency, which thanks to this human assistance, worked in synergy with its biological form. **Looking at the virus as an ‘infodemic’ and a set of transnational political events, it argues that a conjuncturally specific form of toxic, especially white, masculinity is key to understanding the virus’s entwinement with contemporary post-truth or ‘emo-truth’ politics.** A conjunctural focus reveals why a certain form of aggressive (masculine and white), ruggedly individualist truth-telling, its false statements, its historical causes, and mortal effects could become so spectacularly impactful at a particular point in time, in particular places.”*

Fyi, on “**toxic masculinity’s emo-truth**”: *“**Emo-truth** is a particular form of aggressive masculine performance of trustworthiness, corresponding to a code for recognizing it, resulting in a legitimated status of the popular truth-teller, and at odds with more official scientific, institutional truth-tellers. Emo-truth thrives in an era that is also characterized by, if not post-trust, then at least generalized distrust...”*

## International Organisation - The Song Remains the Same: International Relations After COVID-19

D Drezner; <https://www.cambridge.org/core/journals/international-organization/article/song-remains-the-same-international-relations-after-covid19/C0FAED193AEBF0B09C5ECA551D174525>

*“Since the onset of COVID-19, there has been a surfeit of commentary arguing that 2020 will have transformative effects on world politics. This paper asks whether, decades from now, the pandemic will be viewed as an inflection point. Critical junctures occur when an event triggers a discontinuous shift in key variables or forces a rapid acceleration of preexisting trends. Pandemics have undeniably had this effect in the far past. A welter of economic and medical developments, however, have strongly muted the geopolitical impact of pandemics in recent centuries. A review of how the novel coronavirus has affected the distribution of power and interest in its first six months suggests that COVID-19 will not have transformative effects on world politics. Absent a profound ex post shift in hegemonic ideas, 2020 is unlikely to be an inflection point.”*

PS: I personally liked **the three caveats in the conclusion** the most.

## Lancet – Offline: The crisis of political language

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31904-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31904-8/fulltext)

Horton is “inspired” by **George Orwell**, this week, on how Putin, Trump & other Johnson’s “frame” the pandemic, vaccines, ...

Concluding: *“...The great enemy of clear language”, Orwell wrote, “is insincerity”. “Political language...is designed to make lies sound truthful and murder respectable.” COVID-19 is no exception. The present health and economic crises we face are compounded by a crisis of political language. Until our words are purged of duplicity, falsehood, and hypocrisy, the lessons of this pandemic will never be learned.”*

## Gender & Covid-19 - What do we know about women and COVID-19 in low- and middle-income countries from the peer-reviewed literature?

A Raj et al; <https://www.genderandcovid-19.org/research/what-do-we-know-about-women-and-covid-19-in-low-and-middle-income-countries-from-the-peer-reviewed-literature/>

Check it out.

## (Lancet) Pre-print paper - COVID-19 Futures: A Framework for Exploring Medium and Long-Term Impacts

J Bedford, J Farrar, D Sridhar, ... [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3678593](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3678593)

*“Considering the possible trajectories of the COVID-19 pandemic is important to inform both short- and long-term responses and to prepare for pandemics of the future. We describe a framework to*

*explore four possible futures of the COVID-19 pandemic over the next five years, examining how each could play out globally....”*

Interesting stuff, even if with quite some speculation.

### **Letter to the editor - Money down the drain: predatory publishing in the COVID-19 era**

D Vervoort et al; <https://link.springer.com/article/10.17269/s41997-020-00411-5>

More than worrying. *“Upon receiving multiple requests from predatory journals to publish manuscripts related to the coronavirus disease 2019 (COVID-19), we assessed the scope of exploitative practices these journals engaged in by soliciting and publishing COVID-19 articles and earning off of vulnerable authors in a time where novel and accurate information is highly needed....”*

### **FT (op-ed) - What the campaign to eradicate polio tells us about Covid-19**

D Pilling; <https://www.ft.com/content/3a926d22-8784-4146-9719-6a41d30a278b>

*“Africa’s recent success helps position the continent to tackle coronavirus.”*

*“...The labs, surveillance and track-and-trace systems that were built for polio — and Ebola and HIV — have stood the continent in decent stead to tackle coronavirus. **Africa is putting up a strong fight against Covid-19. That is in large part thanks to its public health battles of old.**”*

### **BMJ GH - Predicted COVID-19 fatality rates based on age, sex, comorbidities and health system capacity**

S Ghisolfi et al ; <https://gh.bmj.com/content/5/9/e003094>

*“Early reports suggest the fatality rate from COVID-19 varies greatly across countries, but non-random testing and incomplete vital registration systems render it impossible to directly estimate the infection fatality rate (IFR) in many low- and middle-income countries. To fill this gap, we estimate the adjustments required to extrapolate estimates of the IFR from high-income to lower-income regions. Accounting for differences in the distribution of age, sex and relevant comorbidities yields **substantial differences in the predicted IFR across 21 world regions, ranging from 0.11% in Western Sub-Saharan Africa to 1.07% for high-income Asia Pacific.** However, these predictions must be treated as **lower bounds in low- and middle-income countries** as they are grounded in fatality rates from countries with advanced health systems. To **adjust for health system capacity**, we incorporate regional differences in the relative odds of infection fatality from childhood respiratory syncytial virus. This adjustment greatly diminishes but does not entirely erase the demography-based advantage predicted in the lowest income settings, with **regional estimates of the predicted COVID-19 IFR ranging from 0.37% in Western Sub-Saharan Africa to 1.45% for Eastern Europe.**”*

## BJGP special issue - COVID-19 and international primary care systems: Rebuilding a stronger primary care

Luke Allen et al; <https://bjgpopen.org/content/early/2020/09/09/bjgpopen20X101130>

Editorial from a **new special issue on Covid-19 & PHC**. See [here](#).

*“In this BJGP Open collection, we examine how international primary care systems have performed in response to COVID-19. The past few months have seen rapid change and adaptation of primary care systems to meet unprecedented new challenges. The pandemic has also exposed critical weaknesses in systems all over the world.”*

This editorial gives an overview of the articles in the special issue.

## Covid resources

### The COVID-19 Sex-Disaggregated Data Tracker

<https://globalhealth5050.org/the-sex-gender-and-covid-19-project/>

*“The COVID-19 Sex-Disaggregated Data Tracker is the world’s largest database of sex-disaggregated data on COVID-19. It is produced by Global Health 50/50, the African Population and Health Research Center and the International Center for Research on Women. Together, we are investigating what roles sex and gender are playing in the outbreak, building the evidence base of what works to tackle gender disparities in health outcomes, and advocating for effective gender-responsive approaches to COVID-19....”*

## Covid impact on other global health programs & causes

### WHO - COVID-19 could reverse decades of progress toward eliminating preventable child deaths, agencies warn

<https://www.who.int/news-room/detail/09-09-2020-covid-19-could-reverse-decades-of-progress-toward-eliminating-preventable-child-deaths-agencies-warn>

*“ With the number of under-five deaths at an all-time recorded low of 5.2 million in 2019, disruptions in child and maternal health services due to the COVID-19 pandemic are putting millions of additional lives at stake. The number of global under-five deaths dropped to its lowest point on record in 2019 – down to 5.2 million from 12.5 million in 1990, [according to new mortality estimates](#) released by UNICEF, the World Health Organization (WHO), the Population Division of the United Nations Department of Economic and Social Affairs and the World Bank Group. Since then, however, surveys by UNICEF and WHO reveal that the COVID-19 pandemic has resulted in major disruptions to health services that threaten to undo decades of hard-won progress....”*

## Telegraph - Revealed: how junk food and alcohol brands turned Covid-19 into the world's largest marketing campaign

<https://www.telegraph.co.uk/global-health/science-and-disease/revealed-junk-food-alcohol-brands-turned-covid-19-worlds-largest/>

*“Major producers of unhealthy food and drink used the pandemic to promote their products at the expense of public health, the report claims.”*

*“A new [report](#) has exposed the sinister ways in which leading unhealthy food and drink brands have exploited the coronavirus crisis to further corporate interests at the expense of public health. Since the start of the pandemic hundreds of examples have emerged of ultra-processed food and drink companies trying to curry favour with consumers under the guise of philanthropic donations. Some transnational corporations have even used the crisis as a way to boost partnerships with governments and increase brand loyalty within desperate communities, the report claims. The paper, which was published by the **NCD Alliance and Spectrum** on Thursday, reveals how companies across the world employed various marketing stunts to champion unhealthy products as part of the solution to the ongoing public health emergency, despite their known role in exacerbating poor health outcomes....”*

## UN News - COVID-19 impact on treatment for chronic illness revealed

<https://news.un.org/en/story/2020/09/1071732>

*“The COVID-19 health crisis has caused massive disruption worldwide in diagnosing and treating people with deadly but preventable diseases, including more than one in two cancer patients, UN health experts said [last week] on Friday. In a call to Governments everywhere to take greater steps to tackle non-communicable diseases (NCDs), the World Health Organization (WHO) said that the pandemic has exposed the fact too little has been achieved, even though these illnesses account for seven in 10 deaths worldwide. WHO Director General Tedros Adhanom Ghebreyesus, said the coronavirus had “preyed on people” with NCDs, and that the risk factors they face “are increasing vulnerability to COVID-19, infection, and the likelihood of worse outcomes, including in younger people.” ...”*

See WHO (rapid review) - [Responding to non-communicable diseases during and beyond the COVID-19 pandemic: State of the evidence on COVID-19 and non-communicable diseases.](#)

*“NCDs and their risk factors are increasing susceptibility to COVID-19 infection and the likelihood of worse outcomes, including in younger people. This paper review emerging information (as of 2 July 2020) on the relationship between COVID-19 and NCDs. The document also summarizes the results of 2 WHO surveys that indicate that there have been severe disruptions to services for the prevention and treatment of NCDs.”*

## Impact on children

A link, via F2P blog - [What do 13,000 children in 46 countries have to tell us about living with COVID-19? Save the Children](#) introduces its latest research on the impact of the pandemic on children, and how they have responded.

See also the Telegraph - [Eight in ten children learned little or nothing during school closures while violence at home doubled, survey finds](#) “ Save the Children estimate that Covid has triggered the largest education emergency in history and is widening the gap between rich and poor.”

## Looking ahead to UNGA 75 (Sept 15-Oct 2)

### Lancet Editorial – Global collaboration for health: rhetoric versus reality

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31900-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31900-0/fulltext)

Rather gloomy “helicopter view” editorial, this week, looking ahead to UNGA (and other global trends).

Concluding: **“Global solidarity cannot be garnered through rhetoric alone. COVID-19 has brought into clear view that every person’s health is interconnected, and the UNGA is a platform with the power to reorientate global interests in such a way as to protect the health and lives of all people in every nation. The need for global cooperation has never been more visible or more crucial. Unfortunately, the UN has so far in 2020 not been able to transform rhetoric into reality. This should give pause for serious reflection. Global crises call for global responses, and we have yet to see them.”**

### UN News - Quiet corridors but a full programme at virtual UNGA75: five things you need to know

<https://news.un.org/en/story/2020/09/1071712>

**“The 75th UN General Assembly (UNGA) session, begins on 15 September and this year, due to the ongoing global pandemic, it will be unlike any other in the organization’s three quarters of a century of existence.”**

The **five issues**: presidents and heads of state calling in speeches; **celebrating 75 years**; **transforming the world through sustainable development**; **facing up to unprecedented loss of biodiversity**; **gender: 25 years after Beijing**.

See also UN Monitor - [COVID-19 Round-up on UN General Assembly High-level meetings](#)

**“ The 75th session of the UN General Assembly (GA) will open on 15 September and its first weeks will see a number of high-level meetings: the first annual “SDG Moment” launching the Decade of Action, the High-level meeting to commemorate the 75th Anniversary of the UN, the Biodiversity Summit, the High-level meeting on the 25th anniversary of the Fourth World Conference on Women (Beijing +25) and the High-level meeting to commemorate and promote the International Day for the Total Elimination of Nuclear Weapons....”**

## IPS - Re-inventing Multilateral Solidarity: Rhetoric, Reaction or Realignment of Power?

B Adams (Global Policy Watch); <http://www.ipsnews.net/2020/09/re-inventing-multilateral-solidarity-rhetoric-reaction-realignment-power/>

Nice viewpoint. “... **Multilateral solidarity** is gaining traction as the slogan for mobilizing support for international cooperation and for the UN. Is it replacing or merely renaming cross-border obligations, many of which have been enshrined over decades in UN treaties, conventions and agreements, and the principle of common but differentiated responsibility in their implementation? **Why do we seek another name at this time?** It seems that reaffirmation is less attractive than invention in this time of innovation, short term thinking and results measure measurement and messaging via social media and 280 characters. **How should it be reinvented?...**”

“... The 2030 Agenda for Sustainable Development made a valiant effort to connect the dots and the COVID-19 tragedy has **forced governments back into the driver's seat**, a role many had relinquished willingly or under pressure. Climate change and COVID-19 are not the only crises that have exposed the abdication of achieving substantive democratic multilateralism but have been of such dimensions that Member States have to step up and govern. Has the preference of many to partner rather than govern met a dead end? **Reinventing multilateral solidarity must start with bending the arc of governance back again – from viewing people as shareholders – to stakeholders – to rights holders....**”

“... **The UN should be the standard bearer at the global level, not a neutral convenor of public and private engagements....**”

## SRHR – 25 years after Beijing Women Conference

UN News - 25 years after Beijing's Women Conference, significance 'undimmed'

<https://news.un.org/en/story/2020/09/1071722>

“Exactly 25 years after the historic world conference in Beijing on the advancement and equality of women, the head of the UN gender empowerment agency declared [last week] on Friday that “its significance is undimmed”.”

**MS - Celebrating the Accomplishments of the Beijing Conference on Women's Rights 25 Years Later**

[MS.](#)

Neat overview of the Beijing conference 25 years ago, progress made, and the difficult current global situation & road ahead.

## The *Lancet* Small Vulnerable Newborn Series: science for a healthy start

P Ashorn, M Temmerman et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31906-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31906-1/fulltext)

*“... We, together with colleagues in a geographically and professionally diverse consortium of scientists, practitioners, policy makers, and other stakeholders, are **working on a new Lancet Series focused on the small vulnerable newborn**. Our purpose in developing this Series is to accelerate progress towards ending preventable stillbirths and neonatal mortality and reaching national and global targets for the reduction of neonatal and infant deaths. The planned Lancet Small Vulnerable Newborn Series aims to clarify the terminology, summarise knowledge on small vulnerable newborns, and provide a scientific basis for action and demand for national and global commitments to the provision of a healthy start to life for every baby....”*

## Emerging Voices for Global Health – update

EV newsletter – 6<sup>th</sup> issue

[http://www.ev4gh.net/wp-content/uploads/2020/09/EV-Newsletter\\_Issue6\\_July2020\\_Final.pdf](http://www.ev4gh.net/wp-content/uploads/2020/09/EV-Newsletter_Issue6_July2020_Final.pdf)

Check it out! With **updates on the upcoming EV 2020/21 venture, the network** and also a brand new **logo**.

Meanwhile, the **virtual EV 2020 programme started last week** (3 September). It will take two months, in the run-up to the (virtual) global HSR symposium. There’s a **new cohort of 30 new Emerging voices**.

## First progress Report on eliminating transfat: Countdown to 2023 – WHO report on Global Trans Fat elimination 2020

WHO - More than 3 billion people protected from harmful trans fat in their food

<https://www.who.int/news-room/detail/09-09-2020-more-than-3-billion-people-protected-from-harmful-trans-fat-in-their-food>

*“Two years into the World Health Organization’s (WHO) ambitious effort to eliminate industrially produced trans fats from the global food supply, **the Organization reports that 58 countries so far have introduced laws that will protect 3.2 billion people from the harmful substance by the end of 2021**. But **more than 100 countries still need to take actions to remove these harmful substances from their food supplies**. Consumption of industrially produced trans fats are estimated to cause around 500,000 deaths per year due to coronary heart disease.*

## Sepsis – First WHO’s global report

### UN News - Serious knowledge gaps must be bridged to battle deadly sepsis infections

<https://news.un.org/en/story/2020/09/1072002>

*“Efforts to tackle sepsis, which can damage multiple organs and result in death, are hampered by “serious gaps in knowledge”, particularly in low- and middle-income countries, according to a report launch on Wednesday by the World Health Organization (WHO). Citing “recent studies”, WHO revealed that **sepsis kills 11 million people each year, many of them children, and disables millions of others.** “The world must urgently step up efforts to improve data about sepsis so all countries can detect and treat this terrible condition in time,” WHO chief Tedros Adhanom Ghebreyesus said....”*

See also WHO - [WHO calls for global action on sepsis - cause of 1 in 5 deaths worldwide](#)

## Some other papers & reports of the week

### Lancet - Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study

A De Figueiredo, H Larsson et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31558-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31558-0/fulltext)

Via the **press release** :

#### **“Largest global vaccine confidence survey reveals hesitancy hotspots**

- *Vaccine confidence in Europe remains low compared to other regions and ranges from 19% (Lithuania) to 66% (Finland) of people in December 2019 strongly agreeing that vaccines are safe. There are **signs that public trust in vaccine safety is increasing in the EU**, particularly in Finland, France, Italy, and Ireland – as well as in the UK.*
- ***In contrast, in six countries globally significant increases were noted in the proportion of survey respondents strongly disagreeing vaccines are safe:** Azerbaijan (2% of those surveyed strongly disagreeing vaccines are safe in 2015 rising to 17% in 2019), Afghanistan (2%–3%), Indonesia (1%–3%), Nigeria (1%–2%), Pakistan (2%–4%), and Serbia (4%–7%)—**mirroring trends in political instability and religious extremism.***
- *With COVID-19 vaccine hope, authors say regularly assessing public attitudes and rapid response to declining confidence must be top priority to give the best chance to ensure uptake of new life-saving vaccines.*

***Public confidence in vaccines varies widely between countries and regions around the world, with signs that public trust may be improving in parts of Europe, whilst several countries experiencing political instability and religious extremism are seeing growing scepticism that vaccines are safe, and the spread of misinformation online is threatening vaccination programmes worldwide.***

*The new research mapping global trends in vaccine confidence across 149 countries between 2015*

and 2019, published in *The Lancet*, is based on data from over 284,000 adults (aged 18 years and older) surveyed about their views on whether vaccines are important, safe, and effective.

Coverage via FT - [Public trust in vaccines rises in most of Europe, study says](#)

Focus mostly on Europe, in this piece. But also: “*The project found large falls in vaccine confidence between 2015 and 2019 in the Philippines, Indonesia, Pakistan and South Korea....*”

For the related **Lancet Comment**, see [It is time to get serious about vaccine confidence](#)

Concluding: “...People worldwide now eagerly await a vaccine against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) to curb the COVID-19 pandemic and allow the return to normal social and economic activities. However, **without substantial global investment in active vaccine safety surveillance, continuous monitoring of public perceptions, and development of rapid and flexible communication strategies, there is a risk of SARS-CoV-2 vaccines never reaching their potential due to a continued inability to quickly and effectively respond to public vaccine safety concerns, real or otherwise.** With every crisis comes opportunity; it should not be ignored. **Global investment in vaccine safety and communication infrastructure is much needed.**”

## IJHPM - Health Taxes on Tobacco, Alcohol, Food and Drinks in Low- and Middle-Income Countries: A Scoping Review of Policy Content, Actors, Process and Context

L Elliott et al ; [https://www.ijhpm.com/article\\_3910.html](https://www.ijhpm.com/article_3910.html)

“*This scoping review analyses factors influencing the design and implementation of health-related fiscal measures in LMICs. Utilising Arksey and O’Malley’s scoping review methodology and Walt and Gilson’s policy triangle, we considered the contextual, procedural, content and stakeholder-related factors that influenced measures. ... Key factors enabling the design and implementation of measures included localised health and economic evidence, policy championing, inter-ministerial support, and global or regional momentum. Impeding factors encompassed negative framing and retaliation by industry, vested interests and governmental policy disjuncture. Aligning with theoretic insights from the policy triangle, findings consistently demonstrated that the interplay between factors – rather than the presence or absence of particular factors – has the most profound impact on policy implementation....*”

## IJHPM -Purveyors of the Commercial Determinants of Health Have No Place at Any Policy Table; Comment on “Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool”

R Labonté; [https://www.ijhpm.com/article\\_3907.html](https://www.ijhpm.com/article_3907.html)

“*With public health attention on the commercial determinants of health showing little sign of abatement, how to manage conflicts of interest (COI) in regulatory policy discussions with corporate actors responsible for these determinants is gaining critical traction. The contribution by Ralston et al explores how COI management has itself become a terrain of contestation in their analysis of*

*submissions on a draft World Health Organization (WHO) tool to manage COI conflicts in development of nutrition policy. The authors identify two camps in conflict with one another: a corporate side emphasizing their individual good intents and contributions, and a non-governmental organization (NGO) side maintaining inherent structural conflicts that require careful proscribing. The study concludes that the draft tool does a reasonable job in ensuring COI are avoided and policy development sheltered from corporate self-interests, introducing novel improvements in global governance for health. At the same time, **the tool appears to adhere to a belief that private economic (corporate) and public good (citizen) conflicts can indeed be managed. I question this assumption and posit that public health needs to be much bolder in its critique of the nature of power, influence, and self-interests that pervade and risk dominating our stakeholder models of global governance.***

Concluding quote: *“The authors’ final words in the article identify **“a pressing need for the development of a more detailed typology of COI that can be operationalised and applied in diverse policy contexts.”** There is little argument there. But I would append to this the **greater need for a differing conceptualization of COI** (one that clearly locates conflicts as inherent within capitalist market systems, however successfully their neoliberal excesses might become throttled) **and detailed policy playbooks that begin to address our (still existential) crises** of global wealth/power inequalities, climate change, environmental overshoot, and gross imbalances in the excessive consumption by some to the health-damaging under-consumption by others....”*

For another **new IJHPM** article, reacting to the same article, see [Tackling NCDs: The Need to Address Alcohol Industry Interference and Policy Incoherence Across Sectors; Comment on “Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool”](#) (by **B Townsend** et al)

## **BMJ Global Health - Global strategies and local implementation of health and health-related SDGs: lessons from consultation in countries across five regions**

S Siddiqi et al ; <https://gh.bmj.com/content/5/9/e002859>

*“Evidence on early achievements, challenges and opportunities would help low-income and middle-income countries (LMICs) accelerate implementation of **health and health-related sustainable development goals (HHSDGs)**. A series of country-specific and multicountry consultative meetings were conducted during 2018–2019 that involved 15 countries across five regions to determine the status of implementation of HHSDGs. Almost 120 representatives from health and non-health sectors participated. The assessment relied on a multidomain analytical framework drawing on existing public health policy frameworks. **During the first 5 years of the sustainable development goals (SDGs) era, participating LMICs from South and Central Asia, East Africa and Latin America demonstrated growing political commitment to HHSDGs, with augmentation of multisectoral institutional arrangements, strengthening of monitoring systems and engagement of development partners. On the other hand, there has been limited involvement of civic society representatives and academia, relatively few capacity development initiatives were in place, a well-crafted communication strategy was missing, and there is limited evidence of additional domestic financing for implementing HHSDGs. While the momentum towards universal health coverage is notable, explicit linkages with non-health SDGs and integrated multisectoral implementation strategies are lacking. The study offers messages to LMICs that would allow for a full decade of accelerated implementation of HHSDGs, and points to the need for more implementation research in each domain and for testing interventions that are likely to work before scale-up.**”*

## Ifri - Le grand basculement? La pandémie du Covid-19 : Enjeux et solutions ?

D Kerouedan ; [https://www.ifri.org/sites/default/files/atoms/files/ramses\\_2021\\_kerouedan.pdf](https://www.ifri.org/sites/default/files/atoms/files/ramses_2021_kerouedan.pdf)

(in French) *"The concept of "global health" originated in the 1980s and the impact of the AIDS pandemic. The failure of health systems national and international organizations that were expected to cooperate for the benefit of the Global health in the face of COVID-19 shows a three-fold drift:*

*a lack of political priority, choices based on internationally biased data, and the increasing subjugation of public health to private decision-making and interests."*

## Global Public Health - Analysing the global health agenda: A comparison of priority for diabetes and oral diseases

S Smith et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1814834>

*"... This inquiry explores a novel way of addressing the largely overlooked matter of how to comparatively assess the agenda status of health issues systematically, over time and in consideration of a global health context that lacks centralised authority. We draw upon a model from sociology which proposes that collective definitions of social problems and public attention evolve in multiple, interacting institutional arenas, each of which has the capacity to give robust attention to a limited number of issues. We systematically track status indicators for two significant global health issues, diabetes and oral diseases, in three arenas since 2000. Oral health's status declined while diabetes rose in international representation, international organisation and scientific research arenas during the past decade. This article sets out some preliminary contours of an analytical approach that holds promise for enhancing understanding of causal mechanisms and outcomes across a wider set of global health issues and agenda setting arenas.*

## Governance (special issue) (early view)-An agenda for the study of Public Administration in Developing Countries

A Berthelli et al ; <https://onlinelibrary.wiley.com/doi/10.1111/gove.12520>

*"Developing nations demand a different scholarly approach in the field of public administration. We advance an agenda for research that stands on four pillars. First, in the absence of easily accessible data scholars of developing world public administration must assemble it for themselves. Second, building and testing theory plays a paramount role because researchers face limited information. Third, in developing countries, multi-national and non-governmental organizations are often crucial and must be considered in studying public administration. Fourth, given the novelties and ambiguities researchers face, qualitative information must be integrated throughout the research process. Our article—and the articles in this volume—constitute a call for developing country research to contribute to the study of public administration writ large, informing our understanding of both developing and developed states."*

Check out also, among others, in this special issue:

- [\(Un\)principled principals, \(un\)principled agents: The differential effects of managerial civil service reforms on corruption in developing and OECD countries](#)

- [Information, power, and location: World Bank staff decentralization and aid project success](#)

## Some resources, blogs & other news updates of the week

### Jubilee Debt campaign – Debt data portal

<https://data.jubileedebt.org.uk/>

Launched on 24 August. Online resource bringing together an analysis of debt risks and key debt statistics by country.

### Michael Sandel: 'The populist backlash has been a revolt against the tyranny of merit'

[The Guardian](#);

On Michael Sandel's new book, "**The Tyranny of Merit.**" Must-read. *"The philosopher believes **the liberal left's pursuit of meritocracy has betrayed the working classes.** His new book argues for a politics centred on dignity."* See also this week's intro.

### Open Democracy - History gives us reason for hope that inequality can be beaten

<https://www.opendemocracy.net/en/transformation/history-gives-us-reason-hope-inequality-can-be-beaten/>

Ben Phillips with some key messages of his new book, [How to Fight Inequality: And Why That Fight Needs You](#)

*"In this book, international anti-inequality campaigner Ben Phillips shows why winning the debate is not enough: we have to win the fight. Drawing on his insider experience, and his personal exchanges with the real-life heroes of successful movements, he shows how the battle against inequality has been won before, and he shares a practical plan for defeating inequality again. He sets a route map for us to overcome deference, build our collective power, and create a new story...."*

A few quotes from the article:

*"The true lesson of changemakers is that fighting inequality requires us to be disruptive. ...*

*As well as the courage to be difficult, history also shows that **we need the strength that comes from collective organising.** ... .. Building power together like this is hard work. It's about methodology, not just philosophy. Jay Naidoo, who founded the trade union coalition in South Africa which helped bring down apartheid, once told me this: **"It was not about how brilliant our argument was – no one cedes power because of a great powerpoint. What matters is the balance of power between your side, the people's side, in the confrontation and negotiations with the other side, the side of***

*the elite.” “... .. As well as shifting power, history shows that **winning the fight against inequality involves shifting norms**, which means not just sharing lists of policies but also creating new stories, because the everyday phrases and images we develop are just as important as the think pieces we publish.”*

## Guardian Longread - How philanthropy benefits the super-rich

[https://www.theguardian.com/society/2020/sep/08/how-philanthropy-benefits-the-super-rich?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/society/2020/sep/08/how-philanthropy-benefits-the-super-rich?CMP=Share_iOSApp_Other)

Paul Valleley challenges “liberal” philanthropists to get (more) political.

Mainly for this excerpt:

*“... **very few concerned philanthropists think of financing research or advocacy to address why so many schools are poor or so many jobs are exploitative.** Such an approach, says David Callahan of *Inside Philanthropy*, is like “nurturing saplings while the forest is being cleared”. **By contrast, conservative philanthropists have, in the past two decades, operated at a different level. Their agenda has been to change public debate so that it is more accommodating of their neoliberal worldview**, which opposes the regulation of finance, improvements in the minimum wage, checks on polluting industries and the establishment of universal healthcare. They fund climate change-denying academics, support free-market thinktanks, strike alliances with conservative religious groups, create populist TV and radio stations, and set up “enterprise institutes” inside universities, which allows them, not the universities, to select the academics. **Research by Callahan reveals that more liberal-minded philanthropists have never understood the importance of cultivating ideas to influence key public policy debates in the way conservatives have.** Only a few top philanthropic foundations – such as Ford, Kellogg and George Soros’ Open Society Foundations – give grants to groups working to empower the poor and disadvantaged in such areas. Most philanthropists see them as too political. Many of the new generation of big givers come out of a highly entrepreneurial business world, and are disinclined to back groups that challenge how capitalism operates. They are reluctant to back groups lobbying to promote the empowerment of the disadvantaged people whom these same philanthropists declare they intend to assist. They tend not to fund initiatives to change tax and fiscal policies that are tilted in favour of the wealthy, or to strengthen regulatory oversight of the financial industry, or to change corporate culture to favour greater sharing of the fruits of prosperity. They rarely think of investing in the media, legal and academic networks of key opinion-formers in order to shift social and corporate culture and redress the influence of conservative philanthropy. **Rightwing philanthropists have, for more than two decades, understood the need to work for social and political change. Mainstream philanthropists now need to awaken to this reality.**”*

## HHR - A Virtual Roundtable with Special Rapporteurs on the Right to Health

<https://www.hhrjournal.org/2020/09/a-virtual-roundtable-with-special-rapporteurs-on-the-right-to-health/>

“Our latest Virtual Roundtable brings the **4 UN experts on #healthrights** together to discuss importance of mandate, its 18 year history & current challenges.”

## CGD (blog) - Measuring ODA: Four Strange Features of the New DAC Debt Relief Rules

E Ritchie; <https://www.cgdev.org/blog/measuring-oda-four-strange-features-new-dac-debt-relief-rules>

*“This blog briefly describes the OECD DAC's new rules for debt relief, and four features that may not satisfy critics of the new system.”*

## CGD – Gender Equity in Development Finance: How Are DFIs Doing?

N Lee et al; <https://www.cgdev.org/blog/gender-equity-development-finance-how-are-dfis-doing>

*“The Gender Equity in Development Finance survey examines two facets of DFIs: their (1) external policies and practices governing investments, advisory services, and other development finance programs; and (2) internal policies and practices with respect to DFIs’ own employees and administration.”*

## Project Syndicate - Stop Doing Business

J Ghosh; <https://www.project-syndicate.org/commentary/world-bank-should-scrap-doing-business-index-by-jayati-ghosh-2020-09?referral=f10b8c>

*“The World Bank should no longer publish its Doing Business index, owing to its flawed design and vulnerability to manipulation. The Bank also owes the developing world an apology for all the harm this misleading and problematic tool has already caused.”*

## Some tweets of the week

### Meg Davis

Re: CSO representation at the ACT-Accelerator Council: [https://apps.who.int/gb/COVID-19/pdf\\_files/03\\_09/ACT-Accelerator.pdf](https://apps.who.int/gb/COVID-19/pdf_files/03_09/ACT-Accelerator.pdf) (ppt now removed, it appears...)

*“Will this be empty tokenism? Or will ACT-A CSO reps be elected & supported to consult widely, funded to do the massive amount of data analysis, & given meaningful voting rights? Final list of invitees for the ACT-A Facilitation Council hosted by the WHO & European Commission. The meeting will take place on 10 Sept 2020. ... Who are the CSO and industry representatives?”*

### M Kavanagh

On the same:

*“Too little intentional design here—don’t include CS to tick a box (certainly what is conveyed by a chart where unnamed CS are “invitees”); include meaningfully b/c it makes the structures work for real people and increases transparency and outcomes.”*

## Global health events

As you can imagine, lots of upcoming events, webinars, ...

### Coming up: 15 Sept - Launch of the 2020 Global Action Plan for Healthy Lives and Well-being for All progress report

<https://www.who.int/news-room/events/detail/2020/09/15/default-calendar/launch-of-the-2020-global-action-plan-for-healthy-lives-and-well-being-for-all-progress-report>

*“The WHO Director-General Dr Tedros Adhanom Ghebreyesus, Principals of the signatory agencies; ministers and high-level representatives from several member states will be participating in a virtual launch of the first progress report of the Global Action Plan for Healthy Lives and Well-being for All (GAP), which was launched at the United Nations General Assembly in September 2019. The progress report covers the first 8 months of implementation since its launch and outlines progress made by partner agencies in moving from the key commitments made in the GAP – Engage, Accelerate, Align, Account – to action...”*

### Coming up (17 September) - Foreign Policy - A High Level Digital Summit: Women in Global Health Security

<https://foreignpolicy.com/events/women-in-global-health/>

*“Foreign Policy, in partnership with Women in Global Health and the Wagner Foundation, will host a high-level digital summit to coincide with the 2020 UN General Assembly to illuminate the need for gender-transformative policy within global health security...”*

### Upcoming GHSN webinar with Seye Abimbola & Sridhar Venkatapuram (23 Sept): Webinar 6 - The uses of knowledge in global health: lessons of Covid-19

*“Seye Abimbola (in conversation with Sridhar Venkatapuram) will discuss emerging lessons based on how the knowledge infrastructure of global health has responded to the Covid-19 pandemic. He will reflect on the role of academic journals, pre-prints, modelling, trials, scores and indexes, and their potential to facilitate or limit learning.”*

Registration: [here](#).

### (Upcoming) Webinar Sept. 24, 2020 - Labor-Tax-Financed Social Health Insurance: a wrong track for LMICs? A forthcoming webinar.

<https://p4h.world/en/news/labor-tax-financed-social-health-insurance-wrong-track-lmics-forthcoming-webinar>

*“In low- and low-middle-income countries, there is an increasing interest in initiating and expanding social health insurance through labor taxes. Yet, this vision goes against available empirical evidence. This session will build on recent recommendations by leading health financing experts against labor-tax financing of health care in LMICs. The audience will be invited to challenge them. Together, we*

will explore alternative approaches to health financing. **This webinar is organized in partnership with P4H and Emerging Voices. It is based on a paper recently published by Abdo Yazbeck et al. in Health Affairs....**"

"This session will be **the first of a new WHO webinar series focused on health financing and governance**. It will be introduced by Agnes Soucat and concluded by Joe Kutzin. The main presenter will be Abdo Yazbeck." Also with **Abubakar Kurfi** (EV 2013).

## Global governance of health

**Devex - Germany to push China, Gulf states on humanitarian assistance**

<https://www.devex.com/news/germany-to-push-china-gulf-states-on-humanitarian-assistance-98034>

*"Germany wants China and the Gulf states to shoulder more of the burden in tackling the world's humanitarian crises, according to a top government official. "In order to meet the ever-increasing humanitarian needs it is necessary to widen the donor base and to bring more non-traditional and also new donors into the [United Nations] coordinated humanitarian system," Niels Annen, minister of state at the German Federal Foreign Office, told members of the European Parliament's development committee on Thursday. To that end, Berlin is looking to the Gulf states and China in particular. "They have repeatedly voiced their readiness to shoulder global responsibility, and they do have the economic capacity to provide substantial humanitarian assistance," the minister said...."*

**Global development summit needs human rights focus, say 200 organizations around the world**

<https://rightsindevelopment.org/news/letter-finance-in-common-summit-human-rights/>

*"In a letter addressed to the French Development Agency, over 200 organizations around the world are calling for the principles of a human rights-based and community-led development to be included and prioritized both in the agenda and in the outcomes of the Finance in Common Summit, a high-level gathering of all Public Development Banks, which will take place in Paris on 9-12 November."*

**PS: "From November 9th to 12th, 2020, the French Development Agency will convene the first global summit of all Public Development Banks (PDBs). Gathering PDBs from around the world, it is aimed to provide a collective response to global challenges, reconciling short-term responses to the Covid-19 crisis with sustainable recovery measures, redirecting financial flows towards sustainable development objectives...."**

## Globalization & Health - The Pearl River Declaration: a timely call for enhancing health security through fostering a regional one health collaboration in the Asia-Pacific

N Alam et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00606-y>

*“The Second International Symposium on One Health Research (ISOHR) was held in Guangzhou city, China on 23–24 November 2019. A transdisciplinary collaborative approach, **One Health (OH)**, was the **central theme of the symposium** which brought together more than 260 experts, scholars and emerging researchers from human health, veterinary health, food safety, environmental health and related disciplines and sectors. ... .. **The Pearl River Declaration, emanated from the symposium, called for establishing a One Health Cooperation Network in the Southeast Asia–Pacific region with a vision to strengthen regional health security** through sharing each other’s knowledge and experience, and making investments in workforce development, scientific innovations such as vaccine research and development, sharing epidemic intelligence, risk identification, risk communication and appropriate response measures against emerging health threats.”*

A few months later, the whole world got to know Covid-19 😞.

## Devex - Top EU official offers clues on next programming cycle

<https://www.devex.com/news/top-eu-official-offers-clues-on-next-programming-cycle-98059>

*“The head of the European Commission’s development department wants to end the “artificial” separation between its priorities in aid-receiving countries, and says that doing “more on fewer things” may be the best way forward. The European Union will soon enter talks with governments around the world to decide which areas, such as health, education, and good governance, to work on for the 2021-2027 period. **Currently, each national and regional indicative program sets out three focal sectors for EU aid — down from what was once 10, Koen Doens, director-general at DEVCO, told a Devex Pro event Wednesday. “But still the three have shown to be sometimes ... a bit artificial,” he said. “They draw our mind away from the coherent packages where linkages are seen.”***

## UHC

### Health Economics review - Budgeting challenges on the path towards universal health coverage: the case of Benin

E Paul et al; <https://healtheconomicsreview.biomedcentral.com/articles/10.1186/s13561-020-00286-9>

« In its pursuance of universal health coverage (UHC), the government of Benin is piloting a project of mandatory social insurance for health entitled “ARCH”. »

« *The government of Benin faces important budgeting challenges when it comes to implementing the ARCH social insurance project: (i) the fiscal space is quite limited, there is a limited potential for*

*new taxes and these may not benefit the ARCH funding, hence the need to prioritise fiscal resources without jeopardising other areas; (ii) the **purchasing of health services should be more strategic** so as to increase allocative efficiency and equity; (iii) the **efficiency of the expenditure process needs to be improved, and more autonomy needs to be devoted to the operational level**, so as to ensure that health facilities are reimbursed in a timely fashion in order to meet insured people's health costs, in such a way as to avoid jeopardizing the financial equilibrium of these facilities."*

Conclusion : « *The important budgeting challenges faced by Benin when it comes to implementing its UHC policy are also faced by many other African countries. It is important to avoid a situation in which the resources dedicated by the government to the social health insurance system are at the expense of a reduction in the financing of preventive and promotional primary healthcare services. »*

### **Health Research Policy & Systems - A framework for explaining the role of values in health policy decision-making in Latin America: a critical interpretive synthesis**

C M Velez et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-020-00584-y>

*"Although values underpin the goals pursued in health systems, including how health systems benefit the population, it is often not clear how values are incorporated into policy decision-making about health systems. The challenge is to encompass social/citizen values, health system goals, and financial realities and to incorporate them into the policy-making process. This is a challenge for all health systems and of particular importance for Latin American (LA) countries. **Our objective was to understand how and under what conditions societal values inform decisions about health system financing in LA countries...."***

### **HP&P – Decision-making and health system strengthening: bringing time frames into perspective**

A B Alaoui et al ; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czaa086/5903058?redirectedFrom=fulltext>

*"... The starting point of this article is the **observation by the first author of the limitations of the building-blocks framework to structure decision-making as for strengthening of the Moroccan health system**. The **management of a health system is affected by different temporalities**, the recognition of which allows a more realistic analysis of the obstacles and successes of health system strengthening approaches. **Inspired by practice and enriched thanks a consultation of the literature, our analytical framework revolves around five dynamics: the services dynamic, the programming dynamic, the political dynamic, the reform dynamic and the capacity-building dynamic**. These five dynamics are **differentiated by their temporalities**, their profile, the role of their actors and the nature of their activities. The Moroccan experience suggests that it is possible to strengthen health systems by opening up the analysis of temporalities, which affects both decision-making processes and the dynamics of functioning of health systems.*

## Planetary health

**Guardian - Humans exploiting and destroying nature on unprecedented scale – report**

<https://www.theguardian.com/environment/2020/sep/10/humans-exploiting-and-destroying-nature-on-unprecedented-scale-report-aoe>

*“Animal populations have plunged an average of 68% since 1970, as humanity pushes the planet’s life support systems to the edge. Wildlife populations are in freefall around the world, driven by human overconsumption, population growth and intensive agriculture, according to a major new assessment of the abundance of life on Earth. **On average, global populations of mammals, birds, fish, amphibians and reptiles plunged by 68% between 1970 and 2016, according to the WWF and Zoological Society of London (ZSL)’s biennial Living Planet Report 2020.** Two years ago, the figure stood at 60%. The research is one of the most comprehensive assessments of global biodiversity available and was compiled by 134 experts from around the world....”*

## Infectious diseases & NTDs

**Project Syndicate - Winning the Fight Against Cholera**

F Benson; <https://www.project-syndicate.org/commentary/containing-and-eliminating-cholera-by-frew-benson-2020-09>

*« In recent years, the world has made considerable progress in the fight against cholera. But, with climate change, urbanization, and population growth creating an ideal breeding ground for the disease, stronger action is urgently needed to bring eradication within reach....”*

*“... for the last three years, the Global Task Force on Cholera Control – a partnership of over 50 organizations – has been working to eliminate cholera as a public health threat. As chair of the GTFCC, I proudly support our **global roadmap, which aims to eradicate the disease in 20 countries and achieve a 90% reduction in associated deaths by 2030, both by expanding the use of the oral cholera vaccine and by improving water, sanitation, and hygiene (WASH) services....”** But much more is needed.*

**Lancet Global Health - Certifying the interruption of wild poliovirus transmission in the WHO African region on the turbulent journey to a polio-free world**

The Africa Regional Commission for the Certification of Polio eradication;

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30382-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30382-X/fulltext)

*“On Aug 25 2020, the Africa Regional Commission for the Certification of Poliomyelitis Eradication declared that the WHO African region had interrupted transmission of all indigenous wild polioviruses. This declaration marks the African region as the fifth of the six WHO regions to celebrate this extraordinary achievement. Following the Yaoundé Declaration on Polio Eradication in Africa by heads of state and governments in 1996, Nelson Mandela launched the Kick Polio out of*

*Africa campaign. In this Health Policy paper, we describe the long and turbulent journey to the certification of the interruption of wild poliovirus transmission, focusing on 2016–20, lessons learned, and the strategies and analyses that convinced the Regional Commission that the African region is free of wild polioviruses. This certification of the WHO African region shows the feasibility of polio eradication in countries with chronic insecurity, inaccessible and hard-to-reach populations, and weak health systems. Challenges have been daunting and the sacrifices enormous—dozens of health workers and volunteers have lost their lives in the pursuit of a polio-free Africa.”*

## NCDs

### **BMJ Open - Critical review of multimorbidity outcome measures suitable for low-income and middle-income country settings: perspectives from the Global Alliance for Chronic Diseases (GACD) researchers**

J Hurst et al ( on behalf of the GACD Multi-Morbidity Working Group);

<https://bmjopen.bmj.com/content/10/9/e037079>

*“There is growing recognition around the importance of multimorbidity in low-income and middle-income country (LMIC) settings, and specifically the need for pragmatic intervention studies to reduce the risk of developing multimorbidity, and of mitigating the complications and progression of multimorbidity in LMICs. One of many challenges in completing such research has been the selection of appropriate outcomes measures. A 2018 Delphi exercise to develop a core-outcome set for multimorbidity research did not specifically address the challenges of multimorbidity in LMICs where the global burden is greatest, patterns of disease often differ and health systems are frequently fragmented. We, therefore, aimed to summarise and critically review outcome measures suitable for studies investigating mitigation of multimorbidity in LMIC settings.”*

### **Globalization & Health – The FCTC dilemma on heated tobacco products**

L Gruszynski et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00596-x>

*“In October 2018, the Conference of the Parties of the Framework Convention on Tobacco Control (FCTC or Convention) adopted its first decision on novel and emerging tobacco products, including heated tobacco products (HTPs). The decision remains ambiguous, e.g. by making a distinction between tobacco sticks and HTP devices. Against this background, the article seeks to answer two interrelated questions: whether and to what extent HTPs are covered by the FCTC, and whether regime provided by the Convention is suitable for their regulation....”*

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

### Health Affairs - Restrictions On US Global Health Assistance Reduce Key Health Services In Supported Countries

[Health Affairs](#);

*“The 2017 expanded Mexico City Policy prohibits non-US-based nongovernmental organizations from receiving US global health assistance if they either perform or refer for abortion services. **We study the effects of the expanded policy on implementing partners of US-funded HIV programming by the President’s Emergency Plan for AIDS Relief (PEPFAR) via a primary survey in all recipient countries and key-informant interviews in South Africa and the Kingdom of Eswatini (May–November 2018).** Survey results showed that 28 percent (56 of 198) of organizations reported stopping or reducing at least one service in response to the policy. Reported service reductions included reducing the delivery of information about sexual and reproductive health, pregnancy counseling, contraception provision, and HIV testing and counseling. Interview data highlighted how these reductions were often a result of decreased patient flows or implementation of the expanded policy beyond what is required. Reductions disproportionately harmed pregnant women, youth, and key populations such as sex workers and men who have sex with men....”*

### BMC Health Services - Factors influencing mothers’ health care seeking behaviour for their children: evidence from 31 countries in sub-Saharan Africa

S T Adedokun et al ; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05683-8>

“This study examined factors influencing mothers’ health seeking behaviour for their children in sub-Saharan Africa....”

### BMJ GH - Barriers to maternal health services during the Ebola outbreak in three West African countries: a literature review

P Yerger et al ; <https://gh.bmj.com/content/5/9/e002974>

“...We aimed to identify and describe barriers related to the uptake and provision of MHS during the 2014–2016 EVD outbreak in West Africa.”

### Global Public Health - Early sexual debut: A multi-country, sex-stratified analysis in sub-Saharan Africa

I Seff et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1814833>

*“This study examined outcomes associated with early sexual debut in five sub-Saharan African countries for males and females, separately. ... .. Early sexual debut was defined as having one’s first sexual intercourse before 15. ...”*

Some of the findings: *“The prevalence of early sexual debut ranged from 8.6% in Tanzania to 17.7% in Malawi. Males were more likely to report early sexual debut in Kenya (16.3%, compared to 6.7% for females;  $P < 0.001$ ) and Uganda (15%, compared to 10.4% for females;  $P = 0.037$ ). In Nigeria, 14.5% of females reported early sexual debut, compared to 5.4% of males ( $P < 0.001$ ). Early sexual debut was associated with only one outcome in the individual and family domains, and was most consistently associated with outcomes in the peer/partner domain. **Differences in these relationships for males and females suggest programs and policies working to reduce early sexual debut and promote healthy sexual relationships among young adolescents should thoughtfully consider framing messaging through a gendered lens.**”*

## Access to medicines

### IJHPM - Public Risk-Taking and Rewards During the COVID-19 Pandemic - A Case Study of Remdesivir in the Context of Global Health Equity

S Wimmer et al; [https://www.ijhpm.com/article\\_3909.html](https://www.ijhpm.com/article_3909.html)

*“**Public investment**, through both research grants and university funding, plays a crucial role in the research and development (R&D) of novel health technologies, including diagnostics, therapies, and vaccines, to address the coronavirus disease 2019 (COVID-19) pandemic. **Using the example of remdesivir, one of the most promising COVID-19 treatments, this paper traces back public contributions to different stages of the innovation process.** Applying the **Risk-Reward Nexus framework** to the R&D of remdesivir, we analyse the role of the public in risk-taking and reward and address inequities in the biomedical innovation system. We discuss the collective, cumulative and uncertain characteristics of innovation, highlighting the lack of transparency in the biomedical R&D system, the need for public investment in the innovation process, and the “time-lag” between risk-taking and reward. Despite the significant public transnational contributions to the R&D of remdesivir, the rewards are extracted by few actors and the return to the public in the form of equitable access and affordable pricing is limited. **Beyond the necessity to treat remdesivir as a global public good, we argue that biomedical innovation needs to be viewed in the broader concept of public value to prevent the same equity issues currently seen in the COVID-19 pandemic.** This requires the state to take a **market-shaping rather than market-fixing role**, thereby steering innovation, ensuring that patents do not hinder global equitable access and affordable pricing and safeguarding a global medicines supply.”*

### BMJ News - Covid-19: US should end Gilead’s monopoly on producing remdesivir, report says

<https://www.bmj.com/content/370/bmj.m3537>

*“**The US government should end the shortage of the antiviral drug remdesivir by eliminating Gilead’s monopoly, says a report from Public Citizen, a national non-profit organisation that represents consumers’ interests....**”*

## Human resources for health

### Human Resources for Global Health (chapter)

E Mogu & T Oni ; [https://link.springer.com/content/pdf/10.1007/978-3-030-05325-3\\_106-1.pdf](https://link.springer.com/content/pdf/10.1007/978-3-030-05325-3_106-1.pdf)

*“Human resources are key to global health. This chapter presents a critical examination of the input, output, and outcomes of global health endeavors and their implications for the creation of global health human resources. In so doing, we challenge the narrow conceptualization of who is considered a global health professional and the perceived “otherness” of global health practice. We encourage (this broader definition of) global health professionals to engage with global health as a discipline for developing the tools that will help them understand how activities at home influence health globally and vice versa. We present recommendations for strengthening the production, quality, distribution, and impact of global human resources for health. Finally, we present the case for health systems that include but are not limited to healthcare systems and include the non-health systems that determine the distribution of health outcomes and the implications for human resource production in global health.”*

### Global Health Action - The roles, responsibilities and perceptions of community health workers and ward-based primary health care outreach teams: a scoping review

E M Mholongo et al ; <https://www.tandfonline.com/doi/full/10.1080/16549716.2020.1806526>

*“Community health workers play important roles in rural primary health care settings. They work within ward-based primary health care outreach teams yet their roles are not always clearly defined and operationalized. There is thus a need to explore perceptions about the roles and responsibilities of community health workers.”* This article aims to investigate the roles, responsibilities and effectiveness of community health workers working within ward-based primary health care outreach teams.

## Miscellaneous

### Social Progress index 2020

<https://www.socialprogress.org/>

*“The 2020 Social Progress Index provides a comprehensive picture of the lived experience of more than 7 billion people across 163 countries over the past 10 years.”* Check out how your country is doing.

### Book – Randomized Control Trials in the Field of Development: a Critical perspective

[book](#);

Edited by F Bédécarrats et al. Explores neglected aspects of the use of randomized control trials, including practical, political, ethical issues.

### Devex - Opinion: Doing development democratically

A Thier; <https://www.devex.com/news/opinion-doing-development-democratically-97977>

Probably comes a few decades too late...

*“...foreign policy and development policy cannot be content with just “good governance” and transitory results. We need a far more robust approach to supporting democracy and countering authoritarianism through development cooperation. **We should be doing development democratically...**”*

### The Decolonizing the Academy Reading List

[http://democracyinafrica.org/decolonizing\\_the\\_academy/](http://democracyinafrica.org/decolonizing_the_academy/)

Cfr Duncan Green: *“Top resource for anyone reviewing their reading list: new Decolonizing the Academy reading list from @AfricaDemocracy – featuring only authors from Africa and covering a range of topics including democracy, decolonization, civil society...”*

### Systems - Developing a Preliminary Causal Loop Diagram for Understanding the Wicked Complexity of the COVID-19 Pandemic

O Sahin et al ; <https://www.mdpi.com/2079-8954/8/2/20>

*“COVID-19 is a wicked problem for policy makers internationally as the complexity of the pandemic transcends health, environment, social and economic boundaries. Many countries are focusing on two key responses, namely virus containment and financial measures, but fail to recognise other aspects. The systems approach, however, enables policy makers to design the most effective strategies and reduce the unintended consequences. To achieve fundamental change, it is imperative to firstly identify the “right” interventions (leverage points) and implement additional measures to reduce negative consequences. To do so, **a preliminary causal loop diagram of the COVID-19 pandemic was designed to explore its influence on socio-economic systems.** In order to transcend the “wait and see” approach, and create an adaptive and resilient system, **governments need to consider “deep” leverage points that can be realistically maintained over the long-term and cause a fundamental change, rather than focusing on “shallow” leverage points that are relatively easy to implement but do not result in significant systemic change.**”*

## Research

### Global Public Health - Appraising and addressing design and implementation failure in global health: A pragmatic framework

E A Eboreime, S Abimbola et al ;

<https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1814379>

*“There have been recent concerns about the failure of several global health interventions. Interventions are considered to have failed when they are unable to achieve the intended results. Failure may be linked to how the intervention was designed (design failure) or how it was implemented (implementation failure). Recently, substantial efforts have been employed to improve the outcomes of health interventions. These efforts have led to the development of several theories, models, and frameworks in implementation science to improve the quality of implementation, bridging the divide between evidence and practice. But significant gaps still exist. Whereas much work has been done to develop frameworks and approaches to improve implementation fidelity, not as much effort has been done to guide the adherence of interventions to program theory during the design of the programs. Further, there have been concerns about the applicability of these frameworks in the real-world. **This article uses examples to illustrate these gaps and further proposes a pragmatic framework to address identified gaps, thus aiding evidence-informed program design and implementation. The proposed Theory-Design-Implementation (TyDI) framework will support policymakers, program planners and implementers to address potential design and implementation failure, thus improving the fidelity of interventions.**”*