

# IHP news 589 : “A world in disorder”

( 18 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,

It's been a fairly dense week, with the start of **UNGA75** and the usual abundance of **new reports** in its slipstream (*almost as many as new Covid cases this week, duh* 😞). They all try to make sense of our **"World in Disorder"**, and hope to trigger (at last ?) transformative change towards a better world. (PS: the [Emerging Voices 2020 virtual programme](#) is also in full swing now, so intros will be a bit shorter these weeks. )

Today, **Friday 18th**, is also the **deadline for countries to join COVAX** – although I bet that if Americans were to vote for Joe in November (*and Joe then goes on to win the [post-election legal fight](#) as well, or God forbid, the ensuing civil war* 😞), they will still be able to join after this deadline. Meanwhile, it looks as if **Covid-19 will be for us with a long time**, vaccine or not, at least if we can believe David Nabarro, WHO special envoy on Covid-19. See his recent quote: *“[The world is still “at the beginning” of the COVID-19 pandemic and is “not even at the middle”](#)”*. Ahum. Against that not exactly enticing backdrop, I suggest WHO asap gets in touch with Christopher Nolan, to see whether some of his inverted time magic from **"Tenet"** could transport humanity all the way back to end of December 2019 (while now having the benefit of 8 months' "hindsight" 😊). Or perhaps “people from the future” could give us a hand with this wicked corona problem (and while they're at it, deal with climate breakdown and the [biodiversity crisis](#) as well)?

While waiting for them, I suggest we already implement **Fran Baum & Sharon Friel's** very sensible suggestions on a **"[social vaccine](#)"**. That is *“a metaphor designed to shift the dominant biomedical orientation of the health sector towards the underlying distal factors that cause disease and suffering”*. Such a vaccine would be applied to populations rather than individuals. It will also have to be **applied in multiple sectors that affect health, including education, employment, welfare and housing**. It comprises government and other institutional policies that aim to keep people well and mitigate the structural drivers of inequities in daily living conditions, which make people and communities vulnerable to disease and trauma. **The target of the social vaccine would be the conditions that underpin four basic requirements for global health and equity to flourish: a life with security; opportunities that are fair; a planet that is habitable and supports biodiversity; and governance that is just.”**

True, that doesn't sound much like **“capitalism as we know it”**. So the Emerging Voices (and their generation in general) know what to do 😊!

Enjoy your reading.

Kristof Decoster

# Featured Article

## Decolonising Global Health: Taking the IMBY\* approach

*Sara Van Belle & Clara Affun-Adegbulu (both ITM)*

Within the global health community, the need to decolonise global health is becoming increasingly clear, and indeed, the idea may soon become a “universally acknowledged truth” (which may, admittedly, take years to actualise).

When we talk about decolonising global health however, the focus is often on the Global South, representation (diversity and equality), practice and the (re)production of knowledge. Relatively little attention is given to the hierarchisation of humanity and the “othering”, which were/are bound to colonialism and [coloniality](#), as well as the implications of these for [racialised](#)\*\* peoples situated in the Global North

Yet these are important areas of consideration, particularly during pandemics, which history has shown can increase [othering](#) and the blaming and scapegoating of foreigners and “racialised” peoples as sources of disease. This was seen, for instance, with [SARS](#) in Toronto in 2003, [the recent Ebola outbreaks in the DRC](#), the ‘4H’ in the New York [AIDS](#) epidemic in the 1980s and even as long ago as 1904 during the [plague](#) outbreak in San Francisco.

This phenomenon was observed closer to home and more recently here in Belgium, when the second wave of the COVID-19 pandemic hit primarily poorer districts of Antwerp and then Brussels during the summer. Some politicians and experts, in response to questions about the cause of the rising incidence in these neighbourhoods, made vague and off the cuff comments referring to Belgians of “foreign origin” and certain distinct ‘cultural’ practices such as smoking shisha, living in intergenerational families, and being “too distant” from government actors. Such remarks, in addition to having no factual basis, are particularly unhelpful in a time of uncertainty when anti-immigrant sentiment is high, and more so in urban settings where the social fabric is already under severe strain. They can also increase fear, distrust and the distance between these communities and local government actors, and therefore, reduce the likelihood of success for efforts to mitigate or control the spread of the virus.

It is clear that ideas and frames play an important role during epidemics, both in defining the problems and the solutions. Yet, the potential havoc framing can cause, is often left unstated. In the Belgian case, there was an oversimplification of the problem into an “us” versus “them” frame in which the Other is not only seen as different from “us”, but also as trapped in time and [marked by a culturally defined 'essence'](#). This replaced more nuanced definitions of the problem which would have involved asking questions such as: why are these communities differentially exposed to COVID-19? What are the root causes of the disparities and inequalities associated with the disease? How can these can be addressed in the long-term, and more urgently, what can be done to promote collaborations between local government and community self-organisations, and ensure that public health information is framed in a community-sensitive way? The result so far has been an ‘out of step’ response which fails to recognise the superdiversity and hence vibrancy of our cities or the communities’ own leadership, and does not promote collaborative governance or co-produce “solutions”.

While we are relatively advanced in our efforts to topple statues of old white men at universities and elsewhere as part of our efforts to decolonise global health, we are still very much lagging behind when it comes to acknowledging the hierarchisation of humanity that shapes how public and global health are practiced, especially in our backyards. This is work that must be done, if we want to ensure that we can articulate and design a global health that reflects and serves all.

\* *In My Back Yard*

\*\*[Racialised](#) people are those as socially constructed as “different from the norm” and unequal in ways that matter to economic, political and social life, based on characteristics such as accent or manner of speech, name, clothing, diet, beliefs and practices, leisure preferences, places of origin and so forth.

## Highlights of the week

As already hinted at in the introduction, we start off this week with a number of important reports.

### 2nd Report of The Global Preparedness Monitoring Board (GPMB): A World in Disorder

[https://apps.who.int/gpmb/annual\\_report.html](https://apps.who.int/gpmb/annual_report.html)

*“On September 14th 2020, the GPMB released its second report titled, A World in Disorder. In this report, the GPMB provides a harsh assessment of the global COVID-19 response, warning that the world cannot afford to be unprepared again when the next pandemic hits. The Board called for five urgent actions to be taken to bring order out of the catastrophe and chaos currently facing the world: responsible leadership; engaged citizenship; strong and agile systems for health security; sustained investment; and robust global governance of preparedness.”*

Coverage via:

- Reuters - [Pandemic preparedness panel slams collective failure to heed warnings](#)

*“A collective failure by political leaders to heed warnings and prepare for an infectious disease pandemic has transformed “a world at risk” to a “world in disorder”, according to a report on international epidemic preparedness. .... The GPMB, co-convened by the World Bank and the World Health Organization (WHO), is co-chaired by former WHO director-general Gro Harlem Brundtland.”*

*““Financial and political investments in preparedness have been insufficient, and we are all paying the price,” said the report by The Global Preparedness Monitoring Board (GPMB). This year’s report - entitled “A World in Disorder” - said world leaders had never before “been so clearly forewarned of the dangers of a devastating pandemic”, and yet they had failed to take adequate action....”*

- The Guardian - [Just \\$5 per person a year could prevent future pandemic, says ex-WHO head](#)

*“Spending \$5 (£3.90) per person annually on global health security over the next five years could prevent a future “catastrophic” pandemic, according to a former head of the World Health Organization (WHO). It would cost the world billions of dollars, but that amount would be a huge*

*saving on the \$11tn response to Covid-19, said Gro Harlem Brundtland, who, with other prominent international experts, sounded the alarm over the threat of a fast-spreading deadly pandemic last September. The costs are based on estimates by McKinsey & Company, which found the average annual costs to prepare for pandemic over the next five years would be equivalent to \$4.70 per capita....”*

*“GMPB’s members, who also include Dr Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases in the US, Jeremy Farrar, director of the Wellcome Trust, and George Gao, director general of the Chinese Centre for Disease Control and Prevention, said **global health security could not continue to be funded by development assistance**. They **called for stronger support for international institutions, more responsive financial systems and for a UN summit on global health security to be convened** to agree a framework to prepare and respond to future health emergencies....”*

- UN News - [Countries must ‘get their hands dirty’ to stem COVID and prevent future pandemics](#)

*““We can no longer wring our hands and say something must be done”, said **Tedros Adhanom**, Director-General of the World Health Organization (WHO). **“It’s time for countries to get their hands dirty and build the public health systems** to ensure a pandemic of this magnitude and severity never happens again” ...”*

- Devex - [High-level body calls for new global health emergency framework, 'pandemic proof' future](#)

*“The Global Preparedness Monitoring Board, co-chaired by Norway’s former Prime Minister Gro Harlem Brundtland and former Secretary General of the International Federation of Red Cross and Red Crescent Societies Elhadj As Sy, **recommended that the heads of the United Nations, World Health Organization, and international financing institutions convene a U.N. Summit on Global Health Security** in a new report published on Sept. 14. **The aim for the summit is to agree on an international framework that not only incorporates but also expands on the International Health Regulations to include mechanisms on sustainable financing, research and development, social protection, equitable access, and accountability.** ... .. **The recommendation stems from the board’s review of the COVID-19 response, in which it found the U.N. has struggled to fulfill its leadership and coordination role amid the pandemic.** Political tensions have prevented it from playing a strong leadership role in the response, the U.N. Security Council struggled to agree on resolutions, and U.N. agencies have taken a “siloes approach” to address the different aspects of the pandemic.”*

*“... **One of the lessons from COVID-19 is the need to widen understanding of preparedness, and make the social and economic sectors also “pandemic proof,”** according to the report.”*

Finally, a tweet by Board Member I Kickbusch:

**“there can be no health security without social security”.**

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

<https://www.who.int/publications/i/item/9789240010277>

*“The 2020 progress report is the first progress report of the Global Action Plan for Healthy Lives and Well-being for All initiative and covers the first eight months of implementation since its launch at the UN General Assembly in September 2019. In the early implementation phase, the signatory agencies have moved from the four key commitments made in the GAP – Engage, Accelerate, Align, Account – to action, and are beginning to lay the groundwork for sustainable impact and demonstrate progress. Building on existing collaborations, the agencies are also committed to leveraging the GAP to fill gaps in and add value to existing global, regional and national coordination mechanisms in the response to the COVID-19 pandemic.”*

Excerpt from the Executive Summary: “... The GAP is ambitious in scope, scale, and the duration of the commitment required. It involves 12 diverse multilateral agencies from within and outside the UN system with varying mandates that collectively address around 50 health-related SDG targets. The timeframe for collaboration among the agencies is logically the same as for the SDGs themselves: through to 2030. There is no alternative to collaboration among multilateral organizations if the SDGs are to be reached and the GAP platform provides a key opportunity to optimize collaboration among the 12 signatories. While many previous initiatives in global health use funding as a lever for collaboration, the GAP is not accompanied by additional funding. Instead it promotes a cultural shift within the existing health architecture towards more purposeful and systematic collaboration among the 12 agencies and with countries. Cultural change is more challenging and takes longer but is ultimately more sustainable and provides value for money on existing resources. Since the GAP was launched a year ago, the signatory agencies have intentionally used an entrepreneurial “learning by doing” approach...”

## Gates 2020 Goalkeepers report

Bill & Melinda Gates; [Gates Foundation](#)

Bill & Melinda introduce this year’s Goalkeepers report like this: *“In past editions of the Goalkeepers Report—almost every time we have opened our mouths or put pen to paper, in fact—we have celebrated decades of historic progress in fighting poverty and disease. But we have to confront the current reality with candor: This progress has now stopped. In this report, we track 18 indicators included in the United Nations’ Sustainable Development Goals (SDGs). In recent years, the world has improved on every single one. This year, on the vast majority, we’ve regressed. And so this essay has two goals. First, we analyze the damage the pandemic has done and is still doing—to health, to economies, and to virtually everything else. Second, we argue for a collaborative response. There is no such thing as a national solution to a global crisis. All countries must work together to end the pandemic and begin rebuilding economies. The longer it takes us to realize that, the longer it will take (and the more it will cost) to get back on our feet...”*

Check out the report. Esp the modelling of two different vaccine distribution scenarios (see below).

Some great **coverage** of the Goalkeepers' report (and interviews with Bill and Melinda), among others in:

## **The Telegraph – How the pandemic set global development back '25 years in just 25 weeks'**

<https://www.telegraph.co.uk/global-health/climate-and-people/pandemic-set-global-development-back-25-years-just-25-weeks/>

*“Gates Foundation analysis reveals that **the Covid-19 fallout has wiped out decades of development progress.**”*

*“The pandemic has unleashed a cascade of “mutually exacerbating catastrophes” that will continue to pile up unless the world gets a firm grip on the coronavirus crisis, according to a stark analysis from the Gates Foundation. **In the fourth iteration of the Goalkeepers report, an annual publication that tracks progress around the Sustainable Development Goals (SDGs), the organisation paints a grim picture, warning that 25 years of development progress have been wiped out in just 25 weeks.** The 47-page analysis marks a **notable contrast to previous versions of the report, which were largely upbeat about progress in fighting poverty, inequality and disease around the world....**”*

*“... **The report argues that the worst impacts of the Covid pandemic will only be prevented through a collaborative global response. .... The bulk of the publication contains projections on how close the world will be towards meeting each SDG by 2030, based on modelling from the IHME.**”*

## **NYT - Gates Offers Grim Global Health Report, and Some Optimism**

<https://www.nytimes.com/2020/09/14/health/coronavirus-gates-foundation-health.html?referringSource=articleShare>

*“The Covid-19 pandemic has set back public health efforts by years. **But in an interview, the tech philanthropist expressed hope about new avenues for foreign aid.**”*

And on his **lobbying effort in Congress**: *“... he was referring to leading figures in the White House and Congress, whom he has personally lobbied to do “this”: namely, add an extra \$4 billion to the fiscal stimulus package now under debate in Congress so that poor countries can get Covid-19 vaccines. Ultimately his goal is far more ambitious: to double American foreign aid from less than 0.25 percent of gross domestic product to 0.5 percent or more. He sees the pandemic as an opportunity to do that....”*

*“... Nonetheless, Mr. Gates was optimistic that the lost ground would be recovered “in two to three years.” The pipelines of money from tourism, remittances, World Bank loans and other sources would begin flowing again as soon as the whole world was vaccinated, **ending the pandemic; he expected that to be accomplished by sometime in 2022.** ... ..Mr. Gates said he expected that by early next year, regardless of who wins the presidential election, the United States would come around to paying much of the estimated \$4 billion needed to get vaccines to all the world's poor.”*

## Guardian - Covid has magnified every existing inequality' – Melinda Gates

<https://www.theguardian.com/global-development/2020/sep/15/covid-has-magnified-every-existing-inequality-melinda-gates>

*“Pandemic could result in a ‘lost decade’ for developing countries says co-chair of Bill and Melinda Gates Foundation in stark report.”*

And on a key part of the report: *“Arguing for a fair distribution of any coronavirus vaccine, the report pointed to modelling by academics at Northeastern University, which suggested that if 50 wealthy countries bought up the first 2bn doses of a vaccine, rather than ensuring they are distributed proportionally to populations, almost twice as many people could die....”*

See also FT - [Bill & Melinda Gates: Vaccine fairness will make us all safer](#)

*“Our foundation asked modellers at Northeastern University’s Mobs Lab to consider two different scenarios. In one, approximately 50 high-income countries monopolise the first 2bn doses of vaccine. In the other, doses are distributed globally based on each country’s population, not its wealth. In the fairer scenario, a vaccine would have averted 61 per cent of the deaths through to September 1. In the less equitable scenario where rich nations hoard the vaccine, almost twice as many people die, and the disease continues to spread unchecked for four months in three quarters of the world. Unfortunately, based on many wealthy countries’ behaviour so far, the hoarding scenario currently seems more likely....”*

## Devex - How big is the SDG backslide? Gates Foundation presents new data

<https://www.devex.com/news/how-big-is-the-sdg-backslide-gates-foundation-presents-new-data-98076>

For this paragraph in particular:

*“While the Goalkeepers report is filled with charts of how the world is backsliding on nearly every SDG indicator the Gates Foundation measures, COVID-19 is likely to accelerate progress in one area: financial inclusion. “Faced with the urgent need to get cash to people quickly while helping them maintain social distance, more than 130 governments have created or improved digital cash transfer programs,” the report explains. As countries make these transactions easier for communities with high levels of poverty, it is critical they seize this moment to ensure that rising bank account ownership leads to meaningful financial inclusion, particularly for women, Voorhies said....”*

PS: *“... During the press call, Bill Gates applauded commitments by French President Emmanuel Macron, German President Angela Merkel, and British Prime Minister Boris Johnson, and said the ACT Accelerator will be close to the funding it needs for procurement “once the U.S. shows its interest.”*

# Lancet NCDI Poverty Commission report

<https://www.thelancet.com/commissions/NCDI-poverty>

*“Leading global health and development institutions continue to view non-communicable diseases (NCDs) predominantly through the lens of epidemiological transitions, wherein NCDs are best understood in terms of ageing, urbanisation, lifestyle choices, and affluence. This narrow framing is expressed through the so-called 5 x 5 model, favoured by WHO, of five diseases (cardiovascular disease, cancer, diabetes, chronic respiratory diseases, and mental ill-health) and five risk factors (tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol, and air pollution), and is enshrined in Sustainable Development Goals target 3.4 on reducing NCD mortality. The Lancet Commission on NCDs and injuries (NCDIs) among the poorest billion argues that the current global NCD agenda does not address the needs, perspectives, and rights of the world’s poor. NCDIs account for more than a third of the disease burden among the poorest billion and are attributable to a far more diverse set of conditions and risk factors than contained in the 5 x 5 model. The evidence and recommendations in this Commission report must prompt the expansion of the NCD agenda as a matter of justice and equity for the world’s poorest.”*

- Do check out also the Lancet Comments, eg [Reframing the NCD agenda: a matter of justice and equity](#) (by E Zuccula & R Horton)

Quote: *“The central argument of The Lancet NCDs and Injuries (NCDI) Poverty Commission is that although the existing concept of NCDs has achieved much, it has come at a cost to the world’s poorest and most marginalised populations.”*

- [Press Release](#) via [Global Health Strategies](#) - Forgotten diseases hit poorest billion hardest during pandemic:

*“A new Lancet Commission report shows for the first time that non-communicable diseases and injuries (NCDI) cause more death and disability at every age among the world’s poorest billion than in wealthy countries. These conditions account for over a third of the burden of disease among the poorest, including almost 800,000 deaths annually among those aged under 40. Formed by 23 global health experts, the Lancet NCDI Poverty Commission focuses on reversing the neglect of the world’s most marginalised people living with NCDIs. Many are young and developed NCDIs primarily due to factors beyond their control, such as **lack of access to health care**. To try to manage their NCDIs, **between 19 million and 50 million of the poorest billion spend a catastrophic amount of money each year in direct out-of-pocket costs on health care. ...”***

*“... Among the poorest billion, non-communicable diseases and injuries kill more people under age 40 than HIV, TB, and maternal deaths combined. Among the poorest billion, people with a diverse set of severe NCDs – such as type 1 diabetes, rheumatic and congenital heart disease, and pediatric cancers – live 20 fewer healthy years than in high-income countries. **Yet less than US\$100 million – or just 0.3% of development assistance for health – is allocated to NCDIs among countries comprising the poorest billion. ...”***

*“Yet 4.6 million lives could be saved by 2030, by steadily rolling out an evidence-backed set of affordable, cost-effective and equitable interventions. ...”*



## Ever more reports ...

### UN News - Protect lives, mitigate future shocks and recover better: UN-wide COVID-19 response

<https://news.un.org/en/story/2020/09/1072582>

*“Over the course of 2020 thus far, the coronavirus has taken hundreds of thousands of lives, infected millions of people, and wreaked socio-economic, humanitarian and human rights havoc, the **United Nations said in a new report** released on Wednesday. According to the September update of the **United Nations Comprehensive Response to Covid-19**, no country has been spared; no population left unscathed. Among other things, the **update outlines the steps needed to save lives, protect societies and recover better while pointing the way to addressing future shocks, above all from climate change, and overcoming the universal inequities...**”*

Check out the **3-point UN system response**: the health response, safeguarding lives and livelihoods, and a recovery process towards a better post-Covid world.

### Via Reliefweb- Looking back to look ahead: A rights-based approach to social protection in the post-COVID-19 economic recovery

<https://reliefweb.int/report/world/looking-back-look-ahead-rights-based-approach-social-protection-post-covid-19-economic>

On the new UN Independent expert on extreme poverty and human rights, **Olivier De Schutter**, 's **first annual report**. Cfr a tweet by himself: “today I release the **first annual report on the impact of COVID19 on people in poverty, scrutinizing the recent wave of social protection. I find that most measures are maladapted, short-term, reactive, and inattentive to the realities of people in poverty.**”

*“The **UN's independent expert on extreme poverty said in a report** published [today] that **while governments have adopted more than 1,400 social protection measures since the outbreak of COVID-19 they were largely insufficient, and warned the worst impacts on poverty were yet to come.**”*

*“The **social safety nets put into place are full of holes,**” said **Olivier De Schutter**, calling on world leaders at the UN General Assembly in New York to strengthen measures to help the poor. “These current measures are generally short-term, the funding is insufficient, and many people will inevitably fall between the cracks.” The economic downturn resulting from the pandemic is unprecedented in times of peace since the Great Depression, he said, adding **another 176 million people could fall into poverty when using a poverty baseline of 3.20 USD/day.** This is equivalent to an increase in the poverty rate of 2.3 percentage points compared to a no-COVID-19 scenario.*

***World Bank data covering 113 countries show that US\$589bn have been pledged for social protection, representing about 0.4 percent of the world's GDP. However, the expert's report says those initiatives will fail to prevent people falling into poverty. Many of the poorest people are excluded from the social protection schemes that are meant to support them...**”*

For the report, see [here](#).

## Georgetown Global Health Center Issues Pandemic Preparedness Report and COVID-19 Lessons

<https://gumc.georgetown.edu/news-release/georgetown-global-health-center-issues-pandemic-preparedness-report-and-covid-19-lessons/>

*“In a new report commissioned by the [Global Preparedness Monitoring Board](#) (GPMB), Georgetown global health experts say the success of any effort to redress pandemic preparedness failures demonstrated by COVID-19 requires a re-centering of governance that would include greater accountability, transparency, equity, participation and the rule of law. The report, “[Governance Preparedness: Initial Lessons from COVID-19](#),” was published today by the [Center for Global Health Science and Security](#) at Georgetown University Medical Center.”*

One of a number of background reports for the GPMB report.

## FT - Trinity Challenge aims to protect the world against future pandemics

<https://www.ft.com/content/3d965033-0755-4555-b8bd-0626279266f7>

*“Initiative will harness data and analytics to defeat the next Covid-19 before it gets going”*

*“A new partnership between universities, foundations and leading technology and health companies aims to protect the world from future pandemics, by harnessing the power of data and analytics. The Trinity Challenge, [to be] launched on Monday, is led by Sally Davies, who was chief medical officer for England until last October and is now master of Trinity College Cambridge. It includes a prize fund, worth £10m initially, to reward teams that come up with the best ways to identify and stop future disease outbreaks before they become pandemics — and to recover from health emergencies. But the main purpose of the project is to bring together organisations that would not normally work together on health issues. The 22 partners include Google, Microsoft and Facebook, GlaxoSmithKline and the Gates Foundation, Cambridge university and Imperial College London.*

*“The Trinity Challenge aims to develop ideas and tools for tackling the three stages of infectious disease emergencies. First is **identification** — building early-warning systems and developing new technologies to identify threatening pathogens before they cause great harm. As a preliminary step this might involve searching for viruses with the highest risk of spilling over from animals to humans and then building up a catalogue of their genetic signatures, for diagnostic use if an outbreak occurs. The second stage is **responding to the pandemic**, by targeting interventions such as drugs and vaccines as effectively as possible at minimal cost. Finally there is **recovery**. The project is looking for “inclusive and equitable” ways to strengthen the social and economic revival after health emergencies. A secretariat based in Cambridge and London will run the Trinity Challenge. ...”*

## World Bank - The Human Capital Index 2020 Update : Human Capital in the Time of COVID-19

<https://openknowledge.worldbank.org/handle/10986/34432>

***“The Human Capital Index (HCI) is an international metric that benchmarks key components of human capital across countries. Measuring the human capital that a child born today can expect to attain by her 18th birthday, the HCI highlights how current health and education outcomes shape the productivity of the next generation of workers. In this way, it underscores the importance for governments and societies of investing in the human capital of their citizens. The HCI was launched in 2018 as part of the Human Capital Project (HCP), a global effort to accelerate progress towards a world where all children can achieve their full potential.”***

No surprises, due to Covid-19, ***“Today, hard-won human capital gains in many countries are at risk.”***

Coverage via Devex - [World Bank warns of COVID-19 toll on human capital](#) (gated)

## **Reuters - Fear of more coronavirus-like pandemics as land rights 'under siege'**

[Reuters](#);

***“Governments’ failure to recognise the land rights of indigenous communities and their role in protecting biodiversity could lead to more coronavirus-like pandemics, researchers said on Tuesday. A study of more than 40 countries found many local people’s land claims were being ignored, amid increasing deforestation and wildlife exploitation, which may be contributing to a rise in diseases, like COVID-19, that pass from animals to humans. “Despite compelling evidence that indigenous peoples, local communities, and Afro-descendants protect most of the world’s remaining biodiversity, they are under siege from all sides,” said Andy White of the Rights and Resources Initiative (RRI)....”***

***“The study by the RRI - an alliance of more than 150 organisations advocating for community land rights - comes ahead of a United Nations pledge expected to be agreed in 2021 to set aside 30% of the planet’s land and sea for conservation by 2030. Despite local people managing and protecting 50% of the area studied - which included Brazil, India, China, Kenya, the Democratic Republic of Congo and Indonesia - governments recognised only half of community land claims, RRI said....”***

## **Women in Global Health (report) - COVID-19 Global Health Security Depends on Women: Rebalancing the unequal social contract for women**

<https://covid5050.org/report/>

***“On 17 September 2020 Women in Global Health [launched] a hard-hitting new report ‘COVID-19 Global Health Security Depends on Women: Rebalancing the unequal social contract for women’ to coincide with the Women in Global Health Security Summit. In March 2020 as the pandemic began to escalate globally Women in Global Health issued a Call to Action with ‘Five Asks for Global Health Security Now and in the Future.’ This report charts how the response to COVID-19 has been weakened by fundamental inequalities between women and men that can and must be rectified to ensure future global health security. Global health is not broken, it was built unequally. Our health will only be secure when women in health have a fair social contract based on decent work and equality in decision making. This is everybody’s business.”***

## UN News – COVID pushes millions more children deeper into poverty, new study finds

<https://news.un.org/en/story/2020/09/1072602>

*“The coronavirus pandemic has pushed an additional 150 million children into multidimensional poverty – deprived of education, health, housing, nutrition, sanitation or water – a new UN study has found. Globally, the number of children living in poverty soared to nearly 1.2 billion – a 15 per cent increase since the pandemic hit earlier this year, according to a technical note on impact of COVID-19 on child poverty, issued on Thursday by the UN Children’s Fund (UNICEF) and the NGO Save the Children. Although the analysis paints a dire picture already, UNICEF warns the situation will likely worsen in the months to come....”*

## UNGA75

Via [Devex](#): *“Under the [theme](#) of “The Future We Want, the United Nations We Need: Reaffirming Our Collective Commitment to Multilateralism,” UNGA this year is set against a pandemic that has the potential to turn the task of achieving the Sustainable Development Goals from very challenging to nearly impossible.”*

## HPW - WHO Issues Plea for US \$35 Billion To Fast-Track COVID-19 Vaccines As United Nations General Assembly Convenes Virtually

<https://healthpolicy-watch.news/whos-three-messages-for-the-un-general-assembly-as-unprecedented-virtual-session-opens-today/>

*“As the 75th United Nations General Assembly opened in an unprecedented virtual session on 15 September, WHO issued a plea to the world’s leaders for funding to fight the COVID-19 pandemic – saying that US\$ 35 billion is needed to fast-track development, procurement and distribution of 2 billion vaccine doses, treatments and tests over the coming year. The call by WHO came on the heels of a pre-session vote last week by the General Assembly on an “omnibus” bill pledging to advance multilateral cooperation in the quest for solutions to the global health crisis and reaffirming WHO’s leadership role. However WHO leaders stressed that countries need to put their money on the table to fulfill those commitments....”*

*“... The WHO framed the call for funds as part of a three-pronged message to the GA, (1) including a call to world leaders to support the ACT-Accelerator mechanism for pooling and more equitable distribution of COVID-19 medicines, tests and vaccines; (2) maintain the momentum on sustainable development goals, despite COVID threats, and (3) invest more in preparing for the next pandemic now.”*

See also WHO - [WHO’s three messages for UN75](#)

## Lancet COVID-19 Commission Statement on the occasion of the 75th session of the UN General Assembly

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31927-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31927-9/fulltext)

Very sensible and broad-ranging suggestions by the Lancet Covid-19 commission. *“The **Lancet COVID-19 Commission was launched on July 9, 2020**, to assist governments, civil society, and UN institutions in responding effectively to the COVID-19 pandemic. **The Commission aims to offer practical solutions to the four main global challenges posed by the pandemic:** suppressing the pandemic by means of pharmaceutical and non-pharmaceutical interventions; overcoming humanitarian emergencies, including poverty, hunger, and mental distress, caused by the pandemic; restructuring public and private finances in the wake of the pandemic; and rebuilding the world economy in an inclusive, resilient, and sustainable way that is aligned with the Sustainable Development Goals (SDGs) and the Paris Climate Agreement.”*

Check out the **10 priority actions** of the Commission.

### UN Foundation - UNGA75: key issues to watch

<https://unfoundation.org/blog/post/unga-75-key-issues-to-watch/>

As a reminder. See also last week's IHP newsletter. **Global cooperation for Covid19; reclaiming and revitalizing the SDGs; addressing the climate emergency; getting serious about tackling inequalities; looking forward: the UN at 75.**

### To be launched (virtually) today (18 Sept): Spotlight report 2020

Via <https://www.socialwatch.org/node/18534>

*“... The call to “build back better” has become a leitmotif of intergovernmental responses to the crisis. But does “building back” really lead to the urgently needed systemic change? What kind of policies, strategies and structural changes are necessary to ensure the primacy of human rights, gender justice and sustainability goals in all policy areas? **These questions are discussed in this year's report Spotlight on Sustainable Development 2020.** Its fundamental message is that the multiple crises can only be overcome if the massive power asymmetries within and between societies can be reduced...”*

### UN News - New General Assembly underscores ‘necessity of multilateralism’

<https://news.un.org/en/story/2020/09/1072432>

*“The **75th session of the UN General Assembly opened on Tuesday** with a moment of silence against the unprecedented backdrop of the COVID pandemic, as **the new president told delegates that the coronavirus had driven home the value of multilateralism “to address our collective challenges”.**”*

PS: SG Guterres even argued for a **“people’s multilateralism”**. He also pointed out, not for the first time: the **COVID-19 vaccine must be affordable and available to all.**

And some links:

IPS - [Will Trump Threaten to Pullout or De-fund the United Nations?](#)

## G20 meeting of health & finance ministers (17 Sept)

Ahead of the meeting:

### The Telegraph - Experts urge G20 ministers to back rhetoric with resources and fully fund pandemic preparedness

<https://www.telegraph.co.uk/global-health/science-and-disease/experts-urge-g20-ministers-back-rhetoric-resources-fully-fund/>

*“Leaked documents show this week's G20 statement commits to financing pandemic preparedness, but global health experts remain sceptical.”*

*“Promises to invest in pandemic preparedness to prevent a repeat of the current crisis are yet to be backed up with adequate resources, experts have warned, **ahead of a meeting of G20 health and finance ministers this week.** In a draft statement seen by The Telegraph and set to be published after a summit on Thursday, ministers concede that **“major gaps still exist in global pandemic preparedness and response”** and commit to closing them. **“We recognize the important link between investment in public health and economic resilience and growth,** both in countering the current crisis and in the long term,” **the draft communique** reads. **“We will work together to lay the foundation for targeted actions to help respond to the most immediate challenges posed by the Covid-19 pandemic and ensure that the world is better prepared to curb the impact of future health-related crises,”** it later adds. **The wording has been welcomed by commentators, who say it is the culmination of years of lobbying for governments to see health as a long-term investment, rather than an immediate cost.** But there are **concerns that action will fall short of the rhetoric** and that the cycle of short-term thinking that has dominated approaches to global health challenges - from antimicrobial resistance to pandemic preparedness - will continue....”*

See also G20 HDP - [Recommendations to G20 Health and Finance Ministers](#)

by the **G20 Health and Development Partnership.** *“...We respectfully request the G20 Heads of State and Government, Health and Finance Ministers to consider the **following 6 recommendations** in building a new resilient global health system that will significantly increase the world's ability to react to future health threats that no longer treats resourcing as emergency relief....”*

### HPW - Global Health Leaders Plea For Billions In Urgent Funding To Fight The Pandemic As G-20 Health & Finance Ministers Meet

<https://healthpolicy-watch.news/global-health-leaders-plea-for-covid-funding-as-g-20-health-and-finance-ministers-meet/>

On the meeting itself.

The G20 ministers remained tone deaf.

**“G-20 Finance Ministers Still Pass The Buck on COVID Finance – Suggesting “Voluntary Funds” and “Multilateral Development Bank” Initiatives:** The [G-20 Health and Finance Ministers’ statement](#), issued at the close of today’s virtual meeting, expressed strong support for the global pooling efforts, even noting them explicitly by name as the “Access to COVID-19 Tools Accelerator and its COVAX [vaccine pool] facility.” “We recognise the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing, and stopping transmission,” said the ministerial statement. **But the finance leaders of the world’s most powerful nations made no further commitments that their countries would cough up more funds directly, saying only that they supported “further voluntary contributions to relevant initiatives, organizations and financing platforms”.** The G-20 statement also appealed to multilateral development banks to “swiftly consider ways to strengthen the financial support for countries’ access to COVID-19 tools.” ...”

## Global Health Governance

### Foreign Policy - Document of the Week: U.S. Plan for World Health Organization Has Few Followers

#### [Foreign Policy](#)

No kidding.

*“The Trump administration still wants to tell the World Health Organization and its members how to run their affairs, even after it announced plans to withdraw from the agency in the midst of a pandemic, cutting hundreds of millions of dollars in U.S. funding. Earlier this month, senior U.S. officials distributed a plan to reform the United Nations health agency to WHO’s Director-General Tedros Adhanom Ghebreyesus and members of the G-7 industrial powers. We are posting a copy of the draft here as FP’s Document of the Week. ... American diplomats are struggling to get even U.S. allies to sign on. Germany and France, for instance, have told the Americans they support some of the reforms, particularly those that would strengthen the World Health Organization. But they have decided to pursue their own initiative at the health agency...”*

*“The draft—which provides a “roadmap” of proposed short-, medium-, and long-term reforms—includes an array of sensible proposals, such as establishing an additional early warning system to detect emerging threats and granting the WHO greater authority to conduct on-the-ground investigations into outbreaks. ... Germany and France, for instance, have told the Americans they support some of the reforms, particularly those that would strengthen the World Health Organization. But they have decided to pursue their own initiative at the health agency. **The United States, meanwhile, is committed to pursuing its enterprise and plans to seek support for the initiative at a special session of the health agency’s 34-member state Executive Board meeting from Oct. 5-6. ...”***

## NPR - Woodward Book Casts New Light On Trump's Fight With WHO

<https://www.npr.org/sections/goatsandsoda/2020/09/11/911968726/woodward-book-casts-new-light-on-trumps-fight-with-who>

Not that the global health world is really surprised, but Woodward's new book makes some things abundantly clear, nevertheless.

Excerpts:

*"**"This is deadly stuff," Trump told Woodward in a Feb. 7 conversation. "You just breathe the air and that's how it's passed. And so that's a very tricky one. That's a very delicate one. It's also more deadly than even your strenuous flu." ... For public health expert Jeremy Konyndyk, the conversations clearly demonstrate that the president has been scapegoating WHO for failures of his administration. "These tapes make clear that the very things that the president was accusing WHO of failing to share, specifically the lethality and the transmissibility of this virus, were things he was already well aware of,"** said Konyndyk, a senior policy fellow at the Center for Global Development who led the U.S. response to international disasters in the Obama administration..."*

*"... **The Woodward interviews underscore the fact that, despite Trump's assignment of blame, the U.S. did not rely on information from WHO or official Chinese sources to make decisions around its pandemic response,** said Jimmy Kolker, a former U.S. ambassador who served as assistant secretary for global affairs at the U.S. Department of Health and Human Services. "We had our own people on the ground in China, who were observing the situation in Wuhan and throughout [China]," he said, "We had plenty of information which should have given us grounds to take more dramatic action in the U.S. earlier."..."*

*"**Trump told Woodward in a subsequent interview in March that he was downplaying the virus's severity to avoid panic** — a point he reiterated at a news conference Thursday. "I don't want to jump up and down and start screaming, 'Death! Death!' " the president said. ... **The president blamed WHO for the way the pandemic has unfolded because it's a "soft target,"** Konyndyk said. "It's easier to attack [WHO] than to attack China [directly] — they can't really push back. They make for a convenient scapegoat for the president."..."*

## AP - EU wants better coordination on virus, announces summit

[AP](#);

*"European Commission President Ursula von der Leyen said Wednesday that the bloc must rise above its fragmented approach on dealing with the coronavirus by centralizing more decision-making on health issues. **She also told EU legislators that Italy will host a global health summit next year, during its G20 presidency..."***

See also Reuters - [EU to build biomedical agency, convene health summit, says Von der Leyen](#)

*"**The European Union will build its own agency for biomedical research and convene a global health summit in Italy next year in a bid to be better prepared for future pandemics,** European Commission President Ursula von der Leyen said on Wednesday. Von der Leyen said she would propose*



*reinforcing the European Medicines Agency and the European Centre for Disease Prevention and Control, as well as creating a European agency for biomedical advanced research and development.” A European BARDA, so to speak.*

**Blog - Will the Independent Panel for Pandemic Preparedness and Response restore the world’s trust in the fractured post COVID-19 global health system?**

<https://mukeshkapilablog.org/2020/09/17/will-the-independent-panel-for-pandemic-preparedness-and-response-restore-the-worlds-trust-in-the-fractured-post-covid-19-global-health-system/>

Mukesh Kapila assesses the [Independent Panel for Pandemic Preparedness and Response](#), which met for the first time on 17 September. As well as the tricky job ahead.

See also SCMP - [Coronavirus: investigation starts into what went right and wrong in Covid-19 response](#) With views from A Kamradt-Scott and others.

## Planetary Health

**Open Democracy - A Left populist strategy for post-COVID-19**

<https://www.opendemocracy.net/en/rethinking-populism/left-populist-strategy-post-covid-19/>

Must-read analysis by Chantal Mouffe. *“The purpose of a **Green Democratic Transformation** is the protection of society and its material conditions of existence in a way that empowers people.”*

Quote: *“**Faced with the danger of authoritarian solutions to the crisis, it is imperative that the left addresses this demand for protection. ... A left populist counter-hegemonic offensive against neoliberalism needs to be launched in the name of a ‘Green Democratic Transformation’, connecting the defence of the environment with the manifold democratic struggles against different forms of inequality. What is at stake is the construction of a collective will, a ‘people’ in which many struggles, not only of a socio-economic nature but also of feminists, antiracists, LGBTIQ+, will find a surface of inscription.**”*

PS: my sense is that the **three camps** she distinguishes (the two authoritarian ones, and the left populist one), are more or less equally strong. Don’t see that change soon, and so the Gramscian and power battle will be enormous in the decade ahead.

**Guardian - World fails to meet a single target to stop destruction of nature – UN report**

<https://www.theguardian.com/environment/2020/sep/15/every-global-target-to-stem-destruction-of-nature-by-2020-missed-un-report-aoe>

*“**Humanity at a crossroads’ after a decade in which all of the 2010 Aichi goals to protect wildlife and ecosystems have been missed.**”*

*“...The report is the third in a week to highlight the devastating state of the planet. ...”*

*“The world has failed to meet a single target to stem the destruction of wildlife and life-sustaining ecosystems in the last decade, according to a devastating new report from the UN on the state of nature. From tackling pollution to protecting coral reefs, the international community did not fully achieve any of the **20 Aichi biodiversity targets agreed in Japan in 2010** to slow the loss of the natural world. It is the second consecutive decade that governments have failed to meet targets. The **Global Biodiversity Outlook 5**, published **before a key UN summit on the issue later this month**, found that despite progress in some areas, natural habitats have continued to disappear, vast numbers of species remain threatened by extinction from human activities, and \$500bn (£388bn) of environmentally damaging government subsidies have not been eliminated...”*

And a more encouraging link:

Guardian - [Investors that manage US\\$47tn demand world’s biggest polluters back plan for net-zero emissions](#)

## Covid key news & updates – Close to 30 million cases

With some key messages from WHO, trends, ... For info on **access**, see the next section.

Current situation, via [Cidrap News](#) (Sep 17):

*“The global total today climbed to 29,664,114, and 937,111 people have died from their infections, according to the Johns Hopkins [online dashboard](#).”*

And **Cidrap News** (Sep 18) - [Global COVID-19 total closes in on 30 million](#)

Guardian - **WHO sees record daily rise in cases around world**

<https://www.theguardian.com/world/2020/sep/14/global-coronavirus-report-who-record-daily-rise-cases-world>

Unfortunately, records are still being broken. Last Sunday for example.

*“The World Health Organization reported a record one-day increase in global coronavirus cases on Sunday, with the total rising by 307,930 in 24 hours. The biggest increases were from **India, the United States and Brazil**, according to the agency’s website. Deaths rose by 5,537 to a total of 917,417....”*

By now, **India has become the second country, behind the United States, to pass 5 million cases. Oxygen supplies** have become a major issue in the country.

Meanwhile, **“the World Health Organization (WHO) [warned](#) Latin American countries not to reopen too fast. WHO regional director Carissa Etienne said on Wednesday that Latin America had started to resume normal social and public life at a time when the pandemic still required major control interventions.”**

## HPW - COVID-19's 'Slow Burn' – Africa's Low Death Rate Puzzles Researchers

<https://healthpolicy-watch.news/76831-2/>

**“Officially, Africa accounts for a mere 4% of the world’s cases and 3% of deaths, according to the latest statistics from the World Health Organization (WHO). In contrast, Africa represents some 17% of the world’s population. ... As encouraging, the rate of new infections has slowed in the continent’s worst affected countries, including South Africa and Egypt. But on a more sober note, the pandemic is gaining momentum in some countries, notably Congo Brazzaville, Burundi, Central African Republic, Mali, Angola, Cameroon and South Sudan....”**

See also the **Guardian** - ['Confounding': Covid may have already peaked in many African countries](#)

PS: On the 'Africa & Covid19' international coverage, see also the section 'Decolonize Global Health' (below).

## AP - UN assembly approves pandemic resolution; US, Israel object

<https://apnews.com/aa1069acfe0ced45f6baa2c3b82aa2e9>

**“The U.N. General Assembly overwhelmingly approved a wide-ranging [resolution](#) on tackling the coronavirus pandemic [last week on ] Friday over objections from the United States and Israel, which protested a successful last-minute Cuban amendment that strongly urged countries to oppose any unilateral economic, financial or trade sanctions. ... .. The resolution, which is not legally binding, is the third and most extensive adopted by the General Assembly.**

**“The nonbinding resolution—the body’s third related to COVID—calls for “intensified international cooperation and solidarity to contain, mitigate and overcome the pandemic and its consequences,” It also urges countries to adopt a “climate- and environment-responsive approach” in pandemic recovery efforts. ... .. The resolution urges U.N. member states “to enable all countries to have unhindered timely access to quality, safe, efficacious and affordable diagnosis, therapeutics, medicines and vaccines ... as well as equipment for the COVID-19 response.”**

**And it recognizes “the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing and stopping transmission in order to bring the pandemic to an end, once safe, quality, efficacious, effective, accessible and affordable vaccines are available.”...**

Tweet: **“Mexico, Peru and other member states expressing disappointment that the adopted UNGA omnibus #covid resolution does not recognize that any future vaccine should be a global public good.”**

## FT - Oxford and AstraZeneca resume coronavirus vaccine trial

<https://www.ft.com/content/588cebbc-cbae-45ba-8b9a-e8ad2760c0ed>

But chances are you know this already.

## HPW - Countries Should Prioritize Reopening Schools Over Allowing Leisure Gatherings, Says WHO

<https://healthpolicy-watch.news/countries-should-prioritize-reopening-schools-over-businesses-frequented-by-adults-says-who/>

*“Countries may be able to reopen schools safely if adults strictly observe masking and social distancing measures, and show restraint in leisure activities, said World Health Organization Health Emergencies Executive Director Mike Ryan....”*

PS: to support countries in every situation, UNESCO, UNICEF and WHO published updated guidance on school-related public health measures in the context of COVID-19.

See also the Telegraph - [Schools should only close as a 'last resort', WHO insists.](#)

## Reuters - WHO calls for 'rethink' of elderly care after COVID-19 losses

<https://www.reuters.com/article/un-rights-who/who-calls-for-rethink-of-elderly-care-after-covid-19-losses-idUSL8N2GB4SB>

*“The World Health Organization’s emergencies chief said on Monday that we need to fundamentally rethink our relationship with the elderly after huge losses to COVID-19 in nursing homes across the world “robbed us of a generation of wisdom”. In a speech about the human rights implications of the COVID-19 pandemic at the United Nations in Geneva, Dr. Mike Ryan urged countries to see elderly care as a “rights issue”. ... “We need to fundamentally rethink the relationship we have with older generations and the way in which we provide care for that generation,” said Ryan. “We need to see the needs of our older generation as a rights issue - the right to be cared for, the right to social contact,” he said....”*

## Telegraph - Scientists to examine possibility Covid leaked from lab as part of investigation into virus origins

<https://www.telegraph.co.uk/global-health/science-and-disease/scientists-examine-possibility-covid-leaked-lab-part-investigation/>

*“An international team of scientists will examine the possibility Sars-Cov-2 leaked from a laboratory as part of a comprehensive investigation into the origins of the virus. The team is being set up as part of the Lancet COVID-19 Commission, a body established in July to “offer practical solutions” to the pandemic and make recommendations on how the next one can be avoided or better defended against. The team looking at the origins of the virus will be led by Dr Peter Daszak, a British zoologist and leading authority on zoonotic spillover events. Dr Daszak said yesterday he*

*and his team would “systematically examine every theory” about the origin of the virus, carefully marshalling the scientific evidence for each....”*

Existing evidence points to a **natural zoonotic spillover event**, however. Still, crackpots from around the world will be pleased with the setup of this team.

And a link (via **Cidrap News & [CNN](#)**):

***“The world might not be able to start thinking of [returning to normal](#) until 2022, Soumya Swaminathan, MD, chief scientist for the World Health Organization said today at a United Nations Foundation briefing. She said it will take at least until 2022 for enough vaccinated people to build immunity to the virus.”***

## Covid access (to vaccines, medicines, ...)

As mentioned in the this week’s intro, today (Friday 18 September) is the deadline for countries to join COVAX.

Some reads & analyses from this week:

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

<https://www.reuters.com/article/us-health-coronavirus-vaccines-covax-exc/exclusive-vaccine-group-says-76-rich-countries-now-committed-to-covax-access-plan-idUSKBN25T39P>

*“Seventy-six wealthy nations are now committed to joining a global COVID-19 vaccine allocation plan co-led by the World Health Organization (WHO) that aims to help buy and fairly distribute the shots, the project’s co-lead said on Wednesday. ... .. “This is good news. It shows that the COVAX facility is open for business and is attracting the type of interest across the world we had hoped it would.”. **COVAX coordinators are in talks with China about whether it might also join**, Berkley said. “We had a discussion yesterday with the (Chinese) government. We don’t have any signed agreement with them yet,” but Beijing had given “a positive signal”. Chinese Foreign Ministry spokeswoman Hua Chunying told a briefing on Wednesday that China “supports COVAX and has been in communication with WHO and other parties” about it....”*

*“In what appeared to be a change of position on Wednesday, the European Union said its member states could buy potential COVID-19 vaccines through COVAX....”*

### **Project Syndicate – A Moment of Truth in the Pandemic**

Seth Berkley (GAVI), Richard Hatchett (CEPI) & Soumya Swaminathan (WHO); <https://www.project-syndicate.org/commentary/covax-vaccine-global-access-binding-commitments-by-seth-berkley-et-al-2020-09>

*“As the most ambitious pandemic-response initiative ever conceived, the COVID-19 Vaccine Global Access Facility is the best chance the world has to bring the pandemic to an end. But to succeed, **COVAX requires broad international buy-in**, based on the recognition that no one is safe until everyone is.”*

Seth et al frame COVAX, as the deadline of 18 September approaches. Among others, as a **global insurance policy**. They also lay out **what follows after 18 September**. *“After the sign-up deadline of September 18, the priority will be to complete the development and testing process to ensure that all forthcoming vaccines are both effective and safe. COVAX will need to put in place agreements with drug manufacturers, so that it can begin delivering vaccines at scale as soon as they are approved. And donor funds will be needed to subsidize the purchase of vaccines for low- and lower-middle-income countries....”*

### Covax Facility explainer

[https://www.gavi.org/sites/default/files/covid/covax/COVAX\\_Facility\\_Explainer.pdf](https://www.gavi.org/sites/default/files/covid/covax/COVAX_Facility_Explainer.pdf)

8 pages. New publication by GAVI.

### WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination

[https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE\\_Framework-Allocation\\_and\\_prioritization-2020.1-eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1)

(14 Sept) *“This Values Framework offers guidance globally on the allocation of COVID-19 vaccines between countries, and to offer guidance nationally on the prioritization of groups for vaccination within countries while supply is limited. The Framework is intended to be helpful to policy makers and expert advisors at the global, regional and national level as they make allocation and prioritization decisions about COVID-19 vaccines. **This document has been endorsed by the Strategic Advisory Group of Experts on Immunization (SAGE)**. The Framework articulates the overall goal of COVID-19 vaccine deployment, **provides six core principles that should guide distribution and twelve objectives that further specify the six principles** (Table 1). To provide recommendations for allocating vaccines between countries and prioritizing groups for vaccination within each country, **the Values Framework needs to be complemented with information about specific characteristics of available vaccine or vaccines, the benefit-risk assessment for different population groups, the amount and pace of vaccine supply, and the current state of the epidemiology, clinical management, and economic and social impact of the pandemic**. Hence, the final vaccination strategy will be defined by the characteristics of vaccine products as they become available...”*

### Guardian - The Covid-19 vaccine gamble: where bets have been placed and why

S Boseley; <https://www.theguardian.com/world/2020/sep/11/the-covid-19-vaccine-gamble-where-bets-have-been-placed-and-why>

*“Wealthy nations have ordered millions of doses of unproven candidates, but equal access is the key to beating virus.”*

Excerpts: “...The world’s biggest portfolio is held by Covax, which offers a lifeline to poorer countries that could not possibly afford to buy new vaccines for their populations. **For wealthy countries Covax is an “insurance policy”.**”

“...Gian Gandhi, who is Unicef’s Covax coordinator, said the only country likely to have anything close to the WHO initiative’s large portfolio of potential vaccines and related products was the US. “But what that means is that **any other country with a bilateral deal would likely still benefit from signing up to Covax because we don’t know which candidates will show efficacy, be licensed and be recommended for use,**” he said. “**As a result, the Covax facility could operate as a kind of backup ... a kind of insurance policy for the country should the vaccines they have backed not demonstrate efficacy.**” So far, 78 wealthy countries have signed up for the insurance policy, including the UK. The deal is that they put money into Covax, which goes to vaccine developers that sign up to supply the initiative. Wealthy countries still get to self-fund, as Gandhi puts it.

**Covax will enable developed nations to do a deal for a vaccine that works, if the ones they gambled on fail. But they will have to pay full price for it, unlike 92 low-income countries, which will be subsidised by Gavi, the global alliance for vaccines and immunisation. “**

## Access 2 Health care - Blog Solidarity or nationalism?

<https://www.access2healthcare.net/post/solidarity-or-nationalism>

Must-read blog by Mohga Kamal-Yanni.

Assessment of the **hoarding of vaccines by rich countries** (as compared to sticking to **WHO’s Equitable Allocation Framework**, which aims to vaccinate 20 % of people in all countries, prioritizing health workers, people older than 60 years old and those living with chronic diseases and conditions).

The blog includes **2 tables and diagram mapping** #COVID19 vaccines doses X 20% of country population & bilateral deals.

## The Telegraph – Rich nations have already bought more than half of world's vaccine doses, Oxfam finds

<https://www.telegraph.co.uk/global-health/science-and-disease/rich-nations-have-already-bought-half-worlds-vaccine-doses-oxfam/>

“A handful of wealthy nations have bought up more than half of the potential doses of the most promising Covid-19 vaccines, according to an Oxfam count. **Rich countries, including the UK, United States, Japan and Israel - representing around 13 per cent of the world's population - have bought 51 per cent of the future supply, or around 2.7 billion doses....”**

“**Oxfam is part of the People's Vaccine Alliance, a coalition calling for a jab that is based on shared knowledge and is freely available everywhere. Using data from Airfinity, it established the spread of vaccine deals based on information from the manufacturers of five of the leading candidates currently in the final stage of clinical trials.** Another four vaccines are at a similar stage but the manufacturers have not made their deals public. **The charity calculated that the developers have**

*the combined production capacity to make 5.94 billion doses of vaccine, or enough for 2.97 billion people, as most are likely to require two doses to provide sufficient protection against Covid-19 - if, of course, they work. Supply deals have been agreed for 5.3bn doses, Oxfam found, of which 2.7bn have been bought by developed countries. Almost 2.6bn doses have been earmarked for developing countries including India, Brazil and Indonesia. But the picture varies. For example, Moderna has sold all of its potential doses to richer countries, at up to \$35 a dose, while AstraZeneca has pledged two-thirds of its doses to developing countries, Oxfam says. ..."*

## Reuters - Japan commits \$165 million to WHO's global coronavirus vaccine programme

<https://uk.reuters.com/article/us-health-coronavirus-japan-covax/japan-commits-165-million-to-whos-global-coronavirus-vaccine-programme-idUKKBN2670AE>

*"Japan said on Tuesday it has committed 17.2 billion yen (\$165 million) in funds for its participation in the **World Health Organization's COVID-19 vaccine programme**. ... Japan has also pursued independent arrangements with global pharmaceutical companies to secure vaccines, with the government pledging to have enough supply for the whole population by the first half of 2021...."*

## Taiwan says plans to sign up for 'COVAX' vaccine allocation scheme

<https://www.reuters.com/article/healthcoronavirus-taiwan/taiwan-says-plans-to-sign-up-for-covax-vaccine-allocation-scheme-idUSL4N2G905O>

Yes, they weren't going to take the Chinese vaccines : )

## FT - Not enough Covid vaccine for all until 2024, says biggest producer

<https://www.ft.com/content/a832d5d7-4a7f-42cc-850d-8757f19c3b6b>

**"Serum Institute warns that companies are not increasing production capacity quickly enough."**

Excerpts:

*"The chief executive of the world's largest vaccine manufacturer has warned that not enough Covid-19 vaccines will be available for everyone in the world to be inoculated until the end of 2024 at the earliest. Adar Poonawalla, chief executive of the Serum Institute of India, told the Financial Times that pharmaceutical companies were not increasing production capacity quickly enough to vaccinate the global population in less time. "It's going to take four to five years until everyone gets the vaccine on this planet," said Mr Poonawalla, who estimated that if the Covid-19 shot is a two-dose vaccine — such as measles or rotavirus — the world will need 15bn doses. **Based in the western Indian city of Pune, the family-run Serum Institute has partnered with five international pharmaceutical firms, including AstraZeneca and Novavax, to develop a Covid-19 vaccine and committed to produce 1bn doses, of which it has pledged half to India. The company may also partner with Russia's Gamaleya Research Institute to manufacture the Sputnik vaccine.***

*"Assuming there are two or more vaccines that are at least 75 per cent protective against infection, three-quarters of the world's population could be vaccinated by mid-2023 ... To increase*



capacity to meet his 1bn dose target, Mr Poonawalla said he was **talking to investors such as Saudi Arabia's Public Investment Fund, Abu Dhabi investment holding company ADQ and US private equity firm TPG about raising \$600m.** PIF and TPG declined to comment. ADQ could not be reached...."

## WSJ - Developing Countries Push to Limit Patent Protections for Covid-19 Vaccines

<https://www.wsj.com/articles/developing-countries-push-to-limit-patent-protections-for-covid-vaccines-11600355170>

**"A group of developing countries, backed by United Nations agencies and activist groups, is pushing to limit patent protections for Covid-19 vaccines being tested by some of the world's biggest pharmaceutical companies so that inexpensive copies can be produced for poorer nations. South Africa, Ghana, Senegal, Pakistan and others argue they won't be able to afford to protect their people without lower-cost, generic alternatives to the vaccines now being tested by companies such as Pfizer Inc., AstraZeneca PLC and Moderna Inc...."**

## NYT - From Asia to Africa, China Promotes Its Vaccines to Win Friends

<https://www.nytimes.com/2020/09/11/business/china-vaccine-diplomacy.html?action=click&module=Top%20Stories&pgtype=Homepage>

Good overview of China's vaccine diplomacy (and what it might expect in return). *"With pledges of a coronavirus vaccine, China is on a charm offensive to repair strained diplomatic ties and bolster engagement with other countries."*

## Telegraph - Why China could be poised to win the race for a coronavirus vaccine

<https://www.telegraph.co.uk/global-health/science-and-disease/china-could-poised-win-race-coronavirus-vaccine/>

**"Experts wonder whether nation's strategy of focusing on 'old school' vaccine technologies may lead it to a breakthrough."**

**"Scientists are now, perhaps for the first time, seriously considering whether China might be first to develop an effective vaccine (see graphic below). ... .. Diplomats, meanwhile, are turning their attention to what that might mean for geopolitics in the difficult winter months ahead. It could make the flare-ups over China's exports of face masks and ventilators during the early stages of the pandemic look like minor spats. ... .. Critics point out that such largesse will undoubtedly come with strings, explicit or otherwise. Remaining silent about Beijing's territorial claims in the South China Sea and its treatment of its minority ethnic and religious groups are almost certainly a prerequisite."**

**"Dr Paul Offit added that if China or Russia are first to license a jab, political pressure may mount on regulators elsewhere to push through early approval. ... .. "But not all the cards are stacked in China's favour. ... Quite apart from political suspicion, China, like others, has been rocked by vaccine safety scandals in the past, and its regulatory system is opaque and may not inspire confidence. "I**

*think scientists and the public don't trust China, just like they don't trust Russia," said Dr Offit. "They don't trust the vaccine data, just like they still don't trust the [coronavirus] case and death numbers." ...." **There are serious logistical issues, too...."***

### **Vox - China has quietly vaccinated more than 100,000 people for Covid-19 before completing safety trials**

<https://www.vox.com/2020/9/11/21431416/coronavirus-vaccine-china-sinopharm-sinovac-emergency-authorization>

**"Public health experts warn that the wide-reaching emergency use program poses risks."**

*"China has taken a shortcut in the global sprint to develop and deliver vaccines for the novel coronavirus. Sinopharm, the state-owned company developing two of China's leading vaccine candidates, told China National Radio on Monday that it has already vaccinated hundreds of thousands of Chinese citizens — even though the company's phase 3 clinical trials have not yet concluded..."*

### **Guardian - Global report: China expects vaccine as soon as November**

<https://www.theguardian.com/world/2020/sep/15/global-report-covid-cases-near-30m-as-chinese-health-official-expects-vaccine-as-soon-as-november>

*"As global coronavirus cases neared 30 million on Tuesday, a senior health official in China said she expected a vaccine to be publicly available as early as November this year. .... Meanwhile Wu Guizhen, head of biosafety at the Chinese Center for Disease Control and Prevention, said she expected Chinese vaccines for Covid-19 would soon be available to the public as soon as November or December. Speaking to state broadcaster CCTV, Wu said: "It will be very soon. The progress is currently very smooth."..."*

### **Nature - China's coronavirus vaccine shows military's growing role in medical research**

<https://www.nature.com/articles/d41586-020-02523-x>

*"Scientists in the People's Liberation Army helped to develop the world's first COVID-19 vaccine to be approved for restricted use."*

### **Russia to sell 100 million doses of Covid-19 vaccine 'Sputnik V' to India: Report**

[Reuters via Hindustan Times;](#)

*"Russia's sovereign wealth fund has agreed a deal to sell 100 million doses of its Covid-19 vaccine, Sputnik-V, to a major listed pharmaceutical company in India, a source close to the deal said on Wednesday."*

## HPW - COVID-19 Has The Potential To Change How Vaccines Are Distributed, But Policymakers Struggling Over The Direction

<https://healthpolicy-watch.news/covid-19-has-the-potential-to-change-how-vaccines-are-distributed/>

Well worth a read, this report of a recent webinar. ***“COVID-19 has the potential to change how vaccines are sold and distributed, but industry leaders, academics, policymakers, and advocates are still struggling to decide the direction those changes should take. A successful COVID-19 vaccine should only be sold by companies to countries if it fits within an equitable distribution platform made by a neutral third party, such as the World Health Organization, said Kate Elder, senior Vaccines Policy Advisor at the Médecins sans Frontières Access Campaign, at a webinar hosted by the European Health Forum Gastein. This year’s European Health Forum Gastein will be hosted virtually from 30 September – 2 October....”***

Also with the view of **Thomas Cueni** on Covax.

## BMJ blog – Els Torrele: As politics trumps science in the race for a vaccine, who will protect public health?

Els Torrele; [BMJ blog](#);

***“With at least eight candidates in phase 3 clinical trials, and billions of dollars invested in accelerating vaccine development, the race for a covid-19 vaccine is about to go into overdrive. But who will protect public health if political leaders are ready to hijack established safeguards and oversight of pharmaceutical companies for their own political survival and geopolitical dominance? Only radical transparency of clinical trial data and independent assessment by the scientific and public health community can break this dangerous gridlock and ensure the adequate protection of our health and wellbeing while restoring trust in covid-19 vaccines....”***

***“...An open and collective review process would reclaim the status of covid-19 vaccines as global commons, and represent a building block towards the collective governance of covid-19 vaccines and related knowledge as true People’s Vaccines....”***

Along the same lines, **Derek Lowe** (Science) - [Vaccine Transparency](#). ***“I’ve been emphasizing for some time that our efforts to find and deploy a coronavirus vaccine have to be as transparent as possible to increase the chances for success. Recent events make that more clear than ever – and not in a good way....”***

## NYT - Vaccine Makers Keep Safety Details Quiet, Alarming Scientists

<https://www.nytimes.com/2020/09/13/science/coronavirus-vaccine-trials.html>

***“Researchers say drug companies need to be more open about how vaccine trials are run to reassure Americans who are skittish about getting a coronavirus vaccine.”*** Not just Americans, we might add.

Excerpts:

*“... But the remarks weren’t public. Instead, the chief executive, Pascal Soriot of AstraZeneca, spoke at a closed meeting organized by J.P. Morgan, the investment bank. ... It’s standard for drug companies to withhold details of clinical trials until after they are completed, tenaciously guarding their intellectual property and competitive edge. But these are extraordinary times, and now there is a growing outcry among independent scientists and public health experts who are pushing the companies to be far more open with the public in the midst of a pandemic that has already killed more than 193,000 people in the United States....”*

## **Geneva Health Files (newsletter issue 3) - Vaccine safety; Dissonance in "equitable access"**

<https://genevahealthfiles.substack.com/p/vaccine-safety-dissonance-in-equitable>

*“this week we discuss vaccine safety in the context of the recent adverse event [TM] with the Oxford-AstraZeneca vaccine candidate. Vaccine safety scientist, Dr Rebecca Chandler shares her expertise and helps us understand how to interpret this event.”* Somewhat disturbing story, I’d say...

And a few links:

- Reuters - [UAE announces emergency approval for use of COVID-19 vaccine](#)
- The Hill - [Berlin pumping hundreds of millions of euros into German COVID-19 vaccine developers](#)

*“The German government announced Tuesday it would provide up to 750 million euros (\$892 million) to support three domestic pharmaceutical companies developing vaccines for COVID-19. According to The Associated Press, Germany has already agreed to provide BioNTech and CureVac with 375 million euros and 230 million euros, respectively, to develop mRNA-based vaccines, Science Minister Anja Karliczek said. A third company, IDT Biologika, is expected to begin negotiations with the country soon to develop a vector-based vaccine that sends coronavirus protein into cells to build an immune response. The three companies involved with the negotiations would guarantee Germany 40 million doses of COVID-19 vaccines...”*

- Reuters - [Vaccine developer Moderna could slow COVID-19 trials to add at-risk minorities](#)
- NYT - [Moderna Shares the Blueprint for Its Coronavirus Vaccine Trial](#)  
*“The company hopes to earn the trust of the public and of scientists who have clamored for details of its study.”* Same for Pfizer - [Moderna and Pfizer Reveal Secret Blueprints for Coronavirus Vaccine Trials](#).

## **Covid finance, debt relief, social protection, ...**

A lot has already been mentioned in previous sections, reports (see above).

## Progressive International - Africa's Pandemic Response Calls for Reclaiming Economic and Monetary Sovereignty

<https://progressive.international/wire/2020-09-09-africas-pandemic-response-calls-for-reclaiming-economic-and-monetary-sovereignty/en>

*"More than 600 economists and academics from around the world call for Africa to acquire monetary sovereignty in order to revive its development after Covid-19."*

## COVID-19 Response: Is the World Bank right about not suspending debt service payments of developing countries? A Pro & Contra

<https://www.globaleverantwortung.at/covid-19-response-is-the-world-bank-right-about-not-suspending-debt-service-payments-of-developing-countries-a-pro-und-contra>

A Pro & Contra by **Scott Morris** and **Iolanda Fresnillo**, respectively. *"The COVID-19-pandemic and its social and economic consequences are hitting developing countries particularly hard. Many of these countries are heavily in debt and lack the financial resources to address the crisis effectively. Nevertheless, the World Bank has so far been reluctant to suspend debt service payments of developing countries, which would free up much-needed resources. While some experts argue that this is justified since suspending debts would jeopardize the World Bank's financing model, others criticize the Bank for getting priorities wrong. The following Pro & Contra summarizes the most important arguments of both sides."*

## Covid science

### Reuters - Regeneron's antibody drug added to UK Recovery trial of COVID treatments

[Reuters](#)

See also the **Guardian** - [New antibody drug joins Oxford University trial of Coronavirus treatments](#)

*"The world's largest randomised trial of potential medicines for COVID-19 is to add Regeneron's experimental antiviral antibody cocktail REGN-COV2 to the drugs it is testing in patients hospitalised with the disease. The UK RECOVERY trial, which has been testing a range of potential COVID-19 treatments since it began in April, will compare the effects of adding REGN-COV2 - a lab-manufactured monoclonal antibody - to standard care. "This is the first drug actually designed for this disease," said Martin Landray, a professor of medicine & epidemiology at Oxford University who is co-leading the trial. "... "The addition of Regeneron's drug to the RECOVERY trial comes amid growing hopes that monoclonal antibodies may emerge as effective ways to treat COVID-19..."*

## Science News – Eli Lilly reports first, promising results for an antibody against COVID-19

<https://www.sciencemag.org/news/2020/09/eli-lilly-reports-first-promising-results-antibody-against-covid-19>

*“Today brings the first whisper of success for a class of closely watched drugs that it’s hoped will begin to beat back COVID-19 before vaccines are licensed: **monoclonal antibodies, engineered versions of the same virus-fighting antibodies that the body naturally produces.** Eli Lilly reports this morning interim results from a placebo-controlled trial of one such compound...”*

## Pre-print - Model-informed COVID-19 vaccine prioritization strategies by age and serostatus

K M Bubar, M Lipsitch et al; <https://www.medrxiv.org/content/10.1101/2020.09.08.20190629v1>

Pre-print, but apparently already on quite a few WHO desks in Geneva.

*“... Here, we employ a model-informed approach to vaccine prioritization that evaluates the impact of prioritization strategies on cumulative incidence and mortality and accounts for population factors such as age, contact structure, and seroprevalence, and vaccine factors including imperfect and age-varying efficacy. This framework can be used to evaluate and compare existing strategies, and it can also be used to derive an optimal prioritization strategy to minimize mortality or incidence. **We find that a transmission-blocking vaccine should be prioritized to adults ages 20-49y to minimize cumulative incidence and to adults over 60y to minimize mortality. Direct vaccination of adults over 60y minimizes mortality for vaccines that do not block transmission. ....**”*

## Covid analysis

### COVID-19: the need for a social vaccine

Fran Baum & Sharon Friel; [https://insightplus.mja.com.au/2020/36/covid-19-the-need-for-a-social-vaccine/?fbclid=IwAR3pKKvAZhCIQuCjPxsX1ifpLynGKOTpvQ6sXKktvOvRDhL6cMKAr\\_fsfK4](https://insightplus.mja.com.au/2020/36/covid-19-the-need-for-a-social-vaccine/?fbclid=IwAR3pKKvAZhCIQuCjPxsX1ifpLynGKOTpvQ6sXKktvOvRDhL6cMKAr_fsfK4)

See this week’s intro. Must-read!

### Lancet Editorial - COVID-19: a stress test for trust in science

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31954-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31954-1/fulltext)

*“Peer Review Week is the **annual celebration of the importance of peer review, running Sept 21–25. The theme this year is trust in peer review, a particularly appropriate focus during the COVID-19 pandemic.** Trust in research and its role in political decision making and policy changes have never been more at the forefront of public discussion and scrutiny than during the current public health crisis...”*

*“...COVID-19 has thrust many of the discussions around science publishing into the public domain in an unprecedented way. **Articulating the importance of peer review**—how it benefits science and society, and its achievements and its limitations—is essential to engendering trust.”*

See also this **Lancet Comment** - [Preprints with The Lancet are here to stay](#) (by the Editors of the Lancet Group)

## **Think Global Health - Just How Do Deaths Due to COVID-19 Stack Up?**

C Troeger; <https://www.thinkglobalhealth.org/article/just-how-do-deaths-due-covid-19-stack>

Recommended. *“Coronavirus is now the #1 killer in New York, Brazil, and Peru, the #2 top cause of death in England, and #3 in Sweden.”*

With a very neat (and insightful) **world map** too. Based on **IHME stats**.

## **Nature (World View) - Study the role of hubris in nations' COVID-19 response**

M Lincoln; <https://www.nature.com/articles/d41586-020-02596-8>

*“Many countries that see themselves as **distinctive** have handled the pandemic badly.”*

Excerpt: *“**One thing these countries have in common is ‘exceptionalism’ — a view of themselves as outliers, in some way distinct from other nations. Their COVID-19 responses suggest that exceptionalist world views can be associated with worse public-health outcomes. Researching this association could help in redefining preparedness and allow more accurate prediction of pandemic successes and failures....**”*

## **IDS - Social impacts of Covid-19 in low- and middle-income countries**

B Rohwerder <https://www.ids.ac.uk/opinions/social-impacts-of-covid-19-in-low-and-middle-income-countries/>

Blog on a new IDS publication. *“...A [new report](#) **Social impacts and responses related to Covid-19 in low- and middle-income countries**, prepared for the Social Development Cadre of the Foreign, Commonwealth and Development Office (FCDO), draws on the available literature, research and evidence on the **emerging social impacts of the Covid-19 pandemic in low- and middle-income countries and considerations around preparedness, response/mitigation, resilience and recovery measures taken or proposed in response.** ...”*

See the related **IDS publication** - [Social Impacts and Responses Related to Covid-19 in Low- and Middle-income Countries](#).

## BBC News – Coronavirus: BBC poll suggests stark divide between rich and poor countries

<https://www.bbc.com/news/world-54106474>

***“The coronavirus pandemic has hit poorer countries harder than the rest of the world, sowing inequality globally, a survey for the BBC suggests. The survey of nearly 30,000 people shows how different countries have been affected by the pandemic, six months after it was confirmed on 11 March. The financial toll was a major issue, after lockdowns damaged economies worldwide. Poorer countries and younger people say they are facing the greatest hardship. A drop in income was reported by 69% of respondents in poorer countries, in comparison to 45% in richer ones, the poll found....”*** See also some tweets by Ben Phillips below.

## Harvard Business Review - 5 Principles to Guide Adaptive Leadership

Ben Ramalingam, David Nabarro et al; [https://hbr.org/2020/09/5-principles-to-guide-adaptive-leadership?utm\\_medium=social&utm\\_campaign=hbr&utm\\_source=twitter](https://hbr.org/2020/09/5-principles-to-guide-adaptive-leadership?utm_medium=social&utm_campaign=hbr&utm_source=twitter)

***“... From our collective experience at the heart of WHO’s Covid-19 response (David), advising those at the top of national governments (Arkebe), leading and advising on large complex health and care systems (Ruth), and supporting crisis responses in developed and developing countries as well as humanitarian settings (Ben and Leni), we have identified five common principles to guide this kind of adaptive leadership across the Covid-19 response....”*** Check them out.

## GHN - To Prepare for Pandemics, Invest in Surgical Care

K Park; [Global Health Now](#);

***“... From a pandemic readiness point of view, strengthening surgical care represents a “best buy” in achieving a key objective of increased treatment capacity. Surgical subsystems, with its Space (operating rooms, pre- and post-op rooms, ICUs, and wards), Stuff (personal protective equipment, ventilators, sterilization equipment, etc.) and Staff (surgeons, anesthesiologists/anesthetists, nurses, trainees etc.), can be quickly converted to care for patients in pandemics like COVID-19...”***

## CFR (blog) - The Cyber Side of Vaccine Nationalism

David Fidler; <https://www.cfr.org/blog/cyber-side-vaccine-nationalism>

***“Vaccine nationalism has given rise to a new wave of cyber espionage targeting COVID-19 vaccine research.”***

Excerpts: **“...In global health, the cyber espionage frenzy associated with vaccine R&D is unprecedented and disconcerting. This aspect of vaccine nationalism underscores the extent to which geopolitics now influences global health.** The *New York Times* article also reported that, according to U.S. officials, China exploited “information from the World Health Organization to guide its vaccine hacking attempts” against U.S. and European targets—an assessment that contributed to the U.S. government’s hard line against, and eventual decision to withdraw from, the organization. ... .. **Cyber espionage’s role in vaccine nationalism does not end with the exfiltration of**



information about foreign vaccine R&D. According to the same article in the *New York Times*, U.S. officials also worry that adversaries, such as Russia, will manipulate controversies about vaccine espionage in online disinformation campaigns in “a more aggressive effort to escalate the anti-vaccine movement in the West.” Put differently, cyber espionage might enhance a state’s access to a vaccine, and disinformation could undermine an adversary’s vaccination efforts. ...”

## SS&M (Research paper) - The trouble with trust: Time-series analysis of social capital, income inequality, and COVID-19 deaths in 84 countries

F Elgar et al ; <https://www.sciencedirect.com/science/article/abs/pii/S0277953620305840>

Social capital plays a ‘nuanced’ role, it appears.

*“Can social contextual factors explain international differences in the spread of COVID-19? It is widely assumed that social cohesion, public confidence in government sources of health information and general concern for the welfare of others support health advisories during a pandemic and save lives. We tested this assumption through a time-series analysis of cross-national differences in COVID-19 mortality during an early phase of the pandemic. Country data on income inequality and four dimensions of social capital (trust, group affiliations, civic responsibility and confidence in public institutions) were linked to data on COVID-19 deaths in 84 countries. ... During a 30-day period after recording their tenth death, mortality was positively related to income inequality, trust and group affiliations and negatively related to social capital from civic engagement and confidence in state institutions. These associations held in bivariate and mutually controlled regression models with controls for population, age and wealth. The results indicate that societies that are more economically unequal and lack capacity in some dimensions of social capital experienced more COVID-19 deaths. Social trust and belonging to groups were associated with more deaths, possibly due to behavioural contagion and incongruence with physical distancing policy. ...”*

## LSE (blog) - Who got it right? New LSE research on the effectiveness of lockdowns

<https://blogs.lse.ac.uk/covid19/2020/09/17/who-got-it-right-new-lse-research-on-the-effectiveness-of-lockdowns/>

*“Lucy Thompson and George Wharton (LSE) set out new research by Theologos Dergiades (University of Macedonia), Costas Milas (University of Liverpool), Elias Mossialos (LSE) and Theodore Panagiotidis (University of Macedonia) on successful approaches, and explain the importance of easing lockdown measures gradually in order to prevent a further wave.”*

## Covid resources

### Tracking Policy Responses to COVID-19: Opportunities, Challenges and Solutions

<https://supertracker.spi.ox.ac.uk/assets/STBrief-1.pdf>

**Oxford Supertracker policy brief.** *“The Oxford Supertracker at the Department of Social Policy and Intervention (DSPI) aims to provide a global online directory of relevant policy trackersthat have been developed to monitor policies and individual preferences in respect to Covid-19 across countries.”*

## **CGD (blog) - An Expanded Tool to Estimate the Net Health Impact of COVID-19 Policies**

D Walker et al ; <https://www.cgdev.org/blog/expanded-tool-estimate-net-health-impact-covid-19-policies>

*“Since the beginning of the COVID-19 pandemic, reports about the indirect health impacts of COVID have been published in nearly all countries. **In May we published a tool to estimate the net health impact of COVID-19 policies, and have updated the tool here.**”*

*“**Earlier this year, we released a tool to estimate the net health impacts of COVID-19 policies.** Its objective is to support decision-makers in estimating the impact of different strategies to tackle COVID-19 (e.g., social distancing, suppression) using a whole-of-health approach, by not only looking at COVID deaths but also considering non-COVID (i.e., indirect, collateral) deaths. Since the tool’s release, we have received many questions and comments about its use...” **“Today we release a new version of the tool, which includes a modest update from the initial release: the addition of COVID mortality estimates from models developed by the London School of Hygiene and Tropical Medicine (LSHTM).** The LSHTM estimates add to those from Imperial College London (ICL) and WHO’s Regional Office for Africa (WHO AFRO) that were included in the first version of the tool. **The updated tool will allow 80+ countries (figures have not been released for all low- and middle-income countries (LMICs)) to consider mortality estimates from 11 new scenarios, including shielding, public health measures, and school closure.** The rest of the tool remains unchanged...”*

## **Covid impact on other global health causes & programs**

### **BMJ blog - Responding to non-communicable diseases during and beyond the covid-19 pandemic**

N Banatvala (Head of Secretariat of the WHO-led UN Inter-Agency Task Force on the Prevention and Control of NCDs) et al [BMJ Blog;](#)

*“... Covid-19 must be the final wake up call for transformative action on NCDs. That is why **WHO, UNDP and the wider United Nations Inter-Agency Task Force on the Prevention and Control of NCDs** have issued **Responding to NCDs during and beyond the COVID-19 pandemic.** The papers, developed with over 30 Task Force Members, are intended for governments, policymakers, UN agencies and development partners to address NCDs as an integral part of the covid-19 response and in broader efforts to restore and drive progress in achieving the 2030 Agenda for Sustainable Development, including the target to reduce premature mortality from NCDs. As **“build back better”** has many possible interpretations, **the papers paint a picture of exactly what this would look like in the context of NCDs and covid-19, while at the same time setting out immediate priorities....”***

## Nature - Stillbirth rate rises dramatically during pandemic

<https://www.nature.com/articles/d41586-020-02618-5>

*“Researchers stress need for antenatal care, as emerging data link disrupted pregnancy services to increase in stillbirths.”*

## New Report - The impact of COVID-19 on the TB epidemic: A community perspective

[https://drive.google.com/file/d/1rxREVzu\\_K-5EYNqLahMmTnKHJSaff0-Q/view](https://drive.google.com/file/d/1rxREVzu_K-5EYNqLahMmTnKHJSaff0-Q/view)

Check out this new report.

Coverage of the report here: [The quest to end tuberculosis has been 'devastated' by COVID-19: Study](#) See also [Forbes - The Covid-19 Pandemic Is Taking A Toll On The International Tuberculosis Response, New Survey Finds.](#)

Finally, a few links:

BMJ Global Health - [Malaria vector control in sub-Saharan Africa in the time of COVID-19: no room for complacency](#)

BMJ Global Health blog - [Building Back Better – a new hybrid approach to neglected tropical diseases in the COVID-19 era](#) (on a new “Covid-flex” approach)

## World Patient Safety Day 2020 (Sept 17)

### Lancet - No patient safety without health worker safety

A Shaw et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31949-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31949-8/fulltext)

*“... what the COVID-19 pandemic has also made clear is how dependent patient safety is on health worker safety. On Sept 17, as we mark World Patient Safety Day 2020, it is crucial to highlight that there can be no patient safety without health worker safety. As in previous outbreaks of Ebola virus disease, Middle East respiratory syndrome, and severe acute respiratory syndrome, only when health workers are safe can they keep patients safe and provide health systems with stability and resilience. .... Although some variation exists between the risks health workers face in different settings, they fall broadly into similar categories and so a united, systematic global approach can be applied. The general categories relate to environment and infrastructure, physical safety, mental health and wellbeing, and security. ... There now needs to be universal recognition that health worker safety is patient safety. One cannot exist without the other. A focus on ensuring safe working environments will lead to improved patient care. ...”*

See WHO - [Keep health workers safe to keep patients safe: WHO](#)

And via [WEF blog](#): ***“The WHO has launched a new Health Worker Safety Charter - to mark World Patient Safety Day on 17 September - calling on leaders to tackle persistent threats to the health and safety of workers and patients. ... While health workers represent less than 3% of the population in the large majority of countries and less than 2% in almost all low- and middle-income countries, around 14% of COVID-19 cases reported to WHO are among health workers. In some countries, the proportion can be as high as 35%. But the WHO says data availability and quality are limited. The Charter urges leaders to take five actions to better protect workers; protection from violence; improve their mental health; protection from physical and biological hazards; advance national programmes for health worker safety; and connecting health worker safety with patient safety policies.”***

See also Reuters – [One in 7 reported COVID-19 infections is among health workers, WHO says](#)

***“One in seven cases of COVID-19 reported to the World Health Organization (WHO) is a health worker and in some countries that figure rises to one in three, the agency said on Thursday. The WHO called for frontline medical workers to be provided with protective equipment to prevent them from being infected with the novel coronavirus, and potentially spreading it to their patients and families. “Globally around 14% of COVID cases reported to the WHO are among health workers and in some countries it's as much as 35%,” WHO director-general Tedros Adhanom Ghebreyesus said...”***

## AMR

### Journal of Public Health Policy - Governing antimicrobial resistance: a narrative review of global governance mechanisms

A Ruckert, R Labonté et al ; <https://link.springer.com/article/10.1057/s41271-020-00248-9>

***« ...The international community has signaled its commitment to exploring and implementing effective policy responses to AMR, with a **Global Action Plan on AMR** approved by the World Health Assembly in 2015. Major governance challenges could thwart collective efforts to address AMR, along with limited knowledge about how to design effective global governance mechanisms. To identify common ground for more coordinated global actions we conducted a narrative review to map dominant ideas and academic debates about AMR governance. We found two categories of global governance mechanisms: binding and non-binding and discuss advantages and drawbacks of each. We suggest that a combination of non-binding and binding governance mechanisms supported by leading antimicrobial use countries and important AMR stakeholders, and informed by One Health principles, may be best suited to tackle AMR....”***

## Ebola DRC

UN News - WHO warns against potential Ebola spread in DR Congo and beyond

<https://news.un.org/en/story/2020/09/1072152>

From late last week.

*“Ebola is spreading in a western province in the Democratic Republic of the Congo (DRC), raising fears that the disease could reach neighbouring Republic of Congo and even the capital, Kinshasa, the World Health Organization (WHO) said [last week] on Friday. The outbreak in Equateur Province emerged in early June and has now spread into another of its 17 health zones, bringing the total number of affected zones to 12. So far, there have been 113 cases and 48 deaths....”*

## Global Fund – Results report 2020

### Global Fund Partnership Has Saved 38 Million Lives – but COVID-19 Could Wipe Out Progress

<https://www.theglobalfund.org/en/news/2020-09-14-global-fund-partnership-has-saved-38-million-lives/>

*“A new report by the Global Fund to Fight AIDS, Tuberculosis and Malaria is a call to action to urgently invest to protect decades of progress against HIV, TB and malaria that are being derailed as a knock-on effect of the COVID-19 pandemic. According to the report released today, the Global Fund partnership has saved 38 million lives since 2002, including 6 million in 2019 alone. This represents a 20 percent increase in the number of lives saved compared to the previous year – remarkable progress resulting from increased efficiencies in service delivery, success in finding and treating more people with lifesaving medicine, cost savings on health products, and improved collaboration across the Global Fund partnership. Overall, deaths caused by AIDS, TB and malaria each year have been reduced by nearly 50% since the peak of the epidemics in countries where the Global Fund invests. However, the Results Report 2020 shows that much of that progress could now be lost due to the knock-on effects of COVID-19. Deaths and infections from HIV, TB and malaria could skyrocket in the next 12 months, the report warns....”*

Linked op-ed (via Devex) (by Peter Sands) - [COVID-19 is a turning point for infectious diseases](#)

Quote: “...To continue to fight COVID-19, funding is essential. **A total of \$5 billion over the next 12 months will help the Global Fund support this work** [i.e. integrate tackling Covid with other GF causes], protect health workers and systems for health, and defend progress in the fights against HIV, TB, and malaria....”

## Global Financing Facility: consultation on draft strategy

*“The Global Financing Facility for Women, Children and Adolescents (GFF) is in the process of refreshing its strategy for 2021-2025 and we are pleased to launch a **public comment period that will be open until Wednesday 30th of September.**”*

You can provide feedback on the [draft \(strategy\)](#) through a survey that can be accessed [here](#).

## SRHR - Expansion global gag rule?

The Hill – Trump administration seeks to extend Mexico City policy on abortion

<https://thehill.com/policy/healthcare/516295-trump-administration-seeks-to-extend-ban-on-funding-for-foreign-groups-that>

*“The Trump administration is looking to expand a ban on global health aid for foreign organizations that provide or promote abortions. The proposed change from the State Department would require that foreign groups receiving global health aid through contracts from the U.S. government agree to not provide or promote abortions — even with funding from other sources. The ban — called a “global gag rule” by opponents, already applies to grants and cooperative agreements between the U.S. government and foreign organizations, but the proposed rule, published Monday in the Federal Register, would apply the policy to contracts, which make up about 40 percent of global health aid, according to the Kaiser Family Foundation....”*

See also a **Gutmacher** tweet:

*“The Trump administration has proposed expanding the dangerous & harmful #GlobalGagRule even further. This would force health agencies & orgs to include an anti-abortion clause in new & existing contracts funded by US global health programs.”*

Guardian – US reframing of human rights harms women and LGBT people, advocates say

<https://www.theguardian.com/us-news/2020/sep/17/mike-pompeo-human-rights-women-lgbt-unalienable>

*“Pompeo’s focus on ‘unalienable rights’ legitimises authoritarian practices elsewhere, human rights groups warn.”*

*“Mike Pompeo has stepped up his campaign to change the US approach to human rights, reframing them as “unalienable rights” rooted in American traditions, with a particular emphasis on religious freedom. Since establishing a **commission on unalienable rights**, made up mostly of religious conservatives, the secretary of state has had its report formally adopted by the state department on 26 August, despite widespread objections from **human rights groups**. **Those groups argue that Pompeo’s approach establishes a hierarchy of rights, downgrading the status of issues like women’s right to reproductive health and LGBTQ+ rights to a second, optional tier.** They also point out that it legitimises claims by authoritarian regimes that rights are based in national traditions....”*

# Decolonize Global Health

## Forbes - Why Is There A Fixation On The African Continent's Covid-19 Numbers?

F Asani; <https://www.forbes.com/sites/furahaasani/2020/09/16/why-is-there-a-fixation-on-the-african-continent-covid-19-numbers/#78f161e26ca8>

Great analysis. Even if nuanced African country coverage wasn't really helped by the fact that dr. Tedros himself specifically singled out the huge "risk for African LMIC health systems", at the start of the pandemic.

Quotes: "...there's a **need to highlight and platform the work of African healthcare reporters: "Going beyond this western gaze and overcoming these challenges means supporting local reporters, focusing on specific contexts, engaging in mindful comparative reporting, and embracing complexity in all its form even if it means all of Africa won't be explained in one attention-grabbing headline."**

*"Dr. Akinlade agrees that a lot of the reporting to date has been biased, and as such has erased contributions from local journalists telling stories about public health innovation in different parts of the continent. "This biased reporting rewrites history to fit western narratives, peddling a single story about a highly nuanced situation to feed the Global North's savior complex, and demonstrates profound dissonance and detachment from the people whose struggles the articles attempt to highlight," she says. The pandemic and its accompanying reporting highlight just how much the field of global health communication requires nuance and care in story-telling.*

## M Pai and elephant cartoon & global health

<https://twitter.com/paimadhu/status/1305609655171809281>

This went viral this week on Twitter. *"What's wrong with global health? Depends on what part of the elephant you are tackling."*

Turns out I'm mostly focusing on the "rear end" of the elephant : )

## NYT - A Global Health Star Under Fire

<https://www.nytimes.com/2020/09/12/health/ditiu-stoptb-united-nations.html>

*"Former and current employees accuse Dr. Lucica Ditiu, leader of Stop TB, of harassment and bullying. The complaints threaten to slow prevention efforts worldwide."*

A few excerpts:

*"The leader of a global campaign to prevent tuberculosis has been accused of bullying and harassing employees, and creating a poisonous work environment especially for people of color, according to interviews with current and former staff members and internal documents obtained*

by The New York Times. Since 2011, at least seven employees have filed formal complaints against **Dr. Lucica Ditiu, executive director of Stop TB**, a global partnership of 1,700 groups focused on preventing tuberculosis, The Times has found. The documents describe a leader who insulted and screamed obscenities at employees; made racially and sexually inappropriate jokes and comments; and threatened punitive action against anyone who complained about her behavior. ... .. **Stop TB is focused on preventing more than a million deaths from tuberculosis each year, primarily in Africa and Asia. With an annual operating budget of \$100 million, provided by donors like the United States Agency for International Development and the World Bank, the partnership is the leading organization in the fight against tuberculosis, still the world's largest infectious disease killer. The accusations of misconduct against Dr. Ditiu threaten to paralyze the partnership and upend the worldwide campaign to control TB at a perilous moment. Many experts fear that progress against the disease has stalled as lockdowns to stop the coronavirus have interrupted care and deliveries of medicines for tuberculosis patients in Africa and Asia."**..."

## **Devex - The future of humanitarian action: Decolonizing humanitarian aid**

<https://www.devex.com/news/the-future-of-humanitarian-action-decolonizing-humanitarian-aid-98077>

On an event that took place on September 17. We guess it will be made available afterwards. By the Hilton Foundation & Devex.

## **Partners for Impact (PFI) Blog - Diversity in international development partnerships – a long way to go**

K Bertram; <https://pfipartners.org/2020/09/15/diversity-in-international-development-partnerships/>

*"In this blog we discuss the importance of **increasing diversity in international development partnerships**. We share some insights from research and best practices. Key lessons are summarised at the end of this blog."*

Link: Democracy in Africa - [Decolonizing the Commentariat Contact List](#). *"Like our [Decolonizing the Academy](#) reading list, this contact list has been created in solidarity with the #BlackInTheIvory movement and those who wish to overcome global inequalities in the production of and access to knowledge and information. "*

## **Critical Public Health - Teaching global health from the south: challenges and proposals**

C R Montenegro et al; <https://www.tandfonline.com/doi/full/10.1080/09581596.2020.1730570>

Published online in March already. *"...Considering the asymmetries just described, and thinking from the global south, how can universities, as key sites of knowledge production and circulation, participate in and subvert the definition and practice of global health? **Can teaching and learning be a mechanism to visibilize and undo the geopolitical power imbalances reproduced in mainstream, western global health? Focusing on Latin America, we describe some of the challenges at hand and reflect upon the development of global health training in the global south...."***



Quote: “A stronger presence of the social sciences and a reflexive stance towards the global politics of health and their impact upon local realities should be a core component of global health programs in the global south....”

## Coming up

Finally, stay tuned for this: **the Decolonial thought and African consciousness** @H\_S\_Global

Africa convening! Sep 30th- Oct 2<sup>nd</sup> “ Registration: [here](#)

## Announcement (UNU-IIGH) – crowd-sourced and collaborative research agenda-setting exercise on gender and COVID-19

Check out the [brief concept note](#) that describes some of the group’s initial thoughts. It’s an **invitation to collaborate on setting research priorities for gender and covid-19**.

*“There is a sub-group established for this within the Gender and COVID-19 subgroup, and we would like to **extend the invitation to collaborate to be as broad as possible**. At this stage, the plans are entirely dependent on the level of contribution and interest we receive from our networks and a wider open call. It will be very much based on a participatory, inclusive, and evolving design. **Please indicate your interest to collaborate, and contribute towards specific activities using this expression of interest form**. We are also very happy to arrange a short call if you would like more information or would like to chat briefly about this project. You can also email us directly at [agendasetting@UNU.edu](mailto:agendasetting@UNU.edu). Looking forward to hearing your thoughts and working with you on this project- if this is of interest to you. Please also feel free to share the concept note and form links with your colleagues who may be interested....”*

## Some key papers and still more reports of the week

### Lancet (Perspective) - Human rights parables for a post-pandemic world

A E Yamin; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31923-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31923-1/fulltext)

The read of the week. Alicia E Yamin reviews **Foundations of Global Health & Human Rights**, edited by Lawrence Gostin and Benjamin Mason Meier.

Excerpts:

*“Before the COVID-19 pandemic laid bare the structural inequalities across societies, there were **diverging parables in human rights**. One narrative identified the populist challenge to human rights and juxtaposed it with the cosmopolitan ideal of a multilateral order. **An alternative narrative** viewed populism as the symptom of democratic failure more than the cause and argued that the crisis of legitimacy facing the neoliberal, multilateral order was inextricably connected to a world*

where capitalist democracies have become “mere façade democracies”, as Jürgen Habermas has asserted. **Against this context, *Foundations of Global Health & Human Rights*, edited by Lawrence Gostin and Benjamin Mason Meier, positions itself clearly, making an appeal to human rights as the expression of global justice, and articulating human rights implementation through global governance as an aspirational ideal. ...”**

**“without conceding the extraordinary achievements in applying human rights to health, in norms and in diverse people’s lived realities, some of us have been arguing for years that a new praxis is required to re-energise human rights and democratise the political economy of global health. This latter diagnosis would suggest that if “health is a human right” must be more than just a slogan”, as WHO Director-General Tedros Adhanom Ghebreyesus urges in the book’s foreword, greater attention must be placed on the structural changes needed to reassert democratic control over our national and global economic orders, which neoliberalism has eviscerated for decades. In turn, this understanding would call for more horizontal legal, political, and subversive social struggles networked across borders, and less top–down operationalising of human rights-based approaches through global health governance. This alternative narrative implies widening the circle, linking human rights in health to other intersectional struggles for social justice, and adopting more experimentalist approaches to the inter-related challenges the world faces—from the climate crisis to rapid demographic change—as opposed to mastering a particular set of tools and methods. The question of what global health with justice really means, and how to achieve it, could not be more important in this fraught moment. The COVID-19 pandemic presents a profound inflection point on a world already in the throes of radical upheaval. How we go about reconstructing our health systems, our democracies, and our world—and the role human rights should play in doing so—will depend on the parables we embrace.”**

## **Contemporary Security Policy - The International Health Regulations, COVID-19, and bordering practices: Who gets in, what gets out, and who gets rescued?**

A Ferhani & S Rushton; <https://www.tandfonline.com/doi/full/10.1080/13523260.2020.1771955>

**“It is often said that “diseases know no borders,” but COVID-19 has once again shown that policy responses certainly do. Governments have implemented bordering practices in a variety of ways to ensure that their own citizens are protected, even when in direct contravention to the International Health Regulations (IHR) of 2005. The IHR and the World Health Organization (WHO) have a strong preference for borders to remain open. Yet, we argue here, non-compliance by WHO member states is not the only problem with the IHR’s treatment of borders. Bringing insights from critical border studies and exploring the varied ways in which the response to the COVID-19 crisis has been “bordered,” we argue that a much broader understanding of “borders” is required in the IHR and by the WHO, given that much of the exclusionary bordering we find takes place away from physical points of entry.”**

## **BMJ GH - Level of confidence in and endorsement of the health system among internet users in 12 low-income and middle-income countries**

S Roder-DeWan, M Kruk et al; <https://gh.bmj.com/content/5/8/e002205>

**“People’s confidence in and endorsement of the health system are key measures of system performance, yet are undermeasured in low-income and middle-income countries (LMICs). We**

*explored the prevalence and predictors of these measures in 12 countries...” Conclusion:  
“Confidence and endorsement of the health system were low across 12 LMICs.”*

## **ODI report - Public attitudes towards immigration and immigrants: what people think, why, and how to influence them**

H Dempster et al ; <https://www.odi.org/publications/17333-public-attitudes-towards-immigration-and-immigrants-what-people-think-why-and-how-influence-them>

**“This paper builds on a 2017 ODI working paper** entitled *Understanding public attitudes towards refugees and migrants*. .... **This paper revisits the conclusions of the original paper and provides new evidence to support anyone seeking to influence public attitudes towards immigration.** “  
Check out the **key messages**. “1. *People hold diverse and seemingly contradictory attitudes towards immigration – they can support reductions while recognising the positive economic and cultural impact of immigrants in their country.* 2. *Segmentation across high-income countries shows roughly half of people form a ‘conflicted’ middle: neither for nor against migration.* 3. *Attitudes towards immigrants and immigration are rooted in individuals’ values and worldview. While they can be shifted by external factors, they are relatively fixed.* 4. *Attempts to shift attitudes must therefore understand and engage with these values, particularly those of the ‘conflicted’ middle.”*

## **Wellcome (report) - Mental health: listening to young people and learning from Covid-19**

<https://wellcome.org/reports/mental-health-listening-young-people-and-learning-covid-19>

*“Covid-19 has highlighted that mental health is an urgent global health challenge requiring international cooperation. This position paper sets out a commitment by Wellcome, UNICEF, the World Health Organization, and the World Economic Forum to embed three principles across our mental health work: lived experience, local innovation, and larger than healthcare...”*

Check out also a **new report by the Collective Psychology Project** (Alex & Jules Evans) - [Collective Resilience](#) *“This report maps some of the emerging positive practices that have helped us through Covid-19...”*

## **BMJ GH Commentary – What will it take to implement health and health-related sustainable development goals?**

Z A Bhutta et al ; <https://gh.bmj.com/content/5/9/e002963>

*“Five years into the sustainable development goal (SDG) era, the paradigm shift to integration and prevention needed to achieve health and health-related SDGs (HHSDGs) has not meaningfully materialised. Government leadership and multistakeholder planning are necessary for implementing HHSDGs without marginalising core health issues. Appropriate mechanisms are needed for consultation and integration, grounded in notions of social responsibility and sustainability, to bring together various actors including civic society, academia, think tanks and the private sector. While implementation and oversight of HHSDGs are mainly national, the global context in which it occurs cannot be neglected. Countries will need to significantly increase resource allocation to health and*

*cross-sectoral initiatives to achieve the ambition of universal health coverage and addressing determinants of health.”*

This paper summarises the key learnings from two previous publications and **proposes a strategy for enhancing integration and implementation of HHSDGs in low-income and middle-income countries (LMICs).**

## **GAVI - A record-breaking year for childhood immunisation**

<https://www.gavi.org/vaccineswork/record-breaking-year-childhood-immunisation>

Overview by Seth Berkley of the just published GAVI flagship publication, [GAVI's 2019 Annual Progress Report](#).

*A few stats: “Of the 65 million children immunised with Gavi support in 2019, each child is protected against on average seven infectious diseases. Gavi-funded emergency stockpiles shipped more than 28 million doses in 2019 to protect people from cholera, meningococcal meningitis and yellow fever. Since launching in 2000, the Vaccine Alliance has averted more than 14 million future deaths.”*

## **Policy Cures Research – G-Finder report**

[G-Finder report](#);

This new report from global health think tank Policy Cures Research outlines **the state of R&D funding for emerging infectious diseases.**

A few **highlights via Stat**: *“Overall trends: In 2018, R&D funding for infectious diseases was almost \$890 million, a 14% increase since 2017, and almost five times the amount in 2014. Disease-specific trends: Funding for Ebola more than tripled between 2014 and 2015, in the wake of the Ebola outbreak in West Africa. As the outbreak waned, funding for the disease also dropped — by \$125 million in 2016 and 2017. Similarly, there was an increase in funding for Zika during the outbreak, from \$6 million in 2015 to \$243 million two years later. Other trends: Vaccine research received most of the funding between 2014-2018, while diagnostics received fewer than 4% of funds. The U.S. government and U.S.-based pharma companies accounted for nearly three-quarters of all funders. “*

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

### **F2P - The Hidden Life of Theories of Change**

Duncan Green; <https://oxfamblogs.org/fp2p/the-hidden-life-of-theories-of-change/>

*“I’ve gone through a personal hype cycle on [Theories of Change](#) – first getting excited and extolling their virtues, and then starting to have second thoughts as I saw them **turn from a tool that encourages imagination and experimentation into a bit of a tickbox ‘logframe on steroids’**. A new paper does a great job in exploring how ToCs have been introduced and then evolved (not always*

*in a good way*). It delved deep into the role Theory of Change played in the Citizen Agency Consortium, a five-year strategic programme funded by the Netherlands Ministry of Foreign Affairs and implemented by [Hivos](#), [IIED](#), and [Article 19](#). [The Hidden Life of Theories of Change](#), by [Wenny Ho](#), [Marqit van Wessel](#) and [Peter Tamas](#), is a must read for anyone interested in ToCs. ...”

Some key messages and extracts already in this blog.

Duncan’s key misgiving: **“Theory of Change seems to be replacing logframes as the non-negotiable starting point in accessing and then accounting for funds.** Like logframes, Theory of Change is presently commonly used to legitimize funding. Applicants are fundable when their Theory of Change tells donors a story that they assess as convincing. These stories must, with a ritual nod to uncertainty, predict future circumstances, causal relations in those futures, and the impact of their future actions within those futures. A Theory of Change can therefore be seen as a formal rite of passage only loosely coupled to the competencies required for successful practice, or –and this is the path that worries us– the content that finds its way into a Theory of Change may be misread as capturing all that really matters. **This managerial approach to doing development has been the subject of withering criticism for many years. The rise of Theory of Change was, at least partly, motivated by these critiques, as it is more sensitive to complexity. However, the potential of Theory of Change is subverted when it is used to improve certainty and taking control.”**

**K Bertram (blog) - Finding the right pace for work – during and beyond Covid19**

<https://katribertram.wordpress.com/2020/09/14/finding-the-right-pace-for-work/>

*“...Two silver linings of Covid19 are an increased attention on the future of work and mental health, both at home and at the workplace. For me, the two are very much related. The Economist’s latest edition focused on the [future of work](#), during and after Covid19. And on mental health, the Wellcome Trust just launched a new [position paper](#) on the impact of Covid19 on young people, and the World Health Organisation (WHO) has regularly highlighted mental health as part of the [Covid19 response](#)....”*

**Devex – Why nonstate armed groups allow access for health workers**

<https://www.devex.com/news/why-nonstate-armed-groups-allow-access-for-health-workers-97992>

*“Stamping out diseases means health groups sometimes have to provide vaccines and other essential services in areas controlled by armed groups. Devex speaks to experts about how it works.”*

## Some tweets of the week

**Kate Elder**

*“Why has @WHO blocked the public from viewing its member state briefings on #COVID19? “*

**Geneva Health Files** complements:

*"Now more than ever, it is important to have greater transparency in how policy discussions are evolving. @WHO must restore access to member state briefings. Civil society, media and the wider public deserve to know."*

**Ben Phillips**

Tweeting on a [new global poll](#):

*"Worldwide, 55% say that economic systems need to be restructured to withstand current and future challenges. **Those most financially impacted by Covid are more likely to desire a restructured economy, such as Gen Zs (62%) & low-income earners (58%).**"*

*"69% of people in poorer countries report a drop in income compared to 45% in richer countries. Drops in income more common in families whose incomes were already low. Women report higher levels of direct financial impact than men".*

**Ruth Levine**

*"And even if **women leaders** weren't handling #COVID19 better, there should *\*still\** be more women leaders. #Equality #inclusion"*

**Peter Kalmus**

*"**"Net-zero by 2050"** allows "leaders" to conveniently avoid dealing with climate NOW. It puts the burden squarely on young people. It hides climate injustice between rich and poor nations. And it invokes magical technologies to reduce urgency."*

*"Net-zero by 2050" is straight-up climate denial.*

**I Kickbusch**

*"I loved @richardhorton1 point at the @WHOWPRO innovation summit. **With regard to #COVID19 he spoke of the strong need to pause and reflect.**"*

**R Horton**

*"Ilona Kickbusch argues that the public health response to this pandemic must include social sciences and social movements. Lessons we repeatedly forget."*

## **Global health events**

There's a wealth of (largely virtual) events coming up in the weeks to come. Just flagging here:

## Coming up – PMNCH Accountability Breakfast 2020: Advancing women’s, children’s and adolescents’ health during COVID-19

<https://www.who.int/pmnch/media/news/2020/accountability-breakfast-2020/en/>

On **29 September**. Will, among others: *“Explore the difference that women’s political leadership makes to public accountability in relation to the pandemic; Present **new findings from the 2020 Progress Report on the EWEC Global Strategy for Women’s, Children’s and Adolescents’ Health**; Feature a community-hearing style session that brings together women’s and girls’ lived experiences, a panel of female activists, and national and global leaders committing to the Call to Action on COVID-19; **Unite partners in aligning for action under a new ambitious five-year strategy for PMNCH.**”*

## Coming up - Special Session of #WHO Executive Board

scheduled to be held on **October 5-6** to discuss COVID-19 response by member nations.

## Global governance of health

### Devex – Shinzo Abe's development legacy for Japan is here to stay

<https://www.devex.com/news/shinzo-abe-s-development-legacy-for-japan-is-here-to-stay-98044>

*“Following Shinzo Abe’s resignation as Japan’s prime minister, Yoshihide Suga, who served as Abe’s chief cabinet secretary, was elected new prime minister on Wednesday. But his election is not expected to dramatically affect Japan’s foreign aid policies, which underwent considerable changes during Abe’s term in office. As the country’s longest serving prime minister — seven years and eight months in total — Abe set Japan on a foreign policy path that embraced multilateralism and allowed Japan to play a more influential role in global politics. He saw foreign aid as instrumental in putting Japan on the diplomatic map, particularly in Asia, where he was able to capitalize on the need for quality infrastructure as a response to China’s growing influence....”*

*“...In 2015, Japan revised its official development charter to place an emphasis on “**quality growth**” — closely connected to poverty eradication — and on **the concept of “win-win**” — linking world prosperity and stability to satisfying Japan’s national interest. **The emphasis on quality has become a means for Japan to counterbalance China’s growing role in infrastructure financing in the region and beyond, and helps characterize Japanese infrastructure investments.** In 2019, Abe succeeded in including “**quality infrastructure**” in the G-20 declaration in Osaka. But Japanese aid reaches beyond just infrastructure. **Development experts have come to associate the importance of Japanese aid in areas ranging from global health to countries’ capacity building through technical cooperation.** Experts and observers expect Suga to continue the aid policies and directions set by Abe now that he is in office....”*

With also some paragraphs on **Abe’s UHC legacy** more in particular.

## Development Today - Norway's global health envoy: rich countries must expand ODA and find win-win solutions to defeat COVID19

<https://development-today.com/archive/dt-2020/dt-6--2020/on-being-global-health-ambassador-in-a-time-of-triage>

(gated) *"In his new role as **Norway's Global Health Ambassador, John-Arne Røttingen** will help the government navigate the coronavirus pandemic while ensuring that precious resources are wisely spent on needs other than COVID19. "This is triage, absolutely ... We are in important days," he says in an interview with Development Today."*

## Devex – Johnson 'reserves his position' on amending 2002 International Development Act

<https://www.devex.com/news/johnson-reserves-his-position-on-amending-2002-international-development-act-98113>

*"UK Prime Minister Boris Johnson refused to rule out changes to the 2002 International Development Act during a session with politicians Wednesday. ... The International Development Act is a cornerstone of U.K. development policy and rules that official development assistance spending must be "likely to contribute to a reduction in poverty."..."*

## Reuters - Cuba punches above weight with 'white coat army' during pandemic

<https://uk.reuters.com/article/health-coronavirus-cuba-doctors/cuba-punches-above-weight-with-white-coat-army-during-pandemic-idINKBN2651NV>

*"...Nearly 40 countries across five continents have received Cuban medics during the pandemic, as the island nation - home to just over 11 million inhabitants - has once more punched far above its weight in medical diplomacy..."*

## CGD (blog) - Act Now to Preserve Development Gains in a Post-COVID World

Masood Ahmed; <https://www.cgdev.org/blog/act-now-preserve-development-gains-post-covid-world>

Helicopter view on development, as UNGA75 starts. *"A few targeted actions now, backed up with commensurate resources, can help ensure the developing world gets back on a path to shared prosperity sooner rather than later."*

## Devex - Data concerns reopen debate over World Bank Doing Business rankings

<https://www.devex.com/news/data-concerns-reopen-debate-over-world-bank-doing-business-rankings-98072>

Good overview of the "reopened debate". *"Reports that the World Bank's Doing Business rankings might have been subject to manipulation have **reopened a debate about whether or not the project,***



*which aims to evaluate countries' openness to the private sector, ought to continue at all. Groups that have long criticized Doing Business are making the case that recent concerns that data might have been manipulated to benefit certain countries are symptoms of a deeper overemphasis on deregulation that pushes client countries to undervalue social services, environmental protection, and human rights. **The project's defenders** say Doing Business was never meant to be a comprehensive policy framework but instead offers a valuable snapshot of rules and regulations that can help drive pro-growth reforms...."*

## **Devex - Global Fragility Act strategy won't include pilot country picks, sources say**

<https://www.devex.com/news/global-fragility-act-strategy-won-t-include-pilot-country-picks-sources-say-98079>

*"The **U.S. Global Fragility Act strategy** [due for release on Tuesday] is **not expected to include country and regional selections detailing where the Trump administration will implement it**, multiple sources have told Devex. The selections are mandated by law. **The GFA strategy is supposed to outline how the administration intends to implement the Global Fragility Act**, which passed Congress in December. **The GFA lays out a new, prevention-based approach to fragile states drawing on lessons from several decades of failed U.S. foreign interventions**. It requires the administration to select at least five priority countries or regions in which to pilot the 10-year strategy. Three sources familiar with the document due Tuesday said it does not meet that requirement...."*

## **Devex - Mauricio Claver-Carone overcomes regional opposition to become first American IDB president**

<https://www.devex.com/news/mauricio-claver-carone-overcomes-regional-opposition-to-become-first-american-idb-president-98080>

Trump pick. And a 'visionary leader' according to Mike Pompeo. Nuff said.

## **Telegraph - Call for more UK aid to go on basic health services in world's poorest countries**

<https://www.telegraph.co.uk/global-health/science-and-disease/call-uk-aid-go-basic-health-services-worlds-poorest-countries/>

*"The **UK government is being urged to spend more aid money on basic health services in the world's poorest countries as charities fear that vital goals such as reducing child and maternal mortality are being neglected because of Covid-19**. A report by Action for Global Health, a coalition of charities including Oxfam, Save the Children and Christian Aid, highlights how spending on global health as a proportion of the aid budget has fallen in recent years, with the amount going directly basic health services dropping by half since 2013. It also warns that **health is no longer one of the priority areas for the new Foreign, Commonwealth and Development Office (FCDO)...."***

## UHC

### Devex - Corruption allegations rock Philippine health insurance corporation amid COVID-19

<https://www.devex.com/news/corruption-allegations-rock-philippine-health-insurance-corporation-amid-covid-19-98048>

*“Philippine lawmakers recommend charges of graft and corruption be filed against senior officials of the country's health insurance corporation, raising questions about the implementation of the Philippines' Universal Health Care Law and COVID-19 response.”*

*“The Philippines, hit hard by the coronavirus pandemic, is also in the middle of an alleged corruption scandal. **The Philippine Health Insurance Corporation — PhilHealth** — which has been helping finance COVID-19 testing and treatment in the country, **has been rocked with allegations of fund mismanagement and overpricing...**”*

### BMJ GH - Allocating resources to support universal health coverage: development of a geographical funding formula in Malawi

F McGuire et al ; <https://gh.bmj.com/content/5/9/e002763>

*“Universal health coverage (UHC) requires that local health sector institutions—such as local authorities—are properly funded to fulfil their service delivery commitments. **In this study, we examine how formula funding can align sub-national resource allocations with national priorities.** This is illustrated by outlining alternative options for using mathematical formula to guide the allocation of national drug and service delivery budgets to district councils in Malawi in 2018/2019....”*

And via a new HSG blog - [Parliamentary Dialogue on Future Health Systems](#)

*“In the coming months, **a Commission on UHC for Africa** is expected to be launched at the Africa Health Agenda International Conference, and **key policy recommendations for parliamentarians in Africa presented.**”*

## Infectious diseases & NTDs

### Guardian - New Asian mosquito could bring malaria to African cities, warn scientists

[Guardian](#)

*“Already grappling with the highest incidence of malaria with more than 90% of global cases, **Africa should be wary of an Asian mosquito species that has the potential to spread the disease into the continent's urban areas – subjecting an additional 126 million people to risk – a new [analysis](#)**”*

**suggests.** Unlike endemic mosquito species in Africa, which have made themselves at home in warm and wet climates in largely rural areas, **this particular mosquito – An. stephensi – has made an appearance in African cities in recent years.** “This mosquito is unlike any other primary malaria vector found in Africa – **it can live in urban areas that other species just don’t like,**” said the lead author, Dr Marianne Sinka from the University of Oxford....”

## **Plos Med - Quality of clinical management of children diagnosed with malaria: A cross-sectional assessment in 9 sub-Saharan African countries between 2007–2018**

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003254>

“Appropriate clinical management of malaria in children is critical for preventing progression to severe disease and for reducing the continued high burden of malaria mortality. **This study aimed to assess the quality of care provided to children under 5 diagnosed with malaria across 9 sub-Saharan African countries.**”

## **TMIH- National tuberculosis prevalence surveys in Africa, 2008–2016: an overview of results and lessons learned**

<https://onlinelibrary.wiley.com/doi/abs/10.1111/tmi.13485>

“...Our objective was to synthesize the results and lessons learned from national surveys completed in Africa between 2008 and 2016, to complement a previous review for Asia....”

## **AMR**

### **BMJ GH - Antibiotic overuse in the primary health care setting: a secondary data analysis of standardised patient studies from India, China and Kenya**

G Sulis et al ; <https://gh.bmj.com/content/5/9/e003393>

« Good-quality Standardized Patients data indicate **alarmingly high levels of antibiotic overprescription for key conditions across primary care settings in India, China and Kenya, with broad-spectrum agents being excessively used in India and China.** »

## **NCDs**

### **Plos Med - Mental health problems among female sex workers in low- and middle-income countries: A systematic review and meta-analysis**

T Beattie et al ; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003297>

*“The psychological health of female sex workers (FSWs) has emerged as a major public health concern in many low- and middle-income countries (LMICs). Key risk factors include poverty, low education, violence, alcohol and drug use, human immunodeficiency virus (HIV), and stigma and discrimination. This systematic review and meta-analysis aimed to quantify the prevalence of mental health problems among FSWs in LMICs, and to examine associations with common risk factors....”*

Conclusions: *“In this study, we found that mental health problems are highly prevalent among FSWs in LMICs and are strongly associated with common risk factors. Study findings support the concept of overlapping vulnerabilities and highlight the urgent need for interventions designed to improve the mental health and well-being of FSWs.”*

### LSHTM - Alcohol industry funded organisations undermining health information through ‘dark nudge’ and ‘sludge’

<https://www.lshtm.ac.uk/newsevents/news/2020/alcohol-industry-funded-organisations-undermining-health-information-through>

On a new [study](#) by Mark Petticrew et al.

*“Alcohol industry corporate social responsibility (AI-CSR) bodies are promoting mixed messages about alcohol harms and undermining scientific evidence by using consumers’ cognitive biases, according to new research published in The Milbank Quarterly. Led by the London School of Hygiene & Tropical Medicine, the study involved a systematic search of the websites, and social media accounts of 23 (AI-CSR) organisations. The research team found AI-CSR health information often contained evidence of ‘dark nudges’ - prompts which aim to influence people, often unconsciously by leveraging their cognitive biases, to make decisions which are not in their best interest, and ‘sludge’ - a form of friction which makes it less likely for individuals to change their behaviour in a way that is in their own best interests for their health....”*

### Plos Med - Severe mental illness and health service utilisation for nonpsychiatric medical disorders: A systematic review and meta-analysis

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003284>

*“Psychiatric comorbidity is known to impact upon use of nonpsychiatric health services. The aim of this systematic review and meta-analysis was to assess the specific impact of severe mental illness (SMI) on the use of inpatient, emergency, and primary care services for nonpsychiatric medical disorders....”* Results are in line with expectations.

And a link:

BMJ blog - [Industry interference in nutrition science reaches into low and middle income countries](#)

With focus on Colombia, here.

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

### Plos Med - Priorities in reducing child mortality: Azithromycin and other interventions

D Mabey et al ; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003364>

**Perspective accompanying the new paper by Kieran O'Brien and colleagues in this issue of *PLOS Medicine*.** The paper investigates the question, comparing the impact of azithromycin mass treatment in malnourished (underweight) versus well-nourished children at the Niger study site of Mordor. (**Azithromycin** is a long-acting, broad spectrum antibiotic that also has antimalarial, anti-inflammatory, and possibly antiviral properties).

This perspective concludes: ***“Mass treatment with azithromycin can reduce childhood mortality in some settings, but further research is needed to identify where it is likely to have an impact. Its blanket use to reduce childhood mortality remains fraught with unanswered questions. Improvements in water, sanitation, and hygiene; provision of adequate health care; and improved coverage of immunisation and other effective interventions—as well as community participation in the planning, implementation, and monitoring of policies and programmes that affect them—remain the cornerstone of efforts to achieve health-related sustainable development goal targets.”***

## Human resources for health

### Wemos (factsheet) – Second review of the relevance and effectiveness of the Code (2019/2020)

[https://www.wemos.nl/wp-content/uploads/2020/09/Wemos-Factsheet\\_Second-review-of-the-relevance-and-effectiveness-of-the-Code\\_Sept-2020.pdf](https://www.wemos.nl/wp-content/uploads/2020/09/Wemos-Factsheet_Second-review-of-the-relevance-and-effectiveness-of-the-Code_Sept-2020.pdf)

The WHO Global Code of Practice on the International Recruitment of Health Personnel, that is.

*“To monitor the progress in implementing the Code, member states agreed to report on the measures they have taken every three years. In addition, an Expert Advisory Group (EAG) reviews the Code’s relevance and effectiveness every five years. **The first EAG review report was published in 2015. The second EAG review took place over the course of 2019, and the resulting report and background documents were submitted for discussion at the World Health Assembly (WHA) 2020. Due to the COVID-19 pandemic, the report was not on the agenda of the shortened session of the WHA in May, but it will likely be during its reconvening later in 2020. This factsheet highlights the key takeaways from the report and some recommendations on concrete actions civil society can take....”***

### Lancet World Report – Understanding Mexican health worker COVID-19 deaths

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31955-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31955-3/fulltext)

*“An Amnesty International report says that **more health workers have died in Mexico than anywhere else.** David Agren explores why.”*

And a link:

BMC Health Services Research - [Connecting communities to primary care: a qualitative study on the roles, motivations and lived experiences of community health workers in the Philippines.](#)

## Miscellaneous

Vox - A new study from Rwanda is the latest evidence for just giving people money

<https://www.vox.com/future-perfect/21427889/cash-benchmarking-usaid-global-poverty>

*“USAID compared a job training program to handing out cash. Cash looks better.”*

Reuters - Red Cross warns coronavirus is driving discrimination in Asia

[Reuters](#);

*“The International Federation of Red Cross and Red Crescent Societies (IFRC) warned on Thursday that the novel coronavirus is driving discrimination towards vulnerable communities in Asia, including migrants and foreigners....”*

BMJ GH Analysis - Health and human rights are inextricably linked in the COVID-19 response

S Sekala, B M Meier et al; <https://gh.bmj.com/content/5/9/e003359>

*“To mitigate the spread of COVID-19, governments throughout the world have introduced emergency measures that constrain individual freedoms, social and economic rights and global solidarity. These regulatory measures have closed schools, workplaces and transit systems, cancelled public gatherings, introduced mandatory home confinement and deployed large-scale electronic surveillance. In doing so, **human rights obligations are rarely addressed**, despite how significantly they are impacted by the pandemic response. **The norms and principles of human rights should guide government responses to COVID-19, with these rights strengthening the public health response to COVID-19.**”*

NYT –At U.S.A.I.D., Juggling Political Priorities and Pandemic Response

<https://www.nytimes.com/2020/09/13/us/politics/usaaid-coronavirus-trump.html>

*“Aggressive oversight of the aid agency by political appointees at the White House and the State Department has delayed humanitarian aid when the world needs it most.”*

*“The coronavirus was spreading around the world, and officials at the United States Agency for International Development were anxious to rush humanitarian aid to nations in need. But first, they had to settle a **debate over American branding and whether it should be displayed on assistance headed to conflict zones**. Political appointees from the White House and the State Department wanted the aid agency’s logo affixed to all assistance packages to show the world how much the United States was sending abroad, even as it grappled with its own outbreak. Career employees at U.S.A.I.D. argued that the logo and other American symbols could endanger people who delivered or received the aid in countries that are hostile to the United States and where branding exceptions are usually granted. **At the end of the debate this spring, relief workers were allowed to distribute aid without the branding in a handful of countries in the Middle East and North Africa. But the discussion, as described by a half-dozen current and former officials at the aid agency and relief workers who were briefed on it, delayed assistance for several weeks to some of the world’s most vulnerable communities as the pandemic began to peak**. It was a cautionary example of the political intervention that has roiled an agency that prides itself as leading the humanitarian response to disasters, conflict and other emergencies around the world....”*

## **BMJ blog - Gregg Gonsalves: Covid-19 in the US—the new disease denialism**

### [BMJ Opinion](#)

*“We will look back on this time and the hundreds of thousands of deaths we could have avoided with sorrow, anger, and disbelief.”* Gonsalves compared with South Africa’s Thabo Mbeki’s “approach” towards HIV.

## **Project Syndicate - The Rise of Covidnomics**

K Basu; <https://www.project-syndicate.org/commentary/covid19-policies-medicine-economics-human-behavior-by-kaushik-basu-2020-09>

*“The COVID-19 pandemic is **forcing medical professionals and economists alike to grapple with issues that cross the normal boundaries of their respective disciplines**. Recognizing this creates scope for **policy interventions that can contain the pandemic without crushing the economy**.”*

## **Science News - The latest round in the CRISPR patent battle has an apparent victor, but the fight continues**

<https://www.sciencemag.org/news/2020/09/latest-round-crispr-patent-battle-has-apparent-victor-fight-continues>

*“Broad Institute appears to gain an advantage over the University of California and its partners who have claimed to have invented the genome editor first.”*

## **Lancet –Learning from a retraction**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31958-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31958-9/fulltext)

The editors from the Lancet group come back on the recent “high profile” retraction.

*“The publication and subsequent retraction in June, 2020, of the Article Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis, based on an alleged dataset associated with Surgisphere, prompted us to **examine The Lancet's peer-review processes to identify ways of further reducing risks of research and publication misconduct**. As a result of this review, with immediate effect, **we have made changes to the declarations we seek from authors, the data sharing statements we require for published research papers, and the peer-review process for similar papers based on large datasets or real-world data...**”*

PS: You might also want to read **Zoë Mullan's Comment in the Lancet Global Health**, related to **Peer review week (21-25 September)** - [Elements of trust in peer review \(and our annual thanks\)](#).