

# IHP news 593 : Covid mood swings

( 16 October 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,

For many of us, **Covid-19 causes mood swings**, sometimes ferocious ones. A bit of doom here, a bit of hope there, all in the slipstream of 24-hour coverage of scientific and political news (including for many, social media). Just this week for example, the NYT's Donald McNeill came up with "[A dose of optimism](#)". Well, at least for the medium term. In the short term, however, many of us in the Northern hemisphere, and certainly here in Europe, now face the dreaded 'second wave'. And this time, there's no summer sunshine lurking behind the corner to mitigate some of the anxiety: "Winter is coming". As sadly, hibernation is not an option for us, human beings, we'll just have to muddle through in the months ahead. By the way, I quite liked the Washington Post's '[Cliffhanger moment](#)' metaphor for this stage of the pandemic, pointing to "*lower Covid-19 death rates worldwide, but **no one is sure whether that's a blip or a trend***". Anyway, with the virtual conference season now in full swing, you can perhaps all start your day with a bit of "Covid meditation", **Zooming in, Zooming out** 😊. Perhaps then, the stoicism propagated by one of my older colleagues (to deal with this seemingly never-ending Greek Tragedy we're in) might also become yours.

The **climate emergency** is good for some nasty mood swings too. Earlier this week, the UN came up with another '[Uninhabitable Hell](#)' warning, if we don't [change tack](#) asap. It's baffling how fast we've gone from a "[Global Health convergence by 2035](#)" to these **very dire planetary health scenarios**, now apparently our daily bread and butter. It wasn't just global politicians "missing in action", over the last decades, on planetary health.

Over to the **WB/IMF annual meetings** then. The IMF has now truly [buried neoliberalism](#), rhetorically at least, advocating some sort of neokeynesianism, both to deal with Covid and the climate challenge. In the FT, IMF's chief economist also gave some rather encouraging [progressive taxation](#) recommendations. But all this mainly seems to concern wealthier/industrialized countries, as the institution is [still pushing austerity in the Global South](#), in its concrete policy advice on the ground. With another 'lost decade' as a possible result. Doubt these are IMF 'mood swings'.

Mood swings can of course also be linked to the lens you use. As for **China's Covax decision** from last week, I prefer to use the '[cosmopolitan moment](#)' lens, rather than the [geopolitical one](#), even if it's probably a mix of both. Finally, I hope the [TRIPS waiver proposal](#) can trigger a global Covid "mood swing" in the months to come, at the WTO and far beyond 😊.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Caesarean sections: an unwanted service in rural Guinea?

By **Bienvenu Salim CAMARA**, MD, BA, MSc, PhD Cand., Social and Health scientist, *Centre National de Formation et de Recherche en Santé Rurale de Maferinyah, Forécariah, Guinea, & EV 2020*

**Mayeni: “I wanted to exhaust labor at home... but it was too late”**

*“My name is Mayeni... I am 28, I have four kids, three girls and a boy... That day, my husband was on trip in Forécariah [city]. In the afternoon, when I was drying up rice seeds in the sunshine, I felt pain in my stomach. I realized that this was labor because during the antenatal visit at the health center, the doctor lady told me that I should expect giving birth in four weeks maximum. When I felt the pain, I sent my daughter to call my sister-in-law who lives in the neighborhood. The latter came and she helped me pack some stuff such as clothes, bucket, soap, which we had to bring with us to the health center for delivery. My sister-in-law wanted us to get to the health center as soon as possible, because the place was a bit far. We had to travel to the health center; since my husband was away and my sister in law and I are all females, we had to get to the health center before it got dark. But I did not want. I told her that we should wait... Indeed I wanted to exhaust labor at home and be at the health center just at the time of delivery. My worries were to be held in prolonged labor by health workers who would finally decide to make me deliver by [caesarean section]. Since [caesarean section] was introduced at the health center here, there have been many rumors that health workers deliberately prolong women’s labor and when these ones get exhausted, they propose [caesarean section] to earn more money. So I stayed in my room in labor until night... but by the time my sister-in-law went to negotiate the motorbike taxi to take me to the health center, it was too late... the baby came out.”*

Mayeni’s story is similar to the stories of many other women living in Maferinyah (a sub-district of Forécariah (city), Western Guinea, who, due to mistrust in government health workers and (mis)perception of C-sections, prefer to give birth with traditional birth attendants (TBAs), or at home. In such contexts, it is important to understand how experiences and perception of caesarian sections (C-section) services in Maferinyah’s rural health centers, influence women’s choices around childbirth.

After hearing Mayeni’s story during an ethnographic study (ongoing doctoral thesis – not yet published) on maternal health seeking behaviors, we felt it would be interesting to explore this further, and investigate the perception and experiences of (eleven) other pregnant and postpartum women from the same community around C-section, which was introduced nearly eighteen months ago.

***Post-Ebola maternal health system strengthening: introduction of C-section***

[Guinea experienced its most deadly epidemic crisis ever from 2014 to 2016: the Ebola epidemic.](#) One direct consequence of this epidemic crisis was [the collapse of the health system](#), which negatively affected both the [demand](#) and [quality](#) of maternal health services. This negative impact may have been even more pronounced in rural areas where [Ebola-related community mistrust in the health system resulted in violence against Ebola response actors](#). Post-Ebola, once the focus was again on

strengthening the health system, including maternal health, [C-sections were added to the package of free maternal health services in some rural health centers –including the Maferinyah health center - in 2017](#). The introduction of free C-section in rural areas aimed to increase timely utilization of obstetric services by women who had been facing distance and transportation related barriers to accessing emergency obstetric care. However, in spite of [a user fee exemption policy for obstetric services, women still paid to give birth in health facilities](#). Within such context, it is probable that women pay for C-section which is supposed to be free of charge. What's more, [poor quality of maternal health services has been reported in the context of the user fee exemption policy for maternal health in Guinea](#). It is therefore important to understand how the user fee exemption policy for maternal health shapes women's perceptions of the newly introduced C-section services in rural Guinea.

Below you find some of our findings. The perspectives of the pregnant/post-partum women are complemented by providers' views.

### **Contrasting views**

While some women thought C-sections could be important in saving the life of mothers and their babies, other women did not see the need for them, and in fact believe they are exploited by health providers as a means of earning money in a context where paying a substantial amount of money for vaginal delivery is less acceptable. Based on this, their conclusion was that most C-section cases performed at the health center are medically unnecessary. A further argument to support this was the notion of surgeries being for diseases, which childbearing, a natural process in a woman's life, is not considered to be. Finally, they perceived C-section as compromising their future prospects of maternity since, in their view, this can cause infertility.

Providers, however, mentioned that all C-sections performed so far at the health center were medically relevant. According to them, birth complications, mostly due to delay in seeking appropriate childbirth care, constitute the main reason for C-sections.

Health providers acknowledged that they request 200,000 GNF (approximately 20 euros) from each woman who is attended for delivery through C-section. They claimed this money is used to buy consumables and drugs for surgery and cover the salary of the obstetrician who is not paid by Government, but by the health center.

### ***Policy implications?***

These insights shed more light on the need for Guinea's government to ensure the availability of relevant materials (equipment, consumables, and drugs) and a salaried obstetrician in rural health centers where C-section has been incorporated in the free package of maternal health services. Regular monitoring of C-section services (materials consumption, documentation of C-section indications) would also improve the service quality in these settings. Finally, raising community awareness on C-sections is also a priority, especially in a context marked by a history of mistrust in government health services.

## Highlights of the week

### Global Burden of Disease Study: Lancet Special issue

[https://www.thelancet.com/journals/lancet/issue/vol396no10258/PIIS0140-6736\(20\)X0042-0](https://www.thelancet.com/journals/lancet/issue/vol396no10258/PIIS0140-6736(20)X0042-0)

Via the **press release**:

***“The Lancet: Latest global disease estimates reveal perfect storm of rising chronic diseases and public health failures fuelling COVID-19 pandemic”***

**“Most comprehensive global study—analysing 286 causes of death, 369 diseases and injuries, and 87 risk factors in 204 countries and territories—reveals how well the world’s population were prepared in terms of underlying health for the impact of the COVID-19 pandemic. Global crisis of chronic diseases and failure of public health to stem the rise in highly preventable risk factors have left populations vulnerable to acute health emergencies such as COVID-19. Urgent action is needed to address the global syndemic of chronic diseases, social inequalities, and COVID-19 to ensure more robust health systems and healthier people, making countries more resilient to future pandemic threats. The Global Burden of Disease Study provides a roadmap to where need is greatest, with country-specific data on risk factors and chronic disease burden (see below).”**

***“The interaction of COVID-19 with the continued global rise in chronic illness and related risk factors, including obesity, high blood sugar, and outdoor air pollution, over the past 30 years has created a perfect storm, fuelling COVID-19 deaths. The latest findings from the Global Burden of Disease Study (GBD), published today in **The Lancet**, provide new insights on how well countries were prepared in terms of underlying health for the COVID-19 pandemic, and set out the true scale of the challenge to protect against further pandemic threats. The study also reveals that the rise in exposure to key risk factors (including high blood pressure, high blood sugar, high body-mass index [BMI], and elevated cholesterol), combined with rising deaths from cardiovascular disease in some countries (e.g., the USA and the Caribbean), suggests that **the world might be approaching a turning point in life expectancy gains**. The authors stress that **the promise of disease prevention through government actions or incentives that enable healthier behaviours and access to health-care resources is not being realised around the world**. “Most of these risk factors are preventable and treatable, and tackling them will bring huge social and economic benefits. We are failing to change unhealthy behaviours, particularly those related to diet quality, caloric intake, and physical activity, in part due to inadequate policy attention and funding for public health and behavioural research”, says Professor Christopher Murray, Director of the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, USA, who led the research...”***

- Do start with the **Editorial** - [Global health: time for radical change?](#)

***“The latest report of the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 raises uncomfortable questions about the direction global health has taken in the 21st century. .... The message of GBD is that unless deeply embedded structural inequities in society are tackled and unless a more liberal approach to immigration policies is adopted, communities will not be protected***

from future infectious outbreaks and population health will not achieve the gains that global health advocates seek. *It's time for the global health community to change direction.*”

- Then read the **Lancet Viewpoint - [Five insights from the Global Burden of Disease Study 2019](#)**  
They are: **Double down on catch up development; the MDG health agenda has been working; health systems need to be more agile to adapt to the rapid shift to NCDs and disabilities; public health is failing to address the increase in crucial global risk factors; Social, fiscal, and geopolitical challenges of inverted population pyramids.**
- **Coverage** for example via the **Guardian - [Thirty-year failure to tackle preventable disease fuelling global Covid pandemic](#)**

Quote: “Horton said the *study was “the most comprehensive analysis of the state of the world’s preparedness for Covid-19, immediately before the virus. It reveals that the world was acutely vulnerable to a virus that targets older citizens, those living with chronic non-communicable diseases, and those living in societies with pervasive inequalities.”*

## Global tax & debt justice

**Tax Justice Network - OECD’s “tax haven lite” blueprint fails pandemic-gripped world**

<https://www.taxjustice.net/2020/10/12/oecd-tax-haven-lite-blueprint-fails-pandemic-gripped-world/>

*“Blueprints published by the OECD [today] on how it plans to tackle tax havens do not come close to the reforms needed, the Tax Justice Network has warned. An estimated \$500 billion in corporate tax is lost to tax havens every year under current international rules, and the costs of the worldwide COVID-19 pandemic make recapturing these an urgent priority. The OECD’s blueprints, which also lack political agreement to proceed, have drawn harsh criticism from leading economists and tax experts...”* With among others, **Alex Cobham’s** view.

**New International - It's official: the global economy is a ‘debtor’s prison’**

**N Dearden;** <https://newint.org/features/2020/10/14/official-global-economy-debtors-prison>

Do read this great **helicopter view by Nick Dearden** (director of Global Justice Now) before you delve into the section on the WB/IMF annual meetings. He **contrasts their plans** on debt relief etc. **with the far more transformative UNCTAD approach.** He has harsher words for the WB than for the IMF.

*“As the World Bank and IMF sound the alarm on debts driven sky high by Covid-19 in some of the world’s poorest nations, Nick Dearden explains **why debt ‘relief’ will not cut it – we need system change.**”*

## WB/IMF annual meetings

With first some analyses & advocacy ahead of the meetings, then some key news. Some info you also find in later sections, though (like on the WB & Covid vaccine funding).

Also linked to the **G20 meeting** from this week, clearly. In the section right below this.

### **Bretton Woods Project - Annual Meetings 2020 Preamble: IMF and World Bank frontload austerity and privatisation in Covid-19 recovery, while the world calls for more inclusive multilateralism**

[Bretton Woods Project](#).

Must-read helicopter view **analysis**, published **ahead** of the WB/IMF annual meetings.

*“Crises triggered by Covid-19 intensify, disproportionately affecting most vulnerable. Developing countries struggle to respond as Global North unleashes trillions in stimulus while avoiding debt cancellation and liquidity support. **Global order under strain as pandemic highlights consequences of dysfunctional system based on deep power imbalances. Hopes turn to the UN system for reformulation of international architecture.**”*

And the first paragraph: *“As the number of global deaths from the Covid-19 pandemic surpasses **1 million**, the IMF and World Bank begin their **Annual Meetings** promising to deliver on green and just recoveries from the pandemic and its devastating consequences (see Observer **Summer 2020, Spring 2020**). Yet, with the **Civil Society Policy Forum** taking place this year before the Annual Meetings, the **contrast between civil society proposals for feminist, green recoveries that avoid another decade of austerity and the solutions offered by the World Bank and IMF has never been more stark...**”*

Read why the current WB/IMF recipes don't suffice (at all).

### **Action Aid Policy Brief – The Pandemic and the Public sector**

<https://actionaid.org/publications/2020/pandemic-and-public-sector>

*“The IMF has a long history of imposing economic austerity programs on heavily indebted developing countries. **Building on our April 2020 report on changes required in how the IMF and governments employ and follow those programs, the need for substantial external debt cancellation, and progressive reforms to tax systems, this briefing looks at how the Covid-19 crises have affected IMF policy “advice,” with a particular focus on constraints on wage bills for providers of public services.** Despite some high-flown rhetoric from IMF management, it turns out that the “condition-free” emergency loans from the international financial institution, distributed from April through July this year, **contain “commitments” from governments to implement new or renewed austerity programs as soon as the immediate health crisis has peaked, with little provision for any recovery period.** And despite the virus exposing the manifest shortcomings of developing country health systems, wage bills remain a target for rapid cuts once the initial stages of the crisis are over.”*

## Bloomberg - Oxfam Says IMF Loans Force Spending Cuts That Exacerbate Poverty

<https://www.bloomberg.com/news/articles/2020-10-12/oxfam-says-imf-loans-force-spending-cuts-that-exacerbate-poverty>

***“The vast majority of International Monetary Fund loans extended during the Covid-19 pandemic have suggested or demanded spending cuts that would worsen poverty and inequality, charity group Oxfam says. Seventy-six of the fund’s 91 loans since March have sought belt tightening, according to Oxfam. The result could be deep cuts to public healthcare and pensions; wage freezes and cuts for workers such as doctors and teachers; and reduced unemployment benefits like sick pay, the group said Monday....” Austerity, yet again... in spite of all the high level IMF rhetoric.***

For more criticism of IMF (i.e. on its green credentials), see [Build Back Better? IMF’s policy advice hampers green COVID19 recovery](#)

## Brookings (blog) - Why the IMF needs to build on its COVID-19 record, not backtrack

K Gallagher; <https://www.brookings.edu/blog/future-development/2020/10/13/why-the-imf-needs-to-build-on-its-covid-19-record-not-backtrack/>

Slightly different view on IMF’s Covid response track record so far, assessed more positively (than by the NGOs above), but worrying about what might come next.

***“ In a paper published in the journal [COVID ECONOMICS](#) at the Center for Economic and Policy Research in London, Franco Maldonado Carlin and I created an [IMF COVID-19 Recovery Index](#) that measures and monitors the IMF’s response to the COVID-19 crisis. **The IMF’s response to COVID-19 has proven to be far less conditioned on fiscal austerity and has prioritized health expenditure and social spending to attack the coronavirus and protect the vulnerable.** However, despite visionary speeches by senior management, the research shows the IMF is falling far short in encouraging countries to mount a green recovery. And now, new rhetoric from IMF officials suggests a return to austerity may be around the corner....”***

## (CGD) New Data Show the World Bank’s COVID Response Is Too Small and Too Slow

J Duggan, J Sandefur et al <https://www.cgdev.org/blog/new-data-show-world-banks-covid-response-is-too-small-too-slow>

***“The World Bank has committed to providing \$160 billion in financing by next June to help developing countries deal with the COVID-19 crisis. Is that sufficient to meet the needs of developing countries facing a massive growth contraction? And **will the bank actually deliver on its pledge?**”***

The title of this blog (linked to a new **working paper**) already gives you a strong hint.

## BBC News - Africa 'needs \$1.2tn' to recover coronavirus losses

<https://www.bbc.com/news/world-africa-54491053>

*“The economic damage as well as the health costs caused by coronavirus has left Africa needing \$1.2tn (£920bn) over the next three years, **the International Monetary Fund has said.**”*

For another insightful read on African Covid-finance related needs, see a **FT Op-ed** (published before the annual meetings): [Ghanaian finance minister: Africa deserves more Covid help](#) **“Continent has fared better health-wise than others, but its economies are suffering.”**

*Excerpt: “... **As we approach the World Bank and IMF fall meetings this week, much more needs to be done. The IMF’s lending capacity should be doubled to \$2.5tn. European countries have some \$260bn in special drawing rights for which they have little use and could easily lend on to African countries. The US is opposing the issuance of new SDRs altogether. Meanwhile, China is negotiating with Africa on a country-by-country rather than continental basis, which is blocking progress. That makes western creditors reluctant to offer concessions for fear that released resources will simply be transferred to Beijing...**”*

See also FT - [Emerging economies plead for more ambitious debt relief programmes](#)

*“Government ministers of poor and indebted nations [will] this week appeal to their creditors for a much more ambitious debt relief effort as they grapple with the healthcare and economic consequences of the coronavirus pandemic. They will set out their case for greater support from foreign governments and multilateral lenders as delegates gather for the annual meetings of the IMF and World Bank....”*

*“... **Vera Songwe, head of the UN Economic Commission for Africa, is co-ordinating an appeal by African finance ministers for \$100bn a year for the next three years to support stricken economies on the continent....**”*

## Reuters - U.N. chief wants broader debt relief effort, urges IMF to mull liquidity boost

<https://www.reuters.com/article/us-health-coronavirus-debt-un/u-n-chief-wants-broader-debt-relief-effort-urges-imf-to-mull-liquidity-boost-idUSKBN2342CT>

*“U.N. chief Antonio Guterres called on Thursday for debt relief to be offered to all developing and middle-income countries amid the coronavirus pandemic and urged the International Monetary Fund to consider boosting global liquidity by issuing a new allocation of its Special Drawing Rights currency. **“Alleviating crushing debt cannot be limited to the Least Developed Countries,”** Guterres told a U.N. meeting on the pandemic’s economic fallout. **“It must be extended to all developing and middle-income countries that request forbearance as they lose access to financial markets.”**”*

## Guardian – IMF estimates global Covid cost at \$28tn in lost output

<https://www.theguardian.com/business/2020/oct/13/imf-covid-cost-world-economic-outlook>



***“The International Monetary Fund has **scaled back** its estimate of the hit to the global economy from Covid-19 this year but warned that the final bill for the pandemic would total \$28tn (£21.5tn) in lost output. In its flagship world economic outlook, the IMF said a stronger than expected performance in the second and third quarters meant it believed global output would fall by 4.4% in 2020 compared with the 5.2% drop forecast during the summer.”***

***“...The cumulative loss in output relative to the pre-pandemic projected path is projected to grow from \$11tn over 2020-21 to \$28tn over 2020-25,” Gopinath said in a blog. “This represents a severe setback to the improvement in average living standards across all country groups.”***

And another link, related to this World Economic Outlook: [IMF warns emissions policies 'grossly insufficient' and urges green recovery](#) (Guardian) *“ International Monetary Fund warns window for holding temperature increases to safe levels is ‘rapidly closing’”*.

**World Bank's fund for poorest countries seeks emergency funding to 'avoid a cliff'**

<https://www.devex.com/news/world-bank-s-fund-for-poorest-countries-seeks-emergency-funding-to-avoid-a-cliff-98318>

***“World Bank President David Malpass announced Wednesday that he plans to ask the institution’s shareholders to contribute \$25 billion to the bank’s fund for poorest countries, the International Development Association. The proposal comes as IDA has front-loaded its funding commitments this year in response to the COVID-19 pandemic, and Malpass told reporters the purpose of the new funding request is to “avoid a cliff” that could appear if the fund burns through its resources early and has to cut back in subsequent years....”***

**Some other reads related to the IMF/WB annual meetings (& reports)**

First, a tweet from David Malpass (WB): ***“@WorldBank Group and @IMFNews staff have proposed to their Governors the extension and strengthening of the Debt Service Suspension Initiative, and a joint action plan on debt reduction for IDA countries with unsustainable debt.”*** Full note: <https://www.devcommittee.org/sites/dc/files/download/Documents/2020-10/Final%20DC2020-0007%20DSSI.pdf>

- Guardian - [World Bank calls for debt relief programme as amounts owed hit record levels](#)

***“The World Bank has stepped up its call for a comprehensive programme of debt relief after revealing that the amount owed by the poorest countries was at record levels even before the onset of the Covid-19 crisis. Statistics released by the Washington-based institution showed that the external debt of the 73 countries currently eligible to have this year’s repayments suspended stood at \$744bn (£568bn) at the end of 2019 – an increase of 9.5% on 2018....”***

PS: - via [Devex](#): ***“Civil society groups have also criticized the World Bank’s unwillingness to forgive the debt obligations among its own borrowers. Malpass has defended this stance by suggesting that doing so could threaten the institution’s credit rating and ability to lend in the future”***

- New Humanitarian - [The debt crisis looming for poor countries](#)

*“A growing number of poor countries, some already in humanitarian crisis, will soon have to choose between servicing their lenders or helping their most vulnerable citizens, as the **World Bank and the International Monetary Fund** are warning that the tools to deal with a looming debt crisis aren’t up to the job.”*

- Guardian - [Campaigners urge IMF to sell gold to provide debt relief](#)

“Partial sale would help poor countries during pandemic, says **Jubilee Debt Campaign**.”

- Devex - [Is World Bank fast-track COVID-19 funding reaching the most vulnerable?](#)

*“The World Bank’s efforts to move large amounts of funding quickly to help countries respond to the COVID-19 pandemic have left some groups worried that marginalized populations might fall by the wayside when it comes to designing and implementing those projects. In April, the World Bank’s board of executive directors approved its first group of emergency support operations, part of a plan to mobilize \$160 billion over the course of 15 months — by June 2021. **Groups that have followed the design and implementation of these fast-track projects are raising concerns that project documents are not adhering to requirements that they specifically identify marginalized populations; that project consultations are falling short on including civil society representatives; and that the projects don’t consistently address cost barriers that prevent some people from accessing health services.** Their concerns highlight the **difficult balancing act** required by a pandemic that demands rapid and large-scale assistance for lower-income countries, and the importance of an inclusive, consultative approach that ensures the most vulnerable are not excluded from accessing care....”*

## G20 Finance ministers’ meeting

Via the Guardian - <https://www.theguardian.com/business/2020/oct/14/imf-urges-governments-to-borrow-to-fight-impact-of-covid-19>

*“**G20 finance ministers and central bankers** attending the annual meetings agreed on a six-month extension to emergency funding for the poorest countries – known as the debt service suspension initiative – but failed to adopt a common approach to dealing with longer-term debt restructuring. Georgieva said low-income countries needed “more grants, more concessional credit and more debt relief”. But she could not say when there would be an agreement that allowed countries to access fresh funds. The World Bank president, David Malpass, blamed “a lack of participation by private creditors and incomplete participation by some official bilateral creditors” for the breakdown in talks....”*

Disappointing.

For more detail, see **Reuters** - [G20 to extend debt freeze for poorest nations, still wrangling over next steps](#)

Among others by the role played by **China** and **private creditors**.

Excerpt: “...Preparatory meetings among G20 deputies involved “intense” discussions, according to multiple sources familiar with the talks, noting that China, Turkey and India had balked at language that would lock them into future debt writeoffs. **Beijing, the largest new creditor for emerging market economies, objected to adoption of a common framework for dealing with debt concerns beyond the G20 debt moratorium, a move backed by the Group of Seven advanced economies, said one of the sources. “The fight is far from over,” the source added. Chinese officials said they could not commit to future debt reductions implied by the common framework, since that would be illegal under Chinese law, the source said. One solution may be to note each country’s need to work through “domestic approval procedures” in a timely manner, a second source said....”**

More coverage also via **Devex** - [‘Intense’ G20 negotiations fall short on debt support expectations](#)

**“The G-20 extended its debt suspension initiative but otherwise fell short of what low-income countries, advocates, and World Bank President David Malpass had hoped it would do to help countries facing debt challenges in the wake of COVID-19....”**

**“...Many had hoped that the result of this round of meetings would be progress on a debt reduction process, instead the G-20 in its communique said that it “agreed in principle on a ‘Common Framework for Debt Treatments beyond the DSSI” and acknowledged that more may be needed for certain countries beyond what the DSSI is providing....”**

And a (disappointed) reaction, by the Jubilee Debt Campaign: [Reaction to G20 debt suspension and ‘common framework’](#)

**“Jubilee Debt Campaign says failure to cancel debt and include private creditors shows disregard for scale of global South debt crisis which will leave poor countries paying \$3 billion a month. Calls for G20 to agree scheme to cancel debt payments to private, bilateral and multilateral lenders in emergency meeting next month. The G20 Finance Ministers have announced a 6-month extension to their Debt Service Suspension Initiative. They have also indicated that next month they will discuss a common framework for debt reduction and indicated this will require the participation of private lenders but will only be available on a ‘case-by-case’ basis. They have not given any further details....”**

Final link: Reuters - [G20 pledges to do 'whatever it takes' to support global economy](#) Not sure that encompasses the South, and LMICs, though...

## Global Health Governance

**Devex - Poor domestic response to pandemic undermining UK's global health announcements, experts say**

<https://www.devex.com/news/poor-domestic-response-to-pandemic-undermining-uk-s-global-health-announcements-experts-say-98289>

Duh.

**“As the U.K. seeks to expand its role as a global health leader under Prime Minister Boris Johnson, it is being undermined by a poor domestic public health response to the COVID-19 pandemic, according to experts.** The U.K. government has made a number of recent high-profile global health announcements. ... The focus on global health leadership is set to continue as the U.K. takes over the Group of Seven presidency next year.” ...”

**“But public health experts have offered a mixed response on the recent announcements.** While welcoming the U.K. government’s donations and efforts, **Ilona Kickbusch**, a global health consultant formerly with WHO, said that **“credibility” issues have arisen.** According to Kickbusch, **“We tend to say that good global health begins at home. ... There, the two don’t quite come together. I’m sure ... many people in Britain would say, ‘I wish he [Johnson] was as determined and clear about the plan at home as he is in terms of his five-point plan internationally.”** **Kickbusch also criticized Johnson’s use of language**, including his assertion that the international community looks **“pretty tattered.”** She said: **“Some of us [Europeans] do have a problem with ... the language with which Johnson or Britain [communicates]. ... It’s always ‘Global Britain, global leadership, we want to be first’ kind of thing, and not all of us feel very good about that. It’s a time of solidarity.”** **Countries in the global south are “not keen” on leaders and prefer countries to work with them “in solidarity,”** Kickbusch added, saying the discrepancy between the United Kingdom’s actions and its political language makes for a **“strange mix.” ...”**

Count me in. I’m done with all these UK and US “Global Leaders” .

## **Wemos (Discussion paper)- In the Interest of Health for All? The Dutch ‘Aid and trade’ agenda as pursued in the African health care context**

[https://www.wemos.nl/wp-content/uploads/2020/10/Dutch-AT-in-Health-Kenya\\_Wemos-discussion-paper\\_Oct-2020.pdf](https://www.wemos.nl/wp-content/uploads/2020/10/Dutch-AT-in-Health-Kenya_Wemos-discussion-paper_Oct-2020.pdf)

Short summary [here](#): **“ For the last 10 years, the Netherlands has been pursuing an Aid & Trade agenda. It combines development in low and middle-income countries (Aid) with the interests of Dutch companies and investors in these countries (Trade). The idea is to create a win-win situation. Our paper ‘In the interest of Health for All?’ shows that this agenda is also being rolled out in Africa’s health sector, strengthening the private-for-profit sector in healthcare delivery. We wanted to know what the Aid & Trade (A&T) policy instruments look like and what their impact is on health systems and progress towards universal health coverage (UHC)....”**

**“Our study shows how Dutch A&T instruments in healthcare prioritise private sector development and push for public-private partnerships in primary healthcare without using sufficient evidence regarding their expected health and UHC outcomes. CSOs in Africa and scientific literature point at the risks of this approach....”**

## **SWP - Upholding the World Health Organization: Next Steps for the EU**

S Bergner et al ; <https://www.swp-berlin.org/en/publication/upholding-the-world-health-organization/>

**“Before the COVID-19 pandemic, the European Union (EU) was neither a strong pro-moter of global health nor a strong supporter of the World Health Organization (WHO). The Global Health Council**

Conclusions from 2010 were never comprehensively implemented and quickly forgotten. With the pandemic greatly affecting EU member states, the EU is increasingly interested in upholding multilateral cooperation in the global health field. Therefore, **the EU should aim for an upgrading of the EU's status in WHO, the establishment of a global health unit in the European External Action Service (EEAS), and an overhaul of the formal relationship between the European Commission and WHO.**"

## Devex – What happened with PEPFAR's faith-based initiative?

<https://www.devex.com/news/what-happened-with-pepfar-s-faith-based-initiative-98295>

*"On World AIDS Day in 2018, Vice President Mike Pence announced a new U.S. President's Emergency Plan for AIDS Relief initiative that would provide an additional \$100 million to faith-based organizations. It was a flashy announcement that raised concerns over where the funding would come from and whether it would be politics or evidence that determined the initiative's direction. Nearly two years later, all of the funding has been quietly distributed — but concerns linger about a PEPFAR push for more faith-based funding at the potential expense of other communities. The PEPFAR Faith and Community Initiative was designed to "address key gaps toward achieving HIV epidemic control and ensuring justice for children, including by leveraging the unique capacities and compassion of faith-based organizations and communities," a PEPFAR spokesperson told Devex via email...."*

## I-DAIR promises responsible solutions from new health technology

[https://genevasolutions.news/global-health/i-dair-promises-responsible-solutions-from-new-health-technology?utm\\_source=twitter](https://genevasolutions.news/global-health/i-dair-promises-responsible-solutions-from-new-health-technology?utm_source=twitter)

*"... a Geneva-based network of scientists, foundations and health actors has launched a new global platform to facilitate collaboration on research into digital health and artificial intelligence (AI). The founders of the new International Digital Health & AI Research Collaborative (I-DAIR) network envision it as a broad-based multinational collaboration, described as "a distributed CERN for digital health" - a reference to the broad international collaboration on nuclear particle research hosted in nearby France. ... I-DAIR is now in its incubation phase at the Graduate Institute Geneva's Global Health Centre, and will explore how data and AI can be used to solve health problems through a series of research projects. Backed by the Fondation Botnar, partners on the platform include the WHO, the London School of Hygiene and Tropical Medicine, PATH, and the Foundation for Innovative & New Diagnostics (FIND). The official launch of the platform is earmarked for 2022. The first hubs, after Geneva, are planned in Nairobi, New Delhi, Singapore and Tunis...."*

## Tedros & civil society/WHO

Finally, a tweet (by Ravi Ram, from this week's civil society dialogue with dr. Tedros):

*"@DrTedros commits @WHO to a permanent #CivilSociety dialogue forum, to go beyond one-off topical discussions."*

Great news. For more on this, see G2H2 - [Input by Thomas Schwarz at this civil dialogue meeting.](#)

## Covid key news

For the latest update, see for example CIDRAP News - [Global COVID-19 total surges past 38 million](#)

Global cases are led by India, Americas, Europe (the latter faces a 'second fall/winter surge').

See also HPW - [United States & India Both Facing COVID Surges In Rural Areas](#)

### Cidrap News - Global COVID accelerates

<https://www.cidrap.umn.edu/news-perspective/2020/10/global-covid-accelerates-trump-resume-campaign-travel>

(Oct 12)

***“COVID-19 activity across the world is accelerating, with daily highs at record levels over the past 4 days, the head of the World Health Organization (WHO) said today. ...”***

*“At a WHO briefing today, Director-General Tedros Adhanom Ghebreyesus, PhD, said cases are rising, especially in Europe and the Americas, and that many cities and countries are also reporting increases in hospitalizations and intensive care unit (ICU) admissions. He also emphasized that the pandemic is uneven, with differences in how countries have responded and been affected. Nearly 70% of cases last week were from 10 countries, and almost half of those were from just three. Those three are India, the United States, and Brazil. “For every country that is experiencing an increase, there are many others that have successfully prevented or controlled widespread transmission with proven measures,” Tedros said. He also used today's briefing to challenge recent discussion about the concept of letting the virus spread to reach herd immunity...”*

See also AP - [UN: New daily record as COVID-19 cases hit more than 350,000](#)

And for more on the “herd immunity”, HPW: [Pursuing COVID ‘Herd Immunity’ Without A Vaccine Could Be Dangerous & Unethical, WHO Warns – As World Reaches Record Peaks For New Infections](#)

*“WHO issued a stiff warning to Covid-skeptics who have been saying that in the absence of a vaccine, policies that let the SARS-CoV-2 virus spread freely would lead to eventual “herd immunity”, and that might be preferable to continued containment and social-distancing measures...”*

### HPW - Neurological Symptoms and Brain Disorders Upend Recovery Of Significant Numbers Of COVID-19 Survivors

<https://healthpolicy-watch.news/neurological-symptoms-and-brain-disorders-upend-recovery-of-covid-survivors/>

WHO also pays more and more attention to the Covid ‘long-haulers’. For good reason.

“...“We are only beginning to understand the long-term health impacts among people with ‘long-COVID’ so we can advance research and rehabilitation,” said WHO’s Dr Tedros Adhanom Ghebreyesus, speaking at a WHO press conference on Monday...”

## Politico - WHO boss: Vaccine allocation is political

<https://www.politico.eu/article/who-boss-vaccine-allocation-is-political/>

*Coronavirus vaccine “allocation is political,” World Health Organization Director General Tedros Adhanom Ghebreyesus said Monday. **Speaking about a WHO-proposed framework for vaccine allocation around the world** once a jab becomes available, Tedros **said it won’t work without broad political buy-in** and leaders’ willingness to take risks.”*

## FT - WHO chief says lack of global leadership has prolonged pandemic

<https://www.ft.com/content/972b3194-45fc-4635-bb42-39ac9f3d1616>

*“Leading powers need to ‘step up’, says Tedros Adhanom Ghebreyesus at FT Africa Summit.”*

*“... A lack of leadership from global powers had prolonged the coronavirus pandemic, Tedros Adhanom Ghebreyesus, director-general of the World Health Organization, said on Monday as he called on the world’s biggest economies to “step up”. “If you take the whole of the UN, it doesn’t work without global leadership by the countries themselves, especially the major powers,” Mr Tedros told the FT’s Africa Summit. Without explicitly criticising any nation, Mr Tedros said the UN’s role was to facilitate, but the power lay in the hands of member countries. “They should step up and lead, which is not the case in this pandemic, which is causing the pandemic to actually continue,” he added...”*

## Byline Times - Climate Science Denial Network Behind Great Barrington Declaration

<https://bylinetimes.com/2020/10/09/climate-science-denial-network-behind-great-barrington-declaration/>

Well, well. *“The ‘think-tank’ behind the Great Barrington Declaration is part-funded by right-wing American billionaire Charles Koch, reports Nafeez Ahmed.”*

As a reminder: that Declaration argued against lockdown policies and for ‘Focused Protection’ of the vulnerable, while allowing for the rest of the population to operate as normal.

For a take (down) of this Great Barrington Declaration, see for example **Robert Lechler**, [president of the Academy of Medical Sciences](#)

He lays out some of the **key arguments against such a ‘focused protection’**.

Unsurprisingly, by now, the [White House Embraces ‘Herd Immunity’ Declaration](#).

*“The White House has embraced a declaration by a group of scientists arguing that authorities should allow the coronavirus to spread among young healthy people while protecting the elderly and the vulnerable — an approach that would rely on arriving at “herd immunity” through infections rather than a vaccine....”*

## **Lancet - Scientific consensus on the COVID-19 pandemic: we need to act now**

<https://marlin-prod.literatumonline.com/pb-assets/Lancet/pdfs/S014067362032153X.pdf>

The **John Snow Memorandum** takes down the Great Barrington Declaration. In detail.

Via the **Lancet Press release**:

*“The Lancet: Herd immunity approaches to COVID-19 control are a ‘dangerous fallacy’, say authors of open letter”*

*“A group of 80 researchers warn that a so-called herd immunity approach to managing COVID-19 by allowing immunity to develop in low-risk populations while protecting the most vulnerable is “a dangerous fallacy unsupported by the scientific evidence”. Faced with a second wave of COVID-19, and more than a million recorded deaths worldwide, the authors present their view of the scientific consensus on our understanding of COVID-19, and the strategies that need to be put in place to protect our societies and economies. The open letter, referred to by its authors as the **John Snow Memorandum**, is published [today] by **The Lancet**. It is signed by 80 international researchers (as of publication) with expertise spanning public health, epidemiology, medicine, paediatrics, sociology, virology, infectious disease, health systems, psychology, psychiatry, health policy, and mathematical modelling. The letter will also be launched during the 16th World Congress on Public Health programme 2020....”*

## **COVID-19 Mortality Declines As World Gets Better In Combating Virus - WHO**

<https://www.urdupoint.com/en/world/covid-19-mortality-declines-as-world-gets-bet-1050657.html>

*“The mortality rate of the coronavirus is shrinking because the health systems around the world are advancing in dealing with the ongoing pandemic, **Maria Van Kerkhove**, the World Health Organization's (WHO) expert on epidemiology, said on Wednesday...”*

## **WP – Covid-19 death rates are lower worldwide, but no one is sure whether that’s a blip or a trend**

<https://www.washingtonpost.com/health/2020/10/09/covid-mortality-rate-down/>

Must-read. With a number of hypotheses (and their caveats). *“**Scientists warn against complacency in this ‘cliffhanger moment,’** saying even reduced lethality could mean millions more lives lost.”*

*“...Public health officials cite multiple reasons for the lower death rates: They note a **shift in the demographics of who is being stricken** with the virus, with younger people making up the bulk of*



*new infections. **More widespread testing** is capturing a more diverse range of people and illness, and **improved treatment strategies that include antivirals and steroids** are saving more lives. But **some researchers speculate there may be more to the story.** ... “*

*“One prominent but still unproven theory suggested by early research is that we miscalculated humanity’s susceptibility to the coronavirus, and that a slice of the population may be partially immune, perhaps due to previous exposure to the common cold coronavirus, childhood vaccinations or something else. ... The other possibility is that something important has changed in our environment — the weather, behaviors or the virus itself. ... This includes the viral load ... people are receiving. ... “*

*“**A broad analysis of 53 countries and regions with the highest coronavirus death rates identified similar trends.** Published in September in *Transboundary and Emerging Diseases* by a group of American and Chinese researchers, the **report found that 80 percent of countries and regions estimated lower case fatality rates in the disease’s second wave.** The paper cited numerous possibilities for what might be driving the shift, including that the most vulnerable had already been infected and died in the first wave. Other theories involved better preparedness, the younger ages of those infected and more favorable environmental conditions, including warmer weather. ... “Current evidence remains limited to suggest which of the above hypotheses is more plausible,” the authors wrote. However, they said the classical epidemiological triangle model, which states that “the interactions of the host, pathogen and environment determine the characteristics of outbreaks, rather than one or two factors alone,” likely holds true for the coronavirus...”*

For a similar read, see [Bloomberg - Covid’s Comeback Is Bigger But Less Deadly, at Least for Now](#)

**Guardian - Global Covid report: young and healthy may not get vaccine until 2022, WHO says**

[https://www.theguardian.com/world/2020/oct/15/global-covid-report-young-and-healthy-may-not-get-vaccine-until-2022-who-says?CMP=share\\_btn\\_tw](https://www.theguardian.com/world/2020/oct/15/global-covid-report-young-and-healthy-may-not-get-vaccine-until-2022-who-says?CMP=share_btn_tw)

*“Healthy, young people may have to wait until 2022 to be vaccinated against coronavirus, according to the **World Health Organization’s chief scientist**, who says health workers and those at highest risks be prioritised...”*

**WSJ - As Covid Cases Surge, More Public-Health Experts Say Lockdowns Aren’t the Answer**

[Wall Street Journal](#)

*“**Policy makers are reluctant to reimpose the nationwide lockdowns** they used in the spring, worried people won’t tolerate draconian new curbs.”*

*“... **this time — unlike in the spring — public-health experts broadly and increasingly agree**, with some worried that the general public won’t cooperate with another monthslong, generalized lockdown against a disease whose transmission is now much better understood. **The World Health Organization** has long favored interventions that come with less economic and social disruption than lockdowns, recommending that governments pursue a strategy called ‘test, trace, isolate,’ of*

sequestering people exposed to the virus. ... *... Still, in recent days, WHO leaders have become more vocal in their encouragements that governments could do more to improve public-safety measures that would reduce the need for a second round of nationwide lockdowns...*

## UN News - 'Time for global solidarity' to overcome COVID's health, social and economic challenges

<https://news.un.org/en/story/2020/10/1075322>

*"The COVID-19 pandemic has not only led to a "dramatic loss" of human life but also constitutes an "unprecedented challenge" to public health, food systems and employment, a group of leading UN agencies said on Tuesday. In a joint statement, the International Labour Organization (ILO), Food and Agriculture Organization (FAO), International Fund for Agricultural Development (IFAD) and World Health Organization (WHO) highlighted that tens of millions are at risk of falling into extreme poverty. "Now is the time for global solidarity and support, especially with the most vulnerable in our societies, particularly in the emerging and developing world", the statement said. "Only together can we overcome the intertwined health and social and economic impacts of the pandemic and prevent its escalation into a protracted humanitarian and food security catastrophe, with the potential loss of already achieved development gains"."*

## Covid access to vaccines, medicines ...

With all updates on Covax, WB & vaccines, WTO as the new "arena", Chinese vaccine diplomacy, ... but also access issues on treatment, ...

## World Bank Approves \$12 Billion for COVID-19 Vaccines

<https://www.worldbank.org/en/news/press-release/2020/10/13/world-bank-approves-12-billion-for-covid-19-vaccines?cid=ECR TT worldbank EN EXT>

*"The World Bank's Board of Executive Directors today approved an envelope of \$12 billion for developing countries to finance the purchase and distribution of COVID-19 vaccines, tests, and treatments for their citizens. The financing, which aims to support vaccination of up to a billion people, is part of an overall World Bank Group (WBG) package of up to \$160 billion through June 2021 to help developing countries fight the COVID-19 pandemic. It adds new financing to the World Bank's COVID-19 emergency response programs that are already reaching 111 countries. This financing package helps signal to the research and pharmaceutical industry that citizens in developing countries also need access to safe and effective COVID-19 vaccines. It will also provide financing and technical support so that developing countries can prepare for deploying vaccines at scale, in coordination with international partners. **In implementing the program, the World Bank will support multilateral efforts currently led by WHO and COVAX.**"*

See also a **Tweet by Kalypso Chalkiou**:

*"Sounds promising--would like to see commitment to (A) Covax portfolio (incl improving transparency and expanding it); (B) WHO-PQ for development and manufacturing; (C) HTA informed product*

selection, procurement and tiered pricing by country; (D) explicit linkage of IFC into manufacturing effort.”

K Chalkidou & colleagues worked this out in a proper CGD blog by now - [Making the \\$12 Billion Go Further: Four Things the World Bank Can Do in Support of COVID-19 Vaccination Efforts](#)

### WHO says 180-plus countries including China committed to vaccine effort

<https://uk.reuters.com/article/uk-health-coronavirus-who-covax/who-says-180-plus-countries-including-china-committed-to-vaccine-effort-idUKKBN26X269>

Latest update on Covax.

*“More than 180 countries have committed to participate in the World Health Organization’s (WHO) effort to finance COVID-19 vaccines to be distributed fairly to both rich and poor countries, the group’s chief scientist said on Monday. That figure, which WHO chief scientist Soumya Swaminathan updated during a media call, is an increase from the 170 countries including China that were announced on Friday by the GAVI vaccine alliance, which is working with the WHO on the COVAX financing facility....”*

### China, Republic of Korea Join COVAX Global Vaccine Pool – WHO Urges Countries To Jumpstart Vaccine Campaigns

<https://healthpolicy-watch.news/china-joints-covax-global-vaccine-pool-who-urges-countries-to-jumpstart-vaccine-campaigns/>

News from late last week.

PS: *“In other matters, Dr Tedros called upon the global community to jumpstart stalled immunization campaigns for other diseases, following a meeting on Wednesday of WHO Strategic Advisory Group of Experts (SAGE) on Immunization. “Millions of children globally are missing out on life saving vaccines. Rapidly restoring immunization clinics, campaigns, and outreach activities is the only way to prevent predictable outbreaks and deaths from diseases like measles and polio,” said Dr Tedros at a press conference on Friday. A report by SAGE found that over 80 vaccination campaigns have been either delayed or cancelled by the COVID-19 pandemic in more than 50 countries, leaving millions of children and adolescents unprotected against deadly, but vaccine preventable diseases....”*

### SCMP - Coronavirus: what China’s decision to join the WHO’s vaccine scheme means

<https://www.scmp.com/news/china/diplomacy/article/3104924/coronavirus-what-chinas-decision-join-whos-vaccine-scheme>

One of many analyses, looking at the China decision from a geopolitical angle. With quotes from Adam Kamradt-Scott, among others. *“Beijing signing up for the Covax distribution scheme stands*

*in sharp contrast to Washington's refusal to join; Scheme is intended to ensure poorer countries do not miss out. Foreign ministry says Beijing is committed to the equitable distribution of vaccines."*

*"Observers say the move presents a significant opportunity for Beijing to extend its geopolitical clout. "Geopolitically, it's quite a sensible move on China's part," said Adam Kamradt-Scott, associate professor at the University of Sydney's Centre for International Security Studies. "Because the United States has made such a big deal about not joining Covax, this plays very well to China in conveying the message that, 'We are a good international, responsible citizen'," he said. ... Mely Caballero-Anthony, head of the Centre for Non-Traditional Security Studies at Singapore's Nanyang Technological University, said the decision to take a multilateral path and join Covax **added credibility to Beijing's promise for the vaccine to be a global public good.** ... China's decision to join Covax **might also be aimed at "facilitating" the entry of China's domestic vaccines into the programme,** she said. This "guaranteed income" would be a boon for China's vaccine producers as they looked to scale up their manufacturing capacity, she said...."*

And a link: (Reuters) - [Mexico to sign up for WHO's coronavirus COVAX vaccine plan this week](#)

### **FT Editorial – China's vaccine diplomacy has broader aims**

<https://www.ft.com/content/24b2a295-5d0c-4c01-8cf4-c0cb6472b82b>

*Another example: "...First came Xi Jinping's commitment last month to make his country carbon neutral by 2060. Then late last week Beijing signalled it would join a World Health Organization initiative aimed at ensuring fair distribution of Covid-19 vaccines around the world. **Both moves appear part of a wider public relations effort by Beijing to present itself as a good global citizen, and counter souring international perceptions of China. Both leave important questions unanswered. But like the climate move, China's vaccine commitment deserves — with caveats — to be welcomed...."***

*Excerpt: "The entry of the world's second-largest economy could help the initiative to gain critical mass, and increase pressure on other holdouts to join up. But there are big details to be filled in — including the size of any Chinese financial contribution and whether it will "pool" part of its own procurement. Some question whether Beijing is seeking to ease approval for vaccines being developed by its companies or gain access to third-party funding for global purchases of those vaccines. They fear China, like Russia, might cut a series of bilateral deals, notably in Africa, bypassing international standards and charging more than pooled purchasing and negotiation could achieve. China's success in containing the virus means it is short of Covid-19 patients to include in final-stage, or phase 3, trials of its own vaccine prospects, and needs to co-operate with other countries. Many of its leading vaccine candidates have been given to thousands of people outside the trials process, raising concerns about ethics as well as efficacy. But supplying developing nations is a commercial opportunity for China's vaccine makers, which produce about a fifth of the world's vaccines, largely for domestic use. Joining the vaccine initiative is also a way of being seen to make amends, as the original source of coronavirus, for early mis-steps in containing it; Mr Trump insists he will "make China pay"...."*

## HPW - World Trade Organization Enters COVID Pandemic Fray With Dispute Brewing Over Patent Rights

<https://healthpolicy-watch.news/world-trade-organization-enters-covid-pandemic-fray-with-dispute-brewing-over-patent-rights/>

Must-read overview article on WTO, the new “arena” in the Covid pandemic.

*“Even as the world struggles to come up with a viable COVID-19 vaccine as well as new treatments, the debate over how to ensure that people around the world can get access to whatever products are available, now or in the future, is heating up significantly this week. **The flashpoint is Geneva’s World Trade Organization – where all eyes are set upon a closed-door meeting of 164 countries and territories, taking place Thursday and Friday.** Members will meet under the TRIPS Council, a difficult acronym referring to the powerful WTO agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) protecting patents in international trade. A treaty few people outside of the circles of patent lawyers and medicines advocates really understand – even though it impacts the daily lives of almost everyone. **A sweeping proposal by India and South Africa to suspend so-called TRIPS protections of intellectual property (IP) for virtually any health products deemed necessary to fight the pandemic is set to come before the TRIPS Council this week.** On Thursday, Kenya and Eswatini were reported to have joined in co-sponsoring the measure, according to an informed source. The proposal would allow countries to waive patents, copyrights and other IP not only for the products themselves, but also for their underlying technologies – without facing WTO charges or penalties for violation of international trade rules. And the proposal also casts a very broad net; almost any medical product necessary to test, treat or prevent COVID-19 could be eligible for such a waiver. While the debates at WTO are highly technical, the discussion sets the stage for a major public debate over the growing clamour in low- and middle-income countries to wipe the slate clean of any patent protections on COVID-related drugs, tests, protective gear or hospital equipment for as long as the pandemic lasts. On Thursday, some 370 civil society organizations called on WTO to adopt the proposal, including international groups like Médecins du Monde, Health Action International, and Oxfam, as well as regional and national groups from Europe, Latin America and Africa....”*

See also Stat - [Hundreds of advocacy groups urge WTO to waive IP rights to Covid-19 drugs and vaccines](#)

See the CSO letter <https://www.twn.my/title2/health.info/2020/hi201007.htm>

And for Geneva Health Files’ in-depth analysis, see the latest newsletter - [Inflection Point? TRIPS Waiver proposal](#)

## MSF Access (brief) - India and South Africa proposal for WTO waiver from IP protections for COVID-19-related medical technologies

[https://msfaccess.org/india-and-south-africa-proposal-wto-waiver-ip-protections-covid-19-related-medical-technologies?utm\\_source=Twitter&utm\\_medium=Organic&utm\\_campaign=COVID19](https://msfaccess.org/india-and-south-africa-proposal-wto-waiver-ip-protections-covid-19-related-medical-technologies?utm_source=Twitter&utm_medium=Organic&utm_campaign=COVID19)

Worth digging into.

See also MSF Access - [5 reasons a new proposal by India and South Africa could be a gamechanger in the COVID-19 response](#)

And the **Draft decision text**, via KEI - [WTO TRIPS Council: India and South Africa submit draft decision text on a waiver from certain provisions of the TRIPS Agreement for the prevention, containment and treatment of COVID-19.](#)

**UNAIDS supports a temporary WTO waiver from certain obligations of the TRIPS Agreement in relation to the prevention, containment and treatment of COVID-19**

[UNAIDS](#);

*“UNAIDS fully supports this proposal, which reflects the urgency and global health emergency that COVID-19 represents,” said Winnie Byanyima, Executive Director of UNAIDS. “...”*

**Unitaid supports call for intellectual property waivers and action for access to COVID-19 products**

<https://unitaid.org/news-blog/unitaid-supports-call-for-intellectual-property-waivers-and-action-for-access-to-covid-19-products/#en>

Encouraging stance. Hope other global health actors will follow suit. *“Unitaid calls on countries to take the necessary measures to facilitate and promote access to vaccines, therapeutics and diagnostics that will help fight the COVID-19 pandemic. This should include ensuring that they have the legal and health systems in place that enable fast production, importation, registration and deployment of effective products, once these become available. In this context, Unitaid welcomes the proposal submitted by India and South Africa to the TRIPS Council for a temporary waiver on copyrights, industrial designs, patents, lay-out designs of integrated circuits and trade secrets/undisclosed information for products to prevent, contain or treat COVID-19....”*

**HPW – The Indian/South African Proposal For a WTO Waiver On IP For COVID-19 Related Health Products – What It Means?**

<https://healthpolicy-watch.news/77719-2/>

Ellen ‘t Hoen examines what’s at stake. Must-read!!!

**Hindustan Times - Covid-19 vaccine: India’s key role in ending the pandemic | Analysis**

<https://www.hindustantimes.com/analysis/covid-19-vaccine-india-s-key-role-in-ending-the-pandemic-analysis/story-HiAssMfWqfgv23sKPKro0K.html>

*“Indian manufacturers recently pledged to make hundreds of millions of Covid-19 doses available for low- and middle-income nations in 2021 as part of an expanded distribution effort that again demonstrated Indian’s global leadership....”*

## **Stat - 7 looming questions about the rollout of a Covid-19 vaccine**

[Stat:](#)

By Helen Branswell et al. Focus on US, largely, but some questions are also relevant for many other settings.

## **Guardian - Johnson & Johnson pauses Covid vaccine trial over participant's 'unexplained illness'**

<https://www.theguardian.com/world/2020/oct/12/johnson-johnson-pauses-covid-vaccine-trial-over-participants-unexplained-illness>

*“Johnson & Johnson has paused its Covid-19 vaccine trial due to an “unexplained illness” in a participant, the company confirmed. The pharmaceutical giant was unclear if the patient was administered a placebo or the experimental vaccine, and it’s not remarkable for studies as large as the one Johnson & Johnson are conducting – involving 60,000 patients – to be temporarily paused....”*

## **Reuters - Eli Lilly in deal to supply COVID-19 drugs to low-income countries**

<https://uk.reuters.com/article/health-coronavirus-lilly-antibody/eli-lilly-in-deal-to-supply-covid-19-drugs-to-low-income-countries-idUSKBN26T26H>

*“Eli Lilly and Co LLY.N said on Thursday it had entered into an agreement with the Bill & Melinda Gates Foundation for potential supply of its experimental antibody treatments for COVID-19 to low and middle-income countries. As part of the deal, Lilly said it will make antibody therapies available to lower-income countries prior to April 2021, but did not elaborate on the number of doses. Separately, Fujifilm Holdings Corp 4901.T said its facility in Denmark would manufacture treatments next year....”*

## **Guardian - Soon Covid-19 will be treatable, but it shouldn't just be the rich who benefit**

J Farrar; [https://www.theguardian.com/commentisfree/2020/oct/12/covid-19-treatable-vaccines-treatments?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/commentisfree/2020/oct/12/covid-19-treatable-vaccines-treatments?CMP=Share_iOSApp_Other)

Jeremy Farrar on another looming access issue. *“To make **experimental antibodies** affordable will cost billions. If they are shown to work, it will be money well spent”*

## **JAMA (viewpoint) - Is It Lawful and Ethical to Prioritize Racial Minorities for COVID-19 Vaccines?**

H Schmidt, L Gostin et al ; <https://jamanetwork.com/journals/jama/fullarticle/2771874>

*“This Viewpoint considers how COVID-19 vaccines can be distributed strategically, ethically, and legally given conflicts between consensus public health recommendations to prioritize allocation to disadvantaged racial and ethnic minorities and laws discouraging explicit consideration of race in policy decisions.”*

And some links:

- **UN News - [Greater cooperation urged worldwide as criminals seek to profit from COVID-19](#)**

*“With criminal networks looking to profit from the COVID-19 pandemic, it is critical for governments to work together in line with a landmark UN treaty to combat human trafficking, gun smuggling and other cross-border crimes, UN Secretary-General António Guterres said on Monday.”* Among others, via **sales of falsified medical products** online.

## **Covid science**

### **Science (News) Early approval of a COVID-19 vaccine could stymie the hunt for better ones**

<https://www.sciencemag.org/news/2020/10/early-approval-covid-19-vaccine-could-stymie-hunt-better-ones>

*“Ethical dilemmas will abound for efficacy trials that continue after one vaccine proves itself.”*

### **Science News - Found: genes that sway the course of the coronavirus**

<https://www.sciencemag.org/news/2020/10/found-genes-sway-course-coronavirus>

*“Host variants boost severity risk, may point to drug options.”*

### **WHO - Solidarity Therapeutics Trial produces conclusive evidence on the effectiveness of repurposed drugs for COVID-19 in record time**

<https://www.who.int/news/item/15-10-2020-solidarity-therapeutics-trial-produces-conclusive-evidence-on-the-effectiveness-of-repurposed-drugs-for-covid-19-in-record-time>

*“In just six months, the world’s largest randomized control trial on COVID-19 therapeutics has generated conclusive evidence on the effectiveness of repurposed drugs for the treatment of COVID-19. **Interim results from the Solidarity Therapeutics Trial, coordinated by the World Health***



**Organization, indicate that remdesivir, hydroxychloroquine, lopinavir/ritonavir and interferon regimens appeared to have little or no effect on 28-day mortality or the in-hospital course of COVID-19 among hospitalized patients.** The study, which spans more than 30 countries, looked at the effects of these treatments on overall mortality, initiation of ventilation, and duration of hospital stay in hospitalized patients. Other uses of the drugs, for example in treatment of patients in the community or for prevention, would have to be examined using different trials. ... The results of the trial are under review for publication in a medical journal and have been uploaded as preprint at medRxiv available at this link: <https://www.medrxiv.org/content/10.1101/2020.10.15.20209817v1>

See also the FT - [Remdesivir has little effect on Covid-19 mortality, WHO study says](#)

(conflicts with what you'll read below, in NEJM). **“ Results of highly anticipated Solidarity trial strike a blow to hopes for coronavirus treatments”.**

*“The Covid-19 treatment remdesivir has no substantial effect on a patient’s chances of survival, a clinical trial by the World Health Organization has found, delivering a significant blow to hopes of identifying existing medicines to treat the disease. Results from the WHO’s highly anticipated Solidarity trial, which studied the effects of remdesivir and three other potential drug regimens in 11,266 hospitalised patients, found that none of the treatments “substantially affected mortality” or reduced the need to ventilate patients, according to a copy of the study seen by the Financial Times. “These remdesivir, hydroxychloroquine, lopinavir and interferon regimens appeared to have little effect on in-hospital mortality,” the study found. The results of the WHO trial also showed that the drugs had little effect on how long patients stayed in hospital. However, WHO researchers said the study was primarily designed to assess impact on in-hospital mortality...”*

PS: a little detail: **“Gilead has priced remdesivir at \$2,340 per five-day course.** Some public health experts have said the cost is too high for a drug that has not been proven to reduce the likelihood of death.”

## **NEJM – Remdesivir for the Treatment of Covid-19 — Final Report**

[https://www.nejm.org/doi/full/10.1056/NEJMoa2007764?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMoa2007764?query=featured_home)

*“Superior to placebo in shortening the time to recovery (10 days, vs 15 days). Benefit most apparent in patients who were receiving low-flow oxygen at baseline.”*

## **Telegraph - Science - Event R: the new maths helping to explain superspreader events**

[Telegraph](#)

*“New modelling reveals why some pubs and bars are more dangerous than others, and which mitigation measures offer most protection.”*

## **Guardian - 'Circuit break' could cut UK Covid deaths by up to 49%, experts say**

[https://www.theguardian.com/world/2020/oct/14/circuit-break-could-cut-uk-covid-deaths-by-up-to-49-experts-say?CMP=share\\_btn\\_tw](https://www.theguardian.com/world/2020/oct/14/circuit-break-could-cut-uk-covid-deaths-by-up-to-49-experts-say?CMP=share_btn_tw)

“Authors of unpublished paper say **two-week national lockdown** would buy time to improve test-and-trace system.”

*“A **“circuit break”**, in the form of a two-week lockdown during the half-term or Christmas school holidays, could cut Covid deaths by January by between 29% and 49%, depending on the rate of infections in the country, say experts. In a paper that has become central to the debate over what sort of restrictions should be imposed on the UK to turn around the soaring numbers of cases, people in hospital and deaths, scientists modelled **what would happen if governments ordered a fortnight’s lockdown**. They did not look at the economic consequences....”*

Some links:

- STAT - [Is Covid-19 growing less lethal? The infection fatality rate says ‘no’](#)
- Telegraph - [First death from Covid-19 reinfection reported in the Netherlands](#)

Update on global “Covid reinfection” story.

See also Vox - [You can get reinfected with Covid-19 but still have immunity. Let’s explain.](#)

And HPW - [First Case Of COVID-19 Reinfection In The US Confirmed; Exposure to Virus May Not Guarantee Protective Immunity, Says New Lancet Study](#)

- Via Nature - [Common-cold antibodies offer little defence against the coronavirus](#)
- BMJ Editorial - [Neuropsychiatric complications of covid-19](#)  
*“From acute delirium to long term fatigue, covid-19 has serious neuropsychiatric effects, argue these authors.”*

## Covid analysis

### Jubilee - New Report: The World Bank’s Health Response to COVID-19 Pandemic

S Engel, O Williams et al; <https://www.jubileeaustralia.org/latest-news/new-report-the-world-bank-s-health-response-to-covid-19-pandemic>

*“This week, as the IMF and the World Bank their Annual Meetings, Jubilee has released a [new research paper](#) about the World Bank’s response to the COVID pandemic. “*

*“In this paper, Susan Engel, Nadine Madkour and Owain Williams have written a probing piece examining how World Bank health policies have contributed to the very weaknesses in health systems that have been so cruelly exposed by the pandemic. They find that the World Bank’s have spearheaded a donor agenda over the last few years that have pushed private health care*

**solutions onto low-income countries.** In turn, this has led to stressed health care systems that do not sufficiently serve the needs of the most vulnerable. **The paper explores two case studies from our region,** showing how the Bank has historically been involved in pushing for increased privatisation in health care, **in Indonesia and Sri Lanka.**”

“... **... The paper makes several recommendations,** including: a call for an end to IFC (the World Bank’s private lending arm) investment in private health care; detailed monitoring and surveillance of new World Bank loans made to the health care sector; a broader and more robust policy response to sovereign debt in the wake of the COVID-19 crisis.”

## **ODI - Fragility: time for a rethink**

<https://www.odi.org/blogs/17432-fragility-time-rethink>

“**Covid-19 has exposed deep fragilities in the ‘developed’ world too.** Declining institutional and democratic norms suggest interesting parallels between states deemed fragile and those that are not. So, has the **time come for a radical rethink of fragility? Below, three ODI experts share their takes on the future of fragility in the development sector....**”

## **MIT Technology Review - A city in Brazil where covid-19 ran amok may be a ‘sentinel’ for the rest of the world**

[MIT:](#)

“What happens when a major city allows the coronavirus to rage unchecked? If the Brazilian city of **Manaus** is any answer, **it means about two-thirds of the population could get infected and one person in 500 could die before the epidemic winds down.**”

## **NYT - Covid-19 Vaccines Are Chance at Salvation, Financial and Beyond, for Drug Makers**

<https://www.nytimes.com/2020/10/13/business/drug-companies-covid-19-vaccines.html?smid=tw-share>

“**Big profits beckon for pharmaceutical companies,** which are already using their work on vaccines to fight efforts in Washington to curb drug prices.”

“**For a long time, drug makers have been the most hated industry in America.** Companies are blamed for gouging prices on lifesaving drugs and enriching themselves through the opioid crisis, among other sins. **Now, with pharmaceutical companies racing to find vaccines to end the coronavirus pandemic, the industry is hoping to redeem itself in the public’s mind.** The primary goal, of course, is to rescue the world from the grips of a vicious virus. **But a big fringe benefit is to get public credit — and to use an improved image to fend off government efforts to more heavily regulate the industry....**”

## JAMA - The COVID-19 Pandemic and the \$16 Trillion Virus

[JAMA](#);

*“In this Viewpoint, 2 Harvard economists estimate the cumulative financial costs of the COVID-19 pandemic in the US to date from lost domestic output and health reduction at more than \$16 trillion, as a way to put the lesser costs of public health measures, such as population testing, contact tracing, and isolation, in perspective.”*

Lawrence Summers, fairly comfortable with trillions, as you know, is one of the authors.

## F2P blog - Pandemic: A Snapshot of Restrictions and Attacks

<https://oxfamblogs.org/fp2p/civic-freedoms-and-the-covid-19-pandemic-a-snapshot-of-restrictions-and-attacks/>

*“Civicus, the international network of Civil Society Organizations, has just put out [a brief on the impact of the pandemic on protest and activism](#) around the world. Some highlights (my summary in square brackets).”*

## WSJ - Lessons for the Next Pandemic—Act Very, Very Quickly

[Wall Street Journal](#)

(gated) *“...One of the biggest lessons of the Covid-19 pandemic is that **speed matters**. The window of opportunity to find and stop a rapidly spreading virus is vanishingly small and intolerant of mistakes. .... **Public-health leaders and scientists are now mining the lessons of Covid-19 for strategies to avert the next one...**”*

## IISD (Policy Brief) - Leaving No One Behind Amid COVID-19: Emerging from Survival Mode

S Jungcurt; <http://sdg.iisd.org/commentary/policy-briefs/leaving-no-one-behind-amid-covid-19-emerging-from-survival-mode/>

*“Several months into the COVID-19 pandemic, decision makers face the dual challenges of containing new outbreaks while addressing the enduring consequences of the economic lockdowns imposed to contain the first wave. **COVID-19 acts as a generalized shock to the economic and social fabric of societies, reducing their resilience to other crises. It is time to prepare a more complex response to the pandemic and its economic and social consequences.**”*

## Politico - Health systems stumble on ‘Long COVID’ as crisis grows

<https://www.politico.eu/article/health-systems-stumble-on-long-covid-as-crisis-grows/>

*“Without quick action, the **knock-on effects of long COVID could be devastating**, warn patients and experts.”*

## WEF (blog) - Women are more likely to follow COVID-19 safety measures, study shows

<https://www.weforum.org/agenda/2020/10/women-more-likely-to-follow-covid-safety-measures/>

*“Women are more likely than men to follow guidelines outlined by medical experts and governments to prevent the spread of COVID-19, new research finds. For example, one study found a greater proportion of mask-wearing among women at 57%, compared to men at 42%. Women were also more likely to listen to experts and exhibit alarm and anxiety in response to COVID-19.”*

## Cidrap - US leads 19 nations in COVID-19, all-cause death rates

<https://www.cidrap.umn.edu/news-perspective/2020/10/us-leads-19-nations-covid-19-all-cause-death-rates>

Based on two new JAMA research letters (including a study on OECD countries).

## Lancet - Marketing of breastmilk substitutes during the COVID-19 pandemic

C van Tulleken, A Costello et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32119-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32119-X/fulltext)

*“It is of concern that the US\$70 billion infant formula industry has been actively exploiting concerns about COVID-19 to increase sales, in violation of the WHO International Code of Marketing of Breast-milk Substitutes (the Code)<sup>1</sup> and national law in many countries...”*

## WP - Women are systematically excluded from global coronavirus coverage, experts say

[https://www.washingtonpost.com/world/2020/10/08/women-experts-excluded-global-coronavirus-coverage/?utm\\_source=STAT+Newsletters&utm\\_campaign=240803ecd5-MR\\_COPY\\_01&utm\\_medium=email](https://www.washingtonpost.com/world/2020/10/08/women-experts-excluded-global-coronavirus-coverage/?utm_source=STAT+Newsletters&utm_campaign=240803ecd5-MR_COPY_01&utm_medium=email)

Interesting (global) analysis.

## Nature - Dense cities should brace for long coronavirus outbreaks

<https://www.nature.com/articles/d41586-020-00502-w>

*“The new coronavirus tears through areas where residents generally keep to their own small, close-knit communities. But the virus takes its time spreading in crowded cities where residents of different neighbourhoods tend to intermingle, ultimately infecting more people than in the relatively isolated areas. **Moritz Kraemer at the University of Oxford, UK, and his colleagues modelled the spread of SARS-CoV-2 through communities of various sizes and population densities**(B. Rader et al. Nature Med. <https://doi.org/fcjk>; 2020). The researchers validated their model by comparing its output with known data on individual movements and infection rates in crowded Chinese cities such as Wuhan*

*and less densely packed provinces in Italy. The team's model predicts relatively short, intense spikes in COVID-19 cases in relatively uncrowded cities where residents stick to their own neighbourhoods rather than mingling freely. In crowded cities, however, people are more likely to have to cope with outbreaks that last longer than do those in the countryside...."*

## NYT - Rural Surge' Propels India Toward More Covid-19 Infections Than U.S.

[NYT;](#)

*"The contagion is hitting towns and villages where resources are scant and people are skeptical of lockdown efforts. If unchecked, Indian infections could exceed those in the United States."*

## Katri Bertram (blog) - Rethinking flattening the curve(s) during Covid19

<https://katribertram.wordpress.com/2020/10/12/rethinking-flattening-the-curve-covid19/>

Katri Bertram first lays out what the main problem was with the (excellent) 'flattening the curve' graph from the first wave, and then explores what we need, now that Covid is back.

## Economist – Across the world central governments face local covid-19 revolts

<https://www.economist.com/international/2020/10/12/across-the-world-central-governments-face-local-covid-19-revolts>

Indeed.

Analysis. *"Devolved decision-making helps; but tensions between tiers of government are inevitable."*

## Global Policy Journal - Observing COVID-19 in Africa through a 'Public Authorities' Lens

Duncan Green et al; <https://www.globalpolicyjournal.com/blog/12/10/2020/observing-covid-19-africa-through-public-authorities-lens>

*"To understand the response to COVID-19 in Africa we must look beyond actions taken by formal states. The roles played by various public authorities, operating below the national level, are crucial in shaping the pandemic's long-term legacy."*

*"Most discussion of Africa's response to COVID-19 takes place at the national level, focussing on the role of formal state authorities. However, less is known about the role of 'public authorities': traditional chiefs, self-help groups, kinship networks, professional associations, faith-based groups, civil society organisations, multinational companies, humanitarian agencies, organised criminal gangs, militias and rebels. These often operate below the national level and are particularly important in areas where the state is weak or absent. To explore this gap, researchers at*

*the Centre for Public Authority and International Development were asked to provide vignettes of life under, and public authorities' responses to, the pandemic in the places they intimately know: northern Uganda, South Sudan, the Democratic Republic of the Congo (DRC) and Sierra Leone. The result is a 40-page [paper](#), **Observing COVID-19 in Africa through a Public Authorities Lens**, edited by Duncan Green and Tom Kirk, **summarised here....**"*

### **Lancet (Letter) - Nursing's seat at the research roundtable**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32143-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32143-7/fulltext)

*"Nurses have earned well deserved recognition for their essential roles in providing skilled, compassionate care for patients throughout this pandemic. **What has been left out of the conversation is that, in addition to being on the frontlines of care delivery, nurses are also researchers.** In the year honouring nurses, it deserves mention that **this profession has been responsible for some of the most important contributions to public health and the science of patient care....**"*

### **Microbes and Infection - SARS-CoV-2 testing in low- and middle-income countries: availability and affordability in the private health sector**

M Pai et al; <https://www.sciencedirect.com/science/article/pii/S1286457920301830>

*"...We aimed to investigate the availability and affordability of SARS-CoV-2 testing in the private health sector in these settings...."*

*Conclusion: "In summary, given the large contribution of the private sector to healthcare provision in LMICs and the WHO recommendation of adopting a whole-of-society approach in responding to COVID-19, **engaging the private sector in COVID-19 testing in LMICs is critical to building up surge capacity.** Although recognizing the limitations of this small sample size, **the results of our survey highlight that engagement of the private sector in SARS-CoV-2 testing is not uniform and remains weak in many countries.** Governments must effectively regulate the private sector, establish mechanisms for strategic purchasing of essential services, address supply chain issues and supplier price control, and facilitate public-private partnerships...."*

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

### **UNAIDS - COVID-19 impacting HIV testing in most countries**

[https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201013\\_covid19-impacting-hiv-testing-in-most-countries](https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201013_covid19-impacting-hiv-testing-in-most-countries)

*"Monthly data routinely reported to UNAIDS on disruptions to HIV testing and treatment services have found significant decreases in HIV testing services in nearly all countries with available data...."*

## Telegraph - Three-quarters of refugee women in Africa report rise in domestic violence during Covid-19

[Telegraph](#);

*“Almost three-quarters of refugee and displaced women in 15 African countries reported an increase in domestic violence during the pandemic, grim new figures from the International Rescue Committee have revealed. The numbers, from a survey of more than 850 women across countries in East Africa, West Africa and the Great Lakes region, indicate how widespread the [so-called "shadow pandemic", has become](#). The new report found that 73 per cent of the women had reported an increase in domestic violence, 51 per cent a rise in sexual violence, and 32 per cent a leap in early and forced marriage during Covid-19 and the associated lockdowns....”*

## Global TB

### Devex - 1.8M people could die from tuberculosis in 2020: WHO

<https://www.devex.com/news/1-8m-people-could-die-from-tuberculosis-in-2020-who-98312>

*“An estimated 1.8 million people could die from tuberculosis in 2020 — numbers last seen in 2012, according to the [World Health Organization's latest global TB report](#). The numbers were based on WHO's modeling in which it estimated an additional 200,000 to 400,000 TB deaths in 2020 if the number of people with TB detected and treated falls by 25% to 50% over a three-month period. An estimated 1.4 million people died from TB-related illnesses in 2019. Declines in TB notifications were found in 14 high burden countries between January and June 2020, but it varies between countries....”*

*“...A report coming out next week at the 41st Union World Conference on Lung Health estimates the economic and human cost of not ending TB by 2030 will amount to some \$3 trillion, said José Luis Castro, executive director of The International Union Against Tuberculosis and Lung Disease....”*

For the new Global TB report, see [WHO](#).

See also The Telegraph - [Coronavirus threatens to reverse gains in global fight against tuberculosis, WHO warns](#)

“There could be "a dramatic increase in additional deaths" from TB, according to WHO modelling.”



## Planetary health

### WHO publishes guidance on climate resilient and environmentally sustainable health care facilities

<https://www.who.int/news-room/detail/12-10-2020-who-publishes-guidance-on-climate-resilient-and-environmentally-sustainable-health-care-facilities>

*“New WHO guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities provides health professionals and health care facility managers with key tools and interventions to strengthen health care facilities in the context of climate change. The aim is to enable health care facilities to anticipate, respond to, recover from and adapt to climate-related shocks and stresses, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it. ... The WHO guidance provides a broad range of interventions for health sector decision makers to enhance both climate resilience and environmental sustainability along the four fundamental requirements for providing safe and quality care in the context of climate change: the health workforce; water, sanitation, hygiene and health care waste management; sustainable energy services; Infrastructure, technologies and products.”*

For the new Guidance, see [WHO Guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities](#)

### UNDRR report - The human cost of disasters: an overview of the last 20 years (2000-2019)

[UNDRR](#)

*“UNDRR report published to mark the International Day for Disaster Risk Reduction on October 13, 2020, confirms how extreme weather events have come to dominate the disaster landscape in the 21st century....”*

*“In the period 2000 to 2019, there were 7,348 major recorded disaster events claiming 1.23 million lives, affecting 4.2 billion people (many on more than one occasion) resulting in approximately US\$2.97 trillion in global economic losses. This is a **sharp increase over the previous twenty years**. Between 1980 and 1999, 4,212 disasters were linked to natural hazards worldwide claiming approximately 1.19 million lives and affecting 3.25 billion people resulting in approximately US\$1.63 trillion in economic losses. Much of the difference is explained by a rise in climate-related disasters including extreme weather events: from 3,656 climate-related events (1980-1999) to 6,681 climate-related disasters in the period 2000-2019....”*

Coverage via Thomson Reuters: [‘Uninhabitable hell’: Climate change and disease threaten millions, UN warns](#)

*“A jump in [climate-related disasters](#) this century, along with the global coronavirus pandemic, show political and business leaders are failing to stop the planet turning into “an uninhabitable hell” for millions, the United Nations said on Monday....”*

## Guardian - Fifth of nations at risk of ecosystem collapse, analysis finds

<https://www.theguardian.com/environment/2020/oct/12/fifth-of-nations-at-risk-of-ecosystem-collapse-analysis-finds>

**“One-fifth of the world’s countries are at risk of their ecosystems collapsing because of the destruction of wildlife and their habitats, according to an analysis by the insurance firm Swiss Re. Natural “services” such as food, clean water and air, and flood protection have already been damaged by human activity. More than half of global GDP – \$42tn (£32tn) – depends on high-functioning biodiversity, according to [the report](#), but the risk of tipping points is growing. Countries including Australia, Israel and South Africa rank near the top of Swiss Re’s index of risk to biodiversity and ecosystem services, with India, Spain and Belgium also highlighted. Countries with fragile ecosystems and large farming sectors, such as Pakistan and Nigeria, are also flagged up....”**

## Guardian - Stop CO2 emissions bouncing back after Covid plunge, says IEA

<https://www.theguardian.com/business/2020/oct/13/co2-emissions-covid-ia>

“Governments are not doing enough to prevent rapid rebound, says agency’s report.”

## Independent (Letter) – “We need a Global Goal for Nature”

[https://f.hubspotusercontent20.net/hubfs/4783129/NDNP/PDFs/Letter\\_08102020.pdf](https://f.hubspotusercontent20.net/hubfs/4783129/NDNP/PDFs/Letter_08102020.pdf)

Co-signed by J Rockström.

*“Nature loss threatens human & planetary health. Collectively, we need a science-based and measurable Global Goal for Nature to preserve the natural world we all depend on. If we act now, we can secure a #NaturePositive world by 2030.”*

And a link: [African countries need more air quality data—and sharing it unlocks its benefits](#)

## NEJM (Special report) - Wildfires, Global Climate Change, and Human Health

[https://www.nejm.org/doi/full/10.1056/NEJMSr2028985?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMSr2028985?query=featured_home)

*“Substantial greenhouse-gas emissions and forest loss from wildfires are likely to accelerate climate change further and possibly lead to a reinforcing feedback loop. This report summarizes the status of wildfires under climate change, current knowledge and gaps about the health risks of wildfires, and challenges of developing and implementing strategies for reducing associated health risks....”*

## Universal social protection, our joint responsibility

In the Jakarta post - <https://www.thejakartapost.com/academia/2020/10/05/universal-social-protection-floors-our-joint-responsibility.html>

Joint piece by **M Bachelet, O De Schutter & G Ryder**.

*“...social protection floors for all are affordable. The financing gap for all developing countries – the difference between what these countries already invest in social protection and what a full social protection floor (including health) would cost – is **about \$1,191 billion** in the current year, including the impact of COVID-19. But **the gap for the low-income countries is only some \$78 billion**, a negligible amount compared to the GDP of the industrialized countries. Yet the total official development assistance for social protection amounts to only 0.0047 percent of the gross national income of donor countries. International human rights law recognizes that wealthy states have a duty to help fulfill social rights in countries with more limited resources, and a number of steps have already been taken to convert this commitment into concrete assistance. **In 2011 an expert advisory group recommended donors provide predictable, multi-year financing to strengthen social protection in developing countries. In 2012, two independent UN human rights experts proposed a [Global Fund for Social Protection](#) to help low-income countries create social protection floors for their people. The same year the ILO’s membership – governments, workers and employers from 185 countries – backed the idea of comprehensive social protection with a unanimously-adopted pledge to “establish and maintain...social protection floors as a fundamental element of their national social security systems”. We regularly hear pledges that we must, and will, “build back better” from the current crisis.**”*

If there ever was a time for a **Global Fund for Social Protection**, it surely is now.

## **Women Leaders in Global Health Conference 2020 (13-15 Oct) (virtual)**

<https://www.womenlifthealth.org/global-convenings>

*“From 13-15 October, WomenLift Health convened the **fourth annual Women Leaders in Global Health (WLGH) Conference**. ... The theme of this year’s conference was **Connect | Commit | Act...**”*

We hope to offer you a blog next week on this conference.

## **Decolonize Global Health**

**SAMJ (Editorial) – Research imperialism resurfaces in South Africa in the midst of the COVID-19 pandemic – this time, via a digital portal**

K Moodley <http://www.samj.org.za/index.php/samj/article/view/13089>

*Quote: “**Digital platforms – a new data portal for biopiracy. This attempt at a survey has given new meaning to the term ‘safari research’.** This time, a new portal to African data has been discovered and exploited. In the current era of online platforms, digital technology has removed the requirement to physically fly into Africa to conduct research. Data can now be extracted via a*

medical electronic newsletter like Medical Brief that reaches ~46 000 healthcare professionals in SA! To maximise recruitment and data collection for the abortion study, the British researchers encouraged generous sharing of the survey on social media. Undoubtedly, **electronic data collection and sharing has opened the floodgates for global misuse of research data from the global south....**”

## **BMJ GH (blog) - Public health should better recognise local and contextual research**

M Gupta; <https://blogs.bmj.com/bmjgh/2020/10/14/public-health-should-better-recognise-local-and-contextual-research/>

Nice one. And yes, there’s also a ‘Decolonize Global Health’ angle to this.

## **World Food week**

### **UN News - UN chief announces major push to transform harmful food systems**

<https://news.un.org/en/story/2020/10/1075242>

**“The UN chief António Guterres set out a new plan to transform the world’s food systems on Monday - coinciding with the start of World Food Week - which will culminate in a major summit, scheduled to take place in September next year. In a video message, Mr. Guterres highlighted the importance of food systems, and their impact on economies, environment and health, but warned that they are “one of the main reasons we are failing to stay within our planet’s ecological boundaries”....”**

**“... ... To address these issues, the Secretary-General is convening a **Food Systems Summit** next year to raise global awareness and spur actions to rethink food systems, so that they can play a more positive role in ending hunger, reducing diet-related disease, and help in the fight against climate change. **The event will be held at UN Headquarters in New York in September, in conjunction with the next UN General Assembly opening session and, said Mr. Guterres, will focus the attention of world leaders on the issue....”****

### **Guardian - Ending world hunger by 2030 would cost \$330bn, study finds**

[https://www.theguardian.com/global-development/2020/oct/13/ending-world-hunger-by-2030-would-cost-330bn-study-finds?CMP=tw\\_t\\_a-global-development\\_b-gdndevelopment](https://www.theguardian.com/global-development/2020/oct/13/ending-world-hunger-by-2030-would-cost-330bn-study-finds?CMP=tw_t_a-global-development_b-gdndevelopment)

**“Ending hunger by 2030 would come with a price tag of \$330bn (£253bn), according to a study revealed by the German government. Research groups compiled data from 23 countries and found international donors would need to add another \$14bn a year to their spending on food security and nutrition over the next 10 years; more than twice their current contribution. Low and middle-income countries would also have to give another \$19bn a year, potentially through taxation. **The study, published this week, coincided with warnings that the world has an “immense mountain” to climb in order to end hunger, with 11 countries showing “alarming” levels of hunger, and “serious” levels in another 40, according to the Global Hunger Index....”****

Study by Ceres2030, a coalition funded by the German government and the Bill and Melinda Gates Foundation. *“...Smaller said researchers used an economic model that took existing spending and looked at how it could be improved in 14 areas, ranging from social protection and income support, to investment in research and training...”*

## Reuters - Thousands more underfed children may die due to COVID

[Reuters:](#)

*“An extra 10,000 children per month may die this year from malnutrition due to the COVID-19 crisis, the head of the World Health Organisation warned on Wednesday. Tedros Adhanom Ghebreyesus told a U.N Food and Agriculture (FAO) conference that due to the pandemic he expected a 14% rise in cases of severe child malnutrition this year - or 6.7 million more people - mostly in sub-Saharan Africa and south Asia...”*

## Global Mental Health

### FT - Global initiative seeks to raise \$10bn for mental health research

<https://www.ft.com/content/2511ba85-6b6f-4a60-9273-de694176d843>

*“Leading global health and development bodies are launching a \$10bn research fund to fight brain disease and mental illness — a huge and growing problem that has been exacerbated by the coronavirus pandemic. The **Healthy Brains Global Initiative (HBGI)** aims to do for mental health what the Global Fund to Fight Aids, Tuberculosis and Malaria has achieved in reducing the burden of infectious diseases. **Due to launch early next year**, HBGI’s interim chief executive Brad Herbert — who helped to create the Global Fund — is tapping philanthropic foundations, companies, wealthy individuals and governments to raise the required funds. Funding sources are expected to include the International Finance Facility that Gavi, the international vaccines alliance, uses to finance its immunisation work. ... HBGI’s backers point out that the \$10bn they are seeking compares with direct and indirect costs of mental illness that already exceed \$3tn a year and are projected to reach \$6tn by 2030. Mental health, like infectious disease, has been a neglected field of research in comparison with cancer and heart disease. **Ed Whiting, director of strategy for Wellcome, the London-based research foundation, has been appointed to HBGI’s interim board...”***

### Lancet Global Health (Editorial) – Mental health matters

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30432-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30432-0/fulltext)

Editorial of the new Lancet GH (November) issue.

*“October 10 marks World Mental Health Day. This year’s **campaign theme**, developed by WHO, United for Global Mental Health, and the World Federation for Mental Health, **recognises that investment in mental health has not matched rising global awareness of the scale of the problem in recent years**. The campaign slogan—“Move for mental health: Let’s invest”—calls the world to action and, for the first time, will be accompanied by a global online advocacy event...”*

*“The COVID-19 pandemic marks a turning point, moving mental health up the list of global health priorities. As countries struggle to rebuild their damaged economies, they must accept the reality of the financial toll of mental ill-health and invest wisely now.”*

### **Reuters - Nurses suffer burn-out, psychological distress in COVID fight - association**

<https://www.reuters.com/article/us-health-coronavirus-mentalhealth/nurses-suffer-burn-out-psychological-distress-in-covid-fight-association-idUSKBN26V0BJ>

*“Many nurses caring for COVID-19 patients are suffering burn-out or psychological distress, and many have faced abuse or discrimination outside of work, the **International Council of Nurses (ICN)** said....”*

## **Some papers and reports of the week**

### **Codesria Bulletin (Editorial) - Evidence as Cliché: Using Trials to Tamper with Governance**

S Abimbola; [https://codesria.org/IMG/pdf/codesria\\_bulletin\\_no.4\\_2020\\_22.pdf](https://codesria.org/IMG/pdf/codesria_bulletin_no.4_2020_22.pdf)

One of the reads of the week, this **Editorial by Seye Abimbola**. Reframing PBF, linking it much more to decentralized governance than usual. And then looking at this debate from a ‘foreign gaze’ angle, also linking it to the RCT debate.

*“...Seye Abimbola cautions against the ‘foreign gaze’ that oversimplifies African realities for the sake of fashioning preferred (instead of relevant) policies. Far from providing “evidence to policy,” Abimbola shows that on thorough inspection, RCTs experiments turn out as tools for restructuring of the governance of social policy interventions in ways that disregard the input of local populations. The issues of what works from such experiments, and for whom, is underscored as an important consideration that is not fully addressed by randomistas...”*

### **CGD - Introducing a Dashboard for Assessing Fiscal Policy in Low-Income Countries**

S Gupta et al; [https://www.cgdev.org/blog/introducing-dashboard-assessing-fiscal-policy-low-income-countries#disqus\\_thread](https://www.cgdev.org/blog/introducing-dashboard-assessing-fiscal-policy-low-income-countries#disqus_thread)

*“The level and composition of taxes and expenditures vary considerably across low-income countries, which means their effects on countries’ growth, economic stability, redistribution, and welfare also differ.”*

See the related **CGD policy paper** - [A Fiscal Policy Dashboard for Low-Income Economies](#)

With illustration for three countries: **Mozambique, Ethiopia, and Cambodia**.

## Report - Claiming back civic space: Towards approaches fit for the 2020s?

J Bossuyt et al ; <https://ecdpm.org/publications/claiming-back-civic-space-towards-approaches-fit-for-2020s/>

*“...The degradation of civic space is a symptom of a much wider confrontation between authoritarian governance models and democratic rule. **Civic space is ‘changing’ rather than closing.** It has become a fluid, diversified and heavily contested arena, confronting old and new actors, progressive and conservative forces of all kinds, organised structures and informal movements. **Those wanting to reclaim civic space will need to join forces in ‘whole-of-society’ coalitions that can push for more policy coherence, the application of rights-based approaches and the empowerment of the actors in the frontline of the fight for freedom and inclusive development.**”*

## Other mainstream news & blogs of the week

### Science (News) - New PLOS pricing test could signal end of scientists paying to publish free papers

<https://www.sciencemag.org/news/2020/10/new-plos-pricing-test-could-signal-end-scientists-paying-publish-free-papers>

*“PLOS, the nonprofit publisher that in 2003 pioneered the open-access business model of charging authors to publish scientific articles so they are immediately free to all, this week rolled out an alternative model that could herald the end of the author-pays era. One of the new options shifts the cost of publishing open-access (OA) articles in its two most selective journals to institutions, charging them a fixed annual fee; any researcher at that institution could then publish in the PLOS journals at no additional charge. The new PLOS plan includes other features novel in scientific publishing, and it joins other emerging OA financing models that also do away with fees paid by authors. Together, the developments suggest the days of researchers directly paying journals to make their papers free—a system that has made PLOS one of the largest OA publishers—may be numbered, says Sara Rouhi, director of strategic partnerships at PLOS...”*

### Reuters - WHO and leading NGOs launch inquiries into sexual exploitation allegations in DR Congo after investigation by Thomson Reuters Foundation and The New Humanitarian

<http://www.trust.org/i/?id=0f38ebcc-076a-4d6e-b409-824583d8cbbf>

*“Global humanitarian organisations – including the World Health Organization (WHO), the International Organization for Migration (IOM) and the United Nations (U.N.) children’s agency UNICEF – have launched investigations into claims of sexual exploitation and abuse by aid workers in the Democratic Republic of Congo (DRC) during the 2018-2020 Ebola crisis on the back of a year-long investigation by the Thomson Reuters Foundation and The New Humanitarian...”*

## UN News - Three billion people globally lack handwashing facilities at home: UNICEF

[UN News](#);

*“Although handwashing with soap is vital in the fight against infectious diseases, including COVID-19, billions of people around the world do not have ready access to a place to do it, the UN Children’s Fund (UNICEF) said on Thursday. **According to new estimates from UNICEF, 40 per cent of the world’s population – or 3 billion people – do not have a handwashing facility with water and soap at home. The number is much higher in least developed countries, where nearly three-quarters go without....”***

## Africa CDC - US\$100 million Africa Pathogen Genomics Initiative to boost disease surveillance and emergency response capacity in Africa

<https://africacdc.org/news-item/us100-million-africa-pathogen-genomics-initiative-to-boost-disease-surveillance-and-emergency-response-capacity-in-africa/>

*“Today, a group of public, private and non-profit organizations, led by the African Union Commission through the Africa Centres for Disease Control and Prevention (Africa CDC), launched the **Africa Pathogen Genomics Initiative (Africa PGI)** in a US\$100 million, four-year partnership to expand access to next-generation genomic sequencing tools and expertise designed to strengthen public health surveillance and laboratory networks across Africa. **Africa PGI will be part of the Institute of Pathogen Genomics, launched by Africa CDC in 2019, with a vision to integrate pathogen genomics and bioinformatics into public health surveillance, outbreak investigations, and improved disease control and prevention in Africa....”***

See also **Devex** - [\\$100M genomic sequencing initiative launches in Africa](#)

## Decide – Health Decision Hub

<https://decidehealth.world/en>

*“**Decide – Health Decision is the global health network for Value for Money.** This website is a virtual space to support collaboration in the field of data-driven health decision making, through health technology assessment, economic evaluation, investment cases or any other process developed to encourage fair and transparent decision making in health. **Decide is an informal collaborative network launched in Geneva in June 2019 and it is hosted by the World Health Organization and supported by the Bill & Melinda Gates Foundation....”***

## Guardian - Covid shows why care is in crisis: we have crushed the humanity out of it

**M Bunting**; [https://www.theguardian.com/commentisfree/2020/oct/15/covid-care-crisis-humanity-efficiency-money?CMP=Share\\_AndroidApp\\_Other](https://www.theguardian.com/commentisfree/2020/oct/15/covid-care-crisis-humanity-efficiency-money?CMP=Share_AndroidApp_Other)

Poignant piece by M Bunting (who just wrote a book on this topic). “Labours of Love, the Crisis of Care”.



*“What I discovered, in five years of research, was a vital activity distorted by a **desire for tickbox efficiency and value for money.**”*

## Some tweets of the week

**M Pai (twitter thread): drawing 20 lessons so far from the pandemic**

<https://twitter.com/paimadhu/status/1316043348193554439>

Check them out.

**Stefan Peterson**

“Go deeper to determinants, and link health and climate! **#SyndemicActivism** required!”

**Quote Fauci**

*“Fauci on CNBC: “I've devoted my entire professional life to fighting infectious diseases. This is an outbreak of historic proportions, the likes of which we have not seen in 102 yrs. **There's no chance that I'm going to give up on this & walk away from it, no matter what happens**””*

## Global health events & announcements

**Coming up – Series of webinars on the GAP**

“**Stronger Collaboration, Better Health? Watch the GAP!** Series of webinars on 19/26 October and 2 November 2020, co-organized by #KampalaInitiative, @COPASAH , and GAP #CivilSociety Advisory

Registration: [https://us02web.zoom.us/webinar/register/WN\\_PzjpaoOgQu6VRkTs-NVzwg](https://us02web.zoom.us/webinar/register/WN_PzjpaoOgQu6VRkTs-NVzwg)

More info: <https://www.medicusmundi.org/kampalawebinars/>

## Global governance of health

**Devex - WFP wins Nobel Prize but some question the choice**

<https://www.devex.com/news/wfp-wins-nobel-prize-but-some-question-the-choice-98293>

Interesting analysis. *“Although the World Food Programme does important work, **some say awarding the Nobel Peace Prize to the U.N. agency isn't in line with the intention of the prize.**”*

In other news related to last week's Nobel Peace prize for the WFP, see AP - [WFP chief: Nobel Prize message to world not to forget Sahel](#)

*"The head of the World Food Program said winning the Nobel Peace Prize while he was visiting the impoverished and war-weakened Sahel was a message to the world that it should not forget the region...."*

**The Atlantic - How China Outsmarted the Trump Administration: While the U.S. is distracted, China is rewriting the rules of the global order.**

<https://www.theatlantic.com/magazine/archive/2020/11/trump-who-withdrawal-china/616475/>

By Anne Applebaum. Even if you don't agree (like me), with her rather binary vision, well worth a read.

A few quotes: " **At a Communist Party congress in 2017, Chinese President Xi Jinping openly declared this to be a "new era" of "great-power diplomacy with Chinese characteristics."** And in this new era—a time of the "great rejuvenation of the Chinese nation"—**China is seeking to "take an active part in leading the reform of the global governance system."** Stated plainly, this is an attempt to rewrite the operating language of the international system so that it benefits autocracies instead of democracies...."

*"Like every revolutionary movement, China's assault on the UN system began with an attack on its language. ... Any one of these elements of authoritarian foreign policy, by itself, might not amount to much. But when **combined, all of these tools—ideological, bureaucratic, financial—can be quite a powerful force.** China is now the **de facto leader of a bloc of countries** that believe not in the "rule of law" but in "rule by law"—countries, that is, whose governments believe that "law" is whatever the current dictator says it is. ..."*

**Guardian - Saudi Arabia fails to join UN human rights council but Russia and China elected**

<https://www.theguardian.com/world/2020/oct/13/saudi-arabia-fails-to-join-un-human-rights-council-but-russia-and-china-elected>

*"Russia and China have been elected to the UN human rights council for the next three years, but Saudi Arabia failed in its attempt to win a place on the 47-seat body. The result is a severe blow to the country's efforts to improve its image in the wake of the admitted killing of the Saudi citizen and Washington Post reporter Jamal Khashoggi. **Pakistan and Cuba were also elected** in the secret ballot on Tuesday conducted at the UN headquarters in New York to fill 15 vacant seats, which are distributed between five regions...."*

**Science News - The inside story of how Trump's COVID-19 coordinator undermined the world's top health agency**

<https://www.sciencemag.org/news/2020/10/inside-story-how-trumps-covid-19-coordinator-undermined-cdc>

*‘How physician **Deborah Bix**’s unreasonable demands for hospital data created a “debacle” at CDC.’*

## **Global Policy - Inclusive Biomedical Innovation during the COVID-19 Pandemic**

J Pannu; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12876>

*« **CEPI** represents the first step towards Joseph Stiglitz’s vision, cited by Gubby, of a fund which provides large rewards for cures to common diseases such as malaria, and smaller rewards for rarer diseases or less innovative ‘me-too’ drugs (Stiglitz, *BMJ*, 333, 2006, pp. 1279–1280). As a fledgling organization facing a Goliath, it deserves international support in its **dual goals of incentivizing innovation and ensuring equitable access to biomedical advances.**»*

## **UHC**

### **New book - Achieving Health for All: Primary Health Care in Action**

<https://jhupbooks.press.jhu.edu/title/achieving-health-all>

Edited by **David Bishai & Meike Schleiff**.

Free download: <https://muse.jhu.edu/book/77991>

### **SS&M – Health system reforms in China a half century apart: continuity but adaptation**

Beibei Yuan et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953620306407>

*“Governance of two Chinese health reforms 50 years apart showed similarities. Both encouraged local experimentation with systems for lesson learning at higher levels. Local leaders were assessed on their ability to deliver. Despite major social and economic changes, there was institutional continuity.”*

### **CGD - Challenges of Social Health Insurance in Low- and Lower-Middle Income Countries: Balancing Limited Budgets and Pressure to Provide Universal Health Coverage**

R Friebel et al ; <https://www.cgdev.org/blog/challenges-social-health-insurance-low-and-lower-middle-income-countries-balancing-limited>

*“What are the best options of social insurance for low- and lower-middle income countries trying to reach universal health coverage?”*

*“...Our team, a collaboration between the London School of Economics and independent researchers, is **engaging in a project that aims to understand the cost of collecting health insurance contributions, particularly from the informal sector, and its determinants...**”*

## Planetary health

### Lancet Planetary Health (October issue)

<https://www.thelancet.com/journals/lanplh/issue/current#>

New Lancet Planetary Health issue. Do check it out!

### Guardian - Campaign seeks 1bn people to save climate – one small step at a time

<https://www.theguardian.com/environment/2020/oct/10/campaign-seeks-1bn-people-to-save-climate-one-small-step-time>

*“If a billion people around the world were to take a few small steps and make them into permanent lifestyle changes, global greenhouse gas emissions could be significantly reduced, a new campaign argues. These actions can be as simple as eating local food, forgoing meat at some meals, and wearing clothes to last instead of throwing them away after a few outings. **The campaign, which is backed by businesses** including Ikea, HSBC, BT and Reckitt Benckiser (owner of brands such as Cillit Bang, Gaviscon and Durex), is urging people to sign up to take at least one simple step that would reduce emissions. **Count Us In** invites people to sign up online for the steps they want to take and a level of commitment, such as moving permanently to a different diet or promising not to fly over a specified period. There are **16 steps on offer**, of varying levels of difficulty...”*

Business loves it, for obvious reasons. So you can count me out.

### Guardian - Rewild to mitigate the climate crisis, urge leading scientists

<https://www.theguardian.com/environment/2020/oct/14/re-wild-to-mitigate-the-climate-crisis-urge-leading-scientists>

*“**Restoring natural landscapes** damaged by human exploitation can be one of the most effective and cheapest ways to combat the climate crisis while also boosting dwindling wildlife populations, a scientific study finds. **If a third of the planet’s most degraded areas were restored, and protection was thrown around areas still in good condition, that would store carbon equating to half of all human caused greenhouse gas emissions since the industrial revolution. The changes would prevent about 70% of predicted species extinctions, according to the research, which is published in the journal Nature....”***

## Infectious diseases & NTDs

### Stat - First Ebola therapy approved by the FDA

<https://www.statnews.com/2020/10/14/first-ebola-therapy-approved-by-the-fda/>

*“For the first time, an Ebola therapy has been approved for use. The Food and Drug Administration on Wednesday approved Inmazeb, an antibody cocktail made by Regeneron Pharmaceuticals. With the approval, **there are now both a vaccine — Merck’s Ervebo — and a therapeutic to battle Ebola Zaire**, tools that for decades were out of reach for Ebola, which is one of the deadliest infections known to humankind....”*

## Lancet Child and Adolescent Health – Malaria in early life

<https://www.thelancet.com/series/malaria-earlylife>

*“Malaria infections are harmful to both the pregnant mother and the developing fetus. Malaria is associated with a 3–4 times increased risk of miscarriage and a substantially increased risk of stillbirth, and it disproportionately affects children younger than 5 years. Falciparum malaria is responsible for more than 200 000 child deaths per year in Africa and vivax malaria causes excess mortality in children in Asia and Oceania. In a duet of papers, we review the deleterious effects of malaria in pregnancy on the developing fetus (paper 1) and the current strategies for prevention and treatment of malaria in children (paper 2).”*

## NCDs

### Global Health Action - Scale-up integrated care for diabetes and hypertension in Cambodia, Slovenia and Belgium (SCUBY): a study

J Van Olmen et al; <https://www.tandfonline.com/doi/full/10.1080/16549716.2020.1824382>

*“Health systems worldwide struggle to manage the growing burden of type 2 diabetes and hypertension. Many patients receive suboptimal care, especially those most vulnerable. An evidence-based Integrated Care Package (ICP) with primary care-based diagnosis, treatment, education and self-management support and collaboration, leads to better health outcomes, but there is little knowledge of how to scale-up. **The Scale-up integrated care for diabetes and hypertension project (SCUBY)** aims to address this problem by **roadmaps for scaling-up ICP in different types of health systems: a developing health system in a lower middle-income country (Cambodia); a centrally steered health system in a high-income country (Slovenia); and a publicly funded highly privatised health-care health system in a high-income country (Belgium)....”***

### BMJ Collection on Brain health

<https://www.bmj.com/brain-health>

*“What is **brain health**, why is it important, and how can we better prevent and treat brain disorders to improve health across the world? With the number of people aged 60 years and over expected to grow worldwide to 2 billion by 2050, the burden of brain dysfunction and neurological diseases is set to dramatically increase. Over the coming decades, governments will face increasing demand for treatment, rehabilitation and support services for neurological disorders such as Alzheimer’s disease, Parkinson’s disease and other dementias, schizophrenia, and depression. **These analysis articles, written by leading international experts, outline the definition of brain health, analyse the impact***

*of major neurological disorders on brain health, and discuss how these disorders might be treated and prevented.”*

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

### **BMJ GH (Editorial) - Health system redesign for equity in maternal and newborn health must be codesigned, country led, adapted to context and fit for purpose**

C Hanson et al ; <https://gh.bmj.com/content/5/10/e003748>

*“In this edition of BMJ Global Health, Roder-DeWan and colleagues suggest ways in which we might rethink care models to close the equity gap in maternal and newborn health...”* Hanson et al comment.

Some Emerging Voices already flagged that you have to read this Editorial first, before you get to the article itself (below).

### **BMJ GH Analysis - Health system redesign for maternal and newborn survival: rethinking care models to close the global equity gap**

S Roder-de Wan, M Kruk et al; <https://gh.bmj.com/content/5/10/e002539>

The article the abovementioned Editorial is commenting on.

*“Large disparities in maternal and neonatal mortality exist between low- and high-income countries. Mothers and babies continue to die at high rates in many countries despite substantial increases in facility birth. One reason for this may be the current design of health systems in most low-income countries where, unlike in high-income countries, a substantial proportion of births occur in primary care facilities that cannot offer definitive care for complications. **We argue that the current inequity in care for childbirth is a global double standard that limits progress on maternal and newborn survival. We propose that health systems need to be redesigned to shift all deliveries to hospitals or other advanced care facilities to bring care in line with global best practice.** Health system redesign will require investing in high-quality hospitals with excellent midwifery and obstetric care, boosting quality of primary care clinics for antenatal, postnatal, and newborn care, decreasing access and financial barriers, and mobilizing populations to demand high-quality care. **Redesign** is a structural reform that is contingent on political leadership that envisions a health system designed to deliver high-quality, respectful care to all women giving birth. Getting redesign right will require focused investments, local design and adaptation, and robust evaluation.”*

### **Global Health Action (Current Debate) - Global child health in Germany - Time for action**

R Weigel et al; <https://www.tandfonline.com/doi/full/10.1080/16549716.2020.1829401>

*“Child health is central to the SDG agenda. Universities in the UK and other European countries provide leadership in research and education for global child health to inform related policy and practice, but the German contribution is inadequate. German paediatricians and other child health professionals could make more substantial contributions to the debate at home and internationally, but lack opportunities for scholarship and research. **We argue, that there is a momentum to advance global child health in academia and call on German universities to realise this potential.**”*

### **BMJ GH - Maternal healthcare coverage for first pregnancies in adolescent girls: a systematic comparison with adult mothers in household surveys across 105 countries, 2000–2019**

<https://gh.bmj.com/content/5/10/e002373>

Conclusion: *“Even though their pregnancies are of higher risk, adolescent girls continue to lag behind adult mothers in maternal service coverage, suggesting a need for age-appropriate strategies to engage adolescents in maternal care.”*

### **Contemporary Security Policy - Addressing the security needs of adolescent girls in protracted crises: Inclusive, responsive, and effective?**

<https://www.tandfonline.com/doi/full/10.1080/13523260.2020.1826149>

*“Adolescent girls face significant and often unique forms of insecurity in protracted crises. Yet, their specific needs tend to be overlooked by international agencies, and they are rarely consulted as programs are developed and implemented. **Drawing from field research conducted in four crisis contexts Lake Chad (Niger, Nigeria, and Cameroon), South Sudan and Uganda, Lebanon (Beirut), and Bangladesh (Cox’s Bazar)—***

***this article explores the experiences of insecurity that adolescent girls face in crisis contexts, and the extent to which responses to their needs are inclusive, responsive, and effective.** Employing literature from inclusive peacebuilding, the article argues that marginalizing adolescent girls in the development and implementation of programs compromises the ability for such programs to be responsive to their needs. Moreover, it misses the opportunity to employ their skills, knowledge, and strengths to build resilience and security within their communities.”*

And a few links:

**BMJ Global Health - [Childhood morbidity and its determinants: evidence from 31 countries in sub-Saharan Africa.](#)**

**BMJ Global Health - [The socioeconomic dynamics of trends in female genital mutilation/cutting across Africa](#)**

## Access to medicines

### BMJ Global Health - Quality assurance systems of pharmaceutical distributors in low-income and middle-income countries: weaknesses and ways forward

A N Giralt et al ; <https://gh.bmj.com/content/5/10/e003147>

*“Access to quality-assured medicines is an essential prerequisite for universal health coverage, and pharmaceutical distributors play an important role to assure the quality of medicines along the supply chain. “ The authors retrospectively assessed the compliance with WHO quality standards, that is, the Model Quality Assurance System for Procurement Agencies (MQAS) or the good distribution practices (GDP), of a convenience sample of 75 public, private-for-profit and non-for-profit distributors, audited by QUAMED in 14 low-income and middle-income countries (LMICs) between 2017 and 2019.*

They conclude: *“The quality systems of pharmaceutical distributors in LMICs remain weak. For preventing harm caused by poor-quality medicines, a comprehensive and stringent regulatory oversight should be urgently implemented; the WHO MQAS-standards and GDP-standards should be incorporated in national regulations; and reliable information on the quality systems of distributors (and manufacturers from which they buy) should be publicly available.”*

## Human resources for health

### BMJ GH - Building a new platform to support public health emergency response in Africa: the AFENET Corps of Disease Detectives, 2018–2019

<https://gh.bmj.com/content/5/10/e002874>

*“Public health emergency (PHE) response in sub-Saharan Africa is constrained by inadequate skilled public health workforce and underfunding. Since 2005, the African Field Epidemiology Network (AFENET) has been supporting field epidemiology capacity development and innovative strategies are required to use this workforce. In 2018, AFENET launched a continental rapid response team: the AFENET Corps of Disease Detectives (ACoDD). ACoDD comprises field epidemiology graduates and residents and was established to support PHE response. Since 2018, AFENET has deployed the ACoDD to support response to several PHEs. ...” There are ongoing efforts to strengthen PHE preparedness and response in sub-Saharan Africa. ACoDD members are a competent workforce that can effectively augment PHE response. “*

### BMJ GH - Community engagement for COVID-19 prevention and control: a rapid evidence synthesis

B Gilmore et al ; <https://gh.bmj.com/content/5/10/e003188>

Results: *“Six main community engagement actors were identified: local leaders, community and faith-based organisations, community groups, health facility committees, individuals and key stakeholders. These worked on different functions: designing and planning, community entry and*



*trust building, social and behaviour change communication, risk communication, surveillance and tracing, and logistics and administration....”*

## Miscellaneous

### CGD (blog) - When Numbers Don't Speak for Themselves: COVID-19 and Thoughts on How to Measure a Country's Performance

D Walker et al ; <https://www.cgdev.org/blog/when-numbers-dont-speak-themselves-covid-19-and-thoughts-how-measure-countrys-performance>

Next one in the short (CGD) series on COVID-19 and mortality.

*“There are multiple data and metrics used to assess a country's performance in responding to the threat of COVID-19, but **good mortality data** is vital to understanding how a country is really responding to the threat of COVID-19.”*

*““mortality reporting remained poor despite decades of wealthy country investment in global health programs to combat infectious diseases like HIV, malaria, and Ebola...**Cause of death data is complete in only 6 % of African countries and 10 % of SE Asia**””.*

### Guardian - Facebook greatest source of Covid-19 disinformation, journalists say

<https://www.theguardian.com/technology/2020/oct/14/facebook-greatest-source-of-covid-19-disinformation-journalists-say>

*“International survey nominates social media giant as worst offender, ahead of elected officials.”*

PS: This week, [Facebook rolled out a new vaccine misinformation policy](#) (STAT)

*“The new policy prohibits formal ads that discourage people from getting vaccinated and will include promoting public health messages from the WHO and other groups. But the policy does not address falsehoods on pages and groups, which are among the most virulent sources of health-related misinformation on the site.”*

### Health Promotion International - The pitfalls of personalization rhetoric in time of health crisis: COVID-19 pandemic and cracks on neoliberal ideologies

B Cardona; <https://academic.oup.com/heapro/advance-article/doi/10.1093/heapro/daaa112/5918727?searchresult=1>

*“The rise of the COVID-19 pandemic has exposed the incongruity of individualization ideologies that position individuals at the centre of health care, by contributing, making informed decisions and exercising choice regarding their health options and lifestyle considerations. When confronted with a global health threat, government across the world, have understood that the rhetoric of individualization, personal responsibility and personal choice would only led to disastrous national*

health consequences. In other words, individual choice offers a poor criterion to guide the health and wellbeing of a population. This reality has forced many advanced economies around the world to suspend their pledges to ‘small government’, individual responsibility and individual freedom, opting instead for a more rebalanced approach to economic and health outcomes with an increasing role for institutions and mutualization. For many marginalized communities, individualization ideologies and personalization approaches have never worked. On the contrary, they have exacerbated social and health inequalities by benefiting affluent individuals who possess the educational, cultural and economic resources required to exercise ‘responsibility’, avert risks and adopt health protecting behaviours. The individualization of the management of risk has also further stigmatized the poor by shifting the blame for poor health outcomes from government to individuals. **This paper will explore how the COVID-19 pandemic exposes the cracks of neoliberal rhetoric on personalization and opens new opportunities to approach the health of a nation as socially, economically and politically determined requiring ‘upstream’ interventions on key areas of health including housing, employment, education and access to health care.**”

## HHR - Public Health Policy Shapes COVID-19 Impact: UN Expert’s Final Report

D Puras; <https://www.hhrjournal.org/2020/10/public-health-policy-shapes-covid-19-impact-un-experts-final-report/>

*“In my [final report as Special Rapporteur on the right to health](#), presented to the UN General Assembly this week, I stress that the most effective “vaccine” for global health challenges has been, and will always be, the full realization of all human rights, including the promotion of physical and mental health through the meaningful participation and empowerment of all people.”*

## BMJ (news) - Long covid could be four different syndromes, review suggests

<https://www.bmj.com/content/371/bmj.m3981>

*“Long covid, the name commonly used to explain lasting effects of covid-19, may actually be four different syndromes, according to a review by the National Institute for Health Research (NIHR). A team of researchers and doctors reviewed current evidence and interviewed post-hospitalised and non-hospitalised patients and reported that long covid did not seem to fit as one syndrome. They suggested that people experiencing long term effects of covid-19 may have **different syndromes such as post-intensive care syndrome, post-viral fatigue syndrome, and long term covid syndrome....**”*

## NPR – Putin Announces Approval Of A 2nd Unproven Coronavirus Vaccine

[NPR](#);

*“Russian President Vladimir Putin has announced the approval of a second new coronavirus vaccine in as many months – but neither has completed the kind of extensive and rigorous three-phase trials required in the U.S. Speaking during a televised news conference, Putin said the new vaccine developed by Siberian biotech company Novosibirsk’s Vektor [State Virology and Biotechnology Center], a former Soviet-era bioweapons lab....”*

## Nature Medicine – Magnitude, demographics and dynamics of the effect of the first wave of the COVID-19 pandemic on all-cause mortality in 21 industrialized countries

[Nature Medicine](#);

Based on excess deaths.

## Devex - UK and Kenya to host education summit in 2021

<https://www.devex.com/news/uk-and-kenya-to-host-education-summit-in-2021-98299>

*“The United Kingdom and Kenya announced they will co-host a major summit next year **to raise funds for the Global Partnership for Education as it seeks a \$5 billion replenishment....”***

## Research

### IJHPM - Application of “Actor Interface Analysis” to Examine Practices of Power in Health Policy Implementation: An Interpretive Synthesis and Guiding Steps

R Parashar, L Gilson et al ; [http://www.ijhpm.com/article\\_3924.html](http://www.ijhpm.com/article_3924.html)

*“The difference between ‘policy as promised’ and ‘policy as practiced’ can be attributed to implementation gaps. Actor relationships and power struggles are central to these gaps but have been studied using only a handful of theoretical and analytical frameworks. **Actor interface analysis provides a methodological entry point to examine policy implementation and practices of power. As this approach has rarely been used in health policy analysis, this article aims, first, to synthesise knowledge about use of actor interface analysis in health policy implementation and, second, to provide guiding steps to conduct actor interface analysis....”***