Dear Colleagues,

As you probably know by now (unless you live on Mars or are Mike Pompeo), the week started on a very positive note with the Biden-Harris victory in the States. Suddenly, HSG’s symposium theme, ‘reimagining health systems for better health and social justice’ sounded a bit more feasible. Now that there’ll be again some adults in the White House – well, after the ‘banana republic’ stage that we apparently still have to go through in the coming two months - many of us might have a bit more appetite to fill in the HSG surveys that are part of HSG’s new initiative, Reimagine Health Systems: Future Scenarios for Better Health and Social Justice. Still, we better hurry up with that exercise, given the state of climate breakdown, or there won’t be much ‘reimagining’ left.

But it was thus great and encouraging news, the Democrat victory, not just for the US but also for much of the rest of the world. As we all know, and have witnessed over the past 4 years, the person at the top (and his/her communication, leadership style, …) is key for the general atmosphere in an organization, institution, country…. (That’s the one ‘trickle down’ theory I actually subscribe to 😊.) And I don’t know about you, but I’ve personally seen enough of the Donald for the rest of my life. Granted, it will be anything but easy for Biden-Harris. While China has dichted its ‘One country, two systems’ model recently (picking the wrong system, unfortunately), the United States now resemble “One Country, Two Camps”, at least for the coming years. Trump’s huge amount of votes also showed that last time’s result, in 2016, was no accident (and only to a limited extent due to “the Russians” or Facebook – I had never been a big fan of that liberal theory, anyway; social media only radicalize people in their convictions, in their echo chamber bubbles, I’m not sure they convince many of opposing views). Don’t know whether Trump would have won without the Covid pandemic, but the fact that he came so close should make us all shiver.

Not sure Joe reads this newsletter, but just in case, here’s a bit of free advice: if you want to have a small chance to “bridge” the two camps in the coming years, tackle neoliberalism and plutocracy. Might win back some people (though not the Ann Couters of this world). A proportional system can also help to avoid two political camps that want to eat each other alive, but that doesn’t seem to be on the table. (PS: my message for global health is likewise, it would be shortsighted to think we can now just ‘return to normal’. As a start: if you want to ‘pandemic proof’ multilateralism, it would be a fatal mistake to finance ACT-A through ODA…) If you need some inspiration, see Paying for the pandemic and a just transition (TNI Longread): “… This report answers this question by bringing together ten progressive proposals that could pay for the costs of the pandemic and finance a just transition to a better world. In the words of economist Jayati Ghosh, this transition requires a “global multicoloured new deal: red, green and purple”. Red – to fight against extreme wealth inequality, consolidation of corporate power and global poverty. Green – to prevent the imminent breakdown of ecological systems. Purple – to put essential care work at the center of our economic value system, acknowledging that working-class women across the world carry the heaviest burden of these crises.”
But I’m diverting. There was more encouraging news, this week, among others the potential “game changer” vaccine news from Pfizer & BioNTech (obviously still to be confirmed). In the words of the Economist, the news signals the “the start of the end of the pandemic”. Let’s hope so. Meanwhile, we agree 100 % with UN Special Rapporteur Tlaleng Mofokeng, that this “big news on the COVID-19 vaccine must be received with a renewed call for the “People’s Vaccine”.

Finally, in this newsletter, we’ll also pay quite some attention to the resumed 73rd World Health Assembly. Dr. Tedros is probably a big fan of the Trainspotting song, ‘Choose life’, as one of his mantras this time was “Choose health”, arguing for the need to reimagine global leadership and forge a new era of cooperation, among others. In Tedros speak: “We might be tired of COVID-19. But it is not tired of us. The pandemic has highlighted that healthier populations, universal health coverage and global health security are deeply intertwined. Today and every day, we must choose health. We’re one big family. ... The rule of the game is cooperation, solidarity, compassion, peace.” Kim Sledge, who opened WHA73, certainly agreed. Catchy song, by the way, though no ‘Choose Life’. In any case, Tedros must be relieved there’ll be again a grown-up in the White House, from January on, although he and many others probably hope that the US will from now on ‘lead from behind’ 😊.

PS: At WHA73 countries agreed to designate 2021 as the international Year of Health and Care workers. Let me for once use a global health evergreen: “Couldn’t agree more”.

Enjoy your reading.

Kristof Decoster

**Featured Article**

**A new WHO webinar series on health systems governance and financing**

*Bruno Meessen (on behalf of the Webinar Editorial Board)*

Over these last years, under the leadership of Dr Agnes Soucat, the Health Systems Governance and Financing Department of WHO has been pursuing a multi-pronged strategy for the generation and management of knowledge in its area of work. We embraced the view that health systems are complex – this implies that interventions aiming at improving their performance will always face challenges. One could say that progressing towards Universal Health Coverage is writing straight with curved lines. For sure, knowledge on health systems evolves, with unavoidable areas of uncertainty or even disagreement. This is also what makes the field so intellectually fascinating.

Over the last two decades, the community of expertise in our domains of interest has grown steeply and is getting, at last, more diversified. To carry out WHO’s normative mission, we think that it is crucial to engage with all those holding knowledge: practitioners, policy makers, scientists, technical assistants, civil society activists, etc. WHO needs all of them to inspire its work, inform its products and ensure that its contributions at global, regional and country level are the most valuable for
As a department, we greatly appreciate the fact that many of you are fully part of the activities organized through collaborative platforms like UHC2030, P4H or the Health Systems Governance Collaborative and its Building the Reset initiative. Working together is the future of our common impact.

The COVID-19 crisis does not only affect populations and health providers; in a less dramatic way, it also perturbs the theories of change of actors like us, whose impact comes through knowledge generation and dissemination. Our priority today is to continue to reinvent our ways of working with all of you. We do not want to lose the relationship we built with many of you, over many years of interaction through courses, conferences and other face-to-face events, be them organized by us or by you. We also feel that WHO’s convening role has, beyond the objectives of the organization, an ecosystem function. We want to maintain it, despite the movement restrictions which are probably here to stay, at least in the medium term.

It is in this spirit that a group of experts at WHO have launched a webinar series dedicated to health systems governance and financing. We want this series to cover a broad range of topics for the full spectrum of countries in our world. As illustrated in our inaugural session which focused on labor-tax funded social health insurance, we will not shy away from controversial topics. The Build Back Better agenda is also about killing some ideas which will jeopardize UHC or health security, if they continue to be pursued. We will also bring some of our latest reflections to the agenda. For instance, next week’s webinar on November 19th will be on Governance in support of Common Goods for Health. The COVID crisis has revealed that many countries, especially high-income countries, obsessed with the improvement of individual health and curative care in particular, were under-investing in institutional arrangements and mechanisms to fulfill some core public health functions. We will also cover topics that we feel, receive too little attention from the global health community – for many reasons, including sometimes their limited appeal to researchers. Our third webinar on December 3rd will be about the management of public finance for health – a mandatory route, given that we all want to step away from out-of-pocket payment, private health insurance and contributory social health insurance.

We have assigned ourselves some editorial rules, in terms of inclusion and format. One of them is to co-organize our sessions with other groups, networks or agencies. Our inaugural webinar was co-organized with the Emerging Voices. Our third one will be co-organized with the Center of Global Development. Do not hesitate to contact us if you see a possible “joint venture” for a specific session. We will also do our best to make our webinar sessions interactive, also by inserting them into broader learning agendas.

The series builds on the assumption that we can learn from any experience – a view again validated by the COVID-19 crisis. Some framings, logics and hierarchies have come out as false and misleading. If you follow our series, we guarantee you will travel across regions and contexts – well, at least virtually. Learning – the key word for us – is often about distinguishing universality into a specific experience or story.

We hope that this series will be a helpful contribution to the life of our vibrant health system community. Do not hesitate to register to our mailing list to stay informed about our next sessions.

See you in one of our future sessions!
Highlights of the week

HSR 2020 symposium (1st stage) (8-12 November)

It’s impossible to give a full overview of this symposium first stage, as we all tend to pick some sessions, in line with our own interests (and time schedule), so just a few highlights (in terms of new publications & initiatives) below.

PS: HSG’s Youtube channel (where you can re-watch many of the plenaries & sessions): https://www.youtube.com/channel/UCJv3vT5CaPklx2hX0V9P8VA

I personally quite enjoyed the second plenary, on issues like climate change, migration, urban health, conflict. All of them are interconnected, so we don’t have the luxury in our times to just ‘pick’ our own pet issue....

PS: as you know, the next HSR stop is Bogota (in 2022).

But first, stay tuned for Stage 2 of this symposium (till March 2021), ‘Carrying on the conversation’.

HSG - Reimagine Health Systems: Future Scenarios for Better Health and Social Justice

https://healthsystemsglobal.org/improving-health-systems/reimagine-health-systems/

Launch of a new HSG initiative. “Reimagine Health Systems: Future Scenarios for Better Health and Social Justice is Health Systems Global’s initiative to explore the potential for changes and transformations in health, health systems, and wellbeing – with your help. We are all challenged by change. The earlier we think through the implications of transformative and disruptive changes, the better our options for response – whether by creating change or adapting to it. What can we do today to shape our futures and achieve preferred outcomes for health and wellbeing in our communities? From November 2020 through to March 2021, Reimagine Health Systems: Future Scenarios for Better Health and Social Justice will be collecting your ideas about transformative changes and the possible futures ahead for health systems where you live and work, and around the world. The initiative has two stages.”

Stage 1: 3 crowdsourcing surveys (by Nov 30); Stage 2: explore what the range of potential outcomes – the possible futures – might be. “We will assist stitch these ideas together to form stories of possible futures. These will then be refined into a set of scenarios for HSR2020 phase three participants to consider the potential range of challenges and opportunities health systems face in these possible futures – and what we might want to do to create better futures.” Do contribute!

HP&P Supplement - Health policy and systems research mentoring: Supporting early career women in Low- and Middle-Income Countries

https://academic.oup.com/heapol/issue/35/Supplement_1
Showcasing research from early-career women authors as part of a mentorship scheme by WHO’s Alliance & Health Systems Global.

Start with the Editorial by Dena Javadi & Sameera Hussain.

“The papers that form this supplement span a wide range of equity-oriented topics affecting health system performance and outcomes. Topics include health workforce support, intimate partner violence, health sector corruption, implementation factors in service delivery, universal health coverage, and more. Countries represented include Kenya, Vietnam, Uganda, Ghana, Uganda, Ethiopia, Bangladesh, Nigeria, Brazil. “

HP&P Supplement - Innovations in Implementation Research in Low- and Middle-Income Countries

https://academic.oup.com/heapol/issue/35/Supplement_2

The new supplement focuses on two types of innovations in IR: new methods and new ways of engaging stakeholders, highlights a co-editor of the supplement, Kabir Sheikh.

Start with the Editorial - Implementation research in LMICs—evolution through innovation

“...This supplement showcases innovations in implementation research that are enhancing its value, shaping its development, and fueling the growth of the field. Specifically, it focuses on innovations in LMIC contexts - where IR has the greatest potential to have an impact. The supplement is a joint production of Health Policy and Planning and the Alliance for Health Policy and Systems Research and reflects current innovation in conducting real-world, rigorous implementation research in a range of settings and in relation to issues as diverse as electrification of primary health care clinics, to the delivery of school-based mental health programmes....”

PS: for a quick introduction to the 2 HP&P supplements, see also Health Policy and Planning Supplements: Launched at HSR 2020

New collection International Journal for Equity in Health: showcasing research on inequities in health and health systems in Latin America and the Caribbean.

https://www.biomedcentral.com/collections/InequitiesinLAC

Was already available for a while, online, but now also officially launched.

IHP - How prepared was the UAE for a global pandemic?

Reem Gaafar (EV 2020) & Immanuel Azaad Moonesar;
https://www.internationalhealthpolicies.org/featured-article/how-prepared-was-the-uae-for-a-global-pandemic/
Unfortunately, the first stage of the HSR symposium couldn’t take place in Dubai for the reasons you know. But you might still want to know how the UAE did so far in the pandemic, and how it capitalized on the private sector in its response.

And some bits & pieces:

- **WHO’s Alliance:** [Systems Thinking Accelerator (SYSTAC) cataloguing survey](https://www.who.int/about/governance/world-health-assembly/seventy-third-world-health-assembly)

  “The Alliance for Health Policy and Systems Research (the Alliance) is launching a Systems Thinking Accelerator (SYSTAC). In preparation, we are conducting a survey of potentially interested system thinkers....”

- Press coverage: [Virtual Global Symposium on Health hosted by Mohammed bin Rashid School of Government Continues](https://www.who.int/about/governance/world-health-assembly/seventy-third-world-health-assembly)

### 73rd WHA (resumed session) (9-14 November)

https://www.who.int/about/governance/world-health-assembly/seventy-third-world-health-assembly

Documents: https://apps.who.int/gb/e/e_wha73.html

G2H2 Guide: http://g2h2.org/posts/wha73events/

Civil society statements: https://extranet.who.int/nonstateactorsstatements/meetingoutline/1459

Excellent coverage of the various days mostly via Health Policy Watch and Devex, see below:

**HPW - World Health Assembly Opens Against Shadows of Pandemic Despair & Hopes Incoming US Administration May Resume Global Health Leadership Role**


Brilliant in-depth analysis of the agenda this time, ahead of the WHA. Must-read.

“This year’s 73rd edition of the World Health Assembly resumes virtually on Monday, after a two-day emergency huddle in May – against sharply rising COVID-19 infection rates in Europe and the United States, deep geopolitical divides – and calls for reform of the WHO that could strengthen its mandate but also may be resisted by countries concerned about encroachments on their sovereignty. At the same time, rays of hope include the prospect of new vaccines coming on the market in early 2021, promising new drug therapies under development, and the fact that some of the poorest countries, primarily in Africa, are weathering the virus much better than wealthier..."
counterparts to the north. Add to that “hope-list”, the pending replacement of the most contentious and combative United States President seen in recent history, Donald Trump, with Democratic president-elect Joe Biden – a seasoned negotiator keen on bringing the US back into the multilateral fold. Biden has already said he’d rejoin the WHO on his first day in office, January 20, 2021....”

Opening speech Tedros

More than worth a read.

Coverage of the first day (and Tedros’ impressive opening speech), among others in:

WHO’s Tedros says it is time for the world to heal, pushing back on ‘misguided nationalism’

“World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus told Member States on Monday that efforts to tackle climate change and poverty had been set back by a lack of global unity since major agreements were struck five years ago, and welcomed the chance to work with the presumptive new US administration of president-elect Joe Biden... .... we must be honest: we can only realise the full power and potential of the SDGs if the international community urgently recaptures the sense of common purpose that gave birth to them [i.e. the SDGs]. In that spirit, we congratulate President Elect Joe Biden and Vice President-Elect Kamala Harris and we look forward to working with their administration very closely.” Tedros said it was time for a new era of cooperation, with emphasis on health and well-being globally. “It’s time for the world to heal – from the ravages of this pandemic, and the geopolitical divisions that only drive us further into the chasm of an unhealthier, un-safer and unfairer future”, he said....”

Reuters - WHO chief says welcomes efforts to strengthen the organization

“The World Health Organization chief welcomed efforts on Monday to strengthen the Geneva-based body through reform.”

WHO Director-General calls on world to "choose health" at resumed 73rd World Health Assembly in the Year of the Nurse and the Midwife

Great overview of the first day of the WHA.
“The resumed 73rd World Health Assembly (WHA73) opened to the tune of the classic hit song “We are Family” by Sister Sledge, the Kingdom of Tonga’ Nurses’ Choir and a powerful speech by the WHO Director-General calling for predictable and sustainable WHO funding, the launch of a Universal Health and Preparedness Review and the need to “reimagine” global leadership and “forge a new era of cooperation” reflecting the lessons of the COVID-19 pandemic. Dr Tedros called on Member States to “address the shocking and expanding imbalance between assessed contributions and voluntary, largely earmarked funds,” observing that WHO’s annual budget is equivalent to what the world spends on tobacco products in a single day.”

“... Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme (WHE), gave an epidemiological update on the COVID-19 pandemic, noting “the grim milestone” of 50 million cases globally. The Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC), Dr Felicity Harvey, presented the IOAC report, which makes several recommendations and concludes that: “Over the last four years, the WHE Programme has demonstrated its capacity to manage multiple emergencies and has helped affirm WHO’s position as a global health leader, but the COVID-19 pandemic has thrown the challenges faced by WHO in handling a global pandemic into stark relief and has placed the WHE Programme under global public scrutiny.” The Chair of the Review Committee on the functioning of the International Health Regulations (2005) during COVID-19 response, Professor Lothar H. Wieler, President of the Robert Koch Institute, Germany provided an update on the work of the Committee and its preliminary findings. Senior Advisor to the Director-General, Dr Bruce Aylward, briefed Member States on the progress of the Access to COVID-19 Tools (ACT) Accelerator, noting key achievements with regard to rapid tests, life-saving treatments, and the COVAX Facility with its equitable allocation framework. He remarked that access to these critical tools differs widely across countries and could worsen without urgent action to close the ACT-Accelerator’s US$4.5 billion financing gap....”

On that ACTA financing gap, see also below - Development Today. It seems way higher than the 4.5 billion still.

HPW - World Health Assembly Puts Aside Rivalry Over Taiwan To Move Ahead On WHO Reform And COVID-19 Pandemic Agendas
https://healthpolicy-watch.news/78728-2/

Neat coverage as well of the first WHA day.

“World Health Assembly members set aside the contentious issue of restoring Taiwan’s observer status at the member state forum – to focus on the challenges posed by the COVID-19 pandemic, and linked to that WHO reform. ....”

“... political consensus appeared to be shaping up around initiatives being advanced by both European countries, the United States and other G-7 allies, to strengthen the hand of the WHO significantly – in terms of its emergencies powers to get data and take action – as well as its technical capacity and created channels for more sustainable financing. ....”

“Director General Proposes ‘Peer Review’ of Countries’ Emergency Preparedness”... And he proposed a new system of “peer review” for emergency preparedness. The Universal Health & Preparednesss Review – would bring countries together for transparent review of each other’s
response capacities. He invited Cameroon, the Central African Republic, France and Germany to test the concept in a pilot phase....”

Germany on the funding issue
DeveX - Germany sick of ‘déjà vu' in WHO financing battle

“Berlin wants to make COVID-19 the impetus for real progress on countries’ funding for the U.N. health agency.”

“Germany is hoping to draw on momentum around the global COVID-19 response in order to address the World Health Organization’s long standing funding woes, and is pushing for an agenda on sustainable financing at the WHO executive board’s meeting in 2021.”

“Speaking Monday at the resumed 73rd World Health Assembly on behalf of the European Union, German health minister Jens Spahn said the COVID-19 pandemic had highlighted “a gap between WHO’s 194 member states’ expectations and requests vis-à-vis the organization and its de facto capacities to fulfill them.” Around the time Spahn was speaking, a German official was hitting similar notes in a committee discussion on the U.N. health agency’s 2020-2021 program budget. “Each year, again and again ... with a déjà vu we see pockets of poverty — so specific programs that have not received adequate funding,” the official said of the assembly. “Within the last 10 years, many options have been explored in order to change the situation but the financing challenge has not been properly addressed.” .....”

“To remedy this, Germany wants an item on sustainable financing on the agenda of the 148th meeting of the WHO board, scheduled for January 2021. Berlin called on WHO to use that occasion to report on its current financing efforts; the connection between support from members and its capacity to do its work; which options have been explored in the past 15 years and whether these were successful; as well as potential future options for sustainable financing.”

HPW - WHO Funding Inequalities Drive African Calls For Change At World Health Assembly


More coverage of the budget discussions. “Despite nearly two years of internal restructuring, WHO’s budget at its Geneva headquarters is still twice the amount spent in all 54 countries of the Organization’s African Region, said the African bloc of stated at Wednesday’s World Health Assembly. Speaking on behalf of the African bloc, Seychelles noted that the most recent WHO financial report highlights the continued trend of disproportionate spending in its Geneva headquarters in comparison to the Organization’s six regional offices and nearly 100 country offices....”

“Rich Countries Call for Greater Investment in Primary Health Care and NCDs - Meanwhile, countries ranging from Japan to China and Norway have enjoined the WHO to commit more resources to the prioritisation of universal health coverage and combating the non-communicable diseases – which are a growing problem in poor as well as rich countries today....”
LMIC Member States Decry Negative Impact of COVID-19 on their Ability to Contribute to WHO - Although WHO’s leadership has also called upon member states to step up to the bat with larger and more predictable funding, Member States said they are already having a hard time paying the current annual assessments to WHO – as a result of the pandemic’s economic fallout. ...

Devex –Q&A: What sustainable WHO financing means for global health security

“As countries propose World Health Organization reforms this week at the resumed 73rd World Health Assembly, a network of global health security experts have called on them to double their flexible funding to the organization. WHO’s budget has been reliant on voluntary contributions. But these donations are largely tied to specific programs and issues, leaving the organization little leeway to allocate and reallocate resources. The organization does receive flexible funding, mainly in the form of assessed contributions, but this only covers a very small percentage of the organization’s budget — at less than 20% of WHO’s total budget — a challenge that has plagued the organization for years. This current financing set-up needs to change, said Adam Kamradt-Scott, director of the board at the Global Health Security Network, which launched the campaign #sustainWHO this week, calling for sustainable financing for the organization. He said a doubling of WHO’s assessed contributions is “well and truly overdue.”

“...Devex asked Kamradt-Scott about the network’s call to action, how it can be realized, and what it means for global health security.”

WHO - Transforming for impact: WHO’s organizational reform continues

But reform has been ongoing for a while: “... In the past three-and-a-half years, WHO has pursued the most deep-rooted transformation in the Organization’s history — focused on country-level impact and practical results, as well as technical and normative leadership. At the resumed 73rd World Health Assembly (WHA73), the Director-General will present a progress report on WHO’s Transformation Agenda. These are a few highlights....” An overview of everything done in this respect in the past few years.

And via Cidrap News, so that you have the overview of all these different committees:

“Two different committees weighed in with different pandemic-related assessments, both of them regular evaluations launched in the wake of earlier health events, including the 2009 H1N1 pandemic and West Africa’s Ebola outbreak. One is an independent committee reviewing the WHO’s health emergencies program and the other a group assessing how the International Health Regulations are functioning.”

Reuters - U.S. denounces terms for WHO-led inquiry into coronavirus origins
Reuters;
“The United States said on Tuesday that the terms under which a World Health Organization-led team of experts is to investigate the origins of the new coronavirus were not transparently negotiated or in line with the mandate agreed by member states....”

“Garrett Grigsby, head of the global affairs office at the U.S. Department of Health and Human Services, told the WHO’s ministerial assembly that member states had been made aware of the investigation’s terms of reference only a few days ago. “The TOR (terms of reference) were not negotiated in a transparent way with all WHO member states. The TOR and the investigation itself appear to be inconsistent with the mandate provided by member states,” he said, without elaborating....”

PS: “Tedros revealed the team’s composition on Tuesday, telling the WHO annual ministerial meeting: “These are very respected individuals in their areas.” Team members came from Russia, Australia, Sudan, Denmark, the Netherlands, Germany, Japan, Vietnam, the United Kingdom and the United States, he said.”

Nature News – Where did COVID come from? WHO investigation begins but faces challenges


“The World Health Organization (WHO) has released its plan to investigate the origins of the COVID pandemic. The search will start in Wuhan — the Chinese city where the new coronavirus SARS-CoV-2 was first identified — and expand across China and beyond. Tracing the virus’s path is important for preventing future viral spillovers, but scientists say the WHO team faces a daunting task....”

PS: see WHO (5 Nov) - WHO-convened Global Study of the Origins of SARS-CoV-2

HPW - World Health Assembly Debate On Improving Emergency Response – Warmup For Bigger Reforms?


Coverage of Day 2 (Tuesday): “The World Health Assembly on Tuesday approved a resolution calling to strengthen WHO and global preparedness for health emergencies – with few new teeth but lots of symbolism attached. .... The new resolution’s major novelty is a mandate to WHO to come up with proposals by next year’s WHA for “possible complementary mechanisms to be used by the Director General to alert the global community about the severity and/or magnitude of a public health emergency, in order to mobilize necessary support and facilitate international coordination.” In plain language, member states have discussed adding a possible “amber alert” – like an orange traffic signal – to the current IHR system by which WHO could signal that a public
health emergency is developing – even before it becomes a full blown “public health emergency of international concern”.

“Geopolitical Divide Between Reformists & Backers of the Status Quo” “Tuesday’s debate between member states over the measure seemed largely to be a warm-up for the more far-reaching reform proposals that may be in the offing next year, following the completion of multiple reviews over pandemic response now underway. Those reviews are looking at countries’ and WHO’s pandemic performance; WHO’s health emergencies programme, and the IHR system itself....” “Speeches by the United States, Japan, European and other western allies, on the one hand pressed for more speed in data sharing, transparency and measures to compel member state compliance with early alert rules. Russia, Pakistan and China, on the other hand, suggested no such changes in the IHR system are needed; and such reforms could even encroach on countries’ sovereignty.”


“The World Health Organization’s Health Emergencies Programme, while having demonstrated progress since its establishment in 2016, still requires areas of improvement, according to the independent committee tasked with the review of the program’s work....”

“...some concerns remain, according to the committee’s latest evaluation report presented at this week’s 73rd World Health Assembly. “It must be recalled that the current structure and design of the WHE program was shaped by the West Africa Ebola outbreak. Hence, it has the ability to respond to events of similar severity and size, but not a global pandemic,” Harvey told member states on Tuesday in a virtual session....”

WHO - Triple Billion dashboard: launched
https://portal.who.int/triplebillions/

Check it out.

And some links:

- WHO - Progress report from the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response

- WHO (news) - 73rd World Health Assembly set to strengthen preparedness for health emergencies

“In a year that has seen more than 1.2 million lives lost to a deadly coronavirus pandemic, WHO’s 194 Member States are expected to adopt a resolution to strengthen preparedness for health emergencies EB146.R10, at the resumed 73rd World Health Assembly....”
• **HPW** - **Breast Milk Substitutes Make New Inroads Among Hungry Households In The Global South During COVID-19**

• **WHO** - **Launch of the Global Strategy to Accelerate the Elimination of Cervical Cancer**

• **WHO** - **Neglected tropical diseases: World Health Assembly endorses bold new road map targets for 2030**

See also **UN** News - **Neglected tropical diseases: Countries endorse new targets to eradicate 20 killers** “The new road map addresses critical gaps across multiple diseases, integrates and mainstreams approaches within national health systems and coordinates action across sectors...”

• **HPW** - **Influenza: Reinforced Diagnostic and Surveillance Capacity Planned For Africa Outbreaks**

“Africa is set to establish a plan of preparedness and to compile influenza data sets with the World Health Organisation (WHO), to expand its surveillance of potential flu outbreaks. The African region has also called for the integration of influenza surveillance into an all-inclusive infectious disease surveillance system, and for the creation of a necessary mechanism for contributory finance that can make vaccines and control measures affordable and equitable....”

• **HPW** - **Polio Vaccine Campaigns Need To Continue Despite COVID19; Infrastructure Also Critical To Combatting Pandemic**

• **HPW**: **Low- & Middle-Income Countries Suffer From ‘Brain Drain’ Of Nurses That Threatens Their Health Services – International Council of Nurses**

**Biden: “A win for global (and planetary) health”**

As you can imagine, the global health community is ‘fairly happy’ that Biden won from the Donald. Some reads:

Devex - 5 Trump-era global health policies a Biden administration might undo


“**Biden and vice president-elect Kamala Harris have said they will “immediately restore” the U.S. government’s relationship with WHO as part of a seven-point plan to beat the COVID-19 pandemic. Health advocates hope they will reverse a range of other Trump administration decisions too. Here are five global health policies where a Biden administration might look to reverse the course of the last four years — and how they might go about it.”**

Respectively: the global gag rule; UNFPA funding; US membership of WHO; COVAX; PREDICT.
NPR - Biden Said He'd Walk Back Trump's WHO Walkout. Can All The Damage Be Undone?


“... But a reset does not mean a return to the way things were. And experts warn it will take time and effort to restore the U.S. to a leadership position in global health. Here are five key questions about the potential damage done by Trump’s move — and what the future could hold....”

Quote: “... Even under a Biden administration, experts say the U.S. is unlikely to play the same role it once did on the global health stage. "I think the U.S. could have a leadership role again, but I think it will be a different one," says Kates. She says the last four years have shown the world that the U.S. can be an unreliable ally on global health and other matters, depending on the administration in power, "and there's going be a memory of that going forward." Adds Gostin, "There's been a huge trust deficit that's been opened the last four years, and it's going to take a long time to heal."

Via the Washington Post:

“The Biden camp isn’t saying much more for now. Asked for details, an official working on Biden’s transition pointed to the campaign website, which lays out a plan to

Devex -Biden victory will mark a return to 'normality,' development experts say


The broader picture for the development community (also including global health) “After years of budget battles, Joe Biden’s victory in the U.S. presidential election was a moment of "tremendous relief" for many in the development community. Here’s what his presidency may mean for the sector.”

Quote:

“COVID-19 response will certainly be an early priority as well, including a global response, several experts told Devex. Biden is expected to put USAID in charge of international COVID-19 response, expand the Global Health Security Agenda, and create a Global Health Emergency Board to coordinate crisis response for vulnerable communities, in addition to rejoining and fully funding WHO. A Biden administration could also push for a more robust response to the pandemic by multilateral development banks, including by pledging emergency support to the World Bank’s International Development Association, which has front-loaded its spending due to COVID-19, Collinson said.”

That ‘Global Health Emergency Board’ doesn’t seem like a great idea.

See Politico’s Pulse newsletter: “…The Biden camp isn’t saying much more for now. Asked for details, an official working on Biden’s transition pointed to the campaign website, which lays out a plan to
create a global health emergency board including other governments, international financial institutions, companies and NGOs working to “offset the cost of bringing any eventual vaccines to developing countries.”

Foreign Policy - Biden Can Make the United States a Global Health Leader Again


One of many pieces making the claim that the US should lead again on global health. And: “A Biden win is a win for global health.” Duh.

See also Devex - Can Biden rebuild US global health leadership?

PS: I would encourage the US to “lead from behind”, henceforth : )

Do read also Joe Biden’s piece in Foreign Affairs from earlier this year, in which he lays out the foreign policy he has in mind. Among others:

“As president, I will take immediate steps to renew U.S. democracy and alliances, protect the United States’ economic future, and once more have America lead the world. ... During my first year in office, the United States will organize and host a global Summit for Democracy to renew the spirit and shared purpose of the nations of the free world. It will bring together the world’s democracies to strengthen our democratic institutions, honestly confront nations that are backsliding, and forge a common agenda. Building on the successful model instituted during the Obama-Biden administration with the Nuclear Security Summit, the United States will prioritize results by galvanizing significant new country commitments in three areas: fighting corruption, defending against authoritarianism, and advancing human rights in their own nations and abroad. As a summit commitment of the United States, I will issue a presidential policy directive that establishes combating corruption as a core national security interest and democratic responsibility, and I will lead efforts internationally to bring transparency to the global financial system, go after illicit tax havens, seize stolen assets, and make it more difficult for leaders who steal from their people to hide behind anonymous front companies....”

Guardian - US election result boosts preparations for UN climate summit

https://www.theguardian.com/environment/2020/nov/11/us-election-result-boosts-preparations-for-un-climate-summit

“Preparations for the next vital UN summit on the climate – one of the last chances to set the world on track to meet the Paris agreement – have been given a boost by the election of Joe Biden as president. The election caps a remarkable few weeks on international climate action, which have seen China, the EU, Japan and others commit to long-term targets on greenhouse gas emissions to fulfil the Paris climate agreement. Biden has vowed to return the US to the Paris agreement, from which Donald Trump withdrew, and to set a goal of reaching net zero emissions by 2050, commitments that were underlined by his references to the climate crisis in his speeches after the result became clear.....”
Tweet Ilona Kickbusch

“In the end, 82 percent of voters who said the coronavirus was their most important issue in choosing a president supported Biden, according to preliminary national exit polls. #COVID19 #BidenHarris2020”

And some links:

- CMP - [US under Biden set to stay in WHO, but experts say health body needs shake-up](#)

“American backing may be key to the WHO’s Covax plan to distribute Covid-19 vaccines.”

- Friends of the Global Fight against AIDS, TB and malaria - [U.S. GLOBAL HEALTH LEADERSHIP FOR A SAFER AND MORE EQUITABLE WORLD](#)

“Friends of the Global Fight Against AIDS, Tuberculosis and Malaria released our transition document for the incoming Biden administration: “U.S. Global Health Leadership for a Safer and More Equitable World.” We discuss five mutually reinforcing priority actions for a reinvigorated U.S. global health strategy: 1) Increase U.S. global health investments and align them with other public programs 2) Rally the world to end the three biggest infectious disease killers—AIDS, TB and malaria 3) Reaffirm global leadership in support of the Global Fund 4) Strengthen pandemic preparedness and health security 5) Advance rights and good governance alongside health....”

Global Health Governance

Geneva Health Files – Newsletter: The splintering of the centre of global health

[Geneva Health Files](#)

“Geneva was going abuzz with what the return of the U.S. will mean for global health and euro-centric efforts to reform WHO. And then the European Commission which has been instrumental in steering the ACT Accelerator - the poster child of global pandemic response - announced plans for a European Health Union including measures that will enable it declare health emergencies in the region. The Commission might have responded to citizens’ demands. But by proposing new rules on health emergencies, it appears to have put into question the authority of the World Health Organization. And this, in the midst of the World Health Assembly. This brings us to our analysis of the week, the weakening of the World Health Assembly. Funds for the global pandemic response were raised on an alternate platform – Paris Peace Forum - where donors definitively set the tone. If you wanted to capture the splintering of the centre, this week had it all. New meanings have been ascribed to “solidarity” and “multilateralism”, which are beginning to sound like official pandemic-policy speak. The takeaway from this week: “solidarity is not fairness” as one of our sources articulated.....”

Check out the feature story of the newsletter on this topic.
Quote: “In the context of the response to the pandemic, there is a perception that while they [i.e. member states] are being consulted to an extent, some of their questions and demands do not find representation in forums outside of WHO, including at Gavi’s vaccines initiatives for the pandemic – the COVAX facility, for example. A lot of the decisions are made outside of WHO and then it is a “fait accompli”, countries have to take it or leave it, the source said....”

“...Given the urgency of the pandemic, no country wishes to be seen as being too critical of WHO efforts, or risk being seen as too “obstructionist” and hence reserve their discomfort with the ACT Accelerator mechanisms....”

“...WHO sees C-TAP as a medium to long term solution and not an immediate one, as also reiterated by top officials at the Assembly this week...”

“..Similarly, the discussions on reforms have been overwhelmingly framed by Northern interests, aligning heavily towards global health security. So far, many developing countries have not put their visions on what WHO reforms should look like. Any discussions on reforms will be carried out in the way it has already been framed....”

WHO Director-General’s speech at the Paris Peace Forum "Strengthening the multilateral health architecture and fighting against infodemics" - 12 November 2020

WHO:

Tedros at the Paris Peace Forum (12 Nov) on a new One Health HL Expert Council: “... the tripartite – the UN Food and Agriculture Organization, the World Organization for Animal Health, and WHO – was formed several years ago, to work together on a One Health approach that encompasses the health of humans, animals and our planet. But the pandemic has demonstrated that we need to take our work to the next level. That’s why together we have agreed to establish a One Health High-Level Expert Council, supported by a joint secretariat, which will draw on the expertise of WHO, OIE, FAO and UN Environment to improve the scientific basis for political decision making, promote political commitment and increase public awareness. ... ... WHO looks forward to working with the Tripartite, UN Environment and other key partners to develop the High-Level Expert Council, which we look forward to launching during the World Health Assembly in May next year....”

Politico – Charles Michel proposes 'international pandemic treaty'


“European Council President Charles Michel on Thursday proposed an "international pandemic treaty" to prevent future global disease outbreaks and better coordinate a worldwide response. Speaking at the Paris Peace Forum, where he met on the sidelines with French President Emmanuel Macron and other senior leaders, Michel said that a new global treaty would demonstrate that leaders had learned lessons from the current coronavirus pandemic.” Modelled after the Framework Convention on Tobacco Control.
Investigate Europe - Business interests vs vaccine idealism at CEPI


One of the reads of the week. “The Coalition for Epidemic Preparedness Innovations was born to ensure fair access to vaccines. But before the Covid-19 pandemic, CEPI learned the name of the game the hard way.” Read how CEPI’s policy has changed since the beginning days, in a more “business-friendly” way. Under the instigation of American Big Pharma, in particular.

PS: “MSF no longer sits on CEPI’s board, which has been reduced from 20 to 12 members. Nor do any other NGOs.”

Guardian - Appointment of WTO chief in doubt after key meeting cancelled


“The race to find a new leader of the World Trade Organization has been thrown into renewed uncertainty after the cancellation of a key appointment meeting following the US presidential election. The Geneva-based WTO, which acts as an international arbiter for trading disputes, said it had put off a meeting scheduled for Monday that had been called to appoint Nigeria’s Ngozi Okonjo-Iweala as its next director general....”

“Trade experts said Joe Biden defeating Trump in last week’s election may have led to countries calling for a delay in the WTO leadership race, with the aim of securing the Biden White House’s backing for Okonjo-Iweala after he takes charge in January. The delay in selecting a new WTO director general comes at a fragile moment for the world economy amid the second wave of Covid-19, and after years of criticism of the WTO and calls for reform from Trump. The WTO said the meeting would be postponed until further notice, during which time the organisation would continue undertaking consultations with delegations from countries around the world to pick a new leader.

See also  Bloomberg.

South Centre (research paper) - World Health Organization Reforms in the Time of COVID-19

G Velasquez; https://www.southcentre.int/research-paper-121-november-2020/

“During its 70-year history, the World Health Organization (WHO) has undergone various reforms led by several Directors-General, including Halfdan Mahler at the Almaty Conference on primary health care in 1978, Gro Harlem Brundtland with her “reach out to the private sector” in 1998, and Margaret Chan with her unfinished debate on the role of “non-state actors” in 2012. The organization’s fragility is once again being highlighted, as the COVID-19 pandemic has revealed that WHO does not have the legal instruments and mechanisms necessary to enforce its standards and guidelines, and that its funding is not sustainable and adequate to respond to the challenge. This paper seeks to identify the main problems faced by WHO and the necessary measures that a reform of the organization would have to take.”
European Council - Strengthening the World Health Organization: the EU is ready to take the leading role


The EU Council and member states approved conclusions on the role of the EU in strengthening the @WHO; leading role for the EU in the WHO reform; better preparedness and response by WHO to health emergencies; greater budget flexibility.”

And a link:

AP - Recordings reveal WHO’s analysis of pandemic in private

“... With its annual meeting underway this week, WHO has been sharply criticized for not taking a stronger and more vocal role in handling the pandemic. For example, in private internal meetings in the early days of the virus, top scientists described some countries’ approaches as “an unfortunate laboratory to study the virus” and a “macabre” opportunity to see what worked, recordings obtained by The Associated Press show. Yet in public, the U.N. health agency lauded governments for their responses.” (on the early days, in China, but also with respect to Japan & the Diamond Princess cruise ship)

And a quote by Sophie Harman: “Harman, the expert from Queen Mary University, sympathized that WHO had enormous responsibility in the early months of COVID-19, but said even greater challenges loom now. “This is not an experiment for WHO to learn lessons for the future, the stakes are too high for that,” she said. “With the next wave of the pandemic, I think the time for quiet diplomacy has passed.”

Global Fund Board meeting (11-12 Nov)

Via the GFO newsletter

The GF Board extended the Covid-19 response mechanism during its 44th meeting.

“The Global Fund Board made several decisions at its 44th Board meeting, held virtually on 11–12 November 2020, during the COVID-19 pandemic. At the virtual meeting, the Board approved the Global Fund Secretariat’s budget of $315 million for operating expenses for 2021, and electronically approved the extension of the COVID-19 Response Mechanism, the expansion of the Global Fund procurement platform to include COVID-19 products, and the third exceptional funding to Venezuela.”

Do check out the rest of the newsletter as well.
Covid key news

Focus on key trends & WHO messages. The possible vaccine “game changer” news you find below, in a separate section.

Via Cidrap News - Surge continues in Europe as global COVID-19 total tops 52 million (Nov 12)

Guardian - Global coronavirus cases pass 50m with US worst affected country

https://www.theguardian.com/world/2020/nov/08/global-coronavirus-cases-pass-50m-with-us-worst-affected-country

“US close to 10m cases, with India second on 8.5m cases, followed by Brazil and Russia.”

“... The new total came as a Reuters tally calculated that October was the worst month of the coronavirus pandemic so far, with its second wave in the past 30 days accounting for a quarter of all cases. The last month saw the spread of the virus accelerate at a rapid pace: while it took 32 days for cases to rise from 30 million to 40 million, it only took 21 days to add another 10 million.....”

See also a NYT link on India - Many fear a new wave.

Reuters - COVID-19 cases still surging in the Americas, the WHO warns “COVID-19 cases are still surging in the Americas, averaging 150,000 a day in last week, the World Health Organization’s regional office said on Wednesday.”

AP – update on Africa: start of a second wave?

AP;

“Africa’s top public health official says the continent has seen an average 8% rise in new coronavirus cases over the past month as infections creep up again in parts of the continent of 1.3 billion people. John Nkengasong says “we expected it to happen” and warns that when the virus comes back for a second wave, “it seems to come back with a lot of full force.” The African continent is approaching 2 million confirmed cases, with just over 1.9 million now including more than 45,000 deaths. Nkengasong says that “we are at a critical point in the response” and again urges governments and citizens to follow public health measures. Testing across Africa remains a challenge, with 19 million tests conducted so far. Countries with the highest increase of cases in the past week include Congo at 37%, Kenya at 34% and Nigeria at 17%....”

UN News - World can save lives and ‘end this pandemic, together’ – WHO chief


On Tedros’ media briefing from last Friday. “As the COVID-19 pandemic continues evolving, the world must “take all opportunities to learn and improve the response as we go”, the UN health agency chief said on Friday. “
Quote: “...adding that they have also been strengthening their responses by using Intra-Action Reviews, which harness “a whole-of-society, multi-sectoral approach” at national and sub-national levels. “Intra-Action Reviews not only help countries improve their COVID-19 response but also contribute towards their long-term health security”, the WHO chief upheld. “To date, 21 countries have completed them, and others are in pipeline”....

HPW - WHO Seeks To Allay Fears About Threat To Vaccine R&D From COVID-19 Virus Mutation Found Among Mink


From late last week. “There is so far no evidence that the outbreak of mutant SARS-CoV-2 virus strains exploding in Danish mink farms threaten the development of a successful COVID-19 vaccine, said top World Health Organization (WHO) officials on Friday.”

PS: “Meanwhile, a new World Trade Organisation (WTO) report highlights how the global trade in animals and wildlife is a factor driving the risk of zoonotic disease spread, increasing the likelihood of other pandemics, such as COVID-19. In its report, entitled Future Resilience To Diseases of Animal Origin: The Role Of Trade, WTO underlined that illicit trade, in particular, needs to be better managed and that WTO members have a right enshrined in existing WTO rules to protect their countries health systems by regulating such trade....”

WHO-ICMRA joint statement on the need for improved global regulatory alignment on COVID-19 medicines and vaccines


(6 Nov) “The International Coalition of Medicines Regulatory Authorities (ICMRA) and the World Health Organization (WHO) have committed to working together to ensure that patients have access to safe and effective health products against COVID-19 as early as possible, while the existing rigorous scientific standards for the evaluation and safety monitoring of treatments and vaccines are maintained at all times. In their joint statement, international medicines regulators and WHO reiterate that therapeutics and vaccines against COVID-19 can only be rapidly approved if applications are supported by robust and sound scientific evidence that allows medicine regulators to conclude on a positive benefit-risk balance for these products. ICMRA and WHO also pledge to take concrete actions to ensure equitable access to safe, effective and quality-assured medicines for the treatment or prevention of COVID-19 around the world....”

Promising Covid vaccine news: a game changer?

NYT - Pfizer’s Early Data Shows Vaccine Is More Than 90% Effective

NYT:

We reckon you know this by now, but just in case : )
Among the remaining unknowns: whether the vaccine prevents severe cases, the duration of protection & whether it prevents people from carrying SARS-CoV-2 without symptoms.

Stat - Covid-19 vaccine from Pfizer and BioNTech is strongly effective, early data from large trial indicate


See also Stat News - Four reasons for encouragement based on Pfizer’s Covid-19 vaccine results

See also the Guardian - https://www.theguardian.com/world/2020/nov/09/covid-19-vaccine-candidate-effective-pfizer-biontech?CMP=Share_iOSApp_Other

“.... Independent scientists have cautioned against hyping early results before long-term safety and efficacy data has been collected. And no one knows how long the vaccine’s protection might last. Still, the development makes Pfizer the first company to announce positive results from a late-stage vaccine trial, vaulting it to the front of a frenzied global race that began in January and has unfolded at record-breaking speed. ... Eleven vaccines are in late-stage trials, including four in the United States. Pfizer’s progress could bode well for Moderna’s vaccine, which uses similar technology. Moderna has said it could have early results later this month....”

“... Dr. Paul Offit, a professor at the University of Pennsylvania and a member of the F.D.A.’s vaccine advisory panel, said the news that Pfizer’s trial was progressing quickly was a good sign for other trials, too. “If there’s any silver lining in the fact that our country is currently on fire with this virus, it’s that these trials can reach a conclusion much quicker than otherwise,” he said.”

Nature - What Pfizer's landmark COVID vaccine results mean for the pandemic

https://www.nature.com/articles/d41586-020-03166-8

“Scientists welcome the first compelling evidence that a vaccine can prevent COVID-19. But questions remain about how much protection it offers, to whom and for how long.”

CGD (blog) - Monday Morning Vaccine Breakthrough: Terrific News for the West, but in LMICs Terms and Conditions Apply

R Silverman; https://www.cgdev.org/blog/monday-morning-vaccine-breakthrough-terrific-news-west-lmics-terms-and-conditions-apply

As a rule of thumb: whenever Rachel Silverman writes an analysis, you better read it.

“This morning, America (and much of the world) woke up to a snippet of terrific news: Pfizer and BioNTech announced their SARS-CoV2 vaccine candidate showed 90 percent efficacy. But for policymakers in low- and middle-income countries, today’s news offers limited cause for
celebration—and the Pfizer/BioNTech results may even lengthen the timeline for eventual LMIC access.” Read what the vaccine news implies for LMICs.

See also a similar tweet by Tom Bollyky:

“Interim results on Pfizer vaccine are truly excellent news for US & those other nations with advance purchase agreements (data via Duke: https://bit.ly/38rGTKf) Not clear yet if it will also be meaningful for COVAX and countries w/out doses & cold chain to support distribution.”

And one by Kent Buse: “Good News for #WHA73 - but only good news for the poor if an allocation plan implemented on basis of equity, rights and that vaccine is free at point of use.”

PS: and according to Kalypso Chalkidou (CGD blog), Don’t Cheer Yet – There Is Too Much at Stake on COVID-19 Vaccines – “cheering is probably not (yet) in order in wealthier countries either”. Read why.

Devex – Accessibility concerns about promising Pfizer, BioNTech COVID-19 vaccine

Making the same point. “Experts are encouraged with the interim efficacy results of Pfizer and BioNTech’s vaccine against the coronavirus, but that optimism was tempered with concerns over the vaccine’s affordability and accessibility. The companies also have yet to sign a deal with COVAX, the global initiative whose aim is to provide equal access to COVID-19 vaccines to low- and middle-income countries.”

“... Asked if Pfizer has already committed any number of doses of the vaccine to COVAX, a Gavi spokesperson only said that it’s commented on all formal agreements it’s had to date with companies, which include AstraZeneca, Serum Institute of India for both AstraZeneca and Novavax candidate vaccines, as well as GSK and Sanofi, adding that they “continue to discuss possible deals with several others.”

Guardian - Pfizer and BioNTech's vaccine poses global logistics challenge
https://www.theguardian.com/business/2020/nov/10/pfizer-and-biontechs-vaccine-poses-global-logistics-challenge

“Europe and US create vast facilities for Covid-19 vaccine but poorer nations lack infrastructure, say experts.”

Global Justice Now - Suspend patents on Pfizer’s Covid-19 vaccine, say campaigners
Reaction from civil society. “**We need governments to step in and make it available for the many — including by suspending patent rights.** … … “Pfizer and BioNTech need to share this vaccine with the world, not hoard it for profit. That should mean **putting it into the WHO’s global pool** so that the technological know-how and patent rights are shared to enable multiple manufacturers to produce it as fast as possible. (1) **Since they won’t, the World Trade Organisation needs to act to suspend patents on all Covid-19 medicines, as South Africa and India have proposed....**”

See also GJN - **Over 80% of vaccine doses bought by governments with only 14% of global population**

“The vast majority of US pharma giant Pfizer’s Covid-19 vaccine has already been bought by the richest governments in the world, Global Justice Now warns today. Over 1 billion doses have already been sold to rich governments, 82% of the 1.35 billion doses Pfizer says it has the capacity to produce by the end of next year. Big purchases include the EU with 200 million doses and an option for a further 100 million, the UK with 40 million and the USA with 100 million, and an option to buy another 500 million. Yet the countries that have secured advanced supplies of the Pfizer vaccine represent just 14% of the global population, campaigners warn....”

“**Pfizer is likely to offer some doses to developing countries in the coming weeks through the global COVAX Facility, but these are likely to represent a small fraction of the vaccines produced....**”

**Telegraph – Vaccine ethics: Covid could come back stronger if rich nations monopolize doses**

[Telegraph](https://www.telegraph.co.uk/)

“The biggest threat is that the virus mutates, which becomes more likely if only half the world is vaccinated.”

**Vox - Why the Pfizer and BioNTech vaccine is a cause for optimism — and skepticism**


“Vaccine science by press release has to stop.”

“...When the Pfizer and BioNTech data is eventually released and the trial is complete, we may learn this vaccine is as effective as it seems right now, and perhaps no harm will be done, .... “But if it turns out this is giving the world an exaggerated impression,” ... “then it’s a whole other story.””

**Covid access to vaccines, medicines, diagnostics, ..**

The broader picture (than just the Pfizer/BioNTech story).
Development Today - COVID19 support scheme faces massive funding crisis, calls for USD 10b more to prevent collapse of health systems


(gated) “The WHO-led scheme for ensuring global access to new COVID19 medicines and vaccines will increase its fund-raising target by USD 10 billion to strengthen health systems in poor countries, Development Today has learned. Pledges have so far been skewed toward vaccines. Experts fear that without this added support, weak health systems in developing countries will be crushed under the weight of the pandemic.”

See also a tweet by Björn Amland: “The @WHO-led global access scheme for #COVID19 medicines & #vaccines has a USD 38b funding gap. Read Development Today’s inside story on negotiations behind closed doors over the funding crunch. It will affect OECD donors’ aid for years to come.”

UN News - Independent UN experts decry COVID vaccine hoarding: ‘No one is secure until all of us are’


“The only way to fight the COVID-19 crisis is to make affordable vaccines available to everyone, independent UN human rights experts said on Monday, underscoring that in an interconnected and interdependent world, “no one is secure until all of us are secure”. “This pandemic, with its global scale and enormous human cost, with no clear end in sight, requires a concerted, human-rights based and courageous response from all States”, four UN experts together with members of a human rights working group said in a statement on universal access to vaccines.”

Among others, that means:

“The independent experts called on countries to support the COVAX initiative for global equitable access to COVID-19 vaccines led by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and the World Health Organization (WHO). “Under international human rights law, access to any COVID-19 vaccine and treatment must be made available to all who need them, within and across countries, especially those in vulnerable situations or living in poverty”, the experts spelled out. They also called for international cooperation and assistance between developed and developing countries to ensure widespread sharing of technologies and know-how on COVID-19 vaccines and treatment. Additionally, the experts said that pharmaceutical companies have a responsibility not to put profits ahead of people’s rights to life and health and should accept restrictions on the patent protection of vaccines they develop.…”

For the full statement, see Statement by UN Human Rights Experts Universal access to vaccines is essential for prevention and containment of COVID-19 around the world

Nature COVID vaccination logistics: five steps to take now

https://www.nature.com/articles/d41586-020-03134-2
“Beyond vaccine safety, efficacy and procurement lie licensing and delivery — nations must get ready.”

AU - Statement on AU Vaccines Financing Strategy


(Nov 8) “... In his opening remarks, His Excellency President Ramaphosa outlined the objective of the Meeting, namely to assess options for acquisitions and financing of COVID-19 vaccines in Africa. While recognizing that the Continent has made remarkable progress in the fight against the COVID-19 pandemic, he noted that Africa needed to urgently implement its vaccine strategy, with a focus on acquisition and financing, in order to fully control the spread of the virus. He stressed that Africa should take appropriate measures, as part of the strategy, to secure timely access to COVID-19 vaccines when they become available. President Ramaphosa further noted that about $12 billion was required, and this was expected to come from three sources: the COVAX Donor Initiative, The World Bank, direct donors, and African Import Export Bank, which has committed to raise up to $5 billion. The Chairperson of the Commission, Moussa Faki Mahamat recalled that in June 2020, Africa CDC organized a conference on “Africa's Leadership Role in the Development and Access to the COVID 19 Vaccine.” He further stated that Africa needs to vaccinate around 60% of the population to arrest further transmission and death from COVID 19. As part of the Meeting conclusions, President Cyril Ramaphosa established the COVID-19 African Vaccine Acquisition Task Team (AVATT) as a component in support of the Africa Vaccine Strategy that was endorsed by the AU Bureau of Heads of State and Government on 20th of August, 2020...”

Next Africa: Aspen’s Vaccine Deal Eases Regional Fears


Announcement from late last week: “Aspen Pharmacare, the continent’s biggest drugmaker, announced a deal this week to make 300 million doses a year of the inoculation being developed by Johnson & Johnson — should it be approved. The agreement to manufacture the shot in the South African city of Port Elizabeth is the first such deal in Africa and the projected volumes are enough to enable exports around the region. ... Still, nothing is certain. The shot remains in the clinical-trial stage, Aspen has never made vaccines before and it will take time to transfer the technology needed to make the jab. Even so, it’s a positive step. If the J&J vaccine fails, Aspen’s move to fast-track production capacity could enable the company to sign a new deal with a different supplier that had more success....”

Red Pill? Behind China’s COVID-19 vaccine diplomacy: Southeast Asia bargains with Beijing for lifesaving drugs


South-East Asia will be a key focus for China’s vaccine diplomacy. More detail in this analysis.
Excerpts: “While Indonesia leaders are trying to procure other vaccines as well, it is clear they will rely mostly on China, which has several advantages in the vaccine race. First, it is a leader in producing the first generation of COVID-19 vaccines, accounting for four of 10 vaccine candidates currently in Phase 3 clinical trials -- the last step in the approval process before public distribution (see chart). ... Sinovac and two other Chinese companies, Sinopharm and CanSino Biologics, are doing Phase 3 trials in at least 15 countries (see map). Nasdaq-listed Sinovac, based on a leafy campus in Beijing, is carrying out Phase 3 trials in Bangladesh, Brazil, and Turkey, in addition to the trial in Indonesia....”

“... A second advantage for China is that it has a natural edge in scaling up the manufacturing of the vaccines, according to experts. This is partly because of its huge manufacturing capacity, and partly because Chinese companies are mainly focused on "tried and tested technologies," according to an analyst at Airfinity, a London-based science information and analytics company. ... China’s third advantage is that it has largely contained the virus within its borders, meaning it is not in desperate need of the vaccines for its own population. ... For Beijing, this presents a golden opportunity -- both to create goodwill in a region of Asia that it has historically seen as a sphere of influence, as well as erase memories of its role in spawning the pandemic. ... But given the lack of alternatives, China’s vaccines are increasingly seen in Southeast Asia not just as salvation, but also as once-in-a-generation geopolitical leverage that China may well be tempted to take advantage of. Many countries awaiting vaccine doses, like Indonesia, the Philippines and Malaysia, are anxious to avoid antagonizing Beijing. And this is something the latter is keenly aware of....”

HPW - $US6 Billion Basket Of Drugs Planned For Worldwide Distribution Of COVID-19 Treatments

“A WHO co-sponsored partnership is laying the groundwork for a worldwide distribution plan of $US 6 billion worth of the most effective COVID-19 drugs, including cutting-edge monoclonal antibodies treatments if proven effective -- so as to ensure that high-income countries do not snap up all available new therapies as they arrive on the market. The proposed basket of medicines would be procured under the auspices of the World Health Organisation’s (WHO) co-sponsored ACT Accelerator: a collaboration with seven other UN and global health agencies and philanthropies, including Unitaid and The Wellcome Trust, to provide equitable access to COVID-19 drugs. The scheme requires more than US$6 billion – $750 million of which is required by February 2021, according to the plan. Due to be released in the coming week, it is currently under review by the ACT Accelerator’s Facilitation Council, co-chaired by Norway and South Africa, representing both donor countries and as well as low- and middle-income countries (LMICs) that would benefit from reduced prices and drug reserves. The new procurement scheme is being supported by Bill and Melinda Gates Foundation and Mastercard Impact Fund – which banded together with Wellcome in a COVID-19 Therapeutics Accelerator to provide funding and support for the drug procurement effort....”

Development – Business-as-Usual will not Deliver the COVID-19 Vaccines We Need
Els Torreele; Development

Els Torreele’s new paper.
“Governments must become active shapers of medical innovation and drive the development of critical health technologies as global health commons. The ‘race’ for COVID-19 vaccines is exposing the deficiencies of a business-as-usual medical innovation ecosystem driven by corporate interests, not health outcomes. Instead of bolstering collective intelligence, it relies on competition between proprietary vaccines and allows the bar on safety and efficacy to be lowered, risking people’s health and undermining their trust.”

IFPMA - Innovative and generic & biosimilar pharmaceutical industries unite on commitment to equitable access to COVID-19 medicines and vaccines, while flagging where further help is needed from others


Cfr tweet Ellen ‘t Hoen: “Interesting recommendation for a balanced IP framework by big pharma and generic trade groups. Significant that both express support for licensing for #covid19 vaccines and therapeutics but they stop short of supporting @WHO Covid-19 Technology Access Pool.”

Stat - Major generic makers will partner with Medicines Patent Pool to pursue voluntary licenses for Covid-19 drugs


“In an unusual move, 18 big generic drug makers have pledged to work with a leading nonprofit organization to accelerate access to Covid-19 treatments for low- and middle-income countries. The idea is to encourage brand-name drug makers to negotiate deals to either license rights to their medicines or, where licenses are unnecessary, make it possible to increase manufacturing capacity, according to the Medicines Patent Pool, a United Nations-backed agency that works with the pharmaceutical industry to widen access to medicines and that helped organized the effort. “This unprecedented cooperation from companies that are typically competitors represents a breakthrough in our efforts to level the playing field for access to drugs that will be crucial to controlling and defeating this pandemic,” said Charles Gore, the Medicines Patent Pool executive director, in a statement. He noted the goal is to target both new and repurposed treatments to combat Covid-19....”

“Among the other companies involved are several of the largest generic companies in India, including Sun Pharmaceutical, Aurobindo, Zydus Cadila, Lupin, Emcure, Macleods, Natco Pharma, and Emcure. Other participants include South Africa’s Adcock Ingram, Bangladesh’s Beximco, South Korea’s Celltrion, and Shanghai Desano Pharmaceuticals, which is based in China. ... ... the Medicines Patent Pool has, so far, been left on the sidelines for vaccines. The pledge, for instance, refers to pursuing generic versions of small molecule drugs – notably, pills and tablets – as well as biologics, such as monoclonal antibodies. Eli Lilly (LLY) and Regeneron Pharmaceuticals (REGN) have both developed these sorts of treatments for Covid-19. There is no mention, though, of vaccines. For his part, Gore explained that “what they have said to us is not ignore vaccines, but we don’t see a role for MPP, at least at the beginning. That doesn’t mean later there won’t be a role for us. Maybe later, we get a second wave of vaccines... It’s a moving target and we’re ready to be of assistance.”
A series of new COVID-19 drug and vaccine funding and finance initiatives are being announced today by the Gates Foundation, the WHO Act Accelerator Partnership, and the Medicines for Patent Pool – amidst a quickening pace of anticipation that at least one, if not two, COVID-19 vaccines may soon become available. In Paris, Melinda Gates was set to announce a $US 70 million contribution by the Bill and Melinda Gates Foundation to vaccine procurement and worldwide distribution, including through the ACT Accelerator’s COVAX facility. She is speaking at the Paris Peace Forum where heads of state, international organizations, civil society and the private sector have gathered to discuss the global response to COVID-19 as well as other climate, humanitarian economic and development challenges. In Geneva, meanwhile, WHO published an appeal for an urgent US$ 4.579 billion in financing for vaccines, drugs diagnostics and health care systems delivery – as part of its updated new “investment case” outlining “Urgent Priorities and Financing Requirements” for the ACT Accelerator initiative that aims to ensure equitable, worldwide distribution of effective COVID-19 therapies. Over the course of 2021, however, the cumulative need is much larger, culminating in some $US 28.3 billion, including $US 5.3 billion for COVID tests, $US 6.1 billion for drugs and other therapeutics, $US 7.8 billion for vaccines and $US 9.1 billion for upgrading health systems to make it all happen, states the investment case....”

See also Reuters - Gates Foundation adds $70 million more funding for COVID vaccines for poor

“An extra $50 million will go to the COVAX Advance Market Commitment (AMC) led by the GAVI vaccine alliance, the foundation said, and another $20 million to the Coalition for Epidemic Preparedness Innovations (CEPI) which is co-funding development of several COVID-19 vaccine candidates....”

And also Reuters - Coronavirus research to get $500 million boost at Paris meeting

“States and private charities will commit to more than $500 million to boost research into the novel coronavirus at the Paris Peace Forum, organisers of the event said on Thursday. The forum, an annual meeting of heads of state and government with civil society organisations and charitable foundations, said the funds would come from those participating in the ACT-Accelerator initiative. ... France and Spain will be making commitments of 100 million euros and 50 million euros, respectively, while the UK government will contribute one additional British pound for each $4 announced, organisers said. Another 100 million euros will come from the European Commission, while the Gates Foundation will also announce an important commitment during the discussion....”

ACT-Accelerator - Urgent Priorities & Financing Requirements at 10 November 2020


Updated investment case.
MSF – Governments must demand pharma make all COVID-19 vaccine deals public


(11 Nov) “Deals from pharmaceutical companies to develop COVID-19 vaccines are shrouded in secrecy, and details from them that are released reveal worrying terms. At the same time, the six front running vaccine candidates have had a total of over US$12 billion of tax payer and public money poured into them. MSF urges governments – which have provided funding to these companies – to demand transparency on vaccine licensing deals and on trial costs and data.”

Along the same lines, see this BMJ blog - Pharma companies must open their books on the funding agreements for covid-19 vaccines

“Transparency will be important for affordable access to any covid-19 vaccine and it is the responsibility of governments to ensure both, say Manuel Martin (MSF) and Isabelle Jani-Friend.”

And some links:

- NPR - HHS Released More Coronavirus Vaccine Contracts As Election Results Unfolded

“While the country was focused on the outcome of the election Saturday, the Department of Health and Human Services released a trove of new Operation Warp Speed documents. The newly released contracts include the crash program’s $1 billion agreement with Johnson & Johnson, which was issued through a third-party firm and lacks some customary protections against potential future price-gouging. Operation Warp Speed, the Trump administration’s expensive push to make a coronavirus vaccine widely available in record time, has been slow to reveal details of its deals with vaccine manufacturers worth billions of dollars. Those that have emerged, reveal weakened taxpayer protections…”

- Via the Guardian: on the effectiveness of the Russian vaccine :

“Hot on the heels of Monday’s announcement that the Pfizer-BioNTec vaccine had proven 90% effective in interim trials, Russia has claimed that its own candidate, Sputnik V, is even more effective – reducing the likelihood of catching the disease by 92%.”

But see Nature News to put this into perspective - Russia announces positive COVID-vaccine results from controversial trial  And Science - Russia’s claim of a successful COVID-19 vaccine doesn’t pass the ‘smell test,’ critics say.

- FT - Hungary to become first EU state to trial Russian Covid vaccine

“Procurement comes as global race for a vaccine heats up and is latest sign of Budapest’s cosiness with Moscow.”

- And via a Guardian op-ed (by Clare Wenham et al):
“...Some political commentary has cast this as a global race for a vaccine akin to the space race, but we need to move beyond these outdated cold war analogies. Firstly, such analysis misses the vital role being played by middle-income states in vaccine development: some of the leading biotech firms and manufacturing capacity are in Brazil and India. Secondly, there’s a difference between state-sponsored vaccine candidates (in Russia and China) and those of multinational corporations like Pfizer and AstraZeneca. Thirdly, the real race isn’t about who makes the vaccines, but who can access them once made....”

Covid science

Telegraph - Covid-19 may not have emerged in Wuhan, says leading virus hunter

(quoted) “Scientist who discovered origins of SARS says scientists must cast their net wider in the hunt for origins of the pandemic.”

Nature Biotechnology – Coronavirus testing finally gathers speed

“Rapid COVID-19 tests, which can deliver results in a matter of minutes rather than days, are starting to become widely available. Nature Biotechnology explores the different types of tests, what they can and can’t do, and lists the tests available and in development.”

Economist - The T-cell immune response to covid lasts at least six months

Good news. And: “The implication of a new study is that those searching for vaccines against covid-19 should give priority to the production of T-cells, says one haematologist.”

Cidrap - Prepandemic coronavirus antibodies may react to COVID-19


“Two preliminary retrospective studies in the United Kingdom, sub-Saharan Africa, and the United States suggest that some people who were never infected with the virus that causes COVID-19 have cross-reactive antibodies against it—perhaps from previous exposure to similar human coronaviruses.”
Telegraph – We should be concerned about the 'mink virus', but not for the reasons you think

"Concerns about vaccines may be overblown. Yet, if the virus gains a stronghold in animals, it will become even harder to control."

Guardian - Nearly one in five Covid patients later diagnosed with mental illness – study

https://www.theguardian.com/world/2020/nov/10/nearly-one-in-five-covid-patients-later-diagnosed-with-mental-illness-study

"Nearly one in five people who have had Covid-19 are diagnosed with a psychiatric disorder such as anxiety, depression or insomnia within three months of testing positive for the virus, according to a study that suggests action is needed to mitigate the mental health toll of the pandemic. The analysis – conducted by researchers from the University of Oxford and NIHR Oxford Health Biomedical Research Centre – also found that people with a pre-existing mental health diagnosis were 65% more likely to be diagnosed with Covid-19 than those without, even accounting for known risk factors such as age, sex, race, and underlying physical conditions...."

Guardian – Black and Asian people at greater risk of getting Covid, meta-study finds


"People from Black and Asian backgrounds are at substantially greater risk of contracting coronavirus than white people, according to a study that highlights the disproportionate impact of the disease on different groups in society. Black people are twice as likely to become infected with coronavirus as white people, and people from Asian backgrounds are one and a half times as likely, researchers found after analysing 50 studies that reported on the medical records of nearly 19 million Covid patients. The analysis, published in the journal EClinicalMedicine by the Lancet, is the first comprehensive, systematic review of published research and preliminary papers that delve into the burden of coronavirus on different ethnic groups. About half of the papers have appeared in peer-reviewed journals and the rest are preliminary findings...."

And some links:

- BBC - Coronavirus: China Sinovac vaccine trial halted in Brazil

Due to an adverse event.
Nature (News) - Why do COVID death rates seem to be falling?
https://www.nature.com/articles/d41586-020-03132-4

“Hard-won experience, changing demographics and reduced strain on hospitals are all possibilities — but no one knows how long the change will last.”

- NYT - Nasal Spray Prevents Covid Infection in Ferrets, Study Finds

“Scientists at Columbia University have developed a treatment that blocks the virus in the nose and lungs, is inexpensive and needs no refrigeration.”

- Bloomberg - Covid superspreader risk is linked to restaurants, gyms and hotels.

See also Stat - Restaurants and gyms were spring ‘superspreader’ sites. Occupancy limits could control Covid, new study predicts

- Telegraph - Discovery of novel gene in Sars-CoV-2 raises hopes of antiviral therapies

“Analysis of the virus genome shows a previously overlooked gene which is also found in pangolins in Guangxi province in Southern China.”

Covid analysis

FT - Covid vaccine presents pharma with shot at redemption and profits
https://www.ft.com/content/0b18aac0-50a3-4694-9d28-ccbc44debc2

“Big companies [i.e. like Pfizer, Merck...] were first reluctant to enter the vaccine race, then the commercial calculation changed. “

“...experts said two factors fundamentally heightened the allure after those early weeks: the sheer size of the pandemic and the unprecedented levels of public funding...”

BMJ GH (Commentary) - Are asylum seekers, refugees and foreign migrants considered in the COVID-19 vaccine discourse?
F Mukumbang; https://gh.bmj.com/content/5/11/e004085

“As the world struggles to contain the COVID-19 pandemic, different countries are increasingly focused on the protection of their citizens and are neglecting their obligations and commitments to protecting asylum seekers, refugees and foreign-born migrants living within their borders. The vulnerabilities of asylum seekers, refugees and foreign-born migrants have exacerbated during the
COVID-19 pandemic, consequently, they are more likely to suffer the physical and mental health and socioeconomic consequences of COVID-19. Such disproportionate impact warrants them to be considered a most-at-risk population. Structures and mechanisms and migrant-aware policies should be put in place both globally and within different countries to ensure that this population is not left behind in the COVID-19 vaccine narratives and considerations. **We argue that countries that get COVID-19 Vaccines Global Access (COVAX) vaccines should also explicitly include asylum seekers and refugees in their ‘at-risk populations’, to get the vaccines. Also, the International Organization for Migration and civil society organisations such as Médecins sans Frontières should get sufficient COVAX vaccines and establish mechanisms to ensure the timely vaccination of this population.**

**Eurohealth - COVID-19 and health systems resilience: lessons going forwards**

A Sagan, M McKee et al; [https://apps.who.int/iris/bitstream/handle/10665/336290/Eurohealth-26-2-20-24-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/336290/Eurohealth-26-2-20-24-eng.pdf)

5-pager. “From the early days of the pandemic policy analysts have been trying to understand what constitutes a resilient health systems response. This article takes stock of the national responses over the past ten months and distils strategies and general lessons for enhancing health systems resilience. Among health systems functions, effective governance, while not easy to pinpoint or secure, has been key to a resilient response, constituting a mortar binding everything else together. The pandemic has also highlighted the importance of solidarity, both within and between countries – bringing us to a realisation that we cannot be truly safe until everybody is safe. Over the course of the pandemic, the focus in studying resilience has broadened towards a more holistic recovery that extends beyond the health system.”

**Lancet Letter – Institutional versus home isolation to curb the COVID-19 outbreak**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32161-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32161-9/fulltext)

On merits & caveats, in various countries, of institutional vs home isolation.

Check out also the reply from authors [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32171-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32171-1/fulltext)

**Economist - How economically damaging will new lockdowns be?**


“Less severe than last time—but still very painful.”

Do check out also this blog by P Littlejohns - **Strange times.....strange alliances, but we should now prioritise the future**
“In this blog Professor Peter Litttlejohns, the ARC’s public health and multimobidity theme lead, argues that we need to have a public conversation about the impacts of lockdown policies and how we move forward.” Focus on the UK situation, but relevant for quite some other countries too in Western Europe.

**Lancet - The UK needs a sustainable strategy for COVID-19**


Recommended Letter, by more than 70 international experts. Also useful for non-UK citizens.

“Lockdowns are last resort measures that reflect a failure of the pandemic control strategy. They have massive impacts on the population and the economy. To avoid repeated lockdowns and their impacts, we need a sustainable COVID-19 public health strategy. Here, we make seven evidence-based recommendations (a schematic representation is available in the appendix).”

**HHR - The Right to Health in Times of Pandemic: What Can We Learn from the UK’s Response to the COVID-19 Outbreak?**


Focus on the UK, but with broader lessons. “While critiqued from a public health perspective, much less attention is given to the implications of the pandemic outbreak for the right to health as defined under international human rights law and ratified by member states. Using the UK as a case study, we examine critically the extent to which the government’s response to COVID-19 complied with the legal framework of the right to health. We review further key state obligations on the right to health and assess its suitability in times of pandemic. Finally, we offer some recommendations for an update of the right to health. This paper adds to the body of literature on the right to health and human rights based-approaches to health, which, to our knowledge, has not yet focused on pandemics.”

**Devex - Opinion: The unspoken COVID-19 vaccine challenges — distribution and corruption**


by J Cushing (Transparency International Health Initiative).

Some of the risks: “Whilst most vaccines have little street value, initial limited supplies of a COVID-19 vaccine — compounded by a likely high demand from anxious populations — will make it a target for theft and diversion. Many countries lack what the World Health Organization considers to be well-functioning and integrated medicines regulatory systems, making it more likely that substandard and falsified vaccines will appear on the market. The impact of these could be devastating, fueling skepticism and distrust, worsening the pandemic, and ultimately costing lives. Add to this the real risk
that vaccines will become a new weapon with which powerful states attempt to wield geopolitical influence....”

How to get this right? “While many countries have begun to plan for distribution, we need to ensure that this is done in a way which builds trust and consensus. National allocation frameworks and distribution plans should be developed in a transparent manner. National Immunization Technical Advisory Groups must also be transparent and engage with citizens to ensure that prioritization of vulnerable groups is fair, and does not leave room for corruption or manipulation. Safeguards must be put in place to protect supply chains from theft and diversion to the black market. Support and innovation is urgently needed to prevent substandard and falsified vaccines entering the supply chain, distorting markets, and undermining trust in formal delivery mechanisms....”

Lancet Letter - Challenging world leaders amid medical populism
G Lasco; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32377-1/fulltext

“The Lancet COVID-19 Commission Statement warned about medical populism, and I would like to underscore a couple of points about this framework....”

“If, as the medical populism framework suggests, “simplification of the pandemic” is a familiar response, then one can anticipate the further emergence of vaccines as a populist trope in the coming months. Whereas the first phase of the pandemic was marked by claims of fake cures and dramatic lockdowns, the ongoing situation involves a vaccine messianism that echoes the “culture of optimism” in previous outbreaks. .... ... In response to medical populism, the Lancet COVID-19 Commission Statement recommend that leaders “prioritise advice from the professional public health community”, but, as Donald Trump illustrates, the subordinate position of public health officials makes such fiscalisation difficult. How effectively global health institutions can advise or challenge political leadership is a question that demands urgent reflection amid the sustained popularity of medical populists, regardless of their countries' successes in suppressing the pandemic....”

Economist – Are governments following the science on covid-19?

Comparative survey, for a number of countries. “A survey by Frontiers, a Swiss publisher of scientific journals, asked some 25,000 researchers in May and June whether lawmakers in their country had used scientific advice to inform their covid-19 strategy....” NZ tops the list, the US are at the bottom.

Covid impact on other global health programmes & causes

UN News - ‘Emergency action’ needed to prevent major polio, measles epidemics
“Globally, millions of children are at a heightened risk of polio and measles – dangerous but preventable diseases – amid disruptions to vital immunization programmes due to the coronavirus pandemic, UN Children’s Fund (UNICEF) and World Health Organization (WHO) have said.” According to the two UN agencies, immunization rates in some countries have fallen by as much as 50 per cent, with people unable to access health services because of lockdown and transport disruptions, or unwillingness due to fear of contracting COVID-19. UNICEF and WHO estimate that about $655 million are needed to address dangerous immunity gaps in middle-income countries, which are not eligible for Gavi assistance. Of that figure, $400 million are needed to support polio outbreak response over 2020-2021, and $255 million to prepare for, prevent and respond to measles outbreaks over the next three years. “

Remark: these (MIC) countries are not eligible for funding through GAVI.

Guardian - Covid set to cause 400,000 surge in TB deaths as medics diverted

“Scientists have warned that several hundred thousand extra deaths from tuberculosis are likely to occur this year as a result of Covid-19’s effect on global health services. In many countries – including South Africa, India and Indonesia – doctors and health workers have been shifted from tracking TB cases to tracing people infected with Covid-19. Equipment and budgets have also been reassigned, an investigation by the World Health Organisation (WHO) has revealed. As a result, millions of TB diagnoses have been missed, and according to the WHO this is likely to result in 200,000 to 400,000 excess deaths from the disease this year alone, with a further million new cases occurring every year after that for the next five years....”

BMJ (blog) - Implications of the covid-19 pandemic on chronic care: global perspectives from people with type 1 diabetes
BMJ blog:

“An international group of patient advocates living with type 1 diabetes share their perspectives about the impact of the pandemic on their countries, communities and personal health.”

Covid resources & other Covid news

Resource – Reverse innovation to fight Covid-19
https://damore-mckim.northeastern.edu/reverse-innovation-to-fight-covid-19/

By a research team from the Center for Emerging Markets at Northeastern University in Boston. They have developed a resource website, Reverse Innovation to Fight COVID-19, which highlights COVID-19 innovations and ideas from around the world. With more than 50 ideas across topic areas such as prevention, testing, isolation/quarantining, and contract tracing. They specifically consider how and why some countries in Asia and Africa, with previous experiences fighting epidemics, have
fought COVID-19 much more effectively than the US or Europe. Less-wealthy countries may offer simple, low-tech solutions that are highly effective at containing infectious diseases. The project is led by Dr. Ravi Ramamurti, and builds on ideas in recent articles “Global Crowdsourcing can Help the US Beat the Pandemic” (October 2020) and “Using Reverse Innovation to Fight COVID-19” (June 2020), both published in Harvard Business Review.

IDS - Covid Collective research platform launched to tackle global challenges caused by the pandemic

“The Institute of Development Studies (IDS) is working with the UK’s Foreign Commonwealth and Development Office (FCDO) and a group of world leading organisations to develop urgently needed research that will support recovery from Covid-19. The FCDO funded Covid Collective will commission urgent research to help tackle the social, political and economic impact of the pandemic. These include: Governance, Social Development, Inclusion, Conflict, Humanitarian and Environment. The research will be global with a particular focus on: The Middle East, Bangladesh, Uganda, Pakistan, Ethiopia, Kenya, Ghana, Malawi, Rwanda, Zambia, Zimbabwe, South Sudan, Sudan, Yemen, Iraq and Syria.”

Measles

NYT - Measles Deaths Soared Worldwide Last Year, as Vaccine Rates Stalled

“Measles deaths worldwide swelled to their highest level in 23 years last year, according to a report released Thursday, a stunning rise for a vaccine-preventable disease and one that public health experts fear could grow as the coronavirus pandemic continues to disrupt immunization and detection efforts. The global death tally for 2019 — 207,500 — was 50 percent higher than just three years earlier, according to the analysis, released jointly by the World Health Organization and the Centers for Disease Control and Prevention. ... Public health experts said the soaring numbers are the consequence of years of insufficient vaccination coverage. They worry that the pandemic will exacerbate the spread of measles, a disease that is even more contagious than Covid-19. “We are worried that there are new gaps in immunity opening because of Covid on top of those that were already there,” said Dr. Natasha Crowcroft, senior technical adviser for measles and rubella at the W.H.O. ... Details of the international measles outbreaks were reported by the Measles and Rubella Initiative, an international consortium that includes the W.H.O. and C.D.C. as well as the American Red Cross, UNICEF and the United Nations Foundation. The group highlighted the grim numbers to reinforce its message: that vaccination efforts should persist, especially during the pandemic, when health care resources are being exhausted....”

See also the Telegraph - World saw nearly 10 million cases of measles, WHO figures show.
Polio

Science News - The polio eradication campaign is faltering. Can a new vaccine help it get back on track?


“The Global Polio Eradication Initiative (GPEI) is about to roll out a brand-new vaccine—one that its leaders desperately hope will turn the flagging effort around. If it works as expected, the vaccine just might overcome one of the biggest obstacles to polio eradication: out-of-control outbreaks caused by the polio vaccine itself. If not, GPEI will be back to dousing each outbreak with a vaccine that risks starting another, as eradication slips further from sight. The new vaccine is so urgently needed that the Bill & Melinda Gates Foundation has paid for nearly 200 million doses to be produced by an Indonesian manufacturer “at risk,” even before clinical trials are complete. The World Health Organization (WHO) is ready to grant an emergency use listing, a new approval mechanism never before used for a vaccine, as soon as Indonesia’s regulatory authority gives the product the nod. The first drops could be delivered in several countries by the end of the year....”

PS: “...The new vaccine, in the works since 2011 and known as novel OPV2 (nOPV2), is an improved version of Sabin’s vaccine, painstakingly engineered to be more genetically stable by a global consortium of dozens of researchers at institutions....”

SRHR  (& access to diagnostics)

WGH/FIND report - Health in Their Hands: Testing & Women's Empowerment Means Better Health For All

https://www.womeningh.org/testing

“The diagnostic tests women need are often not available in LMICs, and it is a major barrier to Universal Health Coverage.”

For some coverage of this report, see M Pai in Forbes - With Access To Testing, Women Can Take Charge Of Their Own Health And Deliver Testing

“The Covid-19 pandemic has shown the whole world the critical importance of access to diagnostic testing. Typically, vaccines and medicines get a lot of attention in global health, but tests are largely neglected by global health agencies and governments. Today, three non-profit global health organizations, Women in Global Health, the Foundation for Innovative Diagnostics (FIND), and Women Political Leaders, jointly released a report Health in their hands: testing and women’s empowerment mean better health for all at the Women Political Leaders Annual Meeting in Reykjavik. The report documents a neglect of diagnostic testing for women that has devastating health consequences and loss of life for women when curable conditions are not diagnosed, diagnosed too late, misdiagnosed and therefore untreated or wrongly treated. The report also highlights how women, when empowered as individuals, health care providers, and leaders, are formidable forces for change in health....”
“The report calls for country governments and global health agencies to invest more diagnostics, as a key component of universal health coverage.”

**NCDs**

Norway steps up efforts to combat non-communicable diseases in low-income countries

[https://www.regjeringen.no/en/aktuelt/pm_diseases/id2784569/](https://www.regjeringen.no/en/aktuelt/pm_diseases/id2784569/)

«Norway will contribute an additional USD 133 million to reduce the burden of non-communicable diseases in low-income countries from 2020 to 2024. ... The strategy has three main points: Strengthening primary health care; prevention targeting leading risk factors for NCDs like air pollution, tobacco and alcohol consumption as well as unhealthy diets; and strengthening health information systems and other global public goods for health. ... The strategy will support the SDG 3 targets of reducing premature deaths from NCDs by one-third by 2030 (SDG 3.4), and Universal Health Coverage (SDG 3.8) as well as targets for reducing deaths from air pollution, strengthening tobacco control and preventing harmful use of alcohol. “Norway is the first donor country with a strategy focusing on NCD-action in developing countries.”

See also HPW - Norway Ramps Up Efforts Against Non-Communicable Diseases in Low-income Countries

“The announcement coincide[d] with discussions at the World Health Assembly gathering of its member states on a third pillar of the WHO’s strategy that aims to promote – Healthier Lives and Wellbeing. However, those discussions covering strategies for healthy ageing, food safety and nutrition... also are at risk of being eclipsed by the highly-politicized debates over the COVID-19 pandemic response and WHO reform. ...”

**World Diabetes Day (14 Nov)**

WHO – World Diabetes Day 2020: Introducing the Global Diabetes Compact


“On World Diabetes Day, WHO is announcing the Global Diabetes Compact, a comprehensive and inclusive approach to support countries in implementing effective programmes for the prevention and management of diabetes. The Compact will bring together in one package all WHO materials available for the prevention and management of diabetes, both existing and new. On the prevention side, particular focus will be given to reducing obesity, especially among young people. On the treatment side, emphasis will be on improving access to diabetes medicines and technologies, in particular in low- and middle-income countries. Key to the success of the Compact will be alignment and united action across all sectors – public, private and philanthropic.”
Lancet Commission - The Lancet Commission on diabetes: using data to transform diabetes care and patient lives

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32374-6/fulltext

Via the press release:

“Ahead of World Diabetes Day, experts call for urgent action to address global diabetes epidemic”

“Evidence-based interventions are too often unavailable, leading to thousands of preventable deaths globally daily. The COVID-19 pandemic has highlighted the vulnerability of people with diabetes, and lack of action in tackling key risk factors.”

“Ahead of World Diabetes Day (14th November), The Lancet publishes a new report calling for action to close the gap in diabetes prevention and care. Worldwide, 463 million people have diabetes, with 80% from low-income and middle-income countries (LMICs). In 2019, 4.2 million people died as a result of the condition and its complications. ... On average, diabetes reduces life expectancy in middle-aged people by 4-10 years and independently increases the risk of death from cardiovascular disease, kidney disease, and cancer by 1.3-3 times. ... Based on a comprehensive analysis of the available data on diabetes care, the Commission summarises the best evidence for effectively managing diabetes, which relies upon six components: ...” “... New modelling by the Commission estimates the impact of these strategies. For instance, the ten LMICs with the greatest burden of diabetes (China, India, Brazil, Mexico, Indonesia, Egypt, Pakistan, Bangladesh, Turkey, Thailand) account for 217 million cases of type 2 diabetes—representing nearly 50% of all diabetes cases. The Commission estimates that 3.2 million of these individuals would die in three years if not treated, with 1.3 million of these deaths due to cardiovascular disease. ...”

“... The Commission is published ahead of World Diabetes Day 2020, which will also see the announcement of the development of the WHO Global Diabetes Compact, to be launched in April 2021. ...”

A Lancet editorial, Turning evidence into action on diabetes, published alongside the report states:

“Today, ahead of World Diabetes Day on Nov 14, The Lancet publishes a Commission on diabetes that calls for a transformation of societies and health systems in order to close gaps in diabetes prevention, care, professional knowledge, and data.” “The evidence-base for improving diabetes prevention and care is strong. The question now for diabetes advocates is how to achieve the comprehensive, systems-level change needed to translate this evidence into action? ... Through the [WHO Global Diabetes] Compact, WHO will work with partners to support countries to mobilise resources and accelerate structural transformations that together will enable the scale-up of access to essential diabetes medicines and technologies, the inclusion of diagnosis and treatment of diabetes in primary healthcare and universal health coverage packages, and the reduction of major population-level diabetes risk factors such as obesity. This initiative represents a valuable opportunity to build partnerships between governments, care providers, patient advocates, and non-governmental organisations to implement the Commission’s recommendations through a renewed global diabetes movement. The case to act has never been more urgent.”
World Pneumonia Day (12 Nov)

Lancet (Comment) - Leveraging the COVID-19 response to end preventable child deaths from pneumonia


“... In January, 2020, at the inaugural Global Forum on Childhood Pneumonia, in Barcelona, Spain, government leaders and representatives from UN and multilateral agencies, private companies, non-profit organisations, and academic institutions from over 55 countries endorsed a declaration committing to six strategic actions to accelerate progress in reducing child pneumonia deaths (panel). On World Pneumonia Day, on Nov 12, 2020, it is time to take stock of the key actions the global health community should be taking to support country efforts to strengthen primary health care and health information systems to accelerate progress in preventing child pneumonia infections and deaths....”

HIV

Devex - Cabotegravir also works for women, HIV prevention study reveals

https://www.devex.com/news/cabotegravir-also-works-for-women-hiv-prevention-study-reveals-98506

“An investigational injectable drug is found to be effective in preventing HIV among women, according to an interim analysis of a study published Monday, providing new options on HIV prevention for women and girls, who account for 48% of all new HIV infections in 2019. Study HPTN 084, led by the HIV Prevention Trials Network, found cabotegravir, a long-acting injectable developed by ViiV Healthcare, was 89% more effective than the standard oral preexposure prophylaxis tenofovir/emtricitabine combination pills widely used for HIV prevention. The high effectiveness of the drug led an independent data safety monitoring board to recommend an early stop to the study, which is being conducted in 20 sites across seven countries in sub-Saharan Africa, involving over 3,200 women participants....”

See also NYT - Shot to Prevent H.I.V. Works Better Than Daily Pill in Women
AMR

Globalization & Health – The global governance of antimicrobial resistance: a cross-country study of alignment between the global action plan and national action plans


“...With the endorsement of the Global Action Plan (GAP) on AMR in 2015, the 194 member states of the World Health Organization committed to integrating the five objectives and corresponding actions of the GAP into national action plans (NAPs) on AMR. The article analyzes patterns of alignment between existing NAPs and the GAP, bringing to the fore new methodologies for exploring the relationship between globally driven health policies and activities at the national level, taking income, geography and governance factors into account....”

Decolonize Global Health

International Health – Decolonising global health: transnational research partnerships under the spotlight

D S Lawrence; https://academic.oup.com/inthealth/article/12/6/518/5962065?searchresult=1

“... Using the context of clinical trials implemented through transnational research partnerships (TRPs) as a case study, this narrative review brings together perspectives from clinical research and social science to lay out specific ways in which TRPs build on and perpetuate colonial power relations. We will explore three core components of TRPs: participant experience, expertise and infrastructure, and authorship. By combining a critical perspective with recently published literature we will recommend specific ways in which TRPs can be decolonised. We conclude by discussing decolonising global health as a potential practice and object of research. By doing this we intend to frame the decolonising global health movement as one that is accessible to everyone and within which we can all play an active role.”

Part of a special issue, Spotlight on global health research

“Global health research is a discipline in which it is highly possible to cause more harm than good. Universally, the conduct of ethical research is bound by international principles and guidelines and its design and implementation are interrogated by funders and institutional review boards. Research in resource-limited settings is no different in this respect but poses additional ethical considerations due to the nature that the research is conducted alongside or within poorly resourced healthcare systems. The aim of this special issue is to identify work that acknowledges this complexity but demonstrates best practice in the pursuit of fair and equitable approaches to global health research. ....”
OECD/DAC HL meeting & Finance in Common summit

OECD/DAC High-Level Meeting, 9-10 November 2020 – an open call from UHC2030 co-chairs to OECD/DAC ministers of development


“Call from UHC2030’s co-chairs: Help countries to build health systems that protect everyone.”

CGD - Four Priorities for Development Ministers at the OECD DAC


“This week, development ministers of the OECD’s Development Assistance Committee (DAC) come together for one of their occasional “high-level meetings.” Here’s what we think should be on the agenda....” Among others: the Covid-19 pandemic response, climate finance & adaptation focus, and revisit DAC’s core principles and measures.

Thomson Reuters -It is time public development banks put their money where our future lies

https://news.trust.org/item/20201109103303-glxq3/

“The world’s public banks, meeting this week, should take a collective stand against support for fossil fuels and other sectors fuelling the climate and biodiversity crisis.”

“The world faces the gravest global health crisis in a century, intertwined with the rising social and economic inequality, the sixth mass extinction of species and record-breaking ecological and climate disasters. Against this backdrop of global upheaval, we call on public development banks meeting this week for the Finance in Common Summit to become part of the solution towards building a just, equitable, inclusive and sustainable world. To do so, they must commit to devoting their considerable financial resources and influence to achieving a safe, healthy and prosperous future for all. That is why today more than 320 civil society organisations signed a joint letter urging the public development banks gathered at the summit to transform their financing models....”

Open Democracy - The dirty side of development finance


“... On 9-12 November, for the first time ever, all public development banks in the world [will] gather together at the Finance in Common Summit. A high-level event, with heads of governments and representatives from around 450 finance institutions, who will meet to discuss their Covid-19 recovery plans and the future of “sustainable development”. In their talks, though, there will be no space for human rights. Despite calls from UN experts and civil society, communities directly impacted by development projects will not have a seat at the table. With the same top-down
approach that characterizes most development finance activities, all decisions at the Summit will be taken without listening to affected communities, ignoring their concerns, their needs and their priorities....”

“... Public development banks control $11.2 trillion in assets in total. The amount they invest annually is equivalent to the economies of 110 countries combined. Since the pandemic started, they have committed around US$97.2 billion for over 700 COVID-19 related projects. But these funds are rarely bringing benefits for the most vulnerable. Instead, development finance often exacerbates inequality, corruption, poverty, debt, and human rights abuses....”

Finance in Common Summit misses opportunity to end fossil fuel finance, but there is a way forward, say CSOs


Underwhelming result, unfortunately.

“Today development banks signed a joint declaration at the first global summit of development banks, Finance in Common. Before the summit, the UN Secretary General, youth climate activists, and over 300 civil society organizations all urged development banks to act to end fossil fuel investments. However, the joint declaration only includes a vague commitment to “consider” ways to reduce fossil fuel investments....”

“... The joint declaration includes a commitment to promote sustainable alternatives to fossil fuel investments and to “consider” ways and means to reduce these, but these are not firm, time-bound commitments. The same goes for the commitments to align activities with the objectives of the Paris agreement. In addition, the ADB, IDB, AIIB, NDB and World Bank Group did not sign the statement, although the declaration notes it was signed in their presence. This raises questions about these important multilateral development banks’ willingness to align themselves with a coordinated, global response by public development banks to the joint crises posed by climate change and Covid-19....”

Some papers and reports of the week

Journal of Equity in Health - Why do some countries do better or worse in life expectancy relative to income? An analysis of Brazil, Ethiopia, and the United States of America


Conclusion: “...The review highlighted potential structural determinants driving differential performance in population health outcomes cross-nationally. These included greater equity, a more inclusive welfare system, high political participation, strong civil society and access to employment, housing, safe water, a clean environment, and education. We recommend research comparing more countries, and also to examine the processes driving within-country inequities.”
BMJ GH - Enhancing the use of stakeholder analysis for policy implementation research: towards a novel framing and operationalised measures
M A Balane et al; https://gh.bmj.com/content/5/11/e002661

“Policy is shaped and influenced by a diverse set of stakeholders at the global, national and local levels. While stakeholder analysis is a recognised practical tool to assess the positions and engagement of actors relevant to policy, few empirical studies provide details of how complex concepts such as power, interest and position are operationalised and assessed in these types of analyses. This study aims to address this gap by reviewing conceptual approaches underlying stakeholder analyses and by developing a framework that can be applied to policy implementation in low-and-middle income countries....”

Global Health: Science & Practice - Lessons Learned From Implementing Prospective, Multicountry Mixed-Methods Evaluations for Gavi and the Global Fund
E Carnahan et al; https://www.ghspjournal.org/content/early/2020/11/10/GHSP-D-20-00126

“Lessons learned from implementing evaluations for Gavi, the Vaccine Alliance and the Global Fund for AIDS, Tuberculosis, and Malaria can help inform the design and implementation of ongoing or future evaluations of complex interventions. We share 5 lessons distilled from over 7 years of experience implementing evaluations in 7 countries.”

HP&P (Commentary) - Health systems of oppressions: applying intersectionality in health systems to expose hidden inequities

“We use an intersectional approach to explore how health systems can perpetuate systems and structures of oppression and describe how an intersectional-informed approach can be used to understand and highlight inequities in health and health systems. ... ... This commentary serves to start a conversation on how intersectionality and health systems are linked through illustrative examples...”
“Document analysis is one of the most commonly used and powerful methods in health policy research. While existing qualitative research manuals offer direction for conducting document analysis, there has been little specific discussion about how to use this method to understand and analyse health policy. Drawing on guidance from other disciplines and our own research experience, we present a systematic approach for document analysis in health policy research called the READ approach: (1) ready your materials, (2) extract data, (3) analyse data and (4) distil your findings. We provide practical advice on each step, with consideration of epistemological and theoretical issues such as the socially constructed nature of documents and their role in modern bureaucracies. We provide examples of document analysis from two case studies from our work in Pakistan and Niger in which documents provided critical insight and advanced empirical and theoretical understanding of a health policy issue....”

“National policy decision-makers are responsible for the translation of global policies to national policies and their implementation. There is a lack of understanding of the variability in policy processes and factors influencing this. Our retrospective study of a prevention policy and prospective analysis of a treatment policy, found that the main drivers of policy adoption were: the methodological quality of the research, the relevance of the data to the local context and its prospects for effective implementation. Trust in WHO policy processes could override these factors....”

“Global health donors are increasingly transitioning funding responsibility to host governments as aid budgets plateau or decline and countries meet development and disease burden goals. Civil society organizations (CSOs) can play a critical role as accountability mechanisms over their governments, but transitions raise questions about how donor-supported CSOs will fare following transition, especially in environments of limited political commitment. Decreases in funding may force CSOs to scale back activities, seek other funding, or rely on their governments for funding. Vulnerable populations most in need of support may lose critical advocates, compromising their access to lifesaving care and threatening the reversal of global health achievements. This review investigates donor strategies used in the past to support CSOs as accountability advocates across the international development sector by exploring what activities are supported, how support is...”
Some other mainstream news & blogs of the week

Guardian - UN warns of impact of smart borders on refugees: 'Data collection isn’t apolitical'


“Robotic lie detector tests at European airports, eye scans for refugees and voice-imprinting software for use in asylum applications are among new technologies flagged as “troubling” in a UN report. The UN’s special rapporteur on racism, racial discrimination, xenophobia and related intolerance, Prof Tendayi Achiume, said digital technologies can be unfair and regularly breach human rights. In her new report, she has called for a moratorium on the use of certain surveillance technologies.

Achiume, who is from Zambia, told the Guardian she was concerned about the rights of displaced people being compromised. She said there was a misconception that such technologies, often considered “a humane” option in border enforcement, are without bias....”

“... Covid-19 has also accelerated “biosurveillance” – focused on tracking people’s movements and health. Biosurveillance has everyday uses, such as the “track and trace” app in the UK, but there are concerns about the regulation of large-scale data harvested from populations. One example is the “Covi-Pass”, a health passport developed by Mastercard and Gavi, a private-public health alliance, that is reportedly due to be rolled out across west Africa. The UN report highlighted the implications of such passports for freedom of movement, “especially for refugees”....”

ODI - Principled Aid Index 2020


“ODI’s Principled Aid Index ranks bilateral Development Assistance Committee donors by how they use their official development assistance to pursue their long-term national interests in a safer, sustainable and more prosperous world.”


“Major donors are increasingly spending foreign aid on short-sighted national interest priorities, according to research from the Overseas Development Institute....”

World Inequality Lab releases a major update of #GlobalInequalityData.

https://wid.world/news-article/2020-regional-updates/
“The World Inequality Lab releases today a **major update of inequality data for 173 countries**, making up for 97% of the world population and 7.5 billion people;...”

CGD (policy paper) – Governing Data for Development: Trends, Challenges, and Opportunities


And a link:


### Some tweets of the week

**M Kavanagh**
“*Declining US hegemony in global health could be a good thing. Also US power remains real. Task for next 4 years: what could a global health role for US look like that takes #decolonizing seriously and also recognizes power and puts it to work to improve global health? #Solidarity?*”

**Saurabh**
“*Global south is not monolithic. It is deeply hierarchical, gendered, elitist. It is rarely a north south issue alone. We have to acknowledge the issues within the global south as well. Such an important point raised ...*”

**Richard Horton**
“*On the Pfizer COVID-19 vaccine*: publishing interim results through a press release is neither good scientific practice nor does it help to build public trust in vaccines. An announcement should come with full publication of a peer-reviewed research paper in a scientific journal.”

**Anna Marriott**
“*Pfizer’s vaccine price in the US is the highest among the leading vaccine candidates, with some analysts suggesting a 60-80% profit margin*. Hands up who thinks that’s ok in the context of a global pandemic pushing millions into extreme poverty?? @pfizer and @BioNTech_Group”

**Emanuele Capobianco**
“*Geneva, the capital of global health, is now the region with the highest #Covid19 incidence in all Europe. Ironic & terribly sad.*”
Ursula von der Leyen

“We step up our investment in global recovery. The EU is contributing another €100m to #COVAX, the facility for universal & fair access to #COVID19 vaccines. With the €400m we already committed & contribution of EU countries, Team Europe is one of the leading donors to COVAX.”

Global governance of health

TWN - Recovering Better from COVID-19 Will Need a Rethink of Multilateralism


“This paper sets out some of the key elements of such a plan and argues that its implementation will require systematic reforms to the multilateral trade and financial system if a more resilient recovery is to turn into a sustainable and inclusive future.”

Guardian - EU seeks greater public health powers after Covid ‘wake-up call’


“European commission says giving EU health agencies more power will improve response to cross-border health threats.”

“Under a new regulation on serious cross-border threats to health proposed by the European commission on Wednesday, EU member states would be obliged to report on the capacities of their healthcare systems, while national crisis plans would be scrutinised by the bloc’s officials for weaknesses. The EU would establish a strengthened surveillance system using artificial intelligence to watch out for any outbreaks of disease or weaknesses in healthcare capacity within its territory. An entirely new organisation modelled on the US biomedical research and development authority will also be formed by 2023 to build up stockpiles of key medicines and equipment. The Health Emergency Response Authority (Hera) will be tasked with developing a “surge capacity” in production for times when raw materials from outside of Europe might be scarce....”

CGD (blog) - Board of Men at the World Bank

C Kenny et al; https://www.cgdev.org/blog/board-men-world-bank

“How gender balanced is the World Bank’s board?” Not very, it appears.
Telegraph – UK aid money should promote 'liberal values' such as a free press, says Jeremy Hunt

"Former foreign secretary calls for a move away from focus on poverty as many countries are on a ‘well-trodden path to prosperity’."

UHC

HP&P - The origins of Ethiopia's primary health care expansion: The politics of state building and health system strengthening


“Ethiopia’s expansion of primary health care over the past 15 years has been hailed as a model in sub-Saharan Africa. A leader closely associated with the programme, Tedros Adhanom Gebreyesus, is now Director-General of the World Health Organization, and the global movement for expansion of primary health care often cites Ethiopia as a model. Starting in 2004, over 30 000 Health Extension Workers were trained and deployed in Ethiopia and over 2500 health centres and 15 000 village-level health posts were constructed. Ethiopia’s reforms are widely attributed to strong leadership and ‘political will’, but underlying factors that enabled adoption of these policies and implementation at scale are rarely analysed. This article uses a political economy lens to identify factors that enabled Ethiopia to surmount the challenges that have caused the failure of similar primary health programmes in other developing countries. The decision to focus on primary health care was rooted in the ruling party’s political strategy of prioritizing rural interests, which had enabled them to govern territory successfully as an insurgency. This wartime rural governance strategy included a primary healthcare programme, providing a model for the later national programme. After taking power, the ruling party created a centralized coalition of regional parties and prioritized extending state and party structures into rural areas. After a party split in 2001, Prime Minister Meles Zenawi consolidated power and implemented a ‘developmental state’ strategy. In the health sector, this included appointment of a series of dynamic Ministers of Health and the mobilization of significant resources for primary health care from donors. The ruling party’s ideology also emphasized mass participation in development activities, which became a central feature of health programmes. Attempts to translate this model to different circumstances should consider the distinctive features of the Ethiopian case, including both the benefits and costs of these strategies."

IJHPM - Scaling-Up Performance-Based Financing in Burkina Faso: From PBF to User Fees Exemption Strategic Purchasing


“Numerous countries have undertaken performance-based financing (PBF) reforms to improve quality and quantity of healthcare services. However, only few reforms have successfully managed to achieve the different scale-up phases. In Burkina Faso, a pilot project was implemented, but was put on hold before being scaled. During the writing of this article, discussions to scale-up were still
ongoing on a national strategic purchasing strategy within a government led user fee exemption policy. This study’s objective is to identify facilitators and barriers to scaling-up for that pilot, based on the World Health Organization’s (WHO’s) theoretical framework. ...

Planetary health

Guardian - ‘Hypocrites and greenwash’: Greta Thunberg blasts leaders over climate crisis

Still not far from the truth, I’m afraid, although some are trying. “Leaders are happy to set targets for decades ahead, but flinch when immediate action is needed, she says.”

Guardian - World is running out of time on climate, experts warn

“World leaders are running out of time to forge a green recovery from the Covid-19 crisis, with only a year to go before a crunch UN summit that will decide the future of the global climate, leading experts have warned. Progress on a green recovery, which would reduce emissions while repairing the damage from the pandemic, has been hampered by the need for an emergency rescue of stricken economies around the world and the resurgence of the coronavirus in Europe, the US and some other countries. But with global heating showing no sign of slowing, and the danger signals of climate breakdown increasingly evident – from the Arctic ice to American wildfires – the race is on to build the global economy back better....”

Guardian - People plan to fly and drive more post-Covid, climate poll shows

“People are planning to drive and fly more in future than they did before the coronavirus pandemic, a survey suggests, even though the overwhelming majority accept human responsibility for the climate crisis. The apparent disconnect between beliefs and actions raises fears that without strong political intervention, these actions could undermine efforts to meet the targets set in the Paris agreement and hopes of a green recovery from the coronavirus crisis....”

Guardian - Revealed: Covid recovery plans threaten global climate hopes
“The prospect of a global green recovery from the coronavirus pandemic is hanging in the balance, as countries pour money into the fossil fuel economy to stave off a devastating recession, an analysis for the Guardian reveals. Meanwhile, promises of a low-carbon boost are failing to materialise. Only a handful of major countries are pumping rescue funds into low-carbon efforts such as renewable power, electric vehicles and energy efficiency. A new Guardian ranking finds the EU is a frontrunner, devoting 30% of its €750bn (£677bn) Next Generation Recovery Fund to green ends. France and Germany have earmarked about €30bn and €50bn respectively of their own additional stimulus for environmental spending. On the other end of the scale, China is faring the worst of the major economies, with only 0.3% of its package – about £1.1bn – slated for green projects. In the US, before the election, only about $26bn (£19.8bn), or just over 1%, of the announced spending was green. ... ... But the election of Joe Biden as US president has the potential to transform the green recovery globally, the Vivid analysis shows. Although he may face a Republican majority in the Senate, if Biden’s plans for a $2tn green stimulus were implemented in full the US would overtake the EU as the biggest investor in a low-carbon future. “That would be a transformative shift,” said Eis. “These are very bold plans from Biden, and it would be a huge signal to other countries. They would mean the US could start a race-to-the-top dynamic globally, especially with China, for a green recovery.”

Guardian - Renewable energy defies Covid-19 to hit record growth in 2020

“Global renewable electricity installation will hit a record level in 2020, according to the International Energy Agency, in sharp contrast with the declines caused by the coronavirus pandemic in the fossil fuel sectors. The IEA report published on Tuesday says almost 90% of new electricity generation in 2020 will be renewable, with just 10% powered by gas and coal. The trend puts green electricity on track to become the largest power source in 2025, displacing coal, which has dominated for the past 50 years....”

Vox - Joe Biden will be president, but there will be no Green New Deal

“Without Congress, he’ll be limited to executive action, just like Obama.”

“Without the Senate, which will likely remain in Republican hands (though control could come down to two runoffs in Georgia), Biden’s power to effect the kind of radical change called for by the Green New Deal will be substantially curtailed. But he will not be powerless — there are expansive parts of his climate agenda that he can drive through executive power alone.”

PS: And as you know, if in Georgia the two seats go the Democrats’ way, even more might be possible, including a real Green New Deal.
“In 2009, a group of 29 scholars argued that we can identify a set of “planetary boundaries” that humanity must not cross at the cost of its own peril. This planetary boundaries framework has been influential in generating academic debate and in shaping research projects and policy recommendations worldwide. Yet, it has also come under heavy scrutiny and been criticized. What is today’s overall significance and impact of the notion of planetary boundaries for earth system science and earth system governance? We review here the development of the concept and address several lines of criticism, from earth system science, development studies, and science and technology studies. We also examine some applications of the framework, discuss broader governance implications, and reflect on actual policy relevance. In concluding, we explore the most recent incarnation of the planetary boundaries framework in its avatar as earth system targets supported by an Earth Commission.”

LSHTM - Pathfinder Initiative - Pathways to a healthy, zero carbon future
https://www.lshtm.ac.uk/research/centres-projects-groups/pathfinder-initiative

“In response to the need for urgent and decisive action to keep within the 1.5 - 2°C target of the Paris Agreement, the Pathfinder Initiative aims to increase motivation and capacity by showing how the implementation of well-designed policies and technologies can yield multiple benefits for people and planet.”

“... Funded by the Wellcome Trust and with support from the Oak Foundation, the Initiative is led by researchers at the London School of Hygiene & Tropical Medicine (LSHTM). The Lancet Pathfinder Commission will provide scientific oversight, where international experts across key decarbonisation sectors and disciplines will guide and inform the work for analysis. The Initiative will also establish Champions to create a dedicated advocacy effort to effectively communicate findings and increase motivation for change. The findings will be published in The Lancet medical journal.”

Infectious diseases & NTDs

International Health - Donor reliance and the impact on neglected tropical disease programme delivery: reflections and solutions for change from programme management perspectives

“Health systems within many developing countries are reliant on donor funding and non-governmental development organisations (NGDOs); this has had positive results but also presents
challenges to sustainability and national ownership, with national programmes needing to respond to changing donor priorities. Simultaneously, the WHO neglected tropical disease (NTD) roadmap 2021–2030 calls for increased country ownership and domestically financed NTD programmes. Focusing on Liberia and blending primary research from the COUNTDOWN consortium and personal programmatic experience, this commentary reflects on the sustainability and financing of NTD programme delivery within the current context. We explore the successes and challenges of current models of collaboration and opportunities to improve country ownership and sustainability.”

**NCDs**

Plos Med - Association between country preparedness indicators and quality clinical care for cardiovascular disease risk factors in 44 lower- and middle-income countries: A multicountry analysis of survey data

J Davies et al; [https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003268](https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003268)

Conclusion: «In this study, we observed that indicators of country preparedness to deal with CVDRFs are poor proxies for quality clinical care received by patients for hypertension and diabetes. The major implication is that assessments of countries’ preparedness to manage CVDRFs should not rely on proxies; rather, it should involve direct assessment of quality clinical care.”

And a few links:

BMJ GH - [Fighting non-communicable diseases in East Africa: assessing progress and identifying the next steps](https://www.bmj.com/content/370/bmj.i991)

Plos Med - [Health system interventions for adults with type 2 diabetes in low- and middle-income countries: A systematic review and meta-analysis](https://plosmedicine.org/article?id=10.1371/journal.pmed.1002989)

**Human resources for health**

Human Resources for Health - Alignment and contribution of nursing doctoral programs to achieve the sustainable development goals


“....the goal of this study was to compare the relationship between the objectives and research areas underlying nursing doctoral programs in Latin America and the SDGs....”
CGD (blog) - Beyond the Rhetoric of Equity: Will the Frontline Healthcare Workers Who Serve the Poor Be Prioritized for the COVID Vaccine?

“Healthcare providers, particularly in low- and middle-income countries, are a diverse, fragmented, and loosely regulated population. Will the COVID vaccine plans prioritize them?”

With case study: Bangladesh.

**Miscellaneous**

Lancet World Report – Prince Mahidol award winners announced
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32414-4/fulltext

“The 2020 awards have gone to Bernard Pécoul for his work at the Drugs for Neglected Diseases initiative and to Valentin Fuster for his work on platelets. Talha Burki reports. On Nov 12, the winners of the 2020 Prince Mahidol awards were announced. The prize for public health went to Bernard Pécoul, co-founder and executive director of the Drugs for Neglected Diseases initiative (DNDi). …”

ODI briefing paper - Financing the reduction of extreme poverty post-Covid-19

“The Covid-19 pandemic has wiped out years of progress in ending extreme poverty: we forecast an additional 250 million people in extreme poverty by 2030 and expect that it will take 10 years of economic growth just to bring extreme poverty numbers back to where they were before the crisis. To reduce extreme poverty, many countries urgently need to step up public investments in education, health and nutrition, social protection, water, sanitation and hygiene – sectors that are also critical in developing resilience to future pandemics. **Middle-income countries (MICs)** have 100 times more tax than low-income countries (LICs) and could raise a further $1,960 billion, which would cover most of the costs of ending poverty; **LICs** could only raise another $11 billion and still could not afford even half the costs. If donors better prioritised their aid and met the 0.7% aid target, all LICs could afford at least half the costs.”

NPR - Report: The Pandemic Is Not Good For Freedom And Democracy. But There Are Exceptions
NPR;

“The pandemic has had a chilling effect on freedom around the globe, according to a new report from Freedom House, a nonpartisan group that advocates for democracy ... The notion that democracy is being "impinged upon in this pandemic is not surprising. The idea that people's freedoms are being curtailed is absolutely true and objectively verifiable and is happening," says Margaret Kruk, professor of health systems at the Harvard T.H. Chan School of Public Health, who
was not involved with the report. **Certain countries show how a global health emergency can have far-ranging repercussions on the overall health and well-being of a country — but also how countries can rally and do the right thing....**”

**F2P blog – An Uplifting Account of Civil Society Responses to Covid**


On last week’s CIVICUS report. “**Last week Civilus, the global network of civil society organizations (CSOs) published an excellent report on ‘Solidarity in the Time of Covid-19’. It’s an upbeat 60 page snapshot of a vast amount of CSO activity around the world – well worth browsing through the hundreds of examples or reading in its entirety.**”

**Devex - The new UN special rapporteur on water and sanitation lays out his priorities**


“**Exploring the impact of COVID-19 and the climate crisis on water and sanitation will be the first priority for the new United Nations special rapporteur on the human rights to safe drinking water and sanitation.**”

**JAMA - Preprint Servers’ Policies, Submission Requirements, and Transparency in Reporting and Research Integrity Recommendations**

[https://jamanetwork.com/journals/jama/article-abstract/2772748](https://jamanetwork.com/journals/jama/article-abstract/2772748)

“**Preprint servers are online platforms that enable free sharing of preprints, scholarly manuscripts that have not been peer reviewed or published in a traditional publishing venue (eg, journal, conference proceeding, book). They facilitate faster dissemination of research, soliciting of feedback or collaborations, and establishing of priority of discoveries and ideas. However, they can also enable sharing of manuscripts that lack sufficient quality or methodological details necessary for research assessment, and can help spread unreliable and even fake information. Since 2010, more than 30 new preprint servers have emerged, yet research on preprint servers is still scarce. With the increase in the numbers of preprints and preprint servers, we explored servers’ policies, submission requirements, and transparency in reporting and research integrity recommendations, as the latter are often perceived as mechanisms by which academic rigor and trustworthiness are fostered and preserved.**”

**World Development - Gender Inequality during the COVID-19 Pandemic: Income, Expenditure, Savings, and Job Loss**


“**We investigate the impacts of COVID-19 on gender inequality in these outcomes using data from a six-country survey that covers countries in different geographical locations and at various income levels. Our findings suggest that women are 24 percent more likely to permanently lose their job than**”
men because of the outbreak. Women also expect their labor income to fall by 50 percent more than men do. Perhaps because of these concerns, women tend to reduce their current consumption and increase savings...."

And some links:

Via FT - Singapore and Hong Kong to launch travel bubble
“A travel bubble between Singapore and Hong Kong with no quarantine requirements, which authorities claim is the first of its kind, will come into effect in less than two weeks. Flights between the two cities will start on November 22. Travellers will be subject to coronavirus tests instead of serving quarantine and there will be no restrictions on their purpose of travel and itineraries nor sponsorship requirements....”

Fox News (our new favourite tv channel) - WHO reports coronavirus discovered among mink populations in 6 countries