

IHP news 598 : Rooting for “a normal Christmas”

(20 November 2020)

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

Dear Colleagues,

Last week, Politico came up with [“a new Global Health World Order”](#) which, arguably, still needs a bit of work. But a nice read nevertheless, with a catchy title that would probably have pleased Bush senior. But as I said, in times of Decolonizing Global Health & and Xi Jinping’s Belt & Road initiative, not to mention the planetary health threat, it’s a World Order (or is it Disorder?) “in progress”.

With the holiday period [coming up in a few weeks](#), and the cheesy ones among us already starting to hum [‘All I want for Christmas’](#), Kai Kupferschmidt (from Science) came up with the **tweet of the week**: *“Hearing more and more people here in Germany say that current restrictions are necessary so people can have a normal Christmas”. That is not really the point. Current restrictions are necessary so people can be alive this Christmas. Christmas will not be “normal”.* For a similar, but slightly gentler take, see this new Think Global Health Blog, [Reducing the Risk of COVID-19 this Holiday Season](#). K Leach-Kemon et al: *“We can save lives by postponing our holiday gatherings until vaccination is widespread.”*

On a more positive note, the **vaccine news** sounds more and more encouraging (at least if you can believe company press releases). Dr. Tedros ([who didn't have his best week](#)) & WHO display more cautious optimism while also, rightly, stressing [“this is no time for complacency”](#), given the dire Covid situation in many parts of the world. This week’s **Lancet editorial agrees**. Meanwhile, with more and more vaccines in the pipeline, it’s also increasingly “money time” for **access** to them. Terms like [“vaccine apartheid”](#) (Jayati Ghosh) and [“the law of the jungle”](#) (in the words of a worried Winnie Byanyima) show there’s still a long way to go there. Let’s hope the world [gets it right](#) in time.

Perhaps at the (virtual) Riyadh **G20 leaders’ summit** this weekend? Fat chance, Rathin Roy (ODI) reckoned at a [webinar](#) this week: *“The G20 is a ‘dysfunctional club’ that has not delivered much since 2010, but who knows (+ grin)?”* Still, even if many of its current leaders are not exactly multilateralism & international cooperation-minded (unlike at the beginning of this decade), Roy thought they need to deliver now, on the vaccine as a GPG and the broader macro-economic and societal impact. Well, in the ideal scenario at least. An unlikely one, he admitted. But with the winds [shifting a bit lately](#), perhaps not entirely unlikely?

From the Saudis to Germany then. Last year, the **Munich Security Report** came up with the silly term ‘Westlessness’, this year apparently they go for **‘Polypandemic’**, *“a multifaceted crisis that might well reverse decades of development progress, further exacerbate state fragility, and even become a catalyst for violent conflict.”* And that was before the German football team got hammered by Spain: 6-0. The entire “Mannschaft” will need the [‘Polypill’](#) to recover from that 😊.

Finally, this week we have **two** short **Featured articles**, a **Call to Action to Reclaim Comprehensive Public Health** (*which we hope you will sign, if you haven't done so yet*), and a piece on a **(possible) second Covid-19 wave in Kenya**. Do check them out!

Enjoy your reading.

Kristof Decoster

Featured Articles

Call for COVID-19 responses to apply comprehensive public health principles

Kent Buse & Anthony Zwi on behalf of the **Reclaiming Comprehensive Public Health Group**

Responses to the COVID-19 pandemic reflect long-standing tensions in public health between biosecurity- and biomedically-focused approaches and those that address social determinants, facilitate participation and protect human rights.

As noted by Loewenson in a [recent commentary](#), “...we cannot allow the response to COVID-19 to reduce public health in institutional practice and in the public mind to biosecurity alone, treating people as objects not agents, undermining knowledge, equity, rights and decades of prior work. We need to protect and advance a public health that is rooted in public interest and in the public; that is proactive, effective, participatory, principled, just, based on scientific and social evidence; that acts upstream on the social determinants of health and that builds co-operation between health, other sectors and communities and between countries globally.”

Responding to this concern, people from a range of countries, sectors, constituencies and disciplines involved in public health have prepared a ‘Call to Action’ on heads of state and government, and others involved in shaping the response to COVID-19. The Call sets out the principles for a comprehensive approach in countering current and future pandemics. This ‘Call’ and initial signatories will be launched at <https://www.healthysocieties2030.org/> on 1 December in advance of the [Special Session](#) of the UN General Assembly (3-4 December 2020) in response to COVID-19.

We invite all involved in health and pandemic responses to read the Call, and if you support the principles, to sign it (personally and/or institutionally) and engage others. Please email RCPHcall@gmail.com with ‘RCPH Call’ in the subject line to obtain a pre-launch copy of the Call, including in different languages. We would welcome a few lines on your (or your organisation’s) perspective on key issues raised in the Call that might be of use in wider public outreach through the Call website and briefings.

COVID-19 in Kenya: A second wave or “just” an increase in infections?

Sophie Vusha (EV 2013)

It's been nine months now since the first case of Covid-19 was reported in Kenya. Cases were low in the summer, but in recent months there has been a steady increase in cases. In November, my country recorded the highest number of cases in [a single month](#) (15, 382 till now, with 289 deaths), and just a few weeks ago, Kenya broke its daily record of cases, recording almost 1,500 infections in one day. [Kenya's current death count stands at 1,300 deaths \(with 70,500 confirmed cases\)](#). Some [reports](#) have described this as the “second wave” of COVID 19 in Kenya; other [experts](#) are more reluctant to do so, framing the current situation as an increase in infections, largely due to easing of restrictions.

In any case, the situation is dire. As you can imagine, our front line health workers are one of the most affected population groups. On Sunday 15th November, the Kenya Medical Practitioners, Pharmacists and Dentists Union issued a 21-day [strike notice](#). Health workers are enraged by the loss of up to 30 of their colleagues of which 10 were specialist doctors. Saturday 14th November even marked the loss of 4 doctors in a day, with the lack of adequate personal protection equipment (PPE) playing a key role, according to the Union. Kenyan doctors are demanding provision of standard and adequate PPE, comprehensive medical insurance cover, and dedicated medical facilities for healthcare.

In September, the government of Kenya eased restrictions after the Covid positive rate (share of tests returning a positive result) went down to 5%. This allowed people to travel again to the rural areas and other towns. The overall sentiment was that the economy had to be opened up again since the government wasn't able to cater for feeding the nation and hence, “a return to normalcy was necessary”.

The easing of restrictions was to be supplemented with following preventive public health guidelines on social distancing, use of face masks, handwashing and sanitizing. That turned out difficult enough for many Kenyan citizens, but moreover, after summer, the time also seemed ripe for politicians to go back to their favourite game of politicking and holding meetings, among others on the famous [Building Bridges to a United Kenya Initiative \(BBI\) report](#), meant to tackle constitutional reforms. Typically, not much attention was paid to the rules of social distancing and wearing of masks at these meetings, let alone hand washing and sanitizing. Our leaders, including the president and deputy president, were thus happily holding political rallies and large gatherings all around, clearly demonstrating to the common man that observing rules wasn't necessary after all. Against this backdrop, the Health cabinet secretary, Mutahi Kagwe continued to announce the figures of the cases and deaths, but these seemed just numbers, not human beings.

Meanwhile the [funding and resources](#) spent since the start of COVID-19 were unveiled. The public got to know about the amount of funds, how substantial resources ended up in some individuals' pockets, and that PPE, lying at the Kenya Medical Supplies Agency (KEMSA), which had been procured at a higher cost than the market rate, was unable to be sold, yet many health workers lacked the equipment (or had to pay for it themselves). At the same time there has been a call for more funding, to assist in curbing the second wave. One wonders whether the fundraisers' intentions are genuine.

The increasing cases (and death rate) are more than alarming, certainly given our relatively weak health system. The government should be able to do more. At the very least they should be able to guarantee the safety of frontline health workers. Regardless of whether this is “the second wave” or “just” an increase in infections...

Highlights of the week

PHC: Launch of 30 by 2030 Campaign

<https://30by2030.net/>

“Health Coverage requires strengthening Primary Health Care: the “30by2030”-campaign!”

Do check out the [WHO Bulletin article](#) (by Jan De Maeseneer et al), introducing this campaign.

*“... organizations such as the World Organization of Family Doctors, European Forum for Primary Care, African Forum for Primary Care, Primary Health Care and Family Medicine, as well as The Network: Towards Unity for Health and Training for Health Equity Network are launching the 30 by 2030 campaign in November 2020. **These organizations call for international donors to assign 30% of their vertical top-down, disease-oriented budgets to strengthening integrated horizontal community-based primary health-care systems by 2030.**”*

Global Health Governance

Lancet Comment - Independent accountability for women, children, and adolescents under threat

*Joy Phumaphi and the members of the **United Nations Secretary General's Independent Accountability Panel for Every Woman, Every Child, Every Adolescent;***

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32484-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32484-3/fulltext)

*“Independent accountability has been central to a landmark decade of progress and multi-stakeholder commitments mobilised by the [Every Woman Every Child](#) (EWEC) global movement. An overarching achievement of EWEC was to make accountability—which was virtually invisible—universally visible through a range of high-profile initiatives and mechanisms, particularly the [Commission on Information and Accountability](#), the [Independent Expert Review Group](#) and, since 2016, the UN Secretary-General's [Independent Accountability Panel](#) (IAP). ... **Amidst this crisis, it is inconceivable that the future of the IAP, and of EWEC itself, is in doubt. We understand that the UN Secretary-General's office is considering closing both by the end of 2020—without a timely transition plan or firm commitment to a new mechanism. We are told that in line with [UN reform](#), the aim is to shift EWEC and IAP functions from a global to a country focus. ...”***

*“... **We call upon the UN Secretary-General and WHO Director-General to put in place a timely transition plan and establish an independent, impactful global health accountability mechanism. It***

*is needed now more than ever. We welcome the WHO-led accountability consultation, in which the IAP participated, to **drive the following five-point call to action....***"

The first one being: *"...with the UN Secretary-General's and Member States' mandate, **the WHO Director-General should establish, by the 2021 World Health Assembly, an independent accountability panel for health-related SDGs and rights, focusing on those left behind, especially women, children, and adolescents....**"*

Politico - Biden faces new global health world order

<https://www.politico.eu/article/biden-world-health-organization-reform-europe/>

*"Biden is set to reverse Trump's withdrawal from the WHO, but **in the meantime, Europe has stepped up to the plate.**"*

With quotes by Kickbusch & Wenham, among others.

However, at least in this article, relatively little attention for the Global South (& Decolonize GH), and also for China, in this 'new global health world order'...

BBC News – WHO boss Dr Tedros denies supporting Tigray leaders

[**Ethiopia army accuses WHO boss Dr Tedros of supporting Tigray leaders**](#)

"The head of the World Health Organization (WHO) Dr Tedros Adhanom Ghebreyesus has denied accusations made by Ethiopia's army chief that he helped to procure weapons for the Tigray People's Liberation Front (TPLF)."

*"There have been reports suggesting I am taking sides in this situation. This is not true," he wrote on Twitter. "I want to say that **I am on only one side and that is the side of peace,**" he added.*

"His comments come after Gen Berhanu Jula said in a press conference that Dr Tedros had "left no stone unturned" to support the TPLF and help get them weapons. He did not provide any evidence to support his allegations."

See also the [Washington Post - Ethiopia's military chief calls WHO head Tedros a criminal supporting a rebel region](#) in which ***Africa Regional Director Matshidiso Moeti, defended him.** "I know Tedros. I know him as somebody who is passionately promoting global health, promoting the good health of people and promoting peace, because it's only in the context of peace that we can deliver good health for people," she said at her agency's regular Thursday briefing...."*

BRICS Health Ministers summit (11 Nov)

<https://eng.brics-russia2020.ru/news/20201113/1139434/BRICS-Health-Ministers-review-joint-efforts-during-the-COVID-19-era.html>

BRICS Health Ministers reviewed joint efforts during the COVID-19 era.

*“...The participants discussed best national practices on combating the spread of the new coronavirus infection and prospects for developing joint healthcare initiatives. The Ministers endorsed an Overview of the best measures taken by the BRICS countries to counter the spread of the COVID-19, which will also be presented at other international venues, such as the UN and the WHO. The Ministers emphasized the urgent need to sign a Memorandum of Understanding between the regulatory bodies of the BRICS countries in the field of regulation of medical products for human use. They also noted the importance of the agreements to strengthen the efforts of the BRICS countries to jointly counter TB and COVID-19, in particular those reached following three meetings of the BRICS TB Research Network. Following the meeting, **the participants agreed to publish, on the eve of the XII BRICS Summit, a Declaration of the X Meeting of the BRICS Ministers of Health and the consolidate document “BRICS Countries measures taken in the field of healthcare to counter the spread of the coronavirus disease 2019 (COVID-19)”....”***

PS: The 12th BRICS (Leaders’) summit took place on 17 November.

COVAX Facility governance explained

<https://www.gavi.org/vaccineswork/covax-facility-governance-explained>

Check it out.

WHO - Access to COVID 19 Tools Accelerator commitments reach US\$ 5.1billion following new contributions, including at Paris Peace Forum

<https://www.who.int/news/item/13-11-2020-access-to-covid-19-tools-accelerator-commitments-reach-us-5.1billion-following-new-contributions-including-at-paris-peace-forum>

From late last week, after the Paris Peace Forum: **“New contributions bring the total committed to over US\$ 5.1 billion – but an additional US\$ 4.2 billion is needed urgently this year, with a further US\$ 23.9 billion required in 2021, if tools are to be deployed across the world as they become available.... .. Against the ACT Accelerator’s US\$ 38.1 billion budget, outlined in its newly published ‘[Urgent Priorities & Financing Requirements](#)’, US\$ 5.1 billion has been committed to date, alongside down payments of US\$ 4.8 billion through COVAX self-financing countries. The [ACT Accelerator Commitment Tracker](#) provides details on total commitments to date....”**

WHO establishes Council on the Economics of Health for All

<https://www.who.int/news/item/13-11-2020-who-establishes-council-on-the-economics-of-health-for-all>

“The Council, comprising top economists and health experts, will focus on investments in health, and achieving sustainable, inclusive and innovation-led economic growth.”

*“The World Health Organization has announced a **new Council on the Economics of Health for All**, staffed by leading economists and health experts, to put “Health for All” at the centre of how we*

think about value creation and economic growth. **Chaired by noted economist Professor Mariana Mazzucato**, Professor of the Economics of Innovation and Public Value and Founding Director in the Institute for Innovation and Public Purpose at University College London, the Council will aim to **create a body of work that sees investment in local and global health systems as an investment in the future, not as a short-term cost**. Designing such investments makes our economies more healthy, inclusive and sustainable. **“The time has come for a new narrative that sees health not as a cost, but an investment that is the foundation of productive, resilient and stable economies,” Dr Tedros said.**”

See a tweet by Mazzucato: “My quote in the press release: **“to shape our economies so they truly have wellbeing & inclusion at the centre of how we create value, measure it & distribute it”**”

How WHO's proposed global centre for traditional medicines is a shot in the arm for India's AYUSH ministry

<https://www.moneycontrol.com/news/trends/health-trends/how-whos-proposed-global-centre-for-traditional-medicines-is-a-shot-in-the-arm-for-indias-ayush-ministry-6121861.html>

“The World Health Organisation (WHO) this past week announced setting up the Global Centre for Traditional Medicine in India to strengthen the evidence, research, training and awareness of traditional medicines. The WHO's centre is expected to aid its efforts to bring global harmonisation of practice, setting quality and safety standards, enabling the growth of Indian traditional medicines, which have been in use for hundreds and thousands of years....”

Graduate Institute (Working paper) - How European countries fund global health unpacking decision-making and priority-setting processes

F Kurihara & Suerie Moon ;

https://repository.graduateinstitute.ch/record/298819?_ga=2.199279790.1849627862.1605537442-1168858340.1604571430

With the results of a research project inquiring how the **ten largest European contributors to Development Assistance for Health (DAH)** decide upon funding priorities and channel funding for DAH and the WHO.

*“We found four main factors influencing funding priorities and decisions. These factors interact with each other, and operate both within and across governments: (1) The division of political and financial responsibilities across ministries of foreign affairs/development and ministries of health; (2) The political preferences of Heads of State/government, Ministers, and members of parliaments; (3) The technocratic preferences within the civil service, such as path dependence of longstanding funding arrangements and the performance of agencies; and (4) Peer-pressure and tacit coordination between European governments. **This study further found that despite the changed rhetoric of the UN Sustainable Development Goals (SDGs), which shifted emphasis away from disease-specific programmes and towards health systems strengthening (HSS), European governments have not significantly changed the way they finance DAH or WHO.** Interviewees attributed this lack of change to: (1) The difficulty in gaining visible and tangible results with the HSS agenda; (2) The ‘stickiness’ of vertically-oriented organizations, which hampers horizontalization; and (3) The*

privileged access to information and influence that comes with earmarked or vertical funding....”
Check out the **recommendations**.

Related webinar: on 24 November. Register [here](#).

Nature (Editorial) – Europe must think more globally in crafting its pandemic response

<https://www.nature.com/articles/d41586-020-03246-9>

“The EU has struggled to find a unified voice in the pandemic. A new plan is a strong start, but **needs to be more outward-looking.**”

Quote: *“The EU’s pandemic response also needs to be more open to the knowledge, experience and research of non-EU states, including those in Africa and Asia that have more experience of tackling dangerous infectious diseases and are, in some cases, managing the pandemic better. This is a difficult time for international relations, as the EU reassesses its links with the United States, owing to four turbulent years under the presidency of Donald Trump, and with China. But EU decision-makers need to find a way to negotiate for the public-health needs of the union’s member countries alongside these changing political relationships. And they must heed the advice of their science and ethics advisers, who note, in their report, that because pandemics are international, “preparing for them and responding to them requires cooperation across countries and continents, irrespective of geopolitical alliances”. **The EU’s leadership must approach its pandemic response as it did the 2008 financial crisis and the 2015 Paris climate agreement.** In both of those instances, EU leaders could have restricted their policy response to the boundaries of member states, but they wisely reached out and **created alliances with other countries, including many in the global south, leading to a more powerful and more inclusive global response.**”*

PFI - How partnerships can stay focused and refocus – and increase their impact

K Bertram; <https://pfipartners.org/2020/11/17/partnerships-focus-2/>

“In this two-part blog, this second blog looks at how partnerships can refocus, and through initial planning increase their chances of staying focused throughout”

Quote: *“We live in times of multiple crises, and radical economic and political transitions. New (also funding) opportunities may arise for partners, and new partnerships that get a lot of attention (and potential funding) are frequently formed in times of crises. The international development partnerships listed below exemplify “**resilient partnerships**”, which have successfully leveraged crises to the benefit of their core issues. Some examples of resilient partnerships: **Gavi, The Vaccine Alliance; Global Citizen; Women in Global Health, GOARN.** “*

Among the key points: *“... **In times of crises, such as Covid-19, many partnerships have shown resilience by placing their partnership and core mission at the centre of the crisis, and acting at lightning speed to leverage benefits. In times of change and shifting priorities, successful partnerships require an ability to focus, and constantly refocus.**”*

New MSR Special Edition on Development, Fragility, and Conflict in the Era of Covid-19: Poly pandemic

<https://securityconference.org/en/publications/msr-special-editions/stability-2020/>

*“In just a few short months, the coronavirus pandemic has become a **poly pandemic** – a multifaceted crisis that might well reverse decades of development progress, further exacerbate state fragility, and even become a catalyst for violent conflict. The latest special edition of the Munich Security Report “Poly pandemic” provides an overview of the disruptive effects of Covid-19 in the most vulnerable parts of the world. It also seeks to fuel the debate on how to better protect the world’s most vulnerable people while also assisting them invest in long-term crisis resilience.”*

The report distinguishes: a **hunger pandemic; inequality pandemic; poverty pandemic; violence pandemic; authoritarianism pandemic; education pandemic; nationalism & unilateralism pandemic; health pandemic beyond Covid19.**

HS Governance Collaborative - Tackling Corruption in Governments’ COVID-19 Health Responses

<https://hsgovcollab.org/en/news/new-blog-tackling-corruption-governments-covid-19-health-responses>

*In a recent [blog](#), “**Tackling Corruption in Governments’ COVID-19 Health Responses**”, Aneta Wierzynska (Global Fund), David Clarke (WHO), Mark DiBiase and Anga Timilsina (UNDP), and Srinivas Gurazada (World Bank) (members of the upcoming ACTA for Health Alliance) **highlight the increased risk of corruption in the context of the COVID19 pandemic and the negative consequences corruption might have** - preventing resources from reaching those most in needs and affecting public trust in public institutions. The blog provides a number of solutions to address those risks of corruption and ensure the COVID19 response is based on the principles of transparency, accountability and openness. “*

PS: ACTA is currently being set up: *“To help build global consensus and catalyze governments to take appropriate anti-corruption policy measures in the health sector, **the World Health Organization, the Global Fund, the UNDP, and the World Bank** are working together under the **Alliance for Anti-Corruption, Transparency and Accountability (ACTA) in Health**. [ACTA](#) is working with governments and communities globally to institutionalize appropriate anti-corruption mechanisms in the COVID-19 health response.”*

November update from the Independent Panel for Pandemic Preparedness and Response.

https://mailchi.mp/ipppr/nov_update_independentpanel

Monthly update on the work of this Independent Panel.

The Program of Work frames **four main themes of enquiry**. “The Panel **met for the 2nd time on October 21 and 22**. Topics included finalising the Program of Work, discussing the methods to establish an authoritative chronology of the epidemiology, WHO and other bodies' alerts, and

country responses. Panel members also considered the international system, and the role of the WHO. “

See also an **interview with Ellen Sirleaf** in this week's [Geneva Health Files newsletter](#). “... In an interview with one of the co-chairs of the Independent Panel on Pandemic Preparedness and Response (IPPPR), we tried to get a sense of the challenges that this panel faces.” Among others, on the geopolitical challenges & diverse interests.

HSG –Announcing the new HSG Board leadership

<https://healthsystemsglobal.org/news/announcing-the-new-hsg-board-leadership/>

*“Barbara McPake is named as the **new Chair of HSG**. Barbara previously served as Vice Chair and will bring significant experience and commitment to the role of HSG Chair, with a strong vision for the organisation’s future. **Adnan Hyder** will be the **new Vice Chair** of HSG, and **Tolib Mirzoev** will take on the role in the HSG Board Officer team as Treasurer....”*

Development – COVID-19 and Private Health: Market and Governance Failure

Owain Williams; <https://link.springer.com/epdf/10.1057/s41301-020-00273-x>

Read of the week. And then some. *“**The COVID-19 pandemic has produced mass market failure in global private health, particularly in tertiary care.** Low-and middle income countries (LMICs) dependent on private providers as a consequence of neglect of national health systems or imposed conditionalities under neoliberal governance were particularly effected. When beds were most needed for the treatment of acute COVID-19 cases, private providers suffered a liquidity crisis, itself propelled by the primary effects of lockdowns, government regulations and patient deferrals, and the secondary economic impacts of the pandemic. This led to a private sector response—involving, variously, hospital closures, furloughing of staff, refusals of treatment, and attempts to profit by gouging patients. **A crisis in state and government relations has multiplied across LMICs.** Amid widespread national governance failures—either crisis bound or historic—with regards to poorly resourced public health services and burgeoning private health—governments have responded with increasing legal and financial interventions into national health markets. In contrast, **multilateral governance has been path dependent with regard to ongoing commitments to privately provided health. Indeed, the global financial institutions appear to be using the COVID crisis as a means to recommit to the roll out of markets in global health, this involving the further scaling back of the state.**”*

More on the 73rd World Health Assembly

UN News - COVID-19: Consequences of ‘chronic under-investment in public health’ laid bare: Tedros

<https://news.un.org/en/story/2020/11/1077652>

“A global chronic under-investment in public health has been exposed by the coronavirus pandemic, which must now lead to a major re-think in how all societies value health, said the head

of the World Health Organization (WHO) on Friday. Tedros Adhanom Ghebreyesus was making closing remarks at the closing of WHO's governing body, the World Health Assembly..."

HPW - WHO Proposes Swiss-Based Global Repository For Sharing Biological Samples Related To Disease Outbreak Threats

<https://healthpolicy-watch.news/who-proposes-swiss-based-global-repository-for-sharing-biological-samples-related-to-outbreak-threats/>

"World Health Organization Director-General, Dr Tedros Adhanom Ghebreyesus has proposed the creation of a Swiss-based global repository for sharing pathogen materials and clinical samples related to potential outbreak threats – allowing for the more rapid development of medical interventions. The COVID-19 pandemic has shown the urgent need for this kind of system, said Dr Tedros Adhanom Ghebreyesus in his closing remarks to the 73th World Health Assembly. He alluded to the problems associated with existing WHO-sponsored frameworks for pathogen-sharing, which are based on bilateral agreements between countries, and have no centralized repository.

"The pandemic has also shown that there is an urgent need for a globally agreed system for sharing pathological materials and clinical samples to facilitate the rapid development of medical countermeasures as global public goods. ..."

UN News - WHO rolls out plan to rid world of cervical cancer, saving millions of lives

<https://news.un.org/en/story/2020/11/1077752>

"The World Health Organization (WHO) set out a strategy on Tuesday for eliminating cervical cancer, which would avoid the death of an estimated five million women and girls from the disease, by 2050. ... The strategy, backed by WHO Member States at the World Health Assembly last week, involves vaccinating 90 per cent of girls by the age of 15, screening 70 per cent of women by the age of 35 and again by the age of 45, and treating 90 per cent of women identified with cervical disease...."

See also WHO - [A cervical cancer-free future: First-ever global commitment to eliminate a cancer](#)

"WHO's Global Strategy to Accelerate the Elimination of Cervical Cancer, launched today, outlines three key steps: vaccination, screening and treatment. Successful implementation of all three could reduce more than 40% of new cases of the disease and 5 million related deaths by 2050. ... Today's development represents a historic milestone because it marks the first time that 194 countries commit to eliminating cancer - following adoption of a resolution at this year's World Health Assembly. ..."

PS: check out also the Lancet Global Health - [Estimates of the global burden of cervical cancer associated with HIV](#)

"Today as WHO launches the [Global Strategy to Accelerate the Elimination of Cervical Cancer](#), the [first estimates of the contribution of HIV to the global cervical cancer burden](#) are also being

released. Women living with HIV have a six-fold increased risk of cervical cancer when compared to women without HIV. ...”

WHA73 (Nov) Watch: Policy Briefs, Statements and Agenda

<https://phmovement.org/wha-73-nov-watch-policy-briefs-statements-and-agenda/>

The People’s Health Movement’s WHO Watch team followed the World Health Assembly 73 (resumed session) held from 9-14 November. Check out their statements on respective agenda items.

And a link:

[Resolutions On Meningitis Elimination, NTDs Reduction, and Epilepsy Detection and Treatment Adopted at WHA](#)

SRHR

The Hill – Biden set to roll back Trump rules on abortion

<https://thehill.com/homenews/administration/525773-biden-set-to-roll-back-trump-rules-on-abortion>

“President-elect Joe Biden is expected to roll back several of the Trump administration’s changes to sexual and reproductive health programs, undoing a large portion of the president’s executive actions on abortion and women’s health. Abortion rights and women’s health care advocates anticipate the Biden administration will act swiftly to reverse a myriad of Trump-era rules including ones that allow more employers to opt out of ObamaCare’s contraception mandate and ban the use of federal family planning dollars for domestic and foreign organizations that provide or promote abortions....”

See also Guttmacher - [Reviving Sexual and Reproductive Health and Rights in the Biden-Harris Era](#)

And Vox - [Biden can do 3 things on day one to unwind Trump’s war on reproductive health](#) (and he doesn’t need Congress).

But advocates say he has to do more than reverse Trump’s policies. And for that, he needs Congress. *“... reproductive health advocates want to see him do more. They are urging him to champion the Global Health, Empowerment, and Rights (HER) Act, which would permanently repeal the Mexico City policy. And Guttmacher is calling on the Biden administration to significantly increase the US contribution to international family planning programs, from the \$575 million currently set aside for 2021 to \$1.66 billion. Both those moves would require the approval of Congress, a significant barrier if Republicans retain control of the Senate after January’s runoff elections in Georgia...”*

Guardian – Trump administration in 'staggering' isolation at UN on health issues

<https://www.theguardian.com/world/2020/nov/19/trump-administration-in-staggering-isolation-at-un-on-health-issues>

“US left with few allies as it tries to change wording on topic of reproductive healthcare.”

Guardian - Marie Stopes charity changes name in break with founder's view on eugenics

[Guardian](#);

*“Marie Stopes International (MSI) is to change its name in an attempt to break its association with the family planning pioneer. From Tuesday, the abortion and contraception provider, which operates in 37 countries, will abbreviate the initials and go by the name **MSI Reproductive Choices...**”*

“... In recent years, however, her [i.e. Marie Stopes'] family planning work has been overshadowed by her association with the eugenics movement. Among her writings, Stopes called for new laws that allowed the “hopelessly rotten and racially diseased” to be sterilised and wrote fiercely against interracial marriage. ... Cooke said the board began seriously discussing a name change in November last year, but that the events of 2020, particularly the Black Lives Matter movement, had propelled change. “The name of the organisation has been a topic of discussion for many years and the events of 2020 have reaffirmed that changing our name now is the right decision,” he said. The organisation is launching a new 10-year strategy to reach at least 120 million women and girls with voluntary healthcare services over the next decade, and to encourage greater use of telemedicine, something which has increased rapidly during Covid-19 lockdowns. MSI wants to be more active in influencing policy in the countries in which it works.”

PS: it appears there's a push (by the BMGF among others?) for yet another fund (or at least to take it to the “next level” (as it already exists since 2008)): The **MHTF (Maternal and Newborn Health Thematic Fund)** is UNFPA's catalytic flagship programme for improving maternal & newborn health and well-being with quality and delivers on the 2030 Agenda for Sustainable Development.

Covid-19 key news

Let's start with a few quotes by Science reporter Kai Kupferschmidt:

“We are living through one of the most extraordinary phases of this pandemic with the global #covid19 situation more dire and frightening than it has ever been while at the same time good news on vaccines and immunity are promising a clearer way out than ever before.”

“Last week the @WHO reported a record number of #covid19 cases and deaths globally: Almost 4 million new cases. Almost 60,000 new deaths (81% of those deaths were in Europe and the Americas)”

For a recent global update, see **Cidrap News (19 Nov)** - [Global officials urge more steps to drive down COVID spread](#)

Europe reports 1 death every 17 seconds; spikes in North-America, Brazil, Uruguay; **cases on the rise in several African countries.** *“In Africa, nearly 20 countries are experiencing upticks in cases, a trend that’s been underway since early October, the WHO’s African regional office said today in an update. Unlike the spring spike, which was led by hot spots in South Africa, the latest activity is fueled by activity in the North African region, where temperatures are cooling. Officials said reports of health worker infections are also rising, especially in more experienced ones.”*

WHO chief warns that vaccine alone wouldn't end COVID pandemic

<https://www.cbsnews.com/news/who-chief-warns-that-vaccine-alone-wouldnt-end-covid-pandemic/>

*“The head of the World Health Organization said Monday that a vaccine would not by itself stop the coronavirus pandemic. **A vaccine will complement the other tools we have, not replace them,**” director-general Tedros Adhanom Ghebreyesus said. **“A vaccine on its own will not end the pandemic.”***

Cidrap News - Pandemic tops 54 million cases, overwhelms health workers

<https://www.cidrap.umn.edu/news-perspective/2020/11/pandemic-tops-54-million-cases-overwhelms-health-workers>

*“Surges in COVID-19 activity, primarily in Europe and the Americas, are **pushing health workers and health systems to their breaking points,** the head of the World Health Organization (WHO) warned today, as **he urged governments to do more to reduce the pressure.**”*

PS: *“**An internal email from the WHO obtained by the Associated Press revealed that the agency has reported 65 cases among headquarters staff, including 5 who worked in the building and were in contact with each other. At today’s briefing, WHO officials clarified that 65 cases have been reported since the start of the pandemic, 36 of them who had access to the premises. Five cases in one team were reported in the past week, and an investigation is under way into their connections. Officials said intense COVID-19 transmission is occurring in the area surrounding its Geneva headquarters, and so far it’s not clear if the people contracted the virus in the community or at work.**”*

Via UN News - [Ensuring equitable access](#)

*“Dr. Swaminathan expressed hope that results from other vaccine trials currently underway will be released in the coming weeks. She underscored the need for the **COVAX Facility** to have the widest possible selection of vaccine candidates as some will be more applicable in certain situations, or among sub-groups such as the elderly, for example. **“I think we’re looking at at least the first half of next year, as being a period of very, very limited doses,”** she said. ...”*

HPW - Moderna's Vaccine News "Encouraging" But Won't Solve Immediate Problem of Virus Surge in Europe & Americas – WHO

<https://healthpolicy-watch.news/modernas-vaccine-encouraging-solve-problem/>

*"The World Health Organization is encouraged by early results of the efficacy of the Moderna COVID-19 vaccine but its most immediate concern is the impact of the surge in cases in Europe and the Americas, threatening both health workers and health systems. "While we continue to receive encouraging news about COVID-19 vaccines and remain cautiously optimistic about the potential for new tools to start to arrive in the coming months, right now, **we're extremely concerned by the surge in cases we're seeing in some countries, particularly in Europe and the Americas,**" said WHO Director-General Tedros Adhanom Ghebreyesus at the press briefing on 16 November. **"Health workers on the frontlines have been stretched for months. They're exhausted,"** warned Tedros. "We must do all we can to protect them, especially during this period when the virus is spiking and patients are filling hospital beds. At this moment, when some governments have put all of society's restrictions in place, there is one set game, a narrow window of time, to strengthen key systems." ..."*

And via WEF blog - [To open up economies, defeat the virus](#)

*"It's not a choice between lives or livelihoods," World Health Organization Director-General Dr. Tedros Adhanom Ghebreyesus told a media briefing yesterday. **"The quickest way to open up economies is to defeat the virus."***

HPW - Increase In Africa's COVID-19 Infections Not A 'Second Wave', Experts Say

<https://healthpolicy-watch.news/africas-covid-infections-not-second-wave/>

*"Experts are reluctant to name the increase in COVID-19 cases in African countries a second wave, following lockdown relaxations in South Africa, Kenya, Ethiopia, Angola and Uganda. It is argued that the disease has so far mostly been an urban outbreak in Africa, and what is now being **observed is an increasing spread in rural areas.** "What we are seeing is a likely continuation of the pandemic with cases rising as restrictions are eased," said Ifedayo Adetifa, a clinical epidemiologist at the KEMRI-Wellcome Trust Research Programme in Kenya...."*

But see AP - [African continent hits 2 million confirmed coronavirus cases](#)

*"...Africa has surpassed 2 million confirmed coronavirus cases as the **continent's top public health official warned Thursday that "we are inevitably edging toward a second wave" of infections....** ... "We cannot relent. If we relent, then all the sacrifices we put into efforts over the past 10 months will be wiped away," **Africa CDC director John Nkengasong** told reporters. He expressed concern that "many countries are not enforcing public health measures, including masking, which is extremely important."... **Nearly 20 countries in Africa are now seeing a more than 20% increase in cases over the past four weeks,** WHO said. This time the surge is driven not by South Africa, but **by North African nations** as temperatures fall there. **Kenya is the latest concern** as it now sees a fresh surge in cases. At least four doctors died on Saturday alone, leading a powerful health union in the country to threaten a nationwide strike starting next month. **"Absolutely no doubt you'll see COVID spread into more rural areas" of Kenya and other countries,** Nkengasong said, as more people move around. **The approaching holidays and inter-generational gatherings bring the risk of super-spreader events and new virus clusters in yet-untouched areas,** WHO said...."*

Telegraph - Early warning system set up to spot mutating strains of Covid-19

[Telegraph](#);

“Taskforce will flag mutations, like those found in mink, that threaten vaccine research.”

*“An early warning system is being developed to spot emerging strains of Covid-19 after a mutant variant was found in mink, potentially threatening the development of vaccines. **The new taskforce, spearheaded by the Coalition for Epidemic Preparedness Innovations, which funds vaccine research, alongside Public Health England and the GISAID Initiative** - a virus data sharing platform - **will scan emerging strains of the disease** in a bid to understand what impact any mutations will have on vaccine research. ... Viruses mutate all the time and most changes do not cause a problem, scientists insist. But under this **new initiative data on any newly emerging SARS-CoV-2 strain** - the virus that causes Covid-19 - with a potentially harmful mutation will be passed to scientists at PHE and the National Institute for Biological Standards and Control, both based in the UK. ...”*

WHO – Joint Statement on Data Protection and Privacy in the COVID-19 Response

<https://www.who.int/news/item/19-11-2020-joint-statement-on-data-protection-and-privacy-in-the-covid-19-response>

“The United Nations, IOM, ITU, OCHA, OHCHR, UNDP, UNEP, UNESCO, UNHCR, UNICEF, UNOPS, UPU, UN Volunteers, UN Women, WFP and WHO support the adoption of the following joint statement, in line with the UN Personal Data Protection and Privacy Principles adopted by the UN System Organizations to support its use of data and technology in the COVID-19 response in a way that respects the right to privacy and other human rights and promotes economic and social development.”

HPW – ‘Tier System’ Encouraged By WHO To Prevent National Lockdowns

<https://healthpolicy-watch.news/79363-2/>

“A tier system to assess transmission and public health responses may be able to avoid the economic fallout from long term COVID-19 lockdowns, while combatting transmission of the disease, WHO (Euro) has said....” A tier-based system that ranks regions based on the rate of community transmission.

Covid access to vaccines, medicines, ...

As already mentioned, quite some encouraging news in recent weeks on vaccines – though less on access to them.

Guardian - Moderna Covid vaccine candidate almost 95% effective, trials show

<https://www.theguardian.com/world/2020/nov/16/moderna-covid-vaccine-candidate-almost-95-effective-trials-show>

More encouraging interim results. ***“The race for a coronavirus vaccine has received another shot in the arm with the US biotech firm Moderna becoming the latest to reveal impressive results from phase 3 trials of its jab. An interim analysis released on Monday, and based on 95 patients with confirmed Covid infections, found the candidate vaccine has an efficacy of 94.5%. The company said it planned to apply to the US regulator, the Food and Drug Administration, for emergency-use authorisation in the coming weeks.***

“ If the results remain as impressive as the trial goes on, the Moderna vaccine could potentially provide a major advantage over the Pfizer vaccine. While Pfizer’s vaccine requires ultracold freezing between -70C and -80C from production facility to patient, Moderna said it had improved the shelf life and stability of its own vaccine, meaning that it can be stored at standard refrigeration temperatures of 2C to 8C for 30 days. It can be stored for six months at -20C for shipping and long-term storage... ... A question mark that remains over the Pfizer vaccine is whether it prevents serious illness. The Moderna results, released by an independent data safety monitoring board, are encouraging on this point. Of 11 participants who developed severe Covid while on the trial, all were in the placebo group. The results also suggest the vaccine is effective in older people and those from diverse ethnic backgrounds....”

Links:

- Stat - [Moderna’s Covid-19 vaccine is strongly effective, early look at data show](#)
- NYT - [Early data show Moderna's vaccine is 94.5 % effective](#)
- HPW - [Moderna’s COVID Vaccine Is 95% Effective – Independent NIH-Appointed Board Assessment – Higher Storage Temperature Make It Even Better News](#)

“... Moderna has also entered into talks with the WHO co-sponsored COVAX facility about distribution through the global procurement network that COVAX has created, involving some 186 countries – who could get sufficient doses through COVAX to immunize their health workers and at-risk populations first of all. It still remains to be seen if Moderna will formally join COVAX and offer its vaccines through the pooled procurement effort. However, it’s pledge to not enforce its patents also opens up the way for other generic manufacturers to produce Moderna’s COVID-19 vaccine for the COVAX pool....”

Global Justice Now - 78% of Moderna vaccine doses already sold to rich countries

<https://www.globaljustice.org.uk/news/2020/nov/16/78-moderna-vaccine-doses-already-sold-rich-countries>

A reaction from civil society.

“The vast majority of pharma company Moderna’s Covid-19 vaccine has already been bought by the richest governments in the world, Global Justice Now warns today. 780 million doses have already been sold to rich governments, 78% of the 1 billion doses Moderna says it has the capacity to produce by the end of next year. Big purchases include the USA with 100 million doses but options to buy another 500 million - an amount thought likely to make the company \$8 billion. The EU has 80 million doses and an option for a further 80 million. Yet the countries that have secured advanced supplies of the Moderna vaccine represent just 12% of the global population, campaigners warn. Moderna has promised not to enforce its patents during the course of the pandemic, though it’s

uncertain how it will define that period. Campaigners also point out that a vaccine produced with nearly \$2.5 billion of public money should be in the public sphere. The World Health Organisation's Covid-19 Technology Access Pool could facilitate the sharing of this vaccine to all countries...."

See also Oxfam - [Moderna can be a genuine game-changer —if it shares COVID-19 vaccine](#)

Stat - Pfizer and BioNTech to submit Covid-19 vaccine data to FDA as full results show 95% efficacy

[Pfizer and BioNTech to submit Covid-19 vaccine data to FDA as full results show 95% efficacy](#)

They couldn't stay behind ... *"Pfizer and BioNTech announced Wednesday that the efficacy portion of their Covid-19 vaccine trial has been completed, showing the vaccine to prevent 95% of cases of the disease. The companies said that they plan to submit to the Food and Drug Administration for an emergency use authorization "within days," and will also submit to regulatory agencies around the globe...."*

See also Science News on this: [COVID-19 vaccine trial complete, Pfizer and BioNTech update their promising result](#)

Public Citizen – Covax's Choices

<https://www.citizen.org/article/covaxs-choices/>

"In this report, we analyze a previously unreported mechanism that could help COVAX achieve its ambition to rapidly supply the world with an affordable vaccine—so long as it is willing to show its teeth. COVAX includes the candidates CEPI has funded in its vaccine portfolio. CEPI, as a critical funder of medical technology, has rights to see it used responsibly in the world. We examine equitable access conditions that CEPI has included its contracts. The precise contours of the conditions remain unclear due to a lack of transparency..."

Check out what they found for respectively CureVac, Novavax and University of Queensland, Moderna, Clover Biopharmaceuticals, Oxford (AstraZeneca), Themis (Merck), University of Hong Kong...

TWN - TRIPS Council to resume discussions next week on TRIPS waiver

<https://www.twn.my/title2/health.info/2020/hi201107.htm>

On an informal WTO Trips council meeting scheduled for next week. "... **The WTO's TRIPS Council is expected to resume on 20 November the suspended discussion on agenda item 15 concerning the "proposal for a waiver from certain provisions of the TRIPS Agreement for the prevention, containment and treatment of COVID-19" from South Africa, India, Eswatini (formerly Swaziland), and Kenya...."**

“... there is growing support for the proposed waiver from developing and least-developed countries. However, the United States, the European Union, Japan, Switzerland, and Australia among others opposed the proposal.”

And via WSJ – <https://www.wsj.com/articles/developing-nations-push-for-covid-vaccines-without-the-patents-11605614409>

““A group of developing countries, led by South Africa and India, say they will press at the World Trade Organization this week to free Covid-19 vaccines from patent protections so they can be more accessible and affordable for poor countries...”

Cfr a tweet: *“WSJ reporting that RSA may call for a WTO vote on the TRIPS waiver, which if true, is a significant escalation of the effort.”*

HPW - Médecins Sans Frontières – Nearly 100 World Trade Organization Members Could Support “Waiver” On IP for COVID Health Technologies

<https://healthpolicy-watch.news/moderna-and-pfizer-vaccine-trial-results-are-milestones-distribution-poses-new-challenges/>

*“Nearly 100 World Trade Organization member countries and entities could potentially swing behind a proposal by India and South Africa to enact a wide-ranging waiver of complex World Trade Organization requirements on the use of patented products, trade secrets and copyrights on health products during the pandemic, asserted the **Médecins Sans Frontières (MSF) Access Campaign** on Thursday. **MSF on Thursday called upon governments to support what it called “[this game-changing step](#)” that would allow countries worldwide to opt out of the granting and enforcement of patents and other IP related to COVID-19 drugs, vaccines, diagnostics and other health technologies for the duration of the pandemic...***

See MSF - [updated briefing document \(18 Nov\)](#).

PS: for more on the rising “TRIPS Waiver fever”, see also [Geneva Health Files](#).

PHM Statement on the 19th anniversary of Doha Declaration on TRIPS and Public Health

https://phmovement.org/wp-content/uploads/2020/11/PHM-DraftStatement_19thAnniversaryDohaDeclaration-converted.pdf

WTO Member States adopted the historical Doha Declaration on the TRIPS Agreement and Public Health (Doha Declaration) on 14th November 2001. In this statement, **PHM links the anniversary to the TRIPS waiver proposal on Covid-19.**

Economist – The path to a covid-19 vaccine may be quick, but it will be bumpy

[Economist](#);

Analysis in the Economist' "The World in 2021": " **Certifying, manufacturing and distributing it will not be easy.**" The Economist peers into next year.

"... **The first slice of good news** is that the next six months will see lots more new vaccines to complement the successful candidate from Pfizer-BioNTech. That is a testament to the power of scientific collaboration. Vaccines used to take 10-20 years to create, but today there are more than 320 projects, including dozens in advanced clinical trials. What's more, this work is yielding valuable advances in vaccine research, as teams attack the virus from different angles. **The second slice of good news is** that, all being well, by the end of 2021 enough vaccines should be available in sufficient quantities to mean that the spread of covid-19 can be slowed substantially. Vaccines may also protect infected people by making their symptoms less severe. Covid-19 will not suddenly disappear, but it will start to fade into the background. **In between those layers of good news, however, will be plenty of bad. The wave of winter cases in the northern hemisphere has been severe. And certifying, making, distributing and administering billions of doses of competing vaccines is sure to present problems.** The second slice of good news is that, all being well, by the end of 2021 enough vaccines should be available in sufficient quantities to mean that the spread of covid-19 can be slowed substantially. Vaccines may also protect infected people by making their symptoms less severe. Covid-19 will not suddenly disappear, but it will start to fade into the background. **In between those layers of good news, however, will be plenty of bad. The wave of winter cases in the northern hemisphere has been severe. And certifying, making, distributing and administering billions of doses of competing vaccines is sure to present problems. ... There could be fights among countries.** China and Russia are already using vaccine supply as the inoculated arm of their soft power (see [article](#)). America and Britain may try to lock in supplies for their own citizens. Many lives are at stake. **There may be fights within countries, too.** If limited supplies are to save as many as possible, health workers must be vaccinated first, followed by the most vulnerable. In health care, as in other areas, they often find themselves at the back of the queue. ... Paradoxically, **once the supply is adequate, the problem will switch to rejection by anti-vaxxers and by sceptics worried about rushed certification....**"

Reuters - WHO in talks with Russian institute on Sputnik V COVID-19 vaccine

<https://www.reuters.com/article/us-health-coronavirus-russia-vaccine-who/who-in-talks-with-russian-institute-on-sputnik-v-covid-19-vaccine-idUSKBN27S27E>

News from last week. "The World Health Organization (WHO) is in discussions with the Russian institute that developed the Sputnik V candidate vaccine against COVID-19 over its potential application for emergency use listing, the U.N. agency said on Thursday..."

Quartz (on the vaccine access issue in Africa)

<https://qz.com/africa/1933022/africa-faces-major-challenges-to-get-pfizer-covid-19-vaccine/>

"... **GAVI**, the global vaccine alliance, has been securing vaccine candidates alongside wealthy countries to make the vaccine equally accessible to low-income countries and cover 20% of their population. However, the countries may be required to share some of the costs of the vaccines and delivery which is up to \$1.60 to \$2 per dose. But the economies of most African countries have been badly hit by the pandemic and may not be able to afford the vaccine delivery. However, Dr. Nicaise Ndembi, senior science advisor for Africa Centers for Disease Control (CDC) said **\$5 billion has recently been secured from the African Export-Import Bank to purchase Covid-19 vaccines** with the hope to cover an additional 40% population in Africa to reach herd immunity on the continent.

Ndembi added that between 1.3 billion to 1.4 billion doses of the vaccine will be needed to reach herd immunity. “We need \$12 billion to cover everything. Now we are working towards getting the remaining \$7 billion to top up then we are good to go and Africans will have their mechanism to support vaccinating at least 60% of the population.”

Stat News - Bill Gates worries about a ‘dysfunctional’ approach to Covid-19 vaccine distribution

<https://www.statnews.com/2020/11/17/bill-gates-worries-about-a-dysfunctional-approach-to-covid-19-vaccine-distribution/>

Focus on the US here. For this newsletter, mainly for this paragraph:

“He said the vaccines likely to reach the market a bit after the initial shots could have advantages. While Pfizer and Moderna have been the first companies to report early, encouraging results in late-stage clinical trials of their mRNA vaccines, Gates said the levels of antibodies elicited are much higher in more conventional vaccines being developed by Novavax and Johnson & Johnson; AstraZeneca’s comes in a little below the mRNA ones. Gates also said the cold-chain requirements and the cost of scaling up mRNA vaccine production “is not as attractive” as the other approaches.

“The fact that Novavax and J&J are above Pfizer makes us very hopeful that in the first quarter [of 2021] those vaccines will get approved and those we can make in many hundreds of millions per month in these developing world factories.”

And some links:

FT - [China’s Sinovac vaccine triggers ‘quick’ antibody response, study shows](#)

FT - [China pharma shares fall as western rivals lead in vaccine trials](#)

The Telegraph - [Prof Peter Piot: Vaccine candidates 'far more protective' than anyone predicted - including me](#) *“It is the beginning of the end, yes”.*

Covid funding, debt relief, social protection ...

This weekend, a (virtual) G20 leaders’ summit is taking place. Last week, G20 finance ministers and central bank governors already gathered. Some related reads below. (*More in the separate Global Governance of Health section, below.*)

Devex - G20 releases debt framework details

<https://www.devex.com/news/g20-releases-debt-framework-details-98553>

A step forward, but a lot still remains to be done.

“The G-20 group of leading economies agreed to a debt framework to help countries pursue debt restructuring or forgiveness, building off of its Debt Service Suspension Initiative and recognizing that some nations may need additional relief, according to a communique released after an extraordinary meeting of G-20 finance ministers and central bank governors Friday. The framework, which is also agreed to by the Paris Club — the informal group of official creditors who coordinate solutions for debtor countries that have payment difficulties — is intended to “facilitate timely and orderly debt treatment for DSSI-eligible countries, with broad creditors’ participation including the private sector,” according to the communique. Countries that need some form of debt treatment must start the process by making a request from their creditors.”

““There is no doubt this is incredible progress,” said Eric LeCompte, executive director of Jubilee USA Network. “This process is a step forward that includes more actors and will expedite relief and reduction.” In the past, the Paris Club has tried to bring newer creditor countries, including China, Saudi Arabia, India, and others, to the table but has not been successful. This framework essentially brings those actors together to more broadly coordinate debt, said Jaime Atienza, debt policy lead at Oxfam. Development experts have a number of concerns about the process, though, including whether there will be more of a focus on restructuring rather than reducing debt, a lack of stronger private sector participation, and the fact that it does not apply to middle-income countries facing debt distress....”

See also Reuters - [G20 strikes historic debt pact to help poorer states hit by COVID](#)

“...The official said the framework brought creditors such as China, India and Turkey into a coordinated debt restructuring process for the first time, but said Washington would be monitoring its implementation, especially by China, carefully. Under the new framework, creditor countries will negotiate together with a debtor country, which will be expected to seek the same treatment terms from private sector creditors. The scheme borrows heavily from rules established by the Paris Club group of mostly wealthy nations established in 1956, which until now was the only joint forum for negotiating debt restructurings. G20 leaders are expected to endorse the common framework at a virtual summit meeting next week....”

Reuters – G20 leaders urged to provide funds for COVID-19 vaccines, drugs, tests

<https://uk.reuters.com/article/uk-health-coronavirus-g20/g20-leaders-urged-to-provide-urgent-funds-for-covid-vaccines-drugs-tests-idUKKBN27Z2Q6>

“G20 leaders must help close a funding gap to buy vaccines, drugs and tests to combat the COVID-19 pandemic, a letter from South Africa’s president, Norway’s prime minister, and the heads of the World Health Organization and European Commission said. The letter, seen by Reuters, was sent ahead of the Group of 20’s virtual summit at the weekend in Riyadh organised by Saudi Arabia, which currently holds the rotating presidency of the club of rich nations and big emerging powers. “A commitment by G20 leaders at the G20 summit in Riyadh to invest substantially in the ACT (Access to COVID-19 Tools) Accelerator’s immediate funding gap of US \$4.5 billion will immediately save lives, lay the groundwork for mass procurement and delivery of COVID-19 tools around the world, and provide an exit strategy out of this global economic and human crisis,” it said....”

Project Syndicate - A No-Brainer for the G20

Jim O'Neill; <https://www.project-syndicate.org/commentary/g20-must-fund-covid19-aid-act-accelerator-by-jim-o-neill-2020-11>

"The sooner we get the COVID-19 pandemic under control, the sooner we can put the global economy back on track. At a virtual gathering this month, the G20 will have an opportunity to do precisely that, provided that world leaders are able to see the economic windfall that is staring them in the face." More or less making the same case on the ACT-Accelerator's investment case ('a bargain') as dr Tedros does on a regular basis.

And a link:

Guardian - [World poverty rising as rich nations call in debt amid Covid, warns Gordon Brown](#)

"It is being called the "great reversal". After decades of progress, the international goal of eradicating extreme poverty by 2030 is in jeopardy, Gordon Brown has warned, as developing countries battling the coronavirus sacrifice their health and education systems to pay western and Chinese creditors. "We need a comprehensive new plan that recognises the need for some countries to restructure and reduce debt," Brown told the Observer. Ahead of a key G20 meeting next weekend, the former prime minister is calling for a global solution if an imminent child mortality crisis is to be averted...."

The Hill - A Biden strategy for genuine global health security

<https://thehill.com/opinion/international/525949-a-biden-strategy-for-genuine-global-health-security>

This sort of **advocacy** (here: by Chris Collins (CEO Friends of the Global Fight against AIDS, TB and malaria) et al) will no doubt gain momentum in the months to come, **in US Congress**.

"... In particular, COVID-19 shows us that the time of underinvestment in global health has got to be over. We urge Congress to provide at least \$20 billion in emergency COVID-19 supplemental funding for the international response, including \$4 billion over two years for the Global Fund's COVID-19 Response Mechanism. In its first budget, the incoming administration should pave a path with Congress to double annual global health funding over five years. ..."

FT (big read) – Why the developing world needs a bigger pandemic response

<https://www.ft.com/content/f665b6d2-79f8-49e9-9c93-3602c42ecf83>

"The G20 summit and a Biden administration could lead to new initiatives for poorer countries struggling to cope."

Helicopter view. Do read! Among others: On the G20 summit this weekend: *"They are expected to **approve a "common framework" on debt treatment for poor countries**, moving beyond immediate cash flow problems to address longer-term debt sustainability."* And as for Biden coming in: *"...The other factor is US President-elect Joe Biden's incoming administration, which many observers believe*

will be more supportive of multilateralism than was the case under President Donald Trump. One result could be a **revival of a proposal for the IMF to issue special drawing rights** — an international reserve asset....”

F2P blog - Social Protection in a Time of Covid – 4 takeaways and 4 big gaps from a recent global discussion

L Pelham; <https://oxfamblogs.org/fp2p/social-protection-in-a-time-of-covid-4-takeaways-and-4-big-gaps-from-a-recent-global-discussion/>

“Covid-19 has catapulted social protection into the spotlight. From furloughing to school feeding programmes delivered to homes, 212 states and territories across the world have planned or delivered 1179 social protection interventions in response to the pandemic. It is the backbone support to families and individuals to cope with the economic impacts of the Covid-related restrictions governments have imposed on us. **So now is a great time to cement governments’ commitment to realise people’s universal right to social protection. The fear is countries will be too bankrupt by the impact of COVID-19 to do so.** To discuss this, last month, **the tremendous team at socialprotection.org, the leading online social protection platform,** conjured up a vast line-up of respected names and speakers from renowned programmes across the world of social protection, to present at **an international e-conference Turning C19 into an opportunity: what’s next for social protection?** A comprehensive synopsis of the week is available on Ugo Gentilini’s [blog](#). These are **my top 4 takeaways from the (too) few sessions I joined....”**

Covid Science

NYT - Immunity to the Coronavirus May Last Years, New Data Hint

<https://www.nytimes.com/2020/11/17/health/coronavirus-immunity.html>

Very encouraging news. **“Blood samples from recovered patients suggest a powerful, long-lasting immune response, researchers reported.”**

*“... it is the most comprehensive and long-ranging study of immune memory to the coronavirus to date. **“That amount of memory would likely prevent the vast majority of people from getting hospitalized disease, severe disease, for many years,”** said Shane Crotty, a virologist at the La Jolla Institute of Immunology who co-led the new study. The findings are likely to come as a relief to experts worried that immunity to the virus might be short-lived, and that vaccines might have to be administered repeatedly to keep the pandemic under control. And the research squares with another recent finding: that survivors of SARS, caused by another coronavirus, still carry certain important immune cells 17 years after recovering....”*

Science News – More people are getting COVID-19 twice, suggesting immunity wanes quickly in some

<https://www.sciencemag.org/news/2020/11/more-people-are-getting-covid-19-twice-suggesting-immunity-wanes-quickly-some>

NYT - A New Study Questions Whether Masks Protect Wearers. You Need to Wear Them Anyway.

<https://www.nytimes.com/2020/11/18/health/coronavirus-masks-denmark.html>

“Masks prevent people from transmitting the coronavirus to others, scientists now agree. But a new trial failed to document protection from the virus among the wearers.”

Coverage of the [new Danish study](#).

See also NYT - [Confused About Masks? Here's What Scientists Know](#)

“With the coronavirus on the march through much of the United States, scientists are urging Americans to adopt the few health measures shown to slow the virus: universal mask use, social distancing, good ventilation indoors and hand hygiene.” “...Among public health experts, there is near-unanimous endorsement of universal mask mandates to shield people from the virus and slow the pandemic.”

Not sure that's a wise thing for the Biden administration, a 'universal mask mandate'.

Independent - Coronavirus has been circulating in Italy since September last year, researchers say

[Independent](#);

“Findings ‘may reshape history of pandemic’, scientists say.”

Guardian - Damage to multiple organs recorded in 'long Covid' cases

https://www.theguardian.com/world/2020/nov/15/damage-to-multiple-organs-recorded-in-long-covid-cases?CMP=Share_iOSApp_Other

“Study of low-risk individuals finds impairments four months after infection.”

Nature - Simulating the pandemic: What COVID forecasters can learn from climate models

<https://www.nature.com/articles/d41586-020-03208-1>

“Methods that are routine in computation-heavy fields could lead to more reliable pandemic predictions.”

BBC News - Covid: Oxford vaccine shows 'encouraging' immune response in older adults

<https://www.bbc.com/news/health-54993652>

“The Oxford coronavirus vaccine shows a strong immune response in adults in their 60s and 70s, raising hopes that it can protect age groups most at risk from the virus.” Coverage of Lancet phase 2 findings.

See also the **Guardian** - [Oxford Covid vaccine could build immunity in older people – study](#)

PS: stage 3 results are expected by Christmas for this Oxford vaccine.

Finally, via the **Lancet Microbe**:

“The Lancet Microbe: Infectiousness peaks early in COVID-19 patients, emphasising the need to rapidly isolate cases”

*“Systematic review and meta-analysis of three human coronaviruses suggests that **people infected with SARS-CoV-2 are most likely to be highly infectious in the first week after symptom onset, highlighting the need to identify and isolate cases early.** SARS-CoV-2 viral load appears to peak in the upper respiratory tract (which is thought to be the main source of transmission early in the disease course (from symptom onset to day five) while SARS-CoV and MERS-CoV viral load peak later, providing the likely explanation for why the COVID-19 pandemic spreads more rapidly in the community.”*

And a few links:

FT - [Arthritis drug offers hope for severely ill Covid patients](#)

WHO - [Remdesivir: don't use drug Trump took for Covid-19, WHO says](#) *“Agency says no evidence the intravenous antiviral works for severe infections.”*

Via [Stat](#): *“World Health Organization panel is now recommending against the use of the antiviral remdesivir in hospitalized Covid-19 patients, saying there is no evidence that the drug — which U.S. regulators have approved for the treatment of the coronavirus — improves mortality. In a [revised guidance](#) issued Thursday night, the **WHO's Guideline Development Group** said that it now has a “weak or conditional recommendation against” using remdesivir in hospitalized patients because of clinical trial data that showed the drug did not increase survival. The group’s review also found the drug had no meaningful effect on whether patients would need to be put on ventilators.”*

Covid analysis

Lancet Editorial – COVID-19 vaccines: no time for complacency

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32472-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32472-7/fulltext)

Nice helicopter view of the current state of affairs. Must-read.

Nature Human Behaviour - Ranking the effectiveness of worldwide COVID-19 government interventions

https://www.nature.com/articles/s41562-020-01009-0?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosam&stream=top

*"...Here we quantify the impact of 6,068 hierarchically coded non-pharmaceutical interventions (NPIs) implemented in 79 territories on the effective reproduction number, R_t , of COVID-19. We propose a modelling approach that combines four computational techniques merging statistical, inference and artificial intelligence tools. We validate our findings with two external datasets recording 42,151 additional NPIs from 226 countries. **Our results indicate** that a suitable combination of NPIs is necessary to curb the spread of the virus. **Less disruptive and costly NPIs can be as effective as more intrusive, drastic, ones** (for example, a national lockdown). Using country-specific 'what-if' scenarios, we assess how the effectiveness of NPIs depends on the local context such as timing of their adoption, opening the way for forecasting the effectiveness of future interventions."*

HPW - Nurses And Midwives – Health System’s Neglected Backbone – May Face Censure For Protesting Poor Pandemic Working Conditions

<https://healthpolicy-watch.news/nurses-and-midwives-health-systems-neglected-backbone-faced-censure-for-protesting-poor-pandemic-working-conditions/>

*"The world's 27 million nurses and midwives – who comprise 60% of the health workforce – are not only excluded from the health system's corridors of power, but also have faced new levels of censure and reprisal during the COVID-19 pandemic when they protested dangerous or abusive working conditions, said expert panel members at the Geneva Health Forum on Monday. Along with the widespread shortages of personal protective equipment (PPE) that put many nurses lives at risk and led to at least 20,000 deaths, **the pandemic period has seen the suspension of labour laws in some countries, increased discrimination against healthcare workers, and employers' restrictions or censorship of nurses who dared to speak about their working conditions.** Speaking on the panel 'The Year of the Nurse and Midwife 2020 – A Catalyst for Change' on Monday, Soosmita Sinha, President of the Health Law Institute, said: "There were cases globally, and especially in the US, where ... nurses could not talk to social media, nurses could not talk to government organizations. There were repercussions from employers."*

NYT - Doctors Are Calling It Quits Under Stress of the Coronavirus

<https://www.nytimes.com/2020/11/15/health/Covid-doctors-nurses-quitting.html>

And not just in the US. And doctors and nurses alike.

Economist - Why rich countries are so vulnerable to covid-19

<https://www.economist.com/graphic-detail/2020/11/16/why-rich-countries-are-so-vulnerable-to-covid-19>

“Based on people’s age alone, you would expect the disease to be ten times more deadly in Italy than in Uganda.” With a nice world map of **countries’ age-adjusted IFR**.

*“To estimate a country’s vulnerability to covid-19, The Economist has combined population data from the United Nations with age-specific infection fatality rates (IFRs) for the disease. The latter was estimated using data from Brazil, Denmark, England, Sweden, Italy, the Netherlands, Spain and parts of Switzerland and the United States. From these data we calculated **an age-adjusted IFR**: the probability that a randomly selected person from a given country would die if stricken with covid-19, assuming access to health care similar to that available in the sample countries....”*

Canadian Journal of Development Studies - COVID-19 and the gendered markets of people and products: explaining inequalities in infections and deaths

Sarah Hawkes et al ;

<https://www.tandfonline.com/doi/full/10.1080/02255189.2020.1824894?scroll=top&needAccess=true>

*“COVID-19 has exposed and exploited existing inequalities in gender to drive inequities in health outcomes. Evidence illustrates the relationship between occupation, ethnicity and gender to increase risk of infection in some places. Higher death rates are seen among people also suffering from non-communicable diseases – e.g. heart disease and lung disease driven by exposure to harmful patterns of exposure to corporate products (tobacco, alcohol, ultra-processed foods), corporate by-products (e.g. outdoor air pollution) or gendered corporate processes (e.g. gendered occupational risk). **The paper argues that institutional gender blindness in the health system means that underlying gender inequalities have not been taken into consideration in policies and programmatic responses to COVID-19.**”*

FT - Should the old or the young be vaccinated first?

<https://www.ft.com/content/7ab46350-2a6d-44d9-995d-737364532e24>

“Government and citizens must discuss how to allocate anti-Covid remedies.”

BMJ (Editorial)- Covid-19: politicisation, “corruption,” and suppression of science

K Abbasi; <https://www.bmj.com/content/371/bmj.m4425>

“When good science is suppressed by the medical-political complex, people die.”

Pew - How people around the world see the World Health Organization’s initial coronavirus response

<https://www.pewresearch.org/fact-tank/2020/11/12/how-people-around-the-world-see-the-world-health-organizations-initial-coronavirus-response/>

*“...here is a look at how **people in 14 advanced economies viewed the organization’s initial COVID-19 response**, based on surveys conducted in June through August by Pew Research Center....”*

Among the findings: *“In most surveyed countries, majorities approved of the WHO’s handling of the pandemic, though there were some notable exceptions....”*

BMJ GH (Editorial) - India’s syndemic of tuberculosis and COVID-19

R Shrinivasan, M Pai et al ; <https://gh.bmj.com/content/5/11/e003979>

The authors write about how India is dealing with a large-scale syndemic of TB and COVID-19.

FT – South Korea, Finland and Norway handled Covid best, OECD says.

<https://www.ft.com/content/cc4e429c-ebba-3494-b955-545a3ebfd407>

For the ones among you who like rankings. *“Countries that acted quickly to contain coronavirus and had plenty of compliance from their populations did better at limiting the spread of infections and mitigating the economic impact, according to an analysis by the OECD. **South Korea, Finland, Norway and Estonia** were among the best performers, helped by past experience of infectious disease outbreaks, population structure and relatively low cross-border flows of people, the Paris-based organisation of industrialised nations concluded.”*

And a link:

All Africa - [Africa: 18.3% of Covid-19 Deaths in Africa Linked to Diabetes - WHO](#)

Covid impact on other global health programmes

Lancet Global Health (Comment) - Counting stillbirths and COVID 19—there has never been a more urgent time

C Homer et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30456-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30456-3/fulltext)

*“... The new stillbirth report comes at a crucial point in time as we live through the most significant pandemic in over a century. **COVID-19 will have a considerable impact on maternal and newborn health globally, directly and indirectly affecting the lives of millions of women and families.**3 The report draws attention to the existing global inequalities, which are likely to be exacerbated by the global pandemic, **potentially further increasing the risk of stillbirth.** The **direct impact of COVID-19 on mothers and babies** is becoming clearer. Pregnant women with COVID-19 have generally had good pregnancy outcomes. However, **the indirect impacts of COVID-19 will be substantial, including increased rates of stillbirth.** Indirect effects of COVID-19 on perinatal outcomes are largely due to pandemic-related disruptions to reproductive, maternal, newborn, and child health care, and the effect of lockdown policies....”*

“...It is essential that stillbirths are included in all analyses on the global impact of COVID-19. Missed opportunities to include stillbirths in ongoing research and analyses will compromise the crucial need to uncover the drivers of increased stillbirth rates during the COVID 19 pandemic. Although modelled estimates are important, real data for stillbirth rates during and after the pandemic are needed. We support all efforts to develop a minimum perinatal data reporting or core outcome set for stillbirth to ensure inclusion of stillbirth in COVID-19 data monitoring....”

Other Covid news & resources

New platform - C19 Economics

<https://c19economics.org/>

Check out this **C19economics.org platform**: to enable, improve and share **health economics evidence** to inform COVID-related decision making and policies in low and middle income countries (LMICs).

For more on this new platform, see this **CGD blog - [A Platform to Support the Researchers and Decision-makers Generating and Using Health Economics Research to Tackle COVID-19](#)** (by Yi Ling-Chi et al).

*“Since the beginning of the outbreak, the scientific community has worked around the clock to produce evidence to support decision-makers in all aspects of COVID management. However, **health economics research has been largely missing from this growing literature**. The C19economics.org platform has been launched to support policymakers (and their advisers) and researchers working on health economics for COVID, with a focus on LMICs.”*

And a link:

Reuters - [YouTube to add link on COVID-19 vaccines to combat misinformation](#)

AMR – World Antimicrobial Awareness week

HPW - Drug-Resistant Bugs Are A Growing Concern In COVID-era, Say Global Health Leaders

<https://healthpolicy-watch.news/drug-resistant-bugs-are-a-growing-concern-in-covid-era-say-global-health-leaders/>

*“The COVID-19 pandemic has underlined the need to dramatically step up the combat against drug-resistant bacteria, viruses and other pathogens. The world can’t afford to be caught again by surprise with the spread of a dangerous infectious disease for which there is no cure, a growing chorus of global health leaders are warning as the world observes **World Antimicrobial Awareness Week (18 – 24 November)**. “The antimicrobial resistance (AMR) agenda must move forward with renewed vigor*

and momentum in the global health space, one that can fit into a post COVID-19 narrative,” says Timothy Jinks, Head of the Drug Resistance Infections Program at Wellcome Trust. He spoke as the Wellcome Trust released a new update on [“The Global Response to AMR”](#) that said concrete progress on attacking the root causes of AMR had been too slow and key priorities like water, sanitation, and hygiene (WASH) and infection prevention and control (IPC) have not been addressed.”

“To up the political ante, **WHO will be launching Friday a new “One Health Global Leaders Group on Antimicrobial Resistance” (AMR) – led by Sheikh Hasina, Prime Minister of Bangladesh and Mia Mottley, Prime Minister of Barbados – whose mission will be to give the issue more visibility among other world leaders.**”

Wellcome - The Global Response to AMR Momentum, success, and critical gaps

<https://cms.wellcome.org/sites/default/files/2020-11/wellcome-global-response-amr-report.pdf>

Must-read report. “...This report provides a comprehensive update on the status quo, recent developments, and remaining critical gaps in the AMR response globally...” Also mentions how AMR should reposition itself, after Covid-19, on the global health agenda.

Coverage via **Cidrap News** - [Wellcome calls for more focused antimicrobial resistance agenda.](#)

FT Special report – FT Health: Future of Antibiotics

<https://www.ft.com/reports/future-antibiotics>

“This report examines the causes and effects of an increasing global resistance to antibiotics: from the pressures doctors are under to prescribe them even for viral infections, to what new treatments are currently in the pipeline, as well as what role can the consumer play in reducing antibiotic use in the food chain.”

Check out for example [Antimicrobial resistance is the next battle](#)

Excerpt: “...The current pipeline of new antibiotics is insufficient to treat future resistant infections. Of the about 40 clinical-stage antibiotics in development, just six are considered novel by the WHO. GSK’s gepotidacin is one of them. The others are being developed by small companies with limited revenues or funding. **The launch last week of the \$1bn AMR Action Fund is an important effort to bridge this gap, to stimulate new innovations and get ahead of the curve of resistant infections. Industry is stepping up, with the WHO, European Investment Bank and Wellcome Trust, to bring two to four novel antibiotics to patients by 2030. In 30 years, no new classes of antibiotics have been launched, so this is an ambitious target...**”

And a few links:

UN News - [Silent Pandemic: Overuse renders antimicrobials less effective – UN agriculture agency](#)

*“People, plants and animals around the world are dying from untreatable infections – even with the best medicines available – due to a rise in antimicrobial resistance, **the UN food agriculture agency** said on Wednesday, kicking off World Antimicrobial Awareness Week.”*

HPW - [Up to 75% COVID-19 Patients Could Be Taking Antibiotics Unnecessarily](#)

Ebola

WHO Afro - 11th Ebola outbreak in the Democratic Republic of the Congo declared over

<https://www.afro.who.int/news/11th-ebola-outbreak-democratic-republic-congo-declared-over>

Great news. *“Today marks the end of the 11th Ebola outbreak in the Democratic Republic of the Congo (DRC), nearly six months after the first cases were reported in Equateur Province....”*

TB

HPW – Step Up And Speed Up TB Testing And Treatment: MSF Calls On Governments And Donors

<https://healthpolicy-watch.news/msf-calls-on-governments-and-donors-to-step-up-and-speed-up-tb-testing-and-treatment/>

*“As the COVID-19 pandemic threatens to derail the global response to tuberculosis (TB), **Médecins Sans Frontières/Doctors Without Borders (MSF)** [called on governments](#) to accelerate testing, treatment, and prevention for TB, and called on donors to provide the financial support needed to ensure increased access to new medical tools for diagnosing and treating millions of people with this killer disease. **A report released today by MSF and the Stop TB Partnership—Step Up for TB—surveys 37 high TB-burden countries and shows that critical medical innovations are reaching far fewer people who urgently need them, because many countries continue to lag behind in getting their national policies in line with new World Health Organization (WHO) guidelines....”***

Coverage also in **Devex** - [TB policies aren't working. Here's why.](#)

*“[The Stop TB Partnership](#) and [Médecins Sans Frontières](#) have found that a **slow uptake of internationally recommended policies contributes to holding back progress against these targets.** In their [“Step Up for TB 2020”](#) report, they found many countries are still using outdated testing policies....”*

NCDs

NCD Alliance - Improving quality of life for communities living with HIV/AIDS, TB and Malaria

<https://ncdalliance.org/resources/improving-quality-of-life-for-communities-living-with-hiv-aids-tb-and-malaria>

(10 Nov) Advocacy by the NCD Alliance, ahead of the GF Board meeting *“As the world seeks to build back better from the COVID-19 pandemic, the 2023-2028 strategy of the Global Fund to fight AIDS, TB and Malaria could be instrumental in supporting governments to deliver resilient and sustainable health systems and to improve global health security. The **bi-directional relationship between noncommunicable diseases (NCDs: inter alia cancer, respiratory disease, cardiovascular disease and diabetes), HIV and TB** reduces quality of life, undermines treatment outcomes and leads to premature mortality. The Global Fund has a valuable opportunity to accelerate achievement of targets, while simultaneously addressing evolving community needs through cost-effective, evidence-based health interventions for NCDs. **NCD Alliance calls on national leaders and the Global Fund Board to recognize the growing impact of NCDs on the physical and mental health and wellbeing of people living with and at risk of HIV, TB and malaria, and on the sustainability and resilience of health systems. We ask that the new strategy provides countries with clearer opportunities and more flexibility in funding to integrate NCD screening, diagnosis and care into programmes and services to address the linkages with HIV, TB and malaria.***

PS: so far, not much evidence that the Global Fund (Board) is listening. See below.

Global Fund board meeting

(see also last week's IHP Newsletter).

Global Fund - Global Fund Board signals strong commitment to sustain the fight against HIV, TB, malaria while supporting the global response to COVID-19

<https://www.theglobalfund.org/en/news/2020-11-12-global-fund-board-strong-commitment-to-sustain-the-fight-against-hiv-tb-malaria-global-response-to-covid-19/>

(press release after the Board meeting) *“The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria met virtually for the 44th Board meeting this week to discuss the organization’s response to the COVID-19 pandemic, development of the next Global Fund strategy and progress in the fight against HIV, TB and malaria....”*

Quote: *“In discussions on the upcoming strategy, there was **broad consensus that a key issue is the Global Fund’s role in global health security.**”*

Global Fund - Germany signs EUR150 million contribution to the Global Fund's COVID-19 response

<https://www.theglobalfund.org/en/news/2020-11-12-germany-signs-eur150-million-contribution-to-the-global-fund-s-covid-19-response/>

“The German Federal Ministry of Economic Cooperation and Development and the Global Fund signed an additional contribution agreement of EUR150 million to mitigate the impact of COVID-19 in low- and middle-income countries, signaling a strong partnership in the fight against the pandemic. Germany’s contribution to the Global Fund’s COVID-19 Response Mechanism, announced by Chancellor Angela Merkel in June, was signed on the sidelines of the Global Fund’s 44th Board meeting in Geneva.....”

Polio

WHO - First ever vaccine listed under WHO emergency use

<https://www.who.int/news/item/13-11-2020-first-ever-vaccine-listed-under-who-emergency-use>

(13 Nov) *“WHO today listed the nOPV2 vaccine (Bio Farma, Indonesia) for emergency use to address the rising cases of a vaccine-derived polio strain in a number of African and East Mediterranean countries. Countries in WHO’s Western Pacific and South-East Asia regions are also affected by these outbreaks. The emergency use listing, or EUL, is the first of its kind for a vaccine and paves the way for potential listing of COVID-19 vaccines....”*

Decolonize Global Health

Lancet – Will global health survive its decolonisation?

Seye Abimbola & M Pai; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32417-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32417-X/fulltext)

In this piece, the authors dream of a radical transformation of global health, in Martin Luther King “I have a dream” style.

*“There are growing calls to decolonise global health. This process is only just beginning. But **what would success look like? Will global health survive its decolonisation?** This is a question that fills us with imagination. ...”*

Excerpt: *“To decolonise global health is to remove all forms of supremacy within all spaces of global health practice, within countries, between countries, and at the global level. Supremacy is not restricted to White supremacy or male domination. It concerns what happens not only between people from HICs and LMICs but also what happens between groups and individuals within HICs and within LMICs. Supremacy is there, glaringly, in how global health organisations operate, who runs*

them, where they are located, who holds the purse strings, who sets the agenda, and whose views, histories, and knowledge are taken seriously. Supremacy is seen in persisting disregard for local and Indigenous knowledge, pretence of knowledge, refusal to learn from places and people too often deemed “inferior”, and failure to see that there are many ways of being and doing. Supremacy is there in persisting colonial and imperialist (European and otherwise) attitudes, in stark and disguised racism, White supremacy, White saviourism, and displays of class, caste, religious, and ethnic superiority, in the acquiescing tolerance for extractive capitalism, patriarchy, and much more....”

“Will global health survive its decolonisation? Perhaps. But only if its practitioners commit to its true transformation. A crucial first step is recognising that ours is a discipline that holds within itself a deep contradiction—global health was birthed in supremacy, but its mission is to reduce or eliminate inequities globally. To transcend its origins, global health must become actively anti-supremacist, and also anti-oppressionist and anti-racist. Global health must free itself from the persisting blindness of supremacy and embrace its alternative—equity and justice....”

M Pai – Men in Global Health, Time To 'Lean Out'

<https://naturemicrobiologycommunity.nature.com/posts/men-in-global-health-time-to-lean-out>

“Privileged men from elite institutions in the global north call the shots in global health. If addressing inequities, especially in LMICs, is one of the central goals of global health, then men must find ways to lean out, and create space for women and diverse expertise.”

M Pai’s message for **International Men's Day**.

And a link:

Lancet Psychiatry - [The missing global in global mental health](#)

Planetary Health

Common Dreams - As Climate Crisis Rages, the World's Public Banks Gathered at First-Ever Summit and Chose to Not Rule Out Continued Fossil Fuels Funding

<https://www.commondreams.org/news/2020/11/12/climate-crisis-rages-worlds-public-banks-gathered-first-ever-summit-and-chose-not>

See also last week’s IHP news on this (rather disappointing) **Finance in Common Summit**.

“Climate and social justice campaigners on Thursday labeled a global summit bringing together over 450 public development banks a missed opportunity of historic proportions after the gathering concluded with no commitment to stop funding fossil fuel projects....”

And IISD - [450 Public Development Banks Pledge to Align with Paris Agreement](#)

Guardian - US and UK yet to show support for global treaty to tackle plastic pollution

<https://www.theguardian.com/environment/2020/nov/16/us-and-uk-yet-to-show-support-for-global-treaty-to-tackle-plastic-pollution>

“Support is growing internationally for a new global treaty to tackle the plastic pollution crisis, it has emerged, though so far without the two biggest per capita waste producers – the US and the UK – which have yet to signal their participation. A UN working group on marine litter and microplastics met at a virtual conference last week to discuss the issue. More than two-thirds of UN member states, including African, Baltic, Caribbean, Nordic and Pacific states, as well as the EU, have declared they are open to considering the option of a new agreement. The treaty would be akin to the Paris climate agreement or the Montreal protocol to prevent ozone depletion. Neither the UK nor the US have declared their desire for a new agreement...”

Guardian - Governments urged to go beyond net zero climate targets

<https://www.theguardian.com/environment/2020/nov/13/governments-urged-to-go-beyond-net-zero-climate-targets>

“Leading scientists, academics and campaigners have called on governments and businesses to go beyond “net zero” in their efforts to tackle the escalating climate and ecological crisis. The former archbishop of Canterbury Rowan Williams and the leading climate scientist Michael Mann are among a group of prominent environmentalists calling for the “restoration of the climate” by removing “huge amounts of greenhouse gases from the atmosphere”. Net zero targets have been a focus of governments, local authorities and campaigners in their attempts to address global heating. The authors of Friday’s letter, however, say that although stopping emissions is “a necessary prerequisite”, governments and businesses must be more ambitious and work to “restore the climate” to as safe a level as possible...”

See the Letter - [Hitting net zero is not enough – we must restore the climate](#)

WISH report – Health in the climate crisis: a guide for health leaders

<https://2020.wish.org.qa/app/uploads/2020/11/IMPJ7849-01-Climate-Change-and-Health-WISH2020-201030-WEB.pdf>

New report on the health impacts of climate change. Released at the (virtual) [2020 WISH Forum \(15-19 Nov\)](#).

“The COVID-19 pandemic has catapulted health and scientific leaders into the center of urgent intersectoral efforts to secure global economic and social stability. Health leaders now need to play a similar role for the environmental health agenda – in particular global warming, but also the many associated issues that it raises, from housing, to food, to nature loss...”

*“This report **seeks to equip health leaders** with an understanding of what they need to know about the threats and opportunities that climate change creates for health. **It outlines their unique role as innovators and influencers, and 10 key actions they can prioritize to respond....”***

BMJ (blog) - An agenda for better health in hot and dry settings

[BMJ Blog](#);

And more from the WISH Forum: *“As increasing numbers of people risk health impacts related to water scarcity, Carlos Dora and Roberto Bertolini call for an urgent agenda to promote research and action.”*

*“...This month delegates at the **World Innovation Summit for Health** will discuss health challenges in dry cities....”*

For more, see BMJ’s [Healthy dry cities Collection](#). *“...This collection, commissioned for the 2020 Virtual WISH summit, shows that healthy dry cities are eminently achievable with the right policies, institutions, technologies, and space for innovation.”*

BMJ Analysis - Can healthcare adapt to a world of tightening ecological constraints? Challenges on the road to a post-growth future

<https://www.bmj.com/content/371/bmj.m4168>

*“**Martin Hensher and Katharine Zywert** examine some of the difficult changes that healthcare systems will need to make in the Anthropocene epoch.”*

“...The authors analyse how healthcare systems might prepare themselves for the changing conditions of the Anthropocene given the urgent need to decouple economic growth and prosperity from their damaging environmental effects, while preserving the health and wellbeing gains achieved through the transition to modernity....”

Key messages: *“The economic and social transitions required to maintain planetary health will increasingly require uncomfortable transformations within healthcare systems; To ensure economic wellbeing does not come at the cost of environmental harms, **healthcare will need to focus on doing enough, not doing everything possible**; Reducing economic complexity could limit the scope of available interventions or technologies; Transformed health systems can still deliver improved health outcomes for individuals and populations despite these challenges.”*

Devex - Is climate finance diverting from development assistance?

<https://www.devex.com/news/is-climate-finance-diverting-from-development-assistance-98557>

High-income countries have committed to provide \$100 billion of climate finance to lower-income countries per year by 2020. “Even if they officially reach the \$100 billion mark, however, there will continue to be questions about whether that funding truly reflects the spirit of a global climate change agreement built on trust and solidarity. In particular, **some climate finance experts are**

concerned that governments' efforts to boost international funding for climate change may not actually reflect new resources. A significant amount of this funding, they worry, has likely been redirected from development assistance budgets and relabeled as climate finance....”

Excerpt: *“Researchers with the Center for Global Development compared the increase in climate finance since 2009 with the overall increases in official development assistance and “other overseas flows” — two categories of public funding — over the same period. They reasoned that if the increases in climate finance resulted from new money, then they would show up as overall increases in development assistance. They found, however, that since 2009 climate finance has increased by \$62 billion, while development assistance only increased by \$41 billion over the same period. That means that even if all of the additional \$41 billion in development assistance were categorized as climate finance — a generous assumption — then there would still be \$21 billion of climate finance that could not be accounted for by growth in development assistance. At least a third of this public spending for climate, they concluded, was therefore likely relabeled or diverted from existing assistance programs....”*

Lancet Global Health – December issue

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

Do start with the Editorial - [No man left behind](#)

“International Men's Day, celebrated on Nov 19, encourages us to consider all we still need to do to improve men's health and wellbeing. The event seems especially pertinent this year, given findings that about 1.5 times more men than women die from COVID-19, despite an apparently equal infection risk. And, beyond COVID-19, there is a lot left to do The 2030 Agenda for Sustainable Development signatories pledged that “no one will be left behind”. As progress on issues mostly affecting women speeds ahead, we must ensure that men are also on board.”

Some more papers & reports of the week

WHO (Policy Brief) – Ending hospital detention for non-payment of bills: legal and health financing policy options

<https://www.who.int/publications/i/item/ending-hospital-detention-for-non-payment-of-bills-legal-and-health-financing-policy-options>

“Uncounted numbers of people are detained in public and private hospitals around the world for non-payment of hospital bills, despite the fact that hospital detention is both a human rights violation and inconsistent with efforts towards universal health coverage (UHC). This paper presents options to help to end the practice of hospital detention for non-payment of bills and user fees....”

CGD - Realizing Savings from Better Procurement Today to Build Resilient Health Systems for Tomorrow

J M Keller & K Chalkidou; https://www.cgdev.org/blog/realizing-savings-better-procurement-today-build-resilient-health-systems-tomorrow#disqus_thread

“If governments of LMICs reformed their medicines procurement practices, how much money would they be able to save? And how much further towards universal health coverage would these savings enable them to go?” Billions and billions, it turns out.

“Just 50 LMICs spend roughly [\\$63 billion](#) on health products each year, based on previous CGD analysis.” And that was before the pandemic. COVID-19 presents a compelling case for smarter procurement spending, the authors say.

*“In a [new paper](#), co-authored with Mead Over and Alex Jones, we take a first stab at calculating the potential range of savings that could be realized from improved procurement, building on the [data and analysis](#) that underpinned CGD’s Working Group on the Future of Global Health Procurement. **We find that 50 of the poorest LMICs could save as much as 16 to 41 percent of the \$63 billion in total spending on health products across the government, donor, and private sectors. This represents annual recurrent savings ranging from \$10 to \$26 billion. . . .**”*

Globalization & Health (Commentary) - Assessing COVID-19 through the lens of health systems’ preparedness: time for a change

C E Bcheraoui, J Hanefeld et al ;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00645-5>

*“The last months have left no-one in doubt that the COVID-19 pandemic is exerting enormous pressure on health systems around the world, bringing to light the sub-optimal resilience of even those classified as high-performing. This makes us re-think the extent to which we are using the appropriate metrics in evaluating health systems which, in the case of this pandemic, might have masked how unprepared some countries were. It also makes us reflect on the strength of our solidarity as a global community, as we observe that global health protection remains, as this pandemic shows, focused on protecting high income countries from public health threats originating in low and middle income countries. To change this course, and in times like this, all nations should come together under one umbrella to respond to the pandemic by sharing intellectual, human, and material resources. In order to work towards stronger and better prepared health systems, **improved and resilience-relevant metrics** are needed. Further, **a new model of development assistance for health, one that is focused on stronger and more resilient health systems, should be the world’s top priority.**”*

JMIR - Public Health in the Information Age: Recognizing the Infosphere as a Social Determinant of Health

J Morley et al ; <https://www.jmir.org/2020/8/e19311/>

“Since 2016, social media companies and news providers have come under pressure to tackle the spread of political mis- and disinformation (MDI) online. we seek to answer three questions: why has so little been done to control the flow of, and exposure to, health MDI online; how might more

*robust action be justified; and what specific, newly justified actions are needed to curb the flow of, and exposure to, online health MDI? In answering these questions, we show that four ethical concerns—related to paternalism, autonomy, freedom of speech, and pluralism—are partly responsible for the lack of intervention. We then suggest that these concerns can be overcome by relying on four arguments: (1) education is necessary but insufficient to curb the circulation of health MDI, (2) there is precedent for state control of internet content in other domains, (3) network dynamics adversely affect the spread of accurate health information, and (4) justice is best served by protecting those susceptible to inaccurate health information. These arguments provide a strong case for **classifying the quality of the infosphere as a social determinant of health, thus making its protection a public health responsibility**. In addition, they offer a strong justification for working to overcome the ethical concerns associated with state-led intervention in the infosphere to protect public health.”*

BMJ Collection - Climate change and communicable diseases

<https://www.bmj.com/communicable-diseases>

Full collection was published on 15 November. *“In recent decades, the worldwide burden of infectious disease has fallen, thanks to sanitation, hygiene, and prevention and control efforts. But the covid-19 pandemic shows how great a threat to global health remains - particularly as the climate crisis continues to affect disease spread and our response in myriad ways. Increasing temperatures are expanding the areas where diseases such as malaria and dengue thrive. More flooding and drought increases disease risk. Hygiene requires access to clean water. Further urbanization and migration related to climate change will also complicate prevention and control. **This collection, commissioned for the 2020 Virtual WISH summit, considers the key threats and showcases evidence informed solutions to monitor, prevent, and control outbreaks.**”*

IJHPM - Addressing Policy Coherence Between Health in All Policies Approach and the Sustainable Development Goals Implementation: Insights From Kenya

Joy Mauti (EV 2016) et al ; https://www.ijhpm.com/article_3956.html

*“...Kenya was at the forefront of adopting the SDGs and has committed to the HiAP approach in its Health Policy document for the period 2014-2030. **This study aims to assess how the adoption of the HiAP approach can leverage on SDGs implementation in Kenya....”***

Humanities & Social Sciences Communication - Academic incentives for enhancing faculty engagement with decision-makers—considerations and recommendations from one School of Public Health

N Jessani et al ; <https://www.nature.com/articles/s41599-020-00629-1>

Concluding : *« ...Deliberations on incentives leads to a larger debate on how to we shift the culture of academia beyond incentives for individuals who are engagement-inclined to institutions that are engagement-ready, without imposing on or penalizing faculty who are choice-disengaged.”*

Kampala Initiative report 2020: Cooperation and solidarity for health equity within and beyond aid

<https://www.medicusmundi.org/wp-content/uploads/2019/09/Kampala-Initiative-Report-2019-2020.pdf>

“This report is intended to provide a summary of activities and outcomes from the first year of the Kampala Initiative and to inform ideas for the future of the Initiative....”

PS: do check out (and sign) the [Kampala Declaration](#) as well.

Development Initiatives - How is aid changing in the Covid-19 pandemic?

A Dodd et al ; <https://devinit.org/resources/how-aid-changing-covid-19-pandemic/>

This paper uses near real-time data on aid, published by donors and implementing agencies to the **International Aid Transparency Initiative (IATI)**. The report looks at the **impacts in the first 7 months of the pandemic: 'How is aid changing in the #Covid19 pandemic?'**

Key trends: *“1. Aid commitments from bilateral government donors are falling but increasing significantly from international financial institutions (IFIs). 2. Rising ODA from IFIs is increasing the proportion of aid delivered as loans. 3. Neither bilateral donors nor IFIs are increasing the share of aid to low-income countries (LICs), despite this being where recovery will be particularly difficult without international support. 4. IFIs are committing more to social sectors including health, education and social protection, while bilateral donors are increasing commitments to health at the expense of many other areas.”*

Webinar today (20 Nov) - The State of Tax Justice 2020: Tax Justice in the Time of Covid

https://us02web.zoom.us/webinar/register/WN_ga1LsdEFTPaQzH5xn62Udg

“The State of Tax Justice Report provides evidence that the world is losing a staggering amount of tax – hundreds of billions (USD) a year - to international tax abuse. The first-of-its-type annual report on the economic and social cost of international tax abuse will detail how much each country in the world loses to global corporate tax abuse and offshore private tax evasion. We invite you to join us on Friday 20 November 2020 for the virtual launch of the State of Tax Justice 2020. Convened in collaboration with the Global Alliance for Tax Justice and Public Services International the webinar will discuss the research, share our findings, and consider the impact on inequalities and the realisation of rights of the scale of tax abuse....”

Other news of the week & blogs

Stat - How Amazon Pharmacy could ramp up pressure on the prescription drug industry

<https://www.statnews.com/2020/11/18/amazon-pharmacy-pbms-walmart-optum/>

(gated) *“The **launch of Amazon Pharmacy** on Tuesday sent shockwaves through the pharmacy pipeline, with industry observers speculating that the shipping giant’s latest move would spur major competition across the sector....”*

UN News - UN-backed fund to address crisis in global sanitation and hygiene

<https://news.un.org/en/story/2020/11/1077812>

*“A **UN-backed fund, launched on Tuesday**, is set to **take on the centuries-old crisis centred around sanitation, hygiene and menstrual health**, which now impacts more than four billion people across the world. “*

*“Speaking, via a video message, at the launch of the Fund, UN Deputy Secretary-General Amina Mohammed described safe sanitation and hygiene as “critical to the response that we want to see, first, because it is about human dignity; second, it is a health issue.” **The Sanitation and Hygiene Fund is hosted by the UN Office for Project Services (UNOPS)**, a specialized UN entity providing service, technical advice and implementing projects for the Organization and partners globally. A **global financing mechanism**, the Fund will provide accelerated funding to countries with the heaviest burden and least ability to respond, focusing on **four strategic objectives**: expanding household sanitation; ensuring menstrual health and hygiene; providing sanitation and hygiene in schools and healthcare facilities; and supporting innovative sanitation solutions. **It aims to raise \$2 billion over the next five years to support the efforts. ...”***

PS: check out also this year’s [State of the World’s sanitation](#) (UNICEF/WHO). We’re off track...

Devex - OECD DAC agrees to policy tweaks, delays moves on climate, civil society

<https://www.devex.com/news/oecd-dac-agrees-to-policy-tweaks-delays-moves-on-climate-civil-society-98548>

Coverage of last week’s **OECD DAC High-Level meeting**.

*“**The COVID-19 response, climate action, and how the Organisation for Economic Cooperation and Development’s Development Assistance Committee works with civil society** all featured at the committee’s **biennial high-level meeting last week**, though **progress on each was incremental**. The backdrop was a new report from OECD, the [Global Outlook on Financing for Sustainable Development](#), which found that the **SDG financing gap could increase by 70% to \$4.2 trillion as a result of the COVID-19 crisis**. The virtual meeting was convened in part to discuss what exactly “building forward better and greener” should mean and was intended to be a more high-level rather than technical meeting....”*

See also Reuters - [Financing for global goals under threat just when most needed, says OECD head](#)

*“The COVID-19 crisis has pushed to \$4 trillion this year’s shortfall in funding needed for developing nations to meet global goals to end poverty and hunger by 2030, throwing them further off track, a summit of public banks heard on Thursday. Angel Gurría, secretary-general of the Organisation for Economic Co-operation and Development (OECD), noted that 90 out of 122 developing countries had entered recession as shutdowns to curb coronavirus hit sectors like tourism and manufacturing. Developing nations have seen a \$700-billion drop in external private finance this year due to a decline in foreign investment and remittances, he added. Meanwhile, **the pandemic has boosted by about \$1 trillion their need for funding for health, social and economic recovery measures**, with many governments unable to borrow enough to cover those due to high indebtedness and poor credit ratings. **The challenges come on top of a pre-existing annual funding gap of \$2.5 trillion to meet the 17 Sustainable Development Goals (SDGs)**, which also include tackling climate change and gender inequality, and providing clean water and energy to all....”*

Reaction Eurodad: [Eurodad reaction to OECD-DAC High Level Meeting - A missed opportunity](#)

Tax Foundation - OECD Report: Tax Revenue in African Countries

C Enache; [Tax foundation](#)

*“The Organisation for Co-operation and Economic Development (OECD) has compiled tax revenue [data](#) for countries around the world—including 30 African countries, where tax revenue as a percent of GDP is on average lower than in other regions. On average, this tax-to-GDP ratio for those 30 countries was **16.5 percent**, compared to the OECD average of 34.3 percent and the Latin American and Caribbean (LAC) average of 23.1 percent. ... Between 2010 and 2018, the average African tax-to-GDP ratio increased by 1.4 percentage points, from 15.1 percent to 16.5 percent, mainly due to revenue increases from value-added taxes (VAT, 1 percentage point) and individual income taxes (0.7 percentage points), while corporate income taxes decreased (by 0.5 percentage points). The average ratio has plateaued at 16.4/16.5 percent since 2014, as increases in some countries offset decreases in others. **Tax-to-GDP ratios vary significantly across African countries, however....”***

For more on tax in Africa, see also a CGD blog - [What Influences Tax Rates in Sub-Saharan Africa?](#)

*“The **Addis Ababa Agenda for financing development** pays special attention to domestic revenue mobilization to help finance the Sustainable Development Goals (SDGs) in developing countries. In the case of sub-Saharan African countries, much of the discussion has centered on improving their overall revenue performance, and while they have, there is still a long way to go.”*

*“Based on our findings in [a new paper](#) examining the extent to which institutional and political factors explain tax rates in sub-Saharan Africa, **we argue here that countries in the region searching for higher revenues to finance investments in the SDGs do not have to raise tax rates**. Lower tax rates can deliver the desired amount of revenue, provided **certain institutional and political considerations are aligned** appropriately....”*

Guardian - UK aid budget facing billions in cuts

<https://www.theguardian.com/global-development/2020/nov/17/uk-aid-budget-facing-billions-in-cuts>

“Treasury seeking to slash target for aid spending from 0.7% of gross national income to 0.5%.”

*“The Treasury is planning to slash billions from the overseas aid budget despite the foreign secretary, Dominic Raab, praising the government’s 0.7% aid target on Monday as representing UK values in front of aides to Joe Biden. **The Treasury wants to cut the aid budget from 0.7% of gross national income to 0.5% next year and plans to make the announcement as part of next Monday’s one-year spending review.** The Foreign Office, which recently merged with the Department for International Development, is already cutting more than £2.9bn from the aid budget this year due to the fall in UK growth in 2020 because of the coronavirus crisis. **The aid budget was £15bn last year, of which 80% is spent by the newly merged department. A reduction to a 0.5% target in 2021 would result in billions more cut, but the precise amount would depend on overall growth....”***

See also Devex - [Boris Johnson dodges questions on UK's 0.7% aid commitment](#)

But *“...the prime minister announced a **massive boost to defense spending of £16.5 billion** (\$21.8 million) over the next four years. **Johnson maintained that investing in defense would have strong development outcomes, particularly in Africa**, but did not articulate how, saying only that it would allow the U.K. “the scope to do more” with its contribution to peacekeeping....”*

CGD notes - Which Countries Miss Out in Global Aid Allocation?

Ian Mitchell et al; <https://www.cgdev.org/publication/which-countries-miss-out-global-aid-allocation>

cfr tweet Kalypto Chalkidou: “individual decisions of 30 OECD donors and multilaterals can lead to variations in how much aid countries receive...creating “aid orphans,” who receive too little support relative to their circumstances and needs, and “darlings,” where the opposite is true...”

*“As part of our efforts to assess countries’ Quality of ODA (QuODA), we were keen to develop a measure which rewards aid providers supporting countries that others ignore. Our former CGD colleague Paddy Carter has urged the **development of an aid allocation indicator that assess whether a provider’s portfolio moves the global distribution of aid towards, or away from, some optimal allocation (rather than focussing on “under-aided” countries).** Building on his idea, we set out below our proposed approach, and seek feedback on three ways to assess the “optimal” allocation.”*

Check out the map. *“Countries in red are ‘aid orphans’ on the measure: DRC, Nigeria, Ethiopia, Indonesia, Pakistan, Madagascar...”* (tweet C Kenny)

In Support of Super-Rich Philanthropy

N Bosse; <https://followtheargument.org/in-support-of-super-rich-philanthropy>

You know us, we're not going to put this at the top of this newsletter 😊. But still worth a read.

Key messages: « *We should stop allowing people to get tax-deductions for donating to elite colleges and golf courses. But nevertheless, positive impacts of super-rich philanthropy currently by far outweigh the harms. Large donors overall don't exert undue influence on our society through their donations. We can have a debate on whether we should have billionaires at all (and I'll also talk about that), but the problem is not philanthropy. If we want to fight injustice, we should fight against injustice, not philanthropy. A lot of things need to be changed, but we should tackle problems with current philanthropy in a way that doesn't decrease future good philanthropy...* »

Devex - Progress in health and education slows in Africa while social protections deteriorate

<https://www.devex.com/news/progress-in-health-and-education-slows-in-africa-while-social-protections-deteriorate-98561>

*“Overall gains made in health and education are slowing on the African continent and progress on social protection is deteriorating, according to a decade’s worth of data on African governance compiled and analyzed by the Mo Ibrahim Foundation. The 2020 Ibrahim Index of African Governance — which provides the most comprehensive dataset measuring governance across the continent — found that **while governance has improved overall during the past decade, the rate of advancement has slowed in the past five years. Last year, the overall governance score, based on human development, economic opportunity, participation, rights, and inclusion, as well as security and rule of law, showed a year-on-year decline for the first time in a decade.** The report notes that this decline is driven by worrying trends in participation, rights, inclusion, rule of law, and security. **The data runs through the end of 2019 and does not account for the effects of COVID-19.**”*

Brookings – Sustainable Development Goals: How can they be a handrail for recovery?

Homi Kharas *et al*; <https://www.brookings.edu/research/sustainable-development-goals-how-can-they-be-a-handrail-for-recovery/>

Part of a series of 12 Brookings essays. “*In this collection of 12 essays, leading scholars affiliated with the Global Economy and Development program at Brookings present new ideas that are forward-looking, policy-focused, and that will guide policies and shape debates in a post-COVID-19 world...*”

On this essay: “*Some have questioned whether the pandemic has put attaining the already ambitious 17 Sustainable Development Goals (SDGs) out of reach, and whether they should be scaled back and deprioritized. In this essay, Homi Kharas and John McArthur argue that the SDGs remain as relevant as ever and that the goals can in fact provide a handrail for recovery policy.*”

The Republic - Growth is not Enough – Why Africa needs wellbeing economies

<https://republic.com.ng/august-september-2020/growth-is-not-enough/>

“...it is certainly time for us to discuss a vision of growth for the continent, whose success metric is improved human and planetary wellbeing...” “African economies need to be reoriented toward wellbeing. To do this, we need to improve accessible healthcare, and ‘create health’ by transforming the systems that increase the need for healthcare.”

Some tweets of the week

John Nkengasong

*“While AU Member States did well early on to slow #COVID19 transmission, **we are seeing a worrying uptick in reported cases (~10,000 cases/day), across the continent.** @AfricaCDC continues to urge countries to remain vigilant to contain a potential 2nd wave. #astmh2020 #TropMed20.”*

Helen Branswell

“@BillGates thinks the U.S. will step up to help fund the COVAX facility — set up to help countries around the world gain access to #Covid19 vaccines — either in the lame-duck session or after, he told @rickberke during the #STATSummit.”

Global health events

(WHO) Alliance - PHC research week

<https://www.who.int/alliance-hpsr/events/2020/primary-health-care-research-week/en/>

Do re-watch the sessions.

Geneva Health Forum (16-18 Nov)

HPW - Digital Diagnoses And Medical Records – Geneva Health Forum’s Virtual Innovation Fair Showcases New Era Of Low-Cost Health Technologies

<https://healthpolicy-watch.news/79014-2/>

See also Geneva Solutions - [Spirit of ‘reverse innovation’ drives new digital health technologies at the Geneva Health Forum](#)

Among others, “some 120 new health technologies [will] be showcased at a special GHF Innovation Fair”.

Coming up

Among others:

Coming up (2-3 Dec) Health and Social Protection Action Research & Knowledge Sharing Network (SPARKS) Conference 2020

<https://redcap.ki.se/redcap/surveys/?s=RWXK4JFLNM>

“Bridging the SDGs to optimise health-related social protection”.

“A virtual SPARKS conference jointly hosted by Karolinska Institutet, London School of Hygiene and Tropical Medicine, International Labour Organization and World Health Organization.”

Coming up – Seminar series 2020/21: Pandemics and Inequality: the ethical, legal and policy challenges of tackling COVID-19 in an unequal world

<https://www.kcl.ac.uk/events/series/pandemics-and-inequality-the-ethical-legal-and-policy-challenges-of-tackling-covid-19-in-an-unequal-world>

“The Transnational Law Institute, King’s Global Health Institute, and the department of Global Health and Social Medicine at King’s College London are proud to announce a new seminar series for 2020/21. Particular thanks goes to series coordinators Dr Octavio Ferraz, Dr Sridhar Venkatapuram and Dr Gry Wester. This series of seminars will examine the ethical, legal and policy challenges and implications of addressing the current COVID-19 crisis in a world of high socioeconomic inequality....”

Global governance of health

AP - Online G-20 summit lacks glam, and maybe results, amid virus

<https://apnews.com/article/business-dubai-united-arab-emirates-summits-coronavirus-pandemic-9863037730debe026f171af07e092ac8>

AP doesn’t expect much from the upcoming G20 Leaders’ summit this weekend. Probably for good reason. *“...it is not expected to yield a globally unified response to the worst pandemic in decades. While billions of dollars have been pledged for medicines and vaccines, G-20 countries have mostly focused on securing their own supplies....”*

ODI webinar - The future of diplomacy: G20 in a Covid era

<https://www.odi.org/events/17483-future-diplomacy-g20-covid-era>

This webinar took place on **17 Nov**. No doubt you can re-watch it again. Probably good to do so ahead of the G20 summit this weekend. Have to say **Rathin Roy's analysis** in particular was spot on.

*"... Held in the run-up to the G20 Summit in Riyadh over November 21-22, we explore several questions with leading scholars and policy makers relating to the future of the G20 as a pre-eminent institution of global governance. **We discuss why there has been a failure of the G20 to respond to Covid-19 and whether this derives from broader institutional failures.** We also discuss what, if anything, could take the G20's place and what reforms might allow it to become a more robust platform for global policy-setting. This discussion will consider the G20's role as a financing coalition for global challenges and whether its consensus-based decision-making procedures represent a fatal flaw...."*

But this was encouraging news, via the FT - [G20 nearing IMF funding boost for poorer nations, says Saudi minister](#)

*"The world's richest countries are edging towards a consensus on unlocking additional IMF funds for poorer nations whose economies have been battered by the coronavirus crisis, according to a leading G20 official. Mohammed al-Jadaan, the finance minister of Saudi Arabia, which holds the G20 presidency this year, told the Financial Times that he was **"optimistic" that the group of nations and the IMF could agree on a new allocation of the fund's special drawing rights — or SDRs — "soon"....**"*

Think Global Health - Institutional Failures in COVID-19

Les Roberts ; <https://www.thinkglobalhealth.org/article/institutional-failures-covid-19>

Interesting read. "The pandemic shows us why **organizations should separate nurturing partner and policing health authority roles.**"

Quote: *"**More than 90 percent of everything the WHO does is in support of member states.** The WHO helps them adapt new guidelines, improve their training and surveillance, and raise funds. Those tasks favor a **nurturing partner**, not a condescending know-it-all or a policing type partner. ..."*

"...The WHO and the United Nations Children's Fund (UNICEF), in contrast, mostly do nurturing activities, and seem rather poor at monitoring and policing partner failures."

Georgetown University (White Paper) – Reforming the declaration power for Global Public Health Emergencies under the IHR (2005)

Clare Wenham et al; <https://georgetown.app.box.com/s/w0u7k6dwb7404nfc87bxh34q90dpemn>

"ILIAD Consortium Brief on @WHO #IHR #PHEIC declaration reform. We identify options for reform - and outline challenges which some proposals made thus far."

Devex - UK's use of aid for COVID-19 tools could breach international rules, politicians say

<https://www.devex.com/news/uk-s-use-of-aid-for-covid-19-tools-could-breach-international-rules-politicians-say-98537>

“British politicians have said the aid budget should not be used for research and development of COVID-19 vaccines, tests, and treatments, despite government spending of around £310 million (\$510 million) in this area. Non-aid funds should instead be used to support these efforts, freeing up the aid budget to deal with the secondary impacts of the pandemic, according to a report by the International Development Committee, a cross-party group of politicians responsible for scrutinizing U.K. development work.

““We need a clear distinction of funding; R&D for a coronavirus cure, for the benefit of all around the world, cannot get backdoor funding from our depleting aid budget,” said IDC Chair Sarah Champion. “ODA [official development assistance] funding is needed for vaccination distribution regardless of wealth and for tackling the appalling secondary impacts that the pandemic has inflicted.” The IDC report said it was not clear if the government’s extensive funding of research and development for COVID-19 tools had been done in line with internationally agreed principles of aid spending, as defined by the Organisation for Economic Co-operation and Development’s Development Assistance Committee....”

CGD (blog) - Beyond the Numbers: Why the World Needs a More Ambitious MDB Response to COVID-19

M Ahmed; <https://www.cgdev.org/blog/beyond-numbers-why-world-needs-more-ambitious-mdb-response-covid-19>

“Masood Ahmed cuts through the discussion about how much financial support the World Bank is providing to LMICs, and urges that the MDBs, and their shareholders, should be more ambitious in their support of LMICs in light of the COVID-19 pandemic.”

IJHPM - COVID-19, Trade, and Health: This Changes Everything?; Comment on “What Generates Attention to Health in Trade Policy-Making? Lessons From Success in Tobacco Control and Access to Medicines: A Qualitative Study of Australia and the (Comprehensive and Progressive) Trans-Pacific Partnership”

P Barlow; https://www.ijhpm.com/article_3957.html

“Townsend and colleagues highlighted the myriad political forces which fostered attention to health issues during negotiations to establish a new trans-pacific trade deal in Australia (the CP-TPP [Comprehensive and Progressive Agreement for Trans-Pacific Partnership], formerly known as TPP). Among the factors they identify, exporter interests and exogenous events helped to generate attention to trade-related concerns about tobacco and access medicines, and limited attention to nutrition and alcohol. These are important considerations as the United Kingdom negotiates a trade deal with the United States in haste, whilst at the same time attempting to manage the ongoing coronavirus disease 2019 (COVID-19) pandemic. In this commentary, I reflect on changing attention to trade and nutrition during the COVID-19 pandemic in light of Townsend and

colleagues' analysis. I explore scope for greater attention to nutrition in US-UK trade negotiations, and the challenges created by the vested interests of major UK and US processed food exporters. I further discuss the utility of the theoretical tools employed by Townsend and colleagues for wider debates in the political economy of health."

ODI - SDG3 Global Action Plan: supporting Accelerator 5 on research, innovation and access

S Chattopadhyay et al; <https://www.odi.org/publications/17308-sdg3-global-action-plan-supporting-development-accelerator-5-research-innovation-and-access>

*"This research aims to provide evidence and conclusions for the two key issues of the Global Action Plan, namely: **scaling up innovation** – identifying catalytic actions for national and international organisations to work together to achieve scale and impact; **and elevating country priorities** – consulting directly with countries to create better alignment between national needs and internationally commissioned research and innovations. **From across 22 low- and middle-income countries and one high-income country, we identify institutions, individuals and their roles, and routine systems that are used to assess, prioritise and translate country healthcare needs into innovations** – through both policies and practices. We also distil key enablers and look at barriers to the innovation sequence from conceptual blueprints, through incubation and trials to determine their feasibility, to the scale-up of successful pilots into larger (and possible national-level) roll-outs."*

And a link:

Reuters - [WHO says faces 'onslaught' of cyberattacks as Taiwan complains of censorship](#)

UHC

Lancet World Report – US Supreme Court poised to keep the Affordable Care Act

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32473-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32473-9/fulltext)

"A lawsuit to overturn the Affordable Care Act may be floundering after Supreme Court justices questioned why the law should be dismantled. Susan Jaffe reports from Washington, DC."

UHC 2030 - Major Upgrade of the UHC Data Portal

<https://www.uhc2030.org/blog-news-events/uhc2030-news/major-upgrade-of-the-uhc-data-portal-555430/>

*"UHC2030 is upgrading its UHC Data Portal with a brand-new tool: the **Country Profile Dashboard**. This tool has been developed as part of the State of UHC Commitment with the aim of making it easier to access and use data to hold governments accountable for their actions....."*

Global Fund – Lao PDR aims to achieve universal health coverage with new Global Fund, Government of Australia and World Bank investment

<https://www.theglobalfund.org/en/news/2020-11-18-lao-pdr-universal-health-coverage-global-fund-government-of-australia-and-world-bank-investment/>

“The first co-financing investment under a new agreement between the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria, and the World Bank, will support the Government of the Lao People’s Democratic Republic’s goal of achieving universal health coverage by 2025. Beginning in January 2021, the \$US36 million joint-investment by the Global Fund, the World Bank and the Government of Australia will increase access to quality health care and strengthen health systems across Lao PDR. Implemented by the Ministry of Health and civil society organizations, the funds will be used to help women and children, people living in hard-to-reach areas, and vulnerable and key populations access essential health and nutrition services, including HIV and TB programs, through a project entitled the Health and Nutrition Services Access Project (HANSA)...”

See also a link - [Laos targets universal health coverage by 2025.](#)

Planetary health

Guardian - 1% of people cause half of global aviation emissions – study

<https://www.theguardian.com/business/2020/nov/17/people-cause-global-aviation-emissions-study-covid-19>

“Researchers say Covid-19 hiatus is moment to tackle elite ‘super emitters’”

Vox - How shifting from meat-heavy to plant-based diets can help allay the climate crisis

<https://www.vox.com/21562639/climate-change-plant-based-diets-science-meat-dairy>

“A new study [in Science] shows that moving to a plant-based diet is critical, but governments have been slow to act.”

Guardian - Megaprojects risk pushing forests past tipping point – report

<https://www.theguardian.com/environment/2020/nov/19/megaprojects-risk-pushing-forests-past-tipping-point-report>

“Infrastructure megaprojects risk pushing the world’s remaining forests past a “dangerous tipping point” and making climate targets unachievable, a report says. Tens of thousands of miles of roads and railways are planned alongside mines and dams, opening up the forests of South America, south-east Asia and central Africa to destruction, according to the report by a coalition of 25 research and conservation organisations called the New York Declaration on Forests Assessment Partners. Today, almost half of all large mines – more than 1,500 – are in forests. In 2014, 50 countries and 50 of the world’s biggest companies backed the declaration, pledging to cut deforestation by 50% by

2020 and end the destruction of forests by 2030. ...” **“But the 2020 goal has been missed and deforestation is rising.”**

Science Special issue – Cooling in a warming world

<https://science.sciencemag.org/content/370/6518/776>

For the (hard) scientists among you.

Infectious diseases & NTDs

Devex - Children as superspreaders of malaria

<https://www.devex.com/news/children-as-superspreaders-of-malaria-98580>

“New research from Uganda found that asymptomatic, school-aged children can serve as superspreaders of malaria. These findings suggest that efforts to eliminate the disease from countries might be harder than previously thought. **The findings, which were presented at the annual meeting of the American Society of Tropical Medicine & Hygiene on Wednesday,** indicated that certain children, aged 5 to 15, can serve as reservoirs to keep the parasite circulating locally in a community...”

UNAIDS - HIV financing gap widening

https://www.unaids.org/en/resources/presscentre/featurestories/2020/november/20201116_hiv-financing-gap-widening

“The funding gap for HIV responses is widening. Momentum established following global agreement on the MDGs in 2000 has been lost in the Sustainable Development Goal era. Increases in resources for HIV responses in low- and middle-income countries halted in 2017, with funding decreasing by 7% between 2017 and 2019 (to US\$ 18.6 billion in constant 2016 United States dollars). ...”

BMJ GH - Managing outbreaks of highly contagious diseases in prisons: a systematic review

<https://gh.bmj.com/content/5/11/e003201>

The authors conducted a systematic review to synthesise the evidence on outbreaks of highly contagious diseases in prison.

“...Prisons are high-risk settings for the transmission of contagious diseases and there are considerable challenges in managing outbreaks in them. A public health approach to managing COVID-19 in prisons is required.”

Guardian - Researchers confirm human-to-human transmission of rare virus in Bolivia

<https://www.theguardian.com/science/2020/nov/10/chapare-virus-bolivia-human-to-human-transmission>

“Chapare virus, which causes haemorrhagic fevers, was transmitted to health workers in La Paz and resulted in three deaths...”

NCDs

Global Health Action - Global progress in tobacco control: the question of policy compliance

<https://www.tandfonline.com/doi/full/10.1080/16549716.2020.1844977>

*“This study aims to describe and compare global trends in legislation and compliance of the following three tobacco control policies between 2009 and 2019: **direct advertisement, promotion and sponsorship, and smoke-free environments...**”*

Some of the results: *“**Both tobacco control policy legislation and compliance for direct advertising improved worldwide** – between 2009 and 2019 the median increased from 37.5% to 87.5% for policy and from 5 to 8 for compliance. **In contrast, promotion and sponsorship restrictions hardly developed since 2011 and are especially weak among low- and middle-income countries. With respect to smoke-free environments, global policy legislation increased steadily over time while the relative compliance hardly increased. In 2019 data did not show significant correlations between policy legislation and compliance...**”*

WHO – WHO announces certification programme for trans fat elimination

<https://www.who.int/news/item/17-11-2020-who-announces-certification-programme-for-trans-fat-elimination>

*“A new WHO Certification Programme for Trans Fat Elimination aims to recognize countries that have eliminated industrially produced trans-fatty acids (TFA) from their national food supplies. This is the **first-ever certification programme that will recognize countries for their efforts to eliminate one of the main risk factors for noncommunicable diseases and protect their populations from premature death...**”*

Sexual & Reproductive / maternal, neonatal & child health

UN News - New partnership to boost maternal and newborn health in East and Southern Africa

<https://news.un.org/en/story/2020/11/1077862>

*“Some 10,000 health workers will be trained to support mothers and newborns in Africa through a partnership between the UN Children’s Fund, UNICEF, and Laerdal Global Health, the non-profit arm of a Norwegian company that provides innovative training, educational and therapy solutions for emergency medical care and patient safety. ... The **five-year programme**, announced on Tuesday, **aims to improve maternal and newborn health in some of the communities with the highest mortality rates in Eastern and Southern Africa**. It will start in Ethiopia, Eritrea and Kenya, and later expand to other countries in the region.”*

Global Health: Science & Practice - Effectiveness of mHealth Interventions for Improving Contraceptive Use in Low- and Middle-Income Countries: A Systematic Review

B Aung et al ; <https://www.ghspjournal.org/content/early/2020/11/12/GHSP-D-20-00069>

“Do mHealth interventions help reduce unmet contraceptive needs in low- and middle-income countries by attempting to increase the uptake of modern contraceptive methods? Which mHealth features and behavior change communication components were used in these mHealth interventions? This review aimed to answer these questions and assess the impact of these interventions on contraceptive uptake outcomes.”

Plos Med – Evaluation of an unconditional cash transfer program targeting children’s first-1,000–days linear growth in rural Togo: A cluster-randomized controlled trial

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003388>

“Justine Briaux and colleagues present work on child health and welfare following a trial of cash transfer to mothers.”

Links:

[BMJ GH - The syndemic of COVID-19 and gender-based violence in humanitarian settings: leveraging lessons from Ebola in the Democratic Republic of Congo](#)

[BMJ Collection \(launched at the WISH Forum\) - Toxic stress and PTSD in children](#)

Access to medicines

The Conversation – East African countries should prioritise their essential medicines for drug registration

A Pollock et al; https://theconversation.com/east-african-countries-should-prioritise-their-essential-medicines-for-drug-registration-149638?utm_source=twitter&utm_medium=bylinetwitterbutton

Linked to a recent paper on Uganda - [Registration and local production of essential medicines in Uganda](#)

*“...Medicines on the [i.e. WHO’s essential medicines] list also have to be registered for use in a country and the pharmaceutical industry has to apply to register its products. After approval by regulatory authorities, they are listed on national drug registers. But **there appear to be mismatches between lists of essential medicines and lists of registered medicine products in some countries.** One study in Uganda showed that almost half (49%) of essential medicines weren’t registered for use in the country...”*

WHO - WHO launches assistive technology capacity assessment (ATA-C)

[https://www.who.int/news/item/16-11-2020-who-launches-assistive-technology-capacity-assessment-\(ata-c\)](https://www.who.int/news/item/16-11-2020-who-launches-assistive-technology-capacity-assessment-(ata-c))

*“WHO has developed the assistive technology capacity assessment (ATA-C) tool, a system-level tool to evaluate a country’s capacity to finance, regulate, procure and provide assistive technology. The ATA-C tool enables countries to better understand the current status and identify key actions to improve access to assistive technology: it can be used for awareness raising, policy and programme design and ongoing monitoring and evaluation. The ATA-C implementation process can also serve to bring diverse stakeholders together and build momentum for action. **The tool was developed by WHO, in collaboration with the Clinton Health Access Initiative and with support of many other in-country partners...**”*

Human resources for health

HPW - Addressing Global Nurses’ Shortage Means Tackling Ethics Of Migration, Working Conditions & Gender Equity

<https://healthpolicy-watch.news/shortage-nurse-migration-geneva-forum/>

*“The Year of The Nurse And Midwife, 2020 [will] be a featured topic at the Geneva Health Forum on Monday, opening day of the conference (16-18 November). **Raisa Santos discusses the dilemmas facing nurses worldwide – informed by her own experiences.**”*

BMJ Feature - The neocoloniality of who cares: US underinvestment in medical education exacerbates global inequities

<https://www.bmj.com/content/371/bmj.m4293>

*“The US has chronically underinvested in medical education and relies on the annual recruitment of thousands of foreign trained healthcare professionals from nations with far greater unmet healthcare needs. **This bears partial responsibility for the dire situation India finds itself in during the pandemic**, write Eric Reinhart and Eram Alam.”*

Miscellaneous

TGH - Reflections on the Election in Pandemic America

David Fidler; [Think Global Health](#)

“The devastating COVID-19 pandemic has not transformed U.S. politics on health.”

Includes a rather “interesting” take on US membership of WHO.

BMJ - Covid-19: Government’s tacit approval of traditional medicine treatments alarms India’s doctors

<https://www.bmj.com/content/371/bmj.m4319>

*“An Indian government ministry has set out guidelines for the use of traditional medicine to treat covid-19. Doctors say the acceleration to official protocols despite a lack of evidence is dangerous, reports **Neha Bhatt.**”*

Politico - Europe’s €1B bet on coronavirus drug remdesivir leaves open questions

<https://www.politico.eu/article/coronavirus-remdesivir-europe-1b-bet-drug-leaves-open-questions/>

“20 European countries have purchased the medicine despite poor WHO trial results.”

Global Public Health - Political distrust and the spread of COVID-19 in Nigeria

C Ezeibe et al ;

<https://www.tandfonline.com/doi/abs/10.1080/17441692.2020.1828987?journalCode=rgph20>

*“While studies have explored how health sector corruption, weak healthcare system, large-scale immune compromised population, misinformation and prevalence of highly congested slums contribute to the spread of COVID-19 in Nigeria, they have glossed over the impact of political distrust on the spread of the virus. **This study explores the impact of political distrust on the spread of COVID-19 pandemic in Nigeria.** The study found that **political corruption motivates large-scale political distrust. This undermines public compliance to government protocols, limits the***

outcomes of government responses to COVID-19 and facilitates the spread of the virus in Nigeria. The paper concludes that improving government accountability in the public sector management is relevant for building public trust, promoting citizens' compliance to COVID-19 safety measure and mitigating the spread of the pandemic in Nigeria and beyond."

Guardian - Covid-19 antibodies reduce faster in men than women – study

<https://www.theguardian.com/world/2020/nov/18/covid-19-antibodies-fall-faster-in-men-than-women-study-suggests>

"Finding has implications for one-size-fits-all approach to vaccine development."

China's new testing policy for travelers is problematic, experts say

<https://www.nytimes.com/2020/11/13/health/coronavirus-testing-china-travel.html?smid=tw-nythealth&smtyp=cur>

"Airline passengers must present negative antibody test results before boarding. Scientists consider it a largely useless way to curb disease transmission." "Negative results from two types of tests are now required for people flying into China: a test for the virus, and a test for antibodies. Experts are baffled...."

Nature - What the data say about asymptomatic COVID infections

[Nature](#);

*"Growing evidence suggests that **about one in five people infected with COVID-19 experience no symptoms — much lower than the number estimated early in the pandemic.** Asymptomatic people also seem less likely than people with symptoms to transmit the infection to others. But researchers are divided about whether asymptomatic infections are acting as a 'silent driver' of outbreaks. That's why precautions such as social distancing and wearing masks are so important, whether you have symptoms or not."*