IHP news 601 : See you in 2021
(11 Dec 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,

As this newsletter suffered from a rather heavy bout of ‘Comprehensive Covid Covering’ (CCC) in 2020, we thought it would be good to take a relatively early break — also, to properly prepare for Christmas, end of the year, and all that 😊. So this will be the last issue of the (haunted) year 2020, we hope to see you all back in 2021! Hopefully a year with a lot less Covid, even if dr. Tedros himself stresses, rightly, "there’s still a long way to go". Anyway, there’s a bit of light at the end of the tunnel. And guess what, 2021 is billed as “the International Year of Fruits & Vegetables” 😊!

We do agree with Rolling Stone, however, that the "pandemic era" has probably only started, and so mankind better gets its act together on pandemic preparedness & governance, R&D and access to vaccines & medicines. From that angle, it was good to see that in the run-up to a WTO (TRIPS Council) meeting on Thursday, the momentum for a People’s Vaccine was steadily mounting (even if the “profit vaccine” is still firmly in pole position, for now). Let’s hope the People’s Vaccine Alliance (and the many others who reckon ‘global solidarity’ so far suspiciously resembles ‘global charity’ #leftovervaccines) will be successful in the months to come.

For the European citizens among you, as a reminder (via Julie Steendam): “A broad coalition of health worker trade unions, NGOs, activist groups, students associations and health experts launched the European Citizens’ Initiative ‘Right to Cure’. The Initiative allows European citizens to introduce legislative proposals if they collect 1 million signatures. In this case, the European Commission is demanded to use all its competencies to make sure intellectual property rights do not limit the availability of treatments and vaccines against COVID-19. You can add your signature via www.noprofitonpandemic.eu. “

On another note, tomorrow (or “one more sleep” in the words of Rob Yates 😊), we also celebrate UHC Day (12 Dec). The new (and very rich) WHO report, Global Spending on Health: Weathering the storm provides you with all the information you need on the current state of global health spending (including the massive impact of Covid-19), and comes with some (6) great recommendations for a new health financing compact in a Covid-19 world. Let’s hope “the world” heeds them.

On Monday, we also learnt a bit more about the WHO Foundation, when a CEO was appointed. More on this Foundation, which aims to solve some of WHO’s persistent funding problems, in the global health governance section of this newsletter. As a side remark, though: if global leaders/elites really think they can just tackle any 21st century “super-wicked” global challenge ( & GPG financing gap) by throwing some “multi-stakeholder & corporate-friendly” Fund or Foundation at it, without doing much about global tax justice, they’ll be badly mistaken. Unless they’re aiming for a super-wicked world. But let’s not grumble too much in the last issue of the year 😊.
Finally, this week’s **Featured article** comes from my colleague **Werner Soors** who’s retiring. Although he doesn’t look like Arnold (anymore?), chances are “he’ll be back” sooner rather than later. In global health land, and in this newsletter!

Enjoy your reading.

Kristof Decoster

**Featured Article**

**Emerging voices for what?**

It seemed to be some kind of a turning point when I landed at Brussels Airport, at least for me. Indeed, having left behind nearly 17 years of life on the edge in one tiny village in Nicaragua, I was no longer a *Far West doctor*, as a friend had once described me. There I stood, a daughter to the left, a daughter to the right, and 250$ in my pocket. We are 17 years later now, and today is my 65th birthday. Tomorrow (Friday) will be the last working day of a second career, at ITM’s department of public health. With that in mind, a few weeks ago Kristof asked me if I had some legacy to leave behind, preferably in an editorial.

Well, to say the least, today is not the turning point I had hoped for. Can’t complain though, having enjoyed bits of research papers and batches of students. Quite a privilege. Daughters are doing fine, grandson too, and the house I call my home is paid off today. Not bad for a disordered whitey facing retirement. But this is 2020, and looking outside I wonder where we are and where we are heading.

Not that I can be accused of having believed that I could change the world for the better. Yet, and more so in recent times, I was naïve enough to see a tipping point. We were told for half a century what it meant to deplete nature’s resources. We saw for decades how people increasingly suffered due to ever rising inequity. Then *Covid came along*, and even a blind man could see the need for substantial change, the need for a positive turning point, towards a respectful way of living together. Each and everyone’s health on one planet. It didn’t happen, though.

My generation grew up with *Alma Ata* vocabulary, but we didn’t really walk the talk.

We even became political, rightfully angry when libertarians described poverty as a choice of the poor, but never realised that poverty is indeed a choice *(of the privileged)*.

We applauded when *inequality reduction* became a development goal, but kept silent when Covid pandemic measures increased *inequity* like never before.

We hailed *human rights* and advocated for *global health with justice*, but turned our head when slum dwellers were *beaten back into their township shacks* and *migrant labourers sent walking home*. 
We defined **health as human wellbeing**, respecting each person’s **right to a dignified life**, but kept on othering people as risk factors for pathogen spread.

We insisted on the **importance of contextual wisdom**, but still showcase expert supremacy, neglecting local knowledge.

We taught a bit of [Fanon](https://en.wikipedia.org/wiki/Francesco_Fanon) and [Quijano](https://en.wikipedia.org/wiki/Tariq_Quijano), but have the greatest difficulty to **decolonize our own institutions**.

We rediscovered [Foucault’s medical gaze](https://en.wikipedia.org/wiki/Maurice_Foucault), but keep on using our privileged power to colonize people’s minds deeper than ever before.

Some of us even rediscovered [Max-Neef’s framework of human need satisfiers](https://www.maxneef.com/en/), but we’ve hardly been facilitating more than pseudo-satisfiers.

The list can be made longer, for sure, but it is time for an assessment. This is not a plea for a collective confession of guilt, but we do share a responsibility. Being members of the public health community, we have to critically reflect on our own role and act accordingly. High time to convert public, international and global health into real common health. We cannot do this on our own, but we have to blow the whistle and raise our voice, before health policies complete degrade into emergency care. The ball is in your court, but you’re not on your own to bend the turning point. It doesn’t matter that you won’t find me anymore in my infamously messy office. Just look outside, then inside again, and you will hear my call. Emerging voices for what?

Antwerp, International Human Rights Day, December 10, 2020

Yours truly,

Werner Soors

**Highlights of the week**

**WHO’s 2019 global health estimates**

WHO reveals leading causes of death and disability worldwide: 2000-2019


“Noncommunicable diseases now make up 7 of the world’s top 10 causes of death, according to WHO’s 2019 Global Health Estimates, published today. This is an increase from 4 of the 10 leading causes in 2000. The new data cover the period from 2000 to 2019 inclusive. The estimates reveal trends over the last 2 decades in mortality and morbidity caused by diseases and injuries. They clearly highlight the need for an intensified global focus on preventing and treating cardiovascular
"diseases, cancer, diabetes and chronic respiratory diseases, as well as tackling injuries, in all regions of the world, as set out in the agenda for the UN Sustainable Development Goals...." 

Some more trends:

"Global decline in deaths from communicable diseases, but still a major challenge in low- and middle-income countries  "The new estimates also emphasize the toll that communicable diseases still take in low-income countries: 6 of the top 10 causes of death in low-income countries are still communicable diseases, including malaria (6th), tuberculosis (8th) and HIV/AIDS (9th). Meanwhile, in recent years, WHO reports highlight an overall concerning slow-down or plateauing of progress against infectious diseases like HIV, tuberculosis and malaria.”

"People are living longer – but with more disability  “The estimates further confirm the growing trend for longevity: in 2019, people were living more than 6 years longer than in 2000, with a global average of more than 73 years in 2019 compared to nearly 67 in 2000. But on average, only 5 of those additional years were lived in good health....”

Coverage via HPW - **Noncommunicable Diseases Outweigh Infectious Disease As Top Causes of Death – A “Collective Failure”, Says NCD Alliance.**

And the Guardian - **Heart disease, cancer and diabetes were biggest killers of 2019, says WHO**

**UHC (Day) & PHC**

WHO (Health Financing Team) (report) - Global Spending on Health: Weathering the storm

[https://d2s5011zf9ka1j.cloudfront.net/sites/default/files/2020-12/WHO%20Global%20Health%20Expenditure%20Report%202020%20conference%20copy.pdf](https://d2s5011zf9ka1j.cloudfront.net/sites/default/files/2020-12/WHO%20Global%20Health%20Expenditure%20Report%202020%20conference%20copy.pdf)

The must-read of the week. Was launched on Wednesday, well in time for UHC Day (12 Dec).

“The report “**Global Spending on Health: Weathering the Storm**” [to be] released at this event is based on the newly updated Global Health Expenditure Database (GHE).  **It is the 4th in a series of annual reports on global health spending that WHO has produced since 2017.** The report was led by the WHO health financing team, with important contributions from Regional Office health financing experts and also from World Bank and OECD colleagues.  The 2020 Report analyzes global health spending for 190 countries from 2000 to 2018 and provides insights as to the health spending trajectory towards the SDGs prior to the crisis of 2020.  **The report shows that global spending on health continually rose between 2000 and 2018 and reached US$ 8.3 trillion or 10% of global GDP. The data also show that out-of-pocket spending is persistently high in low and lower-middle income countries, representing more than 40% of total health spending in 2018. The report also provides, for the first time anywhere and based on an extensive data collection effort, an analysis of how health spending has changed during 2020 in response to the crisis. In addition, we combine World Bank/IMF projections of the macro-fiscal impact of the COVID-19 crisis with an analysis of the historical determinants of health spending patterns and UHC indicators to draw out the likely...**
implications of 2020 for future health spending, highlighting key policy and monitoring concerns....”

Some of the key messages: Before the COVID-19 pandemic, global spending on health was continuing to rise, though at a slower rate in recent years; External aid for health mainly funded infectious and parasitic disease programmes in low and middle income countries, while domestic public funds focused more on noncommunicable diseases; A group of 32 lower income countries face severe health financing constraints, which slow their progress towards health security and universal health coverage; Although precise forecasting is impossible, the combined health and economic shocks triggered by COVID-19 will have both direct and indirect consequences for health spending and progress towards universal health coverage; The COVID-19 pandemic caught the world by surprise, but confirmed the need for greater and more secure public funding for health.”

Ps: at the launch event, Ilona Kickbusch introduced the report with the following key messages:

“Messages: - Good progress, but the health financing model used globally is outdated. - Lack of focus on #CommonGoods for health. - Aid modalities are too vulnerable and insufficient. - Need to rethink the financing of common goods.” “We need a new compact in which we invest in the health systems of tomorrow taking into account pandemic risks, environmental considerations and digital transformation....”

Amref Establishes Independent Commission to Review Progress towards UHC in Africa
https://mailchi.mp/amref/ahaic-commission?e=9feaece2dc

“Commission charged with developing State of UHC in Africa Report to inform discussions on continental progress and serve as a reference point for sustained action towards achieving health targets...”

“Amref Health Africa has established an independent commission to review the continent’s progress towards achievement of Universal Health Coverage (UHC) targets by 2030. ... The Africa Health Agenda International Conference (AHAIC) Commission on the State of UHC in Africa will in addition to reviewing the continent’s progress, provide recommendations on leadership, accountability, technology/innovation and health security, to help guide the continent towards achieving UHC targets.... ... The AHAIC Commission’s immediate focus will be the production of a State of UHC in Africa Report. The report will provide a detailed account of steps taken by African governments to achieve UHC in their countries, reflecting on successes, barriers and lessons learned on the journey towards providing equitable access, quality health care and financial protection as envisioned within an African context. The findings of the report will be delivered at the fourth edition of the Amref-sponsored AHAIC Conference, which will be held from 8th to 10th March 2021....”

WHO - Strategy Report: Engaging the private health service delivery sector through governance in mixed health systems
Strategy report by the WHO Advisory Group on the Governance of the Private Sector for UHC. With recommendations on how WHO can play a role in supporting UHC through private health sector service delivery governance.

“...The private health sector has evolved to be a prominent provider of health service delivery across regions and different wealth quintiles. Innovations are thriving in the private health sector and call for a new approach to governing health systems so as to ensure that both the public and private sector can contribute. WHO has the potential to play a pivotal role in supporting UHC through private health sector service delivery governance. A resolution to engage the private sector in providing essential health services was adopted in the Sixty-third World Health Assembly (WHA). Since then, WHO has made progress towards recognizing and engaging the private health sector, but a more system-wide shift is necessary to catalyze action for UHC. Leveraging on work to date, WHO will support Member States to strengthen governance of mixed health systems and assure alignment of the private sector for UHC, to promote equity, access, quality and financial protection for the population. The Advisory Group on the Governance of the Private Sector for UHC recommends a strategy for WHO that will support a new way of doing business for health system governance....”

Coming up: WHO - Launch event (14 Dec) - Primary health care: transforming vision into action

https://www.who.int/news-room/events/detail/2020/12/14/default-calendar/primary-health-care-transforming-vision-into-action

“In the Declaration of Astana, governments and international partners committed to orient health systems towards primary health care for accelerated progress on universal health coverage and the health-related Sustainable Development Goals. The Operational framework for primary health care helps bring that vision to reality, describing 14 levers that countries can use to strengthen PHC-oriented health systems and proposing relevant actions and interventions. Marking the two-year anniversary of the Declaration of Astana, this event, hosted by WHO, UNICEF and the Ministry of Health of Kazakhstan, brings together national experiences from across the globe to launch the operational framework and discuss its relevance for strengthening PHC both in the COVID-19 pandemic context and as part of building better. This virtual event will launch the Operational framework for primary health care and discuss its relevance for strengthening PHC both in the COVID-19 pandemic context and as part of building better.”

See WHO: Operational framework for primary health care Transforming vision into action

Save the Children – Accountability – the beating heart of UHC


“Accountability – the beating heart of UHC is the second briefing of our series ‘COVID-19 and the Case for Universal Health Coverage.’”

Lancet - Reimagining India’s health system: a Lancet Citizens’ Commission

V Patel et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32174-7/fulltext
« The COVID-19 pandemic and response are having profound impacts on India’s people, leading to myriad health-care challenges, a looming economic recession, and humanitarian crises. The long-standing need for universal health coverage (UHC) in India has been brought into sharp focus by the pandemic. The mission of the Lancet Citizens’ Commission on reimagining India’s health system is to lay out the path to achieving UHC in India in the coming decade. A guiding principle for this Commission is that structural change towards UHC can only be attained through consultative and participatory engagement with the diverse sectors involved in health care and, most importantly, with India’s citizenry....”

Global Health Governance

WHO Director-General’s opening remarks at the United Nations General Assembly Special Session - 4 December 2020


Worth a read, this speech by Tedros at the special UNGA session on Covid.

A few quotes perhaps:

“...unless the ACT Accelerator is fully funded, it is in danger of becoming no more than a noble gesture. ...”

“In September I established a committee to review the functioning of the International Health Regulations during the pandemic, and to provide recommendations on how to strengthen its implementation – including the binary mechanism for declaring a public health emergency of international concern. WHO is also engaging with several countries on developing and piloting a new mechanism, the Universal Health and Preparedness Review, in which countries agree to a regular and transparent process of peer review, similar to the Universal Periodic Review used by the Human Rights Council. In addition, we welcome the initiative proposed by the President of the European Council, my friend Charles Michel for an international treaty to provide the political underpinning for strengthening the implementation of the International Health Regulations and global health security. Thank you so much, President Michel.....”

And as a TWN analysis noted, in relation to the speeches from both Tedros & UN SG Guterres at this special Covid UNGA session:

“.... In short, the concerns expressed by the WHO chief and the UN Secretary-General appear to have strengthened the underlying rationale of the waiver which seeks to suspend obligations in the WTO’s TRIPS Agreement concerning the implementation and enforcement of copyrights, patents, industrial designs, and the protection of undisclosed information until members are able to address the COVID-19 pandemic....”

Put differently, they seem less and less convinced by (only) ACT-A and Covax as ways to channel ‘global solidarity’.
Still, UN SG Guterres made again a case for properly funding Covax - UN News Fund COVAX to reduce COVID vaccination distribution inequity – UN chief. “The COVAX international vaccine initiative requires $4.2 billion over the next two months to ensure that “sooner rather than later”, World Health Organization (WHO)-approved inoculation can get underway in Africa, UN chief António Guterres said....”

WHO Foundation appoints Anil Soni as CEO

WHO Foundation press release:

“The WHO Foundation has appointed Anil Soni as its inaugural Chief Executive Officer, effective January 1, 2021. The Foundation, an independent grant-making agency headquartered in Geneva, was launched in May 2020 to work alongside the World Health Organization (WHO) and the global health community to address the world’s most pressing global health challenges. Soni joins the Foundation from Viatris, a global healthcare company, where he has served as Head of Global Infectious Diseases. As CEO, Soni will accelerate the Foundation’s work to invest in innovative, evidence-based initiatives that support WHO in delivering on its mission to ensure healthy lives and promote well-being for all.” Soni is also a former senior advisor to the Gates Foundation.

The Foundation also expands the Independent Board with Diverse Experts; launches a Global Fundraising Campaign #Invested Targets $1 Billion in Donations for Global Health by 2023.

The Foundation will also become a key partner of the COVID-19 Solidarity Response Fund, which has so far raised US$238 million from more than 650,000 individuals, companies and philanthropies.

For more on the new CEO, and the priorities of the Foundation, see a Devex Q &A - New CEO Anil Soni on the future of the WHO Foundation (must-read)

“....some of the details regarding what the foundation will look like have started to emerge. It will be an independent grant-making organization that will help fundraise resources for the perennially financially challenged WHO. Instead of tapping the agency’s typical donors, the foundation’s goal is to engage the general public, high net worth individuals or philanthropists, and private sector corporations. ... The foundation has an ambitious target: raising $1 billion in three years. If successful, it will help grow WHO’s expenditure by 10%, Soni said. .... 70% to 80% of what will be raised through the foundation will go through WHO...”

And via HPW - Sights Set On Private Funding As WHO Foundation Appoints New CEO

“The World Health Organization’s (WHO) Director General Dr Tedros Adhanom Ghebreyesus has appointed a senior pharma industry official as CEO of his new flagship WHO Foundation – suggesting that the Organization will make a big push to secure donations from industry as the curtain closes on a precarious budget year. But speaking at a press briefing on Monday, the WHO DG denied that recruiting an industry head, Anil Soni of the US-based Viatri, to the WHO Foundation would create a whole new set of headaches in the form of potential conflict of interests with industry donors whose money WHO is soliciting – at the same time that the Organization must also act as a neutral broker for the worldwide endorsement. “The money will come from areas where WHO cannot mobilise directly.... and where there could be a conflict of interest,” Tedros admitted, saying that the relationships between industry donors and monies recruited through the
foundation would nonetheless be “indirect” and thus not pose a conflict of interest. “So, the relationship between WHO and WHO Foundation is not direct,” he added, “So one thing I would like to assure you is that we have done all the assessments.”

Devex - Biden’s plan for global COVID-19 leadership to face early tests


Must-read. “Responding to the COVID-19 pandemic is expected to be a defining focus of U.S. President-elect Joe Biden’s approach to global health, development, and humanitarian engagement. While some features of the incoming administration’s international pandemic plans are clear — particularly those that serve as direct rebukes to President Donald Trump — there are still a number of open questions about how Biden’s White House will marshal resources, organize the U.S. government, and shape global health assistance for a world transformed by COVID-19....”

A few excerpts:

“... Biden’s COVID-19 plan commits to reversing Trump’s effort to withdraw from the World Health Organization and to reestablishing a National Security Council directorate for global health security and biodefense, which Trump eliminated. It also pledges to elevate the Global Health Security Agenda, an initiative launched in 2014 to monitor and improve pandemic preparedness around the world, and commits to creating a Global Health Emergency Board to bring together world leaders and health experts in the event of any future declaration of a public health emergency of international concern by WHO. Biden has not officially committed to joining the COVAX initiative for global vaccine distribution, but his team has reportedly met with those leading the effort. One of the biggest open questions, which is outside of the incoming administration’s direct control but will have significant implications for the scale and ambition of its global response, is funding. The global portion of Biden’s plan for COVID-19 response includes directing the U.S. Agency for International Development, in coordination with other departments and agencies, to mobilize an international response. In the absence of new money — from a COVID-19 relief package, for example — that could be difficult.”

View from Amanda Glassman: “... .... Those competing pressures in the United States will likely collide with a dire financial picture in many low- and middle-income countries, which threatens to derail some of the assumptions that have undergirded U.S. global health engagement in recent years, according to Amanda Glassman, executive vice president and senior fellow at the Center for Global Development. The global health community in the U.S. has “not come to terms” with the “scale of the fiscal crisis in low- and middle-income countries,” Glassman said, but it poses a direct challenge to core narratives about shifting toward shared responsibility for financing global health programs and eventually transitioning countries away from aid. .... With that uncertainty over U.S. resources in mind, one of the Biden administration’s biggest priorities on the global health front should be marshaling support for the World Bank and regional development banks to play as big a role as possible in financing COVID-19 response, Glassman said. “We should really give additional funding space to the World Bank to scale up its support in low-income countries, because I think that’s going to matter for health more than almost anything else that we could do,” she said.”
“... some of the president-elect’s choices for his transition team suggest a State Department-led pandemic initiative is unlikely...” Like J Konyndyk, who’s name is often mentioned as possible future lead of USAID.

Foreign Affairs - Does the World Need a New Global Health Organization?  

Foreign Affairs asks the experts.

“We at Foreign Affairs have recently published a number of pieces on global health organizations and “the COVID-19 pandemic. To complement these articles, we decided to ask a broad pool of experts for their take. As with previous surveys, we approached dozens of authorities with specialized expertise relevant to the question at hand, together with leading generalists in the field.”

Statement: “The world needs a new global health institution to better detect, prepare for, and respond to pandemics.” Pretty strong disagreement between experts, it turns out.

But perhaps this tweet from Kelley Lee summarizes it best: “Interesting range of views but mainly supporting a stronger @WHO. We all agree return to business as usual is not an option.”

And some links:


Coverage of the first day of the Covid 19 special UNGA Session, with quotes from Guterres & others.

"France proposes a donation mechanism so that a portion of the first doses of vaccines available are used to vaccinate priority groups in developing countries," French President Emmanuel Macron told the General Assembly."


EU and AU sign partnership to scale up preparedness for health emergencies  
[ECDC](https://ecdc.europa.eu/en/publications-data/eu-africa-centres-disease-control-prevention-

“ The European Centre for Disease Prevention and Control (ECDC) and the Africa Centres for Disease Control and Prevention (Africa CDC) is today launching a new four-year partnership initiative in order to enhance mutual engagement and contribute to durably strengthening Africa CDC capacities in preparedness and response to health threats. Entitled ‘EU for health security in Africa: ECDC for Africa CDC’, this four-year partnership project aims to contribute to strengthening Africa CDC capacities in preparedness and response to health threats, contribute to facilitating harmonised surveillance and disease intelligence of prioritised outbreak-prone communicable diseases at continental level, and support the implementation of Africa CDC’s public health workforce development strategy..."
See also an EC press release - European Union and African Union sign partnership to scale up preparedness for health emergencies

The New Humanitarian - UN criticised for holding back review of troubled Congo Ebola response


“A review by leading aid agencies of Ebola operations in the Democratic Republic of Congo was not widely circulated to organisations involved in the response until several months after the epidemic was declared over, despite containing details of mismanagement, sexual abuse and exploitation, and coordination problems during the deadly outbreak. The internal report from the Inter-Agency Standing Committee (IASC), a grouping of major UN agencies and NGOs, is one of the clearest acknowledgements – by humanitarian agencies themselves – of mistakes made during the Ebola crisis, which claimed more than 2,200 lives between August 2018 and June 2020.”

WHO Bulletin - Unhealthy geopolitics: can the response to COVID-19 reform climate change policy?

J Cole & K Dodds; https://www.who.int/docs/default-source/bulletin/online-first/blt.20.269068.pdf?sfvrsn=9dcabf3c_3

“The geopolitics of pandemics and climate change intersect. Both are complex and urgent problems that demand collective action in the light of their global and transboundary scope. In this article we use a geopolitical framework to examine some of the tensions and contradictions in global governance and cooperation that are revealed by the pandemic of coronavirus disease 2019 (COVID-19). We argue that the pandemic provides an early warning of the dangers inherent in weakened international cooperation. The world’s states, with their distinct national territories, are reacting individually rather than collectively to the COVID-19 pandemic. Many countries have introduced extraordinary measures that have closed, rather than opened up, international partnership and cooperation. Border closures, restrictions on social mixing, domestic purchase of public health supplies and subsidies for local industry and commerce may offer solutions at the national level but they do not address the global strategic issues. For the poorest countries of the world, pandemics join a list of other challenges that are exacerbated by pressures of scarce resources, population density and climate disruption. COVID-19’s disproportionate impact on those living with environmental stresses, such as poor air quality, should guide more holistic approaches to the geopolitical intersection of public health and climate change. By discussing unhealthy geopolitics, we highlight the urgent need for a coordinated global response to addressing challenges that cannot be approached unilaterally.”

Devex – Global Fund chief on COVID-19 funding, global health security


And also on how the Covid pandemic will change the Global Fund strategy.
Quote: “The Global Fund is developing a new strategy and while it is too early to outline exactly what it will look like — the board is in the midst of a series of discussions about it — there is no doubt that COVID-19 has “dramatically changed the context,” Sands said. Global health is a “very different” arena in the wake of the pandemic and as an organization created to fight the biggest infectious diseases, it will have “big strategic implications” for the organization, not least because of its impact to deliver on its core missions around HIV, TB and malaria, he said....”

MeToo & Global Health

Devex - Exclusive: UNAIDS fails to release sexual harassment investigation


“The United Nations is withholding the findings of a high-profile investigation into allegations of sexual harassment at UNAIDS, Devex has learned. Although the investigation has concluded, the outcomes have not been made public or even shared with whistleblowers....”

But see the related tweet from Winnie Byanyima:

“Yes, I confirm that the outcome of the investigation report will be shared with survivors, witnesses & @UNAIDS staff. It’s recommendations will be implemented. The long delay is another injustice to survivors. Urging @WHO to delegate authority to @UNAIDS to take fwd.”

Looking back on 2020 & looking ahead to 2021

I’m guessing in the coming weeks, you’ll see a lot more of these pieces reflecting on the year 2020 and looking ahead to the next. Just one, though, for now:

Reuters - U.N. warns 2021 shaping up to be a humanitarian catastrophe


“Next year is shaping up to be a humanitarian catastrophe and rich countries must not trample poor countries in a “stampede for vaccines” to combat the coronavirus pandemic, top U.N. officials told the 193-member U.N. General Assembly on Friday....”

Quote: “The pandemic, measures taken by countries to try to stop its spread and the economic impact have fueled a 40% increase in the number of people needing humanitarian help, the United Nations said earlier this week. It has appealed for $35 billion in aid funding. “2021 is literally going to be catastrophic based on what we’re seeing at this stage of the game,” said (WFP chief) Beasley, adding that for a dozen countries, famine is “knocking on the door.” He said 2021 was likely to be “the worst humanitarian crisis year since the beginning of the United Nations” 75 years ago and
“we’re not going to be able to fund everything ... so we have to prioritize, as I say, the icebergs in front of the Titanic.”…”

Covid key news

With as usual, a focus on key WHO messages, global trends, .... Sadly, the situation remains very dire.

Cidrap News - Global cases stabilizing, but COVID deaths continue to climb

(Dec 9) “Global incidence of new COVID-19 cases remained high but stable for the second week in a row, while global coronavirus deaths increased, according to the latest weekly epidemiologic update from the World Health Organization (WHO).”

“Americas region driving new cases ... ... The WHO update showed just under 4 million reported COVID-19 cases in the past 7 days, nearly half of which came from the Region of the Americas, which saw a 12% increase from the previous week. The United States remains the leader in new reported infections (reporting more than 1.2 million new cases over the past week), followed by Brazil, which reported more than 295,000 cases, a 35% increase from the previous week....”

And Cidrap News (10 Dec) - COVID-19 overwhelming hospitals, morgues

“Globally, COVID-19 cases continue to spike in most regions of the world, straining health systems in several countries.....”

See also Cidrap News - Global cases top 68 million (8 Dec)

“The global total today topped 68 million and is now at 68,014,594 cases, with 1,553,169 deaths, according to Johns Hopkins....”

PS: “Uganda’s COVID-19 levels have increased steeply since the end of October, the World Health Organization (WHO) African regional office said in a weekly update today. Kampala is the main hot spot, and the number of deaths remains low....”

As for Latin America, see the Guardian - Just unimaginable': Latin America’s Covid crisis heads from bad to worse

HPW -Most Countries Can Expect Vaccine Supply in Early 2021 But The Pandemic is Far From Over, Warns WHO
https://healthpolicy-watch.news/vaccinesupply2021/
Coverage of WHO’s media briefing of last week on Friday.

“…. the 189 countries that are part of the COVAX initiative should expect to start getting vaccines towards the end of the first quarter of 2021, the World Health Organization (WHO) has said. Currently through COVAX, the vaccine arm of the WHO-led Access to COVID-19 Tools (ACT) Accelerator, WHO has agreed deals that could provide 700 million doses of a COVID vaccine. “But that’s not sufficient,” said Dr Soumya Swaminathan, WHO’s Chief Scientist, at a media briefing on Friday. “The goal is to get at least two billion doses by the end of 2021, which would be enough to vaccinate approximately 20%, of the populations of the countries that are part of COVAX.””

PS: “… WHO ‘Concerned’ by Growing Belief the Pandemic is Over”

“Describing the UK’s emergency authorization of Pfizer’s COVID-19 vaccine as a sign that there is “light at the end of the tunnel”, the pandemic is far from over, warned the WHO Director-General Dr Tedros Adhanom Ghebreyesus....”

See also Cidrap News – WHO hails COVID vaccine progress, urges nations to double down on mitigation.

HPW - Guidance For Improving Vaccine Uptake Published By WHO TAG


“As the first vaccination campaign for COVID-19 could begin as early as next week, following the UK’s approval Pfizer and BioNTech’s mRNA vaccine, the World Health Organisation (WHO) technical advisory group (TAG) has published a series of guidelines and behavioural insights to improve vaccine acceptance and uptake across all populations. The report, published [last week] on Friday, details the recommendations made during a 15 October meeting between TAG members and WHO Department of Immunization, Vaccines and Biologicals. TAG identified three categories of drivers of vaccine uptake, based on existing behavioural research: enabling environments, social influences and motivation. Political decision-makers, health workers, media outlets and community leaders may all influence vaccine uptake, the report says.....”

Reuters - WHO does not envisage COVID-19 vaccines being made mandatory


“The World Health Organization does not foresee mandatory vaccinations being introduced around the world to stem the spread of the coronavirus, officials said on Monday. Information campaigns and making vaccines available to priority groups such as hospital workers and the elderly would be more effective, the WHO said, as the global death toll has topped 1.5 million, according to Reuters calculations....”
As countries plan to roll out COVID-19 vaccines in the coming days, weeks and months, health workers and other at-risk populations should be prioritized for vaccination, the head of the World Health Organization (WHO) said on Monday. The recommendations are based on the so-called Values Framework and Population Prioritization Roadmap, issued by a WHO advisory group on immunization.

PS The WHO has warned that only public health measures - not vaccines - are currently capable of stopping case surges.

HPW - New Alliance Formed To Fight Fake COVID-19 Vaccines & Medicines – In Wake Of Interpol Warning Of Looming Threat


“The approval of the world’s first COVID-19 vaccine candidate last week in the United Kingdom is stoking fears that the global rollout of vaccines to fight the pandemic could also stimulate a counter-pandemic of fake online cures as well as criminal attempts to sabotage or interrupt vaccine supply chains. To counter the growing threat, a new industry-backed alliance to fight fake COVID-19 medicines and vaccines was launched on Monday. Building on the informal Fight the Fakes advocacy campaign and week (7-13 December), the new Fight the Fake Alliance aims to muster more government, civil society and private sector awareness and support about the risks posed by the attempts of organized crime, individual profiteers and hackers to interfere with the COVID-19 vaccine and medicines supply chain, as well as profit from fake products. The Alliance was formed just a few days after Interpol, the international criminal police organization, issued a sharp warning to law enforcement agencies in its 194 member states that criminal networks were laying plans to target COVID-19 vaccine supply chains, physically and online, disrupting distribution of legitimate products and sowing confusion…..”

Reuters - A year into COVID-19, U.N. declares a day of 'epidemic preparedness'


“A year into a global battle against the coronavirus, the United Nations General Assembly on Monday declared Dec. 27 will be the “International Day of Epidemic Preparedness” in a bid to ensure lessons are learned for any future health crises…..”

“...The 193-member General Assembly adopted a resolution by consensus on Monday that recognizes the need “to raise the level of preparedness in order to have the earliest and most adequate response to any epidemic that may arise.”...”

Covid access to vaccines, medicines, ...

In this section, a lot of focus on the mounting pressure on a People’s Vaccine, in the run-up to a WTO meeting.
Via HPW: “On Thursday, the World Trade Organization (WTO) will resume its review of a proposal by South Africa and India to extend a broad WTO “waiver” over COVID-related patents, copyrights, and trade secrets for vaccines, medicines and health equipment, as part of another access initiative. ... Thursday’s debate comes ahead of a full, formal review of the waiver proposal by the WTO’s General Council on 17 December. Leaders of the initiative have also threatened to put it to a vote, if it is not taken seriously.”

Prognosis Politico (Thursday): “Today’s key moment: Since WTO members usually must reach consensus, rich countries’ opposition makes the approval of the IP waiver unlikely. However, South Africa and India can keep pressing, most likely by asking that the issue be kept on the agenda — a request the General Council, the WTO’s highest decision-making body in Geneva, is expected to approve at a Dec. 16-17 meeting. In theory, South Africa and India can then ask for a vote, and the waiver could be approved if two-thirds of the WTO member countries endorse it. But a vote is so rare that it only happened once, in 1995, and very few would want that repeated, said a Geneva trade official speaking on condition of anonymity....”

We’ll pay a lot of attention to this WTO related (IP) access debate below, but there’s also news and analysis related to other access issues & mechanisms (Covax, ...).

PS: Do check out also the excellent Bloomberg resource – tracking global vaccines (see below: Covid resources).

Geneva Health Files - No consensus on TRIPS talks

P Patnaik; Geneva Health Files

Coverage of the TRIPS talks story. Must-read. !!!!!!

Countries fail to reach consensus on TRIPS Waiver proposal.

“Developed countries shift narrative raising questions on safety and efficacy issues around drugs.”

“Countries today kicked the can down the road so to speak, even as the world is losing crucial time in its fight against the pandemic with deaths from COVID-19 mounting globally. The US, Canada, and the EU, among others, reiterated their opposition to the proposal at the formal meeting today, blocking any consensus on the proposal. ... WTO members met at a formal meeting of the TRIPS council meeting today where they failed to reach a consensus on the proposal for a temporary waiver from the obligations of certain provisions in the TRIPS Agreement. Members have agreed to keep the waiver proposal in the agenda of future TRIPS Council meetings. The next formal meeting of the TRIPS Council is expected to be in March 2021, and possibly consultations sooner next year. Only an oral status report from the TRIPS Council is expected to be presented at the next General Council meeting, on 16-17 December. The General Council, is the highest decision making body at the WTO. It is unclear the extent of political consideration this proposal will garner next week.... In this story, we take a close look at the substantial issues discussed between members, the procedures that will guide the proposal in coming days and, how these consultations can unfold.”

See also Reuters - WTO delays decision on waiver on COVID-19 drug, vaccine rights
“World Trade Organization members on Thursday delayed a decision on a proposal to waive intellectual property rules for COVID-19 drugs and vaccines amid ongoing opposition from wealthy countries, a Geneva trade official said....”

With the views of Big Pharma as well: “...Companies that have developed COVID-19 products argue that most developing countries lack the manufacturing capacity and technology know-how to make the new products. “When you look at the political discussion in WTO on TRIPS, even if the patents were waived, not a single more vaccine would reach people during the pandemic. It would send a really bad signal for the future,” said Thomas Cueni, director general of the International Federation of Pharmaceutical Manufacturers and Associations, during a Tuesday panel. “If the signal is, if we have a new pandemic, we’ll take away your patents which have enabled us to react so strongly, I do not think this would be the right thing,” he added....

Oxfam (Press release) - Campaigners warn that 9 out of 10 people in poor countries are set to miss out on COVID-19 vaccine next year


“Nearly 70 poor countries will only be able to vaccinate one in ten people against COVID-19 next year unless urgent action is taken by governments and the pharmaceutical industry to make sure enough doses are produced, a group of campaigning organisations warned today. ...”

“.... The organizations, including Amnesty International, Frontline AIDS, Global Justice Now and Oxfam, who are part of an alliance calling for a People’s Vaccine, used data collected by science information and analytics company Airfinity to analyze the deals done between countries and the eight leading vaccine candidates. They found that 67 low and lower middle-income countries risk being left behind as rich countries move towards their escape route from this pandemic. Five of the 67 – Kenya, Myanmar, Nigeria, Pakistan and Ukraine - have reported nearly 1.5 million cases between them....”

For coverage, see also the Guardian (Sarah Boseley) - Nine out of 10 in poor nations to miss out on inoculation as west buys up Covid vaccines.

MSF Access - WTO COVID-19 TRIPS Waiver Proposal: Myths, realities and an opportunity for governments to protect access to medical tools in a pandemic


Great stuff. “....Opponents of the TRIPS waiver proposal have promoted some myths regarding the impact of IP on COVID-19 technologies. This briefing document dispels those myths and explains why all countries should support the waiver proposal to protect access to lifesaving medical tools in a pandemic.”

See also a TWN briefing paper on the Trials Waiver proposal.
WTO receives petition asking for universally accessible and affordable COVID-19 vaccines


“A petition calling for universal access to affordable COVID-19 vaccines was delivered virtually by Avaaz, a global online citizen movement, to the WTO on 9 December 2020. Over 900,000 individuals from around the world have signed the petition, which asks all governments, WTO members and pharmaceutical companies to “ensure access to lifesaving COVID-19 vaccines, treatments and equipment for everyone in the world”.

NYT – Want vaccines fast? Suspend Intellectual property rights.


This op-ed puts it nicely. And argues that even rich countries would benefit from the TRIPS waiver proposal.

Excerpt: “As for coronavirus vaccines and Covid-19 treatments, another meeting of the TRIPs Council is scheduled for Dec. 10; on Dec. 16 and 17 the W.T.O.’s general council, one of the organization’s highest decision-making bodies, will meet. The United States, the European Union and Britain are expected to dig their heels in...”

See also HPW – https://healthpolicy-watch.news/uk-vaccine-roll-out-nhs/

“WTO members are due to meet again on Thursday to debate the waiver proposal – ahead of a full hearing by the WTO’s General Council on 17 December. While a number of high- and middle-income countries, including Canada and Australia, have tried to mediate a highly polarized debate, leaders of the initiative have also threatened to put it to a vote, if it’s not taken seriously. Medicines access groups are now stepping up their campaign for approval of the WTO waiver – saying it’s the only way to ensure fair distribution of the brand-new technologies....”

In the Globe and Mail, Ronald Labonté & Mihra Johri also made the case for Canada: Canada’s opposition to a WTO proposal hurts developing countries’ pandemic fight

They also reckon “The proposed TRIPS waiver will be voted on by the full WTO membership in mid-December”.

And do check out this hard-hitting piece in the Maverick Citizen (from a South-African (and MIC)-point of view) - ‘The great Covid-19 vaccine heist’

Re Covax: “....Even though there are at least four Covid-19 vaccine clinical trials being conducted in South Africa with potentially two vaccine manufacturing agreements (still being negotiated) to produce just two of the many vaccine candidates being researched globally and here, if they are eventually approved for use in South Africa, there is no guarantee of access, preferential pricing or supplies for South Africans and other global south countries or populations in need either.”
Amnesty International (Policy briefing) - A fair short: ensuring universal access to Covid-19 diagnostics, treatments and vaccines


“...The COVID-19 pandemic has caused a global public health and socio-economic crisis. But the rapid development of vaccines could strongly mitigate its impact and perhaps even bring much of this crisis to a close. However, pending questions around how these vaccines will be distributed, to whom they will become available and at what cost, still pose challenging human rights concerns. Drawing upon a range of international human rights laws and standards, this Amnesty International briefing lays out guidance for states and businesses to address these questions while fulfilling their human rights obligations and responsibilities."

Lancet Letter - A step backwards in the fight against global vaccine inequities

E Aryeety et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32596-4/fulltext

These authors make an important point in this whole vaccine access debate.

Excerpt: “...Another argument, which is used more informally, is that the COVID-19 vaccine is difficult to produce, with demanding production lines and storage requirements. In short, waiving provisions of trade-related aspects of intellectual property rights would not make sense since basic scientific and technological conditions for producing and storing the vaccine are insufficiently fulfilled in low-income countries. The conservative position that is taken by high-income countries is a step backwards in the campaign against global vaccine and immunisation inequities. To move forward, we can no longer accept the basic inequality resulting from the most resourceful nations of the world continuing to claim an unreasonably large share of the global production capacity, as in the case for COVID-19 vaccines. Therefore, strengthening research institutions in low-income regions should be an absolute priority in cooperation agreements between high-income and low-income countries and regions. ...... To alter this traditional focus on primary and lower-secondary education, an alliance of 36 African and European research universities has launched an initiative to promote the prioritisation of research and innovation in the new strategic, multiannual agreement between the African Union and the EU. The initiative argues for major investments in African research universities to enhance their research and innovation productivity in key areas and improve career opportunities for African researchers on their own continent....”

“...With this initiative, the participating universities give a clear message to all public authorities involved: if the necessary increase in the production and use of relevant knowledge and technology is to be realised throughout the whole continent, then strengthening research universities should be prioritised. The challenges of vaccine and immunisation inequities clearly show the fundamental need for long-term investments in African universities as their continent’s key institutions for knowledge.....”

Reuters - Exclusive: Canada in talks to donate extra COVID-19 vaccine shots to poorer countries - sources

“Canada, which has reserved enough doses to vaccinate residents against COVID-19 several times over, is in talks with other governments about a plan to donate shots to lower-income countries, according to three sources familiar with the matter. ... Canada could donate extra doses through the World Health Organization-backed COVAX facility, which would distribute them among recipient countries, said a Canadian government source. ... Canada’s discussions follow a tack set by the European Union, which has told member states they can donate extra doses to low- and middle-income countries. The approach could undermine efforts to ensure vaccines are distributed fairly around the world. COVAX, led by the GAVI vaccine group, was created to buy vaccines and share them among countries, not to distribute donated leftovers....”

For something similar, see Devex - [What Trump plans to do with America’s leftover COVID-19 vaccines](https://www.devex.com/news/what-trump-plans-to-do-with-americas-leftover-covid-19-vaccines-209806). In a nutshell: First all healthy Americans need to be vaccinated, if there’s anything left, it can go to the vulnerable people in LMICs....

Via [HPW](https://www.howspecialitiswearingnow.com/):

“... A number of low- and middle-income countries (LMICs) like India, Mexico and Brazil have managed to secure large vaccine procurement commitments through manufacturing deals with AstraZeneca, a Swedish firm that undertook its vaccine development effort in collaboration with the UK’s Oxford University. That joint initiative has championed the development of a low-cost vaccine, which the company has committed to producing on a non-profit basis during the pandemic – leaving an estimated cost of about US$3, per dose, as compared to $20-$30 for the more high-tech Pfizer and Moderna alternatives. But since a large portion of AstraZeneca’s planned production of nearly 3 billion doses will be directly taken up by India, Brazil and Mexico – also among the LMICs hardest hit by the virus – that will still leave comparatively little to distribute more broadly.”

“WHO Aims to Get 20% Coverage Worldwide Next Year: ... Speaking at last Friday’s WHO briefing, WHO Chief Scientist, Soumya Swaminathan, stated that the WHO co-sponsored COVAX vaccine pool has so far secured deals for 700 million doses of a COVID-19 vaccine. “That’s not sufficient,” said Swaminathan. “The goal is to get at least two billion doses by the end of 2021, which would be enough to vaccinate approximately 20% of the populations of the countries that are part of COVAX.”...”

[UNAIDS - We must have a #PeoplesVaccine, not a profit vaccine](https://www.unaids.org/en/resources/presscentre/featurestories/2020/december/20201209_we-must-have-a-peoples-vaccine)

The UNAIDS director’s view, by now a familiar one. She specifically refers to C-TAP.

[Reuters - Gates Foundation pledges $250 million more for battle against COVID-19](https://www.reuters.com/article/us-healthcoronavirus-gates-foundation-idUSKBN26Z2LJ)

“...The Bill and Melinda Gates Foundation on Thursday pledged an additional $250 million to support the development of low-cost and easier to deliver treatments and vaccines against COVID-19. The
Gates Foundation’s latest contribution, its largest till date, comes on top of the $70 million funding that it added in November. This brings its total commitments to the global pandemic response to $1.75 billion, the foundation said...

See also the Gates Foundation press release.

See also Devex - Gates Foundation COVID-19 commitment reaches $1.7B with latest pledge

Interview with Mark Suzman. “The equitable distribution of COVID-19 vaccines is not a matter of charity, but rather of national and global self-interest....”

And via STAT: “CEO Mark Suzman made clear in a briefing for reporters that the foundation hopes the incoming Biden administration will also step into the breach, including making a commitment the COVAX Facility...”

Devex – World Bank hopes to help get vaccines to 1 billion people, Malpass says


Interview with Devex.

David Malpass (World Bank): “We’re hoping, by the end, to have vaccinated a billion people. So that will help with the economies — because COVID still hangs over the economic outlook,” he said....

FT - Covid vaccines will be available for private purchase in India

https://www.ft.com/content/224b13fb-1d7d-4250-a6c6-1535b30496bc

“Manufacturer says shot will be for sale for $8, raising likelihood of secondary market.”

“... Doses of the coronavirus vaccine developed by AstraZeneca and the University of Oxford could be available for purchase in India as soon as March, according to one manufacturer, in the first sign that the sought-after jab will make its way on to the private market. Serum Institute of India, the world’s largest vaccine manufacturer, has a licence to produce the shot and has already manufactured 40m doses. Once the job is approved for use, Serum will initially supply the Indian government but then expects to sell 20m-30m doses to private facilities, according to Adar Poonawalla, chief executive. ... the future availability of vaccines for sale privately in other countries, such as India, increases the likelihood of a secondary market developing for vaccines where locals or foreign visitors could pay for a vaccination if not eligible to be inoculated under their own government’s scheme. “If it’s in the private market it opens up an inequity issue, you’re letting people jump the queue,” said Anant Bhan, health researcher at Yenepoya University in southern India. “At the end of the day, this is a pandemic and there is a requirement for a public health response.”...”
NEJM - No-Fault Compensation for Vaccine Injury — The Other Side of Equitable Access to Covid-19 Vaccines

Sam Halabi, J.D., Andrew Heinrich, J.D., and Saad B. Omer, M;

Important piece – from mid-November already.

They conclude: “Creating a comprehensive system for no-fault vaccine-injury compensation would be feasible and would promote justice. Excluding countries that are unable to provide indemnity or immunity to manufacturers could deprive billions of people of the protection that vaccines will afford. Allowing access to Covid-19 vaccines without ensuring that people who have serious adverse events will be compensated would benefit uninjured people at the expense of injured people. We believe that the global community that promotes immunization as a collective interest, knowing that people will be injured, must share the burden of these injuries’ costs. Furthermore, manufacturers are essential to vaccine development and access and should be extended a minimum level of economic certainty. A global commission for compensation based at the COVAX Facility is a realistic, achievable solution that would facilitate the procurement of Covid-19 vaccines while ensuring that vulnerable people are able to seek compensation for injuries, and it could set a precedent for future vaccination campaigns.”

AP - African health official blasts ‘terrible’ vaccine inequality

“...Africa won’t receive nearly enough vaccines from COVAX to reach the goal of vaccinating 60% of the population to achieve herd immunity, Nkengasong said, and he appealed to countries with excess doses to give them to COVAX or countries in need....”

Some links related to China & vaccines

• SCMP - China to have 600 million doses of vaccines ‘ready for use this year
• Reuters - Chinese province to give COVID-19 vaccines to vulnerable groups, general public in 2021: local media Sichuan province, that is.
• Reuters - Sinovac secures $515 million funding to boost COVID-19 vaccine production

See also FT – Chinese drugmaker gets $500m boost to push Covid-19 vaccine
Sinovac looks to increase production and distribution worldwide after trailing western rivals.

- NYT - [Scandal Dogs China’s ‘King of Vaccines,’ Partner to AstraZeneca](#)

“The British-Swedish drugmaker has joined with a huge Asian company to produce a Covid-19 vaccine in China, where shady reputations are common in the pharmaceutical industry.”

- UAE announces [Sinopharm vaccine has 86% efficacy against COVID-19](#)

Links related to India & vaccines

Reuters - Not without India: World’s pharmacy gears up for vaccine race

Reuters: "India, the world’s biggest vaccine maker, is getting set for the massive global blitz to contain the coronavirus pandemic with its pharmaceutical industry and partners freeing up capacity and accelerating investments even without firm purchase orders. India manufactures more than 60% of all vaccines sold across the globe, and while its $40 billion pharmaceutical sector is not yet involved in the production of the expensive Pfizer Inc and Moderna shots, the nation will play a pivotal role in immunizing much of the world. Indian companies are set to produce eight, more affordable vaccines designed to fight COVID-19, including AstraZeneca’s Covishield, called the "vaccine for the world here" by its developers...."

Guardian - [India’s biggest challenge: how to vaccinate 1.3bn people against Covid-19?](#)

Reuters - [India speeding up review of Pfizer, AstraZeneca COVID-19 vaccines - senior official](#)

BMJ - Covid-19: EU countries spent over €220m stockpiling remdesivir despite lack of effectiveness, finds investigation

[https://www.bmj.com/content/371/bmj.m4749](https://www.bmj.com/content/371/bmj.m4749)

“The drug’s manufacturer was aware of the negative results of the Solidarity trial before the European Commission struck a procurement deal with it, finds an investigation by Lucien Hordijk and Priti Patnaik.”

Finally, some more (general) vaccine related links:

- Devex - [Africa-led solutions to expedite access to COVID-19 vaccines](#)
Op-ed, with among others focus on Cross-continental regulatory collaboration; fostering public trust; and the need for pooled procurement arrangements and expanded local vaccine manufacturing.

- FT - Output of Oxford-AstraZeneca doses held up

Coverage of manufacturing delays. “Production setback as first mass vaccination campaign gets under way.” “A vaccine considered one of the world’s best hopes for combating coronavirus has become the second to be hit by manufacturing delays. The UK government’s vaccines task force acknowledged on Monday that just 4m doses of the vaccine developed by Oxford university and AstraZeneca would be delivered this year, imported from the Netherlands and Germany. Earlier in the year, the task force had said it envisaged production of 30m doses in the UK by year-end.....”

- Reuters - Cuba leads race for Latin American coronavirus vaccine

- Reuters - Demand for COVID-19 tests to outstrip supply for months, says Roche CEO

And via Reuters: “The World Health Organization has warned that it will take a considerable time for vaccines to be supplied in Latin America. “It will take many months to receive the vaccines needed to interrupt the transmission of coronavirus,” said Jarbas Barbosa, assistant director of the Pan American Health Organization (PAHO), the WHO’s regional branch. Supplies might not become sufficient until after 2021, PAHO warned. It recommends that countries first aim to vaccinate 20% of the population, with priority given to medical workers and those over 65 or with those with prior health conditions....”

- Science News - FDA panel backs Pfizer’s COVID-19 vaccine, paving way for emergency use in the United States

Covid science

Stat - Sanofi suffers major setback in development of a Covid-19 vaccine


“One of the world’s leading vaccine manufacturers has suffered a major setback in its work to produce a Covid-19 vaccine. The problem will push the timeline for deployment of Sanofi Pasteur’s vaccine — if it is approved — from the first half of 2021 into the second half of the year, the company said Friday. The news is not just disappointing for Sanofi and its development partner, GlaxoSmithKline, which is providing an adjuvant used in the vaccine. The companies have contracts with multiple countries, including the United States and Britain, as well as the European Union. Sanofi had hoped to start a Phase 3 trial of the vaccine this month and had projected it could produce 100 million doses of vaccine in 2020, and 1 billion doses in 2021....”
“The new vaccines will probably prevent you from getting sick with Covid. No one knows yet whether they will keep you from spreading the virus to others — but that information is coming.”

Lancet - Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK

https://www.thelancet.com/lancet/article/s0140-6736(20)32661-1


“Interim results of the Oxford COVID-19 vaccine trials find that the vaccine protects against symptomatic disease in 70% of cases – with vaccine efficacy of 62% for those given two full doses, and of 90% in those given a half then a full dose (both trial arms pre-specified in the pooled analysis). The results are the first full peer-reviewed efficacy results to be published for a COVID-19 vaccine, and are published in The Lancet. …”


“The Covid-19 vaccine being developed by the University of Oxford and AstraZeneca appears to have moderate efficacy in preventing symptomatic illness, and may significantly reduce hospitalization from the disease, data from four clinical trials of the vaccine reveal. Topline data on the vaccine from a Phase 3 trial were released in November. The new data, published Tuesday in The Lancet, draw from trials in various phases and include safety data on more than 20,000 participants. The data confirm that two standard doses of the vaccine were 62% effective in preventing symptomatic Covid-19 disease in some trials. But when data from all four trials were pooled — including trials in which volunteers received a low dose followed by a standard dose of vaccine — the vaccine had 70% efficacy....” “Among only volunteers who received a low dose followed by a standard dose of vaccine, the vaccine had 90% efficacy....”

Or HPW - First Ever Peer-Reviewed COVID-19 Vaccine Trial Results – The Oxford Vaccine

“Just hours after the UK jabbed its first citizen against the coronavirus, researchers have confirmed that Oxford’s vaccine is safe and effective in the first peer-reviewed publication of a Phase III coronavirus vaccine trial yet....”
Guardian - WHO looks at giving Covid to healthy people to speed up vaccine trials

https://www.theguardian.com/world/2020/dec/07/who-looks-at-giving-covid-to-healthy-people-to-speed-up-vaccine-trials

“Advisory meeting [will] discuss feasibility of human challenge trials despite first jabs becoming available.”

Excerpt: “The World Health Organization [is] holding discussions on Monday about the feasibility of trials in which healthy young volunteers are deliberately infected with coronavirus to hasten vaccine development – amid questions over whether they should go ahead given the promising data from the frontrunner vaccine candidates. Some scientists have reservations about exposing volunteers to a virus for which there is no cure, although there are treatments that can help patients. However, proponents argue that the risks of Covid-19 to the young and healthy are minimal, and the benefits to society are high. The WHO advisory group meeting, which will focus on reviewing existing plans for “human challenge trials” and discuss associated technical concerns, will not include groups representing research participants or members of the public....”

Guardian - UK trial to mix and match Covid vaccines to try to improve potency


“Pilot planned for January will give subjects a shot of both Oxford/AstraZeneca and Pfizer/BioNTech versions.”

BMJ GH -Infection and mortality of healthcare workers worldwide from COVID-19: a systematic review

https://gh.bmj.com/content/5/12/e003097

This systematic review estimated COVID-19 infections and deaths in healthcare workers (HCWs) from a global perspective during the early phases of the pandemic.

Some of the results & conclusions: “A total of 152 888 infections and 1413 deaths were reported. Infections were mainly in women (71.6%, n=14 058) and nurses (38.6%, n=10 706), but deaths were mainly in men (70.8%, n=550) and doctors (51.4%, n=525). Limited data suggested that general practitioners and mental health nurses were the highest risk specialities for deaths. There were 37.2 deaths reported per 100 infections for HCWs aged over 70 years. Europe had the highest absolute numbers of reported infections (119 628) and deaths (712), but the Eastern Mediterranean region had the highest number of reported deaths per 100 infections (5.7). “Conclusions: “COVID-19 infections and deaths among HCWs follow that of the general population around the world. The reasons for gender and specialty differences require further exploration, as do the low rates reported in Africa and India. Although physicians working in certain specialties may be considered high risk due to exposure to oronasal secretions, the risk to other specialities must not be underestimated. Elderly HCWs may require assigning to less risky settings such as telemedicine or administrative positions. Our pragmatic approach provides general trends, and highlights the need for universal guidelines for testing and reporting of infections in HCWs....”
Lancet Public Health - Effect of internationally imported cases on internal spread of COVID-19: a mathematical modelling study
https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30263-2/fulltext

Via the press release:

“The Lancet Public Health: Travel restrictions must be used in a targeted way to be effective at controlling local COVID-19 transmission, modelling study suggests”

“First study to assess the global impact of travel restrictions on the pandemic suggests they are effective in countries with low numbers of COVID-19 cases, or that have strong travel links with countries experiencing high rates of infection. The measures are unlikely to be effective when the virus is already spreading rapidly within a country. Travel restrictions may have been most effective during the early stages of the pandemic.”

... The new study also suggests that travel restrictions can be effective in countries close to a tipping point for exponential growth – with a reproduction number, or R number, between 0.95 and 1.05 – but not in those where it is already spreading rapidly among the population....”

And a few links:

- Nature Communications - Male sex identified by global COVID-19 meta-analysis as a risk factor for death and ITU admission
- Reuters - How the novel coronavirus has evolved

“The world is now dealing with a different type of SARS-CoV-2 than the one that emerged in China almost a year ago, with mutations creating at least seven strains of the virus so far.”

Covid analysis

Lancet Editorial – Facing up to long COVID
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32662-3/fulltext

“...so-called long COVID is a burgeoning health concern and action is needed now to address it. .... Although vaccination has become the immediate focus of the pandemic response for many countries, patients with long COVID must not be forgotten or sidelined as countries begin to consider the end of the pandemic. Acknowledging the potential scale of the problem now and the complexities and variabilities of the disease course, and pressing for better research and care, could avoid years of struggle and mismanagement for patients with long COVID.”
IDS - We need trust in our politics to overcome vaccine hesitancy

M Schmidt-Sane et al; https://www.ids.ac.uk/opinions/we-need-trust-in-our-politics-to-overcome-vaccine-hesitancy/

“As the global community celebrates the first person in the world receiving the Pfizer vaccine, we must not lose sight of the task ahead. While this news rightly represents the proverbial light at the end of the tunnel, those of us who have studied the political dynamics of the pandemic would like to issue caution....”

Excerpts: “...While the WHO’s ‘infodemiology’ approach and focus on rumours, misinformation, disinformation, and conspiracy theories is laudable, it does not go far enough to explain the underlying relations that drive vaccine hesitancy. As Heidi Larson argues in her new book, Stuck, rumours require fertile ground to take hold. Historical and political experiences of neglect, discrimination, colonisation, and abuse create the conditions in which misinformation can gain traction and become ‘plausible.’ Fundamentally, this is an issue of trust: trust in the state and trust in the public health response. This is about eroding state-citizen relations which have been further strained and laid bare by the Covid-19 pandemic. There is a scarcity of belief that governments have citizens’ best interests at heart. ... .... A vaccine will be rolled out against this backdrop of political fracturing, rising socioeconomic inequalities, and citizen dissent. While we will never be able to completely remove politics from public health, we can promote a better, or ‘good politics,’ one that is human-centred and restores public trust....”

Offline: The coming technocracy

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32668-4/fulltext

“As 2020 draws to a close, one trend among nations most severely hit by COVID-19 bears some discussion. It is that democracies are evolving into technocracies, by which I mean a form of governance where those with political power are appointed on the basis of their scientific expertise....”

I have my doubts about this analysis. I’ll only believe it if I see the same happening in other (non-Covid) times, and with respect to climate change more in particular.

Lancet World Report - Experts call to include prisons in COVID-19 vaccine plans

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32663-5/fulltext

“As some countries begin vaccination, experts are questioning the allocation and prioritisation lists. Nayanah Siva reports. The UK, the USA, and most of Europe are poised to start national vaccination programmes for COVID-19, but experts are concerned about the notable absence of prison populations in existing planning and guidance...”
Lancet Letter- Time to rethink generational justice
L Lloyd-Sherlock; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32547-2/fulltext
Short but spot-on.

IJHPM - COVID-19 and a Window of Opportunity: Guiding Principles for a Health-Promoting Trade Agenda
J Yang et al; http://www.ijhpm.com/article_3977_8c497dc7f9c2419e0fa1fc47fa4b6765.pdf

“This viewpoint demonstrates how COVID-19 has laid bare fundamental problems in the governance of international trade and urges the public health community to use the COVID-19 pandemic as a window of opportunity to advocate for guiding principles in establishing a more stable, productive, and equitable international trade system...”

Guardian - Covid used as pretext to curtail civil rights around the world, finds report

Coverage of the Civicus report. “The state of civil liberties around the world is bleak, according to a new study which found that 87% of the global population were living in nations deemed “closed”, “repressed” or “obstructed”. The figure is a 4% increase on last year’s, as civil rights were found to have deteriorated in almost every country in the world during Covid-19. A number of governments have used the pandemic as an excuse to curtail rights such as free speech, peaceful assembly and freedom of association, according to Civicus Monitor, an alliance of civil society groups which assessed 196 countries....”

F2P blog - Coronavirus as a Catalyst for Global Civil Society: new report

This is a somewhat more encouraging read on (the state of) global civil society. “The Carnegie Endowment for International Peace is doing some great research on civil society responses to Covid. It’s latest, published yesterday, is Coronavirus as a Catalyst for Global Civil Society. Its a bit more distanced and neutral than the Civicus work I highlighted recently, and the two approaches complement each other nicely. The Carnegie report’s 94 pages comprise an overview and 12 regional case studies. Here’s an extract from the launch blog, by its editor, Richard Youngs....”

“The questions they asked: How far has the pandemic galvanized new forms of civic activism? How far has it led governments to tighten control over civil society actors? To the extent that they have emerged, what do new forms of civic activism look like? Do they portend a different kind of global civil society, a remolded civic sphere likely to influence global politics in different ways in the post-pandemic world? If so, what are the political implications of this civic adjustment?...” Check out the (rather interesting) findings.
“The cases show that the pandemic has acted as a powerful catalyst for global civil society. In all regions, demand for civic activism has risen and new spaces have opened for civil society organizations (CSOs) to play prominent and multilevel roles in the crisis. The pandemic has given global civil society a new sense of urgency, unleashed a spirit of civic empowerment, and prompted CSOs to deepen their presence in local societies. In some countries, civic activism has also had to move up a gear and assume stronger defensive strategies because regimes have used the pandemic to attack critical civil society voices. In terms of the ways civil society has expanded, the case studies reveal three levels of new, coronavirus-related civic activism....”

Critical Sociology – Impact of Covid-19 on migrant labourers of India and China

“The COVID-19 crisis has posed unprecedented economic challenges for governments across the world with certain sectors becoming more and more vulnerable to this pandemic. The plight of migrant labours in India during lockdown has shown fault lines not only in the economy but in the society too. The pandemic has worsened the condition of migrants both in India and China as it has put the severe challenges to poverty eradication programmes and increasing the income of farmers. Nevertheless, migrants labourers in both countries have different characteristics, Chinese migrants are farmers as the Chinese word for them 农民工 ‘nongmin gong’ signifies, whereas migrants labourers in India can be either small landholding farmers or landless labourers. This paper compares the plight of migrant labourers of both India and China in the current pandemic situation to contextualises the causes of this misery in the broader framework of land reform and capability to absorb them in rural economy in both countries.”

Economist - Covid-19 spurs national plans to give citizens digital identities

“MOSIP, an open-source platform developed in India, will be central to many of those efforts.”

Excerpt: “.... Many governments in Africa and Asia have been inspired by the success of Aadhaar, which since its inception in 2009 has enrolled 1.3bn people. .... .... Before covid struck, encouraged by the launch of World Bank’s ID4D (“Identification for Development”) programme, which started in 2014, countries such as Morocco, the Philippines and Myanmar went to Delhi in search of help. But there is now a new sense of urgency. However, Aadhaar is a complex system with its own set of application program interfaces, known as the India Stack, that could not easily be replicated. Having learned lessons from Aadhaar, Mr Nilekani proposed a different approach: building an open-source foundational ID platform that could be taken up by any country free of charge. The result is MOSIP, which stands for Modular Open Source Identity Platform. .... With financial support from the World Bank, two countries—Morocco and the Philippines—are implementing national ID schemes based on MOSIP, which will be rolled out early next year. Three more—Ethiopia, Guinea and Sri Lanka—are working on pilots. Several others, including Ivory Coast, Togo and Tunisia, are keen on using MOSIP. There are plans for countries across west Africa to have a shared interoperable ID platform, allowing cross-border authentication. The aim is that by 2023, at least ten countries will be operating MOSIP-based digital-ID platforms and it will have become an international standard, each country having learned from the others’ deployments. And the covid emergency is lengthening the queue of countries at MOSIP’s door. The MOSIP project, which got going in March 2018, is
nested in Bangalore’s International Institute of Information Technology (IIIT-B) and endowed with funding of $16m from the Omidyar Network, the Bill and Melinda Gates Foundation and Tata Trusts. What it set out to do was to give countries with far less IT capacity than India’s a basis for establishing a cost-effective foundational identity system that was, in effect, “Aadhaar in a box”.....

HHR (blog) - The Right to Healthy Environments and Space for Physical Exercise

T Oni, Kent Buse et al; https://www.hhrjournal.org/2020/12/the-right-to-healthy-environments-and-space-for-physical-exercise/

Also a key issue in the Covid response as the COVID-19 pandemic has shed light on the pre-existing spatial inequalities in cities. “... this blog focuses on the notion of physical activity security which should be viewed as working in synergy with the right to healthy foods....”

Occupational and Environmental Medicine - Occupation and risk of severe COVID-19: prospective cohort study of 120 075 UK Biobank participants

https://oem.bmj.com/content/early/2020/12/01/oemed-2020-106731

Conclusion: “Essential workers have a higher risk of severe COVID-19. These findings underscore the need for national and organisational policies and practices that protect and support workers with an elevated risk of severe COVID-19.”

For a similar study (Assessment of Racial/Ethnic Disparities in Hospitalization and Mortality in Patients With COVID-19 in New York City via JAMA Network), see NYT coverage - Social Inequities Explain Racial Gaps in Pandemic, Studies Find

“Higher rates of infection and mortality among Black and Hispanic Americans are explained by exposure on the job and at home, experts said.”

TGH - Why Mass Vaccination in the West Could be Bad News for Chinese Leaders

Y Huang; https://www.thinkglobalhealth.org/article/why-mass-vaccination-west-could-be-bad-news-chinese-leaders

“To narrow the immunity gap, China could be forced to prioritize its domestic vaccine needs.”

And some links:

- Lancet Comment – The COVID-19 vaccines rush: participatory community engagement matters more than ever

“We outline recommendations to achieve meaningful engagement with diverse communities in preparation for the COVID-19 vaccines roll-out (table). This proposed bottom–up approach devolves the power of design and implementation of communication strategies to local actors,
supported by evidence syntheses, enabling them to mobilise local expertise that can engage with and shift attitudes on vaccines and wider government handling of the COVID-19 pandemic."

- **Lancet** - One Health or Planetary Health for pandemic prevention? – Authors' reply

**Covid resources**

**Bloomberg** - Tracking the Coronavirus Vaccines That Will End the Pandemic


Great resource, with nice world maps as well.

“Bloomberg is tracking nine of the most promising vaccines around the globe, from national procurement deals to shots in patients’ arms. By our count, at least 7.85 billion doses have already been allotted.”

**WHO interim guidance** – Health workforce policy and management in the context of the COVID-19 pandemic response: interim guidance,


As of 3 December. “This guide consolidates COVID-19 guidance for human resources for health managers and policy-makers at national, subnational and facility levels to design, manage and preserve the workforce necessary to manage the COVID-19 pandemic and maintain essential health services. The guide identifies recommendations at individual, management, organizational and system levels. It consolidates into a single reference document early evidence from the pandemic and health workforce policy options in published World Health Organization (WHO) COVID-19 guidance. It will be updated on a regular basis. It benefits from extensive consultation within WHO departments, regional offices, international organizations, academia and professional associations active in the response. The guidance covers the following domains:....”

**Other Covid news**

**UN News** - Shutting school systems, wrong response to COVID-19, UNICEF says


“Countries fighting the coronavirus should not impose nationwide or large-scale school closures, which is the wrong response and compounds the societal cost of the disease, with 320 million
children locked out of school at the start of December, the UN children’s agency UNICEF said on Tuesday. …”

Reuters - Vaccine airlift delivers shot in the arm for airlines

Reuters;

“Airlines battered by COVID-19 are prepping for key roles in the mass vaccine rollout that promises to unlock an immediate boost for the sector - and beyond that, its own recovery and survival....”

See also a tweet from Ilona Kickbusch: “Now #vaccinedistribution becomes critical - a new competition between hubs and airlines”

Some more related links:

SkyCell joins consortium for global vaccine distribution

“The Hope Consortium has the capability to deliver more than 1.8bn vaccine vials by end of 2021. Members include the Department of Health – Abu Dhabi, Etihad Cargo, Abu Dhabi Ports and SkyCell, which will establish a regional service and manufacturing centre in Abu Dhabi. ...”

Singapore races to become Southeast Asia's vaccine distribution hub

“Changi Airport adds cold storage capacity to capture transport demand.”

Reuters - Air freight prices 'outrageous' as COVID-19 shots rolled out, says WHO expert


No surprises there...

WB - The World Bank Group Mounts the Fastest and Largest Health Crisis Response in its History to Save Lives from COVID-19


Amr

WHO Bulletin – December issue

Among others, with some Editorials related to AMR:

A research and development fund for new treatments for bacterial infections Related to the AMR Action Fund.

Social, cultural and economic aspects of antimicrobial resistance On the International Network for Antimicrobial Resistance Social Science (INAMRSS).

FT Health Special report: 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...”

Make sure you read at least:

• Non-profits fill gaps in the broken market for antibiotics

“Promising treatments in pipeline despite lack of financial incentives for pharma industry.”

Excerpts “... the push side is looking more encouraging. A ferment of research is producing new antibiotics, using technologies ranging from conventional “small molecule” chemistry to more biological approaches that enlist other microbes or viruses to attack harmful bacteria. Philanthropic and government-backed organisations are supporting this research, funding academic teams and small biotech companies to take new antibiotics from discovery through pre-clinical testing and into early trials in human volunteers. The global non-profit partnership Carb-X (Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator) has the largest portfolio. Governments and charities have provided it with $480m to invest between 2016 and 2022. It has so far funded 75 innovative projects... ... Once non-profits have developed promising drugs as far as they can, it then falls to others to bring them to market. An obvious candidate to do this is the new $1bn AMR Action Fund, launched in July and funded mainly by the pharma industry. Like Carb-X, it is based in the great US bioscience hub of Boston. The fund aims to invest in 15 to 20 novel antibiotics — and bring two to four of them to market by 2030. Besides Carb-X there are two smaller but still substantial funds investing in antibiotic research. One is the Global Antibiotic Research and Development Partnership (GARDP) created in 2016 by the World Health Organization and Drugs for Neglected Diseases initiative (DNDi). ... GARDP aims to deliver five new treatments by 2025, focused on the drug-resistant bacteria identified by WHO as posing the greatest threat to health and development. This includes babies with sepsis, sexually transmitted infections and hospital-acquired superbugs. The third key investor in new antibiotics is the Repair Impact Fund set up in 2018 by...”
Novo Holdings of Denmark, the business arm of the Novo Nordisk Foundation, which has screened 180 proposals and made nine investments so far....

* Investors step up pressure on companies over use of antibiotics

“Amundi and Aviva among backers of initiative targeting food, retail and pharmaceutical groups.”

From 26 Nov already: “A dozen institutional investors with $7tn under management are joining forces to pressure food producers, restaurants, retailers and pharmaceutical companies to cut antibiotic usage and tackle the growing dangers of drug resistance to hundreds of thousands of patients. Amundi, Aviva Investors, CDC, Legal & General Investment Management and Northern Trust Asset Management are among investors backing Investor Action on Antimicrobial Resistance (AMR) with commitments to scrutinise food and medicine companies’ use of antibiotics before investing and to engage with businesses in which they already hold stakes to reduce misuse of the drugs.....”

• The threat of antibiotic resistance — in charts

“Detailed information is starting to emerge on the problem and how to combat it.”

Well worth a read. Among others: Drug-resistant infections are a bigger problem in lower income countries.”

As for where the data come from: “The Centre for Disease Dynamics, Economics and Policy (Cddep), a US-Indian think-tank, has developed a Drug Resistance Index to track antibiotic usage and resistance around the world. ...”

Human Rights Day (10 Dec)

UN News - Human rights must be ‘front and centre’ of COVID-19 response:
Secretary-General

“UN Secretary-General António Guterres has called for human rights to be put “front and centre” of COVID-19 response and recovery globally in order to achieve a better future for people everywhere. “

HHR - Special Section: Big Data, Technology, Artificial Intelligence and the Right to Health

Do start with the Editorial (by Sara Davis et al) - Enter the Cyborgs: Health and Human Rights in the Digital Age
With a neat overview of the papers in this Special section.

“...Our call for papers for this special section predated COVID-19. We invited authors to examine, for example, links between new technologies and the protection of economic, social, and cultural rights, because we believed that the impact of technologies on social rights was underexplored. We sought reflection on the risks posed by the global reliance on data and the way that new technologies are changing power relations between states and the private sector. We did not foresee, of course, how quickly this would accelerate. As the papers in this section demonstrate, we were already well down this path before COVID-19, but the pandemic has provided the urgency, financial resources, government support, and often public compliance, to accelerate the trends. ... ... So if many of us are now cyborgs, mentally dependent on digital tools even if not physically attached to them, then what does the cumbersome 20th-century structure of human rights have to offer? Does it promote resistance toward big data and digital technologies altogether? Some human rights activists argue forcefully for this (for instance, Stop LAPD Spying, a US-based nongovernmental organization that advocates against predictive policing and discriminatory data-driven prosecution, as well as the Feminist Data Manifest-No, which “refuses harmful data regimes”). The authors of the articles in this special section largely accept that digital health is here to stay; but they agree that there are both real threats and real boundaries that human rights tools, norms, and court decisions can help us manage in the digital age....”

Make sure you also read (at least) The Trojan Horse: Digital Health, Human Rights, and Global Health Governance (by Sara Davis).

And a link:

ODI (blog) - A post Covid-19 human rights agenda (by Rachel George)

Polio

News on a new polio vaccine, via a Lancet press release (related to two new Lancet papers & related commentary):

“The Lancet: New polio vaccine against strain that threatens eradication is safe and generates immune response in adults, young children, and infants.

Phase 2 trials in 1,200 adults, young children, and infants suggest new poliovirus vaccine may have the potential to overcome outbreaks caused by a mutated polio strain linked to the oral vaccine that typically circulates in areas of low immunisation coverage, and poses one of biggest barriers to eradication.”

Scientists have developed the first poliovirus vaccine against a mutated form of the disease that is causing disease outbreaks across Africa and Asia. Designed to be more genetically stable than the licensed Sabin oral vaccine, the new vaccine appears to be as safe and provides similar immune responses when tested in healthy adults, children, and infants, according to new research published in two papers in The Lancet. The new vaccine, known as nOPV2, is directed against poliovirus type 2, and has improved genetic stability and is less likely to mutate and revert into a form of the virus that can cause infection and paralytic disease. Based on the results from these phase 2 clinical
trials, nOPV2 vaccine has received an Emergency Use Listing (EUL) recommendation from WHO making it the first vaccine ever to go through this pathway that is meant for global health emergencies. The aim is to now use the vaccine for outbreak response for vaccine-derived poliovirus that is increasing across Africa as well as Afghanistan, Pakistan, the Philippines, Malaysia, and other countries. Currently, outbreaks are being tackled using the original Sabin oral vaccine for type 2 polio, which risks seeding further outbreaks in areas of persistently low immunisation coverage....”

For the Lancet papers, see here and here.

Related Lancet Commentary - Poliovirus vaccine options: another step forward.

Planetary Health

Guardian - A warning on climate and the risk of societal collapse
https://www.theguardian.com/environment/2020/dec/06/a-warning-on-climate-and-the-risk-of-societal-collapse

“Scientists and academics including Prof Gesa Weyhenmeyer and Prof Will Steffen argue that we must discuss the threat of societal disruption in order to prepare for it.”

H Böll Stiftung - A Societal Transformation Scenario for Staying Below 1.5°C

“To stop climate change, we have to limit global warming to 1.5°C. But can we still achieve this target? And if so, what pathways can society take in transiting towards a climate-just economy? One important yardstick emerging from it was the need for global emissions to reach net-zero by 2050, the Intergovernmental Panel on Climate Change (IPCC) says in his «Special Report on Global Warming to 1.5°C». One important problem with this and other scenarios is that virtually all rely on continued global economic growth. The Heinrich Böll Foundation and the Konzeptwerk Neue Ökonomie realised the importance of broadening the discussion’s perspective and considering societal pathways that are currently not included in either the IPCC reports or the public debate. Together with researchers from engineering and the natural and social sciences, Heinrich Böll Foundation and Konzeptwerk Neue Ökonomie developed a «Societal Transformation Scenario» for this publication – a global climate mitigation scenario that explores the climate effects of limiting global production and consumptions and of envisioning a broader societal transformation to accompany these transformations to reach a good life for all.”

Open Democracy - Green growth vs degrowth: are we missing the point?
B Stratford; https://www.opendemocracy.net/en/oureconomy/green-growth-vs-degrowth-are-we-missing-point/
“It’s time to stop talking past each other and unite against the real enemies of environmental justice.”

“The question we should ask is: can those who care about economic and environmental justice on either side of this divide — growth optimists and growth sceptics — agree on a basic set of demands that can stop us hurtling toward ecological collapse? I believe that we are closer to a consensus than might immediately seem to be the case, for six reasons..... ” Check out what these reasons are.

PS : What does ending our growth dependence mean in practice? “In a report published this week by the University of Leeds, Dan O’Neill and I outline four critical strategies required to alleviate our dependence on growth, and highlight some opportunities for advancing these strategies as part of our COVID-19 recovery planning.”

Vox - The scariest thing about global warming (and Covid-19)

“Shifting baselines syndrome” means we could quickly get used to climate chaos.”

“Maybe climate chaos, a rising chorus of alarm signals from around the world, will simply become our new normal. Hell, maybe income inequality, political dysfunction, and successive waves of a deadly virus will become our new normal. Maybe we’ll just get used to [waves hands] all this. Humans often don’t remember what we’ve lost or demand that it be restored. Rather, we adjust to what we’ve got. Concepts developed in sociology and psychology can help us understand why it happens — and why it is such a danger in an age of accelerating, interlocking crises. Tackling climate change, pandemics, or any of a range of modern global problems means keeping our attention on what’s being lost, not just over our lifetimes, but over generations....”

Guardian - Global soils underpin life but future looks ‘bleak’, warns UN report

“Global soils are the source of all life on land but their future looks “bleak” without action to halt degradation, according to the authors of a UN report. A quarter of all the animal species on Earth live beneath our feet and provide the nutrients for all food. Soils also store as much carbon as all plants above ground and are therefore critical in tackling the climate emergency. But there also are major gaps in knowledge, according to the UN Food and Agriculture Organization’s (FAO) report, which is the first on the global state of biodiversity in soils. The report was compiled by 300 scientists, who describe the worsening state of soils as at least as important as the climate crisis and destruction of the natural world above ground. Crucially, it takes thousands of years for soils to form, meaning urgent protection and restoration of the soils that remain is needed.

PS: This weekend (12 December) the UN, UK and France convene a Climate Ambition Summit to coincide with the 5th anniversary of the adoption of the Paris Agreement.
Decolonize Global Health

Global Public Health - Rethinking development interventions through the lens of decoloniality in sub-Saharan Africa: The case of global health

“…. Building upon the ‘decolonial thinking’ movement from the perspective of Francophone African philosophers, we comment on its potential for inspiring the field of global health interventions. Using existing literature and personal reflections, we reflect on two widely known illustrations of global health interventions implemented in sub-Saharan Africa – distribution of contraceptives and dissemination of Ebola virus prevention and treatment devices – featuring different temporal backdrops. We show how these solutions have most often targeted the superficial dimensions of global health problems, sidestepping the structures and mental models that shape the actions and reactions of African populations. Lastly, we question the ways through which the decolonial approach might indeed offer a credible positioning for rethinking global health interventions.”

And a link: NGOs must decolonise aid relief, says Oxfam UK CEO (Open Democracy)

“Activists were right to criticise big organisations for failing to share power, writes Danny Sriskandarajah.”

NCDs

NCDI Poverty Network launched (7 Dec)
http://www.ncdipoverty.org/blog/2020/12/6/ncdi-poverty-network-launched-at-global-event-on-december-7

“The NCDI Poverty Network was formally launched on December 7 at a global virtual event organized by the Lancet NCDI Poverty Commission and representatives of national NCDI Poverty Commissions in 15 low- and lower-middle-income countries with large populations of people living in extreme poverty…. …. With the support of the Lancet NCDI Poverty Commission, the NCDI Poverty Network will provide a platform for global, regional, national, and local leaders to continue shared research, policy, service delivery, and financing initiatives. The NCDI Poverty Network aims to prevent the death and suffering of people doubly afflicted by extreme poverty and NCDIs by elevating the emerging NCDI Poverty movement and developing accountability mechanisms to ensure that service delivery for NCDIs is a key component of UHC.” 3 Key aims.

WHO launches year-long campaign to help 100 million people quit tobacco
https://www.who.int/news/item/08-12-2020-who-launches-year-long-campaign-to-help-100-million-people-quit-tobacco
“WHO today launches a year-long global campaign for World No Tobacco Day 2021 - “Commit to Quit.” The new WHO Quit Challenge on WhatsApp and publication “More than 100 reasons to quit tobacco” are being released today to mark the start of the campaign. The COVID-19 pandemic has led to millions of tobacco users saying they want to quit. The campaign will support at least 100 million people as they try to give up tobacco through communities of quitters. ....”

BMJ Feature- Ultra-processed foods and the corporate capture of nutrition—an essay by Gyorgy Scrinis

https://www.bmj.com/content/371/bmj.m4601

“Food corporations have exploited the dominant model in nutrition science to shape the way their ultra-processed products are defended, promoted, and regulated. Gyorgy Scrinis examines their scientific strategies and suggests ways to reframe the debate.”

HP&P - Corporate power and the international trade regime preventing progressive policy action on non-communicable diseases: a realist review


“Transnational tobacco, alcohol and ultra-processed food corporations use the international trade regime to prevent policy action on non-communicable diseases (NCDs); i.e. to promote policy ‘non-decisions’. Understanding policy non-decisions can be assisted by identifying power operating in relevant decision-making spaces, but trade and health research rarely explicitly engages with theories of power. This realist review aimed to synthesize evidence of different forms and mechanisms of power active in trade and health decision-making spaces to understand better why NCD policy non-decisions persist and the implications for future transformative action....”

Some more papers and reports of the week

Training and Research Support centre - Achieving healthy societies - ideas and learning from diverse regions for shared futures

R Loewenson, R Marten et al ;

Paper commissioned by the (WHO) Alliance.

“...This paper recognises this diversity of thought and experience and seeks to present evidence and reflections to contribute to dialogue and inquiry on our understanding of healthy societies and how we achieve them. We explore the trajectory and content of frameworks on healthy societies from the 1970s onward, while also bringing in relevant information on historical paradigms that predate the 1970s, but that continue to inform contemporary agendas. Based on a desk review of published documents, we examine this at global level, with its influences from Europe and the United States of America, and in Latin America, East and Southern Africa and India. The paper does not explore how
far these policies were implemented or the factors affecting it, as this is a separate and important area for follow-up analysis.....”

Brot für die Welt/GPF/... - Financing Sustainable Development in the Era of COVID-19 and Beyond An analysis and assessment of innovative policy options


“In the early days of the COVID-19 pandemic, the United Nations (UN) estimated that developing countries needed an extra US$ 2.5 trillion in external finance to cope with the consequences of the crisis. This vast sum is needed because additional spending needs – for example on health services and social protection – coincide with a simultaneous collapse of all traditional sources of development finance: tax revenue, export earnings, migrant remittances, foreign direct investment and, to a lesser extent, also official development assistance (ODA). In order to discuss how these finances could be mobilized, the governments of Canada, Jamaica and the UN Secretary-General launched the policy dialogue on “Financing for Development in the Era of COVID-19 and Beyond” at the UN in May 2020. By September, the process had delivered a 129-page menu of options that contains about 200 policy proposals. Our paper picks some of the most promising and most innovative proposals that have the highest potential to raise the resources needed to reach the target, and explains and assesses them. We also look at the political feasibility of each of the proposals....”

World Development - Looking out, working in: How policymakers and experts conceptualize health system models in Argentina, Costa Rica, and Peru


“This study examines how policymakers and experts in Argentina, Costa Rica, and Peru think about foreign models in health. Previous literature has highlighted the importance of outcomes in considering exemplars and models. Drawing from over 80 interviews across these countries I ask what model they believe their country should follow in health. I find that broad political and social similarities importantly affect models selected by respondents. I discuss the implications for understanding how policy models are perceived across borders, especially in the global South.”

WHO Bulletin - A survey of national ethics and bioethics committees


“National ethics (or bioethics) committees have been established across the globe to provide recommendations and guidance to governments and the public, thereby ensuring that public policies are informed by ethical concerns. Although the task is seemingly straightforward, implementation reveals numerous difficulties. Frequently, committees struggle with issues related to, for example, independence, funding or efficacy. Given the vital role these committees perform, it is crucial that the challenges they face and the conditions under which they can thrive are properly understood. An international, cross-sectional survey was carried out to assess the current state of national ethics committees and the problems they face. .... The survey revealed that, if the advice of
national ethics committees is to matter, they must be legally mandated, independent, diverse in membership, transparent and sufficiently funded to be effective and visible. Particularly in times of great uncertainty, such as during the current coronavirus disease 2019 pandemic, governments would be well advised to base their actions not only on technical considerations but also on the ethical guidance provided by a national ethics committee. It is important that these committees are strengthened nationally and globally to enable them to provide high-quality advice on current and emerging ethical issues.”

BMC Health Services (Supplement) - The Physician and Professionalism Today: Challenges to and strategies for ethical professional medical practice


New supplement by former colleagues JP Unger, Pierre de Paepe et al.

Some background via the first author: “Our end-of-career memoirs have just been released. They talk about the profession of medicine in the 21st century; of its ethical crisis, with epidemiological and demographic consequences; and of its survival in a context marked by the commercialization of health care and the emergence of artificial intelligence. For our profession to survive these upheavals, medical culture will have to evolve and shift towards what artificial intelligence does not do or does not do well, namely, interpreting scientific data critically in a perspective of synthesis and dialogue; reflecting on and applying the principles of professional ethics; providing biopsychosocial care; negotiating over therapeutic management with the patient; and working as a team. Above all, this culture-to-be would enable physicians to square the circle, i.e., to individualize the delivery of care as much as possible while maximizing one’s impact on public health. Sadly, our essays are timely, coming at a time when the COVID-19 crisis is showing everyone the need to erase the border that has always and increasingly separated clinical medicine from public health.”

“After a brief introduction, the six articles in this supplement to Biomed Central/Health Services Research explore the implications of clinical and public health integration for six distinct issues:

1. The practice of medicine; 2. Physicians’ knowledge; 3. Physicians’ ethics, which we would like to be able to call "neo-Hippocratic."; 4. The particularities of medical research vis-à-vis technological and pharmaceutical medical research and the difference between managing care for social and professional purposes on the one hand and to carry out a commercial and industrial mission on the other hand; 5. Health policy design: In this article we present the findings of our 35 years of scientific assessment of the healthcare market and the methodological characteristics of health policy research. Access to professional care must be seen as a universal human right, and we hope we have demonstrated that to achieve that, universal health service systems and the public financing of care are far superior to their commercial counterparts. 6. Finally, health policy negotiation. This article provides a negotiating platform for professionals’ and patients’ organizations keen to work together to promote social and professional health policies. The symbolic power of their alliance could prove to be a formidable political lever. We hope that our concepts will make sense to all healthcare professionals & look forward to feedback....”
Other news & blogs of the week

Brookings (Dev blog) - Over 1 billion people live in poverty hotspots

Includes a nice global map with these ‘poverty hotspots’.

“In recent research, we examine spatial patterns in income levels and growth across 2,894 subnational areas in the world. The map in Figure 1 shows 538 administrative areas we call poverty hotspots—areas that are classified as low income in both 2000 and 2015 using the historical income thresholds provided by the World Bank. These were home to 1.12 billion people in 2015. Although largely concentrated in sub-Saharan Africa, Central, and South Asia they are distributed across 77 countries, far more than the 31 countries classified by the World Bank as low income....”

12 Days of Global Health: The global governance of pandemics
C Wenham; https://blogs.lse.ac.uk/globalhealth/2020/12/07/12-days-of-global-health-the-global-governance-of-pandemics/

Great blog series, this 12 Days of Global Health (LSE).

“Dr Clare Wenham discusses the state of global health security in 2020 and the governance of pandemics.” Nice one.

Meanwhile, this excellent blog series continues.

See also: 12 Days of Global Health: How much is enough in international aid for health? (by M Koenig-Archibugi)

“Dr Mathias Koenig-Archibugi reflects on international aid for the health sector in low-income countries and how many more resources should be devoted to global health. “

TGH An Aging World Requires More Support for Health Systems
J Dieleman et al; Think Global Health

Interesting framing by some IHME staff. “Development assistance should reflect this need.”

The Conversation - Social norms and poor services drive petty corruption in East Africa’s health sector
In East Africa, there are concerns over widespread petty corruption in some of the countries’ health and medical services. In Uganda and Tanzania health service providers are ranked as some of the most bribery-prone institutions in the country. By contrast, health and medical services in Rwanda are ranked as the least bribery prone. We wanted to understand the behavioural drivers, such as the role of social norms and beliefs, in spurring petty corruption. To do this, we investigated the decisions of those seeking medical treatment and of health service providers that fuel petty corruption in Tanzania, Uganda and Rwanda. We focused on these three East African countries, which share a common border west of Lake Victoria, because we wanted the opportunity to compare attitudes and experiences. All three countries have robust anti-corruption legislation and institutions in place but all yielded different results. Our research found evidence that social norms and shared beliefs spur corruption. For example, people are swayed by social pressure to help relatives, share contacts or reciprocate favours received from their networks. Many also believe that corruption is normal....”

Some tweets of the week

M Heywood

”...while campaigns for HIV treatment and non-discrimination were used by activists and donors to open up civic space in many countries, Covid-19 has been used for exactly the opposite: to clamp down on civil society, suppress elections and brutalise populations.”

Dr Tedros

« Humanity has overcome pandemics before, & we’ll overcome this one. But we mustn’t go back to the same: -exploitative patterns of production & consumption -disregard for the planet that sustains all life -cycle of panic & neglect -divisive politics that fueled this pandemic. »

Friends of Europe

“The #Africa-#EU partnership will focus future cooperation on 4 pillars, highlights Commissioner Mariya Gabriel: Public health, Green transition, Innovation and technologies, and Capacity for sciences including higher education. #AfricaEuropeFoundation.”

Jason Hickel

“The idea that a life-saving medicine would be locked up under corporate patents and treated as an elite rent-seeking opportunity in the middle of a global pandemic is reprehensible and we should have the clarity to say so.”

Kate Elder (MSF Access)

“125 pgs of #COVAX-related papers just came from the GAVI secretariat, <1 wk before the Board meets (breaking their governance rule of papers being sent @ least 2wks before). A reminder that although Gavi wants to be seen as a multilateral, it doesn’t have the accountability.”
Global Health Events

There were a vast number of webinars, launches, .... this week.

- Especially Wednesday was a rather busy day, among others with quite some HSG “stage 2” sessions. Some you can re-watch on HSG’s Youtube channel.

- Wednesday also saw the launch of WHO’s Global Health Spending report. We hope you can re-watch it as well. Perhaps at P4H.

- Do also check out the HS Governance Collaborative “Action for Reset Dialogues” series. This week’s episode focused on Knowledge in Global health

“Seye Abimbola (University of Sydney and Editor in Chief of BMJ Global Health) and Mishal Khan (London School of Hygiene and Tropical Medicine & Aga Khan University) delve deeply into the rapidly changing knowledge arena around global health...” One of the lessons learnt in the Covid pandemic: knowledge is decentralized. The two speakers also tried to put a ‘positive spin’ on Covid, from a knowledge point of view.

Global governance of health

CGD (blog) - Strategic Reset: How Bilateral Development Agencies Are Changing in the COVID-19 Era


“At CGD, we recently co-hosted a two-day conference to bring together the heads of development agencies, to discuss the most pressing challenges at hand. This blog summarises the main messages of an analysis I presented at this year’s Development Leaders Conference, outlining some of the changes in development agency strategic direction brought about by the pandemic. I put forward three fundamental questions to heads of development agencies, the answers to which will define development cooperation for the foreseeable future....” Check them out.

Conclusion: Development agencies are faced with three fundamental questions:

“The first and arguably most serious question is the increasingly blurred boundary between development assistance and spending to tackle global challenges. These challenges include pandemics, as well as unsustainable climate change and migration flows. Their mitigation and suppression are of benefit to humanity, thus also to aid provider countries themselves. So, aid, (likely anyway to be less), comes under intense political pressure to accommodate so-called global public goods spending one way or another, further diluting its direct development impact. Secondly, how can development agencies resolve the fundamental trade-offs between the rules and norms of what constitutes effective development and development impact with national interest imperatives? And finally, while resilience is the most prized characteristic of governments and
public services, it is increasingly clear that development agencies have not always cultured it. COVID-19 has brought to the fore fundamental weaknesses of development agencies’ operating models and uses of instruments. How should they go about rethinking their approach to resilience?...

Devex - Global fragility strategy could drive system reform if implemented properly, OECD says


“A new U.S. approach to fragile states provides an opportunity to spur widespread reform in the existing “fragmented international system” that deals with fragile states, an Organisation for Economic Co-operation and Development representative said Monday....”

Development Today - Dispute in OECD over coronavirus vaccine grants: how much can be reported as aid?


“Charnele Nunes discusses decolonising global health and intersecting axes of inequality in international aid and investment, leadership and knowledge exchange.”

(gated) “A conflict is brewing at the OECD over how much of donors’ support to the Oslo-based organisation CEPI for research into the development of COVID19 vaccines should be reported as aid, since the vaccines benefit both rich and poor countries. While Norway, the United Kingdom and Germany have provided the largest amounts, the other Nordics are lukewarm to the initiative.”

WHO - Data availability summary data gaps by income groups for health-related #SDG and TripleBillion targets.

https://www.who.int/data/gho/data-availability-a-visual-summary?linkId=100000022341129

(New) visual summary of the (health SDG) data gaps. “…the health-related Sustainable Development Goals (HRSDGs) are critical for identifying progress in health outcomes and mapping emerging health threats within countries. This visual summary focuses on the health-related indicators that were included in WHO’s World Health Statistics 2020 report (WHS 2020) with further analysis by World Bank income group classification (2018).…” Check out the data gaps.

CGD - Rethinking Humanitarian Reform: A View from International Actors

P Saez & J Konyndyk; https://www.cgdev.org/blog/rethinking-humanitarian-reform-view-international-actors
“The COVID-19 pandemic has highlighted once again that the humanitarian business model is poorly suited to today’s world. Humanitarian action is most effective when it is demand-driven and locally owned. But the humanitarian sector remains supply-driven: oriented primarily around donor preference and the global mandates of large aid agencies.”

“In October, our team at CGD convened two private virtual roundtables, one with senior donor officials and another with leaders of humanitarian aid organizations, to discuss ideas on future humanitarian reforms. The meetings were held under the Chatham House Rule as part of our research initiative exploring how changes to field practice, financing models, and humanitarian governance can improve humanitarian outcomes. We kicked off the conversation with a discussion of our recent paper on reforming humanitarian coordination, findings from our research on donor behaviors, and three emerging proposals to remake humanitarian financing....”

CGD (Policy Brief) - China’s Role in Developing Countries: Resetting US Policy with a “3 C’s” Agenda

S Morris; [https://www.cgdev.org/publication/chinas-role-developing-countries-resetting-us-policy-3-cs-agenda](https://www.cgdev.org/publication/chinas-role-developing-countries-resetting-us-policy-3-cs-agenda)

Key recommendations:

“Confront China over harmful lending practices through a structured and goal-oriented bilateral policy dialogue, enlisting like-minded countries to provide support in multilateral settings like the World Bank and G20. Cooperate with China on the two most pressing global challenges, the COVID-19 pandemic and climate change. Compete with China to offer development finance that puts development first.”

UHC

Global Public Health - The emergence of the national medical assistance scheme for the poorest in Mali


“Universal health coverage is high up the international agenda. The majority of the West Africa’s countries are seeking to define the content of their compulsory, contribution-based medical insurance system. However, very few countries apart from Mali have decided to develop a national policy for poorest population that is not based on contributions. This qualitative research examines the historical process that has permitted the emergence of this public policy. The research shows that the process has been very long, chaotic and suspended for long periods. One of the biggest challenges has been that of intersectoriality and the social construction of the poorest to be targeted by this public policy, as institutional tensions have evolved in accordance with the political issues linked to social protection. Eventually, the medical assistance scheme for the poorest saw the light of day in 2011, funded entirely by the government. Its emergence would appear to be attributable not so much to any new concern for the poorest in society but rather to a desire to give the social
protection policy engaged in a guarantee of universality. This policy nonetheless remains an innovation within French-speaking West Africa.”

**Planetary health**

UN News - ‘Green recovery’ from COVID-19 can slow climate change: UN environment report


« Despite a brief dip in global carbon dioxide emissions as a result of the coronavirus pandemic, the planet is still heading for a global temperature rise in excess of 3 degrees Celsius this century, a new United Nations report has revealed. Speedy and strong climate action can, however, change the temperature trajectory, according to UN Environment Programme (UNEP)’s Emissions Gap Report 2020. “

« ...The report also confirmed that combined emissions of the richest one per cent of the global population account for more than twice the combined emissions of the poorest 50 per cent. The top tier will need to reduce their collective footprint by a factor of 30, to stay in line with the Paris Agreement targets. “

World Bank Group Announces Ambitious 35% Finance Target to Support Countries’ Climate Action


“The World Bank Group today announced an ambitious target for 35% of its financing to have climate co-benefits, on average, over the next five years. It replaces an earlier target of reaching 28% by 2020, which was in place over the last 5 years. The World Bank – IBRD and IDA – will also seek to ensure that 50% of this financing supports adaptation and resilience. These are two of several announcements about the Bank Group’s commitment to helping developing countries address climate change and adapt to its mounting impacts....”

Some announcements ahead of the Climate Ambition summit (12 Dec).

Five Years Lost Report: How Finance is Blowing the Paris Carbon Budget

[https://urgewald.org/five-years-lost](https://urgewald.org/five-years-lost)

“Two days ahead of the 5th Paris Agreement anniversary, 18 NGOs are releasing a joint report showcasing 12 of the most devastating fossil fuel projects that are currently planned or under development. These expansion projects alone would use up three-quarters of the total remaining carbon budget if we are to have a 66% probability of limiting global warming to 1.5°C Celsius....”

Project Syndicate - Central Banking’s Green Mission

M Mazzucato et al; [Project Syndicate](https://www.project_syndicate.org/article/central-bankings-green-mission)
“Since the 2008 global financial crisis, central banks have shown time and again that they have the power to maintain the economic status quo. Now, they must use that power to support a timely green transition.”

On why/how central banks need to get more serious, and mission oriented, about climate change. Last quote: “What some view as ‘mission creep’ has now become, as Lagarde put it, ‘mission critical.””

Guardian - Coca-Cola, Pepsi and Nestlé named top plastic polluters for third year in a row


“Companies accused of “zero progress” on reducing plastic waste, with Coca-Cola ranked No 1 for most littered products.”

Infectious diseases & NTDs

Graduate Global Health Institute workshop report - Governing pathogen- and benefit-sharing from pandemic influenza to other pathogens of pandemic potential

A Bezruki et al;

https://repository.graduateinstitute.ch/record/298749?_ga=2.37920171.98196435.1607414454-1747393696.1606978766

Report from July already.

“Given a growing recognition of the need to ensure timely and fair pathogen- and benefit-sharing (PBS) for pathogens of pandemic potential among humans, a 4-hour online workshop, Governing Pathogen- and Benefit-Sharing: From pandemic influenza to other pathogens of pandemic potential, was held on July 2, 2020. In advance of the meeting, the organizers prepared a draft research report on drivers and challenges for PBS and the breadth and scope of policy options proposed for PBS governance. The aims of the workshop were to: • Provide feedback on the research findings regarding the current state of PBS practice, • Provide feedback on the various policy options for PBS governance found in the research, • Discuss next steps for PBS governance. This workshop report summarizes the main points from the workshop presentations and discussions...”

WHO - WHO announces forthcoming updates on the systematic screening for tuberculosis

WHO;
“In a Rapid Communication issued today, the World Health Organization (WHO) is announcing a number of updates to its forthcoming guidance on the systematic screening of tuberculosis (TB) disease. This will help national TB programmes, public and private healthcare providers, funders and other stakeholders to prepare for the changes that will be introduced when the new guidelines are released in early 2021.....”

Telegraph - Researchers one step closer to development of universal flu vaccine

Telegraph:

“A major step towards a universal flu vaccine, which could protect not just against seasonal flu but also future pandemic strains of the often lethal virus, has been revealed in a new study published in the journal Nature Medicine. By taking aim at a different part of the viral protein than conventional seasonal flu virus target, researchers created a broad-based vaccine that was given to 20 US volunteers. It was a small study but appeared to work....”

Global Public Health - Understanding the influence of health systems on women’s experiences of Option B+: A meta-ethnography of qualitative research from sub-Saharan Africa


“We explored women’s experiences of Option B+ in sub-Saharan African health facility settings through a meta-ethnography of 32 qualitative studies published between 2010 and 2019....”

UNAIDS - Fund to help key populations during COVID-19 launched


“UNAIDS announces the launch of its Solidarity Fund, which will support social entrepreneurs and micro-business owned by key populations facing special hardship during the COVID-19 pandemic.”

And a link:

Global Public Health - ART uptake and adherence among female sex workers (FSW) globally: A scoping review
NCDs

WHO Bulletin - Telemedicine to deliver diabetes care in low- and middle-income countries: a systematic review and meta-analysis

This article aims to determine the effectiveness of telemedicine in the delivery of diabetes care in low- and middle-income countries.

And a link:

Global Public Health - Examining the evidence of microfinance on non-communicable disease health indicators and outcomes: A systematic literature review

Sexual & Reproductive / maternal, neonatal & child health

UN News - 54 million women and youth face staggering humanitarian challenges

“As COVID-19 continues to disproportionately impact women and girls hit by multiple humanitarian crises, the UN sexual and reproductive health agency appealed on Monday for $818 million to provide 54 million women and youth with essential and life-saving services throughout 2021....”

“...Highlighting the world’s biggest crises for women and girls, UNFPA’s Humanitarian Action 2021 Overview presented an overview of countries in dire need of support. ...”

Human resources for health

WHO - Retention of the health workforce in rural and remote areas: a systematic review
https://www.who.int/publications/i/item/9789240013865

“The World Health Organization’s (WHO) 2010 Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations included a recommendation to review in 2013; as well as commissioning three reports on the: impact of compulsory service ; role of outreach support ; and realistic evaluation of interventions. This literature review builds on the original systematic review which covered literature published from 1995–2009. The aim of this report is to gain insights from “what the evidence tells us” about the impact of the guidelines, and to inform an update of the 2010 WHO global policy recommendations.”
Economist – The dawn of digital medicine

“The pandemic is ushering in the next trillion-dollar industry.”

Chatham House - Six Aspects of Daily Life Rapidly Changed by COVID-19

“The pandemic has impacted every aspect of life, and sped up pre-existing trends in how people consume, work and travel – but will these dramatic shifts last?”

CGD (Notes) - The COVID-19 Vaccine: Do We Know Enough to End the Pandemic?

“Preliminary efficacy results from three vaccine candidates currently in Phase 3 trials have shown an efficacy of more than 90% against the development of symptomatic COVID-19. While these results are promising, all vaccines are in relatively early stages of testing. It is unclear how heterogeneity of immune responses will influence how different age groups mount induced immune responses. Lower immune responses in target populations and a lack of effectiveness of the vaccine to reduce mortality will hamper its utility in curbing the pandemic. There is limited understanding of which immunity factors are good correlates of protection against infection and disease, and ongoing vaccine trials have had an extremely short follow-up period to date. Many of the anticipated challenges associated with global-scale vaccination campaigns are related to logistics, most of which have yet to be resolved. A comprehensive and transparent roadmap is urgently needed, to determine how limited doses of the first vaccines to be licensed will be distributed, together with which groups will initially be prioritized.”

NYT- How 700 Epidemiologists Are Living Now, and What They Think Is Next

“They are going to the grocery store again, but don’t see vaccines making life normal right away.”

And some links:

Stat - Leading Covid-19 vaccine makers Pfizer and Moderna decline invitations to White House ‘Vaccine Summit’
Research

HP&P - Economic evaluation of interventions to address undernutrition: a systematic review

“Strategies to address undernutrition in low- and middle-income countries (LMICs) include various interventions implemented through different sectors of the economy. Our aim is to provide an overview of published economic evaluations of such interventions and to compare and contrast evaluations of interventions in different areas....”