

IHP news 603 : Mad rush for vaccines

(8 Jan 2021)

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 2021 has now truly kicked off, let's start for once with **some advertisement on IHP**. By now, we hope you had a good look at IHP's "[Re-cap of the past three weeks](#)" (12 Dec-1 Jan), and we also invite you – especially the relatively new subscribers – to read "[Taking stock of IHP at the start of a new decade in global health](#)" (which gives a brief overview of the past ten years, from an IHP knowledge management point of view, and also speculates on what might come).

Over to the dreaded C-word then. (No, not Capitalism, nor the Capitol 😞.) As many have noted, we are in a **New Phase in the Covid-19 pandemic** now, with **worrying mutations** putting even more pressure on the (already rather disastrous) 'global vaccine access' issue (for example in countries like South-Africa who must worry about '[vaccine apartheid](#)' even more now). In his **first media briefing** this year, Dr Tedros aptly described things with a '**double race**' metaphor: "*We're in a race to prevent infections, bring cases down, protect health systems and save lives while rolling out highly effective and safe vaccines to high-risk populations.*" The **slow start around the world (well, in the part of the world that has bought up most vaccines...)** "**already brought a dose of reality**". Via the Guardian: "*...the burst of optimism over approvals has been followed by delays, shortages and bureaucratic errors*". Policy makers are under huge pressure to roll out vaccines faster. Meanwhile, also in countries that haven't secured many vaccine doses yet, a frantic rush for vaccines is ongoing, with **trust in Covax (still) not very high**. Ilona Kickbusch, referring in a tweet to **Vietnam's** multipronged vaccine access strategy, pointed out: "*This shows how countries will mix and match vaccines according to their needs and geopolitical alliances increasingly using all options available. With Covax only one part of the equation.*"

Fortunately, the New Year also already saw **a bit of Shakespeare**, in BMJ of course: "[Covid-19 vaccines: to delay or not to delay second doses](#)".

Zooming in on the state of the planet then. From **a glass half full perspective, the picture in 2021 could look worse**. (yes, you guessed it, I wrote this line on Wednesday morning 😊):

In less than a year, pretty good **vaccines** have been developed (with more to come). Soon, in our Brave New Covid World, many folks will talk as casually about 'Moderna', 'Pfizer' or 'AstraZeneca' vaccines as they do about Messi, Ronaldo and Hazard. On **climate change policy**, the picture looks (slightly) **better** than early last year (in the US, EU, China, ...). While 'Build Back Better' hasn't been consistently applied in economic recovery plans so far (*understatement*), globally, the pressure will be on, while also the markets are increasingly factoring in "the end of fossil fuel". It's not nearly going fast enough, yes, and we'll likely come too late, but hey, this is supposed to be 'the glass half full picture'.

Other progress: **Biden takes over from Trump**, and will even have rather good cards in Congress for the coming two years. As for Wednesday's "events": Trump's "endgame" was always going to be ugly, but the way the US hit rock-bottom still came as a shock. If there's one silver lining about the scary "freak show" (deluded mob attack/attempted coup) at the Capitol, it's the vital reminder it provided for our times that democracy remains fragile, even in countries which were supposed to be paragons of liberal democracy and have more than two centuries of democratic experience. (*And as a nice side bonus: whoever still dares to talk about 'American leadership and/or exceptionalism' will henceforth be treated to a broad grin from the audience, with most minds irresistibly wandering away to 'QAnon Vikings' and other nutcases* 😊)

More uplifting trends: The (long overdue) **crackdown on Big Tech** seems to be starting, even if reluctantly (in the US, EU and China, though for different reasons); people have a far **better understanding of truly 'essential jobs'** since the pandemic; **paradigms are shifting**; and last but not least, there's some real **momentum around the Decolonialize Global Health movement** in recent years.

(*granted, 'a glass half empty' perspective would also be a piece of cake, but the Boris Johnson in me will leave that for some other time* 😊.)

Enjoy your reading.

Kristof Decoster

Featured Article

The unimaginable 'Year of the Nurse and the Midwife 2020'- A reflection from India!

Deepika Saluja, is an EV2016, Independent Consultant, and the co-founder of Women in Global Health India.

Kaveri Mayra is a midwifery and nursing researcher and Ph.D. (in Global Health) Candidate at the University of Southampton, UK. Kaveri is also recognised in the WGH 2020 list of 100 Outstanding Women Nurse & Midwife Leaders.

As you probably know, the World Health Organization had designated 2020 as the [Year of The Nurse & Midwife](#) to mark the 200th birth anniversary of Florence Nightingale, the founder of Modern Nursing. Little did the nursing and midwifery community fathom what a 'profession defining' year it was going to be when the announcement was made! The past year epitomised the critical contributions of nurses and midwives as a pertinent cadre of frontline health workers fighting the pandemic across the world, while also doing the rest of their essential work.

After this rather horrific year, everybody is now aware of their vital importance in the health system, if that was still needed. Being the most trusted companions of community members (particularly the women), nurses and midwives play a crucial role in shaping their experiences with the healthcare system. In India, [an army of nearly two million nurse-midwives and 90,000 Auxiliary Nurse & Midwives](#)

[\(ANMs\)](#) have been tirelessly delivering their usual health services in the community, health care centres, and hospitals while also shouldering the numerous additional COVID-19 responsibilities of contact tracing, surveillance, awareness generation, and assisting other frontline health workers in carrying out field activities, often with bare minimum protective gear.

Several webinars organized during the year, including by [Women in Global Health \(WGH\) India](#), [Public Services International](#), [Manipal College of Nursing](#), [Indian Institute of Public Health Gandhinagar](#), and various informational webinars conducted by central and state government departments, the [All India Institute of Medical Science \(AIIMS\)](#) and others, highlighted the valuable contributions of nurses, midwives, and ANMs, who continue to go beyond their call of duty, sometimes risking their lives and that of their families during the pandemic. These discussions also brought to the fore the numerous challenges they face while performing their responsibilities. Working without adequate protective equipment, facing stigma and violence by the communities (as they are often viewed as the carriers of the virus), harassment and eviction without notice, lack of transportation, particularly in difficult and dangerous terrains, having to cope with and work through natural disasters such as the floods in Assam, ... all these challenges overloaded and stressed them, while they were also juggling competing COVID and non-COVID related responsibilities. The webinars also emphasized the urgent need to bring them into decision-making spaces at all levels of health care provision and health policymaking. Serving as the crucial link between the health systems and the community, nurses and midwives are indeed vitally important for the nation's journey towards Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). Now, more than ever, the world needs these nurses and midwives to be working to their fullest potential, in terms of education, capacities, skills, and leadership.

[The State of the World's Nursing Report 2020](#) argues that the world needs an additional six million nurses to achieve global health targets, with 89 percent of the gap concentrated in low-and-middle-income countries (India is amongst the five countries with the largest shortages). The Government of India has [committed to adding 85,000 midwives](#) to the workforce by 2023. But we also need to ensure that nurses and midwives are equally distributed across the country, particularly in resource-constrained settings, and to assist economically and socially marginalized communities. [India \(particularly Kerala\) has been a major source of migrant nurses](#) across the world for decades now, ranking second globally in nurses' out-migration. These nurses have been (and are) serving at the frontlines in many parts of the world during the pandemic, mainly in the global north and the Gulf region.

So far the [scope of nursing has largely remained stagnant](#) in India, with limited opportunities for career growth and development, moving into a professional cadre, and particularly leadership positions. The lack of, or delays in amendments in Acts, and lack of representation of nurses and midwives in governance and leadership positions in councils and committees [have clearly harmed](#) their professional growth prospects. The recent draft [National Nursing and Midwifery Commission Bill](#) (November 2020) fails to address the need for more clarity on roles, career progression, representation, and appointment of nurses and midwives in key leadership positions. The draft commission bill also undermines midwifery as an independent profession and does not lay out the definition or scope of practice well, even though the Government of India is implementing professional midwifery in the country. Members of WGH India have acknowledged this and added their voices in solidarity with thousands of nurses, midwives, ANMs, and people of India who have shared their concerns with the Government of India in response to the bill (see the detailed comments [here](#)).

These systemic challenges coupled with the gender, caste, and class-based realities of the nurses and midwives working on the ground, disempower them and limit their role in, and contribution to (building) the Indian health system, which would allow faster progress towards UHC and SDG targets. To be able to fully leverage the potential of these crucial cadres, the country needs to critically ponder the needs and wellbeing of nurses and midwives. This may include investment in nursing and direct-entry midwifery education, re-thinking and planning regulation, ongoing in-service capacity building, and career development; competitive remuneration, continued recognition and motivation, and infrastructural and systems support for them to carry out their responsibilities more effectively. Midwives and nurses need to be at the centre of workforce governance planning. The creation of a directorate of nursing and a directorate of midwifery under the central and state government, would be a great start.

The year 2020 concluded with the announcement of [100 outstanding Nurse and Midwife Leaders](#) by Women in Global Health (WGH), supported by the World Health Organization, International Council of Nurses (ICN), International Confederation of Midwives (ICM), United Nations Fund for Population Activities (UNFPA) and the Nursing Now Campaign. This recognition honoured their courageous work and highlighted the importance of their leadership in diverse roles, by sharing their inspirational stories of everyday heroism, passion, determination, and service to their communities. Five of the featured leaders are of Indian origin, namely [Anandhi Subramani](#), [Bimla Kapoor](#), [Kaveri Mayra](#) (also co-author of this piece), [Maibam Ranita Devi](#), and [Manju Dhandapani](#). Obviously, this effort also represents the numerous nurses and midwives across the world who are not listed but are also doing incredible work within their communities and deserve all the accolades. We, as nations and communities, need to critically reflect on their evolving roles and provide them with the necessary support, recognition, and representation at all levels and continue investing in their development.

While 2020 has ended, our nurses, midwives, and ANMs continue to play a crucial role in India as well as across the world in 2021, helping citizens and communities to recover from the COVID-19 pandemic. So, let us build a resilient and responsive health systems, with also nurses, midwives, and ANMs in leadership roles, in which everyone can truly flourish.

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Highlights of the week

Global health governance

Lancet World Report - Health systems neglected by COVID-19 donors

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00029-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00029-5/fulltext)

Must-read. *“The Access to COVID-19 Tools Accelerator is short of billions of dollars, and the funds committed so far are skewed towards vaccines, with little for health systems. Ann Danaiya Usher reports.”*

“...Weak health systems buckling under the weight of the COVID-19 pandemic have received little support from donors in the global pandemic response. **Germany, France, and Kuwait are the only countries that have earmarked parts of their contributions to the Access to COVID-19 Tools Accelerator (ACT-A) for health systems.** Of the total US\$5.8 billion contributed by donors to ACT-A so far, \$3.9 billion have gone to support vaccine procurement and distribution in low-income and middle-income countries, while just 6% is reserved for health-care systems. ACT-A must raise at least \$28 billion over the coming year to ensure that low-income and middle-income countries have the resources to fight the pandemic.”

Geneva Health Files – Competing visions for W.H.O. reforms

P Patnaik; [Geneva Health Files](#)

Latest GHF newsletter issue. Do subscribe! “...This week we bring you **the competing visions that member states have for the reform of WHO, triggered by the COVID-19 pandemic.** More than 20 countries have put forth proposals for reforms, some teaming up with others. Member states seem serious to force through reforms even as the COVID-19 takes different forms for the worse....”

“...**A number of areas for reform emerge consistently across proposals** including on IHR implementation and the need for revision; funding of WHO’s emergencies work; WHO’s working relationship with other UN agencies (ex: FAO, OIE, IATA, CBD among others) in the context of this pandemic and beyond; WHO access to outbreak areas and reporting back to member states; sharing of samples. ...”

Devex - What Democratic control of the Senate could mean for US foreign aid

<https://www.devex.com/news/what-democratic-control-of-the-senate-could-mean-for-us-foreign-aid-98867>

Bar the (not very timely) title, good analysis after the Georgia victory for Democrats. “Victories by both U.S. Democratic Senate candidates in Georgia gives the party the slimmest of majorities, potentially opening the door for a **more ambitious development policy, particularly on climate change and sexual and reproductive health and rights.**”

Excerpt: “... In addition to sexual and reproductive health and rights, there is also an opportunity to advance climate change policies, and there is a greater likelihood of more funding for foreign assistance, advocates told Devex. It seems clear that the Biden administration will be focused on COVID-19 response at the start, and how it determines it wants to address the issue globally will have a large impact, but Democratic control of the Senate could help pave the way for more engagement internationally, O’Keefe said. **CRS and other organizations will be pushing for about \$20 billion in global COVID-19 response funding** in the next supplemental funding package, he said, adding that the odds are greater now. **A Democratic Senate could also be helpful in bringing greater attention to vaccine equity and putting in place funding and support for those efforts,** O’Keefe said....”

Devex - The inside story of USAID's tumultuous year

<https://www.devex.com/news/the-inside-story-of-usaid-s-tumultuous-year-98857>

“As the pandemic threw the world into disarray, the U.S. Agency for International Development found itself in the midst of its own political upheaval. Devex spoke to current and former officials about a year when USAID made headlines for the wrong reasons.”

*“While the foreign aid agency fended off repeated attempts by the White House to slash its budget and got pulled into a handful of pet projects and funding priorities demanded by Trump’s inner circle, USAID, under the leadership of former Administrator Mark Green, attracted little public attention. For nearly three years, it focused on a bureaucratic reorganization, technical policy reforms, and carrying out programs that held little political interest for the administration, officials told Devex. In **early 2020**, just as the coronavirus pandemic was emerging as an unprecedented global health and economic crisis, **that changed. In March, Green announced he was stepping down.** In the months that followed, **USAID experienced one of the most tumultuous periods in its 60-year history.** An agency that rarely makes headlines found itself doing so for the wrong reasons — an ugly leadership battle, controversial appointments, management problems — at a time when USAID’s profile as global COVID-19 response leader could have been on the rise.”*

PS: people interviewed also *“described the current state of the agency and what will need to happen to repair the damage as President-elect Joe Biden’s team moves forward with the transition.”*

Global Fund - Strategic Review 2020 of the Global Fund now available

<https://www.theglobalfund.org/en/updates/other-updates/2021-01-07-strategic-review-2020-of-the-global-fund-now-available/>

*“The Strategic Review 2020 (SR2020) of the Global Fund and its related documents are now available. As with the SR2015 and SR2017, it was commissioned by the Technical Evaluation Reference Group (TERG). **The three main objectives of SR2020** were: To assess the outcomes and impact of Global Fund investments against the goals and objectives of the 2017–2022 Strategy at its mid-term. To assess operationalization and implementation of the current Strategy at its mid-term. To provide an evidence-informed rationale for integrating lessons learned during the first half of the 2017–2022 Strategy, **and how to position the Global Fund within the global field of health development organizations in its post-2022 strategic cycle.**”*

WHO Bulletin - Understanding geopolitical determinants of health

A Persaud et al ; https://www.who.int/docs/default-source/bulletin/online-first/blt.20.254904.pdf?sfvrsn=83c41ae9_5

*« **health is also shaped by geopolitical determinants** – that is, determinants related to governments, geographies, policies, and the interests of countries and the relationship between them. **Geopolitical determinants** are distinct from other health determinants in that they are explicitly reflected in entities such as regions and continental geographies, and proximity and/or distance from neighbours. Geopolitical factors represent a system of relationships among assets and processes that link communities at higher levels of organization than that of the community, neighbourhood or state. **Here we argue that understanding these geopolitical determinants can help to advance evidence, advocacy and ultimately policy action to improve global health....”***

*“...Much previous theorizing on the social determinants of health emanates from high income countries and has not taken stock of ongoing changes in the distribution of political and socioeconomic influence between countries. **We think that the COVID-19 pandemic, against the backdrop of rapid economic growth in Brazil, China, India and the Russian Federation, calls for consideration of the geopolitical determinants of health.** Focusing only on social determinants of health may not sufficiently capture the complex contexts in which health policy decisions are made.”*

Coming up soon: WHO’s 148th EB meeting (18-26 Jan)

- Check out **all background documents** (WHO) here:
https://apps.who.int/gb/e/e_eb148.html
- And to prepare properly, do also try to attend a **series of online briefings and debates hosted by the Geneva Global Health Hub (G2H2)** in the week before the 148th Session. See below for an overview:

For registration: https://us02web.zoom.us/webinar/register/WN_MEIgu0sjR82BfRyZMFfIEg

Monday, 11 January 2021 **Human rights and the Covid-19 response: lessons for the future, action for now** (Session organized by the People’s Health Movement)

Tuesday, 12 January 2021 **What can WHO contribute to making COVID-19 vaccines, treatments and technologies global public goods?** (Session organized by Viva Salud)

Wednesday, 13 January 2021 **Private sector engagement for strong health systems?**
(Session organized by WSHSS and CSEND)

Thursday 14 January 2021 - **Rescuing the World Health Organization from itself?**
(Session organized by Society for International Development SID)

Friday, 15 January 2021 - **What reform agenda for the WHO Executive Board?**
(Session organized by Medicus Mundi International Network)

“All sessions can be attended independently. Please register [now](#) to attend one or several sessions.”

Covid key news

As usual, with an **overview of key pandemic trends, and WHO overall messages** at media briefings etc.

(PS: For the more scientific WHO messaging, we refer to the ‘science’ section below.)

Cidrap News on global trends

<https://www.cidrap.umn.edu/news-perspective/2021/01/who-experts-weigh-covid-19-vaccine-dose-interval>

(Jan 5) *“In its weekly snapshot today, the WHO said 4 million cases were reported last week for the third week in a row and that cases declined a bit, though the latest trends should be interpreted cautiously due to holiday-related delays in testing and reporting. Regarding deaths, after a recent decline, weekly fatalities rose by 3% last week. The five countries with the highest cases last week were the United States, the United Kingdom and Northern Ireland, Brazil, Russia, and India. America’s region countries accounted for 47% of all new cases, followed by the European region. Cases rose in the African region and remained steady in the Western Pacific region....”*

... The global COVID-19 total topped 86 million cases today and is now at 86,195,556 with 1,863,653 deaths, according to the Johns Hopkins [online dashboard](#)...”

HPW – Countries Around World Lockdown Economies To Fight New Coronavirus Variants

<https://healthpolicy-watch.news/countries-around-world-lockdown-economies-to-fight-new-coronavirus-variants/>

“After brief holiday respites, countries in Europe, Asia, the Middle East and Africa have reverted to major lockdowns as a strategy to stave off new, and even more infectious, SARS-CoV2 virus variants that have been identified in the United Kingdom and in South Africa – which threaten to overwhelm health systems even as countries also rollout brand new COVID vaccines....”

UN News - WHO chief begins 2021 with plea for ‘less politicking’ over health

<https://news.un.org/en/story/2021/01/1081432>

Coverage of the first WHO media briefing of the year. *“In a race to “save lives, livelihoods and end this pandemic”, the head of the UN health agency said on Tuesday that it was important to remember COVID-19 was just one of a number of major disease outbreaks facing communities across the world....”*

WHO COVID-19 Investigative Team Members Turned Away By China In Last Minute Foul-up Over VISA Approvals

<https://healthpolicy-watch.news/who-investigative-team-members-turned-away-by-china-in-last-minute-foulup-over-approvals/>

“Two members of a 10 person WHO-sponsored mission to China to investigate the origins of the SARS-CoV2 virus were turned away at China’s doorsteps after official approvals that WHO understood to be finalized were held up at the last minute. One member has turned around and is now returning home, while the second remains stuck in transit in a third country. Eight other members of the team were told to delay their departures altogether, WHO confirmed on Tuesday....”

Including rare criticism of Beijing, by WHO. And thus concomitant 'loss of face' for Xi Jinping.

See also Reuters - [WHO's Tedros "very disappointed" China hasn't granted entry to coronavirus experts](#)

And WP - [Politics frustrates WHO mission to search for origins of coronavirus in China](#)

Guardian - China stalls WHO mission to investigate origins of coronavirus

<https://www.theguardian.com/world/2021/jan/06/china-stalls-who-mission-to-investigate-origins-of-coronavirus>

China's response, one day later. ***"China has attempted to downplay concerns over its refusal to authorise a fact-finding mission to the country by the World Health Organization to study the origins of Covid-19, saying it is still negotiating access with the UN body. A day after the head of the WHO, Dr Tedros Adhanom Ghebreyesus, said he was "very disappointed" that China had not authorised the entry of the 10-strong research team, led by Dr Peter Ben Embarek, China insisted there had been a "misunderstanding" between the two sides about agreed dates for the visit, adding that discussions were ongoing. ... Foreign ministry spokeswoman Hua Chunying told a regular news briefing in Beijing that the problem was "not just about visas" for the team. Asked about reports that the dates had been agreed upon, she said there had been a "misunderstanding" and the two sides were still in discussions over the timing and other arrangements...."***

Reuters - China doubles down on COVID narrative as WHO investigation looms

<https://www.reuters.com/article/health-coronavirus-china-who-int/china-doubles-down-on-covid-narrative-as-who-investigation-looms-idUSKBN29AOLX>

Piece published ahead of the 'incident' between WHO & China.

"As a team from the World Health Organization (WHO) prepares to visit China to investigate the origins of COVID-19, Beijing has stepped up efforts not only to prevent new outbreaks, but also shape the narrative about when and where the pandemic began...."

FT - Vaccine delays risk more than halving global growth, World Bank warns

<https://www.ft.com/content/a9e10249-835c-4176-b46b-b891543140dc>

"Logistical problems and reluctance to be immunised pose threat to economic recovery."

"The global economic recovery from Covid-19 will rely heavily on the successful rollout of vaccines, the World Bank has warned, adding that any delay risks more than halving this year's growth rate. At best the world faces "a slow and challenging recovery", the bank said. The multilateral lender [forecast](#) on Tuesday that world GDP would grow by 4 per cent in 2021, a pace that would still leave economic activity 4.4 per cent below its pre-pandemic path by 2022. But this assumes rapid progress with vaccination campaigns in advanced economies and in major emerging and developing countries, reaching widespread coverage by the second half of 2021. This recovery could easily be derailed, the World Bank warned. If infections continue to rise and vaccine rollouts in major

economies are slowed by logistical problems and people's reluctance to be immunised, global GDP could expand by as little as 1.6 per cent this year, it estimated...."

Guardian -World Bank calls for rapid action to prevent Covid debt crisis

<https://www.theguardian.com/business/2021/jan/05/world-bank-calls-for-rapid-action-to-prevent-covid-debt-crisis>

"The World Bank has called for rapid and decisive action to prevent a new debt crisis as it said the Covid-19 pandemic could result in a decade of disappointment for the global economy. In its half-yearly health check, the Washington-based institution said the pandemic had led to the sharpest annual increase in government debt in more than 30 years, and had exposed the vulnerability of many emerging market and developing countries....."

Telegraph – WHO calls on governments not to pursue herd immunity while vaccine shortages persist

[Telegraph](#);

"Countries should not pursue herd immunity strategies while vaccines are in short supply, the World Health Organization has said, urging governments to instead share excess doses once health care workers and the most vulnerable are protected. Speaking at a virtual press briefing on Thursday Dr Hans Kluge, head of WHO Europe, warned that the world "simply cannot afford to leave any country, any community, behind" in the fight to curb Covid-19...."

Covid Science & WHO guidelines/Messaging

Science (News) - Viral mutations may cause another 'very, very bad' COVID-19 wave, scientists warn

K Kupferschmidt; <https://www.sciencemag.org/news/2021/01/viral-mutations-may-cause-another-very-very-bad-covid-19-wave-scientists-warn>

Recommended analysis. *"Growing evidence that U.K. variant spreads faster triggers calls for tighter control measures."*

HPW - UK Delay of Second COVID-19 Vaccine Dose – A Risky Strategy That Could Give Rise To More Virus Mutations, Some Experts Warn

<https://healthpolicy-watch.news/80792-2/>

"The United Kingdom's decision to delay the second dose of the Pfizer/BioNTech COVID-19 vaccine being rolled out en masse in the nation is a risky strategy – not only for those getting the vaccine, but also in terms of the longer-term public health impacts such delays could have in terms of future SARS-CoV2 mutations, some experts are warning...."

See also **Stat News** - [Britain takes a gamble with Covid-19 vaccines, upping the stakes for the rest of us](#)

And **Science** - [Debates intensify over dosing plans for authorized COVID-19 vaccines](#)

FT - South African Covid variant may affect vaccine efficacy, warn scientists

<https://www.ft.com/content/c2aa5ea4-66b9-4f64-9e74-7c89c12f9461?desktop=true&segmentId=d8d3e364-5197-20eb-17cf-2437841d178a>

“Mutation reduces ability of antibodies to bind to virus and could make some shots less effective.”

See also **Vox** - [How the new Covid-19 variants could pose a threat to vaccination](#)

“The new mutations from the UK and South Africa are spreading fast around the world — and could diminish the effectiveness of the existing vaccines.”

And **HPW** - [Researchers Warn South African Mutations May Be More Vaccine Resistant.](#)

NYT -How Does the Coronavirus Variant Spread? Here’s What Scientists Know

<https://www.nytimes.com/2020/12/31/health/coronavirus-variant-transmission.html>

“Contagiousness is the hallmark of the mutated virus surfacing in the U.S. and more than a dozen other countries.”

See also **Vox** - [The new UK/SA/... coronavirus mutations, explained](#)

Contagion Live -WHO Shares Update, Guidance on New SARS-CoV-2 Variants

<https://www.contagionlive.com/view/who-update-guidance-new-sars-cov-2-variants>

*(31 Dec) “The global health agency provided **current insights and advisories into 4 different variants observed during COVID-19 this year.**”*

“The World Health Organization (WHO) has released a [report](#), replete with risk assessment and guidance, on a series of recently observed SARS-CoV-2 variants during the coronavirus 2019 (COVID-19) pandemic.”

And as of 5 Jan (**WHO**), [“the UK variant had been detected in 40 other settings; and the South Africa variant in 6 .”](#)

Reuters - No sign S. Africa's COVID-19 variant more contagious than UK version - WHO

[Reuters](#);

“There is no indication that the coronavirus variant identified in South Africa is more transmissible than the one spreading fast in Britain, the World Health Organization’s technical chief on COVID-19, Maria Van Kerkhove, said on Tuesday.”

Cidrap (News) - WHO experts weigh in on COVID-19 vaccine dose interval

<https://www.cidrap.umn.edu/news-perspective/2021/01/who-experts-weigh-covid-19-vaccine-dose-interval>

“...The World Health Organization (WHO) vaccine advisory group today weighed in with recommendations for delivering the Pfizer-BioNTech vaccine, urging the vaccine doses be given 21 to 28 days apart in most circumstances, but in certain situations allowing for an interval of up to 6 weeks....”

HPW - People Who Have Had COVID Can Delay Vaccine Up To 6 Months, Says WHO

<https://healthpolicy-watch.news/covid-vaccine-delay-six-months-who/>

“People who have recently had a confirmed COVID-19 infection can choose to delay vaccination, so as to allow others who are not immune take advantage of initial procurements, WHO has recommended. Following WHO’s approval of the Pfizer/BioNTech vaccine last week, its strategic advisory group of experts (SAGE) said that if a person has had a PCR documented SARS-CoV-2 infection within the last 6 months, they may choose to hold off on being vaccinated until nearer to the end of that period....”

HPW - Vaccines Could Help Reduce Asymptomatic Virus Transmission – Although More Evidence Is Needed

<https://healthpolicy-watch.news/vaccines-reduce-asymptomatic-transmission/>

“Moderna’s mRNA COVID-19 vaccine appears to be able to reduce infection and therefore transmission of the virus, a Harvard expert has told Health Policy Watch, albeit despite the currently limited data sets....”

Link:

Guardian - [Arthritis drugs could help save lives of Covid patients, research finds](#)

“ Results suggest tocilizumab and sarilumab could cut relative risk of death of those in intensive care by 24%.” See also **the Economist - [Another life-saving treatment for Covid is found.](#)**

Covid vaccine access

Resources, news & analysis from this week:

Bloomberg – Bloomberg’s global vaccine tracker

<https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/>

(updated as of Jan 6): ***“The biggest vaccination campaign in history has begun. More than 15 million doses in 35 countries have been administered, according to data collected by Bloomberg. Delivering billions more will be one of the greatest logistical challenges ever undertaken...”***

For another tracker, see FT’s [Covid vaccine tracker: The shots available and the doses administered](#)

BBC News - Coronavirus: India to export Covid vaccines 'within weeks'

<https://www.bbc.com/news/world-asia-india-55538092>

Bit more encouraging than [what appeared early this week](#) (in an AP piece and related headlines (*“The pharmacy of the developing world shuts its doors’: India stockpiles Oxford-AstraZeneca vaccine*)).

But no, on Wednesday BBC reported: ***“India will begin exporting locally-made coronavirus vaccines within a fortnight of their launch, a foreign ministry official has told the BBC.”***

“The official dismissed reports that India would ban exports of vaccines it is producing to meet local demand. India makes about 60% of vaccines globally and many countries are eagerly waiting for it to begin shipping doses. It has formally approved the emergency use of two vaccines as it prepares to begin giving jabs in January. India is planning one of the world's biggest inoculation programmes, seeking to immunise about 300 million people by July.”

“... The foreign ministry official confirmed that India's plan to help other countries was on track. “Within a fortnight of the rollout of the vaccines we will allow exports to some of our South Asian neighbours. Some of these exports will be paid by us as gifts, and the others will be supplied at roughly the same price the government will be buying the vaccines at...” “... “

“... The CEO of the Serum Institute of India, which is manufacturing the Oxford/AstraZeneca vaccine in India, also sought to clarify the confusion over exports. Adar Poonawalla had been [quoted in the media as saying that India would not allow exports of his vaccine for "several months"](#). He told [the Associated Press](#) that his company has been barred from exporting the vaccine and selling the vaccine in the private market. But on Tuesday he told the BBC's Yogita Limaye his firm was allowed to export the vaccine for government immunisation programmes abroad, and expects to deliver on agreements with Bangladesh, Saudi Arabia and Morocco in the next few weeks.”

“... Serum Institute and Bharat Biotech have a combined stockpile of more than 70 million doses of Covid vaccines, and will scale up production enormously to meet the rising demand. On Tuesday, the two vaccine makers released a joint statement saying both the companies would provide “global access for our Covid-19 vaccines””

Project Syndicate -Globalizing the COVID Vaccine

Ngozi Okonjo-Iweala; [Project Syndicate](#);

You know you have to read this, given that **Mrs O-Iweala is in pole position for the WTO leadership**. *“In less than a year, the world has come together to develop effective COVID-19 vaccines and a multilateral platform for allocating them most efficiently around the world. But with the risk of vaccine nationalism still looming large, now is the time to finish the job.”* In this piece, she only talks about Covax, not about WTO, TRIPs waiver proposal, C-TAP,

“... Now that we have reached this critical juncture, speculation about whether COVAX will fail must stop. It is time to start providing the support needed to ensure that it succeeds in doing what it was designed to do. Some of these countries have indicated that they will donate their surplus orders, in which case these additional doses will need to be redirected as quickly and as equitably as possible. The best way to ensure that they are is for donor governments to go through the Gavi/COVAX Advance Market Commitment (AMC) mechanism, which was created to ensure that COVID-19 vaccines are made available to people living in the world’s 92 low- and middle-income countries....”

Economist (Briefing) – Vaccinating the world: The great task

<https://www.economist.com/briefing/2021/01/07/the-great-task>

Interesting (global) briefing. *“The race to vaccinate the world against covid-19 has begun in earnest, posing problems for many and providing opportunities for some.”*

Excerpt: *“...Seth Berkley, the boss of Gavi, a public-private initiative that distributes vaccines in low-income countries, says that outside the rich world the Pfizer-BioNTech vaccine is likely to be used only in very small populations, such as health workers in big cities. **It is the AstraZeneca-Oxford vaccine that has the most to offer the world at large.** It is cheaper and more robust, and the expertise needed to manufacture it is reasonably widespread. **There are plans for it to be manufactured at nine “nodes” around the world, allowing a great deal to be made. The node that matters most to Dr Berkley is that in South Korea. It will be producing the vaccine for COVAX, a consortium set up by Gavi and others that is devoted to providing covid-19 vaccines around the world. Unfortunately, only the nodes in Britain and India have so far received regulatory approval and started production, and most of their production is slated for domestic use. Regulatory approval for the others, including Fiocruz in Brazil, may take some time. Dr Berkley expects approval for the South Korean node to take 40 days. After that the WHO will still have to weigh in before COVAX can get moving....”***

The Briefing also has some detail on **China’s & Russia’s vaccine diplomacy**.

BMJ (Analysis) - Covax must go beyond proportional allocation of covid vaccines to ensure fair and equitable access

<https://www.bmj.com/content/372/bmj.m4853>

*“International collaboration is key for the fair and efficient distribution of covid-19 vaccines. Lisa Herzog and colleagues’ **Fair Priority Model**, with its **focus on allocating vaccine based on limiting covid-19 harms**, realises ethical principles better than **Covax’s proposal of proportional allocation based on population.**”*

Reuters - UK rolls out AstraZeneca shots, touts taking lead in global vaccine race

[Reuters](#);

“ Britain became the first country in the world to start inoculating people with shots of the Oxford/AstraZeneca vaccine.”

See also FT - [Coronavirus latest: UK becomes first country to administer Oxford/AstraZeneca vaccine](#)

And via Stat: *“The U.K., Argentina, and India have now approved a Covid-19 vaccine made by AstraZeneca and the University of Oxford for emergency use. ...”*

In principle, as you know, a **game changer for global vaccine access**. But not quite yet, it seems (see above, on India)

FT - Vaccine makers race to secure supply chains

<https://www.ft.com/content/897ef9eb-8ae8-4e1c-82ff-5e58f050c23a>

“Health systems around world struggle to bring immunisation programmes up to speed.”

“Two of the three biggest Covid-19 vaccine manufacturers, Moderna and BioNTech/Pfizer, are racing to sign up partners to secure their supply chains, according to people with knowledge of the discussions, as health systems around the world struggle to bring immunisation programmes up to speed.....”

The Intercept – World faces Covid-19 “vaccine apartheid”

<https://theintercept.com/2020/12/31/covid-vaccine-countries-scarcity-access/>

“Even countries that hosted vaccine trials — like Argentina, South Africa, Brazil, and Turkey — will not receive adequate supplies.”

Quote: “ ... *the waiving of patents is only the first step in ensuring global access to vaccines. “Know-how is the bigger problem than patent rights in the shorter run,” said James Love, who directs the nonprofit advocacy group Knowledge Ecology International. Love pointed to Moderna, the federally funded vaccine maker that has already pledged not to enforce the patent on its vaccine. “But you still can’t go out and make their vaccine unless you know how they did it,” said Love. “You need to force the people who have the know-how to share the know-how because it’s a fucking pandemic.”*

CNN – History will judge us if we vaccinate rich countries while poor ones suffer: African CDC head

[CNN](#);

*“Africa is experiencing a very aggressive second wave' and cannot wait for vaccines, says Dr. John Nkengasong. The only way to fight the COVID-19 pandemic is on a global scale, says the director of the Africa Centres for Disease Control and Prevention. **Dr. John Nkengasong is calling on Canada, the U.S. and European countries to distribute their excess vaccines equitably to the countries that need it most.** While many western powers are already rolling out their vaccination programs, most countries in Africa don't expect to be able to begin immunizing people until April. In the meantime, cases are surging across much of the continent, and new variants of the novel coronavirus have been identified in South Africa and Nigeria.”*

Bloomberg - Africa Left With Few Options for Vaccines, South Africa Says

<https://www.bloomberg.com/news/articles/2021-01-03/pfizer-to-supply-african-health-care-workers-with-vaccines?sref=7YQGdXLq>

Must-read. **“Africa has few options to procure Covid-19 vaccines as the outbreak of the disease worsens across many parts of the continent, South Africa’s presidency said.”**

“...Pfizer Inc. and BioNTech SE have offered to supply Africa with 50 million Covid-19 vaccines for health workers between March and the end of this year, the presidency said in a response to Bloomberg on Sunday. Moderna Inc. has no supplies for Africa, while AstraZeneca Plc has no shots for the continent in 2021 and has directed the African Union to negotiate with the Serum Institute of India Ltd., which is making the vaccine on behalf of AstraZeneca. South Africa’s President Cyril Ramaphosa is the African Union’s chairman....”

PS: For an update on South-Africa, see Reuters- [Amid COVID-19 surge, South Africa health minister aims to vaccinate for herd immunity](#)

“... South Africa’s health minister on Thursday detailed plans to vaccinate 40 million people or two-thirds of its population against COVID-19 in order to achieve herd immunity, as a mutant variant drove daily new cases above 21,000 for the first time. ... Mkhize laid out a model for how vaccine procurement might work, based on the assumption that 70% would come from AstraZeneca, whose shots were the cheapest at 54 rand (\$3.57) per dose, while Johnson and Johnson would get a 20% allocation, and Pfizer and Moderna 5% each. South Africa has yet to sign a deal with any of them. It is participating in the COVAX initiative co-led by the World Health Organization, but that covers just 10% of its populace....”

And HPW - [South Africa to Start Vaccinating Health Workers This Month](#)

*“As South Africa reported its highest COVID-19 cases ever this week – over 20,000 in one day – Health Minister Dr Zweli Mkhize announced that **the country had procured 1.5 million doses of the AstraZeneca-Oxford vaccine and would start vaccinating health workers by the end of this month. The South African government has bought the vaccines directly from the Serum Institute of India, with one million doses arriving this month and the balance being delivered in February....”***

CFR - Vaccine Diplomacy: China and SinoPharm in Africa

N Edwards; https://www.cfr.org/blog/vaccine-diplomacy-china-and-sinopharm-africa?utm_source=tw&utm_medium=social_owned&utm_content=010620

*“...To make up for COVAX’s limited reach, **African governments are considering deals to buy vaccines that are viewed with skepticism in the West.** In particular, several governments have expressed interest in China’s leading vaccine, BBIBP-CorV, developed by the China National Pharmaceutical Group (SinoPharm); Novetta’s Rumor Tracking Program revealed that Russia’s leading vaccine, **Sputnik V**, also remains popular on the continent. ...”*

And on Sinovac’s vaccine (not to be mistaken with SinoPharm), see **Reuters** - [Sinovac vaccine shows 78% efficacy in Brazilian trial, details sparse](#) (6 Jan)

*“...Brazil and Indonesia, which have the most COVID-19 cases in Latin America and Southeast Asia, respectively, are preparing to roll out the vaccine, called CoronaVac, this month. Turkey, Chile, Singapore, Ukraine and Thailand have also struck supply deals with Sinovac. Although CoronaVac’s efficacy falls short of the 95% success rate of vaccines from Moderna Inc or Pfizer Inc with partner BioNTech SE, it is easier to transport and can be stored at normal refrigerator temperatures. **The 78% efficacy rate is still well above the 50% to 60% benchmark set by global health authorities** for vaccines in development early in the pandemic, given the urgent need....”*

And **Science** - [Brazil announces “fantastic” results for China-made COVID-19 vaccine, but details remain sketchy](#)

Politico - The global vaccine dress rehearsal

<https://www.politico.com/newsletters/global-pulse/2020/12/23/the-world-prepares-for-vaccines-arrival-who-global-effort-leader-on-pharma-role-us-spending-deal-boosts-gavi-491231>

Recommended **global overview of how countries** still waiting for their coronavirus shots are preparing for their vaccination campaigns. (overview of **23 Dec** though)

CGD (blog) - G7: Make Plans to Share Excess Vaccine Now

A Glassman; https://www.cgdev.org/blog/g7-make-plans-share-excess-vaccine-now#.X_NyGnrFObU.twitter

A call for **the G7** to Make Plans to **Share Excess Vaccine** Now.

*“...The world has already built a mechanism for low- and middle-income countries to obtain or purchase their own vaccine, COVAX. Indeed, the US Congress included 4 billion for Gavi, The Vaccine Alliance in the recently passed relief bill to assure vaccines for the lowest-income countries. **But the issue now is not so much money to buy vaccine but supply of vaccine in the near-term -- this is why a plan to share is essential right now, and COVAX could also act as the intermediary to allocate donated vaccine or to broker exchanges between parties....”***

The Telegraph - Vaccine queue-jumping fears abound as India set to sell doses privately

<https://www.telegraph.co.uk/global-health/science-and-disease/vaccine-queue-jumping-fears-abound-india-set-sell-doses-privately/>

“While healthcare workers and vulnerable patients anxiously wait in line for the Covid-19 vaccine, there are increasing fears that the world’s rich and powerful could be trying to push their way to the front.”

And some links:

- Reuters - [Sanofi says could help produce competitors' COVID-19 shots](#)

“France’s Sanofi is considering how it can help produce COVID-19 vaccines devised by other drugmakers, a spokesman said on Thursday.”

- Reuters - [India drug regulator approves AstraZeneca COVID vaccine, country's first - sources](#)
- Reuters - [Thailand to receive first 200,000 Sinovac COVID-19 vaccines in Feb](#)
- Reuters - [Why Indonesia is vaccinating its working population first, not elderly](#)

“By vaccinating more socially mobile and economically active groups first, Indonesia hopes it can quickly reach herd immunity”.

See also TGH – [Indonesia Charts an Innovative Path on COVID-19 Vaccination](#)

- Reuters - [Peruvian minister raises 'controversy' over Pfizer vaccine liability clause](#)
- Xinhua - [Peru inks deal with Sinopharm for COVID-19 vaccines](#)

Covid analysis

JAMA - Africa Succeeded Against COVID-19’s First Wave, but the Second Wave Brings New Challenges

<https://jamanetwork.com/journals/jama/fullarticle/2775004>

Recommended. *“This Medical News article discusses how Africa prevailed during the early onslaught of coronavirus disease 2019 and made plans to combat a second wave of the pandemic.”*

Science - The puzzle of the COVID-19 pandemic in Africa

<https://science.sciencemag.org/content/371/6524/27.full>

“More data are needed to understand the determinants of the COVID-19 pandemic across Africa.”

“... Two key aspects that may contribute to our understanding of the pandemic puzzle in Africa include scaling up of testing and use of serosurveys...”

The Leaflet - How Long Must Poorer Nations Wait for Access to Covid Vaccine?

<https://www.theleaflet.in/how-long-must-poorer-nations-wait-for-access-to-covid-vaccine/#>

Nice helicopter view on current state of affairs with the TRIPS Waiver proposal, and more in general, the broader global IP regime.

“For all the talk about vaccines being a global public good, industrialised nations are dragging their feet on an arrangement proposed by South Africa and India at the WTO for equitable and widespread access to COVID-19 vaccines. Ishupal Singh Kang explains the structural limitations of the global intellectual property regime.”

Globalization & Health - Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices

Z Su et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00654-4>

“Mounting research shows that seemingly endless newsfeeds related to COVID-19 infection and death rates could considerably increase the risk of mental health problems. Unfortunately, media reports that include infodemics regarding the influence of COVID-19 on mental health may be a source of the adverse psychological effects on individuals. Owing partially to insufficient crisis communication practices, media and news organizations across the globe have played minimal roles in battling COVID-19 infodemics. Common refrains include raging QAnon conspiracies, a false and misleading “Chinese virus” narrative, and the use of disinfectants to “cure” COVID-19. With the potential to deteriorate mental health, infodemics fueled by a kaleidoscopic range of misinformation can be dangerous. Unfortunately, there is a shortage of research on how to improve crisis communication across media and news organization channels. This paper identifies ways that legacy media reports on COVID-19 and how social media-based infodemics can result in mental health concerns. This paper discusses possible crisis communication solutions that media and news organizations can adopt to mitigate the negative influences of COVID-19 related news on mental health. Emphasizing the need for global media entities to forge a fact-based, person-centered, and collaborative response to COVID-19 reporting, this paper encourages media resources to focus on the core issue of how to slow or stop COVID-19 transmission effectively....”

Africa waits for Biden to unlock, reallocate \$200b of IMF reserves

<https://www.theeastafrican.co.ke/tea/news/east-africa/africa-imf-reserves-3241016>

*“African countries are waiting for the G-20 to consider a proposal to allocate at least \$200 billion held in unused reserves at the IMF to deal with the adverse impact of the coronavirus on their economies. Africa is currently staring at a pandemic response funding gap of approximately \$100 billion annually over the next three years, according to initial estimates by the United Nations Economic Commission for Africa (Uneca). **If approved, IMF funds made available under a major issuance of the IMF’s Special Drawing Rights (SDRs) – reserves from central banks of all IMF members – will provide additional resources to cash-strapped governments on the continent.**”*

WEF (blog) - Confidence in the COVID-19 vaccine grows in UK and US, but global concerns about side effects are on the rise

<https://www.weforum.org/agenda/2020/12/covid-19-vaccine-confidence-world-economic-forum-ipsos-survey/>

*“The latest World Economic Forum-Ipsos survey on vaccine confidence shows that strong intent to get a COVID-19 vaccine has risen in the UK and the US, two countries where vaccines have started to be administered. However, **vaccine confidence has dropped in most other countries surveyed. The main reason people say they would not get a COVID-19 vaccine is concern about side effects.**”*

BMJ Global Health Editorial – Healthcare of Indigenous Amazonian Peoples in response to COVID-19: marginality, discrimination and revaluation of ancestral knowledge in Ucayali, Peru

<https://gh.bmj.com/content/6/1/e004479>

“Systematic and persistent discrimination against Indigenous Peoples translates into differential health outcomes when analysed through ethnicity and/or mother tongue. In Peru, morbidity and mortality rates among Indigenous Peoples for COVID-19 appear to confirm this. The COVID-19 pandemic has highlighted the historical structural violence against Indigenous Peoples that currently takes a disproportionate toll in the Peruvian Amazon. This equally applies to Indigenous Andean Peoples and Afro Peruvians....”

Looking ahead to 2021

FT Health - : Priorities for 2021

<https://www.ft.com/content/126165c1-b15c-4678-99a8-e6f8b31c5640>

*“FT writers and readers identify global challenges and **WHO chief outlines case for investing in public health.**”*

In which Tedros makes the case for ACT-A.

And a quote: *“...The **WHO’s new Council on the Economics of Health for All**, staffed by leading economists and health experts, **will put “health for all” at the centre of how we think about value**”*

*creation and economic growth. Chaired by professor Mariana Mazzucato, the Council will flip common thinking on its head and **develop a body of evidence that reflects that health is an investment in the future, not a short-term cost....***"

Devex - For the global development community, 7 predictions for 2021

R Kumar; <https://www.devex.com/news/for-the-global-development-community-7-predictions-for-2021-98845>

Well worth a read. No need to agree with everything, though.

Among others: **for poor countries, a stark vaccine reality**; the slip in the SDGs will turn into a slide; a window of opportunity for foreign aid (but closing fast); ...

NCDs

Lancet Diabetes and Endocrinology (Comment) - Public health emergency or opportunity to profit? The two faces of the COVID-19 pandemic

M van Schalkwyk, M McKee et al; [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(21\)00001-2/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(21)00001-2/fulltext)

*".... **Some corporations exploited the pandemic in other ways, seeking to bolster their credentials as good corporate citizens and secure policy responses that align with their interests.** An initiative led by the NCD Alliance in collaboration with the SPECTRUM research consortium used crowdsourcing to identify many such examples. They described **four ways in which corporations producing unhealthy commodities, including tobacco, alcohol, fossil fuels, infant formula, and ultra-processed food and drink, have taken advantage of the pandemic,** based on submissions from more than 90 countries. These companies moved quickly to portray themselves and their products in a positive light, employing long-established but largely discredited corporate social responsibility (CSR) tactics. **Looking ahead, some of these corporations are seeking opportunities in the Build Back Better agenda, working to influence those policies that respond to the widespread desire to create a better normal than what went before.** Yet many of the pressing issues that we must tackle in a post-pandemic world, including the unequal burden of ill health and unequal access to safe and healthy living and working conditions, are at least in part a consequence of the drive by these corporations for deregulated environments."*

With an interesting panel on: **"What must health professionals do to support Building Back Better?"**

Decolonize global health

Global Public Health - Decolonising global health in the time of COVID-19

M Fofana; <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1864754>

“The persistent influence of coloniality both from external actors and from within threatens the response to COVID-19 in Africa. This essay presents historical context for the colonial inheritance of modern global health and analyses two controversies related to COVID-19 that illustrate facets of coloniality: comments made by French researchers regarding the testing of BCG vaccine in Africa, and the claims by Madagascar’s president Andry Rajoelina that the country had developed an effective traditional remedy named Covid-Organics. Leveraging both historical sources and contemporary documentary sources, I demonstrate how the currents of exploitation, marginalisation, pathologisation and saviourism rooted in coloniality are manifested via these events. I also discuss responses to coloniality, focussing on the misuse and co-optation of pan-Africanist rhetoric. In particular, I argue that the scandal surrounding Covid-Organics is a reflection of endogenised coloniality, whereby local elites entrench and benefit from inequitable power structures at the intersubjective (rather than trans-national) scale. I conclude with a reflection on the need for equity as a guiding principle to dismantle global health colonialism.”

Nature Microbiology - A mind-bending take on the coloniality of global public health

M Pai; https://naturemicrobiologycommunity.nature.com/posts/a-mind-bending-take-on-the-coloniality-of-global-public-health?channel_id=303-journal-club

Review by M Pai of a new book. *“In his new, thought-provoking book, physician-anthropologist Eugene Richardson writes about what he calls an 'epidemic of illusions', an epidemic propagated by the coloniality of knowledge production.”*

BMJ GH - State of the evidence: a survey of global disparities in clinical trials

I J Marshall et al; <https://gh.bmj.com/content/6/1/e004145>

The authors conducted a comprehensive global study investigating the number of randomised controlled trials (RCTs) published on different health conditions, and how this compares with the global disease burden that they impose.

Conclusion: *“...Research priorities are not well optimised to reduce the global burden of disease. Most RCTs are produced by highly developed countries, and the health needs of these countries have been, on average, favoured.”*

Critical Public Health - Decolonising the 'safe space' as an African innovation: the Nhangas as quiet activism to improve women's health and wellbeing

N Bumgonzvanda et al ;

<https://www.tandfonline.com/doi/abs/10.1080/09581596.2020.1866169?journalCode=ccph20>

*"Contemporary power and decolonisation discourses reflect how Eurocentric and Western analysis has shaped our understandings of the world. Decolonisation efforts within Global Health and feminist studies (including what counts as valid forms of women's organising) also require a reclaiming of praxis developed within historically oppressed countries lost through erasures of knowledge-production. **Our work contributes to these efforts through an analysis of a form of collective activism for women's health and development in Zimbabwe: the Nhangas.** This traditional cultural practice is anchored to intergenerational women only 'safe spaces', a praxis pre-dating second-wave feminist theorising on such ideas. Currently, Nhangas are used by the Rozaria Memorial Trust across community, national and global advocacy spaces to promote women's health. Using collaborative autoethnography, each author's personal accounts of engagement in the Nhangas interrogate the processes that promote change in women's lives...."*

Link: NPR - [If You Shouldn't Call It The Third World, What Should You Call It?](#)

Planetary Health

AP - Study: Warming already baked in will blow past climate goals

<https://apnews.com/article/climate-climate-change-pollution-3f226aed9c58e36c69e7342b104d48bf>

*"The amount of baked-in global warming, from carbon pollution already in the air, is enough to blow past international agreed upon goals to limit climate change, a new study finds. ... For decades, scientists have talked about so-called "committed warming" or the increase in future temperature based on past carbon dioxide emissions that stay in the atmosphere for well over a century. It's like the distance a speeding car travels after the brakes are applied. But **Monday's study in the journal [Nature Climate Change](#) calculates that a bit differently and now figures the carbon pollution already put in the air will push global temperatures to about 2.3 degrees Celsius (4.1 degrees Fahrenheit) of warming since pre-industrial times.** Previous estimates, including those accepted by international science panels, were about a degree Celsius (1.8 degrees Fahrenheit) less than that amount of committed warming...."*

Inside Climate News - Many Scientists Now Say Global Warming Could Stop Relatively Quickly After Emissions Go to Zero

<https://insideclimatenews.org/news/03012021/five-aspects-climate-change-2020/>

"That's one of several recent conclusions about climate change that came more sharply into focus in 2020." Don't know whether it's true, but it sure offers a ray of hope.

Excerpt: “Some scientists punctuate their alarming warmings with hopeful messages because they know that the worst possible outcome is avoidable. **Recent research shows that stopping greenhouse gas emissions will break the vicious cycle of warming temperatures, melting ice, wildfires and rising sea levels faster than expected just a few years ago.** There is less warming in the pipeline than we thought, said Imperial College (London) climate scientist Joeri Rogelj, a lead author of the next major climate assessment from the Intergovernmental Panel on Climate Change. **“It is our best understanding that, if we bring down CO2 to net zero, the warming will level off. The climate will stabilize within a decade or two,”** he said. “There will be very little to no additional warming. Our best estimate is zero.” **The widespread idea that decades, or even centuries, of additional warming are already baked into the system, as suggested by previous IPCC reports, were based on an “unfortunate misunderstanding of experiments done with climate models that never assumed zero emissions.”** Those models assumed that concentrations of greenhouse gases in the atmosphere would remain constant, that it would take centuries before they decline, said Penn State climate scientist Michael Mann, who discussed the shifting consensus last October during a segment of 60 Minutes on CBS. **The idea that global warming could stop relatively quickly after emissions go to zero was described as a “game-changing new scientific understanding” by Covering Climate Now, a collaboration of news organizations covering climate.** “This really is true,” he said. “It’s a dramatic change in the paradigm that has been lost on many who cover this issue, perhaps because it hasn’t been well explained by the scientific community. It’s an important development that is still under appreciated.” **“It’s definitely the scientific consensus now that warming stabilizes quickly, within 10 years, of emissions going to zero,”** he said.”

See also the Guardian - [Global heating could stabilize if net zero emissions achieved, scientists say](#)

Lancet Planetary Health (January) issue

[https://www.thelancet.com/journals/lanplh/issue/vol5no1/PIIS2542-5196\(20\)X0014-3](https://www.thelancet.com/journals/lanplh/issue/vol5no1/PIIS2542-5196(20)X0014-3)

- Do start with the Editorial : [A Pandemic Era](#)

Coming back first on a report by the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES):

*“.... The report is clear that **what is required is not a simple series of technical fixes. Escaping the “Pandemic Era” will require transformative changes and no less than a fundamental reassessment of our relationship with nature.** In particular we must curb unsustainable consumption which underlies global environmental changes that in turn drives biodiversity loss, climate change, and pandemic emergence....”*

- Comment by Andy Haines - [Health in the bioeconomy](#)
- Comment by Nicole de Paula: [Planetary health diplomacy: a call to action](#)

“... It is high time to boost an overlooked area: planetary health diplomacy. This Comment seeks to raise the voice of the planetary health community within both science and the political sphere by calling for a diplomatic action plan for planetary health.”

- Research article: [Health and economic impact of air pollution in the states of India: the Global Burden of Disease Study 2019](#)

Via the Lancet Planetary Health press release:

“The Lancet Planetary Health: Meeting India’s air quality targets across south Asia may prevent 7% of pregnancy losses, modelling study estimates”

“Modelling study suggests that pregnant women in India, Pakistan, Bangladesh, who are exposed to poor air quality, may be at higher risk of stillbirths and miscarriages. An estimated 349,681 pregnancy losses per year in south Asia were associated with exposure to PM2.5 concentrations that exceeded India’s air quality standard (more than 40 µg/m³), accounting for 7% of annual pregnancy loss in the region from 2000-2016. First study to estimate the effect of air pollution on pregnancy loss across the region indicates that air pollution could be a major contributor to pregnancy loss in south Asia, so controlling air pollution is vital for improving maternal health...”

“Poor air quality is associated with a considerable proportion of pregnancy loss in India, Pakistan, and Bangladesh, according to a modelling study published in **The Lancet Planetary Health** journal. “

Lancet Editorial – Climate and COVID-19: converging crises

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32579-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32579-4/fulltext)

“...the causes of both crises share commonalities, and their effects are converging. ... However, aligning responses presents an opportunity to improve public health, create a sustainable economic future, and better protect the planet’s remaining natural resources and biodiversity...”

Editorial linked to the earlier published [The 2020 report of The Lancet Countdown on health and climate change: responding to converging crises](#).

Some other news of this week

Reuters - Amazon, Berkshire, JPMorgan healthcare joint venture to shut business next month

[Reuters](#);

“The joint venture of Amazon.com Inc, Berkshire Hathaway Inc and JPMorgan Chase & Co will cease to exist at the end of February, three years after the companies came together hoping to clamp down escalating healthcare cost...”

VOA - Democratic Republic of Congo Says China Has Granted Pandemic-Linked Debt Relief

<https://www.voanews.com/africa/democratic-republic-congo-says-china-has-granted-pandemic-linked-debt-relief>

“China has granted some debt relief to Democratic Republic of Congo to help it overcome economic fallout from the coronavirus pandemic, the Congolese Foreign Ministry said on Wednesday....”

Devex - The United Nations faces its biggest liquidity crisis in decades

<https://www.devex.com/news/america-s-chaos-biden-s-agenda-and-un-cash-problems-this-week-in-development-98871>

“... largely brought on by unpaid contributions from the U.S. government, which owes the international body over \$1 billion for peacekeeping and has not delivered more than \$630 million in outstanding payments to the U.N.’s core budget. “... The U.S. government owes \$203 million to the World Health Organization and has redirected roughly \$300 million in WHO funding to “alternate partners.” Biden’s team has signaled its intention to make reengagement with the U.N. a central priority, and advocates will be looking for early indications it will restore U.S. funding levels — and also deliver contributions on time, which is a perennial problem.”

Some papers of the week

WHO Bulletin – January issue

<https://www.who.int/bulletin/volumes/99/1/en/>

Amongst others, with Editorials on [Financing and protection for the health and care workforce](#) (J Campbell et al)

“ ...As we begin the International Year of Health and Care Workers, the potential introduction of COVID-19 vaccines will add more demands on the world’s health workforce. WHO estimates that vaccinating 20% of the global population (approximately 1.5 billion people) will require more than 1.1 million full-time-equivalent health workers. Some high-income countries have already started recruiting additional staff for their vaccine programmes. Low-income countries, with existing shortages of health workers and constraints on public sector wage bills, will be unable to do the same. While vaccines might be equitably allocated, health workers to deliver them are not evenly distributed....”

And on [Ensuring equitable access to vaccines for refugees and migrants during the COVID-19 pandemic](#).

Plos One - The winding road to health: A systematic scoping review on the effect of geographical accessibility to health care on infectious diseases in low- and middle-income countries

F Hierink et al; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0244921>

Results: *“...Results of the included publications could be broadly categorized into three groups: (1) decreased spatial accessibility to health care was associated with a higher infectious disease burden,*

(2) decreased accessibility was associated to lower disease reporting, minimizing true understanding of disease distribution, and (3) the occurrence of an infectious disease outbreak negatively impacted health care accessibility in affected regions. **In the majority of studies, poor geographical accessibility to health care was associated with higher disease incidence, more severe health outcomes, higher mortality, and lower disease reporting.** No difference was seen between countries or infectious diseases....”

Health Promotion International - Power, control, communities and health inequalities I: theories, concepts and analytical frameworks

J Popay et al ; <https://academic.oup.com/heapro/advance-article/doi/10.1093/heapro/daaa133/6056661?searchresult=1>

“...Part I of a three-part series on community empowerment as a route to greater health equity. We argue that community ‘empowerment’ approaches in the health field are increasingly restricted to an inward gaze on community psycho-social capacities and proximal neighbourhood conditions, neglecting the outward gaze on political and social transformation for greater equity embedded in foundational statements on health promotion. We suggest there are three imperatives if these approaches are to contribute to increased equity. ...”

*“... Based on our longitudinal evaluation of a major English community empowerment initiative and research on neighbourhood resilience, we propose two complementary frameworks to support these shifts. The **Emancipatory Power Framework** presents collective control capabilities as forms of positive power. The **Limiting Power Framework** elaborates negative forms of power that restrict the development and exercise of a community’s capabilities for collective control. [Parts II](#) and [III](#) of this series present empirical findings on the operationalization of these frameworks. Part II focuses on qualitative markers of shifts in emancipatory power in BL communities and Part III explores how power dynamics unfolded in these neighbourhoods.”*

Globalization & Health - Integrating the social sciences in epidemic preparedness and response: A strategic framework to strengthen capacities and improve Global Health security

K L Bardosh et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00652-6>

As already flagged last week. *“...Based on data collected prior to the COVID-19 pandemic, in this paper we analysed the variety of knowledge, infrastructure and funding gaps that hinder the full integration of the social sciences in epidemics and present a strategic framework for addressing them....”*

Globalization & Health - For the children? A mixed methods analysis of World Bank structural adjustment loans, health projects, and infant mortality in Latin America

S Noy ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00649-1>

Analysis examining the **relationship between traditional structural adjustment and health loans and projects and infant mortality in Latin America and the Caribbean from 2000 to 2015.**

Conclusion: “... my results suggest that the World Bank appears to, at least partially, have amended its approach and its recent work in the region is associated with reductions in infant mortality. However, the World Bank’s economistic approach risks compartmentalizing healthcare and reducing people to their economic potential. As such, there remains work to do, in Latin America and beyond, if health interventions are to be effective at sustainably and holistically protecting vulnerable groups.”

Lancet – Offline: The cosmopolitan state

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00026-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00026-X/fulltext)

Horton dwells on Kant’s ideas in this Offline.

Some blogs & op-eds of the week

Duncan Green (F2P blog) - Has Covid been a tipping point for Universal Social Protection? Here’s what we know

<https://oxfamblogs.org/fp2p/has-covid-been-a-tipping-point-for-universal-social-protection-heres-what-we-know/>

“...A [new paper](#) from Oxfam’s Liliana Marcos Barba, Hilde van Regenmortel and Ellen Ehmke takes a look at one possible tipping point arising from the pandemic – a transformation in the role of universal social protection (USP). Here’s the argument of **‘Shelter from the Storm’**... ... Oxfam and Development Pathways have **investigated the social protection cash transfers to respond to the COVID-19 crisis in 126 low- and middle-income countries between April and September 2020.** The results of the research are published in a **new Oxfam briefing paper** and can be summarized in the **following conclusions:...**”

Groupe d’études géopolitiques - Planting budgetary time bombs in Africa: the Macron Doctrine En Marche

D Gabor et al ; <https://geopolitique.eu/en/2020/12/23/macron-doctrine-africa/>

Analysis of the Macron Doctrine (or the Paris Consensus).

Excerpt: “... The Macron Doctrine, or the Paris Consensus, pledges to reverse those trends. To fight back against the ills of the financialised economy, Macron offers a three-pillar solution: more Europe, a true Europe-Africa partnership, and coalitions with governments and non-governmental players. Indeed, **the Macron Doctrine is notionally post-colonial. It calls for re-inventing the ‘Afro-European Axis’** and puts the onus on Europeans to ‘show that this universalism we uphold is not universalism of the dominant, as it was during colonisation, but one of friends and partners’. If the Macron Doctrine for Europe is to make it ‘the leading power in education, health, digital and green policies’ with

*massive investments, by extension it promises a post-financialisation, post-colonial partnership with Africa. **Yet paradoxically, the Macron Doctrine - explicitly built on a critique of financialisation and privatisation of public goods – co-exists with the French push for the Wall Street Consensus, which promotes a partnership with global investors to financialise development and privatise public goods, particularly in Africa. ...***

The analysis argues that “**The Afro-Europe Axis**” is planting budgetary time bombs in Africa. Via pushing PPPs etc.

*“...**What Macron denounces in Europe, he champions in Africa. There, the Macron government has pursued a strategy of promoting financialisation, more aggressively than his predecessors, through a Grand Development Bargain with private finance. The Doctrine is neither post-colonial, nor post-financialisation. “ there are three significant dangers in planting budgetary time bombs via this scaled-up ‘development as derisking’ agenda. ...***”

And a link: **African Arguments** - [Museveni and the West. Relationship status: It's complicated](#)

Some tweets of the week

Jeremy Farrar

*“World needs to know. A text this evening from colleague in middle income country. “We have a disaster here. Hospitals overwhelmed, critical oxygen shortages, soaring COVID numbers. **New variant SARS- COV-2 highly transmissible**”*”

*““**Know vaccines not magic bullet but are critical part of pandemic response. We need them now. #HCW exhausted, on their knees. Need vaccine urgently & are watching in despair as vaccines rolled out across parts of world. Need global access for vaccines.**”*”

Ilona Kickbusch

*“ **I think it's going to be frustrating and slow to roll out-slower than anyone would like,**”
@mvankerkhove (WHO) said.”The first 6 months of the year are going to be painful for people because they just want it to be done and we really need people to have the patience to get through it”*”

Clara Wenham

*“I've been asked lots about **women's leadership during #Covid19** My answer has always been: - **n=15. leaders. too small for conclusions** - can't just look at executive need to look at broader structures - are women are doing well or alpha males doing badly (Trump Bolsonaro, Johnson). **Women successfully manage crises like the pandemic not because they are women, but because they are leading countries more likely to elect women in the first place, and because those countries have policy landscapes and priorities that pre-dispose them to manage risk better. I recognise this is controversial, I am fully committed gender parity in politics, but we need to understand interaction between #gender & successful management of #COVID19 is more complex and reliant on societal factors too.**”*

Tweet (via the Economist) On Economist [article](#):

“Covid-19 has hurt no region more than Latin America. With 8% of the world’s population, it has suffered nearly a fifth of recorded cases and almost 30% of deaths”

Seye Abimbola

“after their paper was rejected (before peer review) a well-known academic threatened they'd ask colleagues to avoid @GlobalHealthBMJ ; it's the kind of power I wish authors had over (esp. global health) journals, but it's also a certain kind of entitled academic who makes a threat.”

Ben Phillips

“Developing countries aren’t asking that the scraps of leftover excess vaccine doses be charitably bestowed on them - they are asking that they be allowed & supported to make their own. Not crumbs from the table - but the recipe and the rights!”

Clare Wenham

“Germany’s extended lockdown considers gendered realities for parents: “Parents will receive an extra 10 days leave to look after children, while single parents will receive an extra 20 days””

Josh Mishaud

“Chinese officials are carefully stage-managing a visit from @WHO officials looking into the origins of the pandemic. Experts say little of substance can be learned given the restrictions imposed. “Politics is ahead of the science now”

Adam Tooze

“Is China going to end up needing more of its own vaccines than it thought?”

Re “ @YanzhongHuang (on a Global Times article) **“A shift in China's vaccine diplomacy? Minister Wang Yi did not reiterate China's pledge of offering vaccine doses to developing countries except to say that China will “help other developing countries access affordable vaccines.”**

Brian Simpson (editor in chief Global Health Now) (in Editors’ note: ‘American leadership imperiled – for the moment)

Quote: “... **What does it mean for global health?** How can a country that cannot effect a peaceful transfer of presidential power, a country that has persistently instituted systemic racism, that has allowed COVID-19 to claim more lives than any other (361,297 so far), that has cruelly separated children from their parents at its borders, that has cut ties with the WHO—**how can this country presume to lead global health? The answer is it can’t.** At least for the next 13 days. The current administration’s America first posture weakened essential ties with other nations and diluted American leadership in global health and many other areas....”

Global Health Events

Coming up: Wednesday 13 Jan will be a busy day:

with HSG (Stage 2) sessions and also a half-day ODI/Irish Aid conference: [Global Reset: inequality and a new social contract](#)

Global governance of health

JECH - Glossary on free trade agreements and health part 1: the shift from multilateralism and the rise of 'WTO-Plus' provisions

C McNamara et al ; <https://jech.bmj.com/content/early/2021/01/05/jech-2020-215104.abstract?ct=>

*“The global trading system has undergone a shift away from multilateral trade negotiations to a ‘spaghetti-bowl’ of regional and bilateral free trade agreements (FTAs). In this two-part glossary, we discuss why this shift has occurred, focusing on how it poses new challenges for public health. Specifically, we introduce key terms that shape this new trading environment and explain them through a public health lens. **Part 1 of this glossary** focuses on provisions in FTAs that build on previous agreements of the World Trade Organization (WTO). These provisions are commonly designated as ‘WTO-Plus’. This approach continues into [part 2 of the glossary](#) which also considers components of FTAs that have no precedent within WTO treaties. Following a broader discussion of how the current political context and the COVID-19 pandemic shape the contemporary trade environment, part 2 considers the main areas of trade and health policy incoherence as well as recommendations to address them....”*

Journal of European Integration (special issue): Pandemic Politics and European Union responses

<https://www.tandfonline.com/toc/geui20/42/8>

Special issue. Last week we already flagged the paper by Van Schaik, van de Pas et al. Do also check out the rest of the special issue.

Global Policy - The EU in Search of Autonomy in the Era of Chinese Expansionism and COVID-19 Pandemic

S Santander et al ; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12899>

Do check especially the section “COVID-19 global outbreak: a new lever of tension or a fresh start?”

With focus on how China has been reviving the medical aspect of the Belt and Road Initiative (**Health Silk Road**), since the start of the pandemic.

Book – The Gates Foundation's Rise to Power: Private Authority in Global Politics

A M Fejerskov; [Routledge](#)

*“...The Gates Foundation’s Rise to Power is an urgent exploration of one of the world’s most influential but also notoriously sealed organizations. As **the first book to take us inside the walls of the foundation**, it tells a story of dramatic organizational change, of diverging interests and influences, and of choices with consequences beyond the expected. Based on extensive fieldwork inside and around the foundation, the book explores how the foundation has established itself as a major political power, how it exercises this power, but also how it has been deeply shaped by the strong norms, ideas, organizations, and expectations from the field of global development...”*

The making of the South Centre - A contribution to the institutional history of developing countries’ collective action in the world arena on the occasion of the South Centre’s 25th anniversary as an intergovernmental organization

<https://www.southcentre.int/wp-content/uploads/2020/12/SouthViews-Gosovic.pdf>

The **South Centre** is a “think tank” for the cause of the Global South and has marked in 2020 its 25th anniversary as an IGO. Do check out its institutional history.

Global Public Health - Institutional overlap and access to medicines in MERCOSUR and UNASUR (2008–2018). Cooperation before the collapse?

A Bianculli et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1867879>

*“...this paper breaks new ground by examining the effects of the overlap in membership, health mandates and institutional mechanisms between the Common Market of the South (MERCOSUR) and the Union of South American Nations (UNASUR) between 2008 and 2018. It focuses on two cases of **access to medicines**: the creation of the medicine price bank and the price negotiation of high-cost medicines. **Our argument is that the overlap was positive, leading to an incipient trend towards cooperation.** Overall, the article deepens our understanding of the conditions under which regional organisations, even in the context of institutional overlap, can contribute to adequately respond to transnational challenges, which, as global health, are not only persistent, but also profoundly affect our societies.”*

And a link : in the Conversation - [Wanted in 2021: A coherent global health strategy for Canada](#) (By E di Ruggiero et al)

Planetary health

Guardian - Climate crisis will cause falling humidity in global cities – study

<https://www.theguardian.com/environment/2021/jan/04/climate-crisis-will-cause-falling-humidity-in-global-cities-study>

“Urban regions around the world are likely to see a near-universal decrease in humidity as the climate changes, a study has found. The research suggests that building green infrastructure and increasing urban vegetation might be a safe bet for cities looking to mitigate rising temperatures. ... Lei Zhao, a scientist from the University of Illinois and the lead author of [the paper published in Nature Climate Change](#), says this has meant that previous climate models have not produced data specific to cities. ...”

Simon Maxwell (blog) - Less is More: Previewing a debate on de-growth

<https://simonmaxwell.net/blog/less-is-more-previewing-a-debate-on-de-growth.html>

Simon Maxwell looks ahead to a **debate between Jason Hickel (de-growth) and a proponent of green growth (S Hallegatte)**. In **Development Policy Review**. *“... I am delighted to say that Jason has accepted the challenge, and that he will debate **Stephane Hallegatte, Lead Economist at the World Bank**, and author or co-author of several reports on green growth (including ‘Inclusive Green Growth: the Pathway to Sustainable Development’). Publication is expected by the summer of 2021....”*

Infectious diseases & NTDs

BMJ GH - The global impact of the COVID-19 pandemic on the prevention, diagnosis and treatment of hepatitis B virus (HBV) infection

C Pley et al ; <https://gh.bmj.com/content/6/1/e004275>

“..... We provide an overview of the impact of the ongoing COVID-19 pandemic on hepatitis B virus (HBV) programmes globally, focusing on the possible consequences for prevention, diagnosis and treatment. Ongoing disruptions to infrastructure, supply chains, services and interventions for HBV are likely to contribute disproportionately to the short-term incidence of chronic hepatitis B, providing a long-term source of onward transmission to future generations that threatens progress towards the 2030 elimination goals.”

IJHPM - Priority Setting in HIV, Tuberculosis, and Malaria – New Cost-Effectiveness Results From WHO-CHOICE

A Ralaidovy et al ; http://www.ijhpm.com/article_3995.html

“This paper forms part of an update of the World Health Organization Choosing Interventions that are Cost-Effective (WHO-CHOICE) programmes. It provides an assessment of global health system performance during the first decade of the 21st century (2000-2010) with respect to allocative efficiency in HIV, tuberculosis (TB) and malaria control, thereby shining a spotlight on programme development and scale up in these MDG priority areas; and examining the cost-effectiveness of selected best-practice interventions and intervention packages commonly in use during that period....”

Results: “At the reference year of 2010, **commonly used interventions for HIV, TB and malaria were cost-effective**, with cost-effectiveness ratios less than I\$ 100/HLY saved for virtually all interventions included. HIV, TB and malaria prevention and treatment interventions are highly cost-effective and can be implemented through a phased approach to full coverage to achieve maximum health benefits and contribute to the progressive elimination of these diseases.”

Infectious Diseases of Poverty - Neglected tropical diseases activities in Africa in the COVID-19 era: the need for a “hybrid” approach in COVID-endemic times

D Molyneux; <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-020-00791-3>

“With the coronavirus disease 2019 (COVID-19) pandemic showing no signs of abating, resuming neglected tropical disease (NTD) activities, particularly mass drug administration (MDA), is vital. Failure to resume activities will not only enhance the risk of NTD transmission, but will fail to leverage behaviour change messaging on the importance of hand and face washing and improved sanitation—a common strategy for several NTDs that also reduces the risk of COVID-19 spread. This so-called “hybrid approach” will demonstrate best practices for mitigating the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by incorporating physical distancing, use of masks, and frequent hand-washing in the delivery of medicines to endemic communities and support action against the transmission of the virus through water, sanitation and hygiene interventions promoted by NTD programmes. ... We outline what implementing this hybrid approach, which aims to strengthen health systems, and facilitate integration and cross-sector collaboration, can achieve based on work undertaken in several African countries.”

AMR

Globalization & Health - Bibliometric analysis of peer-reviewed literature on antimicrobial stewardship from 1990 to 2019

W Sweileh et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00651-7>

*“The World Health Organization recommended the implementation of **antimicrobial stewardship (AMS)** in the clinical settings to minimize the development and spread of antimicrobial resistance (AMR). **The current study aimed to assess global research activity on AMS as one measure for efforts dedicated to contain AMR.....**”*

Link:

WHO Bulletin - [Adapting environmental surveillance for polio to the need to track antimicrobial resistance](#)

*“**Multipurposing polio surveillance**, that is, integrating other communicable disease surveillance with polio surveillance, could improve sustainability and country engagement...” “...Virtually every country could benefit from increased environmental surveillance, but **a logical next step is to multipurpose environmental surveillance in countries already performing polio environmental surveillance, to detect other pathogens in addition to poliovirus.** Doing so would increase the*

sustainability of environmental collection efforts, improving antimicrobial resistance and SARS-CoV-2 surveillance in low-resource settings, and would strengthen efforts to finally eradicate polio.”

NCDs

Globalization & Health - The political economy of sugar-sweetened beverage taxation in Latin America: lessons from Mexico, Chile and Colombia

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00656-2>

“...This paper comparatively analyses governance challenges involved in the adoption of taxation of sugar-sweetened beverages in Mexico, Chile and Colombia. The three countries have similar political and economic systems, institutional arrangements and regulatory instruments but differing policy outcomes...”

Global Health Action - Can non-fatal burden estimates from the Global Burden of Disease study be used locally? An investigation using models of stroke and diabetes for South Africa

V Pillay van-Wyk et al; <https://www.tandfonline.com/doi/full/10.1080/16549716.2020.1856471>

The authors investigated the feasibility of utilising GBD PYLD (prevalence-based years of life lived with disability) estimates for stroke and diabetes by exploring different disease modelling scenarios.

Apparently the answer is yes.

HP&P - A health policy analysis of the implementation of the National Tobacco Control Act in Nigeria

E E Udokanma et al ; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czaa175/6061426?redirectedFrom=fulltext>

“...This article conducts a health policy agenda-setting analysis of the NTCA using the Kingdon’s multiple streams model and analyses its implementation using the Principal-Agent theory...”

And a link: **Health Research Policy & Systems: [Collaborative research and knowledge translation on road crashes in Burkina Faso: the police perspective 18 months on.](#)**

Sexual & Reproductive / maternal, neonatal & child health

IPS - From child marriage to revenge porn: 10 set-backs for women in 2020

<https://news.trust.org/item/20201228230317-40q1u/>

“From soaring domestic violence to a widening gender poverty gap, 2020 has been a year of reversal for women's rights.”

Health Research Policy & Systems - Menstrual hygiene management in schools: midway progress update on the “MHM in Ten” 2014–2024 global agenda

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-020-00669-8>

“...To enable more synergistic and sustained progress on addressing menstruation-related needs while in school, an effort was undertaken in 2014 to map out a vision, priorities, and a ten-year agenda for transforming girls' experiences, referred to as Menstrual Hygiene Management in Ten (MHM in Ten). The overarching vision is that girls have the information, support, and enabling school environment for managing menstruation with dignity, safety and comfort by 2024. This requires improved research evidence and translation for impactful national level policies. As 2019 marked the midway point, we assessed progress made on the five key priorities, and remaining work to be done, through global outreach to the growing network of academics, non-governmental organizations, advocates, social entrepreneurs, United Nations agencies, donors, and national governments. This paper delineates the key insights to inform and support the growing MHM commitment globally to maximize progress to reach our vision by 2024....”

FP - Rescinding the Global Gag Rule Isn't Enough

<https://foreignpolicy.com/2021/01/04/global-gag-rule-trump-biden-reproductive-womens-rights/>

(gated) *“If U.S. President-elect Joe Biden wants to champion gender equality and reproductive rights, he can't just roll back Trump-era policies.”*

And a link:

Lancet Global Health - [A road to optimising maternal and newborn quality care measurement for all](#)

Accompanying **Comment** of new Lancet GH research article: *“...In **The Lancet Global Health**, Louise Day, Qazi Rahman, and colleagues, using a large sample of mother–baby pairs receiving care at facilities providing comprehensive emergency obstetric and neonatal care in Bangladesh, Nepal, and Tanzania, assessed the validity of measurement of common facility-based indicators of maternal and newborn care coverage, including some for small and ill newborn babies. The authors highlighted the strengths and weaknesses of two different data collection methods—exit surveys and facility registers— against the gold standard of direct observation, offering a roadmap to improvement that ensures that we are accurately measuring and acting on what matters....”*

Access to medicines

FP - It's Time to Use Eminent Domain on the Coronavirus Vaccines

A Acharaya & S Reddy; <https://foreignpolicy.com/2020/12/29/its-time-to-use-eminent-domain-on-the-coronavirus-vaccines/>

"Respecting drug companies' intellectual property rights during a pandemic doesn't make medical, or economic, sense."

Human resources for health

HRH - Governance in health workforce: how do we improve on the concept? A network-based, stakeholder-driven approach

M Y H Lim et al ; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-020-00545-0>

Literature review to map out the current conceptualisation of health workforce governance.

Conclusion : « *Although governance in health systems has gained increasing attention, **governance in health workforce remains poorly conceptualised in literature. We propose an improved conceptualisation in the form of a stakeholder-driven network governance model with the national government as a strong steward against vested stakeholder interests.***»

HP&P - The impact of economic recessions on health workers: a systematic review and best-fit framework synthesis of the evidence from the last 50 years

G Russo et al ; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czaa180/6061418?redirectedFrom=fulltext>

*"... Drawing from the empirical literature, **we aimed to provide a framework for understanding the impact of recessions on HWs and their reactions.** The 2010–15 Great Recession in Europe was the subject of most (52%) of the papers. Our consolidated framework suggests that **recessions transmit to HWs through three channels:** (1) an increase in the demand for services; (2) the impacts of austerity measures; and (3) changes in the health labour market..."*

And a link:

Plos Med - [Novel community health worker strategy for HIV service engagement in a hyperendemic community in Rakai, Uganda: A pragmatic, cluster-randomized trial](#)

Extra Covid section

LSE (blog) – Too exhausted even to watch the news: a plea for COVID-19 policy that considers women

C Wenham; <https://blogs.lse.ac.uk/covid19/2021/01/07/too-exhausted-even-to-watch-the-news-a-plea-for-covid-19-policy-that-considers-women/>

“Our experience of the first lockdown tells us that Lockdown 3.0 will disproportionately affect women. Clare Wenham (LSE) looks at the extent of the harm and suggests what the government could do right now to mitigate the impact.”

AJTMH (Collection) - Managing COVID-19 in Low- and Middle-Income Countries

https://www.ajtmh.org/covid_lmhc

*“This is a collection of articles on managing COVID-19 in Low- and Middle-Income Countries; new articles will be added as they are published online. **The entire collection will be published as a supplement to the American Journal of Tropical Medicine and Hygiene sometime in 2021.**”*

WHO - Global Risk Communication and Community Engagement Strategy

<https://www.who.int/publications/i/item/covid-19-global-risk-communication-and-community-engagement-strategy>

COVID-19 Interim Guidance 23 December 2020. *“...**The overarching goal of the strategy:** That people-centred and community-led approaches are championed widely – resulting in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.”*

Institute of Economic Affairs - Turning a blind eye: Have economists been ignored during the pandemic?

P Ormerod; <https://iea.org.uk/publications/turning-a-blind-eye-have-economists-been-ignored-during-the-pandemic/>

*“Throughout the Covid-19 crisis, governments have relied heavily on the advice of epidemiologists and health professionals. Unusually, the economics profession has been conspicuous by its low profile in the policy making process. **In an IEA paper published in May 2020, I argued that economic advice was an absolutely essential input into successful policy making when dealing with Covid-19. This paper looks back and illustrates ways in which the insights of economics could have helped and would be essential in any future pandemic. The focus is on micro-economics, the behaviour of individuals. It is not about Covid-19 and the macro-economy, either in an assessment of the quantitative impact of the pandemic, or in terms of the appropriate macro policy response to it...**”*

Among the findings: *“...**There has been a conspicuous failure by governments to appreciate the importance of incentives** throughout the pandemic...” “...A key part of the economists’ policy tool*

kit is cost-benefit analysis. Studies published using this, by distinguished economists, uniformly suggest that the costs of lockdown exceed the benefits....”

Nature Medicine - Difficult trade-offs in response to COVID-19: the case for open and inclusive decision making

Ole Norheim; <https://www.nature.com/articles/s41591-020-01204-6>

“We argue that deliberative decision making that is inclusive, transparent and accountable can contribute to more trustworthy and legitimate decisions on difficult ethical questions and political trade-offs during the pandemic and beyond.”

FP - Cheap Mass Testing Is Vital for Pandemic Victory

Annie Sparrow; <https://foreignpolicy.com/2021/01/05/cheap-mass-testing-covid-pandemic-pcr-antigen/>

“Switching from expensive, slow PCR tests to self-administered antigen tests could work wonders.”

Guardian - Misinformation 'superspreaders': Covid vaccine falsehoods still thriving on Facebook and Instagram

<https://www.theguardian.com/world/2021/jan/06/facebook-instagram-urged-fight-deluge-anti-covid-vaccine-falsehoods>

*“Conspiracy theories and misinformation about the coronavirus vaccine are still spreading on Facebook and Instagram, more than a month after **Facebook pledged** it would take them down. Under pressure to contain an avalanche of falsehoods, **Facebook** announced on 3 December that it would ban debunked claims about the safety and efficacy of vaccines now being distributed worldwide. ...”*

BMJ GH (Commentary)- Being close to an election does not make health more politically relevant: more experimental evidence during a global pandemic

A Acharya et al ; <https://gh.bmj.com/content/6/1/e004296>

Follow-up comment. *“At the onset of COVID-19, experimental surveys, conducted in India, the UK and the US, showed voters are unlikely to punish or reward politicians for their success or failure in managing the pandemic. **Here we report that a follow up survey conducted only in the US three weeks before the national election showed results similar to those from the older survey.** Support for the incumbent remains the same across treatments while all respondents are more likely to blame the government for allowing the virus to spread. Although unable to conclude that the pandemic has had no influence on electoral outcomes, our results do raise questions about whether and how political institutions might contribute toward improving health.”*

FT - Vaccine scepticism among medics sparks alarm in Europe and US

<https://www.ft.com/content/c576e15f-e5b1-4369-a5f0-073b4466036f>

“Health workers’ reluctance to have jab gives countries battling Covid another headache.”

“Signs that a relatively high number of healthcare workers are unwilling to receive the coronavirus vaccine in some parts of Europe and the US have alarmed politicians and health experts, as countries struggle to contain a surge in infections and carry out mass vaccination. “With figures on Germany, France, US, among others.

NPR Goats & Soda – What Will It Take To End The COVID-19 Pandemic?

<https://www.npr.org/sections/goatsandsoda/2021/01/05/953653373/some-experts-say-temporary-halt-on-drug-patents-is-needed-to-stop-pandemic-world>

Globally, that is. NPR asked some experts. (Changing’ the global IP regime seems a crucial factor...

And a **WB blog** - [The Impact of African scientists: How years of building scientific capacity in Africa have been a real game changer in the response to COVID-19](#)