Dear Colleagues,

On the 1st anniversary of WHO’s declaring of a global emergency, (a “PHEIC”), dr. Tedros sounded a bit like George Bush jr when urging the world to ‘stay the course’ (considering a consecutive drop in new COVID-19 cases as encouraging news, while warning us not to get too carried away). (PS: at least he didn’t sound like Donald Rumsfeld 😊)

On the vaccine access front, it’s been quite a blitz in recent weeks. As you probably learnt by now, last weekend, Ursula “Team Europe” von der Leyen didn’t exactly experience her ‘finest hour’. Still, some of the current criticism of the EC vaccination strategy feels a bit cheap, and more importantly perhaps, ill-directed, at least from a GPG/ “People’s Vaccine” perspective (where a lot more criticism on the EU seems warranted, actually). But then again, maybe that’s understandable, as von der Leyen herself seems to have a rather bizarre interpretation of a ‘Global Public Good’ at times.

Now that the entire world is screaming for vaccines, the pressure to share IP will only increase, however. More and more big pharmaceutical companies (Sanofi, Novartis, Bayer, GSK ...) are expressing their intention to “team up” with some of the current vaccine makers, adding vaccine manufacturing capacity and thus ‘coming to the rescue’ (of Thomas Cueni and Bill Gates, among others 😳 ?). Obviously, the all-important Serum Institute also plays a vital role in all this (as well as Sputnik, it turned out this week).

Earlier this week, Ngozi Okonjo-Iweala (a key contender for the WTO top job) positioned herself rather cautiously in the Covid related IP debate, certainly more so than dr. Tedros who didn’t mince words in a Foreign Policy op-ed in which he “called for the sharing of vaccine manufacturing technology, intellectual property, know-how & other measures, so that a few actors don’t determine when the pandemic ends”. Enter “C-TAP, temporarily waiving IP barriers, and expanding voluntary contracting between manufacturers”, among others. Tedros argued, correctly, that “hoarding vaccines is not just immoral, but also medically self-defeating”. And he also called a spade a spade, when calling for the need to “end the artificial coronavirus vaccine scarcity”. (Tedros probably wrote this piece after a very strong cup of Ethiopian coffee 😳).

Anyway, regardless of the coffee involved, Tedros is damned right, and I certainly have a lot more trust in going this road than in (WHO) teaming up with the likes of FIFA to further promote ACT-A etc. “Star footballers .... will promote equitable global access to vaccines, treatments and diagnostics”. Ahum. Even the WHO Communications team must have realized the timing for this claim was a bit off, in the very week that Messi’s dazzling contract figures were leaked.
Most African countries don’t want to take any chances, however, and are now going full speed ahead for a mix of options, either through bilateral means, regional (AU) or multilateral mechanisms (COVAX). WHO seems confident that by the end of 2021, a third of the African population can already be vaccinated. On Wednesday, it was good to see (an indicative) COVAX dose distribution plan unveiled, with at least some doses for 145 countries to start vaccinating health workers and other vulnerable groups.

While all eyes are on vaccine equity, “oxygen shortages continue to bite in poorer countries battling Covid”, (FT) The medical oxygen crisis should get far more attention than it does so far.

We end this week’s intro by inviting you to listen to “It’s ok to cry”, by (transgender producer/artist) Sophie, who passed away last week, far too early. While the song clearly isn’t about the pandemic, it also seems befitting our tragic times in which we all mourn lost lives.

Enjoy your reading.

Kristof Decoster

Featured Article

How workplaces are fuelling the COVID-19 pandemic in sub-Saharan Africa

Charles Ssemugabo (Research Associate in the Department of Disease Control and Environmental Health, Makerere University School of Public Health & EV governance member)

All over the world, COVID-19 has redefined how we live our lives in the past year. Sadly, and more importantly, the pandemic has also claimed a lot of lives so far - with no end in sight yet. Although relatively “spared” compared to some other parts of the world, by February 2 Africa had registered 3,582,022, COVID-19 cases and 91,517 deaths (with 3,075,651 recoveries). In recent months, as media started to report on a (more aggressive) “second wave” in a number of sub-Saharan African (SSA) countries, workplaces have perhaps become “the number one risk”. In this article, we explore why this is the case.

When the first wave started, around March 18, 2020 (when there were only approximately 700 cases), most sub-Saharan African countries instituted lockdowns to buy some time to prepare their health systems to respond to the pandemic. At the time, COVID-19 cases were being managed at National and Regional referral hospitals and showed up with barely any adverse symptoms. During the lockdown, sectors including health, banking, manufacturing and agriculture among others continued to work and workplaces were not regarded as high risk for transmission of COVID-19. Limited social activities, coupled with many formal sectors moving towards working from home, allowed to curtail the spread and progression of the disease. As reported elsewhere, that doesn’t mean the lockdowns didn’t come with a lot of damage in sub-Saharan African countries. Indeed, given the substantial hand-to-mouth economy in many sub-Saharan countries, a large section of the population would rather live with the consequences of COVID-19 than die of hunger.
As of June 9, 2020, when most governments started to relax the lockdowns, there were approximately 204,156 COVID-19 confirmed cases. A large section of the population that could not work from home quickly resumed working, thus increasing their chances of contracting the disease. In SSA, the informal sector makes up a large percentage of workers. In Uganda, for example, the informal sector includes garages, welders, carpentry, markets, hawkers, shoe shiners, hair salons/beauty parlours and wheel barrow pushers among others. Together, they account for more than 60% of the working population. For many, certainly in the informal sector where most are not able to work from home, workplaces became increasingly risky settings when lockdowns were lifted. Between June and August 2020, confirmed COVID-19 cases increased more than fivefold, from 204,156 to 1,066,988 cases respectively. The work environment was one of the main drivers of this steady increase, and continues to be part of the reason why we now face a ‘second wave’ in a number of SSA countries (even if this second wave is more pronounced in some countries than in others).

Below we shed some more light on why work environments are “risky COVID-business” for many.

Pretty soon in the pandemic, both the World Health Organisation (WHO) and the International Labour Organisation (ILO) developed standard operating procedures (SOPs) with detailed recommendations for health and safety practices and approaches to COVID-19 prevention. Among others, they include: organizing work in a way that allows for physical distancing of at least 2 metres from other people; avoidance of face-to-face meeting while giving preference to phone-calls, emails or virtual meetings; compulsory use of masks while at the work place; ensure regular cleaning and disinfecting of desks, workstations, doorknobs, telephones, keyboards and working objects in common areas including rest rooms; provision of a functional hand-hygiene facility with running water and soap or hand sanitizers for customers, staff or visitors at entrances and exits; provision of functional hand-hygiene stations within 5m of toilets/latrines, promoting and communicating good respiratory hygiene at the workplace such as covering your mouth and nose with your bent elbow or using a tissue when coughing or sneezing; provision of appropriate facemasks and paper tissues at worksites; and improving exhaust ventilation and providing more clean make-up air to rooms and premises with high risk of exposure to the virus.

Due to financial, infrastructural or social reasons, many workplaces in sub-Saharan countries could not observe these guidelines, however. Yes, some workplaces, especially the formal ones, have put in place measures to reduce the spread of COVID-19: some workplaces are indeed already minimizing overcrowding, conducting surveillance for COVID-19 signs and symptoms, fast-tracking infected patients, providing easy access to handwashing facilities, providing isolation rooms, anterooms and shower facilities, and stepping up their supply of protective gear like face masks. Plenty of other workplaces, however, have failed to put in place most of these measures so far.

Adherence to COVID-19 prevention guidelines faces a number of obstacles in many sub-Saharan countries.

First, there’s the overall lack of PPE (Personal Protective Equipment) in a number of SSA countries, including Uganda. Very soon in the COVID-19 pandemic, PPE became a matter of life and death for many front line health workers. Many health workers did not have access to basic PPE including face masks and gloves, among others. This obviously increased their risk of contracting COVID-19. To-date, Uganda has lost approximately 17 health workers including 3 experienced and prominent consultants and leaders in their fields. Given the overall lack of PPE, more basic masks flooded the market with several people and companies investing in their production. However, many people don’t bother to wear their masks at all times while in the workplaces.

Second, in addition to casually wearing masks, a lack of constant supply of utilities such as soap and water or hand sanitizers also reduced the population’s adherence to the SOPs. And last but not least,
with a large proportion of the population working in congested spaces like markets, arcades, bus parks etc., “physical distancing” is also easier said than done in many settings.

For all these reasons, many formal and certainly most informal workplaces in sub-Saharan Africa were not prepared to prevent and control COVID-19, thus turning into high risk zones.

Despite the commendable efforts by pharmaceutical companies like Moderna, Pfizer, AstraZeneca and others in vaccine development and rollout, projections show that most sub-Saharan African countries will only achieve widespread vaccination coverage by the beginning of 2023. This implies that the COVID-19 prevention and control SOPs will still be the “number one” protection mechanism against COVID-19 for many months to come. Therefore, it is important for workplaces to fully implement and streamline the COVID-19 prevention and control guidelines in order to reduce the surge of Covid-19 related morbidity and mortality. Even if we agree it’s easier said than done in some settings, far more can be done than currently is the case.

Highlights of the week

SRHR

Guardian - Joe Biden axes 'global gag rule' but health groups call on him to go further


We bet you already knew this by now. Uplifting news from late last week. Last Friday, the Biden-Harris administration repealed the Mexico City Policy. US funding for the United Nations Population Fund (UNFPA) was also restored.

PS: “Reproductive rights advocates are urging the new administration to now go further and permanently repeal the Mexico City policy – known as the “global gag rule” – to prevent it being reinstated by a future Republican president. ...”

Links:

Guardian - Biden move to refund UN population agency is ‘ray of hope for millions’

HPW - ‘Gag Rule’ Must Never Be Repeated, International AIDS Society Tells US Gov

CGD (blog) - Getting Back on Track: How to Advance the Biden-Harris Administration’s Early Actions on Women’s Health. With some more suggestions.
Global Health Governance & Financing

Devex – Biden makes a case for foreign aid

“In his first major foreign policy speech since becoming the U.S. president, Joe Biden made the case for diplomacy and foreign assistance, marking a sharp contrast to his predecessor. “When we invest in economic development of countries, we create new markets for our products and reduce the likelihood of instability, violence, and mass migrations. When we strengthen health systems in far reaches of the world, we reduce the risk of future pandemics that could threaten our people and our economy,” Biden said in his speech at the State Department....”

“... Biden also outlined policy objectives, including ... and a new effort to “reinvigorate” U.S. global leadership on LGBTQ issues....”

Devex - USAID nominee Power calls for US to lead on global COVID-19 response

“The United States needs to take a leadership role in global COVID-19 response and play an active part in helping address the mounting number of world crises ... according to Samantha Power, the nominee to lead the U.S. Agency for International Development. “The only way a collective action problem gets addressed, resolved, is for a catalytic actor to put skin in the game and to leverage what it is doing to get others to do more,” Power said at an online event Wednesday. While some countries have tried, the U.S. — by virtue of its stature and potential funding ability — can make a critical difference in global COVID-19 response, though it will face trust issues with world leaders, Power said. ... The $11 billion in global funding in President Joe Biden’s COVID-19 relief bill “desperately” needs to be preserved, Power said. Advocates, including CARE and the ONE Campaign, are calling for $20 billion to fund the mounting needs of the global response....”

HP&P - The relationship between development assistance for health and public health financing in 134 countries between 2000 and 2015

“This paper utilizes causal time-series and panel techniques to examine the relationship between development assistance for health (DAH) and domestic health spending, both public and private, in 134 countries between 2000 and 2015. ... Results show that DAH had no significant impact on overall domestic public health investment. For HIV-specific investments, a $1 increase in on-budget DAH was associated with a $0.12 increase in government spending for HIV. For the private sector, $1 in DAH is associated with a $0.60 and $0.03 increase in prepaid private spending overall and for malaria, with no significant impact on HIV spending. Results demonstrate that a 1% increase in public financing reduced under-5 mortality by 0.025%, while a 1% increase in DAH had no significant effect on reducing under-5 mortality. The relationships between DAH and public health financing suggest...
that malaria and HIV-specific crowding-in effects are offset by crowding-out effects in other unobserved health sectors. The results also suggest policies that crowd-in public financing will likely have larger impacts on health outcomes than DAH investments that do not crowd-in public spending.”

PhD thesis - From ideas to policymaking: the political economy of the diffusion of performance-based financing at the global, continental, and national levels

L Gautier; https://papyrus.bib.umontreal.ca/xmlui/handle/1866/24405?locale-attribute=en

Dazzlingly interesting PhD (from 2019), now finally online.

Georgetown University (White paper) – Reforming the Declaration Power for Global Public Health Emergencies under the International Health Regulations (2005)

C Wenh, A Phelan et al; https://georgetown.app.box.com/s/w0u7k6dwb7404nfcp87bvxh34q90dpmnn

By the International Law Impact and Infectious Disease Law consortium.

Cfr tweet: “One year after declaration of #COVID19 PHEIC, what are the lessons for possible reform for future declarations? PHEICs v Pandemics? intermediate declarations? traffic lights? ...”

“...This White Paper examines issues that have arisen with the current declaration process, including the rationale for the PHEIC declaration power and the sometimes-misunderstood legal basis for declaring PHEICs. We identify tensions that are inherent to the PHEIC declaration, necessary to preempt any similar tensions that may arise with any proposed reforms, including a regional level declaration, traffic-light system with an intermediate level of alert, revised criteria, or reconsideration of pandemic declarations. However, such reforms may not address, and may replicate, persisting issues with the current PHEIC mechanism and process, and so this White Paper proposes areas for IHR reform urgently needed, whether amendments are made or the status quo in declarations is maintained, including transparency, equity, the need for an evidence repository, response guidance for states, a tethered funding mechanism, and procedures for reinforcing norms for better global health security....”

Devex - Global Fund's $5B ask for COVID-19 response still lacking funds


“The $5 billion is part of the $38 billion requirement by the Access to COVID-19 Tools Accelerator, for which the Global Fund is a co-lead of the diagnostics pillar, together with the Foundation for Innovative New Diagnostics, as well as the health systems connector pillar with the World Bank and the World Health Organization. That requirement is expected to change again soon, as ACT Accelerator partners review current needs, Vanni said. And the amount is likely to increase as current needs and deployment efforts — particularly for COVID-19 vaccines — increase....”
Global Fund Engages Partners to Develop New Strategy


“More than 300 representatives from across the world convened virtually today to kick off the Partnership Forums, a series of consultations to help shape the next multi-year Global Fund strategy. The Partnership Forums are unique in the global health sector, providing a broad and inclusive platform for representatives from all Global Fund implementers, partners and people affected by diseases to discuss the organization’s future strategic direction. Key areas of focus include how the Global Fund can strengthen its impact and contribution to the ambitious 2030 Sustainable Development Goal targets for HIV, TB, malaria, build strong community and health systems, increase focus on equity, human rights, gender and the most vulnerable, and respond to the COVID-19 pandemic which threatens to reverse the health gains of the last two decades....”

UHC2030 Civil Society Engagement Mechanism works to ensure no one is left behind


Updates from the CSEM in 2020. “Even as the COVID-19 pandemic disrupted lives across the world, civil society continued the critical push for UHC. The Civil Society Engagement Mechanism for UHC2030 (CSEM) remained active through activities and publications in 2020, especially to ensure that ‘leave no one behind’ is at the center of the global response to the pandemic. The Advisory Group and members have been working at the country, regional, and global levels to continue to link health systems strengthening for UHC to pandemic response and preparedness....”

In other UHC 2030 news, **2 new Co-Chairs of the UHC2030 Steering Committee were appointed**: Ms Gabriela Cuevas Barron ... & Dr Justin Koonin. They replace Ilona Kickbusch & Githinji Gitahi.

BMJ (Editorial) - What went wrong in the global governance of covid-19?

C Wenham; https://www.bmj.com/content/372/bmj.n303

Clare Wenham’s take based on the latest report from the Independent Panel for Pandemic Preparedness and Response. “Plenty, according to the latest independent panel report.”

Wenham also discusses a potential new treaty for pandemic preparedness (as floated by Charles Michel & Tedros, among others); and mentions that “the UK government’s leadership of G7 is set to champion global health security, including review and reform of WHO”.

And: “**We need a targeted review that names and shames governments**, rather than obscuring them with generalisations.”

NYT - McKinsey Settles for $573 Million Over Role in Opioid Crisis

https://www.nytimes.com/2021/02/03/business/mckinsey-opioids-settlement.html
“The consulting firm has reached the agreement with 47 states because of its advice to drugmakers, including Purdue Pharma, the manufacturer of OxyContin.”

Sparking this tweet from Sarah Dalglish: “McKinsey helped “turbocharge” opioid sales - are they a legitimate partner in #GlobalHealth?”

Global health is full of rhetorical questions 😊.

Politico (Global Pulse) – Davos picks Alzheimer’s for its next health game changer

https://www.politico.com/newsletters/global-pulse

“Two health care partnerships created out of the World Economic Forum have been at the forefront of fighting the pandemic: Gavi, which has brought immunization against childhood diseases to the world’s poorest countries, and CEPI, which is working to develop vaccines that stop epidemics. Now, the organization behind the exclusive Davos gathering is branching out beyond infectious diseases. The Davos Alzheimer’s Collaborative, which officially launched at WEF’s virtual meeting last week, is a public-private partnership aiming to accelerate new treatments, reduce the cost to governments, and engage overlooked populations in research and treatment. …”

“The initiative is being set up as a Swiss foundation with a budget of nearly $40 million. The goal is to bring that to nearly $700 million between 2022 and 2026, similar to the budget Gavi and CEPI had at their launches.”

For more info, see https://www.davosalzheimerscollaborative.org/

Project Website - Pandemics & borders research
https://pandemics-borders.org/

Cfr tweet Kelley Lee: “Our Pandemics and Borders Project now has a website. “

Covid key news

As usual, with focus on key trends, WHO messaging etc.

Cidrap News – “Consecutive drop in cases “ & “....Variants are spreading...”

“In its weekly update on pandemic activity, the World Health Organization (WHO) said today that the three variants of concern have been reported in more countries, with 80 now reporting the B117 variant. In its weekly snapshot of pandemic activity, the WHO said today that pandemic
activity declined 13% last week and has dropped for 3 weeks in a row. Much of the decline was from high-burden countries such as the United Kingdom and the United States. Deaths held about steady, with 96,000 reported over the past week. All WHO regions reported declines except South-East Asia, where cases have plateaued, with Indonesia showing an increase. Regarding variants, 10 more countries reported B117 cases, raising the total to 80 across all six of the WHO’s regions. For B1351, 10 more countries have confirmed cases, putting that total at 41 across four WHO regions. And for P1, two more countries detected cases, raising the number to 10 across four of WHO’s regions...."

UN News - Consecutive drop in new COVID-19 cases ‘encouraging news’: WHO

“The number of new COVID-19 cases globally has fallen for the third week in a row, WHO reported on Monday, though urging countries not to let up efforts to defeat the disease. “There are still many countries with increasing numbers of cases, but at the global level, this is encouraging news”, said WHO chief Tedros Adhanom Ghebreyesus, speaking during the agency’s bi-weekly briefing from Geneva. “It shows this virus can be controlled, even with the new variants in circulation. And it shows that if we keep going with the same proven public health measures, we can prevent infections and save lives”. ...”

HPW - WHO Plays Down China ‘Origins’ Research Expectations

“As the World Health Organization (WHO) led expert team on the origins of the SARS-CoV-2 virus began to conduct fieldwork at hospitals, research centers and markets in Wuhan, China, the WHO attempted to curb expectations, insisting that the mission will likely raise more questions. “The plans and the visits that they have, provide detailed information...The more detail you have on the ground, the more questions you have,” said Dr Maria Van Kerkhove, WHO COVID-19 Technical Lead, at the body’s press conference on Monday. While the origin study may lead to a greater understanding about which hypotheses hold more weight, several experts have highlighted that previous investigations into the origins of outbreaks have taken years before being able to make any pronouncements. As a result, it is highly unlikely that the team will discover the exact origins after one mission. Additionally, after well over a year since the detection of SARS-CoV-2, a significant proportion of physical evidence will be gone, adding to the challenge of finding firm answers or conclusions....”

So far, they already visited the seafood market in Wuhan, a provincial CDC, the (notorious?) virus lab in Wuhan, ...

Lancet World Report – WHO team begins COVID-19 origin investigation
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00295-6/fulltext

“A WHO-led international mission has begun investigations in China to try to establish the origin of SARS-CoV-2. John Zarocostas reports on its activities.”
“.... This research will include investigating the Huanan market in Wuhan and trying to identify
everything that went in and out of the market in late November and December, 2019, conducting
interviews with some of the first identified COVID-19 patients, and visiting hospitals and laboratories
(including the Wuhan Institute of Virology and Wuhan CDC laboratory) and other research facilities
to review epidemiological, virological, and serological studies, and also look at biosafety, WHO
officials said. The team will also map supply chains at Huanan and other markets, test frozen sewage
samples, and do other studies as appropriate, they said. The team is also expected to review hospital
records for cases compatible with COVID-19 before December, 2019, and review disease trends for
the months preceding the outbreak for any unusual patterns of illness....”

And some links:

Reuters - WHO team in Wuhan hold "good discussions" with Chinese counterparts

AP - WHO teams visits Wuhan food market in search of virus clues

Guardian - WHO investigators visit Wuhan lab at heart of China Covid-19 conspiracy claims

Reuters - China bat caves need exploring in search for COVID origins, WHO team member says

WHO - Global report on health data systems and capacity, 2020


“WHO launched the SCORE global report on health data systems and capacity, which provides a
snapshot of the state of health information systems around the world. This is the first report of its
kind, covering 133 country health information systems and about 87% of the world’s population. “

See also WHO - WHO SCORE Global Report highlights urgent need for better data to strengthen
pandemic response and improve health outcomes

“...Today, 4 in 10 of the world’s deaths are unregistered and in the African region, only 1 in
10 deaths is currently recorded, according to the first ever global assessment of country health
information systems released today by the World Health Organization in partnership with
Bloomberg Philanthropies. Two-thirds of low-income countries have established a standardized
system to report causes of deaths. However, the SCORE Report highlights the
urgent need to strengthen these systems to help the world respond to health emergencies and track
progress towards global health goals. ...”

FIFA and WHO #ACTogether to tackle COVID-19

https://www.who.int/news/item/01-02-2021-fifa-and-who-actogether-to-tackle-covid-19
“Star footballers, competing team captains will promote equitable global access to vaccines, treatments and diagnostics.”

“FIFA is teaming up with the World Health Organization (WHO) to promote the need for fair access to COVID-19 vaccines, treatments and diagnostics, and to encourage people to keep practicing life-saving, everyday public health measures to prevent the spread of the coronavirus and to protect health. In conjunction with the FIFA Club World Cup 2020, being held in Qatar from 4 to 11 February 2021, FIFA and WHO are launching a public awareness campaign involving star footballers, through TV and in-stadium messaging, to further promote the Access to COVID-19 Tools (ACT) Accelerator initiative launched in April 2020, and to urge people to practice mask wearing, physical distancing and hand hygiene....”

UN News - WHO urges effective and fair use of COVID vaccines


On Tedros’ media briefing from late last week. “With COVID-19 vaccines currently in scarce supply, the head of the WHO [last week] on Friday pressed governments to prioritize inoculation of health workers and older persons, and to share excess doses with other nations.”

See also Reuters - WHO warns countries fighting over vaccine "cake"

“The World Health Organization urged countries squabbling over COVID-19 vaccine supplies to think about the situation of health workers in less developed countries. “We all need to step into the place of them. Where they are today fighting on the front line....,” Mike Ryan, WHO’s top emergency expert, told reporters....”

FT - Oxygen shortages bite in poorer countries battling Covid

https://www.ft.com/content/c0eaf4c2-0c4f-497b-9d47-c362845467f1

Must-read. “... Global demand for medical oxygen to treat patients with Covid-19 has risen sharply in recent months, fast outstripping supplies and raising concerns that thousands of patients in low and middle-income countries will not receive life-saving treatment. Demand has increased by more than a fifth in the past three months, with many countries experiencing larger rises. Manufacturers have been diverting oxygen from industrial uses such as welding to healthcare, but funding and focus have been limited, and capacity in hospitals and clinics is insufficient to cope with the jump in intensive-care patients, companies and health experts say. ... NGOs and medical workers are calling for more support and action on the issue from multilateral organisations, companies and donors, urging them to step up oxygen production and delivery alongside rolling out vaccines and medicines....”

... .... “The international community and many governments have been appallingly slow to respond. Until Covid-19 vaccines become available, oxygen is the most important life-save weapon in the medical armoury. We are drifting into a region-wide humanitarian crisis,” Kevin Watkins, head of charity Save the Children UK, said. Estimates from the Covid-19 Oxygen Needs Tracker, compiled by a group of health charities, suggest that middle and lower-income nations need more than
10.2m cubic metres of oxygen a day — up from 8.5m cubic metres a day in November — with demand surging in countries including Brazil, Nigeria and Peru. One problem is that the global market for oxygen production is complex and fragmented — split between large manufacturers such as Air Liquide and British-based Linde, and local hospital production — while data on medical capacity and use are limited.... 

Reuters - Global vaccine trust rising, but France, Japan, others sceptical

“People’s willingness to get vaccinated against COVID-19 is rising around the world and more than half of those questioned said they would take the shot if it were offered next week, an updated survey of global vaccine confidence found on Thursday. But attitudes and confidence vary widely in the 15 countries covered in the survey, with France showing high levels of scepticism and some Asian countries showing declining trust in vaccines, while some European nations see rising confidence....”

WHO - WHO publishes public health research agenda for managing infodemics

https://www.who.int/news/item/02-02-2021-who-public-health-research-agenda-for-managing-infodemics

1 Framework &: “Within ... five streams, 65 research questions were developed and prioritized so that the practice of infodemic management has a focus, structure, a methodology that’s rooted in evidence and room to further evolve as a discipline....”

Covid science

As this is not really the focus of this newsletter, see also the extra Covid section (scroll down)

PS: It’s clear that a number of vaccine companies are also already frantically preparing for the next generation of vaccines (among others, to deal with (current & future) variants)

Nature (Editorial) - Coronavirus is in the air — there’s too much focus on surfaces

https://www.nature.com/articles/d41586-021-00277-8

“Catching the coronavirus from surfaces is rare. The World Health Organization and national public-health agencies need to clarify their advice.”

NYT - The AstraZeneca vaccine is shown to drastically cut transmission of the virus.

“The vaccine developed by the University of Oxford and AstraZeneca not only protects people from serious illness and death but also substantially slows the transmission of the virus, according to a new study — a finding that underscores the importance of mass vaccination as a path out of the pandemic. The study by researchers at the University of Oxford is the first to document evidence that any coronavirus vaccine can reduce transmission of the virus. Researchers measured the impact on transmission by swabbing participants every week seeking to detect signs of the virus. If there is no virus present, even if someone is infected, it cannot be spread. And they found a 67 percent reduction in positive swabs among those vaccinated. The results, detailed by Oxford and AstraZeneca researchers in a manuscript that has not been peer-reviewed, found that the vaccine could cut transmission by nearly two-thirds.”

But for some ‘perspective’ on this apparently merry news, see Stat - With a seductive number, AstraZeneca study fueled hopes that eclipsed its data.

Guardian - Monoclonal antibodies: 'great hope' in Covid treatments fails against variants

“Exclusive: no leading contender is effective against all the South African, Brazilian and Kent variants.”

NYT - How the Search for Covid-19 Treatments Faltered While Vaccines Sped Ahead

“Vaccine development exceeded everyone’s expectations. But the next few months will still bring many sick people — and doctors have woefully few drugs with which to treat them.”

Stat - J&J one-dose Covid vaccine is 66% effective, a weapon but not a knockout punch
Stat:

(Last week on Friday), “Johnson & Johnson said that its single-dose Covid-19 vaccine reduced rates of moderate and severe disease, but the shot appeared less effective in South Africa, where a new coronavirus variant has become common. Overall, the vaccine was 66% effective at preventing moderate to severe disease 28 days after vaccination. But efficacy differed depending on geography. The shot was 72% effective among clinical trial volunteers in the U.S, but 66% among those in Latin America, and just 57% among those in South Africa....”
Science News - One-dose COVID-19 vaccine offers solid protection against severe disease

Science on the J&J vaccine. The fact that it’s ‘one dose’ is clearly very important for LMICs.

TGH - We May Never Get to Herd Immunity

https://www.thinkglobalhealth.org/article/we-may-never-get-herd-immunity

Chris Murray’s take (with focus on the US). “Vaccine hesitancy and other behavioral risks reduce the likelihood of herd immunity.”

Telegraph – Vaccines: the next generation in the battle against Covid revealed

Telegraph:

“Variants are the concern now - but the second wave of vaccines, if they work, could have other major benefits too.” Overview of what the ‘next generation’ of vaccines has in store.

Some links:

- Novavax offers first evidence that COVID vaccines protect people against variants

“Novavax’s experimental shot is highly effective against the variant identified in Britain — but saw a worrying drop in efficacy against a lineage detected in South Africa.”

- The Lancet - Next-generation COVID-19 vaccines: here come the proteins

- Guardian - GSK and CureVac sign £132m deal to develop multi-variant Covid vaccine

- HPW - Oxford University To Begin Trial On Mixed Vaccines  “The world’s first mix-and-match COVID-19 vaccine trial, sponsored by Oxford University, is currently recruiting volunteers to investigate the efficacy of alternating between Pfizer/BioNTech and Oxford/AstraZeneca vaccines....”

- WP - India’s coronavirus puzzle: Why case numbers are plummeting  cfr tweet: “It might suggest that herd immunity has started to work in India not through vaccination, but through infections with the virus.”
Covid vaccine access

Heavy section. Among others, with updates on Sputnik, COVAX, vaccine diplomacy (& hijacking), AU efforts, TRIPS waiver proposal negotiations, ...

FT - Vaccine milestone as global Covid jabs pass number of confirmed cases
https://www.ft.com/content/e29efb8b-46ec-4815-98aa-458deffcd896

Some encouraging news to start this section: “The number of Covid-19 vaccinations globally has surpassed the total number of confirmed cases, a landmark moment that underscores progress made in taming the pandemic despite mounting concern about the threat of new variants. According to the Financial Times vaccine tracker, the number of doses administered climbed close to 104m on Wednesday while the number of confirmed cases was just over 103m....”

But concerns remain over emerging variants and supplies.

HPW - Russia’s “Sputnik V” COVID Vaccine Makes Strong 91.6 % Efficacy Showing In Peer-Reviewed Trial Results
https://healthpolicy-watch.news/russias-sputnik-v-covid-vaccine-makes-strong-91-6-efficacy-showing-in-peer-reviewed-trial-results/

Key analysis on the Sputnik results & what they mean for vaccine access in LMICs.

“Fulfilling the legacy of its pioneering name, the Russian Sputnik V vaccine, was over 91% effective in preventing symptomatic COVID-19 cases and 100% effective in preventing severe COVID, according to results published Tuesday in The Lancet. Globally, that means that the Sputnik vaccine joins the club with just two other coronavirus vaccines that have demonstrated an efficacy of 90% or more – the others being Moderna’s and Pfizer’s high-tech mRNA vaccines. The Lancet publication also marks the first time that Phase 3 trial results of one of the “elusive trio” of Russian and Chinese vaccines have been published in a peer-reviewed journal. That marks a big step forward in the transparent review of vaccines generally – setting a bar that Chinese vaccines will have to pass over as well to gain WHO approval and widespread public acceptance. “

It’s also “Good News for Low and Middle Income Countries”: “Most importantly, the results are very good news for the nearly fifty countries across the globe that have pre-ordered over 1.2 billion doses of the Sputnik vaccine, developed by Russia’s Gamaleya National Research Institute of Epidemiology and Microbiology, and marketed abroad by the Russian Direct Investment Fund (RDIF). ... ... Its low price of $US 10 per dose, and easy storage in conventional refrigerators at temperatures of 2°C to 8 C, has indeed made Sputnik a strong market competitor with the vaccines being produced by pharma companies in western Europe and the United States. ... ... Sputnik’s Vaccine Production & Distribution Already Widespread ... Sputnik’s vaccine has received considerable worldwide attention in recent months, with 16 countries across Latin America, Asia, Africa, as well as Iran, the United Arab Emirates and the Palestinian Authority, in the Eastern Mediterranean Region, already having given the vaccine regulatory approval. Local production has begun in India, South Korea, Brazil, China, and about to begin in Kazakhstan and Belarus, probably in
Turkey, maybe even in Iran, said Dmitriev. In particular, India will be a “key partner” of Sputnik because of its massive manufacturing capacity, with potential to produce as much of the vaccine as Russia is producing now. “We’re even ready to call Sputnik V a Russian/Indian vaccine because we have five production partners in India, and from the very beginning we’ve been in very close collaboration, because India has outstanding production capacities for the vaccine,” said Dmitriev, whose comments also reflect the geopolitical alliances around vaccine collaborations.

See also HPW – [Publication Of Sputnik V Results Shore Up Prospects Of “Elusive Trio” – But Answers Still Needed On China’s COVID-19 Vaccines](https://example.com)

“According to the Russian Direct Investment Fund (RDIF), which is marketing the Sputnik vaccine abroad, some [fifty countries](https://example.com) have already requested over 1.2 billion doses of the Sputnik vaccine.”

**WHO - COVAX publishes first interim distribution forecast**

[https://www.who.int/news/item/03-02-2021-covax-publishes-first-interim-distribution-forecast](https://www.who.int/news/item/03-02-2021-covax-publishes-first-interim-distribution-forecast)

Encouraging news on Wednesday. “...Building on the publication of the 2021 COVAX global and regional supply forecast, the interim distribution forecast provides information on early projected availability of doses of the Pfizer/BioNTech vaccine in Q1 2021 and the AstraZeneca/Oxford vaccine candidate in first half 2021 to COVAX Facility participants. ... ... The purpose of sharing the interim distribution with countries, even in today’s highly dynamic global supply environment, is to provide governments and health systems with the information they need to plan for their national vaccination programmes. Final allocations will be published in due course. The interim distribution forecast outlines projected delivery of vaccine doses to all Facility participants, with the exception of participants who have either exercised their rights to opt-out, have not submitted vaccine requests, or have not yet been allocated doses.”

The interim distribution forecast is available [here](https://example.com).

- Coverage via *Reuters* – [COVAX allocates at least 330 million COVID vaccines for poor countries](https://example.com)

“The COVAX coronavirus vaccine sharing scheme has allocated at least 330 million doses of COVID-19 vaccines for poorer countries in the first half of 2021, the GAVI vaccine alliance said on Wednesday. The allocation includes an initial 240 million doses of the AstraZeneca-Oxford COVID-19 vaccine made by the Serum Institute of India, an additional 96 million doses of the same shot made by AstraZeneca, plus 1.2 million doses of Pfizer -BioNTech’S COVID-19 vaccine.... doses would cover an average of 3.3% of total populations of 145 participating countries. COVAX said the allocations would be subject to various caveats, including WHO emergency listing and countries’ readiness and acceptance.”

And HPW - [COVAX Dose Distribution Plan Also Unveiled](https://example.com)

UN News - [Key workers and other vulnerable people in 145 countries should receive COVID-19 vaccines in the first half of this year](https://example.com).

Devex - [COVAX releases country-by-country vaccine distribution figures](https://example.com)
“Countries will receive doses in proportion to their population size. For example, Afghanistan will receive 3 million doses, while Namibia receives about 127,000. These doses are expected to reach about 3.3% of the total population of the 145 facility participants during this time frame. Vaccines are expected to go to the most vulnerable populations, including health care workers.”

“...The COVAX Facility will also distribute 1.2 million of the 40 million expected doses of the Pfizer-BioNTech vaccine in the first quarter of this year. Due to the challenges around the vaccine’s ultracold chain requirements and the limited supply available, only 18 countries will receive the Pfizer vaccine in this batch.....”

- A few tweets (Kai Kupferschmidt):

“COVAX facility just published a forecast of what country will receive how much of what #covid19 vaccine in the first half of this year. Lots of caveats of course. This is mostly AZ vaccine, which does not have emergency use listing yet, for instance.”

“Big picture: Countries can expect to receive vaccine to cover on average 3.3% of their population in first half of 2021, “enough to protect the most vulnerable groups such as health care workers”.”

UNICEF to Receive 1.1 Billion Coronavirus Vaccine Doses

Via Devex: “UNICEF also announced Wednesday that it concluded a long-term supply agreement with the Serum Institute of India giving it access to the intellectual property of vaccines created by AstraZeneca and Novavax. This will allow it and its procurement partners to access up to 1.1 billion doses of vaccines for around 100 low- and lower-middle-income countries, at roughly $3 per dose.”

HPW - COVAX Has Sent Vaccine ‘Indicative Allocation’ Letters to Member Countries

https://healthpolicy-watch.news/81973-2/

From earlier this week. “.... COVAX, the best known arm of the Act Accelerator, aims to distribute over 2.3 billion vaccines in 2021. But it and other arms of the ACT-Accelerator initiative remain about US$26 billion short of funds, officials say. ...However, with sufficient vaccine commitments under its belt for now, COVAX ... aims to start distributing vaccines within the next few weeks – beginning with a 40 million-dose supply procured at-cost from Pfizer, as well as doses of a more affordable and temperature stable vaccine developed by AstraZeneca and Oxford University and being manufactured by India’s Serum Institute. WHO has already approved the rollout of the Pfizer vaccine, and it is in the final stages of reviewing AstraZeneca’s product – which has already been approved by regulatory authorities in the United Kingdom, the EU, India and elsewhere. ...Aylward confirmed that the global vaccine access platform, COVAX, had sent letters to all 190 member countries yesterday notifying them of the “indicative allocations” of vaccines that they could expect. He said that these allocations would be published on the COVAX Supply Forecast in the next few days. ... DG Tedros has said that the Organization wants to get initial vaccine doses to every country in the world – for administration to health workers and others most at risk – within the first 120 days of this year – e.g. end of April. ...”

See also HPW, on WHO (/Covax) and the AstraZeneca vaccine:
“... Following news of the authorization of the Oxford/AstraZeneca vaccine in the EU, WHO officials expressed their hope to grant the vaccine emergency use listing within two weeks. The Strategic Advisory Group of Experts on Immunisation (SAGE), WHO’s vaccine advisory panel, is scheduled to meet to review the Oxford/AstraZeneca vaccine on 8 February. “We should have an emergency use listing, providing, of course, that everything goes to plan and all the data is there. We can then start receiving doses from the manufacturing sites in India and South Korea,” said Soumya Swaminathan, WHO Chief Scientist, at a press conference on Friday. ...”

And via Cidrap News:

“The WHO’s Pan American Health Organization (PAHO) said yesterday that 36 countries and territories in the Americas that are participating in COVAX received their letters and that an estimated 35.3 million doses will be arriving in the Americas for the first stage. PAHO said the WHO is still reviewing the AstraZeneca-Oxford vaccine for emergency use, with a decision expected within the next few days. Most countries in the Americas will receive vaccines through COVAX with their own financing, but 10 will get vaccine at no cost because of their economic situation or population size.”

Reuters - COVAX to send AstraZeneca shot to Latin America, some states to get Pfizer too

 Reuters;

“The COVAX global vaccine sharing scheme expects to deliver 35.3 million doses of AstraZeneca’s COVID-19 vaccine to 36 Caribbean and Latin American states from mid-February to the end of June, the World Health Organization’s regional office said. The Pan American Health Organization (PAHO) said the Americas region needed to immunise about 500 million people to control the pandemic....”

Guardian - Canada takes Covax vaccines despite side deals


It appears beavers and grizzly’s also suffer from Covid in Canada. “Canada is set to receive a significant haul of vaccines over the next months through a platform designed to maximise supply to poor countries, according to a new forecast, despite reserving the most doses-per-person in the world through direct deals with pharmaceutical companies. Chile and New Zealand, which have also made controversial side deals to secure their own vaccine supplies, will also receive above-average numbers of doses, according to the interim allocation schedule released by Covax on Wednesday....”

Reuters - China to provide 10 million vaccine doses to COVAX initiative

 Reuters;

“China plans to provide 10 million doses of COVID-19 vaccines to global vaccine sharing scheme COVAX, as three Chinese companies have applied to join the initiative for approval, the foreign ministry said on Wednesday. ... ... China’s foreign ministry said in January that Sinovac Biotech, China
National Pharmaceutical Group (Sinopharm) and CanSino Biologics have applied to join the scheme … Wang Wenbin, a spokesman at the Chinese foreign ministry, announced the supply plan at a regular media briefing on Wednesday, without going into details. … The three companies were not immediately available for comment. … The WHO, which is reviewing the applications, could make decisions on vaccines made by Sinopharm and Sinovac in March at the earliest, according to a COVAX internal document seen by Reuters.

PS: Via HPW: “…Meanwhile, at least 24 countries have sealed deals with Sinovac and Sinopharm’s leading vaccine candidate, BBIBP-CorV, co-developed with the Beijing Institute of Biological Products. Like Sputnik, both can be stored in a conventional refrigerator. Together, Sinopharm and Sinovac aim to produce two billion doses this year, which is on par with the total number of doses that the international COVAX facility hopes to supply to countries in need this year – although neither company has offered COVAX any vaccine supplies. …”

Geneva Health Files - COVAX & the question of liability: COVID-19 vaccines

P Patnaik: Geneva Health Files

A close look at the proposed mechanism put in place by WHO and Gavi to address liability and indemnification issues around the introduction of COVID-19 vaccines in the developing world.

Cfr: WHO and Gavi – The Vaccine Alliance have put together a no-fault compensation fund.

“According to WHO, a COVAX no-fault compensation programme for AMC-eligible economies is being established as a mechanism to compensate persons who might suffer a serious adverse event following the administration of a COVID-19 vaccine procured or distributed through the COVAX Facility. …”

The newsletter also looks ahead, to a potential oversupply from vaccines (and how this can affect liability discussions).

“The dynamics on liability discussions are likely going to change, and not only because of the events between AstraZeneca and the EU this past week. Unbelievable as it may sound now, possibly due to an oversupply of vaccines within a few months, experts say. According to the UNICEF supply division dashboard which tracks vaccines production for COVID-19 in real-time, the reported global vaccine production volumes could be 19 billion doses by the end of 2021. By the end of 2022 it is projected to touch 27 billion doses. At least 35 companies have announced some production capacity this year for a total of 19 billion doses. …”

Foreign Policy - Vaccine Nationalism Harms Everyone and Protects No One

Dr. Tedros: https://foreignpolicy.com/2021/02/02/vaccine-nationalism-harms-everyone-and-protects-no-one/

See also this week’s intro. “The World Health Organization’s chief argues that hoarding vaccines isn’t just immoral—it’s medically self-defeating.”
Geneva Health Files – Inconsistencies in the opposition to the TRIPS Waiver

P Patnaik; Geneva Health Files;

Analysis ahead of the WTO TRIPS Council informal meeting on 4 Feb.

“...It has become increasingly inconsistent for the EU, the U.S., and others, to oppose the TRIPS waiver proposal at WTO. Prevailing production bottlenecks in the EU have demonstrated the costs of such inconsistencies. This has come to a head now, with the new EU export regulations that went through a hasty birth late last week, to finally re-emerge over the weekend even as the damage had already been done. ... As the EU has come to realize, problems in the scaling up of manufacturing of complex products such as vaccines has actively hurt the response to the pandemic. Belatedly, we have seen examples of Novartis and Sanofi step up to produce vaccines of other companies. Why then would the EU continue to oppose plans at WTO's TRIPS Council to liberate protected manufacturing practices which would help manufacturers worldwide to step in and meet demand for the production of vaccines, while creating capacities for the future?...”

PS: re Covax: “... At a press briefing last week, WHO officials noted that while the agreements of manufacturers with COVAX may be safe, “the real question is of volumes.” WHO has suggested that countries have been told about “indicative allocations” based on projections from manufacturers and preferences made by countries, but hinted that volumes could be subject to production glitches as witnessed recently....”

“Countries opposing the TRIPS waiver proposal do not wish to move towards text-based discussions. Proponents have been pushing for discussing the language of such a proposal including negotiating on the scope and the time-frame for the application of such a waiver.”

Link – MSF (3 Feb) - MSF to wealthy countries: Don’t block and ruin the potential of a landmark waiver on monopolies during the pandemic (ahead of the meeting on 3 Feb)

Link: TWN

“... With the recent change of the administration in Washington, now led by President Joe Biden, the Nigerian candidate’s chances of being appointed as the new director-general have substantially brightened, said participants familiar with these developments.”

Devex - In Brief: Rich countries block waiver on COVID-19 vaccine IP


Coverage of the 4 Feb meeting: “Rich countries continued to block a proposal from South Africa and India to waive intellectual property protections on COVID-19 drugs and vaccines during a new round of talks Thursday at the World Trade Organization.”

“....while there are reports that the EU and the U.S. expressed more openness to discussions on the issue, both continue to obstruct the proposal.”

See also a few tweets from Geneva Health Files:
“Countries including Canada, the United Kingdom, Switzerland and Japan, continued to oppose the waiver proposal. Members including the EU and the U.S. did not want to proceed towards text-based discussions: sources say.”

“The US is reportedly open "to working together with members to better understand the facts" where TRIPS obligations on patents, copyright, industrial designs, or trade secrets might have led to constraints on manufacturing capacity: sources.”

TGH - Trade in the Time of Pandemics

Ngozi Okonjo-Iweala; https://www.thinkglobalhealth.org/article/trade-time-pandemics

Must-read (by perhaps the future WTO boss?) “With borders closed and global travel constrained, trade will help us find a way out of the pandemic.”

“... We must not let these patterns repeat again, and time is of the essence. It starts by recognizing that the multilateral trading system is fundamental to fighting the current COVID-19 pandemic, preparing for future pandemics, and stimulating the global economic recovery. ...

And a rather “diplomatic paragraph” on TRIPS flexibilities etc: “.. to ensure that the multilateral trading system works smoothly and flexibly during a moment of global crisis, the WTO should play a more active facilitation role. It should work in close partnership with other relevant international organizations such as WHO, COVAX and the International Finance Institutions (IFIs)——to provide solutions to the pandemic. ... Third, the WTO needs to plan and prepare for future pandemics instead of merely reacting to them. Having learned from problems that have emerged during COVID-19 such as a scarcity of tests, treatments, and vaccines, the WTO should be ready to assist its members in solving these practical problems. For all the attention given to vaccines, we must also attend to promising new therapeutics and diagnostics. The existing flexibilities under the WTO TRIPS Agreement should be applied broadly to ensure they are user-friendly and able to solve the challenges of access and affordability. For vaccines, intellectual property protections are not the only constraint. Without knowledge transfer, the elimination or suspension of tariffs, and the streamlining of regulatory procedures from relevant authorities, we will not achieve the rapid roll out that is needed. We can and must find a “third way” that allows access without discouraging continued investment in research and development. The Serum Institute of India’s agreement with AstraZeneca and Oxford is exemplary of how, with sufficient coordination and cooperation, generic manufacturers in developing countries can license these products within the current system...”

Mail & Guardian - Bill Gates, Big Pharma and entrenching the vaccine apartheid


With two different stances on the TRIPS waiver proposal, from Bill Gates & an MSF Access spokesperson.

“.. despite Gates’ stated commitment to an equitable distribution of the Covid vaccine, he is refusing to back South Africa and India’s calls for a waiver on patents. ... In response to a question from the Mail & Guardian, Gates argued that lifting patents would not make any real difference.
“At this point, changing the rules wouldn’t make any additional vaccines available.” That’s because, he claims, there are only a handful of manufacturers in the world with the necessary capacity to make the vaccines, and these are all at capacity already....”

“This claim is only partially true, as MSF vaccine pharmacist Alain Alsalhani told the M&G. Highly specialised manufacturers are needed to make traditional vaccines, such as the AstraZeneca jab, because this involves isolating and replicating parts of the virus itself. Only 43 companies are on the WHO’s approved list of vaccine manufacturers, and it could take years to set up new factories that meet the regulations. But the Pfizer and Moderna vaccines are based on manipulating messenger RNA (mRNA), which appears to be significantly easier to manufacture. Moderna’s vaccines are being produced by Lonza, a Swiss chemicals company with no previous experience of vaccine manufacture. This suggests that the pool of companies that could make the vaccine is much higher — there are 10,000 companies in India alone that manufacture medicines, and a proportion of these could potentially be involved in the manufacture of mRNA vaccines....”

Science (blog) - Myths of Vaccine Manufacturing
D Lowe: https://blogs.sciencemag.org/pipeline/archives/2021/02/02/myths-of-vaccine-manufacturing

With an assessment more on Bill Gates’ side. For the biomedical scientists among you.

“... There are not “dozens of other pharma companies” who “stand ready” to produce these mRNA vaccines.” To me, this betrays a lack of knowledge about what these vaccines are and how they’re produced. ...” Lowe points out why it’s not possible to suddenly unleash dozens of companies to crank out the Pfizer/BioNTech and Moderna vaccines.

FT - India eyes global vaccine drive to eclipse rival China
https://www.ft.com/content/1bb8b97f-c046-4d0c-9859-b7f0b60678f4

“New Delhi’s diplomatic push is founded on the Serum Institute’s manufacturing muscle.”

“... the company has been thrust to the forefront of India’s coronavirus diplomacy push with the goal of eclipsing regional rival China’s efforts to inoculate the world. New Delhi gave millions of Oxford/AstraZeneca doses made by the Serum Institute to six neighbouring countries this month in one of the world’s most expansive vaccine diplomacy efforts. Despite only starting its own vaccination drive on January 16, India is determined to utilise its vast manufacturing capacity to demonstrate its scientific might and bolster bilateral ties. ... “In reality, India has been supplying 70 per cent of the world [with vaccines], particularly for the UN,” said Suresh Jadhav, executive director at the Serum Institute of India. “Looking at the queries from countries, I don’t see that position changing.” ... ... India’s pharmaceutical companies have rapidly ramped up capacity as they have fielded calls from countries around the world seeking cheap vaccines. To meet demand, the Serum Institute is expanding its capacity to 2.5bn doses per year, with approximately 1bn earmarked for coronavirus. Narendra Modi’s government has donated millions of doses to neighbouring countries including Bangladesh, which initially had an agreement with China before opting to sign a deal with the Serum Institute. New Delhi said that future commercial deals were likely to be with countries including Saudi Arabia, South Africa and Canada. ... ... The Serum Institute has signed deals to
produce 1bn doses of the Oxford/AstraZeneca vaccine for low- and middle-income countries and 1bn doses of the Novavax vaccine. Other Indian companies have the capacity to produce hundreds of millions more doses of different jabs, with Hyderabad-based Biological E partnering with Johnson & Johnson and Indian companies Bharat Biotech and Zydus Cadila producing their own candidates. But the Serum Institute’s ability to sell the vaccine, which retails in India for about $3 a jab, is restricted by its agreement with AstraZeneca, which has the rights to distribute to developed countries....”

SCMP - India rivals China in Covid-19 vaccine diplomacy with million doses for South Africa

With focus on the India/China vaccine diplomacy rivalry. “Chinese supply of inactivated vaccines to India’s rival Pakistan announced on same day jabs arrive in the African country.” “Another 500,000 doses of Indian-made Oxford-AstraZeneca vaccine expected to arrive later this month.”

Excerpts: “Lawrence Gostin, director of the O’Neill Institute for National and Global Health Law at Georgetown University, said India, and especially the Serum Institute, was likely to be the engine for vaccine distribution to the world, especially for low- and middle-income countries. Gostin said India and China had been locked in a geopolitical struggle for many years now, and the rivalry was only intensifying. ...”

“On Monday, China’s foreign ministry announced that, besides sending vaccines to Islamabad, Beijing would provide vaccine aid to several countries including Brunei, Nepal, the Philippines, Myanmar, Cambodia, Laos, Sri Lanka Sierra Leone, Zimbabwe and Equatorial Guinea. According to Xinhua, Zimbabwe, Sierra Leone and Equatorial Guinea would be the first three African countries to receive vaccines as aid from China. “We will also assist another 38 developing countries with vaccines” ...”

Op-ed - Covid vaccines: How big pharma's secrets and monopolies hold developing nations to ransom

"Covax is playing into the tiered pricing strategy of pharmaceutical corporations who have divided the world into markets instead of people whose lives matter"

FT - EU faces global criticism over curbs on vaccine exports
https://www.ft.com/content/5c15d7ea-aaf6-46f4-924e-30f168dd14dd

“Canada and Japan question rules requiring manufacturers obtain permission before shipping Covid jabs.”
“...The export measures exclude European countries outside the EU as well as nations across the Middle East and north Africa and 92 low- and lower middle-income states. Among those not exempted are rich countries such as the UK, Japan, the US, South Korea, Canada, Singapore, Australia, New Zealand and Gulf states, plus many middle-income nations including Brazil, Mexico, South Africa and Turkey.”

See also the Economist - Vaccine protectionism endangers the global fight against covid-19

“Europe’s threat to withhold vaccine exports until it has its share could hamper progress against the virus.”

“...Data from Airfinity, a science-analytics company, demonstrates the complexity of these supply chains. The world has enough manufacturing capacity to produce 16bn doses of covid-19 vaccine this year, of which 3.3bn doses are planned to be produced in the EU. The drugmakers with which the EU has signed contracts will produce 8.4bn doses, and 2.7bn of those within the bloc ...

FT - African countries look beyond west for vaccines
https://www.ft.com/content/966a4842-97b4-470e-b7ad-2632e5cd820d

“Continent turns to China and Russia to supplement WHO-backed Covax initiative for developing nations.”

“... African countries are looking beyond the west in the global vaccine race dominated by Europe and the US, with policymakers across the continent seeking jabs from the likes of Russia and China. Officials in countries from Kenya to Guinea are in talks with China and Russia to procure vaccines to supplement the global WHO-backed Covax facility that aims to provide developing countries with enough jobs for at least 20 per cent of their populations. “Eg: “... Officials said Nigeria would receive an initial batch of 16m doses starting this month through Covax. They expect an additional 41m doses at the end of April via an African Union initiative that has secured 400m doses of the AstraZeneca vaccine and 270m additional doses for the continent. ...

“... Richard Mihigo, co-ordinator of immunisation and vaccine development at the WHO regional office for Africa, said that between Covax deliveries and their own bilateral purchases, African nations could realistically aim to immunise 30-35 per cent of their populations by the end of the year. “Patrick Amoth, director-general for health at Kenya’s health ministry, said Nairobi was working with Covax to secure some 20m free doses this year. But he said the country was in talks with China, Russia, and India about other vaccines. “We will end up with a hybrid system where we have a variety of vaccines,” he said....”

Reuters – Sixteen African nations show interest in AU vaccine plan

“Sixteen African countries have shown interest in securing COVID-19 vaccines under an African Union (AU) plan, and allocations could be announced in the next three weeks, the head of the Africa Centres for Disease Control and Prevention (CDC) said on Thursday. "...... Africa CDC Director John Nkengasong said the 16 countries had asked for a total of a total 114 million doses under the
AU’s Vaccine Acquisition Task Team (AVATT), which began work in mid-January. ... At a later briefing, WHO Africa director Matshidiso Moeti said nearly 90 million doses of the Oxford/AstraZeneca vaccine could start arriving on the continent later this month [via Covax]. “These doses would help countries reach 3% of their populations in the first half of 2021, targeting the most at-risk groups, especially front-line health workers,” she said....”

On the latter, see WHO Afro - **COVAX expects to start sending millions of COVID-19 vaccines to Africa in February**

And all the detail on this first Covax shipment to Africa via HPW - **COVAX To Begin Dispatch Of 90 Million COVID-19 Vaccine Doses To Africa**.

**MSF – Urgent need for vaccines as new COVID-19 strain ravages Mozambique, Eswatini and Malawi**


“As a highly infectious new strain of COVID-19 spreads through Southern Africa, health workers in Mozambique, Eswatini and Malawi are struggling to treat escalating numbers of patients with little prospect of a vaccine to protect them from the virus. **MSF calls for COVID-19 vaccines to be distributed equitably, prioritising and protecting frontline health workers and people at highest risk of severe illness and death from COVID-19 in all countries, including in Africa....”**

**Guardian - African nations fear more Covid deaths before vaccination begins**


“.... **Campaign groups are calling for Covid-19 vaccines to be prioritised for frontline health workers and people at highest risk of severe illness and death from Covid-19 everywhere in the world.** “It would be indefensible if some countries started to vaccinate their lower-risk citizens while many countries in Africa are still waiting to vaccinate their very first frontline health workers,” said Christine Jamet, director of operations for the medical organisation Médecins Sans Frontières. “

“... There is growing evidence that the 3.6m cases and 93,000 deaths from Covid-19 in Africa counted by the CDC may be a significant underestimate, deepening concerns that tens of thousands could die in coming months if enough vaccines are not made available. .... **Only six countries in Africa have now received relatively small quantities of vaccine, although 41 countries were hit by the second wave. .... It is estimated Africa will need 1.5bn vaccine doses to immunise 60% of its 1.3bn inhabitants, costing between $7bn and $10bn. The CDC said this will take two years, depending on the efficacy of the doctrine and the speed of roll-out.”**

**John Nkengasong:** “To win the war against this disease we need to vaccinate quick.”
Devex - 'A work in progress': Refugees, migrants must have vaccine access, UN says


“... The UN Refugee Agency and the International Organization for Migration are working with governments and partner organizations to ensure refugees and migrants are not left out of COVID-19 vaccination programs. Refugees as well as migrants in both regular and irregular situations remain vulnerable to the coronavirus, and while vaccine supply has not yet arrived in many host countries, governments must be aware of their obligation to equitable access, said Shabia Mantoo, spokesperson at UNHCR. ... IOM is advising COVAX, the global facility aiming to ensure equitable vaccine distribution, on the need to include migrants in national vaccination plans, Guerda said. ... “Most governments want to do the right thing. It’s not that there’s a de facto bad will. Some governments feel that maybe they don’t yet have the capacity to take care of nonnationals,” she said. “It’s the responsibility, I feel, of ... this COVAX effort and this international community to solve these questions together.” ... According to Mantoo, of the 133 refugee-hosting countries that UNHCR is coordinating with, 81 have pledged to include such populations in their vaccination plans....”

NYT - Governments Sign Secret Vaccine Deals. Here's What They Hide.


Must-read. “Multibillion-dollar contracts give drug makers liability shields, patent ownership and leeway on delivery dates and pricing — and promises that much of it will not be made public.”

And some links:

- Telegraph - Africa’s first major shipment of Covid vaccines arrived in South Africa

“The vaccine shots were produced in India and shipped to the country through the Emirates.”

- Novartis agrees to help Pfizer-BioNTech produce Covid-19 vaccine
- Reuters - Bayer agrees to help make CureVac’s COVID-19 vaccine

“German pharmaceutical giant Bayer said on Monday it will help CureVac produce its experimental COVID-19 vaccine, the latest drugmaker to offer up manufacturing capacity as supplies fall behind demand. Bayer said it expects to produce 161 million doses of CureVac’s experimental vaccine, which is currently in late-stage testing, in 2022, its head of pharma Stefan Oelrich told a news conference....”

- Reuters - Uganda orders 18 mln doses of AstraZeneca’s COVID-19 vaccine
“Uganda has ordered 18 million doses of the COVID-19 vaccine developed by AstraZeneca and up to 40% of the shipments are expected to arrive in the country by the end of March, the government said on Tuesday. ... Each person will receive two doses separated by 28 days and Uganda is purchasing the vaccine from the manufacturer at $7 per dose, it said. ...... The vaccine shots will be procured from the Serum Institute of India, the government said in a statement detailing cabinet deliberations at a sitting held on Monday.”

But see also HPW - Uganda Defends Price Paid For AstraZeneca Vaccine – Says Costs Vary By Country

“Responding to a swell of global criticism, a senior Ugandan health official told Health Policy Watch that Uganda’s government is not paying unreasonably higher prices for it’s AstraZeneca vaccines, in comparison to other African countries – or Europe. “You cannot compare prices directly between countries because there are many factors to consider. Prices have to vary anyway,” says Alfred Driwale the manager of the Uganda National Expanded Programme on Immunization (UNEPI) at the Ministry of Health, in an exclusive interview. News that Uganda will be paying USD $7 per dose for its 18 million dose order of the Astra Zeneca vaccine – a price that is 20% more than South Africa and roughly triple that being paid by the European Union – sparked anger and outrage around global medicines access advocates – and on social media channels. ...

Covid analysis

Lancet Editorial – Genomic sequencing in pandemics

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00257-9/fulltext

“...Global genomic surveillance operating in real time is a key tool in the armamentarium of public health measures. In any outbreak it must be widely adopted, focused on seamless open data sharing, and form a foundation of the health response.”

Excerpt: “... globally, genomic surveillance of SARS-CoV-2 remains patchy. Some patterns are unsurprising. According to GISAID, which promotes the sharing of genome sequence data in the COVID-19 pandemic, many high-income countries (such as Iceland, Luxembourg, and Japan) have sequenced the most viral genomes per 1000 cases, whereas the likes of Iraq and Venezuela have sequenced the fewest. Many countries, especially in Africa, have no sequencing data at all, indicating that there are profound disparities in the ability to sequence genomes. However, The Gambia, Equatorial Guinea, and Sierra Leone have a higher rate of sequencing than France, Italy, or the USA, suggesting that wealth is not the only determinant of capacity. Officials at the Africa Centres for Disease Control and Prevention have written that Africa has been able to swiftly adapt to COVID-19 using technical know-how gleaned from other infectious disease outbreaks. Whatever the cause, large disparities in surveillance threaten all countries’ ability to monitor and respond to the situation....”

BMJ (Editorial) - Covid-19: Social murder, they wrote—elected, unaccountable, and unrepentant

K Abbasi; https://www.bmj.com/content/372/bmj.n314
“After two million deaths, we must have redress for mishandling the pandemic.”

Excerpt: “…At the very least, covid-19 might be classified as “social murder,” as recently explained by two professors of criminology. The philosopher Friedrich Engels coined the phrase when describing the political and social power held by the ruling elite over the working classes in 19th century England. His argument was that the conditions created by privileged classes inevitably led to premature and “unnatural” death among the poorest classes. In The Road to Wigan Pier, George Orwell echoed these themes in describing the life and living conditions of working class people in England’s industrial north. Today, “social murder” may describe the lack of political attention to social determinants and inequities that exacerbate the pandemic. Michael Marmot argues that as we emerge from covid-19 we must build back fairer....”

FT - How to save the world from long Covid
S Kuper; https://www.ft.com/content/92eb314b-bc51-4356-b873-ed58ad26d25c

“When I listen to scientists talk about where we might be a year from now, two main scenarios emerge. The first one is good: Covid-19 keeps circulating but loses its sting. Most people in rich countries, and the most vulnerable in developing countries, get vaccinated in 2021. The vaccines prevent disease caused by all strains. Covid-19 weakens: once it finds potential victims protected either by vaccination or past infection, it becomes at worst a nasty cold. “The most likely thing is that it will mutate into a more benevolent form. That may solve the problem,” says Anthony Costello, a former director at the World Health Organization. But there’s another scenario, less likely yet so momentous that we need to think it through: the world gets “long Covid”. Vaccine-resistant mutations cause years of mass death, repeated lockdowns, economic disaster and political dysfunction. What determines which one comes true?...”

CGD (blog) - Heightening Domestic Resource Mobilization in Africa During COVID-19

“On January 25, the African Center for Economic Transformation (ACET) and CGD convened a panel of seven experts, including from government, the private sector, and financing partners, to discuss the potential for increasing DRM in the aftermath of the COVID-19 health and economic crises.”

Guardian (Analysis) - Decades of progress on extreme poverty now in reverse due to Covid

“The pandemic, combined with the climate crisis and crippling debt burdens, has led to an unprecedented increase in poverty, experts warn.”
Project Syndicate - The Problem with the COVID Convergence


“One of the most surprising global trends to appear during the COVID-19 pandemic is a reduction of inequality across countries, owing to the disproportionate effects of the virus on richer countries. Unfortunately, there is little to celebrate when convergence reflects losses at the top instead of gains at the bottom.”

Lancet – Offline: COVID-19 and the convergence of nations

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00309-3/fulltext

Horton on the same ‘Convergence’ trend, starting from Angus Deaton’s recent paper.

TGH - Where the Sidewalk Ends

T Bollyky et al; https://www.thinkglobalhealth.org/article/where-sidewalk-ends


Guardian - Why countries with 'loose', rule-breaking cultures have been hit harder by Covid

M Gelfand; https://www.theguardian.com/world/commentisfree/2021/feb/01/loose-rule-breaking-culture-covid-deaths-societies-pandemic

“Our research shows how ‘tighter’ societies do better – and how the rest must learn to adapt in order to defeat the pandemic.”

See the related paper in the Lancet Planetary Health - The relationship between cultural tightness– looseness and COVID-19 cases and deaths: a global analysis.

Their hypothesis: “We suggest that collective threats require a tremendous amount of coordination, and that strict adherence to social norms is a key mechanism that enables groups to do so. Here we examine how the strength of social norms—or cultural tightness–looseness—was associated with countries’ success in limiting cases and deaths by October, 2020. We expected that tight cultures, which have strict norms and punishments for deviance, would have fewer cases and deaths per million as compared with loose cultures, which have weaker norms and are more permissive.”

Guardian - Covid mortality down dramatically since start of pandemic, study finds

“Death rates among people who end up in intensive care with Covid-19 have improved dramatically since the start of the pandemic thanks to advances in treatment, new research has found. The proportion of those worst affected by the disease who die from it has fallen from 60% when it first appeared early last year to 36% by October, the study of global trends shows....”

See Guardian Analysis - Even with vaccines, we still need treatments for Covid. So what works?

“They credit the use of steroids, changes in the way Covid patients receive oxygen therapy and fluids and how the risk of blood clots is managed. Colchicine is the latest drug to turn in exciting results...”

Public Health (Letter) - Ensuring Access to COVID-19 Vaccine among the Marginalized Populations in Africa


“... it has been reported that COVID-19 response activities have neglected marginalised and vulnerable populations in many African countries. We comment on the need to ensure access to COVID-19 vaccine among the marginalised populations in Africa....”

Reuters - Pfizer sees $15 billion in 2021 sales from COVID-19 vaccine


“Pfizer Inc said on Tuesday it expects to generate $15 billion, or about a quarter of its total revenue this year, from the sale of its COVID-19 vaccine co-developed with German partner BioNTech....”

Telegraph - As Covid creeps across Africa, ageing leaders are dropping like flies

Telegraph:

“Having underfunded their public hospitals for years and without access to clinics abroad, the continent's leaders are easy prey to the virus.”

BMJ GH (Commentary) - Combating the COVID-19 infodemic: a three-level approach for low and middle-income countries

S Dash et al; https://gh.bmj.com/content/6/1/e004671

“... The adverse effects of the infodemic may be exacerbated in low and middle-income countries (LMICs) where low health literacy levels, poor health infrastructure and poor resource settings exist. In order to manage the COVID-19 infodemic in LMICs, a three-level approach is suggested in the context of countering fake news....” The approach includes pre-emptive, immediate and long-term measures.
Five primary themes emerged across a total of 122 speeches on COVID-19, made by heads of government: economics and financial relief, social welfare and vulnerable populations, nationalism, responsibility and paternalism, and emotional appeals. While all leaders described the economic impact of the pandemic, women spoke more frequently about the impact on the individual scale. Women leaders were also more often found describing a wider range of social welfare services, including: mental health, substance abuse and domestic violence. Both men and women from lower-resource settings described detailed financial relief and social welfare support that would impact the majority of their populations. While 17 of the 20 leaders used war metaphors to describe COVID-19 and the response, men largely used these with greater volume and frequency. …"
Economist – Africa’s recovery from covid-19 will be slow


“A second wave could play havoc with commerce, public finances and schools.” On Africa’s “long Covid” – the toll on growth.

Covid resources

Pandem-ic
https://pandem-ic.com/

New vaccine equity tracker.

“This personal blog examines the COVID-19 pandemic through the lens of the income classification (hence, the logo pandem*ic*). It updates the key charts of a research paper published in May 2020 and provides some commentary on the updated data. “ Check out the respective data charts & trends for HICs, UMICs, LMICs and LICs.

Covid “collateral damage”/impact on other global health programmes

HPW - One Half of World’s Countries Seen Cancer Service Disruptions – Open Letter To Heads Of State Call For More NCD & Mental Health Investments

“Some 50% of countries surveyed by WHO have had cancer services partially or completely disruptive because of the pandemic, according to new WHO data released just ahead of World Cancer Day on Thursday. There have also been significant reductions in cancer-related research and clinical trials, said Andre Ilbawi, speaking at a press briefing in Geneva on Tuesday. ...”

“Meanwhile, in an open letter to national heads of state, WHO, UNICEF, Norway’s Minister of International Development and the NCD Alliance, called for massive investments in prevention and treatment of non-communicable disease and mental health – in order to “build back better” post pandemic. The letter, Building Back Better: Investing in healthy populations and resilient health systems for NCDs and Mental Health published in Foresight Global Health, was co-signed by WHO’s Director General Dr Tedros Adhanom Ghebreyesus, Director-General; UNICEF’s Executive Director Henrietta Fore, Dag-Inge Ulstein, Minister of International Development, Norway and Todd Harper, President, NCD Alliance. ...”
away from the hard lessons of COVID-19”, and to include NCDs in national COVID-19 response plans...”

See also UN News - Impact of COVID-19 on cancer care has been ‘profound’, warns UN health agency.

Nature (News) – COVID’s mental-health toll: how scientists are tracking a surge in depression
https://www.nature.com/articles/d41586-021-00175-z?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews

“Researchers are using huge data sets to link changes in mental health to coronavirus-response measures.”

PMAC 2021 conference

https://pmac2021.com/

The (virtual) conference was themed this year: “COVID 19: Advancing Towards an Equitable and Healthy World.” We hope you’ve been able to watch some plenary sessions. You can also download the Synthesis from the website.

BMJ/PMAC 2021 Collection: Covid-19: The road to equity and solidarity
https://www.bmj.com/pmac-2021

“The BMJ-PMAC 2021 Collection of papers focused on the PMAC 2021 theme of COVID 19: Advancing Towards an Equitable and Healthy World. The collection analyses the major issues arising from the pandemic, including the political economy of the response, the role of international institutions, overwhelmed health systems, the role of social determinants, the value of global indices of preparedness, and global megatrends and solidarity....”

Must-read this series!! We already flagged a number of papers from the series last week.

WHO Bulletin – February issue
https://www.who.int/bulletin/volumes/99/2/en/

This WHO Bulletin Editorial - COVID-19 response and mitigation: a call for action also introduces a number of papers launched at PMAC last weekend.

“This issue will be virtually launched at the 2021 Prince Mahidol Award Conference under the theme COVID-19: advancing towards an equitable and healthy world. “... “Before the COVID-19 pandemic, health systems in most low- and middle-income countries were stretched, contributing to
a lack of universal access to health services. During the pandemic, many governments have redirected resources to the COVID-19 response, further stretching the health system and disrupting other disease prevention and treatment services. **This issue of the Bulletin goes beyond the health sector to examine some of the wider issues of governance as they affect pandemic response and the introduction of diverse measures at different times. …**

Check them out.

**AMR**

**Cidrap News - Report highlights lack of progress against antimicrobial resistance**


“A new report indicates global antibiotic consumption and resistance levels continue to rise, with many countries in the developing world facing worrisome drug resistance rates. Among the findings from the **State of the World’s Antibiotics in 2021** report is that, while per capita antibiotic consumption in low- and middle-income countries (LMICs) remains lower than in wealthier nations, consumption rates are converging. That trend reflects both greater antibiotic stewardship efforts in higher-income countries, which historically have had higher antibiotic use rates, and greater access to antibiotics in LMICs. But it also reflects higher burden of disease in LMICs, and a rise in inappropriate antibiotic use in some of those countries.…”

**Malaria**

**WHO - Updating WHO’s global strategy for malaria**

[https://www.who.int/news/item/01-02-2021-updating-who-s-global-strategy-for-malaria](https://www.who.int/news/item/01-02-2021-updating-who-s-global-strategy-for-malaria)

“Representatives from malaria-affected countries and partner organizations gathered on 28 January in a **WHO virtual forum** to share feedback and perspectives on the **Global technical strategy for malaria 2016-2030**. Inputs from a diverse group of stakeholders will be reflected in an updated strategy, which will be published in June 2021. The 15-year WHO strategy – adopted by the World Health Assembly in May 2015 – is designed to guide and support all countries working to control and eliminate malaria. It sets 4 **global targets for 2030**, as well as **interim milestones** to track progress …”
World Leprosy Day (31 January)

UN News - Hopes of fresh momentum in fight against leprosy, but stigmatization persists


“Progress is being made in the fight against leprosy, but millions are still affected by the disease, and many sufferers have to contend with social exclusion. On World Leprosy Day, marked annually on 31 January, experts are calling for an end to ongoing discrimination and stigmatization....”

World Cancer Day (4 February)

WHO - Breast cancer now most common form of cancer: WHO taking action

https://www.who.int/news/item/03-02-2021-breast-cancer-now-most-common-form-of-cancer-who-taking-action

“The global cancer landscape is changing, according to WHO experts, on the eve of World Cancer Day 2021. Breast cancer has now overtaken lung cancer as the world’s mostly commonly-diagnosed cancer, according to statistics released by the International Agency for Research on Cancer (IARC) in December 2020. So on World Cancer Day, WHO will host the first of a series of consultations in order to establish a new global breast cancer initiative, which will launch later in 2021. This collaborative effort between WHO, IARC, the International Atomic Energy Agency and other multi-sectoral partners, will reduce deaths from breast cancer by promoting breast health, improving timely cancer detection and ensuring access to quality care....”

Link: Lancet Oncology - The World Cancer Declaration: time to consolidate wins and work towards 2025.

Decolonize Global Health

Lancet Global Health - Time to take critical race theory seriously: moving beyond a colour-blind gender lens in global health

E A Yam et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30536-2/fulltext

“...As women of colour scholars, practitioners, and educators whose work addresses race, gender, and class inequity, we recognise that it is vitally important to take a gender lens to addressing health inequities. But this gendered perspective must not be unidimensional. We now call upon our colleagues, particularly influencers in high-income countries, to meaningfully engage with critical race theory, a transdisciplinary intellectual movement to understand and disrupt systemic racism. Of particular relevance to these efforts is the concept of intersectionality, a central tenet of critical
race theory coined by Kimberlé Crenshaw to describe how multiple social categorisations—such as race and gender—interact and confer interlocking oppressions and privileges. This intentional centring of race in global health will help to achieve the mutually reinforcing goals of eradicating both racial and gender inequity. As a point of departure, we articulate the multiple racial contexts of the global health sector, with the aim of moving beyond a colour-blind gender lens....”

Development and Change - Introduction: The Politics of Open Access — Decolonizing Research or Corporate Capture?


Introduction to a Special issue. “This special collection is a product of collective reflection by Development and Change on the implications of the contemporary OA agenda for open and equitable scholarly engagement....”

And a link: Think Global Health - Who’s Got the Power? A Beginner’s Guide to Challenging the Colonial Legacy of Global Health Institutions (by University of Edinburgh students)

Planetary health

Guardian - Rich countries must update financial vows to tackle climate crisis, says UN


“Rich countries must step up with fresh financial commitments to help the developing world tackle the climate crisis, the UN’s climate chief has said. Patricia Espinosa, executive secretary of the UN framework convention on climate change, said fulfilling pledges of financial assistance made a decade ago must be the top priority before vital climate talks – Cop26 – later this year....” Aka: the 100 billion a year pledge.

WHO Bulletin (News) - The seeding of climate smart health care

https://www.who.int/bulletin/volumes/99/2/21-020221/en/

“After a slow start, climate-smart health initiatives are gaining momentum. Gary Humphreys and Sophie Cousins report.”

Guardian - Economics’ failure over destruction of nature presents ‘extreme risks’

https://www.theguardian.com/environment/2021/feb/02/economics-failure-over-destruction-of-nature-presents-extreme-risks

“New measures of success needed to avoid catastrophic breakdown, landmark review finds.”
“The world is being put at “extreme risk” by the failure of economics to take account of the rapid depletion of the natural world and needs to find new measures of success to avoid a catastrophic breakdown, a landmark review has concluded. Prosperity was coming at a “devastating cost” to the ecosystems that provide humanity with food, water and clean air, said Prof Sir Partha Dasgupta, the Cambridge University economist who conducted the review. Radical global changes to production, consumption, finance and education were urgently needed, he said. …”

“… The review said that two UN conferences this year – on biodiversity and climate change – provided opportunities for the international community to rethink an approach that has seen a 40% plunge in the stocks of natural capital per head between 1992 and 2014. … The Dasgupta review urged the world’s governments to come up with a different form of national accounting from GDP and use one that includes the depletion of natural resources. It would like to see an understanding of nature given as prominent a place in education as the “three Rs”, to end people’s distance from nature....”

UHC

Lancet Letter – Pooled public financing is the route to universal health coverage
Rob Yates; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00225-7/fulltext

“The recent report by the Global Burden of Disease 2019 Universal Health Coverage (UHC) Collaborators is a very valuable contribution about whether the world is moving towards UHC and how it is getting there. ... One of the report’s key findings is the importance of financing in reaching UHC. In particular, the role of pooled financing is highlighted...” But “...it would have been better had the authors of the report emphasised the importance of pooled PUBLIC financing in reaching UHC... “ (adding trademark Rob Yates capital letters)😊.

Check out also a few Lancet Letters in this week’s issue (+ authors’ reply) – see Universal health coverage for the poorest billion: justice and equity considerations – Authors’ reply

“As co-chairs of The Lancet NCDI Poverty Commission, we thank Jordan Jarvis and Belinda Townsend, and Michelle Amri for their thoughtful comments. Jarvis and Townsend highlight the role of global power arrangements that perpetuate the existence of extreme poverty. Specifically, they refer to the examples of tax avoidance by multinational corporations that starve the poorest countries of potential revenue, and the influence of billionaires on a global health agenda that has excluded non-communicable disease and injury (NCDI) poverty. Amri asks us to clarify our approach to health equity, recalling the capability approach to poverty measurement....”
Other news of the week

WHO - WHO publishes new Essential Diagnostics List and urges countries to prioritize investments in testing


(29 Jan) “To address the lack of access to tests and testing services in multiple countries, WHO since 2018 has published a yearly essential diagnostics list (EDL), a basket of recommended in vitro diagnostics that should be available at point-of-care and in laboratories in all countries to increase timely and life-saving diagnoses. The latest edition, published today, includes WHO-recommended COVID-19 tests (PCR and Antigen), expands the suite of tests for vaccine-preventable and infectious diseases and non-communicable diseases (such as cancer and diabetes), and introduces a section on endocrinology, which is important for reproductive and women’s health. For the first time, the list includes tests that should not be supplied in countries, either because they are not cost-effective, are unreliable or have been surpassed by newer, easier to use technologies....”

CNBC - India to double health-care spending to $30 billion in new budget aimed at reviving growth


“India’s finance minister, Nirmala Sitharaman, presented the country's budget Monday for the fiscal year that begins April 1 and ends March 31, 2022. She proposed more than doubling India’s health-care and wellbeing spending to 2.2 trillion rupees ($30.1 billion). That includes a new federal scheme with an outlay of 641 billion rupees over six years to develop the country’s capacity for primary, secondary and tertiary care.”

See also the Telegraph - Indian government doubles health budget after Covid exposes long-term underfunding

“India has pledged to double its spending on public healthcare after the nation’s Covid-19 epidemic exposed a chronically underfunded system, with critically ill patients turned away by understaffed and under resourced facilities....”

FT - Ethiopia asks for debt relief as Covid takes toll

https://www.ft.com/content/4992e00e-557a-4c06-858b-e7e15bbf10ac

“... Ethiopia has asked for debt relief under a G20 programme to help poor countries reeling under the economic impact of coronavirus, making it the second African country to do so in the past week. ... ... Monday’s statement from Addis Ababa follows a statement by the IMF last Wednesday that Chad had also asked for relief under the G20 programme agreed by the world’s biggest economies. In November, Zambia became the first African country to default on its debt since the start of the pandemic. The Ethiopian move will be an early test of the G20 debt relief initiative, which
requires borrowers to reach agreement on their debt with private creditors as well as official lenders. ... ... Ethiopia had total public foreign debt of $27.8bn at the end of 2019, according to the World Bank, including $8.5bn owed to official bilateral creditors and $6.8bn to commercial creditors, including $1bn to bondholders. Chad has no outstanding foreign bonds but its total debts of $3.5bn include $1.5bn in commercial debt, about half of which is a loan from Glencore, the commodities trader, and associated banks....”

Some papers & reports of the week

SS&M - Global capitalism as a societal determinant of health: A conceptual framework

“Recent scholarship has sought to distinguish between the deeper societal factors that shape the more proximate social determinants of health. One of these socio-structural institutions is global capitalism. While critical scholarship has advanced our understanding of the relationships between capitalist globalization and health, more work is needed to understand the transnational economic, political, and cultural practices that affect various global health issues. This paper argues that the theory of global capitalism provides an important, critical perspective for understanding different phenomena associated with global health. The theory’s key concepts of transnational corporations, financialization, consumerism, transnational social classes, and transnational state comprise the conceptual framework. When applied to various global health topics, the theory advances our understanding of the health-related institutional structures of today’s global economy, provides a holistic view that integrates various strands of health research, highlights various forms of health activism, and offers new questions for addressing persistent health injustice across the world.”

Paper - From impact evaluation to decision-analysis: assessing the extent and quality of evidence on ‘value for money’ in health impact evaluations in low- and middle-income countries.

“Health impact evaluations (HIEs) are currently the main way of assessing policy changes in low-and middle-income countries (LMICs). However, evidence on effectiveness alone cannot reliably inform decisions over the allocation of limited resources. Health economic evaluation provides a suitable framework for ‘value for money’ assessments. In this article we explore to what extent economic evaluations have been conducted alongside published health impact evaluations, then we assess the quality of these, using criteria from an economic evaluation reference case developed for use in LMICs....”

Conclusion: “Greater effort should be directed towards bringing the fields of impact evaluation and economic evaluation together to better inform resource allocation decisions in global health.”
Conflict & Health - Quality in crisis: a systematic review of the quality of health systems in humanitarian settings


“...this paper aimed to examine the evidence on the quality of health systems in humanitarian settings. ... Conclusion: The review highlights a large gap in the measurement of quality both at the point of care and at the health system level. There is a need for further work particularly on health system measurement strategies, accountability mechanisms, and patient-centered approaches in humanitarian settings.”

Economic Pulse 2: China navigates its Covid-19 recovery – outward investment appetite and implications for developing countries


“...Pulse 2 explores China’s international economic response as the world adapts to Covid-19. The report analyses China’s international engagements, especially in developing countries, against the backdrop of its own recovery and a still difficult external trade environment. China will have to navigate its role in the new Covid-19 normal while balancing both growth and financial stability in its own recovery. It will also be balancing its domestic and international agendas as it pursues the ‘dual-circulation’ strategy.” Updates on the BRI etc.

Report - Keeping the Promise: Product Development Partnerships’ Role in the New Age of Health Research and Product Development

https://www.keepingthepromisereport.org/

“This report, Keeping The Promise: Product Development Partnerships’ Role in the New Age of Health Research and Product Development is a coordinated effort from 12 product development partnerships (PDPs) to highlight the unique capabilities and successes of these organizations in preventing and responding to both long-standing and emerging global health threats, including TB, HIV, malaria, a host of neglected diseases, COVID-19, antimicrobial resistance (AMR), and pandemic preparedness.”

Journal of Health Politics, Policy and Law - Introduction to “Recontextualizing Physicians Associations: Revisiting Context, Scope, Methodology”


Intro to a special issue on re-examining the policy role of physicians associations.

“... In this special section, we caution against overstating the loss of physicians’ collective power and draw attention to a casualty of this assumption—the scholarly neglect of physicians associations. We argue that the techniques used by physicians associations to affect policy change have evolved
significantly, and that it is imperative to account for the shift of physician influence to new arenas and platforms. We also reconsider the distribution of power in organized medicine, highlighting the significant power held by physicians associations that have largely been ignored by the health policy literature—such as associations in low- and middle income countries (LMICs) as well as local/state and specialty associations. Together, the papers in this issue recontextualize power in organized medicine and challenge the reader to reconsider the nature of advocacy and influence in health policy....”

Global Policy Forum - Report on the sixth session of the open-ended intergovernmental working group on a binding instrument on transnational corporations and other business enterprises with respect to human rights (“treaty”)

“From October 26 to 30, 2020, the open-ended intergovernmental working group on transnational corporations and other business enterprises with respect to human rights (OEIGWG) met for the sixth time at the United Nations (UN) Human Rights Council in Geneva. The discussions were based on the second revised draft presented by the Ecuadorian Chair of the working group in August 2020. The session was overshadowed by the impact of the COVID-19 pandemic.”

Not much progress was made, to put it mildly. Read the detail in this 7 p. report.

Eurodad (report) - Time for action: How private sector instruments are undermining aid budgets
https://www.eurodad.org/time_for_action?utm_campaign=newsletter_4_2&utm_medium=email&utm_source=eurodad

“Official development assistance (ODA) plays a fundamental role in an increasingly complex development finance landscape. However, ODA levels have been stagnating in recent years and a new narrative placing ‘the private sector’ at the heart of resource mobilisation efforts has emerged. This report brings together and analyses all agreements and commitments made to date by DAC members on the topic of ODA and private sector instruments, their implications and the main issues at stake.”

Some blogs, reviews & Op-eds of the week

Brookings (blog) - How health aid can reach the world’s poorest people
C Kenney (Duke) et al; https://www.brookings.edu/blog/future-development/2021/02/02/how-health-aid-can-reach-the-worlds-poorest-people/?preview_id=1396090

See also a previous IHP newsletter. “... As part of a research project led by Duke University’s Center for Policy Impact in Global Health on disease, demography, development assistance, and domestic finance (the “4Ds”), we analyzed donors’ allocation policies to determine if they reflect subnational
poverty trends. The study tried to identify ways health aid funders could adapt their policies and approaches to truly leave no one behind. Six donors were included in the analysis: Gavi, the Vaccine Alliance (Gavi); the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); the President’s Emergency Plan for AIDS Relief (PEPFAR); the United States Agency for International Development (USAID); the World Bank’s International Development Association (IDA); and the government of Japan....” The research identified four features of health donors’ allocation policies.

Guardian - Mission Economy by Mariana Mazzucato review – the return of the state

Review of one of the must-read books of this year, “Mission Economy: A Moonshot Guide to Changing Capitalism”, certainly given Mazzucato’s chairing role in the (WHO) Council on the Economics of Health for All. “The pandemic has shown the limits of the market ... a book that takes its cue from the Apollo 11 mission is full of vital ideas for progressives who want to change capitalism.”

And for M Mazzucato’s view herself, see her Project Syndicate op-ed: From Moonshots to Earthshots

“The pandemic has highlighted the cost of neglecting public investment, both in the welfare state and value creation. But the crisis has also created a huge opportunity to pursue industrial policies beyond traditional sectoral and technological silos, and to restore mission-driven governance in the public interest.”

Book review: How to Fight Inequality

And this is a must-read review of a must-read book 😊. “’How to Fight Inequality’ by international anti-inequality campaigner Ben Phillips aims to recruit ordinary people to engage in everyday organising to question the prevailing dystopian order... and then do something about it.”

Chinese Investment In Africa Has Had ' Significant And Persistently Positive' Long-Term Effects Despite Controversy

Coverage of a new study, focusing on Chinese investment in Ethiopia.

And a link:
Some tweets of the week

Gavin Yamey
(part of a Twitter thread on vaccine equity)

“I fear we’re saying: "only rich nations deserve the benefit of vaccines and all other nations must use non-pharmaceutical interventions [NPIs], even though many rich nations failed to adopt such NPIs & are now relying only on vaccines to get them out the of the mess."

M Pai
Re this (Economic Times) article - Poor nations becoming potential breeding grounds for variants

“How we frame things matter! Look at this headline which blames "poor nations" and labels them as "breeding grounds" What about the uncontrolled epidemics in "rich countries"??

Amanda Glassman (with a somewhat controversial hypothesis)

“Are these [vaccine] apartheid takes right? Between @_AfricanUnion (670 million doses) and #COVAX (doses equivalent to 20% popn coverage) https://theeastafrican.co.ke/teo/science-health/african-union-secures-another-400-million-vaccine-doses-3272156... - total popn is SSA is 1.1 billion - I think they’re all set! #Africa #globalhealth.”

“Hypothesis: the problem countries on #vaccines are middle incomes w poor governance (#Brazil #Mexico #Indonesia #Peru) NOT sub Saharan #Africa which has figured everything out thanks to @DonaldKaberuka @strivemasiyiwa2 @gavi @_AfricanUnion.”

Balasubramaniam


Devi Sridhar

“A year back we didn’t know if we would ever have a vaccine. Now two more reporting decent results: J&J (one dose) & Novavax. Join Moderna, AstraZeneca & Pfizer. Pretty amazing. “
James Love

“The world has basically lost a year when it comes to scaling manufacturing know-how for vaccines. That’s actually a big consequential mistake, and no one is likely to be held accountable.” “WHO just now beginning to work on scaling vaccine manufacturing, after deferring to Gates led initiatives for a year.”

Manuel Martin

“Hey @UniofOxford & @AstraZeneca ! I thought your #COVID19 vaccine was meant to be “not for profit”? How is it that Uganda is paying more than double of what the @EU_Commission is paying? In what universe do you think that’s okay?”

Geneva Health Files

“@UNICEF will publish pricing details from COVAX contracts after consent from manufacturers: Gian Gandhi, UNICEF Supply Division @gavi briefing”.

M Pai

“We’ve heard about "mansplaining" Global health has a "HIC-splaining” issue - where folks in HICs *explain* to LMIC folks stuff they experience every day”.

Global governance of health

CGD - Four Ideas for Samantha Power’s USAID

C Kenny; https://www.cgdev.org/blog/four-ideas-samantha-powers-usaid

“These proposals would cost money (and so the need to work with Congress), but all are tied to America’s strategic interests and all would help the world exit the COVID pandemic and global recession with greater speed and resiliency.” One of them being: Leading on zoonotic pandemic threats.

Devex - Exclusive: 5 potential picks to succeed Deborah Birx at PEPFAR


“President Joe Biden has yet to announce a nominee for U.S. global AIDS coordinator, the role that was previously held by Deborah Birx and includes leadership of the U.S. President’s Emergency Plan for AIDS Relief, or PEPFAR. … … Multiple sources with knowledge of internal discussions or external lobbying efforts have told Devex that five names have risen to the surface as potential leaders of the Office of the U.S. Global AIDS Coordinator and Health Diplomacy: Shannon Hader, Charles Holmes, Chris Beyrer, Vanessa Kerry, and Paul Farmer. Among the group, three are well-known experts within the global HIV community, two are veterans of former President Barack Obama’s administration, and two are prominent global health leaders....”
LSE (blog) - The G20 has been criticised for its pandemic response. Is that fair?

D Demekas; https://blogs.lse.ac.uk/covid19/2021/01/29/the-g20-has-been-criticised-for-its-pandemic-response-is-that-fair/

“The G20 has been criticised for a sluggish and inadequate response to the pandemic – in contrast to its efforts following the financial crisis. Dimitri Demekas (LSE) says the comparison is misleading. Less ambitious rhetoric and more pragmatic goals would serve the G20 and the global community better.”

Global Policy - The Enlarged Global Financial Safety Net


« The institutions and instruments of the Global Financial Safety Net (GFSN) represent the part of the global financial architecture that is responsible for providing an anti-crisis and stabilization support to the countries in need. We argue that the standard understanding of the GFSN as a system consisting of four layers – national reserves, bilateral swaps, regional financing arrangements and the IMF – demands rethinking. We suggest the concept of an enlarged GFSN, namely its expansion by two additional elements – multilateral development banks and bilateral financial support. Both elements of the international financial architecture are partly involved in providing an anti-crisis and macroeconomic stabilization support at concessional terms. We demonstrate how the enlarged GFSN functions, including at the time of the COVID-19 crisis...”

Devex - 'What is the advantage?': SUN Movement turns focus to results


“The Scaling Up Nutrition Movement will focus its next phase on accelerating results and expanding its work to include fighting obesity, with a stronger emphasis on country-led ownership. The changes are outlined in the SUN Strategy 3.0, which details how the 10-year-old, United Nations-established movement intends to continue its work to eliminate malnutrition in all its forms by 2030.

Social Watch - Report “Where the rubber meets the road”. CSO perspectives on UN reform

https://www.socialwatch.org/node/18570

“A survey among CSOs in “programme countries” evidences a very high level of commitment to UN values and principles, much dissatisfaction with the actual operations at country level and articulation of areas for improvement. For a number of CSOs, the UN system is appreciated for its inspiration, legitimization and promotion of the values they stand for, but is also viewed as a competitor for funds and influence, often displacing the social sector instead of building it. And frequently it is seen as both at the same time.”
Devex - In Brief: New OECD DAC blended finance framework

(gated) “The OECD DAC blended finance principles have been around for several years, but the OECD on Monday released a framework meant to act as an implementation guide.”

New GPEI Director Aidan O’Leary takes helm of global polio effort

Interview. “O’Leary took over as Director for Polio Eradication at WHO on 1 January 2021, from Michel Zaffran, who will enter a well-deserved retirement end-February. O’Leary brings with him a vast array of experience in both polio eradication and emergencies, including through the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).”

Coming up - Handbook of Global Health


Coming up – Book: Feminist Global Health Security

By Clare Wenham. Expected in May.

FT - Extending the debate on digital health to the private sector and beyond

Cfr tweet: “A joint @TheLancet & @FT Commission allows us to engage a diverse audience to explore global #health futures. In this blog, Andrew Jack discusses the ways in which the FT is reaching across sectors to extend the debate on #digitalhealth and support our work.”

UHC

SS&M - A realist review to assess for whom, under what conditions and how pay for performance programmes work in low- and middle-income countries
“Pay for performance (P4P) programmes are popular health system-focused interventions aiming to improve health outcomes in low- and middle-income countries (LMICs). This realist review aims to understand how, why and under what circumstance P4P works in LMICs...”

Global Health Research & Policy - Does the gap between health workers’ expectations and the realities of implementing a performance-based financing project in Mali create frustration?


Conclusion: « The PBF implementation in Mali left health workers frustrated. The short overall implementation period did not allow actors to adjust their initial expectations and motivational responses, neither positive nor negative. This underlines how short-term interventions might not just lack impact, but instil negative sentiments likely to carry on into the future.»

Global Health Promotion - The critical role of health promotion for effective universal health coverage


« The Political Declaration from the United Nations High-Level Meeting on Universal Health Coverage: Moving Together to Build a Healthier World (2019) provided important reaffirmation of health as a precondition for sustainable development and equity, as well as of the role for primary care as a cornerstone of universal health coverage. Health promotion, prevention and sustainable healthcare go hand in glove. Health promotion can enable more effective use of health resources by reducing demand for expensive health services and reducing hospital admissions. Promoting mental and physical health, and addressing health literacy and the social determinants of health, enables governments and departments of health to (i) empower citizens and communities to take control of their health, and (ii) better support innovative and financially sustainable healthcare. Without the bedrock underpinning of effective health promotion, treasuries and health systems will struggle to meet the rising costs and burden of ill health. »

Devex - Q&A: Why universal health coverage needs to be redefined


“*When it comes to universal health coverage, the sector should be “tracking the trend lines not the headline,” said Dr. Githinji Gitahi, group CEO of Amref Health Africa, and co-chair of the UHC2030 Steering Committee. The goal of access to health care for all without financial hardship, may be the headline, but given its “utopian” nature, there are other things that should be being monitored, Gitahi said. “Are we reducing out-of-pocket expenditure consistently over time? Are we tracking the number of impoverished households? How would we drive that toward zero? It’s more about the trend lines than moving to the 100% of all services and 100% of all population.”* Wanting to redefine UHC, Gitahi said the most important thing is to identify those most left behind — such as the lowest-income families, people who are living in conflict states, people living with a disability — and focus on providing them with the services they need. …”
“Speaking to Devex, Gitahi explained the private sector’s role in helping to achieve the “trend lines,” specifically in the area of reproductive, maternal, newborn, child, and adolescent health, or RMNCAH, and how further integration of the local private sector into the broader health system can advance UHC....”

**Infectious diseases & NTDs**

**Devex - A new TB preventive therapy aims to increase patient compliance**


“People at high risk of developing tuberculosis will soon get access to a once-weekly pill that prevents TB bacteria from developing into a contagious case. The rollout will start this month in five African countries with high rates of the disease: Ethiopia, Ghana, Kenya, Mozambique, and Zimbabwe. The three-month preventive treatment, administered via an Aurum Institute program, will replace a daily regimen that is already widely used in the five countries. The new treatment, called 3HP, combines antibiotics rifapentine and isoniazid into one pill, which program managers hope will encourage more people to stick to the therapy and help contain the disease. 3HP is also available as two pills....”


**Devex - WASH inclusion in new NTD roadmap signals 'a paradigm shift'**


“The inclusion of a water, sanitation, and hygiene indicator in the World Health Organization’s new neglected tropical disease roadmap 2021-2030 signals a shift in attitude toward WASH’s importance, but will require even greater coordination, experts say....”

And a link:

**Lancet Correspondence - Time to revise the strategy for Gavi funding of rabies vaccine?**

“... Although prevention of infection by correct vaccination after dog bites is extremely effective, vaccines are often inaccessible in most African countries. Gavi, the Vaccine Alliance, has committed to conditional funding of post-exposure rabies vaccine in Asia and Africa starting in 2021...”

“... ... The COVID-19 pandemic has dramatically changed the situation. Innovative concepts, plans, and methods are leading to previously unimaginable changes in all aspects of life, and Gavi is preoccupied with severe acute respiratory syndrome coronavirus 2 vaccination plans. There is, therefore, an opportunity for a different, pragmatic strategy for rabies prophylaxis. Gavi has never implemented a programme of sustained provision of vaccine for individual emergency use which is required for dog bite rabies prophylaxis. However, its teams are experts at mass vaccination,
especially routine immunisation of young children. It would be comparatively easy to add a vaccine to the Expanded Program on Immunization schedule.....”

AMR

Link:

SS&M - Antibiotics, rational drug use and the architecture of global health in Zimbabwe


NCDs

Michael R. Bloomberg and Dr Tedros Adhanom Ghebreyesus call for global focus on noncommunicable diseases to save lives from COVID-19


“The Lancet Child & Adolescent Health: 40% of countries show no progress in reducing cigarette smoking in adolescents over last 20 years


Via the press release:

“Study using surveys of more than 1.1 million 13–15-year-olds from 140 countries between 1999 and 2018, finds that the prevalence of smoking cigarettes on at least one day during the past 30 days decreased in 80 countries (57%) but was unchanged or increased in 60 countries (43%)... ... Surveys of more than 530,000 adolescents from 143 countries between 2010 and 2018, finds that 17.9% of boys and 11.5% of girls used any tobacco product on at least one day during the past month. ... Researchers call for better tobacco control in adolescents and for policies to include non-cigarette tobacco products.”

“Despite an overall reduction in cigarette use over the last 20 years, nearly 1 in 5 boys (17.9%) and more than 1 in 10 girls (11.5%) around the world used tobacco at least once in the past month
between 2010-2018, according to a new study published this week in The Lancet Child & Adolescent Health journal...”

Nature Medicine - To tackle diabetes, science and health systems must take into account social context
J Seiglie et al; https://www.nature.com/articles/s41591-021-01231-x

“An increasing amount of publications are recognizing that a person’s risk of diabetes and diabetes outcomes are influenced largely by social determinants of health. This renewed understanding of disease should influence health provision and diabetes research, but will it?”

Sexual & Reproductive / maternal, neonatal & child health

Economist (Daily Chart) - Why women are less likely than men to die from covid-19
https://www.economist.com/graphic-detail/2021/02/04/why-women-are-less-likely-than-men-to-die-from-covid-19

“For the same reasons that women live longer: booze, bravado and biology.”

“Men are around 1.7 times more likely than women to die from covid-19, according to a recent paper by researchers at Yale University, published in Science. ...”

BMJ GH - Understanding abortion-related complications in health facilities: results from WHO multicountry survey on abortion (MCS-A) across 11 sub-Saharan African countries
Z Qureshi et al; https://gh.bmj.com/content/6/1/e003702

Authors aimed to characterise abortion-related complication severity, describe their management, and to report women’s experience of abortion care in Africa.

Globalization & Health (Commentary) - Specific considerations for research on the effectiveness of multisectoral collaboration: methods and lessons from 12 country case studies

“... This paper draws on a 12-country study series on MSC for health and sustainable development, in the context of the health and rights of women, children and adolescents....”
**Extra Covid section**

WP - Opinion: The pandemic won’t end unless we control coronavirus variants everywhere

A Jha; [https://www.washingtonpost.com/opinions/2021/02/02/variants-covid-vaccines-worldwide/](https://www.washingtonpost.com/opinions/2021/02/02/variants-covid-vaccines-worldwide/)

Making the same case like dr. Tedros, more or less, that it’s medically self-defeating if we don’t go all out to vaccinate the entire planet asap. **“New strains of the novel coronavirus are emerging in a dangerous and predictable pattern ... These new strains are a powerful reminder that we must remain vigilant in fighting the virus, even as vaccines promise an end to the pandemic. And they are a warning that if the world doesn’t bring the virus under control everywhere, this nightmarish pandemic could continue for years longer than it needs to.”**

“... variants have emerged where the virus has run rampant in countries that have flirted with building natural “herd immunity” as a strategy, such as Britain, Brazil and even the United States. As you’ll notice, no variants emerged in Japan or South Korea because these countries successfully controlled infections, limiting the number of virus mutations and preventing them from becoming established. ... ... **We need a far more aggressive approach.** We must work with nations that aren’t doing genomic surveillance to ramp up and track where the variants are emerging. We should use diplomacy to help countries such as Brazil get its infections under control. And **we need an aggressive strategy to vaccinate the world immediately.** How? The United States must lead an effort to maximize vaccine manufacturing capacity both at home and abroad. This must be a Manhattan Project-like effort...”...

WEF (blog) - What is a ‘vaccine passport’ and will you need one the next time you travel?

[WEF](https://www.weforum.org/agenda/2021/01/what-is-a-vaccine-passport/)

On one of the discussions in Davos.

“A **“vaccine passport” or “e-vaccination certification of compliance for border crossing regulations” could be required to enable seamless border-crossing. Any framework that comes into place will need to be harmonized, when it comes to standards and use cases, by a normative body – such as the WHO – to ensure that its use is ethical and fair....”**

“... the World Health Organization (WHO) is looking closely into the use of technology in the COVID-19 response, and how it can work with member states toward an e-vaccination certificate. Importantly, the framework will need to be harmonized, when it comes to standards and the use cases for the certificate, by a normative body like the WHO to ensure that it upholds ethical and equitable principles. There are also separate initiatives among the private sector, such as the Vaccine Credentials Initiative, which are feeding into this work by offering authentication tools and solutions....

“**Here, Arnaud Bernaert, Head of Shaping the Future of Health and Healthcare at the World Economic Forum, explains why the WHO’s framework must be the global standard and what are the use cases for sharing data around diagnostics and vaccines....”**
NYT - Pregnant women may receive Covid vaccines safely, WHO says

WHO got closer to the CDC position on this. “The World Health Organization on Friday changed its advice for pregnant women considering a Covid-19 vaccine, abandoning language opposing immunization for most expectant mothers unless they were at high risk....”

Euractiv -EU backs off jab threat in Britain row as WHO warns against ‘vaccine nationalism’

Not exactly Ursula’s “finest hour”, as you probably have learnt by now.

BMJ GH - Behaviour adoption approaches during public health emergencies: implications for the COVID-19 pandemic and beyond
M Jalloh et al; https://gh.bmj.com/content/6/1/e004450

« Human behaviour will continue to play an important role as the world grapples with public health threats. In this paper, we draw from the emerging evidence on behaviour adoption during diverse public health emergencies to develop a framework that contextualises behaviour adoption vis-à-vis a combination of top-down, intermediary and bottom-up approaches. Using the COVID-19 pandemic as a case study, we operationalise the contextual framework to demonstrate how these three approaches differ in terms of their implementation, underlying drivers of action, enforcement, reach and uptake. We illustrate how blended strategies that include all three approaches can help accelerate and sustain protective behaviours that will remain important even when safe and effective vaccines become more widely available. .....”

BMJ GH - Precision shielding for COVID-19: metrics of assessment and feasibility of deployment
J Ioannidis; https://gh.bmj.com/content/6/1/e004614

« The ability to preferentially protect high-risk groups in COVID-19 is hotly debated. Here, the aim is to present simple metrics of such precision shielding of people at high risk of death after infection by SARS-CoV-2; demonstrate how they can estimated; and examine whether precision shielding was successfully achieved in the first COVID-19 wave. The shielding ratio, S, is defined as the ratio of prevalence of infection among people in a high-risk group versus among people in a low-risk group. The contrasted risk groups examined here are according to age (≥70 vs <70 years), and institutionalised (nursing home) setting. ... Across 17 seroprevalence studies, the shielding ratio S for elderly versus non-elderly varied between 0.4 (substantial shielding) and 1.6 (substantial inverse protection, that is, low-risk people being protected more than high-risk people). Five studies in the USA all yielded S=0.4–0.8, consistent with some shielding being achieved, while two studies in China yielded S=1.5–1.6, consistent with inverse protection. Assuming 25% IFR among
nursing home residents, \( S \) values for nursing home residents ranged from 0.07 to 3.1. The best shielding was seen in South Korea \((S=0.07)\) and modest shielding was achieved in Israel, Slovenia, Germany and Denmark. No shielding was achieved in Hungary and Sweden. In Belgium \((S=1.9)\), the UK \((S=2.2)\) and Spain \((S=3.1)\), nursing home residents were far more frequently infected than the rest of the population. In conclusion, the experience from the first wave of COVID-19 suggests that different locations and settings varied markedly in the extent to which they protected high-risk groups. Both effective precision shielding and detrimental inverse protection can happen in real-life circumstances. COVID-19 interventions should seek to achieve maximal precision shielding. »

**Telegraph** - One vaccine dose may be enough for people already infected with Covid-19, early studies show

*Telegraph:*

“Researchers found that those with prior Covid-19 infections had a high antibody response after one dose of vaccine.”

**Nature (News)** - COVID-19 rarely spreads through surfaces. So why are we still deep cleaning?

[https://www.nature.com/articles/d41586-021-00251-4](https://www.nature.com/articles/d41586-021-00251-4)

“The coronavirus behind the pandemic can linger on doorknobs and other surfaces, but these aren’t a major source of infection.”

**Bloomberg** - Dubai Alliance to Distribute 2 Billion Vaccine Doses Globally


“Leading Dubai companies have formed an alliance to move 2 billion doses of Covid-19 vaccines around the globe this year. Air carrier Emirates, ports operator DP World and Dubai Airports have teamed up to speed up the distribution of inoculations through Dubai, the Gulf trade and tourism center that now aims to become a vaccine hub as well. The move “will particularly focus on emerging markets, where populations have been hard hit by the pandemic, and pharmaceutical transport and logistics are challenging,” according to the announcement by the government’s media office....”

**Lancet World Report** - Understanding variants of SARS-CoV-2

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00298-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00298-1/fulltext)

“Many variants of SARS-CoV-2 are emerging, but will they have different clinical effects? A new consortium is trying to find out. Talha Burki reports.” On a new UK consortium.
“There is little evidence available for addressing these concerns through improving livestock production and animal health systems, and no systematic approach to understanding global livestock populations and the resources invested in animals by societies globally. Knowledge of the major constraints on livestock productivity and the means to address them are insufficient, and there is a need for robust assessments of the impact of livestock on food security, disease risks, and climate change. **In 2018, the Global Burden of Animal Diseases (GBADs) programme was launched to address these vital issues.** Since that time, we have made progress in developing a comprehensive framework for characterising livestock populations and assessing the value invested in livestock, as well as a system to capture net losses in production and societal expenditure on animal health issues (figure). The GBADs programme recognises that many animal health problems are related to production and nutrition issues that need to be resolved in a socioeconomic context.”