

IHP news 609 : Co-production is the future

(19 Feb 2021)

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

Dear Colleagues,

We start this week's intro by flagging a few important collections/publications, respectively the [BMJ Collection on co-production of knowledge](#) (*'The Future', certainly for HPSR*), and the [Lancet Global Health Commission on Global Eye Health: Vision beyond 2020](#) (*nothing to do with the ongoing Covid pandemic in which many of us chronic(ally grumpy ?) 'Zoomers' & 'Teamers' could well end up half-blind, if that virus won't go away soon* 🤔).

Future scenarios for the pandemic [are currently being pondered](#) in many corners, I certainly hope for a relatively benign one.

With a **new** (relatively benign) **US administration** and also a **brand new WTO lead**, the hope is that soon a lot more resources will go towards multilateral mechanisms (like ACT-A, including COVAX) to turn WHO's [Vaccine Equity declaration \(and call to action\)](#) into (more) reality. In addition to more resources, a more prominent role by WTO in the health (/IP) & macro-economic debate also seems urgently needed, and a lot is expected in this respect from Mrs **Ngozi Okonjo-Iweala**. For the moment, she seems to prefer a **'Third Way'** over trying to get the TRIPS waiver proposal approved. (*"Third ways" have notoriously "mixed" track records, though...*). But encouragingly, Dr. Okonjo-Iweala has [said](#) that *"her earliest priorities will be ensuring the free flow of vaccines, medicines and medical supplies to help deal with the pandemic and aid the global economic recovery."* Let's hope today's **G7 summit** already brings a [breakthrough](#) (on both the health & economic front), to be consolidated then at the **G20 summit** in Spring - thug leaders allowing. But who knows, with Mario *"Whatever it takes"* Draghi hosting the G20... ? At **UN level**, Secretary-General Guterres made another urgent plea - for a **global vaccine taskforce** led by G20 - at the [Security Council meeting](#) on Wednesday. In short, there's some **global "momentum"**, it appears. (#touchwood) Still, would be good if some of the key protagonists went through the (new) [Guide to Global Health Diplomacy](#) in the weeks ahead.

On the **climate crisis** front, there was no escaping **Bill Gates' new book** this week. He mentioned, correctly, ["Solving Covid will be easy compared to the climate"](#). Being twice as smart as the editor of this newsletter, Bill says a number of insightful things in this book, he just can't help himself. Still, like with everything related to Gates, some **'context'** is needed as well. A tweet and blog from respectively Thomas Piketty and Ann Pettifor do provide so. Thomas Piketty's tweet: *"Time for Social Justice. Billionaires are everywhere in magazines, and it's time for them to appear in tax statistics."* As for Ann Pettifor, she neatly summarized the upcoming **'pandemic era'** in a [blog](#) : ... ***So long as financialised globalisation continues to govern the global economy, so long will the viruses and the 1% co-produce future pandemics...."*** (*Did anybody say #coproduction ?* 🤔)

Meanwhile, at Medico's [\(Re\)Construction of the World](#) conference last weekend, in (virtual) Berlin, **Mark Heywood** advocated for a thorough "Post-Covid reconstruction", using the term 'Reset' in a far more appealing way than Klaus "stakeholder capitalism" Schwab. As **Ronald Labonté** said at the 2021 [PMAC summit](#), "*global tax justice as well as "an honest conversation about de-growth in the North"*", seem indispensable in that regard.

Let's all try to "co-produce" these in the years ahead.

Enjoy your reading.

Kristof Decoster

Featured Article

Big Tech and the digital response to Covid-19

Katerini T. Storeng & Antoine de Bengy Puyvallée (*Centre for Development and the Environment, University of Oslo*)

There has been much hype recently around the potential of digital technologies to curb the Covid-19 pandemic, save lives and help societies return to normality. At the same time, critics voice concerns about how the digital response to the pandemic may extend state surveillance and exacerbate inequalities through the exclusion of vulnerable groups or algorithmic biases. What the rise of new digital pandemic tech may reveal about an ongoing shift in the relationship between state and corporate power (to the latter's advantage), remains largely overlooked, however.

Our article just published in [Global Public Health](#) explores some of the new forms of cooperation between Big Tech, the telecommunications industry and public health authorities that have arisen during the first year of the pandemic. These new partnerships provide a unique opportunity to showcase the value of digital solutions to solve the world's problems, but also allow private companies to enter into the heart of health policy and consolidate their positions in the health sector, a highly lucrative market.

In our article, we survey three domains of public health action in which major tech companies have cooperated with public health agencies and asserted themselves over the past year.

Digital contact tracing

The first domain in which technology companies and public health authorities have converged is in the use of smartphones for digital contract tracing. Governments all over the world have turned to Google and Apple to automate and support contact tracing through their "Exposure Notification System". In exchange for using the technology, public authorities must comply with the companies' terms and conditions and relinquish access to key data that would be useful for the public health response, all in the name of privacy.

Epidemic modelling

A second example is epidemic modelling, where public authorities have partnered with major social media companies like Facebook and telecoms providers like Telenor to access localisation data from smartphones. This data is used to model and predict the spread of epidemics and assess the effectiveness of government regulations such as travel bans and quarantine. The modelling developed during the pandemic builds on tech and telecom companies' experimentation with the use of localisation data from mobile phones in the global South and in humanitarian settings. [Telenor's](#) involvement in Covid-19 in Norway, for example, builds on the company's experience in countries including Myanmar, Bangladesh and Pakistan.

Managing the coronavirus infodemic

Thirdly, new partnerships have arisen between Big Tech companies and public health authorities in managing the "infodemic" of misinformation and conspiracy theories that has undermined trust in public authorities and vaccines. At the start of the pandemic, the World Health Organization travelled to Silicon Valley to develop joint strategies, one of which included a partnership with WhatsApp to develop a chatbot for channelling authoritative information about the novel coronavirus, and partnerships with Google and others to ensure that public health agencies' information features prominently in search engines.

Unpacking the interests at play

Big Tech's growing influence over public health practice propagates a techno-optimism that is easy for politicians to sell, despite the questionable effectiveness of many of these technologies. There is [no scientific evidence](#) for the effectiveness of digital contact tracing, governments have been blamed for relying too much on mathematical modelling based on smartphone location data to inform policy, and the spread of misinformation via social media platforms has, despite efforts, increased substantially since the pandemic started.

Google and Apple [claim](#) they jointly created their Exposure Notification System "out of a shared sense of responsibility to help governments and our global community fight this pandemic", while Facebook and major telecoms companies share geolocation data as part of Big Data for Social Good initiatives. Yet it would be wrong to take tech companies' claims that these partnerships are acts of "corporate social responsibility" at face value.

Not only do new partnerships with public health authorities lend tech companies a positive image at a time of heightened scrutiny about their monopolistic business models, they also enable them to set foot in new markets. WhatsApp, for example, is conveniently positioning itself in the emerging market of AI-enabled chatbot technology. Social media and telecoms companies may hand over localisation and other metadata for free during the pandemic, but this does not preclude their future commercialisation, once public authorities are made dependent on these tools for decision-making. Tech companies are also contributing to the routinisation of digital contact tracing, whether through apps or registration systems (QR codes), that already have commercial value.

But the most important consequence of the new partnerships between Big Tech and public health authorities may be the threat that these pose to "digital sovereignty", and the fear that citizens, businesses and European states are losing control over their data to American tech companies, and with it, their ability to shape legislation in the digital environment. Only a few European countries like France and Latvia, have pushed back against tech corporations' involvement in the public health

response. A Latvian official described how the country ran into a “[Silicon Valley-built brick wall](#)” when they tried to develop their own digital contact tracing solution.

How the entry of tech giants into public health practice will play out in low- and middle-income countries, which technology companies see as lucrative and largely unregulated markets for expansion, remains to be seen. Their activities should be assessed by the [Lancet & Financial Times ommission](#) which is examining the convergence of digital health, artificial intelligence and other frontier technologies with UHC to support attainment of the Sustainable Development Goal on health and well-being (SDG 3). What is clear, however, is the need for a broader public and political debate about how technologies ushered in hastily and without much scrutiny during the Covid-19 crisis may be reconfiguring the power balance between the public and private interests in ways that will far outlive the pandemic.

This article is adapted from a Norwegian-language version first published in [Morgenbladet](#). The full research article it describes was supported by the Research Council of Norway and is available open access from [Global Public Health](#).

Highlights of the week

BMJ Collection: Increasing the impact of health research through co-production of knowledge

<https://www.bmj.com/co-producing-knowledge>

*“**Co-production of knowledge** through research involves collaborations between researchers and end-users of research, including patients and the public, health professionals, health system managers, and policymakers. This approach is being advocated globally, and across sectors. But there remains uncertainty on what co-production of research entails, how to do it, when and when not to do it. More evidence on these issues is essential if the co-production of research is to deliver on its promise to produce knowledge and share power and responsibility from the start to the end of research and avoid wasting time, resources, and the good will of end-users. **This BMJ collection on Increasing the Impact of Health Research through Co-production of Knowledge** provides an overview of the evolution, potential, influence, learning and challenges in co-producing evidence to inform decision making in health policy and practice, and points to the core principles which should underpin it. In this collection, we define research co-production as where researchers work in partnership with knowledge users (comprising patients and caregivers, the public, clinicians, policy-makers, health system leaders and others) to identify a problem and produce knowledge, sharing power and responsibility from the start to the end of the research....”*

Do start with the Editorial - [Co-production of knowledge: the future](#)

Very rich collection. Do spend some time on going through the **respective Analysis & Opinion pieces**.

For the Recording of the launch webinar: <https://www.who.int/alliance-hpsr/events/2020/webinar-co-producing-knowledge/en/>

Lancet Commission on Global Eye Health

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30488-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30488-5/fulltext)

Via the press release:

“The Lancet Global Health: Vision loss could be treated in one billion people worldwide, unlocking human potential and accelerating global development.

Estimates from the report suggest 1.1 billion people were living with untreated vision impairment in 2020, and this is expected to grow to 1.8 billion by 2050. Yet over 90% of vision loss could be prevented or treated with existing, highly cost-effective interventions. New estimates indicate that addressing preventable sight loss could bring global economic benefits of US\$411 billion a year, and is essential to achieving the UN’s SDGs, including reducing poverty and inequality, and improving education and access to work. To help achieve immediate and substantial benefits for societies and people living with vision impairment, expert authors call on governments to include eye health in broader health care planning and financing, harness new technology to improve diagnosis and treatment, and expand the eye health workforce, so that everyone can access high-quality eye care.....”

*“Addressing avoidable vision loss with existing, highly cost-effective treatments, and improving inclusion of people living with permanent vision loss in society, offers enormous potential to improve the economic outlook of individuals and nations, and to contribute to a healthier, safer, more equitable world, according to a new Commission report on Global Eye Health published in **The Lancet Global Health** journal. Without additional investment in global eye health, new estimates reveal that 1.8 billion people are expected to be living with untreated vision loss by 2050. The vast majority of these (90%) reside in low- and middle-income countries (LMICs), with the greatest proportion occurring in Asia and sub-Saharan Africa. The Commission, authored by 73 leading experts from 25 countries, calls for eye care to be included in mainstream health services and development policies, arguing that it is essential to achieving universal health coverage and the 2030 UN SDGs...”*

Planetary Health

BBC News - Bill Gates: Solving Covid easy compared with climate

<https://www.bbc.com/news/science-environment-56042029>

With a fairly neutral overview of what’s in his book. And: *“...He says he wants his ideas to feed into the green stimulus packages being proposed around the world and to be discussed in the run-up to the crucial climate conference the UK is hosting in Glasgow in November this year....”*

See also Devex - [Bill Gates: Climate change calls for 'innovation by a deadline'](#)

“To save the planet from the worst effects of climate change, the world needs to accelerate innovation before it’s too late, according to Bill Gates, the billionaire co-chair of the Bill & Melinda Gates Foundation. “It’s very novel for the world to need innovation by a deadline,” he said Wednesday....”

“...Gates said COP26, which is set to take place in Glasgow, Scotland, will present an opportunity for governments to identify ways to drive down what he calls the “green premium,” or the added cost of clean technologies....”

Tim Schwab - Bill Gates, Climate Warrior. And Super Emitter.

<https://www.thenation.com/article/environment/bill-gates-climate-book/>

“The billionaire’s new book, a bid to be taken seriously as a climate campaigner, has attracted the usual worshipful coverage. When will the media realize that with Gates you have to follow the money?” Less neutral perhaps, but a necessary complement to all the reviews appearing in the mainstream press.

Guardian - Human destruction of nature is 'senseless and suicidal', warns UN chief

<https://www.theguardian.com/environment/2021/feb/18/human-destruction-of-nature-is-senseless-and-suicidal-warns-un-chief>

*“Humanity is waging a “senseless and suicidal” war on nature that is causing human suffering and enormous economic losses while accelerating the destruction of life on Earth, the UN secretary-general, António Guterres, has said. Guterres’s starkest warning to date came at the **launch of a UN report setting out the triple emergency the world is in: the climate crisis, the devastation of wildlife and nature, and the pollution that causes many millions of early deaths every year.** Making peace with nature was the defining task of the coming decades, he said, and the key to a prosperous and sustainable future for all people. **The report combines recent major UN assessments with the latest research and the solutions available, representing an authoritative scientific blueprint of how to repair the planet....** “*

The UNEP (synthesis) report - [Making Peace With Nature](#)

See also UN News - [UN offers science-based blueprint to tackle climate crisis, biodiversity loss and pollution.](#)

Africa is a country - The global and class inequalities of fossil fuel subsidy reform

C Houeland; <https://africasacountry.com/2021/02/the-global-and-class-inequalities-of-fossil-fuel-subsidy-reform>

“Climate activists and leftists should tread cautiously when they use the climate argument to support fossil fuel subsidy reform in Africa.”

Women Deliver (report) - Gender equality, sexual and reproductive health and rights, and climate change are linked

<https://womendeliver.org/publications/climate-change-and-srhr/>

Women Deliver published two new reports that explore the inextricable linkages between climate change, gender equality, and sexual and reproductive health and rights (SRHR) and propose recommendations for decision-makers. Check them out.

And a link:

IISD - [No Easy Way to End Poverty Within Planetary Boundaries, But Solutions Exist](#)

“ An IISD briefing paper explores the evolving understanding of how poverty and environment are linked, with three current crises – climate change, conflict, and COVID-19 – prompting a reassessment of efforts to address the two. The author considers solutions to the challenge of ending poverty without exceeding planetary boundaries and causing irreparable environmental harm. The 'Still Only One Earth' series is being published in the lead-up to the 50th anniversary of the Stockholm Conference on the Human Environment.”

Global Health Governance & Financing

On the **new WTO boss**, the **UN Security Council meeting** on Wednesday, and also a flurry of high-level events in the coming weeks & months that could change global health governance & financing with respect of the pandemic, for the better.

HPW - Historic Election of Nigeria's Okonjo-Iweala as World Trade Organization Director-General

<https://healthpolicy-watch.news/historic-election-of/>

We reckon you know this by now. Her tenure starts on 1 March and lasts until 31 August 2024. She got congratulations and **support from across Africa** (and far beyond).

NYT - W.T.O. Set to Gain New Chief, but Deep Issues Remain

<https://www.nytimes.com/2021/02/14/business/economy/wto-world-trade-director-general.html?smid=tw-share>

“The appointment of the Nigerian economist Ngozi Okonjo-Iweala to lead the World Trade Organization removes one obstacle, but the group's future remains uncertain.” Analysis of **some of the main challenges she will have to deal with.**

Link:

Bloomberg - [WTO Formally Appoints Okonjo-Iweala as Its First Female Leader](#)

“Ex-Nigerian finance minister seeks to revive an embattled WTO. She pledges to serve as a mediator between U.S. and China.” “The World Trade Organization selected Ngozi Okonjo-Iweala to be the first woman and first African as its leader, tasking the former Nigerian finance minister with restoring trust in a rules-based global trading system roiled by protectionism and the pandemic.”

Reuters - Incoming WTO head warns 'vaccine nationalism' could slow pandemic recovery

<https://www.reuters.com/article/us-trade-wto-nigeria/incoming-wto-head-warns-vaccine-nationalism-could-slow-pandemic-recovery-idUSKBN2AF1QM>

Must-read. *“Ngozi Okonjo-Iweala told Reuters her top priority was to ensure the WTO does more to address the pandemic, saying members should accelerate efforts to lift export restrictions slowing trade in needed medicines and supplies. ... “A very top priority for me would be to make sure that prior to the very important ministerial conference ... that we come to solutions as to how the WTO can make vaccines, therapeutics and diagnostics accessible in an equitable and affordable fashion to all countries, particularly to poor countries,”....”*

Via [Geneva Health Files](#):

“...We highly recommend you watch this [press conference](#) where Ngozi Okonjo-Iweala, gives a glimpse into the vision, determination and confidence that she brings into this new role. There are also indications on how she evaluates issues relating to the Appellate Body impasse at the WTO and the use of voluntary licensing to increase manufacturing of vaccines for the pandemic. She has articulated “a third way” in the context of the discussions on the TRIPS waiver proposal, essentially suggesting the use of TRIPS flexibilities. ...”

And: *“Dr. Okonjo-Iweala has said that her earliest priorities will be ensuring the free flow of vaccines, medicines and medical supplies to help deal with the pandemic and aid the global economic recovery....”*

And IISD – [“She indicated she will work with members to address the economic and health consequences of the COVID-19 pandemic.”](#)

“Okonjo-Iweala stressed the need to ensure that the WTO supports the green and circular economy and addresses the nexus between trade and climate change.” “Okonjo-Iweala pledged to “restore and rebrand the WTO as a key pillar of global economic governance” and “an instrument for inclusive economic growth and sustainable development.””

Bloomberg - [WTO Chief Calls on Nations to End Covid Export Restrictions](#)

“World Trade Organization Director-General Ngozi Okonjo-Iweala urged the European Union and all other WTO members to end export restrictions on vaccines and other medical goods needed to combat the Covid-19 pandemic....”

Devex - Vaccine equity is the only way out of this crisis

<https://www.devex.com/news/opinion-vaccine-equity-is-the-only-way-out-of-this-crisis-99172>

This Wednesday, the **UN Security Council** already got together on the pandemic, on Friday a (virtual) G7 Leaders' meeting is scheduled.

*"... the United Kingdom [is set to] take up the **issue of vaccine equity in conflict contexts** at the **United Nations Security Council**. This is a welcome development, as action in the Security Council has been lacking, and the timing could not be any more urgent in the race to immunize the world. What transpires over the coming weeks will be critical, setting a glide path for the foreseeable future and with knock-on effects at home in the United States and abroad..."*

*"... This week [will be] an early opportunity for the U.S. to work with the U.K. and other allies to promote equity and strengthen global governance on COVID-19 response. Immediately after the council session Wednesday, the Munich Security Conference will welcome Biden and German Chancellor Angela Merkel, among other leaders, in a **special edition virtual event on the global COVID-19 response**. The U.S. will then hold the presidency of the council in March, the one-year mark of the pandemic, and it could further drive global commitment to vaccine equity and pandemic response. This and other actions could, in turn, help create the necessary tail wind needed to demonstrate that international solidarity is possible — including putting the right level of ambition into a **planned health summit with the G-20 group of leading nations this spring...**"*

HPW - United Kingdom, Norway & UNICEF Call for "Global Cease Fire" in UN Security Council Open Debate on COVID-19 Vaccines Access

<https://healthpolicy-watch.news/united-kingdom-norway-unicef-call-for-global-cess-fire-in-un-security-council-open-debate-on-covid-19-vaccines-access/>

"The United Kingdom, Norway and UNICEF have called for a "global cease-fire" in order to beat the COVID-19 pandemic and ensure that vaccines can also reach people living in conflict zones, during an open debate on COVID-19 vaccines in conflict zones, underway in the UN Security Council on Wednesday. The debate brings together foreign ministers from nearly a dozen other countries, including the United Kingdom, United States, China, India, Kenya, Mexico, Tunisia and Ireland – to address the role of the pandemic in exacerbating ongoing local and regional conflicts – as well as barriers to ensuring that vaccine rollout can reach the most vulnerable – including people living in conflict zones as well as migrants and unregistered immigrants..."

"...Prime Minister Boris Johnson is expected to set out more details on vaccinating refugees and people in conflict areas at a virtual meeting of G7 leaders on Friday..."

UN News - COVID-19 vaccination 'wildly uneven and unfair': UN Secretary-General

<https://news.un.org/en/story/2021/02/1084962>

*"... Addressing the virtual meeting, UN Secretary-General António Guterres **described the goal of providing vaccines to all as "the biggest moral test before the global community"**, underlining that everyone, everywhere must be included. ..."*

*“... The UN and partners have established the COVAX Facility so that all countries will have access to vaccines, regardless of their wealth. The global mechanism must be fully funded, the Secretary-General said. “But we must do even more”, he added. **“The world urgently needs a Global Vaccination Plan to bring together all those with the required power, scientific expertise and production and financial capacities”.** Mr. Guterres **proposed that the world’s richest countries, the G20 nations, form an Emergency Task Force** to prepare the plan and coordinate its implementation and financing. The task force would work to mobilize pharmaceutical companies and key industry and logistics actors, he said, underlining the UN’s readiness to support this effort. ...”*

See also the Guardian – [Wildly unfair': UN says 130 countries have not received a single Covid vaccine dose](#)

*“...He called on the world’s major economic powers in the Group of 20 to establish an emergency taskforce to establish a plan and coordinate its implementation and financing. He said the taskforce should have the capacity “to mobilise the pharmaceutical companies and key industry and logistics actors”. ... **Guterres said Friday’s meeting of the Group of Seven major industrialised nations – the United States, Germany, Japan, Britain, France, Canada and Italy – “can create the momentum to mobilise the necessary financial resources”....”***

Devex - US urges G-7 to 'go big' on COVID-19 response

<https://www.devex.com/news/in-brief-us-urges-g-7-to-go-big-on-covid-19-response-99155>

Coverage of a G7 meeting (of finance ministers & central bank governors) last week.

*“**G-7 finance ministers and central bank governors gathered virtually [last week on] Friday for their first meeting since Joe Biden became the U.S. president.** The United Kingdom, this year’s host for the G-7, called for the group of leading industrial nations to “take the lead in shaping support for vulnerable countries in 2021” and make climate a key priority for its finance agenda, according to a statement from the British Treasury. The agenda also included discussion of global debt problems, vaccine distribution for low-income countries, and Special Drawing Rights, or SDRs, according to Eric LeCompte, executive director at Jubilee USA. **U.S. Treasury Secretary Janet Yellen, who participated in the meeting, said that “the time to go big is now” and that the G-7, with international financial institutions, “must work to address the challenges facing low-income countries who are struggling to respond to the pandemic,”** according to a Treasury Department statement....”*

UK Gov - Prime Minister to host virtual meeting of G7 leaders

<https://www.gov.uk/government/news/prime-minister-to-host-virtual-meeting-of-g7-leaders>

Agenda for the G7 leaders’ meeting on Friday. **“Prime Minister Boris Johnson will host fellow G7 leaders for a virtual meeting on Friday 19 February.”**

“PM will use the first leaders’ meeting of the UK’s G7 Presidency to call for further international cooperation on vaccine distribution and to build back better from coronavirus; Prime Minister will call for a new, global approach to pandemics that learns lessons from the division that characterised the initial international response to the coronavirus pandemic.”

See also WSJ - [Biden to Join G-7 Leaders in Virtual Meeting to Discuss Pandemic Response](#)

“President Biden will participate in a virtual meeting of the Group of Seven industrialized nations on Friday, the White House said, joining a forum for leaders of member countries to discuss plans to defeat the coronavirus pandemic as death counts rise and the global economy remains sluggish.

“President Biden will focus on a global response to the Covid pandemic, including coordination on vaccine production, distribution, and supplies, as well as continued efforts to mobilize and cooperate against the threat of emerging infectious diseases by building country capacity and establishing health security financing,” the White House said Sunday.” Biden will also focus on the global economic recovery.

FT - Emmanuel Macron urges Europe to send vaccines to Africa now

<https://www.ft.com/content/15853717-af6c-4858-87d4-58b1826895a8>

Macron, ahead of the G7 meeting. *“French president wants up to 5% of doses diverted as China and Russia extend influence.”*

“French President Emmanuel Macron has said Europe and the US should urgently allocate up to 5 per cent of their current vaccine supplies to developing countries where Covid-19 vaccination campaigns have scarcely begun and China and Russia are offering to fill the gap. “It’s an unprecedented acceleration of global inequality and it’s politically unsustainable too because it’s paving the way for a war of influence over vaccines,” Macron said. “You can see the Chinese strategy, and the Russian strategy too.” The French president said it was crucial for pharmaceutical groups making vaccines to transfer technology abroad in order to accelerate global production of vaccines — “we will apply all the pressure we can” — and to be transparent about pricing. ...”

““It’s not about vaccine diplomacy, it’s not a power game — it’s a matter of public health,” ... While implicitly acknowledging that the rollout of vaccines to developing countries was a diplomatic battle that western countries were currently losing, Macron said it was in the interest of all countries that wanted their borders to remain open to extend vaccination programmes beyond their home territory. ...”

PS: via FT - [US will not send vaccines to developing countries until supply improves](#)

“Biden administration says priority is ‘vaccinating Americans’ in rejection of French proposal.”

“... The US will not donate any coronavirus vaccine doses to developing countries until there is a plentiful supply of jabs in the US, Biden administration officials said on Thursday in a firm rejection of a proposal made by Emmanuel Macron, president of France. ... However, the second official said the US would make \$2bn of funding available “almost immediately” to Covax, the global initiative to supply vaccines to developing countries, with a further \$2bn over the next two years [if the other donors have made good on their pledges]...”

See also the Washington Post - [White House announces \\$4 billion in funding for Covax, the global vaccine effort that Trump spurned](#)

PS: As for Boris Johnson's plans (via [the Guardian](#)): "[...Johnson is expected to acknowledge the problem by vowing the UK will share the majority of any future surplus coronavirus vaccines from its supply to Covax. ...](#)"

See The Guardian - [Boris Johnson to pledge surplus Covid vaccine to poorer countries at G7](#)

"Boris Johnson will lead efforts to fend off accusations that the world's richest countries are hoarding Covid vaccines by pledging at a G7 summit that the UK will donate surplus doses to poorer countries and cut to 100 days the time it takes to produce new jabs [instead of the 300 days it took now]...." "...Johnson will also be encouraging G7 leaders to increase their funding for Covax in support of equitable access to vaccines...."

Lancet – Offline: What is the UK for?

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00431-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00431-1/fulltext)

Horton's take ahead of the G7 summit. On what the UK should do for global health and science.

"...First, we must lead the call (backed by investment) for a stronger WHO to enhance global health security. A second area where the UK can lead is one in which the country has succeeded—science. A surprisingly neglected fundamental right—to be found in Article 27 of the Universal Declaration of Human Rights—is the right to share in scientific advancement and its benefits. In April, 2020, the UN published General Comment 25, which set out the practical implications of the right to science. The UK could lead the G7 in becoming an international champion of that right. We could make important progress to identify concrete ways to ensure the availability of research, accessibility to its applications, the quality of its products, its acceptability to citizens, and the protection of freedoms to do scientific research...."

Geneva Health Files -The ACT-A Agenda: The financialization of a pandemic?

P Patnaik; [Geneva Health Files](#);

Rhetorical question, I'm afraid.

Do read this great analysis (from last week on Friday)!

"The European Commission-backed ACT Accelerator which has the private sector at the table, has drawn up extensive plans to address the acute scarcity of resources to fund the response to pandemic. Measures include issuing social bonds, grants, a sovereign insurance pool, and even includes the consideration of a "global transaction tax". These plans were first made public at a meeting of the ACT Accelerator Facilitation Council earlier this week. Compared to the early days of the pandemic response there now appears to be a recognition that there are limits to the use of funds from the Official Development Assistance. Discussions are now focusing on getting ACT A funding by tapping into treasuries in order to have access to these big stimulus plans of countries...."

Devex - Development finance trends to watch in 2021

<https://www.devex.com/news/development-finance-trends-to-watch-in-2021-99140>

Bonds on the rise; Growing interest in guarantees; reaching for scale and standards in blended finance.

TGH - President Biden's First Foreign Policy Speech: Reality Check or Missed Opportunity for Global Health?

David Fidler; <https://www.thinkglobalhealth.org/article/president-bidens-first-foreign-policy-speech-reality-check-or-missed-opportunity-global>

“Convincing the world that the United States is back in terms of global health will be a long and arduous road.” By David Fidler, so you know you have to read this (unless if your name is [Andrew Harmer](#) ).

HPW – U.S. Will Pay WHO Over \$200 Million By End of February

<https://healthpolicy-watch.news/u-s-will-pay-who-over-200-million-by-end-of-february/>

“The United States will pay over \$200 million it owes to the WHO by the end of February, marking a positive step to restabilize the global health body’s fragile finances at a time when they are most needed.”

Global Health Centre (Graduate Institute)– A Guide to Global Health Diplomacy: “Better health – improved global solidarity – more equity”

I Kickbusch et al; <https://www.graduateinstitute.ch/sites/internet/files/2021-02/GHC-Guide.pdf>

Book. 253 p. *“The Guide focuses on basic concepts and practical aspects of conducting global health diplomacy. The **text is structured into three parts** dealing with: (a) the basics in this field; (b) the features of negotiating health in a multilateral space; and (c) what makes for successful global health diplomacy....”*

The book was **launched on Thursday 18 Feb:**

*“The system of diplomacy has been facing several challenges with the Covid-19 pandemic and new political and economic realities. The mechanisms of global health diplomacy play a key role in coordinating, advancing, and resolving health issues at the global level. **To better equip health diplomats and negotiators, the Global Health Centre is launching a guide to global health diplomacy, produced with the support of the Swiss Federal Department of Foreign Affairs, and the World Health Organization.** Written, reviewed and supported by global health experts from different backgrounds, countries and sectors, **this training manual provides key concepts on global health diplomacy, outlines the major actors and activities shaping the global health ecosystem, and presents practical tools to strengthen negotiation skills.”***

Covid key news

With some key trends & WHO messages.

Guardian New global Covid cases fell 16% last week, says WHO

<https://www.theguardian.com/world/2021/feb/17/new-global-covid-cases-fell-16-last-week-says-who>

*“...The number of new Covid cases reported worldwide fell 16% last week, to 2.7 million, the World Health Organization has said. The number of new deaths reported also fell 10% over the same period, to 81,000, the WHO said on Tuesday night in its **weekly epidemiological update**, using figures up to Sunday. Five of the six WHO regions of the world reported a double-digit percentage decline in new cases, with only the Eastern Mediterranean showing a rise, of 7%. New case numbers dropped 20% last week in Africa and in the western Pacific, 18% in Europe, 16% in the Americas and 13% in southeast Asia. ...”* **“The global case total is nearing 110 million, according to the Johns Hopkins University tracker, with 2,418,416 deaths recorded since the start of the pandemic....”**

*“...Meanwhile **the Covax facility**, the global Covid-19 vaccine procurement and distribution effort which aims to ensure poorer countries are also able to access doses, **said its final shipment list for the first deliveries would be issued next week**, after the WHO approved the AstraZeneca shots....”*

See also Cidrap News - [Global COVID-19 cases drop, but more nations report variants](#) (Feb 17)

And via Reuters - [Africa COVID-19 deaths near 100,000 after second wave](#) (18 Feb)

*“Africa’s total reported death toll from COVID-19 was approaching 100,000 on Thursday, a fraction of those reported on other continents but rising fast as a second wave of infections overwhelms hospitals. ... deaths are rising sharply across Africa, **driven by its southern region**, especially economic powerhouse South Africa, which accounts for nearly half. South Africa was ravaged by a second wave caused by a more contagious variant that has jammed up casualty wards. **“The increased number (of infections) has led to many severe cases and some of the countries really found it quite difficult to cope,”** Richard Mihigo, coordinator of the immunisation programme at the World Health Organization’s Africa office, told Reuters. “We have seen some countries getting to their limit in terms of oxygen supply, which has got a really negative impact in terms of case management for severe cases.” **Mihigo said the rise in deaths was pronounced in countries near South Africa like Zimbabwe, Mozambique and Malawi, raising the possibility that the 501Y.V2 variant identified in South Africa late last year had spread through the southern Africa region - although more genomic sequencing needs to be carried out to prove that....”***

UN News - Downward COVID-19 trend shows ‘simple public health measures work’ – UN health chief

<https://news.un.org/en/story/2021/02/1084742>

*“The number of reported cases of COVID-19 globally has declined for the fifth consecutive week, the head of the UN health agency said on Monday, underscoring that **“simple public health measures work, even in the presence of variants”**”.*

See also [Cidrap News](#)

*“At today's briefing, Tedros said global cases have declined for the fifth week in a row, and that the number reported last week was the lowest since October. Cases dropped by nearly half in just 5 weeks, he added. “This shows that **simple public health measures work, even in the presence of variants. ...”**”*

He did warn for complacency though, at last week Friday’s press briefing. See HPW - [As global COVID-19 cases fall, WHO warns of complacency](#)

WHO Director-General's opening remarks at the media briefing on COVID-19 – 18 February 2021

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-18-february-2021>

“Just over a year ago, WHO launched its first Strategic Preparedness and Response Plan for the COVID-19 pandemic. The SPRP outlined the comprehensive response needed and which many countries have followed successfully to suppress transmission, protect the vulnerable and save lives. Today we launch the SPRP for 2021, with 6 objectives: Suppress transmission; reduce exposure; counter misinformation and disinformation; protect the vulnerable; reduce death and illness; and accelerate equitable access to new tools, including vaccines, diagnostics and therapeutics. The financial need to meet these objectives is 1.96 billion U.S. dollars, including 1.2 billion dollars for the WHO component of the ACT Accelerator. Tomorrow, WHO will also launch a new declaration focused on vaccine equity. ...”

See also UN News - [WHO seeks \\$1.96 billion for 2021 Strategic Plan for COVID-19 Response](#).

UN News - ‘Constellation’ of post-COVID symptoms will impact global healthcare, says WHO

<https://news.un.org/en/story/2021/02/1084522>

On Long Covid: *“Far more research is needed into the “constellation” of sometimes debilitating symptoms among people who’ve recovered from COVID-19, the World Health Organization (WHO) said on Friday, adding that it **“will impact” global health systems.**”*

See also HPW: *“... In other developments, Tedros said that earlier this week the WHO convened the first of several meetings of patients, clinicians, and other stakeholders to define “long COVID”. He said part of the challenge is that patients with long COVID have symptoms that persist, or that come and go. Earlier this week, the WHO posted a case reporting form to allow more data to be collected on the condition in a standardized way....”*

HPW - None of SARS-CoV2 Origin Hypotheses Have Been Discarded, Says WHO

<https://healthpolicy-watch.news/none-of-sars-cov2-origin-hypotheses-have-been-discarded-says-who/>

It's a bit of a "[vaudeville](#)", the communication around the joint WHO/China investigation so far.

But Tedros made it clear, last week on Friday, that **all 4 hypotheses are still on the table** (even if some are likelier than others). And even if the press briefing in Wuhan had seemed to discard one hypothesis...

*"None of the hypotheses about the origins of the SARS-CoV2 virus have been discarded and the World Health Organization (WHO) origins mission might be expanded to include other experts to take forward new areas of research, WHO Director General Dr Tedros Adhanom Ghebreyesus told the body's bi-weekly media briefing on Friday. **"I wish to confirm that all hypotheses remain open and require further analysis and studies, some of that work may lie outside the remit and scope of this mission,"** said Tedros about the mission which returned earlier this week from a month-long investigation in China. ..."*

PS: And if one hypothesis is discarded now, it's actually the '**frozen food**' one. See HPW - [WHO Official Walks Back On China Comments About Imported Frozen Foods As Possible Source Of 2019 Wuhan SARS-CoV2 Outbreak](#) (18 Feb)

*"The WHO head of the international expert mission to China to investigate the origins of the SARS-CoV2 virus, told a press briefing Thursday that **the international expert group is not seriously considering the Chinese theory that the virus outbreak in Wuhan, first infected Wuhan residents through imported frozen foods...**"*

"Ben Embarek's remarks about the team's findings since leaving China have signalled a striking change in tone and pitch by the WHO leadership about the investigation..."

Science News – Politics was always in the room.' WHO mission chief reflects on China trip seeking COVID-19's origin

<https://www.sciencemag.org/news/2021/02/politics-was-always-room-who-mission-chief-reflects-china-trip-seeking-covid-19-s>

Recommended read. *"The World Health Organization (WHO) mission to China to probe origins of the COVID-19 pandemic had a bumpy start, so it's perhaps no surprise that the team's departure from China didn't go entirely smoothly either. **A 9 February press conference in Wuhan to summarize the mission's findings was widely hailed within China but criticized elsewhere.** WHO plans to release a **summary report of the mission's finding as early as next week; a full report will come later.**"*

*"Science had an hourlong video interview with Ben Embarek on Saturday after his return to Geneva. Ben Embarek **defended the much-debated press conference**, explained why the lab escape hypothesis has in fact not been ruled out, and summarized what was learned about when, where, and how SARS-CoV-2 first infected humans. "*

Quote: “... **It’s now clear that during the second half of December there was wide circulation of the virus in Wuhan.** The contribution of the market at that time was not so important anymore because the virus was also circulating elsewhere in the city. That to me is a big finding. That was not the picture we had before. The cases outside the market were showing differences in terms of [virus] sequence diversity. Whether that indicates multiple introductions to the city or a single introduction a little bit earlier, followed by spread in different parts of the city, is still unclear. But **it all points towards an introduction in the human population in that area in the period October to early December 2019—most probably late November**, not so long before the earliest cases were found. But the **route of introduction remains a mystery...**”

Guardian - White House has 'deep concerns' over China role in WHO Covid-19 report

<https://www.theguardian.com/world/2021/feb/13/white-house-has-deep-concerns-over-china-role-in-who-covid-19-report>

“Biden administration requests data from early days of outbreak; Report must be free from ‘alteration by the Chinese government’.”

China swiftly hit back, obviously. See **The Guardian** - [China hits back after US expresses 'deep concerns' over WHO Covid-19 report](#)

And a link: **NYT** – [On W.H.O. Trip, China Refused to Hand Over Important Data](#)

“The information could be key to determining how and when the outbreak started, and to learning how to prevent future pandemics.”

UN News - Major airlines join forces with UNICEF to support ‘monumental’ COVID-19 vaccine roll-out plan

<https://news.un.org/en/story/2021/02/1084752>

*“The world’s leading airlines are backing a landmark UN Children’s Fund (UNICEF) initiative to prioritize delivery of COVID-19 vaccines, essential medicines and other critical supplies across the globe. **More than 10 airlines are signing agreements with the UN agency to support its ‘Humanitarian Airfreight Initiative’, which will also act as a global logistics preparedness mechanism for other humanitarian and health crises over the longer term. ...” “Airlines covering routes to over 100 countries will support the COVAX Facility ...”**”*

WHO Afro - Rising mortality as Africa marks one year of COVID-19

<https://www.afro.who.int/news/rising-mortality-africa-marks-one-year-covid-19>

Africa marked one year of Covid-19 last week (14 Feb).

WHO Afro Press release from 11 Feb: “Deaths from COVID-19 in Africa have surged by 40% in the last month, pushing Africa’s death toll towards 100 000 since the first reported case on the continent on 14 February 2020. This comes as Africa battles new, more contagious variants and gears up for its largest-ever vaccination drive....”

On a more encouraging note, the “**Predicted doubling of malaria deaths in Africa was averted**” ([Devex](#))

“...At the beginning of the COVID-19 pandemic, the World Health Organization predicted that malaria deaths in Africa could double if people’s access to malaria prevention programs and treatments were severely interrupted. “I am however delighted to say that **the predicted doubling in malaria deaths was averted,**” said Kenya’s President Uhuru Kenyatta, who chairs the African Leaders Malaria Alliance, during a press conference [last week] on Thursday. Instead, over 90% of planned net distribution campaigns went forward over the past year and more children in areas of highly seasonal transmission were reached with antimalarial medicines than in previous years, according to a press release. Around 160 million nets were distributed door-to-door, which was done in adherence with COVID-19 protocols, Kenyatta said. ...”

HPW - WHO Calls For Tech Transfer To Scale Up Manufacturing

<https://healthpolicy-watch.news/82500-2/>

Cfr the **joint appeal by WHO and UNICEF** (see last week’s IHP newsletter) for governments “**to share vaccines through the WHO co-sponsored COVAX facility, and for vaccine manufacturers to maximise production and transfer technology to help scale up the global supply of vaccines.**”

Guardian - Risk of global food shortages due to Covid has increased, says UN envoy

<https://www.theguardian.com/world/2021/feb/15/risk-of-global-food-shortages-covid-increased-un-envoy-agnes-kalibata>

“Agnes Kalibata says price rises and scarcity mean **people in poverty are in more danger than last year.**”

HPW - WHO Special Envoy Expects Some Form Of A ‘Vaccine Passport’ In The Future – But Vaccine Shortages Are An Immediate Hurdle

<https://healthpolicy-watch.news/82539-2/>

David Nabarro, that is.

PS: WHO Does Not Support Vaccine Passports at Present:

*“Dr Michael Ryan, WHO executive director of emergencies, said that the emergency committee “does not advise the use of immunity certification as a prerequisite of travel” at this stage. This was because “the vaccine is not widely available would actually tend to restrict travel more than permit travel” and there was not enough data to understand “to what extent vaccination will interrupt transmission”, particularly whether a vaccinated person can continue transmitting disease, said Ryan. **Once the vaccine is widely available and there is clarity about transmission dynamics, “disease vaccination passports can form part of a long term strategy for disease control and for the prevention of the disease** potentially moving from one place to another, as we’ve seen with yellow fever vaccination requirements, which have been in place for a large number of decades now”, said Ryan. ...”*

Lancet (Comment) - Future scenarios for the COVID-19 pandemic

D Skegg, P Piot et al (all members of the Interim COVID-19 Working Group of the ISC.) ;
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00424-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00424-4/fulltext)

Must-read.

*“COVID-19 vaccines are being rolled out in many countries, but this does not mean the crisis is close to being resolved. We are simply **moving to a new phase of the pandemic....”***

*“... **The International Science Council (ISC)**, as the independent, global voice for science in the broadest sense, **believes it is crucial that the range of COVID-19 scenarios over the mid-term and long-term is explored to assist our understanding of the options that will make better outcomes more likely.** Decisions to be made in the coming months need to be informed not only by short-term priorities, but also by awareness of how those decisions are likely to affect the ultimate destination. Providing such analyses to policy makers and citizens should assist informed decision making.*

In developing its COVID-19 Scenarios Project, the ISC has consulted with WHO and the UN Office for Disaster Risk Reduction. The ISC has established in February, 2021, a multidisciplinary Oversight Panel made up of globally representative world experts in relevant disciplines to work with a technical team to produce the scenario map. The Oversight Panel will report within 6–8 months to the global community on the possible COVID-19 scenarios that lie ahead over the next 3–5 years, and on the choices that could be made by governments, agencies, and citizens to provide a pathway to an optimistic outcome for the world....”

Telegraph - Women are being sidelined by governments in pandemic response plans, UN director warns

[Telegraph](#);

*“A lack of female leadership has exacerbated the fallout for women as few recovery plans cater to their needs, **Phumzile Mlambo-Ngcuka (UN Women)** said.”*

Telegraph - Schemes launch to let public donate to share Covid-19 vaccines around the world

[Telegraph](#);

*“ A number of initiatives have launched allowing members of the public to donate money to support getting vaccines into people's arms all over the world. ... Existing initiatives - including Covax, the WHO-backed scheme aiming to ensure vaccines are distributed fairly globally - have largely been funded by governments and large philanthropic organisations. Some governments have also pledged to share doses with the scheme. **However, individuals can also contribute to efforts to ensure that everyone can get a vaccine, regardless of where they live...**”*

Eg: via a GAVI donations page for the public, a UNICEF donation page, the new ‘Arm in Arm’ initiative, ...

UN News - Strengthen ‘One Health approach’ to prevent future pandemics – WHO chief

<https://news.un.org/en/story/2021/02/1084982>

“The COVID-19 pandemic demonstrates “intimate” linkages between the health of humans, animals and ecosystems, as zoonotic diseases spread between animals and people, the World Health Organization (WHO) chief said on Wednesday. “

*“... While the **concept of One Health** – where multiple sectors communicate and work together to achieve better public health outcomes – may have once seemed simple, “it is no longer”, WHO Director-General Tedros Adhanom Ghebreyesus said, opening **the 27th Tripartite Annual Executive Committee Meeting World Organization for Animal Health (OIE).***

Covid vaccine access

With updates on Covax (where deliveries will start soon now, before the end of February), TRIPS waiver advocacy, an important Lancet Health Policy publication,

TGH - Vaccine Spheres of Influence Tracker

<https://www.thinkglobalhealth.org/article/vaccine-spheres-influence-tracker>

Update as of 18 Feb. *“Tracking COVID-19 vaccine administration and access around the world.”* Recommended.

Excerpts: *“... **In Latin America**, the region is divided between Western (namely Pfizer/BioNTech), Russian, and Chinese vaccines. Notably, of the seven Caribbean island nations that have launched vaccination campaigns, all but one are currently dependent on Indian donations ... **In Asia and the Pacific**, donations are driving the start of vaccination efforts. China and India, which are producing vaccines of their own, have respectively donated vaccines to Brunei, Cambodia, Laos, Myanmar, and Pakistan and to Afghanistan, Bangladesh, Bhutan, Nepal, Samoa, and Seychelles. ... **In Africa**, tragically, only ten African countries have begun administering vaccines. Of these, three are in North Africa, and two are island nations in the Indian Ocean. More than half of the African nations that have launched vaccination campaigns have received their doses from through donations from China and/or India. **Perhaps the clearest message from this map of global vaccine access, now and***

projected by the end of 2021, is that global equitable access to vaccines hinges on the success of COVAX. ..”

Science News - Unprotected African health workers die as rich countries buy up COVID-19 vaccines

<https://www.sciencemag.org/news/2021/02/unprotected-african-health-workers-die-rich-countries-buy-covid-19-vaccines>

One of the consequences of the current global moral failure. *“Growing toll on fragile health systems prompts calls for more global equity.”*

HPW - Two AstraZeneca COVID-19 Vaccine Manufacturers Get WHO Emergency Use Listing, Opening Door to COVAX Distribution

<https://healthpolicy-watch.news/two-astrazeneca-manufacturers-get-who-emergency-use-listing-opening-door-to-covax-distribution/>

“The AstraZeneca/Oxford COVID-19 vaccines being produced by the Serum Institute of India and SK Bio in South Korea were listed for emergency use by the World Health Organization (WHO) on Monday. Emergency use listing (EUL), which involves experts assessing their safety, efficacy and quality, is a prerequisite for vaccines before they can be distributed by the global vaccine facility, COVAX....”

WHO - COVAX Statement on WHO Emergency Use Listing for AstraZeneca/Oxford COVID-19 Vaccine

<https://www.who.int/news/item/16-02-2021-covax-statement-on-who-emergency-use-listing-for-astrazeneca-oxford-covid-19-vaccine>

Worth reading in full. **Covax allocations will be finalized for countries, and announced on Feb 22.**

FT - Can Covax deliver the vaccines much of the world needs?

<https://www.ft.com/content/ffe8e68-238a-4a4b-bcad-47417882e0ed>

State of affairs re Covax as of last week on Friday. *“The WHO-backed programme aims to provide 2bn doses in 2021 but deliveries are yet to start.”*

“... Covax announced last week that it should deliver 337.2m doses globally by June, with the pace ramping up during the second half of the year. Covax will depend heavily on the Oxford/AstraZeneca vaccine, particularly over the next six months. In contrast, it has only bought a smaller number of two of the other most advanced vaccines made by BioNTech/Pfizer and Moderna, which both use mRNA technology and have proved highly effective against coronavirus. ;..”

Covax hopes that its target for 2021 will be sufficient to ensure high-risk and vulnerable people around the world, as well as frontline healthcare workers, are vaccinated by the end of the year — at least 20 per cent of the global population. “With the correct funding in place, it might be possible to deliver more — potentially 27 per cent,” Gavi said. ... A looming debate is how extensive Covax’s reach will need to be long term. Ultimately, providing vaccines for a large majority of the world’s 7.8bn people would require a big further injection of cash and perhaps years for the full rollout....”

And via [Cidrap News](#) :

“In a related development, UN Children’s Fund UNICEF announced on Friday a deal to distribute the Pfizer-BioNTech COVID-19 vaccine, potentially before the end of March. The agreement is on behalf of the COVAX platform... “This supply agreement allows UNICEF to procure up to 40 million doses that have been secured under the COVAX Facility’s Advance Purchase Agreement with Pfizer/BioNTech to be available throughout 2021”, the UN agency said in a statement. ...”

PHM - Open Letter to Members of the Gavi CSO Constituency Steering Committee

<https://phmovement.org/wp-content/uploads/2021/02/GAVI-CSO-letter-Autosaved-converted.pdf>

*“The Gavi CSO Call to Action for an equitable roll out of COVID-19 vaccines includes some very important demands: * full funding of the ACT-Accelerator, * an end to vaccine nationalism, * rapid inclusion of all new vaccines in the Covax portfolio; * the sharing of information (technology, patent status, production cost and prices); * technology transfer to support local production and scaling up supply; and * ensuring country readiness for vaccine rollout. However, we were disappointed with a number of aspects of the Call to Action and write now with suggestions for strengthening the Call.”*

Fair points.

KFF (brief) – COVAX and the United States

<https://www.kff.org/coronavirus-covid-19/issue-brief/covax-and-the-united-states/>

New brief (18 Feb).

HPW - Low- & Middle-Income Countries in Africa and Middle East Begin Vaccine Rollout

<https://healthpolicy-watch.news/low-middle-income-countries-in-africa-and-middle-east-begin-vaccine-rollout/>

“As low- and middle-income countries begin receiving their first batches of vaccines and commence their vaccination campaigns, at least 40 countries across Africa are seeing a second wave and record case numbers are being reported in the southern African region, where the B.1.351 variant is spreading. Rwanda has become the first country in East Africa to start vaccinating its frontline health workers, according to the health ministry via an announcement on Twitter. ...”

Also some info on (Sinopharm) vaccines arriving in Zimbabwe, in this piece.

Lancet (Health Policy) – Challenges in ensuring global access to COVID-19 vaccines: production, affordability, allocation, and deployment

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00306-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00306-8/fulltext)

“The COVID-19 pandemic is unlikely to end until there is global roll-out of vaccines that protect against severe disease and preferably drive herd immunity. Regulators in numerous countries have authorised or approved COVID-19 vaccines for human use, with more expected to be licensed in 2021. Yet having licensed vaccines is not enough to achieve global control of COVID-19: they also need to be produced at scale, priced affordably, allocated globally so that they are available where needed, and widely deployed in local communities. In this Health Policy paper, we review potential challenges to success in each of these dimensions and discuss policy implications. To guide our review, we developed a dashboard to highlight key characteristics of 26 leading vaccine candidates, including efficacy levels, dosing regimens, storage requirements, prices, production capacities in 2021, and stocks reserved for low-income and middle-income countries. We use a traffic-light system to signal the potential contributions of each candidate to achieving global vaccine immunity, highlighting important trade-offs that policy makers need to consider when developing and implementing vaccination programmes. Although specific datapoints are subject to change as the pandemic response progresses, the dashboard will continue to provide a useful lens through which to analyse the key issues affecting the use of COVID-19 vaccines. We also present original data from a 32-country survey (n=26 758) on potential acceptance of COVID-19 vaccines, conducted from October to December, 2020. Vaccine acceptance was highest in Vietnam (98%), India (91%), China (91%), Denmark (87%), and South Korea (87%), and lowest in Serbia (38%), Croatia (41%), France (44%), Lebanon (44%), and Paraguay (51%).”

“... In this Health Policy paper, we have stressed the interactions among the four dimensions involved in the global COVID-19 vaccination challenge. It is not enough to have new vaccines developed; they must be affordable, accessible, trusted, and, to maximise impact, used efficiently.”

“... .. In this Health Policy paper, we have discussed the development and production, affordability, allocation, and deployment of COVID-19 vaccines, as well as the interactions between these dimensions of the global vaccination challenge. The distinct characteristics of leading COVID-19 vaccines across each of these dimensions generate trade-offs, which mean that both globally and nationally, the availability of diversified sets of vaccine options is likely to be needed to bring the global pandemic under control.”

Global South urges rich countries: Lift monopolies on COVID-19 medical products

<https://phmovement.org/dont-block-the-waiver-proposal/>

“Around 200 civil society organisations and trade unions from the Global South are calling on leaders of high-income countries not to block adoption of the proposal to the WTO to temporarily waive certain IP requirements of the TRIPS Agreement to facilitate effective prevention, containment, and treatment of COVID-19.”

Cfr [Press Release](#) on Global South urging rich countries to lift monopolies on COVID-19 medical products and ensure others too have access to Covid19 vaccines, medicines and health products.

PS: “... **A series of WTO meetings are in the pipeline** to discuss and hopefully finalise the wording of the waiver. “

Guardian – South Africa leads backlash against big pharma over access to Covid vaccines

[Guardian](#);

*“The domination of global medicine by major pharmaceutical companies needs to be confronted to provide fairer access to vaccines, a leading South African official has said. The scramble over Covid vaccines should alert rich countries to the power of profit-driven companies that control production of crucial medicines, said **Mustaqeem De Gama, South Africa’s delegate at the World Trade Organization (WTO) on intellectual property rights...**”*

IPS - Intellectual Property Cause of Death, Genocide

<http://www.ipsnews.net/2021/02/intellectual-property-cause-death-genocide/>

*“Refusal to temporarily suspend @wto intellectual property provisions to enable faster & broader progress in addressing the pandemic should be **grounds for International Criminal Court prosecution for genocide**, write Jomo Kwame Sundaram and Anis Chowdhury. “*

On a more upbeat note: *“At the forthcoming 23 February TRIPS Council meeting, US President Biden can secure consensus support for the waiver proposal, thus providing the Rooseveltian leadership internationally that he seems to be emulating in the US...”*

Guardian - Lack of Covid data may leave African countries behind in vaccine rush

<https://www.theguardian.com/world/2021/feb/15/lack-of-covid-data-may-leave-african-countries-behind-in-vaccine-rush>

“Experts say continent may not be seen as priority because true extent of pandemic is unknown.”

Devex – African Union to distribute first million doses of COVID-19 vaccines next week

<https://www.devex.com/news/in-brief-african-union-to-distribute-first-million-doses-of-covid-19-vaccines-next-week-99197>

*“The African Union expects to start distributing 1 million doses of the Oxford-AstraZeneca COVID-19 vaccine to about 20 nations next week, said John Nkengasong, director at the Africa Centres for Disease Control and Prevention. “We are hoping that before next Friday delivery will start going out to member states,” he said, during a press call. **These vaccines were donated to the AU through a partnership with MTN Group Ltd., Africa’s largest mobile network by subscribers.** The company donated \$25 million, which will be used in supporting health worker vaccination. MTN’s donation will pay for up to 7 million doses, with these 1 million doses as the initial batch distributed, he said. **The***

vaccines were produced by the Serum Institute of India. Distribution will be based on factors such as population size, Nkengasong said...

“... Other AU efforts include the procurement of 670 million vaccine doses through the African Vaccine Acquisition Task Team which countries can obtain using advance procurement commitment guarantees through the African Export-Import Bank — rather than donations. Donald Kaberuka, a member of the COVID-19 African Vaccine Acquisition Task Team, told Devex that so far 27 countries have submitted applications to purchase doses. Once the countries and the bank finalize the financing arrangements, deliveries will start.”

Guardian - Two-thirds of Britons do not want rich countries to have vaccine priority

<https://www.theguardian.com/world/2021/feb/14/two-thirds-of-britons-do-not-want-rich-countries-to-have-vaccine-priority>

“Poll backs call for western governments to share Covid vaccine formulae for global rollout.”

FT - Shortage of giant sterile liners threatens global vaccines rollout

<https://www.ft.com/content/b2f4f9cf-af80-428f-a198-2698ceb4c701>

“Exclusive: Manufacturers come close to halting production over scarcity of specialist plastic bags.”

“Vaccine manufacturers are struggling to secure supplies of giant plastic bags used in bioreactors that mix pharmaceutical ingredients, creating a bottleneck that threatens the rollout of Covid-19 shots around the world. Some vaccine makers have been days away from stalling production because of the shortage of the bags, which can hold up to 2,000 litres of material, according to three people familiar with the matter. Covid-19 jabs developed by companies including BioNTech/Pfizer, Moderna and Novavax are made in the bags — which are used as sterile liners in the tanks where the vaccines are produced — although they use differing sizes. Stanley Erck, chief executive of Novavax, called on companies not to hoard supplies of the bags, adding that it had been “really complicated” to work around the shortages. The shortage of the bags follows other supply chain problems, such as a challenge obtaining enough lipid nanoparticles — which the mRNA vaccine makers need to deliver genetic code into the body — and securing the right kind of syringes to extract as many doses as possible from a vial....”

BMJ Global Health (Editorial) – Just allocation of COVID-19 vaccine

E Herlitz et al ; <https://gh.bmj.com/content/6/2/e004812>

“Authorized COVID-19 vaccines must be distributed fairly. Several proposals have emerged offering guidelines for how to do this. However, insofar as the aim is to have the greatest health impact, these proposals fall short. We offer three suggestions to strengthen them....”

Politico - Commission to present plan to beat coronavirus variants with more and better vaccines

<https://www.politico.eu/article/european-commission-plan-to-beat-coronavirus-variants-more-and-better-vaccines/>

“The European Commission is giving its vaccine strategy a revamp with proposals on everything from clinical trials to competition support.”

See also HPW - [Europe To Establish Emergency Biodefense Plan To Respond To Coronavirus Variants – More Local Manufacturing For Rapid Scale Up Of New Vaccines & Boosters](#)

*“ The European Commission will establish an emergency biodefense plan to prevent, mitigate and respond to new variants of the coronavirus that are supercharging transmission and threatening the performance of available vaccines. **Creation of a voluntary licensing mechanism involving local manufacturers is one of the strategies proposed in the plan to enable faster production of updated vaccines....”***

*“The EC initiative comes on the heels of a **call by the new Director General of the World Trade Organization, Ngozi Okonjo-Iweala, to encourage vaccine pharma companies to issue more voluntary licenses to manufacturers in low- and middle-income countries** so as to open up the global bottleneck in access to vaccines. **She also called upon countries to support the ramping up of such local production capacity in low- and middle-income countries**, noting that on the African continent, for instance, 90% of medical products are imported, Iweala said shortly after her election by the WTO General Council on Monday....”*

*“... **health advocacy groups voiced concerns that the EC initiative was too Euro-focused**. Notably, the Commission’s **plan did not explicitly mention any push to expand voluntary licensing internationally** – through efforts such as the WHO-backed initiative to create a COVID-19 Technology Access Pool (C-TAP) for the voluntary licensing of COVID-19 vaccines and other COVID health products. **Nor did the EC explicitly mention the WHO co-sponsored global vaccine facility COVAX** – which is struggling to recruit more funds and vaccines to distribute to low- and middle-income countries...”*

Devex – Inside the European Commission's global vaccine-sharing plan

<https://www.devex.com/news/inside-the-european-commission-s-global-vaccine-sharing-plan-99203>

*“The European Commission is working on a plan for **“targeted vaccine-sharing” by European Union states with low-income countries outside the bloc**. And **part of the scheme**, detailed in a commission nonpaper sent Thursday for discussion among EU member states and obtained by Devex, **could be separate from COVAX**, the global pooling initiative for COVID-19 vaccines. ... To create **“additional momentum” for “greater vaccine solidarity,”** and in addition to EU financial support and potential vaccine sharing through COVAX itself — which remains underfunded and has yet to deliver any of the vaccines under its portfolio to 92 low- and middle-income countries — **the paper also envisages “targeted vaccine-sharing” with countries outside the EU.** “*

“... *“In the short term, and in full complementarity with COVAX, the Commission can assist Member States wanting to do so, in efforts to bridge the time until COVAX delivers in larger quantities,” the paper states. “This will notably happen through direct reselling or donations from individual Member States for limited quantities to well targeted recipient countries in line with the priorities endorsed by the European Council of 21 January (notably **Western Balkans, Neighbourhood and Africa**).” Under the mechanism, overseen by the commission, EU countries would indicate whether their donations are for a “global pot,” handled by COVAX; for Africa, handled by COVAX; or for the Western Balkan or the Eastern Neighbourhood countries, “handled through COVAX or EU mechanisms, depending on what would be the most appropriate solution....”*”

FT – Russia’s Covid vaccine faces global production hurdles

<https://www.ft.com/content/316b77c1-e640-4d53-8dec-547b1b5651d8>

“A global network of private factories that Russia is relying on to supply its Sputnik V coronavirus vaccine to international markets is months away from reaching full production levels, raising doubts over Moscow’s ability to honour dozens of agreements with foreign countries. The Kremlin funded the development of Sputnik V but lacks the manufacturing capacity to produce enough of it, meaning Russia must now depend on plants in Brazil, India and South Korea if it is going to meet a target of vaccinating almost one-tenth of the world’s population....”

“...The Russian Direct Investment Fund (RDIF), a sovereign wealth fund that is managing Sputnik V’s distribution, told the Financial Times that it had signed contracts with 15 manufacturers in 10 countries to produce 1.4bn jabs, enough to vaccinate 700m people. The agreements mean RDIF is relying on foreign plants to produce more than twice as many doses as Russian companies. Factories in China, South Korea, India and Iran will manufacture shots that could be exported to third countries, while plants in states such as Brazil and Serbia will primarily serve domestic demand....”

Devex - Partnership harnesses digital mentorship for COVID-19 vaccine rollouts

<https://www.devex.com/news/partnership-harnesses-digital-mentorship-for-covid-19-vaccine-rollouts-99183>

“A new partnership aims to use digital telementoring to prepare countries to roll out COVID-19 vaccines, through free interactive online lessons for national and subnational vaccine managers and front-line health workers. The partnership, which was launched on Wednesday, is between the University of New Mexico’s Health Sciences Center’s Project ECHO and the Access to COVID-19 Tools or ACT Accelerator’s country readiness and delivery workstream....”

ONE (report) analysis – Rich countries on track to stockpile at least 1 billion surplus C19 vaccines

[One;](#)

*“... This **analysis from ONE** finds that five countries (Australia, Canada, Japan, UK, and US) plus the EU block of 27 countries **could share close to 1 billion doses of leading COVID-19 vaccines with other countries and still retain enough supply to inoculate their entire populations. These excess doses alone are sufficient to vaccinate the entire adult population of Africa.** ONE is calling on Australia, Canada, Japan, the UK, the US and the EU to take the following steps to quickly share*

excess doses to promote global access: Adopt and commit to act on the Principles for Sharing COVID-19 Vaccine Doses at the February 19 G7 Leaders Summit; Publicly commit to partner with COVAX to ensure equitable redistribution of shared doses at the February 19 G7 Leaders Summit; Develop and execute a plan to share excess doses in 2021 in parallel to implementing national vaccine campaigns; and Refrain from contractual provisions in bilateral deals that prevent donations.”

Some links:

- GAVI - [Gavi signs memorandum of understanding with Novavax on behalf of COVAX Facility](#)

“The signed memorandum of understanding (MoU) between Gavi and Novavax is to make a cumulative volume of 1.1 billion doses of the Novavax vaccine candidate available to the COVAX Facility. This cumulative volume of doses will be provided to COVAX based on terms defined in the final advance purchase agreement with Novavax, once signed, and via an existing agreement with the Serum Institute of India (SII)...”

- Reuters - [South Africa launches vaccination drive](#) *“South Africa launched its COVID-19 vaccination drive on Wednesday, battling to tame a more infectious variant of the coronavirus **with a roll-out of the Johnson & Johnson shot for the first time outside a major clinical trial...**”*
- Washington Post - [Moderna agreed to ‘equitable access’ for its coronavirus vaccine, but most of its doses are going to wealthy countries](#)
- Guardian - [Pakistan to allow private firms to import coronavirus vaccines](#)

*“Vaccines also exempt from price caps in divisive move that **health experts fear will deepen inequality.**”*

- FT - [Indian companies urge New Delhi to let them help with vaccine drive](#)

“State-controlled campaign falters on software glitches and limited capacity.”

*“**India’s private sector is urging the government to let business bolster New Delhi’s faltering Covid-19 inoculation campaign, as technical glitches and vaccine scepticism slow down the drive.** New Delhi has set an ambitious target of inoculating 300m people by August, including health workers, frontline workers and those older than 50. But problems with the government’s CoWIN vaccination app, muted uptake and limited government capacity have constrained the campaign, with only 8.8m doses administered since the rollout began a month ago. At this rate, it will take nearly three years to vaccinate even the initial target group...”*

- Reuters - [UK to consider making excess vaccines available to other nations after its adults inoculated, official says](#)

Not sure this qualifies as ‘global solidarity’...

Covid science

Stat - The myth of 'good' and 'bad' Covid vaccines: Why false perceptions overlook facts, and could breed resentment

<https://www.statnews.com/2021/02/17/the-myth-of-good-and-bad-covid-vaccines-why-false-perceptions-overlook-facts-and-could-breed-resentment/>

*"... [M] Ryan (WHO), never one to mince words, decided it was time for a come-to-Jesus chat with his 80-year-old mother. **"Whatever vaccine they show up with, you take it," he told her. "Because that is the best decision you can make on that day for your health."** That's a message Ryan and other public health officials are trying to deliver to everyone — but it's not necessarily one that is being well-received. News coverage and social media posts about clinical trial results are **creating a hierarchy of Covid vaccines in the minds of much of the public: "good vaccines" and "bad vaccines."** The former you might try to seek out; the latter might even prompt you to step out of line. That, health officials say, is a problem...."* Read why.

Nature - The coronavirus is here to stay — here's what that means

<https://www.nature.com/articles/d41586-021-00396-2>

"A Nature survey shows many scientists expect the virus that causes COVID-19 to become endemic, but it could pose less danger over time."

Science - How soon will COVID-19 vaccines return life to normal?

<https://www.sciencemag.org/news/2021/02/how-soon-will-covid-19-vaccines-return-life-normal>

*"The shots are beginning to have a **societal impact**, but **herd immunity is a distant dream.**"*

Telegraph - Why we are moving towards 'peak risk' for Covid mutations

<https://www.telegraph.co.uk/global-health/science-and-disease/moving-towards-peak-risk-covid-mutations/>

*"The best way of protecting ourselves against future mutations is to keep infection rates low here and around the world, say experts. The **danger of new mutations of SARS-CoV-2 appearing and getting a grip in Britain and around the world will increase before eventually starting to fade.** This is the broad conclusion of scientists who are trying to predict what surprises the virus may yet have up its sleeve. Their work has implications not just for the [global rollout of vaccines](#) but for national policy...."*

NYT - U.K. Virus Variant Is Probably Deadlier, Scientists Say

<https://www.nytimes.com/2021/02/13/world/europe/covid-uk-variant-deadlier.html?smtyp=cur&smid=fb-nytimes>

“New research finds that the British variant is “likely” to be linked to a higher risk of hospitalization and death, laying bare the danger facing countries that ease restrictions.”

Reuters - UK gives go-ahead to expose volunteers to COVID in medical trial

https://www.reuters.com/article/us-health-coronavirus-britain-challenge-idUSKBN2AH17H?taid=602cfe4a49ab4100019e2634&utm_campaign=trueanthem&utm_medium=trueanthem&utm_source=twitter

“Britain on Wednesday became the first country in the world to allow volunteers to be exposed to the COVID-19 virus to advance medical research into the pandemic. The trial, which will begin within a month, will see up to 90 healthy volunteers aged 18-30 exposed to COVID-19 in a safe and controlled environment to increase understanding of how the virus affects people, the government said....”

Science News - Give African research participants more say in genomic data, say scientists

<https://www.sciencemag.org/news/latest-news>

“Tensions are building in Africa over the rules that govern the donation of biological samples and data to research.”

“... Many human genome studies ask participants to sign a form that gives them little direct control over how their data will be used. But a panel of researchers in Africa says that this can fuel distrust between researchers and participants, and needs to change. This stark message comes in a report published last week, [Recommendations for Data and Biospecimen Governance in Africa](#), from a committee of 13 African scientists, whose expertise ranges from bioinformatics to genomics.

*The African Academy of Sciences, based in Nairobi, and the African Union Development Agency, based in Addis Ababa convened the group in June 2019 in response to concerns that international research-funding agencies and researchers from high-income countries have a disproportionate influence when it comes to setting research priorities and data-sharing rules in Africa. **The report says that research participants in Africa are especially vulnerable to exploitation.** This is because illiteracy and disease are common in Africa, and many people have poor access to medical care. By participating in research, people can access doctors when they are unwell. **It is currently accepted practice in genomics research for data-access committees — groups of experts that are independent of researchers and funders — to decide who gets to see and use genomics data.** The report’s authors want research participants in Africa to have more of a say in decisions made about their data, and, in particular, to avoid what is called ‘broad consent’, which allows researchers to re-use data to answer new research questions, subject to access-control regulations. “This requires participants to cede their autonomy to researchers entirely,” they write....”*

And some links:

HPW - [Vaccine Bellweather – Israel Sees Light At End Of Pandemic Tunnel With Big Downturn In Over-60 Illness](#)

Nature - [Some antibodies can dampen antiviral defences in people with severe COVID](#)

Lancet Comment - [Challenges in interpreting SARS-CoV-2 serological results in African countries](#)

Authors did a **cross-sectional serological survey of staff working in health-care facilities in Kinshasa**, the capital of the Democratic Republic of the Congo. And conclude: “... ***The potential lower specificity of SARS-CoV-2 commercial tests in African countries, together with the low reported prevalence of clinical cases, makes the interpretation of population surveys in this setting difficult. The seroprevalence results could be misleading and even report more false-positive cases than true-positive cases....***”

Science - [South African Covid variant may cut Pfizer vaccine protection by two-thirds](#)

Covid analysis

Lancet - Priorities for the COVID-19 pandemic at the start of 2021: statement of the Lancet COVID-19 Commission

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00388-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00388-3/fulltext)

“... ***The Lancet COVID-19 Commission calls for three urgent actions in the COVID-19 response (our broader overview is available on our website).*** First, all regions with high rates of new COVID-19 cases, including the USA and the European Union (EU), should intensify measures to minimise community transmission alongside rapid deployment of COVID-19 vaccines. Second, governments should urgently and fully fund WHO and the Access to COVID-19 Tools (ACT) Accelerator, including COVAX. Third, the G20 countries should empower the International Monetary Fund (IMF) and multilateral development banks to increase the scale of financing and debt relief. Success on all three priorities—containment of transmission, rapid vaccination, and emergency finance—will require improved global cooperation....”

CGD (blog) – What Do We Really Know About COVID-19’s Impact on Essential Health Services?

D Walker et al ; <https://www.cgdev.org/blog/what-do-we-really-know-about-covid-19s-impact-essential-health-services>

“In this blog, we describe some major global efforts that examine whether essential health services have been disrupted during the pandemic, summarize what they tell us, and highlight some of the remaining gaps in our understanding and knowledge....”

Ann Pettifor - Billionaires & the pandemic: in happy alignment

<https://annpettifor.substack.com/p/billionaires-and-the-pandemic-in>

Easily one of the reads of the week. *“There are two forces positively thriving through today’s crises. They are the lethal coronavirus and the world’s billionaires – engaged in a form of ‘co-production’. Why are they thriving? And do their interests really align?...”*

Excerpt: *“... The very first task facing those that wish to tackle this dysfunctional and profoundly harmful relationship between– is to recognise that the disease is not the problem. **The current international financial system is the thing that is dysfunctional.** The crises we face, the threats to human civilisation and to the planet – these **threats originate in the system of financialised globalisation and its associated ‘laws’.** A system of unaccountable private government over national economies and the planet by globalised, capital markets. ... **So long as financialised globalisation continues to govern the global economy, so long will the viruses and the 1% co-produce future pandemics....”***

Foreign Policy – Trump Is Guilty of Pandemicide

L Garrett; <https://foreignpolicy.com/2021/02/18/trump-is-guilty-of-pandemicide/>

Laurie Garrett says Trump is guilty of **pandemicide**. *“History will show the former U.S. president was staggeringly negligent during the pandemic’s deadly third wave.”*

Economist (Briefing) - Fear, uncertainty and doubt: Vaccine hesitancy is putting progress against covid-19 at risk

<https://www.economist.com/briefing/2021/02/13/vaccine-hesitancy-is-putting-progress-against-covid-19-at-risk>

“If the world is to tame the virus, the doubts will need to be fought.” Insightful analysis of the **vaccine hesitancy (rates) around the world, and their causes**, with also an **updated assessment by Heidi Larsson**. With too many refusing to take vaccines, Countries could never reach the ‘herd immunity’ population-wide vaccination programmes tend to aim for.

Quote: *“... One of the main vaccine-weather forecasters is **Heidi Larson**, a professor of anthropology, risk and decision science at the London School of Hygiene and Tropical Medicine. She is also the founding director of the Vaccine Confidence Project, which monitors global concerns about vaccines. **Looking at her latest survey of sentiment toward covid-19 vaccines in 32 countries Dr Larson sees storms brewing in Lebanon and the Democratic Republic of Congo (drc)—two countries in which the political climate is tense. Hesitancy in the drc might seem surprising; novel vaccines recently helped quash an outbreak of Ebola there. But Dr Larson says that unlike Ebola, which people have had to live with for almost half a century, covid-19 is new and brings new distrust. Maître Donat, a lawyer in Kolwezi, a mining city in the south of the country, bears out that case. “Here everyone thinks covid is a scam”, he says, “dreamed up by the whites, by Americans.” Dr Larson worries about this because she has found that, in general, concerns about vaccines that arise in Africa spread much more quickly than in higher-income countries: “It is quite explosive.”...***

Stat - It’s not the ‘British variant.’ It’s B.1.1.7

[Stat:](#)

One of many pieces stating we shouldn't call variants 'British', 'South-African', Brazilian, etc. It's incorrect and stigmatizing moreover. We should instead **call them by their scientific names**.

"Don't label pathogens or diseases as if they have nationalities (or sexualities). Naming viruses and variants according to their alleged country or demography of origin has historically proven effective at generating misinformation and prejudice."

BMC Medical Research Methodology - The unintended consequences of COVID-19 mitigation measures matter: practical guidance for investigating them

A-M Turcotte-Tremblay, V Ridde et al ;

<https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/s12874-020-01200-x>

"...Here we present practical guidance for researchers wishing to assess the unintended consequences of COVID-19 mitigation measures..."

Devex – How high-profile COVID-19 deaths in Africa could change health systems

<https://www.devex.com/news/how-high-profile-covid-19-deaths-in-africa-could-change-health-systems-99135>

"The deaths of several African ministers due to COVID-19 have been linked to neglected health care systems. Advocates hope these high-profile cases will lead to increased investment in the health sector." With focus on Zimbabwe, among others, in this story.

Ada Lovelace Institute - What place should COVID-19 vaccine passports have in society?

<https://www.adalovelaceinstitute.org/summary/covid-19-vaccine-passports/>

"Findings from a rapid expert deliberation to consider the risks and benefits of the potential roll-out of digital vaccine passports." "...we convened a group of experts to look at their ethical, societal, and public health implications..."

Global Fund Observer - COVID-19: An agenda for action

By Alan Whiteside; <https://www.aidspace.org/en/c/article/5491>

"In the first of a series of six articles, Professor Alan Whiteside launches a GFO investigation into what COVID-19 really means for the world. The greatest threat to humanity in more than a century, COVID-19 is having and will continue to have a deep negative impact on the world's economies and the way the richest nations address health, in their own countries in terms of COVID-19's impact on overseas development assistance, and the implications for the poorest countries."

"...Over the next five issues, the GFO will provide a series of articles to address COVID-19 and its impact on other diseases and health more broadly. Draft plan: (1) COVID-19 and HIV and AIDS. Where they do and do not overlap epidemiologically, scientifically, medically, socially, culturally. (2)

The impact of COVID-19 on health systems in the developing world. This will include demands for health care, reprioritisation and allocation of domestic resources.(3) Funding health care, the donor perspective. The processes for and amounts of money that have been reallocated by the Organisation for Economic Co-operation and Development (OECD) and other donor countries.(4) The economic and social effects of COVID-19. This will assess how economies and the poorest citizens will be affected by this pandemic. Ways forward. There will be numerous commissions of enquiry looking at how we responded to COVID-19 and what we should learn. (5) Our final article will look at the mandates such commissions should have. We will make suggestions based on our extensive experience with HIV, TB and malaria.

BMJ GH Editorial - COVID-19: investing in country capacity to bridge science, policy and action

T Kuchenmüller (WHO) et al ; <https://gh.bmj.com/content/6/2/e005012>

“... With EVIPNet and its partners, WHO is working towards building Member States’ capacity in equity-centred evidence-informed decision-making, including the strengthening of knowledge brokering organisations, developing standardised knowledge translation approaches and promoting stronger dialogue and collaboration between communities of the evidence ecosystem....”

Global Public Health -A tale of two city-states: A comparison of the state-led vs civil society-led responses to COVID-19 in Singapore and Hong Kong

S Yuen, K Grepin et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2021.1877769>

A new article that compares state-led and civil society-led responses to COVID-19 is out. “We argue that an active civil society is pivotal to effective outbreak response but trust in government may not be as important.”

Related Tweet Clare Wenham: “This is interesting - are we too focused on government responses to #COVID19 ?”

Guardian – Indigenous peoples face rise in rights abuses during pandemic, report finds

<https://www.theguardian.com/environment/2021/feb/18/indigenous-peoples-face-rise-in-rights-abuses-during-covid-pandemic-report-aoe>

“Indigenous communities in some of the world’s most forested tropical countries have faced a wave of human rights abuses during the Covid-19 pandemic as governments prioritise extractive industries in economic recovery plans, according to a new report. New mines, infrastructure projects and agricultural plantations in Brazil, Colombia, the Democratic Republic of the Congo (DRC), Indonesia and Peru are driving land grabs and violence against indigenous peoples as governments seek to revive economies hit by the pandemic, research by the NGO Forest Peoples Programme has found. Social and environmental protections for indigenous communities have been set aside in the five countries in favour of new projects, leading to a rise in violence and deforestation on and around indigenous lands, according to the report produced by the NGO, Yale Law School researchers and the School of Law at Middlesex University London...”

Newsguard - Special Report: Advertising on COVID-19 Misinformation

<https://www.newsguardtech.com/special-report-advertising-on-covid-19-misinformation/>

“Thousands of the world’s most trusted brands—including Pepsi, Starbucks, Comcast, Verizon, Marriott, and even the CDC—have funded COVID-19 misinformation, including Chinese and Russian propaganda websites.” “An analysis of programmatic advertising data finds over 4,000 brands have bought ads on misinformation websites publishing COVID-19 myths since the pandemic began, including many of the companies—such as Pfizer and 105 hospital systems and health insurers— now involved in the vaccination effort....”

Telegraph – More than 20 million years of life may have been lost due to Covid, study finds

<https://www.telegraph.co.uk/global-health/science-and-disease/coronavirus-news-covid-lockdown-end-vaccine-uk-cases-shielding/>

*“Covid-19 has cost more than 20.5 million years of life across the globe, including well over 800,000 in the UK, according to new analysis. The paper, published in **Scientific Reports journal**, found the virus has cut short thousands more lives than comparable illnesses, such as influenza and heart disease. ‘Years of lost life’ (YLL) is a measure of the difference between an individual’s age at death and their life expectancy. **The researchers found that across 81 hard hit countries, Covid-19 caused people to die on average 16 years earlier than they otherwise would have...**”*

Lancet World Report – Severe mental illness: reassessing COVID-19 vaccine priorities

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00429-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00429-3/fulltext)

“As evidence mounts that patients with severe mental illness are at increased risk of severe COVID-19, some countries are reassessing their vaccine priority strategies. Nayanah Siva reports.”

Ebola in Guinea & DRC

HPW - WHO Sending Experts & Vaccines to Combat Widening Circle Of Ebola Virus In DR Congo & Guinea – Epicenter Of The 2014-2016 West Africa Epidemic

<https://healthpolicy-watch.news/who-sending-experts-vaccines-to-combat-widening-circle-of-ebola-virus-in-dr-congo-guinea-epicenter-of-the-2014-2016-west-africa-epidemic/>

“The World Health Organization is set to deploy over 100 experts to Guinea – to respond to a widening circle of Ebola virus cases in a country that was also at the epicenter of the historic 2013-2016 West African Ebola outbreak, officials said at twin press events in Brazzaville and Geneva on Thursday. As critical new vaccines are being rushed to the region, there is a growing concern about transmission abroad, said Health Emergencies Executive Director Mike Ryan at a WHO press conference in Geneva...”

See also Cidrap News - [Ebola responses gain steam in Guinea, DRC](#).

Reuters - WHO sounds regional warning over Ebola outbreaks in Congo, Guinea

[Reuters](#);

From earlier this week. *“An outbreak of Ebola in Democratic Republic of Congo and Guinea poses a regional risk that requires exceptional vigilance, a senior World Health Organisation official said on Monday. Congo has confirmed four cases of Ebola since a resurgence of the virus was announced on Feb. 7 in Butembo, the epicentre of a previous outbreak that was declared over last June. An Ebola vaccination campaign has begun in Butembo, in eastern DRC, the WHO said in a tweet on Monday. Separately, the West African country of Guinea declared a new Ebola outbreak on Sunday, with seven confirmed cases and three deaths....”*

Reuters – Guinea tracks potential Ebola contacts, says can overcome new outbreak

https://www.reuters.com/article/idUSKBN2AF0Y3?utm_source=STAT+Newsletters&utm_campaign=7c0d80f7c0-MR_COPY_14&utm_medium=email&utm_term=0_8cab1d7961-7c0d80f7c0-149563537

“Guinea is tracking down people who potentially came in contact with Ebola patients and will rush out vaccines to the area as soon as it can get them, after three people died of the disease, Health Minister Remy Lamah said on Monday....”

Links:

Reuters - [More than 11,000 Ebola vaccines expected in Guinea this weekend](#)

Telegraph - [Health agencies join forces in bid to establish scale of Guinea’s Ebola outbreak](#)

Reuters - [WHO alerts six African countries after Ebola outbreaks](#)

International Childhood Cancer Day

WHO launches new tools to help countries build effective childhood cancer programmes

https://www.who.int/news/item/15-02-2021-who-launches-new-tools-to-help-countries-build-effective-childhood-cancer-programmes#.YCqA_IQsEII.twitter

“A suite of tools to help countries improve diagnosis and treatment of cancer among children is being released today by the World Health Organization, on International Childhood Cancer Day. The package includes a “how-to” guide for policy-makers, cancer control programme managers and hospital managers; an assessment tool to inform implementation; and a multilingual online portal

for information-sharing. **The new tools will support countries with implementation of the CureAll approach, adopted by WHO's Global Initiative for Childhood Cancer.** The Initiative, launched in 2018, aims to achieve at least 60% survival for childhood cancer globally by 2030. Currently, children living in high-income countries have an 80% chance of cure, while less than 30% of children diagnosed with cancer in many low- and middle-income countries (LMICs) survive....”

Decolonize global health

FT - West's vaccines policies smack of neocolonial hypocrisy

D Vaze; <https://www.ft.com/content/8e1f764b-95d9-4708-ac07-9b273e63d1a4>

Hard-hitting letter. Spot on. “ *Martin Wolf's article (“We must vaccinate the world now”, Opinion, February 10) about vaccine nationalism omits crucial parts of the story. **There was a good plan to vaccinate the world — but rich countries blocked it...**”*

NYT - Foreign aid is experiencing a racial reckoning.

<https://www.nytimes.com/2021/02/13/opinion/africa-foreign-aid-philanthropy.html?smtyp=cur&smid=tw-nytopinion>

*“The **Black Lives Matter** movement has given new traction to calls for reforming the aid sector.”
“... Now “decolonizing development” has become a catchphrase in the aid sector....”*

BMJ GH Commentary – Embed capacity development within all global health research

A A Adegnika et al ; <https://gh.bmj.com/content/6/2/e004692>

...“The research capacity gap between the Global North and Global South is closing too slowly, and governments, funders and academic institutions are not investing sufficiently to bridge this chasm.

With two examples from collaborative research projects in sub-Saharan Africa, we illustrate how capacity development can be an integrated part of a joint research effort supported by all involved institutions. We advocate that research capacity development be valued as highly as evidence generation and be embedded in all global health research.”

Forbes - We Can Use The Pandemic To Reimagine Global Health Teaching

M Pai; <https://www.forbes.com/sites/madhukarpai/2021/02/15/we-can-use-the-pandemic-to-reimagine-global-health-teaching/?sh=24b556a17107>

“... This piece aims to synthesize my learnings with those of more than 15 professors in 6 countries. Our collective experience suggests that despite the pandemic chaos and fatigue, global health teaching can be improved by using Covid-19 as a teachable moment to focus on equity as a central

theme, and by making anti-racism and anti-oppression as core content. The online format allows instructors to reach wider audiences, as well as center voices from the Global South, Indigenous scholars, and individuals with lived experience. Learning from Covid-19, global health teaching must teach students to address health disparities wherever they occur, not just in low-income countries. While the online format offers many challenges, there are best practices that can increase student engagement and reduce fatigue....”

And a tweet from M Pai: “Today, I’m helping a journal publisher **envision an ideal global health journal.**”

My wish list: 1. Open access journal; 2. Low article processing charge for LMIC (tiered pricing); 3. Editors from Global North & South (male & female); 4. Editorial board: 50% women & 50% LMIC experts; 5. Journal will prioritize voices of BIPOC & people with lived experience; 6. Help with non-English submissions; 7. Will explicitly discourage parachute research; 8. Will uphold high standards of peer-review; 9. Will explicitly commit to publishing good work from the global South; 10. Will make equity the center of the journal’s mission.”

Other news of the week

Reuters - Countries taking new G20 debt relief path face Ethiopia-style downgrades - Fitch

<https://www.reuters.com/article/africa-ratings-g20-fitch/countries-taking-new-g20-debt-relief-path-face-ethiopia-style-downgrades-fitch-idUSL8N2KH5PI>

“Rating agency Fitch is likely to downgrade any country that follows Ethiopia and applies to use a new debt relief programme from the G20 group of major economies, one of its top analysts said [last week] on Thursday....”

Stat News - Novartis and the Gates Foundation aim to create a more practical gene therapy for sickle cell patients around the world

<https://www.statnews.com/2021/02/17/novartis-gates-foundation-aim-to-create-more-practical-sickle-cell-gene-therapy/>

*“Novartis and the Bill and Melinda Gates Foundation are joining forces to discover and develop a gene therapy to cure sickle cell disease with a one-step, one-time treatment that is affordable and simple enough to treat patients anywhere in the world, especially in sub-Saharan Africa where resources may be scarce but disease prevalence is high. ... The **three-year collaboration**, announced Wednesday, has initial funding of \$7.28 million....”*

Devex – New project to investigate who benefits from corruption in extractive industries

<https://www.devex.com/news/new-project-to-investigate-who-benefits-from-corruption-in-extractive-industries-99164>

*“An ambitious new program to fight corruption by **identifying who benefits from the proceeds of lucrative extractive industries** is being launched by transparency campaigners. **Opening Extractives** is a collaboration between Open Ownership and the Extractive Industries Transparency Initiative, both organizations campaigning for more accessible knowledge about private finances. **The campaigners hope that the project will ultimately reduce funds lost by countries to corruption and increase tax revenue**, allowing more public finances to be spent on services such as health care and education....”*

*“...An estimated **\$88.6 billion** is lost from Africa alone each year, according to the United Nations Conference on Trade and Development. **Nearly half of this, \$40 billion**, is associated with **extractives industries**, particularly the mining of precious metals and stones, according to UNCTAD. The agency also highlighted that **annual international aid to the continent amounts to \$48 billion....”***

Some papers and reports of the week

Lancet Global Health (March issue)

[https://www.thelancet.com/journals/langlo/issue/vol9no3/PIIS2214-109X\(21\)X0003-4](https://www.thelancet.com/journals/langlo/issue/vol9no3/PIIS2214-109X(21)X0003-4)

Do start with the Editorial - [Breaking the inverse care law](#)

*“In a 1971 issue of *The Lancet*, British general practitioner **Julian Tudor Hart** posited that **“the availability of good medical care tends to vary inversely with the need of the population served.”** In other words, those most in need of medical attention perversely receive the least and the lowest quality care. This phenomenon is linked to wealth: richer people, by global and national standards, have the lowest burden of disease—mostly due to nutritional, environmental, and educational advantages—but the best access to high-quality care throughout their life. **Today, no field is more acutely aware of the continuing relevance of the inverse care law than global health.***

*... **But is the inverse care law a rigid, inevitable rule, or can it be bent, or even broken? Five decades later, in the context of COVID-19, we know we must rapidly vaccinate everyone before a variant arises against which our current vaccines are ineffective. ... Undocumented migrants and refugees are among those most at risk of contracting SARS-CoV-2 due to living and working conditions that make avoiding the virus impossible. Diseases that increase the risk of severe COVID-19 (such as tuberculosis and type 2 diabetes) are prevalent in these groups, who also have less access to emergency care if they become ill, making COVID-19 more fatal. Logically, these should be priority groups for vaccination. ... The answer to this unjust situation and the way to break the inverse care law is, of course, equally accessible, quality health care for all: universal health care (UHC). ...”***

Do check out the rest of the issue.

BMJ GH - Power and the commercial determinants of health: ideas for a research agenda

J Lacey-Nichols & R Marten; <https://gh.bmj.com/content/6/2/e003850>

“With few exceptions, power has been overlooked in conceptualisations of the commercial determinants of health (CDoH), yet attention to and analysis of power are crucial to future research and advocacy efforts. Corporate actors exercise power through both coercion and appeasement—coercion is often antagonistic and thus more explicit and visible, while appeasement is more subtle, using concessions to ‘pacify’ or ‘neutralise’ industry opposition. Understanding how corporate actors exert power shows that the CDoH are not infallible—two important ‘cracks’ that public health advocates could amplify are vulnerable corporate reputations and conflicts within industry alliances. A power lens offers insights into the sources and consequences of corporate actors’ market and political influence, as well as illuminates opportunities to challenge or diminish this power.”

BMJ GH - The case for developing a cohesive systems approach to research across unhealthy commodity industries

C Knai et al ; <https://gh.bmj.com/content/6/2/e003543>

“This paper explores the links between unhealthy commodity industries (UCIs), analyses the extent of alignment across their corporate political strategies, and proposes a cohesive systems approach to research across UCIs...”

Read also the related BMJ GH Editorial - [Beyond simple disclosure: addressing concerns about industry influence on public health](#) (related to the abovementioned two papers)

BMJ GH - Research for Health Justice: an ethical framework linking global health research to health equity

B Pratt; <https://gh.bmj.com/content/6/2/e002921>

“Global health research should generate new knowledge to improve the health and well-being of those considered disadvantaged and marginalised. Global health research grants programmes and projects must be structured in a particular way to generate that type of information. But how exactly should they be designed to do so? Through a programme of ethics research starting in 2009, an ethical framework called Research for Health Justice was developed that provides guidance to global health researchers and funders on how to design research projects and grants programmes to promote global health equity. It provides guidance on, for example, what research populations and questions ought to be selected, what research capacity strengthening ought to be performed and what post-study benefits ought to be provided. This paper describes how the ‘research for health justice’ framework was generated and pulls together a body of work spanning the last decade to provide a comprehensive and up-to-date version of its guidance.”

HP&P - The challenges of donor engagement with faith-based organizations in Cameroon's health sector: a qualitative study

S Herzig van Wees et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czab006/6134883?searchresult=1>

*"...The aim of this study was to describe and analyse the engagement between donors and faith-based organizations in Cameroon's health sector, following the implementation of the Cameroon Health Sector Partnership Strategy (2012)..." "...the **findings** show that global advocacy efforts to increase partnerships with faith-based organizations have created a space for increasing donor engagement of faith-based organizations following the implementation of the strategy. However, the policy was perceived as top down as it did not take into account some of the existing challenges. The policy arguably accentuated some of the existing tensions between the government and faith-based organizations, fed faith-controversies and complicated the health system landscape. Moreover, it provided donors with a framework for haphazard engagement with faith-based organizations..."*

BMJ GH - Assessing the health benefits of development interventions

L S Tusting et al; <https://gh.bmj.com/content/6/2/e005169>

"...A new framework for assessing the health benefits of development interventions is urgently needed for the health sector to support and fully leverage the potential of the SDGs..."

IJHPM - Progressive Realisation of Universal Health Coverage in Low- and Middle-Income Countries: Beyond the "Best Buys"

M Y Bertram (Health Systems Governance and Financing, WHO) et al ; http://www.ijhpm.com/article_4013.html

*« World Health Organization Choosing Interventions that are Cost-Effective (WHO CHOICE) has been a programme of the WHO for 20 years. In this latest update, **we present for the first time a cross programme analysis of the comparative cost-effectiveness of 479 intervention scenarios across 20 disease programmes and risk factors...**»*

Conclusion: *"Cost-effectiveness is one important criterion when selecting health interventions for benefit packages to progress towards universal health coverage (UHC), but it is not the only criterion and all calculations should be adapted to the local context. To support country decision-makers, WHO CHOICE has developed a downloadable tool to support the development of data for this criterion."*

Lancet Diabetes and Endocrinology - Avoiding a legacy of unequal non-communicable disease burden after the COVID-19 pandemic

N Maani, S Abdalla, S Galea ; [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(21\)00026-7/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(21)00026-7/fulltext)

*“... As we enter 2021, we are now facing the risk that the health inequities wrought by COVID-19 will have long-tail, greater consequences for the burden of NCDs for decades to come. ... Since so much of health is socially determined, and the NCD burden is borne disproportionately by those with access to fewer salutary resources, **the longer-term consequences of the pandemic on social inequality stand to lead to more NCDs among those groups already facing comparatively high levels of morbidity and mortality.** In other words, social inequalities led to a disproportionate NCD burden that worsened COVID-19, and COVID-19 is worsening social inequalities that will, if we fail to act, lead to a greater and more disproportionate NCD burden. ... **How then do we act to prevent the long-term NCD-related consequences of the pandemic?** We suggest that **the moment calls for three approaches...**”*

Globalization & Health (Debate) - Trust, risk, and the challenge of information sharing during a health emergency

R Lencucha et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00673-9>

*“Given the importance of information sharing by governments, it is not surprising that governments that withhold or delay sharing information about outbreaks within their borders are often condemned by the international community for non-compliance with the International Health Regulations. The barriers to rapid and transparent information sharing are numerous. **While governments must be held accountable for delaying or withholding information, in many cases non-compliance may be a rational response to real and perceived risks rather than a problem of technical incapacity or a lack of political commitment.** Improving adherence to the International Health Regulations will **require a long-term process to build trust that incorporates recognizing and mitigating the potential and perceived risks of information sharing....**”*

And a link:

Lancet Letter - [Why the global health community should support the EndSARS movement in Nigeria](#)

Some blogs and op-eds of the week

Eurodad - Mind the gap: It's time for the IMF to close the gap between rhetoric and practice

C Mariotti; https://www.eurodad.org/mind_the_gap

*“As countries face the difficult challenge of recovering from the Covid-19 pandemic, **civil society is calling on the IMF to finally close the gap between its rhetoric and practice by no longer recommending austerity measures in long-term loan programmes.**”*

*“In response to the Covid-19 pandemic, mainstream economic institutions such as the International Monetary Fund (IMF) have been claiming that austerity is dead and that countries should continue to spend money. However, in order to cope with the crisis, most countries in the global south have had to take on new IMF loans subject to commitments to fast fiscal consolidation. **This year, the IMF***

could finally close the gap between its rhetoric and practice by no longer recommending austerity measures in long-term loan programmes and agreeing to a new issuance of Special Drawing Rights (SDRs) that meet the financing needs of developing countries....”

FT - Dani Rodrik: ‘We are in a chronic state of shortage of good jobs’

<https://www.ft.com/content/bf760159-4933-4fa1-bedd-d8f77acdb858>

“The Harvard economist warns that looming disruptions from technology could overshadow those of globalisation and further strengthen far-right politics.”

HSG blog - Reimagining health systems: emerging trends, changes, and impacts

<https://healthsystemsglobal.org/news/reimagining-health-systems-emerging-trends-changes-and-impacts/>

Update on the ‘Reimagining health systems’ exercise (so far).

*Among others, on “**nine transformative issues** that could end ‘business as usual’ over the next few decades”. Most are hard to argue with.*

*“The Futurescaper crowdsourcer initiative also provides a conceptual map of respondents’ health concerns. The Change Analysis report, currently being prepared, will summarize patterns of **key changes** drawn from the desk-based trends research, the change data in the Symposium presentations, and crowdsourcer responses. **These changes will be the building blocks of our scenarios of possible health system futures.** “*

Coming up next: *“... **Sensemaker invites people to share stories.** We want you to share what futures you think might emerge from the changes identified during the first stage. **The Sensemaker crowdsourcer will open on 18 February and run until 26 February.** We invite you to please share your stories of what the future could be like – whether good or bad, transformational, or **disruptive.** Sensemaker will identifying patterns and themes in your stories that describe possible future scenarios....”*

Aid effectiveness revisited: why a new discourse on aid effectiveness is needed.

<https://www.lomoyblog.no/2021/01/19/what-is-effective-aid-today-a-new-discourse-on-aid-effectiveness-is-needed/>

Excellent blog by **Jon Lomøy** (former director NORAD).

Tweets of the week

Ngozi Okonjo-Iweala

"... not in interest of rich countries that poor countries stand in line for #COVIDvaccines access - I'd like to find a way to broker a third way, without impinging on #IP, looking at #TRIPS flexibilities that are available-working with the pharma companies. @WTO "

Tom Bollyky

*"This is an **under appreciated benefit of COVAX** It offers a mechanism to facilitate the trading & transferring of doses of a vaccine that can be put to better use elsewhere May be important as more variants emerge"*

Re: *"REPURPOSING VACCINES. The AstraZeneca doses which South Africa had purchased have been offered to the African Union, and they will be distributed to other African countries that do not have the variant now challenging South Africa. <https://nytimes.com/live/2021/02/16/world/covid-19-coronavirus/south-africa-will-pass-along-its-astrazeneca-vaccine-to-others-after-a-disappointing-result-against-its-virus-variant> "*

Mara Pillinger

Quoting this article - [Vaccine nationalism and market forces won't defeat the pandemic – international cooperation will](#) (by S Burrow)

""The world reacted angrily when China [hid scientific info]We've yet to see the same level of anger directed at the secrecy enjoyed by Big Pharma. If a company doesn't plan to profit from the pandemic, why not make the [vaccine] recipe open source"."

Global governance of health

Devex - EU development boss makes debt relief push

<https://www.devex.com/news/eu-development-boss-makes-debt-relief-push-99168>

State of affairs re 'debt-for-SDGs swaps'. *"European Union finance ministers discussed a "global recovery initiative" in response to the COVID-19 pandemic Tuesday, though **the planned link between debt relief and sustainable investments remains vague** nine months after the idea was first announced...."*

*"Jutta Urpilainen, the EU commissioner for international partnerships, briefed journalists on the initiative Tuesday. ... The EU and its member states are **discussing debt relief in various forums**, such as the G-20, International Monetary Fund, and Paris Club — where Urpilainen said she hoped EU states can "speak with one voice." **At the same time, the commission is programming its 2021-2027 development work in a new "Team Europe" spirit of coordination** with other European actors,*

including through the use of guarantees designed to spur investment in low-income countries. But for now, the discussions on debt relief and programming are separate....”

Devex - As HIV and COVID-19 collide, questions loom over PEPFAR's future

<https://www.devex.com/news/as-hiv-and-covid-19-collide-questions-loom-over-pepfar-s-future-99053>

(gated) “While the COVID-19 pandemic has highlighted the need for strong health systems, U.S. President Joe Biden faces difficult choices about the role for America's flagship HIV initiative.”

Devex – IFC announces new chief

<https://www.devex.com/news/breaking-ifc-announces-new-chief-99193>

*“The World Bank Group announced a new leader for the International Finance Corporation [i.e. the World Bank’s private sector unit] Thursday. **Makhtar Diop** will take over as managing director and executive vice president leading the IFC on March 1.” “...**Diop is IFC’s first African leader** and comes to the institution after a long career at the [World Bank](#), where he is currently serving as vice president for infrastructure.”*

UHC

UHC 2030 - Building better: How can we support countries to analyse and assess health systems performance?

D Rajan (WHO) et al; <https://www.uhc2030.org/blog-news-events/uhc2030-blog/building-better-how-can-we-support-countries-to-analyse-and-assess-health-systems-performance-555462/>

*“A **more harmonised approach to health systems assessments**, making clearer links between health systems functions and performance, can help countries develop evidence-based health strategies and plans – including to respond to and recover from COVID-19....”*

*“The [UHC2030 Technical Working Group \(TWG\) on Health Systems Assessments](#) was formed in 2017 to bring together diverse stakeholders to address these challenges. The TWG examined how to harmonize different assessment approaches, recognizing their unique objectives and angles taken, so that assessment results have more policy relevance and offer greater insights into system performance. Based on these joint efforts, **the group proposes that countries and partners can strengthen and harmonise performance assessments through a three-pronged approach:***

- i) apply one or more (existing) health system assessment (HSA) tools within a country context;*
- ii) understand how HSA information is linked to system performance using the Health system performance assessment (HSPA) framework for UHC;*

iii) extract and organise HSA data using the HSPA for UHC template, a simple aid to focus the country user on areas which most impact performance....”

Planetary health

Guardian - Bill Gates on the climate crisis: ‘I can't deny being a rich guy with an opinion’

<https://www.theguardian.com/environment/2021/feb/13/bill-gates-on-the-climate-crisis-i-cant-deny-being-a-rich-guy-with-an-opinion>

Bill Gates (himself) on his new book (on the crisis climate challenge).

His take: *“The question now is this: what should we do with this momentum? To me, the answer is clear. **We should spend the next decade focusing on the technologies, policies and market structures that will put us on the path to eliminating greenhouse gases by 2050.** It’s hard to think of a better response to a miserable 2020 than spending the next 10 years dedicating ourselves to this ambitious goal. “*

For a review of the book, see for example **The Guardian** - [How to Avoid a Climate Disaster by Bill Gates](#).

Bloomberg - Bill Gates Shows How Hard It Can Be to Divest From Fossil Fuel

<https://www.bloomberg.com/news/articles/2021-02-15/bill-gates-in-new-climate-book-talks-about-finally-divesting-from-oil?srnd=premium&sref=omvmmwlg>

“The world's third-richest person says he’s decided to dump all his oil and gas assets. Delivering on that promise will take time.”

Reuters - Scientists warn over misuse of climate models in financial markets

<https://www.reuters.com/article/us-climate-change-investors-idUSKBN2A81TU>

*“**Misuse of climate models could pose a growing risk to financial markets by giving investors a false sense of certainty over how the physical impacts of climate change will play out, according to the authors of a paper published on Monday.** With heat waves, wildfires, massive storms and sea-level rises projected to intensify as the planet warms, companies are under growing pressure to disclose how the disruption could affect their businesses. But the authors of a peer-reviewed article [t.co/oVO3rI6YyT?ssr=true](https://doi.org/10.1038/s41561-021-0081-1) in **Nature Climate Change** warned that **the drive to integrate global warming into financial decision-making had leap-frogged the models used to simulate the climate by "at least a decade"....**”*

Links:

Guardian - [Call to tax international flights to raise climate funds for poor countries](#) (cfr 6 experts in a new article in Nature Climate Change).

Guardian - [Air pollution significantly raises risk of infertility, study finds](#) (based on Chinese study)

Infectious diseases & NTDs

WHO launches consolidated guidelines for malaria

<https://www.who.int/news/item/16-02-2021-who-launches-consolidated-guidelines-for-malaria>

“The WHO Guidelines for malaria, launched today, bring together the Organization’s most up-to-date recommendations for malaria in one user-friendly and easy-to-navigate [online platform](#). ...”

Telegraph - TB jab offers protection against other infectious diseases, study suggests, raising Covid-19 hopes

<https://www.telegraph.co.uk/global-health/science-and-disease/tb-jab-offers-protection-against-infectious-diseases-study-suggests/>

“The study suggests thousands of lives in low-income countries could be saved by ensuring babies get the BCG jab the day they are born.”

“The TB vaccine also appears to protect newborn babies in low-income countries from many other infectious diseases, a study from Uganda has shown. “The London School of Hygiene and Tropical Medicine study indicates that thousands of lives could be saved with prompt Bacillus Calmette-Guérin (BCG) vaccinations. The suggestion that it protects so widely also hints that it [could guard against Covid-19 infection or other emerging pandemic threats as well](#), while more specific vaccines are developed, the team said. The study, [published in The Lancet Infectious Diseases journal](#), showed that infection rates among a group of 560 newborn babies in Uganda who got their BCG jab the day they were born were 25 per cent lower in the first six weeks of life - across all diseases - than for those who had not yet got their vaccination. As well as tuberculosis, the vaccine also seemed to reduce the rates of a number of other common infectious diseases, like colds or skin infections. More importantly, it also guarded against conditions that can be very serious for young babies, including upper respiratory tract and bloodstream infections....”

NCDs

IJHPM - Reducing the Power of the Alcohol Industry in Trade and Investment Agreement Negotiations Through Improved Global Governance of Alcohol; Comment on “What Generates Attention to Health in Trade Policy-Making? Lessons From Success in Tobacco Control and Access to Medicines: A Qualitative

Study of Australia and the (Comprehensive and Progressive) Trans-Pacific Partnership”

P O'Brien; http://www.ijhpm.com/article_4012.html

“The power of the alcohol industry pervades the global governance of alcohol. The influence of the industry is seen in trade and investment treaty negotiations, operating through direct and indirect means. Curbing the influence of the industry is vital to improving the treatment of health issues generally and in trade and investment policy particularly. The World Health Organization (WHO) has an opportunity to start to rein in the power of the industry with its current work on drafting an ‘action plan’ for 2022-2030 to implement the Global Strategy to Reduce the Harmful Use of Alcohol. The WHO working paper, however, proposes inadequate controls on alcohol industry influence. The WHO proposes ‘dialogue’ with the industry and allows the industry to take a role with government in public health labelling of alcohol. The public’s health will suffer if the WHO does not take a firmer stand against the industry in the ‘action plan.’”

Sexual & Reproductive / maternal, neonatal & child health

BMJ GH - Grandmothers — a neglected family resource for saving newborn lives

J Aubel; <https://gh.bmj.com/content/6/2/e003808>

Cfr a tweet: *“Ageism, sexism, and Western ideals of the nuclear family have excluded grandmothers from national and international policy initiatives to save newborn lives in the Global South, suggests an analysis published in @GlobalHealthBMJ.”*

Link:

BMC Health Services - [Conceptual approach to developing quality measures for transgender patients](#)

Access to medicines

FT - Why the three biggest vaccine makers failed on Covid-19

<https://www.ft.com/content/657b123a-78ba-4fba-b18e-23c07e313331>

“GlaxoSmithKline, Merck and Sanofi are left playing catch-up to upstarts with new technology.”

“GlaxoSmithKline, Merck and Sanofi are now left playing catch-up, after upstarts including Moderna and BioNTech demonstrated their mastery of new technologies that will shape the industry for years to come. New Jersey-based Merck recently dropped its vaccine development programme completely, while Paris-based Sanofi and the UK’s GSK are having to redo an early-stage trial of

the job they are jointly developing, after a dosing mistake. According to Zain Rizvi, a medicine access researcher at advocacy group Public Citizen, **the “immense scarcity” of vaccines around the world is directly connected to these big pharma groups being “missing in action”.** **The vaccine market already looks completely different this year — and depending on variants in the virus that causes Covid-19 and the need for boosters, some of the changes could stick.** In 2020, GSK, Sanofi, Merck and Pfizer dominated the market with best-selling vaccines for flu, pneumonia, HPV and shingles. Among the top vaccine makers, only Pfizer has a successful Covid-19 vaccine, developed with German company BioNTech. This year, life sciences data platform Airfinity forecasts Pfizer will triple its vaccine revenue thanks to its Covid-19 vaccine, while vaccine sales at Novavax and Moderna will overtake those at Merck, GSK and Sanofi. Even the cheaper vaccines from AstraZeneca and Johnson & Johnson means they are forecast to generate more vaccine sales in 2021 than some of the top four did in 2020. ...

“... With Moderna and BioNTech hoping to use their Covid-19 success to march into other vaccine markets, **the incumbents are now turning their focus to mRNA.** ...”

Development - Business-as-Usual will not Deliver the COVID-19 Vaccines We Need

Els Torreele; [Development](#);

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

Human resources for health

Human Resources for Health - Retention of Healthcare Workers One Year After Recruitment and Deployment in Rural Setting: an Experience Post-Ebola in Five Health Districts in Guinea

Delphin Kolie et al ; <https://www.researchsquare.com/article/rs-122033/v1>

Pre-print.

Extra Covid section

Reuters - COVID response drives \$24 trillion surge in global debt: IIF

<https://www.reuters.com/article/us-global-debt-iif/covid-response-drives-24-trillion-surge-in-global-debt-iif-idUSKBN2AH285>

*“The COVID pandemic has added \$24 trillion to the global debt mountain over the last year a new study has shown, leaving it at a record \$281 trillion and the worldwide debt-to-GDP ratio at over 355%. The Institute of International Finance’s global debt monitor estimated government support programmes had accounted for half of the rise, while global firms, banks and households added \$5.4 trillion, 3.9 trillion and \$2.6 trillion respectively. It has meant that **debt as a ratio of world economic output known as gross domestic product surged by 35 percentage points to over 355% of GDP.** That upswing is well beyond the rise seen during the global financial crisis, when 2008 and 2009 saw 10 percentage points and 15 percentage points respective debt-to-GDP jumps....”*

World Development - Poverty and COVID-19 in Africa and Latin America

O Bargain et al;

https://www.sciencedirect.com/science/article/abs/pii/S0305750X21000346?dgcid=raven_sd_aip_email

*“Since March 2020, governments have recommended or enacted lockdown policies to curb the spread of COVID-19. Yet, poorer segments of the population cannot afford to stay at home and must continue to work. **In this paper, we test whether work-related mobility is effectively influenced by the local intensity of poverty.** To do so, we exploit **poverty data and Google mobility data for 242 regions of nine Latin American and African countries.** We find that the drop in work-related mobility during the first lockdown period was indeed significantly lower in high-poverty regions compared to other regions. We also illustrate how higher poverty has induced a faster spread of the virus. **The policy implication is that social protection measures in the form of food or cash transfers must be complementary to physical distancing measures.** Further research must evaluate how such transfers, when implemented, have attenuated the difference between poor and non-poor regions in terms of exposure to the virus.”*

FT - South African scientists on pandemic’s frontline

<https://www.ft.com/content/644a898b-d878-4383-8b87-ff3178c10c21>

“Decision to halt AstraZeneca roll-out highlights vital role played by country’s experts.”

*“... South Africa’s pause of its rollout of the Oxford/AstraZeneca vaccine in response to concern about a local coronavirus variant sparked global debate — and shone a spotlight on how the country’s science has become vital to understanding where the pandemic may go next. South Africa’s government last week delayed the rollout after an initial finding that AstraZeneca’s vaccine failed to protect against milder Covid-19 infections involving the 501. V2 variant. It will now use Johnson & Johnson’s vaccine to start inoculations instead...” “... **The South African team also uncovered that the new variant had a key mutation, E484K, which neutralises antibodies and is now being seen in different coronavirus variants around the world. This has implications for the design of next-generation vaccines or boosters, the emerging frontline of the pandemic.** “Without the researchers in South Africa who were able to quickly identify the variant and incorporate it into this clinical trial, the world would not yet know the effectiveness of the vaccine on this variant,” Mark Suzman, chief executive of the Bill and Melinda Gates Foundation, said. **The contribution reflects the presence of high-tech labs and academic networks in Africa’s most industrialised nation that were designed to study HIV and tuberculosis — two major health scourges in South Africa, but could be rapidly repurposed for the pandemic....”***

AJPH - Enhancing the WHO's Proposed Framework for Distributing COVID-19 Vaccines Among Countries

Ezekiel J Emanuel et al ; <https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.306098>

On the 'Fair Priority' model. *"COVAX has adopted the WHO's recently proposed "fair allocation mechanism," which is based on the principle of equal proportional share per country. After 20% of each countries' population is vaccinated, allocation becomes based on health need. ... The WHO and COVAX "proportional allocation scheme" (PAS) is motivated by the need to counteract vaccine nationalism and to realize equal concern. ... "The Fair Priority Model (FPM) can appropriately supplement the WHO and COVAX's PAS. The FPM is guided by three basic values: (1) benefiting individuals and limiting harm, (2) prioritizing the disadvantaged, and (3) global equal concern...."*

Guardian - 'Cupboard is bare': expert warns of lack of treatments in Covid drug pipeline

[Telegraph](#);

"Treatments are essential for controlling the pandemic but there have been **few new discoveries.**"

Reuters - Pandemic woes seen swelling global ranks of child soldiers

<https://news.trust.org/item/20210212035937-fkzaw/>

*"Henrietta Fore, UNICEF's executive director, noted in a Thomson Reuters Foundation commentary that **the use of girls as child soldiers is a significant problem as well, in conflicts in Afghanistan, Colombia, the Central African Republic, Nigeria, South Sudan, Syria and Yemen—but their experiences are often overlooked...."***

"The Foundation's report marks the **International Day against the Use of Child Soldiers.**"

BMJ Feature - Covid-19: Is Manaus the final nail in the coffin for natural herd immunity?

<https://www.bmj.com/content/372/bmj.n394>

*"Many thought a second wave was impossible in Brazil's Amazon because of the severity of the first. A second crisis has stunned the city of Manaus, reports **Luke Taylor**, and raises questions around a new variant and the likelihood of natural herd immunity."*

IndiaSpend - A Month In, Here's How India Has Fared On COVID Vaccination

<https://www.indiaspend.com/covid-19/a-month-in-heres-how-india-has-fared-on-covid-vaccination-727088>

Also with an **update on India's vaccine diplomacy so far**. "...India's supplies of made-in-India COVID-19 vaccines have gone to 20 countries including Bangladesh, Myanmar, Nepal, Sri Lanka, Afghanistan and Brazil..." Do check the world map.

Reuters - Taiwan says BioNTech vaccine deal on hold, cites potential Chinese pressure

[Reuters](#);

"A deal for Taiwan to buy 5 million doses of a COVID-19 vaccine developed by Germany's BioNTech SE is on hold, the island's health minister said on Wednesday, citing potential Chinese pressure for the delay..."

NPR - What A 30,000-Person Survey Reveals About Day-To-Day Life In The Pandemic

<https://www.npr.org/sections/goatsandsoda/2021/02/18/968786958/what-a-30-000-person-survey-reveals-about-day-to-day-life-in-the-pandemic?t=1613662719719>

"... **A study published in February in the journal *Science Advances*** aims to provide some answers. From April to July 2020, researchers **collected data on the socioeconomic impact of COVID-19 from over 30,000 households in nine lower- and middle-income countries: Bangladesh, Burkina Faso, Colombia, Ghana, Kenya, Nepal, Philippines, Rwanda and Sierra Leone**. In phone surveys using random numbers, researchers asked families in a range of income brackets how the pandemic has affected their jobs and income, their health, their ability to put food on the table and their children's education..." **Roundup of some of the key findings, and what they illuminate about poverty in the pandemic.**