

IHP news 619 : Late. Too late.

(30 April 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,

It appears **Big Pharma** (and yes, let's also add [Bill Gates](#))'s "strategy" to hold it out for a few more months till, presumably, vaccine supply would have been abundant while Covax would have started to steadily provide vaccines to the LIMCs of this world, **has at last hit the wall**, with the tragedy unfolding now in India and grim scenes all over the media. As one of my Belgian colleagues put it on Twitter, "for the first time we can see "live" – via Twitter/social media/... – the enormous vaccine inequity and vaccine apartheid." (He could have added the [massive oxygen crisis](#) as well) (PS: I still don't really understand why the (similar) carnage in Brazil and a few other Latin-American countries didn't lead to the same global commotion)

True, like in Brazil, there are many [domestic reasons](#) as well for the tragic Covid tsunami now hitting India, but also at the global level, as the Washington Post [noted](#), the "long-simmering debate over the glaring gap in vaccine access... is now boiling over". All over the world indeed, advocacy for a temporary Trips waiver is fast gaining momentum (as long as C-TAP remains an empty shell), and the same goes for the push to (structurally) [share vaccine doses by the ones currently "swimming in them" with poorer countries](#), now that it sadly becomes clear that **poorer countries will contribute most of this year's Covid deaths**. We have clearly entered a [new phase of the pandemic](#), as predicted by the World Bank's Schellekens. With global anger steadily increasing, Big Pharma has lost the war for arguments, as their latest and rather ridiculous (geopolitical) "new addition" proved, on **World Intellectual Property Day** (26 April), when they claimed that "[the IP waiver could hand \(mRNA\) technology to China and Russia](#)". Running out of bogus arguments.

Anyway, it seems **change is at last in the air**, as Ngozi Okonjo-Iweala [mentioned](#) this week. Joe Biden's Administration is now also publicly [committing to](#) sharing vaccine know how ([even if his Covid team remains rather "split" too](#)). Let's hope today, at the WTO Trips Council meeting, we already see some major progress. But even if it materializes, it will come late. Too late. As Ngozi herself said, "we have no time, people are dying". Indeed. They do so in droves currently.

On another note, and no doubt relating to other parts of the world, in a media briefing last week, dr. Tedros coined a new concept, "**vaccine euphoria**", and the dangers going with it: "a new trend — let's call it vaccine euphoria — is undermining hard-won gains as some countries relax public health measures too quickly and some people assume that vaccines have ended the pandemic, at least where they live".

To end on a slightly more positive note, last week, at a Graduate Institute Global Health Centre [webinar](#), Kelley Lee emphasized how Covid has been "**a truly global, collective event**", also for example affecting global business like never before. "**It's a moment we all share**", she said (even if has affected some certainly more than others). Based on that assessment, she seemed cautiously

optimistic about mankind learning the necessary lessons to deal with the challenges of the 21st century. We can only hope she'll be proven right in the years to come.

Enjoy your reading.

Kristof Decoster

Featured Articles

Some Labour Day ruminations on “Work”

Sana Contractor (*EV 2016, public health researcher and practitioner, with a Masters in Public Health from the Johns Hopkins School of Public Health, and based in India*)

Last year, when Labour Day rolled around at the height of summer, [I wrote](#) about how we were witnessing one of the most horrific migrations of workers across India, and the draconian, despairing changes that were taking place in labour policies. While that was largely the result of apathetic and hasty policy decisions and political one-upmanship, this year I feel like a more personal rumination as I watch the pandemic rage on - with India now as the “epicenter”.

After over a year of being in various phases of “lockdown”, there’s certainly a lot to reflect on, regarding “work”. As India’s COVID infections and death toll rise, it is telling who still continues to work without a break – domestic workers, sanitation workers, frontline health workers, crematorium and burial ground workers. These groups are largely dominated by those who the caste system excludes and oppresses, and this is the core question of labour in India. While the [privileged fly away](#) on private jets to the first world, it is the workers who are forced to keep our lives running. But even among those of us who are left behind, caste is so starkly visible in the roles the pandemic accords to us. [In an overcrowded Delhi crematorium](#), for instance, it is Dalits who are doing the “dirty and dangerous” work of cremating the dead, and yet we do not know how many have tested positive and how many have died. A crematorium worker says “Almost everyone asks about my caste because everyone wants a Brahmin to do the rituals and not the Dalits, but they aren’t available. We are.” Similarly, female domestic workers are another class of workers doing “dirty and dangerous” work. In my own upper class Delhi neighbourhood, last year, when the nation-wide lockdown was announced, all movement of domestic workers was restricted. [82% of domestic workers in Delhi](#) did not receive salaries and were left to tide over the crisis on their own. This year, the lockdown is not as strict but the pandemic is a lot worse. Despite the daily news of a highly transmissible virus and the massive strain on health services, [many households in Delhi](#) (including in my neighbourhood) continued to have a domestic worker risk her life and come to work every day (presumably for no additional compensation). At a time when we should have learnt to “clean our own shit”, we have instead, found a way to enact our caste privileges even now. It makes me wonder what the now almost mainstream discourse on feminism and gender equality means, when privileged (upper caste) women are quick to take advantage of “work from home” policies, but are unwilling to extend that same courtesy to the women upon whom they have offset the burden of domestic labour. Whither solidarity?

Speaking of solidarity, Labour Day is also an occasion to remember the power of collective struggles – worker’s struggles, clearly, but also other efforts of marginalized people the world over to challenge power. Now, more than ever, I miss the connections of solidarity (and no, zoom meetings do not suffice). For the second year in a row, there will be no Labour Day rallies in my city, even as the question of labour rights becomes murkier and murkier. I find myself struggling to maintain these bonds that were so often nurtured through regular meetings, travel trips and joint campaigns – all of which have been cancelled. As compared to the last COVID wave when I lost older family members (“they were old”, “they lived a full life” etc), this year the losses also seem to be among those closer to my age. One hears of 30/40-something activists, nurses, doctors and journalists succumbing to COVID, and every death feels like the caravan is getting smaller. But on the other hand, I see the massive solidarity extended by regular “non-activist” folks on social media, offering to help in whatever small or big way that they can, and it makes me think that perhaps this pandemic is a time of not just loss but also gain. I hope we will see the caravan grow larger. If there’s one silver lining, it’s probably that one.

Planetary Health is a Movement now: Reflections from the 2021 Planetary Health Annual Meeting

Charles Ssemugabo (EV alumnus 2016 & co-chair EV governance team)

Today, April 30, 2021, the University of São Paulo – the (virtual) host of the 4th Planetary Health Annual Meeting (PHAM), and the Planetary Health Alliance (PHA) will launch the [São Paulo Declaration on Planetary Health](#). The first of its kind, the São Paulo Declaration on Planetary Health outlines actions necessary to achieve the Great Transition, a comprehensive shift in how human beings interact with each other and Nature. The declaration follows a week-long virtual Planetary Health Week that ran from April 26-30, 2021. The virtual event saw an increase in participation compared to previous years, with over 5,000 participants from 120 countries this year. While this was likely due to the virtual nature of the event, the growth in planetary health research and education no doubt also played a role. Several training institutions across the world are currently offering planetary health courses and the Planetary Health Alliance has published the [Planetary Health Education Framework](#) with over 10 case studies that are freely available online for educational purposes. It seems the Planetary Health movement is indeed taking shape and taking off.

During the planetary health week, I reflected on the perspective changes that will be necessary, if we are to achieve the Great Transition. These are shared below:

- Human exceptionalism is responsible for the current destruction of the earth. In order to achieve the Great Transition in time, we need to envisage ourselves as part of the earth’s pyramid, not as its master.
- This means that we must: treat all other species on earth with mutual respect; humble ourselves and learn from our ancient teachers, the plants. Plants teach us about responding to climate change. When there is excess carbon dioxide, plants grow fast. Plants build the soil and purify water.

- We need to respect the earth and work towards its sustainable restoration. When we disrespect the earth, water becomes scarce, corn yield is lower, and the land becomes infertile.
- Land must be seen as a natural resource and source to the ecosystem, and not as “capital” or property. Indeed, land is more than “property”, it is a healer, source of identity, connection with our ancestors, residence of non-human relatives and source of knowledge. In essence, what is good for the land, is good for the people.
- Happiness and wellbeing on the planet are very important, yet in almost all countries, advancements in human development have been reduced to Gross Domestic product (GDP). Additionally, in many cases, the things that must be done to achieve (high) GDP also compromise planetary wellbeing, and thus individual wellbeing. It is clear that commodifying the world is unsustainable and detrimental, we must thus decolonise our minds and thinking, and abandon GDP as a measure of human development .

In a nutshell, to restore the earth, we need to change ourselves. We need to imagine a new earth and work towards it. We need to take a new green path, a path of sustainability, a path of care and compassion that will restore the earth. We need to integrate all the things that are disintegrating (on) our planet, starting with our families and children. The change we make must be based on shared values and a shared cause. Planetary health could be that cause, therefore, we should embrace the planetary health movement.

Highlights of the week

World Immunization Week

UN News - New UN-led global immunization push aims to save more than 50 million lives

<https://news.un.org/en/story/2021/04/1090592>

*“A UN-led **global immunization strategy** was unveiled on Monday to reach more than 50 million children who have missed lifesaving jabs against diseases such as measles, yellow fever and diphtheria, in large part because of COVID-19 disruption. “*

“... today, 60 lifesaving mass vaccination campaigns have been postponed in 50 countries, putting around 228 million people - mostly children - at risk for diseases such as measles, yellow fever and polio, WHO warned. More than half of the 50 affected countries are in Africa, while measles campaigns have seen most disruption, accounting for 23 postponed vaccination drives, affecting an estimated 140 million people...”

HPW - Ambitious Push to Resume Routine Immunisations to Save 50 Million Lives

<https://healthpolicy-watch.news/ambitious-push-to-resume-routine-immunisations-to-save-50-million-lives/>

*“... the WHO, UNICEF, and the global vaccine alliance, Gavi, launched the [Immunization Agenda 2030 \(IA2030\)](#) to strengthen global immunization systems at the WHO biweekly press conference on Monday. ... **The main targets to be achieved by 2030** are: * 90% coverage for essential vaccines given in childhood and adolescence *Halving the number of children completely missing out on vaccines * Completing 500 national or subnational introductions of new or under-utilized vaccines, such as those for COVID-19, rotavirus, and human papillomavirus (HPV)”*

For all the detail, see also WHO - [Immunization services begin slow recovery from COVID-19 disruptions, though millions of children remain at risk from deadly diseases – WHO, UNICEF, Gavi](#)

“...The Agenda focuses on vaccination throughout life, from infancy through to adolescence and older age. If fully implemented, it will avert an estimated 50 million deaths, according to WHO - 75% of them in low- and lower-middle income countries...”

World Malaria Day (25 April)

UN News - A ‘malaria-free future’ is possible, UN chief says on international day

<https://news.un.org/en/story/2021/04/1090542>

*“Despite the COVID-19 pandemic and the multiple crises it has sparked, a **growing number of countries are approaching and achieving malaria elimination**, the UN chief said on Sunday, World Malaria Day. “We commend all countries that have reached the ambitious target of zero malaria”, said Secretary-General António Guterres. ...”*

“...Between 2000 and 2019, the number of countries with fewer than 100 indigenous malaria cases increased from six to 27, according to the World Health Organization (WHO), calling it “a strong indicator” that malaria elimination is within reach....”

Plos Med (Perspective) - Taking on *Plasmodium vivax* malaria: A timely and important challenge

Lorenz von Seidlein et al ;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003593>

*“... **Historically, Plasmodium vivax has persisted in the shadow of the more prominent Plasmodium falciparum.** Up until 2013, P. vivax malaria was little more than a footnote in WHO reports, with P. falciparum and P. vivax malaria-attributable morbidity and mortality not disaggregated by malaria species. Yet an assumption that reduction in the disease burden of P. falciparum would be mirrored by a proportionate reduction in the P. vivax burden has turned out to be misplaced: P. vivax is a stealthier and more resilient cousin of P. falciparum. **In the accompanying PLOS Medicine Collection, we focus on P. vivax malaria and discuss recent progress in recognising and addressing the widespread and serious disease burden. ...”***

World IP Day (26 April)

HPW - Pharmaceutical Industry Launches Document on IP Principles Amid Push for TRIPS Waiver

<https://healthpolicy-watch.news/pharmaceutical-industry-launches-ip-document/>

In the category ‘Snow White & the seven dwarfs’. “Amid a huge global push for the World Trade Organization (WTO) to **waive intellectual property (IP) rights** on products related to COVID-19 for the duration of the pandemic, **the pharmaceutical industry launched a document on Monday – World IP Day – asserting that a “strong IP system advances public health”**. According to the **10-point IP Principles for Advancing Cures and Therapies (IP PACT)**, IP is the “cornerstone” for the creation of new diagnostics, treatments and vaccines....”

Planetary Health

Social Europe - Climate scientists: concept of net zero is a dangerous trap

<https://www.socialeurope.eu/climate-scientists-concept-of-net-zero-is-a-dangerous-trap>

*“The US has joined the EU in committing to net-zero emissions by 2050—and the latter to 55 per cent net lower emissions by 2030. **Scientists fear the ‘net’ could displace urgency.**”*

Guardian - Wealthy nations ‘failing to help developing world tackle climate crisis’

<https://www.theguardian.com/environment/2021/apr/24/wealthy-nations-failing-to-help-developing-world-tackle-climate-crisis>

*“**Warning comes after lack of new funding pledges at virtual summit** attended by 40 world leaders and hosted by White House.”*

*“**The [US] president also set a goal of increasing US climate finance to \$5.7bn a year by 2024**, twice the amount provided under Barack Obama, and in stark contrast to the approach of Donald Trump, who halted US contributions. ... **The other major economies at the summit were largely silent on funding**. South Korea announced it would stop financing coal-fired plants overseas, and the UK reiterated existing pledges but made no new promises. **Rich countries are already behind on a longstanding pledge, made in 2009, to give \$100bn a year in climate finance to the developing world from 2020....**”*

*“**The failure of the White House summit to produce a breakthrough on climate finance throws the spotlight on the G7 meeting in Cornwall in June**, to be hosted by Boris Johnson. The UK has pledged £11.6bn in climate finance over the next five years, and is hoping to encourage other rich countries to increase their pledges. **The prime minister knows that the G7 represents one of the last chances to get climate finance right before Cop26, the UN climate summit in Glasgow in November**. **Developing countries can block agreement at Cop26 if they feel they have been let down on aid, so gaining their trust and cooperation will be vital....**”*

Apr 2021: Volume 5 Special Issue 1S1-S23 - Planetary Health Annual Meeting 2021

[https://www.thelancet.com/journals/lanplh/issue/vol5nonull/PIIS2542-5196\(21\)X0005-8](https://www.thelancet.com/journals/lanplh/issue/vol5nonull/PIIS2542-5196(21)X0005-8)

All the **abstracts** from the Planetary Health Annual meeting.

Coming up – 6 May: Adaptation Action Coalition Health Launch: Building climate resilient health systems

<https://www.who.int/news-room/events/detail/2021/05/06/default-calendar/adaptation-action-coalition-health-launch#.Ylp2tO9Bwt4.twitter>

“The Climate Resilient Health Systems Initiative under the Adaptation Action Coalition will be launched on May 6th, 9am CEST, as part of the 12th Petersberg Climate Dialogue (PCD XII)...”

“...The Climate Resilient Health Systems Initiative will support the goals of the Adaptation Action Coalition by addressing the health impacts of climate change while strengthening health resilience. The initiative has a clear vision: to ensure that by 2030 all health systems worldwide have strengthened resilience against climate impacts. Governments can join the initiative by committing to conduct climate change and health vulnerability and adaptation assessments (V&As); develop a health National Adaptation Plan (HNAP); or by allocating, or applying for, climate finance for health action. In addition to commitments under the AAC, governments are encouraged to develop an action plan or roadmap for achieving a sustainable low carbon health system that minimizes climate impacts and increases resilience....”

SRHR

Telegraph - UK's 85 per cent aid cuts for family planning will have 'devastating' consequences, warns UN

[Telegraph](#):

“The UK is set to slash funding for the United Nations’ family planning agency by 85 per cent, reneging on previous commitments in a move that will have “devastating” ramifications for the world’s poorest women. The UNFPA – which seeks to improve access to reproductive and sexual health services across the globe – has revealed that the UK has cut contributions to a flagship family planning programme from £155 million to just £23 million....”

See also the **Guardian** - [‘Devastating for women and girls’: UK cuts 85% in aid to UN family planning](#)

Lancet Series - Miscarriage matters

<https://www.thelancet.com/series/miscarriage>

*“Miscarriage is common, affecting one in ten women in their lifetime, with an estimated 23 million miscarriages globally. Despite this, the impact and consequences of miscarriage are underestimated, resulting in an attitude of acceptance of miscarriage and system of care which is currently fragmented and can be of poor quality. **A new Series of 3 papers published in The Lancet reviews this evidence on miscarriage and challenges many misconceptions.** The authors, Siobhan Quenby, Arri Coomarasamy, and colleagues, **call for a complete rethink of the narrative around miscarriage and a comprehensive overhaul of medical care and advice offered to women who have miscarriages.**”*

Via the **press release**:

- *“New estimates confirm that miscarriages occur in 15% of all pregnancies, with one in 10 women experiencing a miscarriage in their lifetime. Recurrent miscarriage is less common, affecting about 1% of women in their lifetime.*
- *Existing care for sporadic or recurrent miscarriage is inconsistent and poorly organised worldwide, and a new system is needed to ensure miscarriages are better recognised and women are given the physical and mental health care they need.*
- *Authors recommend at least a minimum service to all women who have had a miscarriage – with increasing care for recurrent miscarriages – to be offered globally, including testing, treatment, pre-pregnancy counselling, and psychological support.*
- *With variations in the definition, causes, treatment and effects of a miscarriage, authors assess best available evidence to provide robust estimates, but stress that better data collection and more high-quality research are needed.;..”*

1st anniversary ACT-A & Covax

WHO - ACT-Accelerator one year on

<https://www.who.int/news/item/23-04-2021-act-accelerator-one-year-on>

*“The ACT-Accelerator marks its first anniversary today with a special report on the global alliance’s progress against the COVID-19 pandemic. The **“[ACT Now, ACT Together: 2021 Impact Report](#)”** details the major scientific advances that have been made to confront the new disease, along with the history-making collaboration of global health organizations, governments, foundations, civil society, scientists and the private sector. ... **The ACT-Accelerator alliance was launched on 24 April 2020 by WHO, the European Commission, France, and the Bill & Melinda Gates Foundation to develop and deliver tests, treatments and vaccines the world needs to fight COVID-19....”***

*“... Today’s **[impact report](#)** highlights the progress the partnership has made, including:*

- **Diagnosics Pillar – co-convened by FIND and The Global Fund:** Supported the development and Emergency Use Listing of reliable antigen rapid diagnostic tests (Ag RDTs) that can be conducted outside of laboratory facilities, guaranteed access to 120 million affordable rapid diagnostic tests, and procured 65 million tests (32.3 million molecular [PCR] tests and 32.8 million Ag RDTs) for LMICs.
- **Therapeutics Pillar – co-convened by Unitaid and Wellcome:** Tracked over 300 actionable trials, **supported the identification of dexamethasone** as the first life-saving therapy against

COVID-19 and in less than 20 days after its identification, made 2.9m doses of dexamethasone available to LMICs. Formed the **Covid-19 Oxygen Emergency Taskforce** to meet the needs of more than half a million COVID-19 patients in LMICs who need oxygen treatment per day.

- **COVAX – co-convened by CEPI, Gavi, and WHO – in partnership with UNICEF:** Secured over 2 billion doses, with the first international delivery made to Ghana 3 months after the first vaccine was administered in a high-income country, and more than 40 million doses shipped to 119 economies via the COVAX Facility.
- **Health Systems Connector – co-led by the World Bank, WHO, and The Global Fund – in partnership with UNICEF and the Global Financing Facility:** US\$ 50 million of PPE has been procured for LMICs and country readiness assessed for the deployment of COVID-19 vaccines in more than 140 countries....”

There’ still a **big funding gap**, though: “... An unprecedented mobilization of public, private, and multilateral funders has galvanized **USD 14.1 billion in commitments** so far, but as of today, the **ACT-Accelerator partnership needs another US \$19 billion** to develop and deliver the tests, treatments, and vaccines needed to bring COVID-19 under control, and is calling on governments around the world to work with the ACT-Accelerator partners to fund, share and scale up the tools the world needs to bring an end to the acute phase of the virus.

HPW - ACT-Accelerator Celebrates 1st Anniversary Amid COVID-19 Surge in India

<https://healthpolicy-watch.news/act-accelerator-celebrates-1st-anniversary/>

Coverage of the celebration event.

Quote: “... **“The ACT Accelerator was conceived with two aims: the rapid development of vaccines diagnostics and therapeutics, and equitable access to those tools,”** Dr Tedros Adhanom Ghebreyesus, World Health Organization (WHO) Director-General, told the virtual anniversary featuring all partners. **While the first objective “has been achieved”, said Tedros, “we have a long way to go on the second objective”.**

Devex - France commits to donating 500,000 vaccine doses to COVAX

<https://www.devex.com/news/france-commits-to-donating-500-000-vaccine-doses-to-covax-99746>

La France !!! Tataratataa... **“France is now the first country to share coronavirus vaccine doses with COVAX — the global vaccine procurement mechanism that aims to deliver up to 1.8 billion doses to select low- and middle-income countries in 2021 — which has faced challenges in securing supply. French President Emmanuel Macron made the announcement Friday, committing 500,000 doses to the initiative for free. An initial batch of 105,500 doses of the vaccine developed by the University of Oxford and AstraZeneca will be made available this month, and the first shipment will go to Mauritania. According to a news release, the “pilot shipment of AstraZeneca vaccine is part of a commitment of 500,000 doses from multiple manufacturers planned by mid-June, with a goal to provide at least 5% of all doses acquired by France to COVAX over the course of 2021.” Other countries are expected to soon follow, with commitments coming from the leaders of New Zealand and Spain....”**

Geneva Health Files – COVAX counts on dose-sharing to counter vaccine crunch, vaccine diplomacy makes it worse

[Geneva Health Files](#);

Always a great read. This week with a **brief update on how the COVAX Facility is hoping to use dose-sharing** to make good on suspended deliveries of vaccines in wake of the current Indian surge of COVID-19 which is devouring the subcontinent.

Read in full: **Dose-sharing: the Plan B for Covax that rests on benevolence.**

*“...Both WHO and Gavi, have urged countries in recent weeks, to route their donations through COVAX. There does not seem to be much uptake for such appeals... **Finally, it appears that initial plans for use a trading concept for vaccines have not yet taken off. ...”***

Telegraph - Africa's vaccine rollout 'a mess' as shortages hit second shots

<https://www.telegraph.co.uk/global-health/science-and-disease/africas-vaccine-rollout-mess-shortages-hit-second-shots/>

Update on Covax (in Africa) as of 29 April. **“India’s devastating coronavirus surge has left Africa’s vaccination campaign in disarray, with growing signs that countries will be unable to offer second doses as deliveries to the continent dry up. Nations including Ghana and Rwanda have administered nearly all of the shots received to date through the global Covax distribution scheme, but it is unclear when further doses will arrive – raising fears that people will miss out on their second vaccine. ... Insiders concede the initiative is now unlikely to hit targets of delivering 250 million shots by the end of May. To date, Covax has shipped roughly 49 million doses – just under 20 per cent of that initial aim. ... Shortages due to India’s export restrictions have been felt in 60 countries across the globe, but the most acute impact has been in Africa – which was set to receive almost all its Covax deliveries via the SII. The continent has so far administered roughly 17.5 million vaccines – less than two per cent of global rollout – for a population of 1.2 billion people. “Supply has pretty much stopped, Covax rollout across Africa has stalled,” Dr Ayoade Alakija, co-chair of the Africa Union Vaccine Delivery Alliance, told The Telegraph, adding that there is no indication when distribution will resume. ...”**

*“... The Telegraph understands that Unicef, Gavi the Vaccine Alliance and other members of the coalition behind Covax are exploring how to rejig distribution plans to ensure countries have enough vaccine to provide full protection. Much of this may rest on a **different supply route...**”*

Devex – Gavi wants to assess COVAX

<https://www.devex.com/news/gavi-wants-to-assess-covax-99793>

“Gavi, the Vaccine Alliance is laying out the groundwork to evaluate COVAX, the global procurement mechanism for COVID-19 vaccines. It is seeking proposals on evaluability and multistage evaluation design for COVAX, followed by a baseline study to assess whether changes need to be made in its design, and to measure its effectiveness and performance. Gavi and partners “are keen to ensure the successes, challenges, and lessons learned from the COVAX Facility and

COVAX Advance Market Commitment are independently evaluated and documented, both from a learning and an accountability perspective,” according to the [proposal...](#)”

Chubb and Marsh Collaborate to Secure Insurance Coverage for the COVAX No-Fault Compensation Program for 92 Low- and Middle-Income Countries

<https://news.chubb.com/2021-04-29-Chubb-and-Marsh-Collaborate-to-Secure-Insurance-Coverage-for-the-COVAX-No-Fault-Compensation-Program-for-92-Low-and-Middle-Income-Countries>

“Chubb and Marsh today announced a collaboration with the World Health Organization (WHO) and Gavi, the Vaccine Alliance (Gavi), that has secured insurance coverage for a Program that will offer eligible individuals in 92 lower-income countries and economies a fast, fair and transparent process to receive compensation for rare but serious adverse events associated with vaccines distributed through COVAX up to June 30, 2022. The COVAX No-fault Compensation Program is the first and only vaccine injury compensation mechanism operating on an international scale...”

“Through Chubb's and Marsh's collaboration, up to \$150 million in insurance is provided for the COVAX No Fault Compensation Program to cover compensation payments to eligible individuals in the 92 lower-income countries and economies, known as the [Gavi COVAX Advance Market Commitment \(AMC\) eligible economies...](#)”

Brookings (report) - Pandemic preparedness and response: Beyond the WHO's Access to COVID-19 Tools Accelerator

K Basu, L Gostin et al ; https://www.brookings.edu/research/pandemic-preparedness-and-response-beyond-the-whos-access-to-covid-19-tools-accelerator/?utm_campaign=covid19&utm_medium=email&utm_source=email

“...we propose a new APT-A (Access to Pandemic Tools Accelerator) that provides more funding for diagnostics, vaccines, therapeutics, equitable access, and basic health systems and includes two other pillars or workstreams—one for economic assistance in pandemic times and another to combat structural inequalities. As part of this buttressed response to adequately prepare for and respond to pandemics in our globalized world, we propose a permanent, improved version of COVAX, called POVAX (Pandemic Open Vaccine Access Accelerator), which requires: 1) implementing alternative reward mechanisms for new vaccines, 2) companies to pool intellectual property and other data to speed up research and 3) allow low-cost generic production, as well as measures to 4) ensure equitable distribution of resulting products...”

Global health governance & financing

With some advocacy & analysis related to the upcoming G7 meeting, the pandemic treaty negotiations, the WHO Foundation, (more) UK global health cuts...

But let's start with this one:

Reuters - World to spend \$157 billion on COVID-19 vaccines through 2025 -report

[Reuters](#);

*“ Total global spending on COVID-19 vaccines is projected to reach \$157 billion by 2025, driven by mass vaccination programs underway and "booster shots" expected every two years, according to a report by U.S. health data company IQVIA Holdings Inc (IQV.N) released on Thursday. IQVIA, which provides data and analytics for the healthcare industry, said it **expects the first wave of COVID-19 vaccinations to reach about 70% of the world's population by the end of 2022. Booster shots are likely to follow initial vaccinations every two years, the report said, based on current data on the duration of effect of the vaccines. ... Vaccine spending is expected to be highest this year at \$54 billion with massive vaccination campaigns underway around the world. It is expected to decrease after that eventually to \$11 billion in 2025, as increased competition and vaccine volumes drive down prices, said Murray Aitken, a senior vice president at IQVIA.***

Guardian - Gordon Brown leads calls for \$60bn of Covid support for poor countries

<https://www.theguardian.com/business/2021/apr/29/gordon-brown-covid-support-poor-countries>

*“A whirlwind six-week campaign to persuade the UK-hosted G7 summit to fund a \$60bn two-year vaccine and healthcare support package for poor countries is being spearheaded by the former prime minister Gordon Brown. In a campaign backed by the Guardian, leaders of the west's leading economies are being urged to invest a fraction of the sums spent fighting Covid-19 domestically to help finance rapid immunisation programmes and the wider health response to the virus in less well-off countries, to check the virus's global spread. ... **Brown is one of a number of global figures behind the campaign, who include Graça Machel, the advocate for women and children's rights, and Winnie Byanyima, the director of UNAids....**”*

Devex - Here's what global civil society wants to see from the G-7

<https://www.devex.com/news/here-s-what-global-civil-society-wants-to-see-from-the-g-7-99768>

On vaccine equity, more specifically:

*“**Equitable access to COVID-19 vaccines.** Sharing vaccine technology is expected to be high on the agenda in June. The communiqué calls on G-7 governments to allow a [waiver](#) for parts of the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights, thereby overriding intellectual property restrictions. Campaigners also want more funding to fill gaps in the budgets of the Access to COVID-19 Tools Accelerator, which needs \$19 billion for 2021, and the COVID-19 Vaccines Global Access initiative, which needs \$2 billion...”*

Development Today – Medical oxygen needs spike in wake of India's covid crisis

<https://www.development-today.com/archive/dt-2021/dt-4--2021/covid-funders-continue-to-under-estimate-medical-oxygen-crisis>

“Medical oxygen needs in developing countries exceed USD 6 billion, spurred by the COVID-19 crisis in India. Experts say it has been an uphill struggle to make donors understand the massive scale of the oxygen crisis, and civil society representatives are calling on the G7 to inject billions of dollars to prevent the tragedy in India from being repeated elsewhere.”

Guardian - Leading scientists urge UK to share Covid vaccines with poorer nations

<https://www.theguardian.com/world/2021/apr/28/leading-scientists-urge-uk-to-share-covid-vaccines-with-poorer-nations>

The view of British scientists ahead of the G7 meeting.

“Leading scientists are urging the UK to share the Covid vaccines it has bought with India and other nations, to tackle the soaring death toll and reduce the spread of the virus and new variants around the world. Sir Jeremy Farrar, the director of the Wellcome Trust, said rich countries including the UK that have bought up most of the vaccine supply “urgently need to start sharing these doses with the rest of the world, alongside national rollouts in their own countries, and through the Covax programme. And they must set out a timetable for how these donations will be increased as they vaccinate more of their populations domestically.” Writing in the Guardian, Farrar called on the UK to lead the world, through its presidency of the G7. ...”

Politico – China, Russia resist increased scrutiny of pandemic response

<https://www.politico.eu/article/china-russia-resist-increased-scrutiny-of-pandemic-response/>

“China and Russia are pushing back on efforts led by the EU for increased cooperation with the World Health Organization during public health crises. In a draft resolution on WHO reform obtained on Tuesday by POLITICO, both China and Russia call for several deletions and amendments relating to how countries share information during health emergencies and what evidence should be used in a report on the pandemic response. The move comes as China continues to face accusations of withholding data from the WHO’s investigation into the origins of the pandemic. The draft document, dated April 20, will be presented to the World Health Assembly in May after it’s finalized ...”

HPW - Global Health Is In Disarray – But Is A Pandemic Treaty The Way Out ?

<https://healthpolicy-watch.news/global-health-is-in-disarray-but-is-a-pandemic-treaty-the-way-out/>

“Despite rising calls for a [pandemic treaty](#), including from 25 world leaders in an open letter last month, some global health experts doubt that a treaty would be the most efficient way to quickly strengthen the world’s capacity to beat COVID – and prevent future pandemics. ...”

Coverage of a Geneva-based Graduate Institute’s Global Health Centre webinar last week, to mark the launch of its newly appointed International Advisory Board (IAB).

BMJ blog - A pandemic treaty: where are we now that the leaders have spoken?

H Nikogosian & I Kickbusch; [BMJ blog](#);

“... We reviewed the rationale and options for such a treaty earlier this year. Now as political support is growing, clarity must be gained on three issues: the scope of such a treaty, the type of treaty to pursue, and the process for its adoption. ...”

See also [BMJ blog - What should we ask of a new global treaty for pandemic preparedness?](#) (by H Lopes & J Middleton)

“Supra-national health action agencies are needed in every WHO region or continent, to predict, prevent and respond to pandemics.”

Lancet Comment - A global pandemic treaty should aim for deep prevention

J Vinuales, S Moon et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00948-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00948-X/fulltext)

“With the proposal for a global pandemic treaty by the European Council, endorsed by more than 25 heads of state and the WHO Director-General, the question has arisen as to what such a treaty should do. We argue that it should focus on reducing the risk of pathogens jumping from animals to humans. This focus on “deep prevention” could draw inspiration from the global governance of nuclear, environmental, and financial systemic risks. Lessons from these domains suggest that far more can be done to reduce the risk of disease outbreaks, and that international law remains underused. Deep prevention focuses on preventing the outbreak of the disease from occurring rather than focusing on local, national, or international spread. The International Health Regulations (IHRs) are largely built on the assumption that disease outbreaks cannot be prevented, only contained and extinguished. A global pandemic treaty should, instead, address deep prevention of future pandemics....”

Stat - The next big one must be prevented’: The lessons the world can learn from epidemics that were contained

<https://www.statnews.com/2021/04/27/pandemic-preparedness-covid19-ebola-prevention/>

“As the Covid-19 pandemic continues to rage, a new report urges the world not to allow itself to be taken down this road again. The report, called [Epidemics That Didn’t Happen](#), makes the case for improved pandemic preparedness by highlighting infectious diseases outbreaks that the world was able to contain....”

Coverage of this [Resolve to Save Lives report](#) also via HPW - [Dealing With Ebola and Anthrax Prepared Africa for COVID-19](#)

Geneva Health Files - "A hole in the firewall": The WHO Foundation & WHO; "Green shoots" for TRIPS Waiver Talks?

[Geneva Health Files:](#)

Analysis of the current "firewall" between WHO & the WHO Foundation. (*it's not exactly the 'Great Wall of China' so far* 😊)

*"The new **WHO Foundation**, a non-profit legal entity that has been established to fundraise for WHO might have already caused conflicts of interest arising over recent donations including from Nestlé. Further, **the Foundation is now responsible for the COVID-19 Solidarity Response Fund** raising more questions on its operations and potential implications for the reputation and integrity of WHO. "*

"... Sources told Geneva Health Files that the COVID-19 Solidarity Response Fund is now being managed by the WHO Foundation and that the Foundation can use resources from the fund in order to leverage and seek more donations..."

Quote by Maani, Assistant Professor, at LSHTM:

***"This is about more than just Nestlé. This is an example of how problematic this arrangement is.** We only know about this donation amount because it appeared on twitter. The information on funders of COVID response fund does not show amounts provided for each sponsor. The WHO Foundation itself, which accepts donations separately to the COVID response fund, and has been for months, doesn't list a single disclosed donor, not even in the form of a company logo. **This raises serious transparency questions and does not seem to follow good governance principles or FENSA. How do we know what funds are earmarked, by whom, and what negotiations occur with corporate donors? What are the accountability mechanisms? Looking at the other donors to the solidarity fund we can already see other highly problematic donors.** For example, climate change and habitat disruption are likely to dominate the WHO agenda for many decades, and the world will need a strong and independent WHO that can bear witness to attendant health harms, be they natural or man-made. Yet companies such as BP and DOW are also funding the COVID response fund, and can also fund the WHO Foundation. Beyond Nestlé, these arrangements more broadly should certainly trouble member states who are struggling to enact stricter environmental regulations in the face of industry opposition, or charities who are committed to combating climate change..."*

PS: " Sources familiar with the discussions told Geneva Health Files that there are **potential "green shoots" emerging in the context of the TRIPS Waiver talks towards "an outcome"**. A diplomatic source noted the softening position of the United States during the discussions in recent weeks and at the meeting."

For more on the Trips Waiver discussions, see the section below.

NYT – The anguish of the world's doctor

<https://www.nytimes.com/2021/04/24/opinion/sunday/tedros-ethiopia-tigray.html?smid=nyttopinion&smtyp=cur>

Column by N Kristof.

Cfr tweet: **“Dr. Tedros, chief of the World Health Organization, seems deeply conflicted, writes @NickKristof, torn between what he sees as a professional duty of impartiality to his organization and the horror of an ethnic cleansing of his own people.”**

Devex - Civil society asks for more engagement with WHO member states

<https://www.devex.com/news/civil-society-asks-for-more-engagement-with-who-member-states-99773>

More coverage of last week’s WHO dialogue with civil society. **“Civil society and other nonstate organizations have asked for more engagement with World Health Organization member states, and for WHO to help facilitate their involvement in the drafting of resolutions for the World Health Assembly. ... The recommendations were made at the conclusion of a three-day dialogue last week that was meant to improve their engagement with WHO teams and member states. ... some CSOs argued that only a few member states participated during the sessions. If the informal meetings were to have an impact on the WHA agenda, they said member states need to be more involved, and the reports for discussion at the WHA need to be available in advance. Having member states in future informal meetings gives the network a chance to discuss its recommendations and provide member states the necessary tools and resources that can help them achieve their goal...”**

“WHO has formed an internal group that would track the implementation of recommendations to the organization, Tedros said in response to questions on how to make sure the proposals from the informal meetings will be implemented. But he also said WHO can discuss the implementation of the proposals through regular engagement with them, which could come in the form of working groups. He said he will encourage member states to join in future meetings, and considered the idea of creating a forum for nonstate organizations to provide inputs to draft resolutions before they are discussed by the WHA, but with the caveat: the final decision to include their perspectives is with member states....”

Devex – UK cuts funding for UNAIDS by 83%

<https://www.devex.com/news/uk-cuts-funding-for-un aids-by-83-99797>

“The United Kingdom’s funding for the United Nations agency focused on fighting the HIV/AIDS pandemic, UNAIDS, has been cut by 83%, according to advocates. Thursday’s cut to UNAIDS — from £15 million (\$20.9 million) to £2.5 million — comes amid wider cuts to sexual health programs....”

Devex – UK cuts polio funding by 95%

<https://www.devex.com/news/exclusive-uk-cuts-polio-funding-by-95-99774>

“The U.K. government is set to slash funding for polio eradication by 95%, Devex understands, in a move campaigners have branded “catastrophic.” The Global Polio Eradication Initiative was due to be given £100 million (\$139 million) this year to fund efforts to eliminate the disease, which mainly affects children and causes paralysis. Instead, GPEI will be given just £5 million....”

Guardian - UK government cuts almost wipe out funding to tackle neglected diseases

[Telegraph](#);

“The British government will slash funding to tackle the world's most neglected diseases by 90 per cent this year, the Telegraph has learned. The cuts risk the future of a billion children and young people, according to an open letter from a group of organisations who work to prevent and treat some of the [devastating conditions, which are also known as diseases of poverty](#). The diseases include trachoma, an excruciatingly painful condition that often leaves people blind; intestinal worms, which are a major cause of malnutrition in children; and elephantiasis, a debilitating condition causing swelling of the legs. They affect 1.7 billion people globally, including 1.1 million in the Commonwealth. ...”

And a link: [Telegraph - Leaked memo reveals UK bilateral aid for clean water for world's poorest to be cut by 80% amid pandemic](#)

“Foreign Office document reveals cuts and advises minister on how to avoid a backlash.”

CSIS brief – Creating Fiscal Space in the Covid-19 Era

<https://www.csis.org/analysis/creating-fiscal-space-covid-19-era>

By the CSIS Commission on Strengthening America's Health Security.

“...Many low- and middle-income countries lack adequate domestic resources to invest in public health and, at the same time, face mounting debt burdens that impede their ability to raise new funding for essential investments. The Covid-19 pandemic is a call to action to rethink how the United States prioritizes pandemic preparedness and investments in public health. U.S. leadership will be essential to mobilizing investment from the official sector and private investors.” With a number of proposals.

More on Trips Waiver/Tech transfer debate/battle

As already flagged, the battle in this respect is raging. Episodes & news from this week:

Reuters -White House considering intellectual property waiver for COVID-19 vaccines

<https://www.reuters.com/world/us/white-house-says-its-considering-intellectual-property-waiver-covid-19-vaccines-2021-04-27/>

From Tuesday. *“The White House is considering options for maximizing global production and supply of COVID-19 vaccines at the lowest cost, including backing a proposed waiver of intellectual property rights, but no decision has been made, press secretary Jen Psaki said on Tuesday. Proponents are pushing Washington to change course ahead of another WTO meeting on the issue on April 30...”*

HPW - New Wave Of Appeals For WTO Waiver On IP For COVID Treatments Ahead of TRIPS Council Meeting

<https://healthpolicy-watch.news/mass-petitions-calling-for-wto-ip-waiver-on-covid-treatments-snowball-ahead-of-trips-council-meeting-friday/>

*“Nearly 400 members of the European Parliament (MEPs) and of national parliaments from across the European Union issued a [joint appeal](#) Tuesday calling for the European Commission to drop its opposition to a proposed WTO waiver on IP related to COVID-19 health technologies, which is being co-sponsored by India and South Africa. The call was just one among **a number of recent appeals**, including one by a [group of Brazilian parliamentarians](#), addressed to WTO’s new director general Ngozi Okonjo Iweala, and another letter addressed to US President Joe Biden.”*

*“... **The proposed waiver is due to be debated once again Friday by the WTO’s TRIPS Council, where proponents are pushing for the Council to move to “text based” negotiations on the draft, as a means of advancing the initiative through TRIPS Council approval, so that it could go before the entire Council of Ministers later this year....”***

Stat - Millions sign petitions urging the U.S. to back a WTO proposal for greater Covid-19 vaccine access

<https://www.statnews.com/pharmalot/2021/04/23/covid19-coronavirus-vaccine-wto-biden-intellectual-property/>

“More than two million petitions were sent to the White House in hopes of convincing the Biden administration to support a proposal that would temporarily waive trade agreement provisions in a bid to widen access to Covid-19 vaccines in low and middle-income countries. The effort was promoted by several U.S. lawmakers and dozens of advocacy groups amid ongoing controversy over the proposal, which was introduced last fall at the World Trade Organization....”

“Meanwhile, COVAX remains underfunded. The program’s proposed budget for 2020 and 2021 is \$11.7 billion, but total contributions have so far only reached \$8.6 billion, leaving a funding gap of \$3.1 billion....”

Bloomberg - WTO Chief Pursues a ‘Hectic’ Agenda to Fix World Trade’s Referee

<https://www.bloomberg.com/news/articles/2021-04-27/wto-chief-pursues-a-hectic-agenda-to-fix-world-trade-s-referee?sref=0klsF1YE>

Excerpts of this recent interview with the WTO boss.

*“Okonjo-Iweala said her top priority is to use trade to alleviate the pandemic and said her recent meeting with trade ministers and vaccine manufacturers provided a positive step in the right direction. ‘**That meeting yielded quite a lot,**’ she said. **“I see more pragmatism on both sides.”** An important component of the WTO’s trade and health agenda is a proposal from India and South Africa that seeks to temporarily waive enforcement of the WTO’s rules governing intellectual property for vaccines and other essential medical products. **As of this week there are fresh signals that the Biden administration, which currently opposes a waiver to the WTO agreement on Trade-***

Related Aspects of Intellectual Property Rights, wants vaccine manufacturers like Pfizer Inc. and AstraZeneca Plc to help ramp up U.S. pandemic assistance to the rest of the world. “There is movement,” Okonjo-Iweala said. “Are we there yet? No, but there is a little bit of change in the air among members. I think hopefully we will be able to come to some sort of a framework for the WTO ministers to bless.” “We don’t have time,” she added. “People are dying.”

“Okonjo-Iweala said this month’s vaccine meeting also revealed areas where the developing world can increase its capacity to produce more doses rather than waiting for rich countries to send them their excess supplies. She said various emerging markets such as India, Pakistan, Bangladesh, Senegal, Indonesia and Egypt already have some capacity to begin producing vaccines for people living in developing economies....”

Salon - Bill Gates says no to sharing vaccine formulas with global poor to end pandemic

https://www.salon.com/2021/04/26/bill-gates-says-no-to-sharing-vaccine-formulas-with-global-poor-to-end-pandemic_partner/

“Bill Gates, one of the world’s richest men and most powerful philanthropists, was the target of criticism from social justice campaigners on Sunday after arguing that lifting patent protections on COVID-19 vaccine technology and sharing recipes with the world to foster a massive ramp up in manufacturing and distribution — despite a growing international call to do exactly that — is a bad idea. Directly asked during an interview with Sky News if he thought it “would be helpful” to have vaccine recipes be shared, Gates quickly answered: “No.”...” Do check out his rationale.

Cfr tweet Ellen ‘t Hoen: “Bill Gates says no to sharing vaccine formulas with global poor to end pandemic | <http://Salon.com> **With pointed quote from @nickdearden75 “Who appointed this billionaire head of global health? Oh yeah, he did.”**

Bloomberg (op-ed) Biden Must Push Drug Firms to Share Science With The World

M Kavanagh & M Sunder; <https://news.bloomberglaw.com/us-law-week/biden-must-push-drug-firms-to-share-science-with-the-world>

“The U.S. holds two keys to enabling low- and middle-income countries to make vaccines for themselves: federally funded technology and patents, say Georgetown University’s Matthew Kavanagh and Georgetown Law’s Madhavi Sunder. They call on the Biden administration to push drug companies do more to help with global vaccination to fight Covid-19. First, the U.S. government, with taxpayer dollars, provided funding and critical research underlying several successful vaccines. The Moderna vaccine is a good example. This breakthrough technology was not the result of private industry going it alone, but the fruit of a critical public-private partnership. ... Second, the U.S. government holds the patent in a key piece of the technology underlying the Moderna and other vaccines. All of this gives the administration critical leverage to expand supply and achieve equitable global vaccine access in 2021, not later. **The Biden administration must use this leverage and force Moderna and other companies to share publicly-supported technology and know-how with the world....”**

And we also want to draw your attention to this damning - for the likes of Thomas Cueni et al - last paragraph on the history of TRIPS: "... ***In fact, tech transfer was at the heart of the 1995 Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPs) that governs global IP rules today. Developing countries did not want to agree to a system that would charge them monopoly rates for technology they would forever be importing, because they lacked technological capacity and know-how. They ultimately came to the table, however, on the promise that developed countries would incentivize private companies to share their know-how and build innovative capacity in the developing world: the promise of tech transfer. The TRIPs agreement was controversial from the start, decried as colonial policy triggering huge royalty streams from lower-income to high-income countries. The only thing giving it legitimacy was the promise of technology transfer. If the wealthy countries turn their backs on that promise, and during a crippling global pandemic at that, the entire international IP infrastructure is exposed. Drug companies should cooperate because they are morally and legally obligated to do so, and the Biden administration should lead this effort.***"

BMJ - Is waiving intellectual property rights to fight covid-19 the best thing to do?

[BMJ blog](#);

*"Proposals for adjusting intellectual property rules and practices to augment production and promote global access to vaccines and other technologies have provoked controversy. Promoting voluntary sharing of intellectual property and knowhow makes more practical sense than waiving intellectual property rights, argues **Charles Clift.**"*

Clift seems to hope a "third way" could be to revive the fortunes of C-TAP.

The intercept – Pharma industry dispatches army of lobbyists to block generic Covid-19 vaccines

<https://theintercept.com/2021/04/23/covid-vaccine-ip-waiver-lobbying/>

"Newly filed disclosure forms from the first quarter of 2021 show that over 100 lobbyists have been mobilized to contact lawmakers and members of the Biden administration, urging them to oppose a proposed temporary waiver on intellectual property rights by the World Trade Organization that would allow generic vaccines to be produced globally...." And that's just in the US.

TWN - TRIPS waiver proposal being held hostage on "ideological" grounds

https://www.twn.my/title2/intellectual_property/info.service/2021/ip210406.htm

In-depth coverage of last week's WTO Trips meeting. *"Despite the worsening COVID-19 pandemic that has already claimed more than 3 million lives, **a handful of industrialized countries led by the European Union, Switzerland and United Kingdom have held hostage on "ideological" grounds the proposal to suspend certain provisions of the WTO's TRIPS Agreement to combat the pandemic, said people familiar with the development...."***

HPW - Pharma Execs: Unlock Export & Supply Chain Barriers & Ramp Up Sharing Of Excess Vaccine Doses To Beat Back COVID Pandemic

<https://healthpolicy-watch.news/pharma-execs-unlock-export-barriers-supply-chain-bottlenecks-ramp-up-sharing-of-excess-doses/>

*“A group of leading pharma industry execs called upon global health leaders to work together to unlock export barriers, open up supply chain bottlenecks, and encourage high-income countries that are hoarding vaccines to redirect their excess doses to the WHO co-sponsored COVAX global vaccine facility – as ways to rapidly scale up equitable vaccine access and beat back the pandemic. The executives, including the CEO of Moderna and India’s Bharat Biotech, as well as GSK’s head of global vaccines, and the heads of the Developing Countries Vaccine Manufacturers Network (DCVMN) and the Biotechnology Innovation Organization (BIO), were **speaking at an event Friday marking a year since the establishment of the WHO co-sponsored Act Accelerator COVAX initiative**. ... **Patents and other IP constraints are not the main obstacle to expanding access to vaccines, they asserted. And increasing vaccine manufacturing capacity in lower income countries, while important, will take time to develop** – given the complexities of vaccine production, they said, speaking at a forum sponsored by the International Pharmaceutical Manufacturers and Associations (IFPMA). “*

FT - Vaccine makers say IP waiver could hand technology to China and Russia

<https://www.ft.com/content/fa1e0d22-71f2-401f-9971-fa27313570ab>

Signs of Big Pharma getting desperate: *“Vaccine makers have warned US officials that temporarily scrapping patents for Covid-19 shots would risk handing novel technology to China and Russia, according to people familiar with the talks. As industry lobbying has escalated in Washington, companies have warned in private meetings with US trade and White House officials that giving up the intellectual property rights could allow China and Russia to exploit platforms such as mRNA, which could be used for other vaccines or even therapeutics for conditions such as cancer and heart problems in the future. J&J, Pfizer, Moderna and Novavax did not respond to requests for comment. ... “*

The Intercept – Factory owners around the world stand ready to manufacture Covid-19 vaccines

<https://theintercept.com/2021/04/29/covid-vaccine-factory-production-ip/>

“ Factory owners around the globe, from Bangladesh to Canada, have said they stand ready to retrofit facilities and move forward with vaccine production if given the chance....”

“...Earlier this month, the World Health Organization established the [mRNA technology transfer hub](#), through which manufacturers of medical products and owners of patented vaccine technology have been invited to provide know-how, process training, and intellectual property rights so that low- and middle-income countries can produce their own vaccines. On Tuesday, Martin Friede, coordinator of the WHO’s Initiative for Vaccine Research, said that the hub had already received some 50 expressions of interest from companies, including some that have patents on components or processes involved in vaccine manufacturing. But Moderna; BioNTech, the German company that has developed an mRNA vaccine in partnership with Pfizer; and CureVac,

another German company that has developed an mRNA vaccine with a longer shelf life, have yet to respond to the call, according to Friede. Friede emphasized that a lack of know-how, as opposed to patent protections, are the major barrier to expanding production....”

Links:

- Stat - [U.K. lawmakers want Boris Johnson to disclose emails with pharma about a WTO proposal on Covid-19 vaccines](#)
- Boston University (Global Development Policy Center) - [Trade and Access to Medicines in the COVID-19 Era: GDP Center Roundup](#)

“On April 30, the WTO TRIPS Council will hold [a formal meeting](#), on the heels of two weeks of [closed-door meetings](#) and informal open-ended discussions between pharmaceutical industry stakeholders and WTO representatives to address the shortages and production bottlenecks in the global vaccine rollout. While world and industry leaders meet to discuss these challenges, **members of the Boston University Global Development Policy Center’s [Working Group on Trade and Access to Medicines](#) has published a suite of research on the intersection of international trade and investment commitments and access to medicines in a COVID-19 era. The research examines how the WTO’s Agreement on Trade-Related Aspects of Intellectual Property (TRIPS) and additional expanded protections of intellectual property rights under free trade agreements (TRIPS-plus) may impact countries facing domestic and global public health crises both now and in the future....”**

With among others, this [working paper - TRIPS-plus Rules in International Trade Agreements and Access to Medicines: Chinese Perspectives and Practices](#)

Covid key news – Surging again...

Focus on key trends (including the ongoing horror in India), WHO key messages, ...

UN News - COVID-19 cases rise for ninth consecutive week, variants continue spreading

<https://news.un.org/en/story/2021/04/1090842>

“COVID-19 infections have increased for the ninth consecutive week globally while variants continue their spread, the UN health agency has confirmed. Nearly 5.7 million new cases were reported in the last seven-day period, above previous highs, the World Health Organization (WHO) said in its latest coronavirus update published late Tuesday. **The number of deaths from the virus also increased – now for the sixth consecutive week - with more than 87,000 confirmed victims. All parts of the world reported falling numbers of infections, apart from Southeast Asia and Western Pacific regions.** And although Southeast Asia reported the highest increases in infections and deaths for the third week in a row, it was **India that accounted for the vast majority of cases, with 2.17 million new cases - a 52 per cent increase. ...”**

PS: figures for India are vastly undercounted, as you know... (see below for more on India)

See also Devex - [COVID-19 cases surge globally](#)

In Latin America, it's not much better. See NYT - [After a Year of Loss, South America Suffers Worst Death Tolls Yet](#). *"Last week, Latin America accounted for 35 percent of all coronavirus deaths in the world, despite having just 8 percent of the global population, according to data compiled by The New York Times...."*

Guardian - Global Covid jabs pass billion mark

<https://www.theguardian.com/world/2021/apr/25/global-covid-jabs-pass-billion-mark-as-indian-government-censors-critical-tweets>

A piece of good news from last weekend.

See also Nature News - [‘Unprecedented achievement’: who received the first billion COVID vaccinations?](#)

Reuters - Tedros denounces vaccine inequity as COVAX sharing scheme marks first year

[Reuters](#)

Last week on Friday, at the ACT-A anniversary event. Tedros was one of the only ‘partyoopers’, with this rather clear message.

"Coronavirus vaccines remain out of reach in the poorest countries, the head of the World Health Organization (WHO) said in a report on Friday, marking the first anniversary of the COVAX dose-sharing facility. "Nearly 900 million vaccine doses have been administered globally, but over 81% have gone to high- or upper middle-income countries, while low-income countries have received just 0.3%," WHO director-general Tedros Adhanom Ghebreyesus said about the ACT (Access to COVID-19 Tools) Accelerator set up a year ago...."

Cidrap News - India's COVID-19 crisis prompts global response

<https://www.cidrap.umn.edu/news-perspective/2021/04/indias-covid-19-crisis-prompts-global-response>

"Several countries over the weekend resoundingly answered India's pleas for help with its massive COVID-19 surge—the worst of the pandemic—including the United States, which announced it will supply a raw material India urgently needs to make its Covishield vaccine. In a related development, with India's production of the AstraZeneca/Oxford vaccine for the COVAX program sidelined to allow the country to take care of its own needs, the United States today announced that it will donate 60 million doses to the global vaccination effort...."

“... Maria Van Kerkhove, PhD, the WHO's technical lead for COVID-19, said India's nearly vertical trajectory, seen earlier in other countries, is astonishing and certainly an underestimate. The overall global situation is fragile, with populations in some countries unable to socially distance....”

“... In vaccine developments, WHO officials said the group's vaccine advisors will review the Moderna COVID-19 for emergency listing on Apr 30, according to Reuters. The group's approval would pave the way for broader distribution to lower-income countries. At today's WHO briefing, officials said they will also review two vaccines from China: Sinopharm, with a decision expected by the end of the week, and Sinovac, with a decision expected by the end of the following week....”

Guardian - WHO blames ‘perfect storm’ of factors for India Covid crisis

<https://www.theguardian.com/world/2021/apr/27/international-aid-arrives-in-india-to-combat-deadly-covid-crisis>

“Health body says mass gatherings, low vaccination rates and more contagious variants all to blame for surge in cases.”

Reuters – India's COVID-19 emergency is wake-up call to Africa -AU health chief

<https://www.reuters.com/world/india/indias-covid-19-emergency-is-wake-up-call-africa-au-health-chief-2021-04-29/>

“The raging state of the COVID-19 pandemic in India is a wake-up call for Africa that its governments and citizens must not let their guards down, the African Union's disease control agency warned on Thursday. African nations generally do not have sufficient numbers of health care workers, hospital beds, oxygen supplies, and the continent of 1.3 billion would be even more overwhelmed than India if cases surged in a similar way, said John Nkengasong, head of the Africa Centres for Disease Control and Prevention. Heeding public health guidance is critical in Africa at the moment because the continent's rollout of COVID-19 vaccines is hindered by the crisis in India, Nkengasong said....”

UN News - Key workers need greater protections amidst COVID fight, new ILO report warns

<https://news.un.org/en/story/2021/04/1090772>

“The COVID-19 pandemic has highlighted the workplace dangers faced by key workers who need far greater protection to do their jobs safely, the International Labour Organization (ILO) said on Tuesday. A new report by the ILO, released to mark World Day for Safety and Health at Work, found that 7,000 health workers have died since the outbreak of the crisis, while 136 million health and social care workers are at risk of contracting COVID-19 through work. The document, Anticipate, prepare and respond to crises. Invest now in resilient OSH (Occupation Safety and Health) systems, looks at how countries can minimize the risks for everyone in the workplace, in the event of future health emergencies....”

Other links:

AP - [US to share AstraZeneca shots with world after safety check](#)

FT - [EU to sue AstraZeneca over vaccine supply shortfall](#)

UN News - [UN providing equipment and supplies to help India fight rapid COVID-19 surge](#)

Covid science

Brazil Rejects the Gamaleya Vaccine

D Lowe - <https://blogs.sciencemag.org/pipeline/archives/2021/04/28/brazil-rejects-the-gamaleya-vaccine>

Worrying. In true “Putin style”, the Russians are going to sue them :) See Reuters - [Russian vaccine developer plans to sue Brazilian regulator for defamation.](#)

Links:

- Phys - [Nanobodies inhibit SARS-CoV-2 infection, including emergent variants](#)

On the potential use of alpaca 'nanobodies' to block COVID-19 infection.

- HPW - [Could A New COVID-19 Treatment Be The Answer To Combating The Pandemic In Africa?](#)

“ A new drug combination therapy to fight COVID-19, unveiled on Tuesday, will be tested in a multi-country clinical trial that is already ongoing in Africa. The drugs nitazoxanide and ciclesonide will be used in the [ANTICOV clinical trials](#) testing treatments for mild to moderate COVID cases across groups in 13 African countries. A consortium of 26 organizations of African research institutions and international health organizations is conducting the trials, which is coordinated by the Geneva-based Drugs for Neglected Diseases initiative (DNDi) – a non-profit research and development organization. The [ANTICOV clinical trials, launched in November 2020,](#) are the largest such trials in Africa testing remedies for people with mild COVID-19 disease....”

See also **Devex** - [Africa's largest clinical trial for early stage COVID-19 drugs launches.](#)

Covid vaccine access

HPW – China May Become World’s Biggest Vaccine Supplier As India Defaults On Global Deliveries

<https://healthpolicy-watch.news/china-may-become-worlds-biggest-vaccine-supplier/>

“As India restricts COVID-19 vaccine exports to address its domestic surge, the World Health Organization (WHO) is poised to give the Chinese vaccine, Sinopharm, emergency use listing (EUL) this week – potentially catapulting China into becoming the biggest global supplier of COVID-19 vaccines for low- and middle-income countries (LMIC). However, Sinopharm is reported to be one of the most expensive vaccines on the market, with the most recently reported price \$36 a dose paid by Hungary – in comparison to \$2.15 for AstraZeneca. ... Global vaccine alliance Gavi, on behalf of the COVAX Facility, confirmed to Health Policy Watch on Thursday that it is “in dialogue with several manufacturers, including Sinopharm, to expand and diversify the portfolio further and secure access to additional doses for Facility participants. We will provide updates on any new deals in due course.”

On Covax & dose-sharing: *“Berkley also said that COVAX was “in early days on discussions on dose sharing”. ... A Gavi spokesperson explained to Health Policy Watch that dose-sharing can happen “through the transfer of vaccine doses purchased by self-financing participants to the COVAX AMC economies, as pioneered by Norway and followed by New Zealand, or by donating own doses purchased for domestic consumption to COVAX AMC economies, in line with the recent French announcement”.*

The China Africa Project - China, Africa and the Fast-Changing Geopolitics of Vaccines

<https://chinaafricaproject.com/2021/04/26/china-africa-and-the-fast-changing-geopolitics-of-vaccines/>

“Public health authorities across Africa are scrambling to find new sources of vaccines now that the supply of jabs they had been counting on from the global Covax alliance has all but come to a halt due to the unfolding disaster in India. Most African countries expected to receive tens of millions of doses manufactured by Indian companies. But now that New Delhi has halted all exports, African officials have no other choice but to look elsewhere — and in many cases, that’s leading them to Chinese and Russian suppliers. So far, Covax’s vaccine distribution has failed to meet the needs of developing countries with just 43.4 million doses spread thinly across 119 countries.... While Washington is refusing to ship vaccines overseas, Chinese vaccine manufacturing output is steadily rising — both Sinopharm and Sinovac now say they are capable of producing at least 2 billion doses this year alone. It’s entirely possible that the Chinese will be positioned to fill the supply gap in 2021 for a number of developing countries. We’re already starting to see this happen as Egypt, Indonesia, and the African Union, among others, are beginning to shift their buys from Covax/AstraZeneca to Chinese providers. There’s no doubt this trend will intensify in the weeks ahead, given the current supply constraints in India, the European Union, and Africa...”

See also **NYT** - [Africa's already slow vaccine drive is threatened as supplies from a stricken India are halted](#). (24 April, on some of the latest vaccine trends in SSA)

FT - China plots regional influence push as India battles Covid crisis

[China plots regional influence push as India battles Covid crisis | Financial Times \(ft.com\)](#)

"Beijing promises vaccines and medical aid to neighbours as rival's death toll tops 200,000." Re countries like **Nepal, Sri Lanka, Pakistan & Bangladesh**.

Guardian - Global faith leaders call for drug firms to vaccinate world against Covid

<https://www.theguardian.com/world/2021/apr/27/global-faith-leaders-call-for-drug-firms-to-vaccinate-world-against-covid>

*"Faith leaders are calling on states and pharmaceutical companies to produce and distribute enough vaccines to immunise the entire global population against Covid-19, saying there is a "moral obligation" to reach everyone. Almost 150 religious leaders from around the world – including Rowan Williams, the former archbishop of Canterbury, Thabo Makgoba, the Anglican archbishop of Cape Town, and Cardinal Peter Turkson of the Roman Catholic church – are urging an end to vaccine nationalism. The Dalai Lama is also supporting the campaign. **They want leaders at next month's G7 meeting to commit to taking all necessary steps to ensure a global programme of vaccination as "a global common good"**"* In conjunction with **the People's Vaccine Alliance**.

NYT (Editorial) - The World Needs Many More Coronavirus Vaccines

<https://www.nytimes.com/2021/04/24/opinion/covid-vaccines-poor-countries.html>

Do read what the **NYT Editorial Board** suggests. Includes the temporary Trips waiver.

NYT - I Run the W.H.O., and I Know That Rich Countries Must Make a Choice

Dr Tedros; <https://www.nytimes.com/cdn.ampproject.org/c/s/www.nytimes.com/2021/04/22/opinion/who-covid-vaccines.amp.html>

"If they keep their vaccine promises, the pandemic can end." Hard-hitting piece from dr. Tedros himself, end of last week.

Reuters - WHO expects decision on two Chinese COVID-19 vaccines in next two weeks

[Reuters](#);

"The World Health Organization expects to decide whether to give emergency approval for China's two main COVID-19 vaccines in the next two weeks, Assistant Director-General Mariângela Batista Galvão Simão told a briefing on Monday. Simao said the WHO could decide on a vaccine made by

Sinopharm by the end of this week, and one made by Sinovac Biotech by the end of next week.... An emergency listing from the WHO is an indication to national regulators of a shot's safety and efficacy, and would allow the Chinese vaccines to be included in COVAX, the global programme to provide vaccines mainly for poor countries....”

FT- To vanquish Covid the world must get better at sharing

Ellen 't Hoen; [To vanquish Covid the world must get better at sharing | Financial Times \(ft.com\)](#)

“Pharmaceutical companies should temporarily surrender IP and expertise for the good of humanity.”

“During a global health crisis, political leaders should not have to beg industry to share their IP and production knowhow. ...”

't Hoen goes back in history (with penicillin) and how knowledge was exchanged back then.

“Mechanisms for sharing IP and knowledge, such as the WHO’s C-tap and the Medicines Patent Pool, need to be made fully operational and properly funded. Governments should incentivise Covid-19 vaccine companies to help make these mechanisms work. If companies refuse to collaborate voluntarily, governments must use the power they have to ensure that vaccines are produced at scale and in different regions of the world for as long as is needed. The pandemic treaty, to be discussed at the upcoming World Health Assembly in May, would be a good place to co-ordinate the effort...”

FT - Critical oxygen shortage underlines severity of India’s Covid crisis

[Critical oxygen shortage underlines severity of India’s Covid crisis | Financial Times \(ft.com\)](#)

“India now has the worst oxygen crisis in the world,” said Leith Greenslade, co-ordinator of the Every Breath Counts Coalition, which advocates for improved oxygen provision. She argued governments should have established an international funding mechanism for oxygen similar to the WHO-backed Covax scheme for equitable vaccine distribution. “We didn’t get ahead of this,” she said. “The international community was so focused on vaccines and diagnostic tests, they’ve missed oxygen.” ...”

HPW – Stop ‘Hoarding’ Vaccines In Warehouses – WHO’s Top Latin American Official Calls On Rich Countries For More Donations

<https://healthpolicy-watch.news/stop-hoarding-vaccines-in-warehouses/>

“While aid is rushed to India, WHO’s Pan American Health Organization (PAHO) has called out rich countries to donate more “desperately needed” coronavirus vaccines to Latin America and the Caribbean – in the face of persistently high levels of COVID-19 infections in that region, too, which has consistently been one of the hardest hit by the pandemic...”

Lancet pre-print - The Cost of Procuring and Delivering COVID-19 Vaccines in Low- and Middle-Income Countries: A Model of Projected Resource Needs

M M Diab et al ; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3824690

*“...We estimated a total cost of US\$74 billion to reach vaccine herd immunity in LMICs. Of this total, 67% (US\$50 billion) is for vaccine procurement, 33% (US\$24 billion) is for vaccine delivery, 6% (US\$4.2 billion) is to vaccinate high-risk populations, and 0.6% (US\$0.46 billion) is to vaccinate healthcare workers. Twenty percent of LMICs have a price tag that is at least 10 times their baseline annual immunization spending. Interpretation: **COVID-19 vaccination will have a major impact on LMIC national healthcare budgets. Substantial investments by governments and donors are needed for vaccine procurement and vaccine delivery infrastructure....**”*

Via Politico Global Pulse - The most promising coronavirus vaccine you've never heard of

<https://www.politico.com/news/2021/04/27/novavax-coronavirus-vaccine-484731>

“The vaccine from Novavax has similar efficacy rates against the coronavirus as Pfizer and Moderna, and – unlike those companies – Novavax has pledged just over 1 billion doses to the global vaccine equity effort COVAX, [Sarah Owerhohle and I report](#). “I think Novavax is very much poised to take its place and produce enough vaccines to be part of our toolkit in the United States and globally,” said Lawrence Gostin, a global health law professor at Georgetown University....”

Economist (Daily Chart) – Vaccine diplomacy boosts Russia’s and China’s global standing

<https://www.economist.com/graphic-detail/2021/04/29/vaccine-diplomacy-boosts-russias-and-chinas-global-standing>

*“...A [report](#) published on April 28th by the Economist Intelligence Unit (EIU), a sister company of The Economist, shows how the two countries are filling a “vaccine vacuum” by helping poor economies secure doses. ... The EIU estimates that the Russian government intends to send shots to around 70 countries, mostly in Asia, eastern Europe and Latin America. By April 22nd China had distributed or planned to export vaccines to around 90 countries (see map). In comparison, the rich world—notably, America and the EU—are providing little, and COVAX, a global vaccine-sharing initiative, is hampered by India’s recent restrictions on vaccine exports.... To ensure they gain a foothold in places where Western influence is declining, **both China and Russia are setting up vaccine-production facilities abroad and training local workers...**”*

And some links:

- Fiercepharma - [Nearing a COVID-19 vaccine approval in China, Fosun gears up to launch BioNTech shot: report](#)

“China’s approval of the mRNA COVID-19 vaccine developed by BioNTech appears likely within the next few months and, thanks to a deal made between the biotech and China’s Fosun Pharma, the shot will be ready for production and distribution almost immediately, a source told Global Times....”

- National Herald - [Free, quick and universal vaccination alone can cope with the public health crisis](#)

Cfr tweet Rob Yates: *“India selling vaccines through the private sector is violating the principles of universal health coverage.”*

- ABC - [In Africa, vaccine hesitancy adds to slow rollout of doses](#)
- Nature World View - [COVID vaccines: time to confront anti-vax aggression](#) (by Peter Hotez)

Quote: *“Many people in Africa are tapping into anti-vaccine messaging. A rumour-tracking program from the analytics company Novetta in McLean, Virginia, finds that Russia specifically targets African countries to discredit Western vaccines in favour of its own Sputnik V. US-based anti-vaccine groups invoke colonialism and eugenics. Now, tens of thousands of vaccine doses are going unused. Anti-vaccine disinformation has turned reasonable questions and concerns over rare side effects into conspiracy worries, exaggerated fears, and outrage at being treated like ‘guinea pigs’....”*

Covid analysis

CGD (blog) - The International Community Has One Job: Getting COVID-19 Under Control

Amanda Glassman & Rachel Silverman ; https://www.cgdev.org/blog/international-community-has-one-job-getting-covid-19-under-control#disqus_thread

We liked the tone of this piece.

*“... Enough. We cannot continue business as usual. **Until this crisis is over—and over everywhere—exiting the COVID-19 mass casualty event must be the singular focus of the international community.** No other international meetings or fundraising efforts; no “recovery” from COVID-19 amidst a deepening crisis; no “post-COVID” positioning and turf wars; no post-mortems while the body count is still accumulating. No more using COVID-19 to highlight your pet issues and other global challenges (no matter how valid or important they may be), if doing so distracts from the core task of ending the pandemic. No more ideological posturing or moral self-righteousness divorced from practical reality. Instead, we need a definitive, coordinated, and dedicated all-hands-on-deck response to COVID-19. ... We have seen calls for solidarity and kindness fall on deaf ears—it is time to stop hoping or pretending that this will be enough. **What’s really need is concerted action, dedicated financing, and a pact among nations to finally deal with COVID-19. An ambitious climate summit was held this week; how could we not have held the COVID-19 response summit first? You have one job.**”*

Telegraph - Mystery shrouds growth in Covid cases in young people

[Telegraph;](#)

“Younger people seem to be harder hit by recent Covid-19 waves around the world. But is it due to sheer numbers or new variants?” With a number of hypotheses.

BMJ GH (blog) - Men and COVID-19: where’s the policy?

Peter Baker et al; <https://blogs.bmj.com/bmjgh/2021/04/24/men-and-covid-19/>

*“...There is a **clear and urgent need for gendered policy responses** (to Covid-19 and beyond) to ensure that the specific needs of men, women and people of diverse genders are not overlooked... “*

BMJ GH (Commentary) - Reimagining global health systems for the 21st century: lessons from the COVID-19 pandemic

Yibeltal Assefa et al ; <https://gh.bmj.com/content/6/4/e004882>

*“... **the pandemic demonstrates that the world needs a strong global health system now more than ever.** The aspiration to build a strong global health system can be realised with a **paradigm shift from nationalism and self-reliance to multilateralism, shared responsibility, and mutual accountability among countries and regions.** A strong global health system requires technical awareness and political will towards universal health coverage and health security at national, regional and global levels, including the richest and most powerful countries. Countries (individually and collectively) should have a coherent and context-specific national strategy, build the capacity of their health systems, minimise fragmentation, improve governance and tackle upstream structural issues, including socioeconomic inequities....”*

The Diplomat – India’s Public Health Collapse Is a Ticking Time Bomb for the Whole Region

<https://thediplomat.com/2021/04/indias-public-health-collapse-is-a-ticking-time-bomb-for-the-whole-region/>

*“The failure of the Modi government **may spell disaster for the COVID-19 recovery of India’s neighbors.**”*

Bloomberg - Covid Resilience Ranking: The Best and Worst Places to Be as Variants Outpace Vaccinations

<https://www.bloomberg.com/graphics/covid-resilience-ranking/>

Update as of 26 April. *“... if there’s one lesson from April, it’s that vaccination alone isn’t ending the pandemic. ...”*

Bloomberg’s Covid Resilience Ranking is a snapshot of how the pandemic is playing out in 53 major economies. Singapore tops the list now. **Latin America, South Asia and parts of Europe have fallen behind in Covid recovery.**

HPW – Mass Gatherings – Neglected Factor In COVID Surges Seen In India, Pakistan and Neighbours

<https://healthpolicy-watch.news/cultural-religious-gatherings-as-a-contributing-factor-of-covid-19-in-four-asian-countries/>

“Pakistan and its three estranged neighbouring countries – India, Iran and Afghanistan – are all struggling to restrain their large populations from attending deep rooted and centuries old cultural, religious festivals to curb the spread of COVID-19 in the region....”

Health Systems Strengthening Accelerator - COVID-19 collaborative focuses on citizens' compliance to public health measures, data use, and integration of data systems

C Ezenwafor et al ; <https://www.acceleratehss.org/2021/01/25/covid-19-collaborative-focuses-on-citizens-compliance-to-public-health-measures-data-use-and-integration-of-data-systems/>

*“On December 19, 2020, 30 participants from eight countries – **Bahrain, Bangladesh, Ethiopia, Indonesia, Kenya, Mongolia, Nigeria, and Senegal** – convened for the kickoff meeting of the [National Coordination of Multi-sectoral and Multi-level Pandemic Response learning collaborative](#), facilitated by the Accelerator and the [Joint Learning Network for Universal Health Coverage \(JLN\)](#). Participants were drawn from the national Covid-19 response units in each country with representatives from the Ministries of health, education, finance, transportation, tourism, civil aviation, and social security. This blog summarizes deliberations from their first cross-country exchange on the topics of **citizens' compliance to public health measures and data use and integration of data systems....”***

Economist – Long Covid: And now for the aftershock

<https://www.economist.com/leaders/2021/05/01/health-care-and-workplaces-must-adjust-for-long-covid>

“Evidence is mounting that long Covid is a real threat to global health.”

See also **the Economist Briefing** on [Post-Covid syndrome](#).

Covid impact on other global health programs & health systems

WHO - COVID-19 continues to disrupt essential health services in 90% of countries

<https://www.who.int/news/item/23-04-2021-covid-19-continues-to-disrupt-essential-health-services-in-90-of-countries#.YIK9Wa9kqbs.twitter>

*“The second round of a World Health Organization “pulse survey“ reveals that over one year into the COVID-19 pandemic, substantial disruptions persist, with **about 90% of countries still reporting one or more disruptions to essential health services, marking no substantial global change since the first survey conducted in the summer of 2020. Within countries, however, the magnitude and extent of disruptions has generally decreased.** In 2020, countries reported that, on average, about half of essential health services were disrupted. In the first 3 months of 2021, however, they reported progress, with just over one third of services now being disrupted....”*

Devex - ‘Pressure building’ on routine vaccine manufacturing, says WHO official

<https://www.devex.com/news/pressure-building-on-routine-vaccine-manufacturing-says-who-official-99736>

“There is “pressure building” on the manufacturing capacity for these vaccines, but (WHO’s) O’Brien said, “it is not at a point where we are expecting that there will be vaccine shortages or vaccine stock outs at this point.”...”

AMR

UN News - UN meeting calls for more action, less talk, on antimicrobial resistance

<https://www.cidrap.umn.edu/news-perspective/2021/04/un-meeting-calls-more-action-less-talk-antimicrobial-resistance>

*“Global health officials, scientists, members of nongovernmental organizations, and leaders from United Nations (UN) member states met today to reaffirm their commitment to tackling antimicrobial resistance (AMR). The **High-Level Interactive Dialogue on AMR**, originally scheduled for April 2020 but postponed due to the COVID-19 pandemic, comes **5 years after the UN General Assembly held a high-level meeting to address AMR.** While today's meeting partially focused on the progress that has been made since then, the major theme was that both the global community and individual countries have not done enough to slow the spread of AMR nor mitigate its threat to human and animal health and food safety and security. ... “*

*“...The meeting concluded with the presentation of a **“Call to Action” on AMR** that was agreed to by UN member states beforehand. Among the **actions listed in the document**, member states agreed to keep AMR high on the political agenda, accelerate implementation of previous commitments, strengthen political leadership and coordination, encourage all member states to have multisectoral AMR action plans, and make AMR an integral part of pandemic preparedness. The document also calls for ongoing evaluation of global and national AMR commitments....”*

HIV

As a [reminder](#): *“**The High-Level Meeting on AIDS** will take place between 8 and 10 June 2021. The high-level meeting will review the progress made in reducing the impact of HIV since the last United Nations General Assembly high-level meeting on HIV and AIDS in 2016 and the General*

Assembly expects to **adopt a new political declaration** to guide the future direction of the response. ...”

UNAIDS - Report of the UN Secretary-General on the Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS (Seventy-fifth session of the General Assembly) 31 March 2021 - A/75/836

<https://hlm2021aids.unaids.org/sg-report/>

“The present report, submitted pursuant to General Assembly resolution 70/266, provides information on progress achieved towards the commitments made in the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030....”

UHC

With quite some new papers.

Globalization & Health - How has sustainable development goals declaration influenced health financing reforms for universal health coverage at the country level? A scoping review of literature

W D Odoch et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00703-6>

*“...The sustainable development goals (SDG) declaration provides a global political commitment context that can influence HFR for UHC at national level. However, how the declaration has influenced HFR discourse at the national level and how ministries of health and other stakeholders are using the declaration to influence reforms towards UHC have not been explored. **This review was conducted to provide information and lessons on how SDG declaration can influence health financing reforms for UHC based on countries experiences....”***

*“...The SDG declaration has provided an enabling environment for putting in place necessary legislations, reforming health financing organization, and revisions of national health policies to align to the country’s commitment on UHC. However, there is limited information on the process; how health ministries and other stakeholders have used SDG declaration to advocate, lobby, and engage various constituencies to support HFR for UHC. **The SDG declaration can be a catalyst for health financing reform, providing reference for necessary legislations and policies for financing UHC.** However, to facilitate better cross-country learning on how SDG declaration catalyzes HFR for UHC there, is need to examine the processes of how stakeholders have used the declaration as window of opportunity to accelerate reforms.”*

BMJ GH (Commentary) - Adaptive health technology assessment to facilitate priority setting in low- and middle-income countries

C Nemzoff et al ; <https://gh.bmj.com/content/6/4/e004549>

*“There is a growing appetite for health technology assessment (HTA) in low-and middle-income countries (LMICs) to better inform healthcare priority setting. However, LMICs are sometimes constrained by limited capacity, data, time and priority setting governance structures to carry out HTA. **LMICs may benefit from adaptive HTA (aHTA), which we define as a broad term for HTA methods and processes which are fit-for-purpose and focus on context-specific practicality constraints.** aHTA can leverage or adapt available international data, economic evaluations, models and/or decisions from the published literature or established HTA agencies to inform policy decisions, while accounting for uncertainty considerations. aHTA should be pragmatic, though still informed by key HTA principles such as transparency, independence, consultation and contestability.”*

BMJ GH - Examining the level and inequality in health insurance coverage in 36 sub-Saharan African countries

E Barasa et al ; <https://gh.bmj.com/content/6/4/e004712>

*“Low/middle-income countries (LMICs) in sub-Saharan Africa (SSA) are increasingly turning to public contributory health insurance as a mechanism for removing financial barriers to access and extending financial risk protection to the population. Against this backdrop, **we assessed the level and inequality of population coverage of existing health insurance schemes in 36 SSA countries....”***

Conclusion: *“Coverage of health insurance in SSA is low and pro-rich. The four countries that had health insurance coverage levels greater than 20% were all characterised by substantial funding from tax revenues. The other study countries featured predominantly voluntary mechanisms. In a context of high informality of labour markets, **SSA and other LMICs should rethink the role of voluntary contributory health insurance and instead embrace tax funding as a sustainable and feasible mechanism for mobilising resources for the health sector.**”*

Globalization & Health - Analyzing efforts to synergize the global health agenda of universal health coverage, health security and health promotion: a case-study from Ethiopia

A W Tadesse et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00702-7>

*“Evidence exists about **synergies among universal health coverage, health security and health promotion.** Uniting these three global agendas has brought success to the country’s health sector. **This study aimed to document the efforts Ethiopia has made to apply nationally synergistic approaches uniting these three global health agendas.** Our study is **part of the Lancet Commission on synergies between these global agendas....”***

“...Several approaches were found to be instrumental in fostering synergies within the global health agenda. These included strong political and technical leadership within the government, transparent coordination, and engagement of stakeholders in the process of priority setting and annual resource mapping. Furthermore, harmonization and alignment of the national strategic plan

with international commitments, joint financial arrangements with stakeholders and standing partnership platforms facilitated efforts for synergy.”

IRC report – Equitable Access to Health Services: Lessons for Integrating Displaced Populations into National Health Systems

<https://www.rescue.org/report/equitable-access-health-services-lessons-integrating-displaced-populations-national-health?edme=true>

“The [new study released today](#) by the IRC examines the challenges – and best practices – of integrating refugees into national health systems. The study outlines case studies from Jordan, Bangladesh and Chad and provides concrete recommendations for advancing inclusive health programs and policies that address the unique needs of vulnerable populations. ...”

With 4 overarching recommendations: financial, structural & legal, political, & communal.

Global Health Action - Shifting the focus to functioning: essential for achieving Sustainable Development Goal 3, inclusive Universal Health Coverage and supporting COVID-19 survivors

D Boggs et al ; <https://www.tandfonline.com/doi/full/10.1080/16549716.2021.1903214>

*“If Sustainable Developmental Goal 3 and Universal Health Coverage are to be achieved, **functioning is a third health indicator which must be assessed and integrated into global health population-based metrics alongside mortality and morbidity.** In this paper, we define **functioning** according to the **International Classification of Functioning, Disability and Health (ICF)** and present why functioning is important to measure, especially when considering the need for, and outcome of, rehabilitation and assistive technology. ...”*

Decolonize Global Health

New Journal – Plos Global Public Health

<https://journals.plos.org/globalpublichealth/>

*“**PLOS Global Public Health** is a global forum for public health research that reaches across disciplines and regional boundaries to address some of the biggest health challenges and inequities facing our society today.-- We will work alongside researchers to drive diversity at all levels—editors, editorial boards, peer reviewers and authors—to broaden the range of perspectives we learn from to advance the health of all humankind...”* Open soon for submissions.

Editors-in-chief: **Catherine Kyobutungi & Madhukar Pai.**

Tweet Julia Robinson (editor):

“For @PLOGPH we are working on a non-APC-based model specifically designed for a broader profile of global institutions, including those in LMICs and those with smaller, or no, publishing history with @PLOS . We'll talk more about the model when the journal opens for submissions!”

Lancet Correspondence - What the ODA cuts mean for us

L Richter et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00786-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00786-8/fulltext)

“The outcry about Official Development Assistance (ODA) budget cuts from research institutions, scientific societies, and concerned groups in the UK is heartening. All acknowledge the damage the cuts will do to progress and implementation of life-saving and health-promoting programmes. Many are concerned that the cuts will damage the UK's reputation as a global funder and major contributor to science and human development, and that the cuts could strain collaborations between UK scientists and their colleagues in Development Assistance Committee (DAC) countries. From the perspective of partners in DAC countries, both are true. Largely missing from the outrage is recognition of the direct economic and social damage the cuts might do to research institutions, scientists, civil society groups, government programmes, and the people in low-income countries who ODA research funding intends to benefit...”

The effects of the cuts could be mitigated in three ways, they argue.

Tweet Sanjoy Bhattacharya

“In all the doom & gloom due to Indian news, I have to say I am so proud of our colleague @SassyMolyneux , who has been awarded a @wellcometrust international exchange grant to bring many inspirational scholars together to consider the decolonisation of global health research.”

Some other news of the week

AP – UN calls on countries to take action to prevent drowning

<https://www.startribune.com/un-calls-on-countries-to-take-action-to-prevent-drowning/600051339/>

“The U.N. General Assembly encouraged all countries Wednesday to take action to prevent drownings, which have caused over 2.5 million deaths in the past decade, over 90% of them in low-income and middle-income countries. The resolution, co-sponsored by Bangladesh and Ireland and adopted by consensus by the 193-member world body, is the first to focus on drowning. It establishes July 25 as “World Drowning Prevention Day.”...”

Systems thinking to improve health in the European region

<https://redcap.ki.se/redcap/surveys/?s=JFAWF7NKJ3>

Systems thinking to improve public health: The WHO Alliance for Health Policy and Systems Research along with a group of institutions are commencing the co-design of the Systems Thinking Accelerator (SYSTAC). Take the survey.

“SYSTAC will be a community for systems thinkers to engage, connect and collaborate so that we elevate the field of systems thinking to improve health and leave no one behind. SYSTAC will be a global community-of-practice, with a focus on practitioners in health systems in low- and middle-income countries....” With a focus on Europe, though, it seems.

Some papers and reports of the week

Global Fund - 2020 Technical Review Panel Lessons Learned

https://www.theglobalfund.org/media/10771/trp_2020-lessonslearned_report_en.pdf

With Lessons Learned from Allocation Funding Requests, and Lessons Learned from Strategic Initiatives.

Wellcome (report) - Equitable access to health technologies: lessons from Covid-19

<https://wellcome.org/reports/equitable-access-health-technologies-lessons-covid-19>

*“The Covid-19 pandemic has highlighted how much work remains to be done to address global inequities in accessing health technologies such as vaccines, treatments and diagnostic tests. **This paper builds on our [equitable access report from 2020](#)** by returning to some of the key access challenges we outlined previously, reflecting on how they have been addressed during the pandemic, and highlighting areas where more action is needed. ...”*

BMJ GH - Factors associated with the disbursements of development assistance for health in low-income and middle-income countries, 2002–2017

M Moitra, A Micah et al ; <https://gh.bmj.com/content/6/4/e004858>

*“In 2017, development assistance for health (DAH) comprised 5.3% of total health spending in low-income countries. Despite the key role DAH plays in global health-spending, little is known about the characteristics of assistance that may be associated with committed assistance that is actually disbursed. **In this analysis, we examine associations between these characteristics and disbursement of committed assistance.** ... **Factors that were associated with a higher disbursement rates include off-budget aid ($p<0.001$), lower administrative expenses ($p<0.01$), lower perceived corruption in recipient country ($p<0.001$), lower fragility in recipient country ($p<0.05$) and higher GDPpc ($p<0.05$)....”***

SS&M - Recent scientific/intellectual movements in biomedicine

L Au; <https://www.sciencedirect.com/science/article/pii/S0277953621002823?dgcid=author>

« ***This study compares the trajectories of recent scientific/intellectual movements (SIMs) in biomedicine: evidence-based medicine, translational medicine, precision medicine, personalized medicine, stratified medicine, and genomic medicine. Drawing on bibliometric analysis of these six SIMs, this study identifies three patterns: field integration, niche creation, and disruptive insurgence....***”

IJHPM - Introduction to the Special Issue on “Analysing the Politics of Health Policy Change in Low- and Middle-Income Countries: The HPA Fellowship Programme 2017-2019”

Lucy Gilson et al ;

https://www.ijhpm.com/article_4039.html?utm_source=dlvr.it&utm_medium=twitter

“***This special issue presents a set of seven Health Policy Analysis (HPA) papers that offer new perspectives on health policy decision-making and implementation. They present primary empirical work from four countries in Asia and Africa, as well as reviews of literature about a wider range of low- and middle-income country (LMIC) experience....***”

Cambridge University Press - Operationalizing the Ethical Review of Global Health Policy and Systems Research: A Proposed Checklist

A Rattani & A Hyder ; [Cambridge University Press](#) ;

“...There has been growing consensus to develop relevant guidance to improve the ethical review of global health policy and systems research (HPSR) and address the current absence of formal ethics guidance.... ***Our group has been engaged in concerted efforts to operationalize the ethical review of HPSR through (1) a series of international workshops and surveys eliciting expert opinion, (2) scoping and systematic reviews, (3) numerous publications, and more recently as (4) contributors to a benchmark report published by the World Health Organization (Box 1). We aim to summarize the knowledge on HPSR ethics to date (with a focus on the most salient ethical issues of HPSR in LMICs) in the form of a practical checklist for use by researchers and RECs. In addition, we provide a summary of each component of this inaugural checklist and review it alongside a case study to better elucidate its application....***”

Health Policy Open - Health policy triangle framework: Narrative review of the recent literature

G O'Brien et al ; <https://www.sciencedirect.com/science/article/pii/S2590229620300149>

« ***In 1994, the health policy triangle was first described in the literature. Its generalisable nature allows for analysis of many diverse health-related topics. In recent years, its utilisation in low and middle-income countries has increased....***”

« *This review identified that the types of health policies analysed were almost all positioned at national or international level and primarily concerned public health issues. Given its generalisable nature, future research that applies the HPT framework to smaller scale health policy decisions investigated at local and regional levels, could be beneficial.* »

Some blogs of the week

HSG (blog) - Financing the commons: Now more than ever

A Earle, S Sparkes, J Kutzin et al; <https://healthsystemsglobal.org/news/financing-the-commons-now-more-than-ever/>

“Population-based functions that require public financing are essential for the COVID-19 response.”

“...The Sixth Global Symposium on Health Systems Research (HSR2020) provided an opportunity for Dr Grace Achungura, Ms Alexandra Earle, Mr Joseph Kutzin, Dr Awad Mataria, Mr Tolbert Nyenswah, Dr David Peters, Dr Agnès Soucat, Dr Susan Sparkes, and Dr Gavin Yamey – all policymakers, policy advisors, practitioners, and academics who have been involved in building this agenda – to update financing priorities in light of the current crisis. This blog summarizes the key priorities discussed during the organized session titled ‘Financing the Commons: Now More than Ever’...”

UHC 2030 - COVID-19 and the health workforce: Six lessons - A blog from the Global Health Workforce Network

<https://www.uhc2030.org/blog-news-events/uhc2030-blog/covid-19-and-the-health-workforce-six-lessons-555473/>

“Over a year into the pandemic, what are the major lessons that we have learned about its impact on health workers? and how can we best mobilize the health workforce to respond to priorities and shortages during emergencies?..”

“...The [Global Health Workforce Network’s Health Labour Market Hub](#) is developing around 30 Country Case Studies from Africa and Latin America to assess the effect of COVID-19 on health workers, and the policy responses that have been introduced. If you are interested in this topic please [join the Health Labour Market hub](#)....”

Some tweets of the week

Katri Bertram

*“My twitter [#globalhealth](#) [#Covid19](#) feed makes depressing reading this week. **Politics:** [#VaccineNationalism](#) continued **Business:** Focus on profit, not people Most **multilaterals/academics/CSOs:** Above fund our organisations, let's tone down our advocacy messaging for [#peoplesvaccine](#).”*

Hyo Yoon Kang

"IP academics replicating pharma lobby arguments uncritically are implicating themselves in prolonging the pandemic. We can agree to disagree, but repeating the same points without sufficient evidence and scholarly references is low quality scholarship."

"Wish we would see the same urgency for scaling up of vaccine production, as for vaccine development that we felt at the same time last year."

Seye Abimbola

"I often wonder if we should reverse the direction of inclusion; if pulling the periphery onto 'global platforms' is inherently and inevitably elitist. Maybe the 'global elite' should seek to be included in the periphery? Maybe we should consider the other direction of inclusion."

Prashanth NS

"broken #HealthSystems is reality for countless poor & vulnerable communities (a fair majority by numbers) decades before #COVID19India; just that "WE" purchased our "VIP"ness all through and were detached from the reality...till stark realities came to our very own doorstep; #UHC."

Mishal Khan

(with a similar tweet) *"Indeed people notice the "health system collapse" when it can't serve the rich as they'd like. When it is chronically dysfunctional in serving the poor, few care."*

Re this tweet from **Dr Soumitra Pathare**

"Seen a lot of bleating by privileged Indian Twitterati abt how "the system has collapsed" with Covid. A reminder that the system collapsed long ago for those who needed it most - the vulnerable, disabled, minorities & poor. You are noticing it now bcoz your pants r on."

L Gostin

"It's a bitter irony: India was going to be the vaccine engine for the world. Now it desperately needs doses itself. This pandemic spares no one. We need to maintain stringent safety protocols. We need billions of vaccine doses. We need equity & justice."

Githinji Gitahi

"Africa is not just watching India; this is a window into what Africa may be waiting for & urgent POLICY action is needed to scale up OXYGEN & VACCINATION."

Catherine Kyobutungi

(reflecting on the global solidarity vs India as of last weekend)

“My fellow Africans, I can say without fear that if the predicted Covid19 tsunami had hit the continent as predicted, we would've been on our own. If a catastrophic wave hits the continent, we'll be on our own, caught between clueless politicians and an uncaring global community.”

Ngozi Okonjo-Iweala

“It's time for @wto members to sit down together and craft a pragmatic approach to vaccine equity - Including resolution of the TRIPS waiver request, coupled with incentives to protect research and innovation.”

Zain Rizvi

“WHO says it has received ~50 expressions of interest for mRNA technology transfer hub. Most from countries looking to establish capacity. 10 from manufacturers, but none from companies with any clinical data (i.e., Moderna, Pfizer, Curevac are all MIA so far).”

Global governance of health

WHO - Members of WHO's new Science Council have been announced

<https://www.who.int/groups/science-council>

The Science Council was established in April 2021. Check out the functions.

Chair will be **Harold Varmus**. First meeting of the Science Council took place on 27 April.

D+C - China is offering alternatives to IMF programmes

J Sundquist; <https://www.dandc.eu/en/article/why-it-may-be-good-thing-chinese-lending-reducing-clout-imf>

“Chinese lending is reducing the clout of the IMF. That may be a good thing.”

Action Against AIDS, Germany : In Focus – Global health security discourse & Covid-19

https://www.aids-kampagne.de/sites/default/files/in_focus_covid-19_global_health_security_discourse.pdf

Discussion paper. *“Towards aligning public health measures with human rights and contemporary approaches to health promotion.”*

Devex - Samantha Power confirmed as 19th USAID administrator

<https://www.devex.com/news/samantha-power-confirmed-as-19th-usaid-administrator-99786>

“The U.S. Senate voted 68 to 26 to confirm Samantha Power as administrator of the [U.S. Agency for International Development](#) on Wednesday, cementing her appointment as President Joe Biden’s top global development official...”

UHC

Global Public Health - Pandemic momentum for health systems financialisation: Under the cloaks of Universal Health Coverage

A L Cabello; <https://www.tandfonline.com/doi/full/10.1080/17441692.2021.1919736>

*“Although a highly ambiguous and contested idea, Universal Health Coverage (UHC) is the hegemonic concept in international debates on health system reforms. **States’ difficulties to provide adequate and comprehensive response to people’s health needs arising from the COVID-19 pandemic strengthened the impetus for UHC implementation.** But while featured as the way to achieve justice in health, **analyses of UHC-kind reform experiences since the 1990s show that it may be comprehended rather as a new facet of neoliberalism in the health policies’ arena.** Its insurance arrangements are aimed to finance packages of health goods and services for the poor, while states play mainly a role of public funds administrators, buying from public and private providers competing in the market. UHC contributes to health system fragmentation and segmentation, weakens public structures and opens new markets for corporations to capture public funds. **COVID-19 pandemic subjected health systems to unforeseen stress, underscoring the crucial role that a well-funded public health system plays in people’s lives. Assessing pandemic’s challenges may be an opportunity to build more egalitarian health systems, based on dignity and not people’s money.** However, the **unreflecting adoption of technocratic health paradigms and solutions may, instead, ultimately pave the way for further health financialisation and injustice.**”*

Development Policy Review - Payment-by-results for health interventions in low- and middle-income countries: A critical review

M Duvendack; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.12538>

“The article presents a critical review of PbR for health interventions, aiming to draw out lessons about the implementation and impact of PbR in international development programmes....”

Links:

Health Systems & Reform - [Reducing Financial Barriers for Households Due to COVID-19: The Case in India](#)

Devex - [2 decades on, Nigeria falls short of landmark health pledge](#)

Planetary health

Science – Global policy for assisted colonization of species

<https://science.sciencemag.org/content/372/6541/456>

*“Negotiations in advance of the 15th meeting of the Conference of the Parties to the Convention on Biological Diversity (CBD) in October 2021 will set the course of international conservation for the next several decades, providing a critical opportunity to harmonize policy and set priorities for species conservation and climate change adaptation. The CBD is the **foundational intergovernmental agreement on biodiversity conservation** and drives both government actions and donor priorities. However, the treaty itself and its existing strategic framework (the “Aichi targets”) were agreed on some time ago (1992 and 2010, respectively) and so need to match advances in knowledge and evidence on the immediate and devastating impacts of climate change. Over just the past few years, the frequency and severity of extreme weather events have accelerated. By one recent estimate, one-third of species may now have an increased risk of extinction from climate change.”*

Carbon Tracker - The Sky's the Limit: Solar and wind energy potential is 100 times as much as global energy demand

<https://carbontracker.org/reports/the-skys-the-limit-solar-wind/>

“Solar and wind potential is far higher than that of fossil fuels and can meet global energy demand many times over, unlocking huge benefits for society. With current technology and in a subset of available locations we can capture at least 6,700 PWh p.a. from solar and wind, which is more than 100 times global energy demand....”

Global Policy Journal - Special Issue - Governing Climate-altering Approaches

<https://www.globalpolicyjournal.com/journal-issue/special-issue-governing-climate-altering-approaches>

*“While awareness of the global climate emergency is growing, so too are greenhouse gas emissions and a persistent gap remains between international commitments and the 1.5–2°C goal of the Paris Agreement. **Additional climate-altering approaches are being considered to reduce atmospheric concentrations of carbon dioxide (carbon dioxide removal) or the amount of absorbed solar energy in the climate system (solar radiation modification)** but they face multiple uncertainties and knowledge gaps relating to their feasibility, acceptability, sustainability and governance. **This special issue presents new insights relating to the governance of climate-altering approaches together with possible ways to address knowledge and governance gaps in future.**”*

Guardian - Global alliance for phasing out coal not fit for purpose, says NGO

<https://www.theguardian.com/environment/2021/apr/27/global-alliance-coal-not-fit-for-purpose-ngo>

“An attempt by the UK government to encourage countries and businesses around the world to quit coal for power generation is failing to make an impact, and in danger of being used as “greenwash”, an assessment has found. The Powering Past Coal Alliance, led by the UK and Canada, with 111 members including 24 governments, local governments and businesses, is a key plank of Boris Johnson’s strategy for vital UN climate talks to be hosted in Glasgow in November....”

And a link:

Lancet Planetary Health - [Sand and dust storms in Asia: a call for global cooperation on climate change](#)

Infectious diseases & NTDs

Lancet HIV - UNAIDS strategy aligns HIV priorities with development goals

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(21\)00075-8/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(21)00075-8/fulltext)

*“...At the core of the new strategy is a **gentle pivot away from HIV exceptionalism**. ...”*

Lancet Infectious Diseases – May issue

[https://www.thelancet.com/journals/laninf/issue/vol21no5/PIIS1473-3099\(21\)X0005-9](https://www.thelancet.com/journals/laninf/issue/vol21no5/PIIS1473-3099(21)X0005-9)

Make sure you check out at least:

- **The Editorial** - [“In an ocean of ashes, islands of order”: WHO's SARS-CoV-2 origin report](#)
- **Newsdesk** - [CEPI prepares for future pandemics and epidemics](#)

“On March 10, 2021, the Coalition for Epidemic Preparedness Innovations launched a US\$3.5 billion plan to reduce the risk of future pandemics and epidemics. Udani Samarasekera reports....”

“... At the end of March, as part of its new strategy, CEPI issued a \$200 million call for proposals for development of vaccines against new emerging variants of SARS-CoV-2 and variants of concern. ... The call for proposals also includes funding for new broadly protective betacoronavirus vaccines candidates, with a view to developing a vaccine that could protect against coronaviruses SARS-CoV, MERS-CoV, and SARS-CoV-2. ... CEPI also plans to progress its work on developing vaccines for known threats, such as chikungunya, Lassa virus, and Nipah virus. Heymann welcomes this news but thinks CEPI could have more of a One Health approach, considering both animal and human vaccines. “I think it's important that there be a One Health area in CEPI as well. In issues such as Lassa, it may be that a rodent vaccine would be more appropriate than a human vaccine”, he says.... ... One of the big moonshot ideas in CEPI's plan is to compress vaccine development timelines to

100 days.... ... CEPI also wants to produce a library of prototype vaccines against representative pathogens from critical viral families....”

Nature News - Malaria vaccine shows promise — now come tougher trials

<https://www.nature.com/articles/d41586-021-01096-7>

“Preliminary results suggest the vaccine is up to 77% effective in young children, but researchers await larger studies.”

AMR

Journal of Global Antimicrobial resistance - Status, challenges and gaps in antimicrobial resistance surveillance around the world

I Frost et al ; <https://www.sciencedirect.com/science/article/pii/S2213716521000825>

*« ... Developing and implementing facility, national and international surveillance platforms that consistently gather AMR data in real-time are essential first steps for quantifying the burden of AMR and assessing geographic and temporal trends. **Ongoing national and international efforts aimed at strengthening AMR surveillance systems include** the Global Antimicrobial Resistance and Use Surveillance System (GLASS), the Central Asian and European Surveillance of Antimicrobial Resistance (CAESAR), the European Antimicrobial Resistance Surveillance Network (EARS-Net), the Latin American Network for Antimicrobial Resistance Surveillance (ReLAVRA), industry-funded surveillance platforms and, more recently, the UK's Fleming Fund programme. However, **surveillance activities in low- and middle-income countries (LMICs) have been relatively slow-paced**, and even within high-income countries a One Health approach may not be fully adopted. **This paper reviews measures of AMR and antimicrobial consumption (AMC), existing surveillance platforms, and challenges that must be addressed to tackle AMR.** »*

Sexual & Reproductive / maternal, neonatal & child health

Link:

Global Health Action - [The global role, impact, and limitations of Community Health Workers \(CHWs\) in breast cancer screening: a scoping review and recommendations to promote health equity for all](#)

Access to medicines

FT - Covid crisis boosts India's trade in fake medicines

<https://www.ft.com/content/1bb3c839-d796-46f8-a2cd-519122a5908c>

"...As India is engulfed by a second wave of coronavirus infections, which is swamping big cities, its people have rushed to the black market to buy drugs for treatment. Neighbourhood WhatsApp groups in the capital city of New Delhi buzz with urgent pleas for sellers of everything from oxygen to remdesivir, an antiviral used in India to treat Covid-19...."

"India is also the world's leading producer of fake drugs, according to research by the OECD and the EU Intellectual Property Office...."

Miscellaneous

EFIP (Policy brief) - A Policy Matrix for Inclusive Prosperity

D Rodrik et al; <https://econfip.org/policy-briefs/a-policy-matrix-for-inclusive-prosperity/>

"In this paper we offer a simple, organizing framework to think about policies for inclusive prosperity. We provide a comprehensive taxonomy of policies, distinguishing among the types of inequality they address and the stages of the economy where the intervention takes place.... " It's a 3x3 matrix.

Extra Covid section

HPW - Countries That Aimed For COVID 'Elimination' Instead Of 'Mitigation' Fared Better In Pandemic

<https://healthpolicy-watch.news/countries-that-aimed-for-covid-elimination-instead-of-mitigation-fared-better-in-pandemic/>

*"A handful of five countries that forcefully acted to eliminate COVID-19 transmission fared better over the duration of the pandemic than others – experiencing far fewer deaths, faster economic recovery, and the preservation of a greater range of personal liberties, according to a sweeping review, published in The Lancet on Thursday. The [review of policies adopted by the 37 member states](#) of the Organisation for Economic Co-operation and Development (OECD) compared COVID-19 deaths, gross domestic product (GDP) growth/contraction, and severity of lockdown measures during the first year of the pandemic – which was declared in March 2020. **Countries that took the maximum action to curb community transmission and contain SARS-CoV2 – including Australia, Iceland, Japan, South Korea, and New Zealand** – had an average death rate that was 25 times lower than those countries that implemented restrictions in a more stepwise, targeted manner, according to the group of French, British and Spanish researchers. ..."*

See the Lancet - [SARS-CoV-2 elimination, not mitigation, creates best outcomes for health, the economy, and civil liberties](#) (by M Oliu-Barton, I Kickbusch, J Lazarus et al)

NYT - Millions Are Skipping Their Second Doses of Covid Vaccines

[NYT](#);

Piece focusing on the US. “Nearly 8 percent of those who got initial Pfizer or Moderna shots missed their second doses. State officials want to prevent the numbers from rising...” They ‘miss’ their second doses for a number of reasons.

Telegraph - Could the world be split into vaccine blocs? Global divisions loom, experts warn

<https://www.telegraph.co.uk/global-health/science-and-disease/could-world-split-vaccine-blocs-global-divisions-loom-experts/>

“Travel with vaccine passports could be undermined if the jab people receive dictates where they are welcome.”

World Development - COVID-19, Poverty and Inclusive Development

J Gupta et al ; <https://www.sciencedirect.com/science/article/abs/pii/S0305750X2100139X>

“... this paper addresses the question: What are the development challenges that the COVID-19 pandemic lays bare and what lessons can be learnt for the way recovery processes are designed? Using an inclusive development and DPSIR lens to assess the literature, our study finds that, first, the current response prioritises the ‘state’ and ‘impact’ concerns of wealthier classes at the expense of the remainder of the world population. Second, responses have ignored underlying ‘drivers’ and ‘pressures’, instead aiming at a quick recovery of the economy. Third, a return to business-as-usual using government funding will lead to a vicious cycle of further ecological degradation, socio-economic inequality and domestic abuse that assist in exacerbating the drivers of the pandemic. We argue instead for an inclusive development approach that leads to a virtuous cycle by emphasizing human health, well-being and ecosystem regeneration. We conclude that the lost years for development did not commence in 2020 with the onset of COVID-19; the downward trend has actually been waxing over the past three decades. From this perspective, COVID-19 may be the shock needed to put the last first and transform vicious into virtuous cycles of inclusive development.”

Foreign Affairs - The Vaccine Revolution

<https://www.foreignaffairs.com/articles/world/2021-04-20/vaccine-revolution>

“How mRNA Can Stop the Next Pandemic Before It Starts.” By some CEPI authors (including the CEO, R Hatchett)

Global Public Health - The feminist political economy of Covid-19: Capitalism, women, and work

J Cohen et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2021.1920044>

“Analysing the pandemic through a feminist political economy lens makes clear how gender, race, and class structures are crucial to the functioning of capitalism and to understanding the impacts of the pandemic. The way capital organises production and reproduction combines with structures of oppression, generating vulnerability among the racialised and gendered populations worst impacted by Covid-19. Using global data, this commentary shows that during the pandemic, women experienced relatively greater employment losses, were more likely to work in essential jobs, and experienced a greater reduction in income. Women were also doing more reproductive labour than men and were more likely to drop out of the labour force because of it. Analyses of capitalism in feminist political economy illustrate how capital accumulation depends on women's oppression in multiple, fundamental ways having to do with their paid and unpaid work. Women's work, and by extension their health, is the foundation upon which both production and social reproduction rely. Recognising the pandemic as endogenous to capitalism heightens the contradiction between a world shaped by the profit motive and the domestic and global requirements of public health.”

F2P blog - What do we know about Covid-related innovation in poor countries and should aid agencies get involved?

D Green; <https://oxfamblogs.org/fp2p/what-do-we-know-about-covid-related-innovation-in-poor-countries-and-should-aid-agencies-get-involved/>

“Ben [Ramalingam](#) and [Kumpf](#) have a thought-provoking [new paper](#) out on Covid-linked innovation in poor countries, and the lessons for aid donors. Here are some highlights, and a minor rant it inspired in me...”