

# IHP news 630 : On greed and a “pandemic inferno”

( 16 July 2021)

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

Dear Colleagues,

As we already hinted last week, **IHP is about to go on holidays**. We know, the pandemic doesn't “take holidays” (unfortunately), but we trust you'll get your updates via our colleagues from Global Health Now, Devex, [Geneva Health Files](#), HPW, FT health, ... not to mention the permanent thrill of Twitter (*my Twitter feed sometimes feels like a never-ending penalty shoot-out between England and Italy*). If all goes well, **IHP will be back on 20 August**, with ‘The Mother of all Comprehensive IHP Newsletters’, a ‘catch-up issue’.

Meanwhile, how has the world been faring this week? The **Delta variant**, in combination with the grotesque global vaccine inequity, is [fueling a “two-track pandemic”](#). Dr. Tedros updated his metaphors this week, accurately in my opinion. Long gone are the times when it was all about [‘global solidarity’](#) or ‘a global public good’ (Macron, Ursula et al); even ‘enlightened interest’ doesn't seem to entice most rich countries and Big Pharma boardrooms, and so on Monday Tedros used (at last) the “G-word”: **Greed**. “... *The world has evolved a “dangerous” two-tiered system of vaccinations, driven by greed instead of enlightened self-interest.*” I could see André Bourla (among others) gently nodding in the background. In sync with the climate emergency, Tedros also used “*a metaphor of a forest ablaze, reiterating that the world needs to put out the “pandemic inferno” in a united fashion, because hosing down just a part of it will reduce the flames in one area, but while it's smoldering everywhere, “sparks will eventually travel and grow again into a roaring furnace”.*” We're clearly increasingly in apocalyptic ‘Book of Revelation’ territory, with Covid-19 just being a warming up for what is to come.

Some people (especially scientists) seem to think that, as a way forward, we need an [“IPCC” for every wicked 21st century challenge](#). Although useful, doubt that will do the trick in time. Neither will some grand High-Level reports arguing for a [“Global deal for our pandemic age”](#) if they continue to “deal” with Davos economic elites (and more in general the winners of globalization) with soft gloves.

Speaking of which. The world was already thoroughly fed up with billionaires, from all I can tell, but with the ongoing **'space race'** amidst a pandemic wreaking massive health and socio-economic havoc around the world, I think Branson, Bezos et al are at last overplaying their hand. This will come back as a boomerang to the billionaire class. In the meantime, though, by doing what they do (as well as refuse to do), they are having an enormously destructive impact on the social fabric and contracts in countries all over the world, further enflaming resentment and rage on both the left and right side of the spectrum. I wonder whether they are even aware of that. Or maybe it's just not ‘their problem’ ?

More in general, though, against the backdrop of increasing societal ( and at least partly pandemic related) [turmoil](#) in a number of countries, and the climate emergency (now in plain sight from east to west and north to south), if we want to “[fix systems instead of people](#)”, we have to find a way to move beyond the economic system that (still) thrives on ‘greed’. Yes, you know which one. And we better figure it out [soon](#).

Enjoy your reading.

Kristof Decoster

## Featured Article

### On the arduous Covid-19 vaccination journey in the Kurdistan region of Iraq

**Goran Zangana** (IHP correspondent) & **Hawri M. Ameen Abdulkareem** (Specialist doctor in gynecology and obstetrics)

Most of the focus in the debate on COVID-19 vaccination has been on the global aspects so far. Global vaccine inequity, vaccine nationalism, rich countries failing to deliver on their [pledges](#) to the COVAX scheme, a lack of convincing G7 and [G20 commitments](#) (and donations) at one summit after another, tricky Trips waiver negotiations, recently also the global [discussion](#) on booster shots which could even further increase the inequity, ... If you keep an eye on the global health policy news, we trust you are acquainted with many of these debates and follow them closely. However, we know much less about the intricacies of the matter at local level. With that in mind, we will explore some of the issues related to COVID-19 vaccination in the Kurdistan region of Iraq (KRI) in this article.

Although the global aspects are of vital importance, it’s imperative that researchers, activists and other stakeholders also pay attention to local determinants of vaccine procurement, distribution and uptake. Such issues, in KRI for example, can offer important insights, including for some other settings.

Currently, the KRI is at the beginning of yet another [wave](#) of COVID-19. At the moment there are over 10000 active cases with more than 1500 new daily cases. By now, the overall death toll has reached more than 4500.

As of July 12<sup>th</sup>, 2021 the Ministry of Health in Kurdistan (MoH) had been able to vaccinate only 152,843 individuals. This represents 2.5% of the total KRI population of about 6 million. The number of people who received both doses of the vaccine is even lower.

With the high numbers of active cases and low vaccination rates, the “India scenario” is a very big worry in KRI as well, for the moment.

The main [source](#) of covid-19 vaccines has been the COVAX facility with coordination by WHO. Iraq and Kurdistan received the first doses of the AstraZeneca (AZ) vaccine as part of COVAX in March 2021, a second batch arrived in May. By the end of May, Iraq had received about [one million](#) AZ

doses through the COVAX facility with KRI's share determined through an agreement with the central government of Iraq. KRI also received five thousand doses of donated [Sinopharm](#) vaccine and purchased over 3,300 Pfizer vaccine doses.

Issues with vaccine procurement are exacerbated by local challenges for vaccine distribution and uptake.

Media outlets such as the [BBC](#) and [Iranian](#) news agencies have reported examples of Pfizer vaccine being smuggled from KRI to Iran. Some doses of the Pfizer vaccine were sold for thousands of US dollars.

Pre-existing social perceptions about the quality of goods produced in different countries have been reproduced about the vaccine in KRI. People here generally regard American products to be higher in quality compared to Chinese, Russian or even British goods. The Covid vaccines seem [no exception](#) with many preferring Pfizer over AstraZeneca and Sinopharm.

Gender dynamics have also affected vaccine uptake. More than two thirds of those who received the first dose of the vaccine were [males](#). Although these data related to Iraq, the same proportions likely apply in KRI.

Furthermore, political and personal connections played a role in access to the Covid-19 vaccine. Individuals with strong political and personal connections were able to receive the vaccine quicker and receive 'better' vaccines compared to others. Politically well-connected individuals posted social media messages boasting about receiving a Pfizer shot while others have been waiting for months to receive any kind of vaccine.

Finally, mistrust in the government in general, and the public health system in particular, is also a significant factor in KRI (just like in some other countries in the region). Against that backdrop, many people were (and are) [hesitant about vaccines as well as sceptical](#) that the government would be able to procure the covid-19 vaccine and distribute it relatively quickly.

In short, as the KRI vaccination story shows, introducing a vaccine to a country or a region will be affected by the existing social context (political, economic and cognitive) factors. Although global aspects play a key role in vaccine roll-out and inequities, without an in-depth understanding of local determinants of vaccine procurement, distribution and uptake the COVID-19 fight will likely continue for even longer than anticipated.

## Highlights of the week

### HLPF (on SDGs)– Ministerial segment

UN News - UN chief says race to reach SDGs 'can and must' be turned around

<https://news.un.org/en/story/2021/07/1095792>

***“The COVID pandemic has taken four million lives, devastated the global economy, pushed a further 124 million people into extreme poverty and continues to inflict profound suffering – dramatically impacting progress towards the Sustainable Development Goals (SDGs), the UN chief said on Tuesday at a key international forum. “Nearly one person in three around the world could not access adequate food in 2020 – an increase of nearly 320 million people in one year”, Secretary-General António Guterres told the Opening of the Ministerial Segment of the High-Level Political Forum on Sustainable Development (HLPF), the UN’s core review platform of the 2030 Agenda for Sustainable Development and its 17 SDGs. “***

***“... to end the pandemic and get the SDGs back on track, he called for decisive action in four key areas, beginning with global access to COVID-19 vaccines, tests, treatments and support. He stressed the need for “urgent, ambitious climate action, including on finance”, and thirdly, for investing in more equal and inclusive societies. Finally, he said development finance would underpin the cost of decisive action:...”***

## **IISD -Governments Lack Consensus on HLPF Outcome Document**

<http://sdg.iisd.org/news/governments-lack-consensus-on-hlpf-outcome-document/>

***“Despite a lack of consensus, the co-facilitators for the HLPF Ministerial Declaration have submitted the final draft to the ECOSOC President for consideration and submission for adoption on 15 July. ... The meeting will take place in a hybrid format so that delegations can attend in person, in case a vote is needed. The co-facilitators have indicated that delegations' views diverged on paragraphs related to climate change, the TRIPS waiver, health care services, financing and debt, biodiversity, and countries in special situations.”***

Link:

UN News - [‘Deeply negative impact’ of COVID pandemic, reverses SDG progress](#) *“Closing a key international development forum on Thursday, the deputy UN chief observed that a year of “immense challenges” has reversed progress on meeting the Sustainable Development Goals (SDGs).”*

See also [IISD](#): *“The Earth Negotiations Bulletin reports that, like in 2020, “the impact of COVID-19 on the 2030 Agenda for Sustainable Development and its SDGs, once again, loomed large,” and every session throughout the week sounded the “alarm of growing inequality.”*

## **G20 summit Finance ministers & central bank governors (11 July)**

Certainly not a breakthrough on global vaccine equity, this summit. Instead, the baton was passed on, again. We suggest a “World Leaders’ team” in Tokyo, for the relay race.

**FT - Expert panel urges G20 to raise \$75bn for future pandemics**

<https://www.ft.com/content/26b50912-fb21-4e07-8a96-56b069f9ad11>

Heavily anticipated report. **“World ‘completely unprepared’ for mass healthcare threats, report warns.”**

***“Governments need to spend at least \$75bn over five years in a global push to avert future pandemics, according to a report presented to finance ministers and central bankers from the G20 group of nations on Friday. A substantial increase in international funding for public health, on top of existing spending, will be essential to reset a “dangerously underfunded system”, the report warned. “We are completely unprepared. The system is set up to fail, and it will fail,” said Tharman Shanmugaratnam, Singapore’s former finance minister, who led the report together with former US Treasury Secretary Larry Summers and WTO director-general Ngozi Okonjo-Iweala...”***

***“... The report urged world leaders to commit \$10bn a year to a new Global Health Threats Fund that could support surveillance and research, and spur investments through public private philanthropic partnerships to ensure a rapid, global supply of vaccines, tests, treatments and personal protective equipment. ... There should also be a new governance arrangement, bringing together health and finance ministers and modelled on the Financial Stability Board that was set up after the global financial crisis. A further \$5bn a year would be used to strengthen the World Health Organization and channel funds for pandemic preparedness through the World Bank, IMF and regional lenders — which would be given a stronger mandate to invest in global public goods, such as health and climate...”***

- The report: [A Global Deal for our Pandemic Age. Report of the G20 High-Level Independent panel – Financing the Global Commons for Pandemic Preparedness and Response.](#)
- For a good quick summary of the take home messages of the report, see also CGD: [Now and Later: The Urgent Need for Smart Finance and Clear Governance on Pandemic Threats](#) (by M Ahmed & A Glassman)
- And via Devex: [G-20 panel call: \\$75B for pandemic prevention and preparedness](#)

***“... The financing is meant to improve infectious disease surveillance, make countries’ national health systems resilient to future crises, address supply and delivery issues regarding vaccines and other medical devices, and strengthen global health security governance. It doesn’t yet include other needed investments, such as containing antimicrobial resistance and building inclusive national health and delivery systems. ... The panel said the financing should be an add-on to existing resources for global health and development, calling any potential reallocation of multilateral and development aid resources to cover pandemic prevention and preparedness financing as “short-sighted” given the social and economic impact of COVID-19 in low- and lower-middle-income countries. ...”***

***“... According to a news release, the G-20 will be considering the panel’s report and proposals “in detail in the lead up to the Joint Finance and Health Ministers meeting in October.”***

## Official Communiqué G20

<https://www.g20.org/wp-content/uploads/2021/07/Communique-Third-G20-FMCBG-meeting-9-10-July-2021.pdf>

6 p. Cfr tweet Katri Bertram: “Not surprisingly, **no new #G20 commitments to end #Covid19**. But „**pass the baton**“ continues, as G20 Finance Ministers again task Health Ministers to figure out what to do in October...”

## Reuters - G20 to push for more vaccine sharing, but no firm commitment

[Reuters](#);

Analysis ahead of the G20 summit, based on a leaked draft of the communiqué. “Ministers remain determined to bring the pandemic under control “everywhere as soon as possible”, the document says. But the **G20 does not make any new firm commitment on donations of vaccines and financial support to ... [ACT-A]**. .... Ministers are set to agree that the WHO's programme, known as Access to COVID-19 Tools Accelerator (ACT-A), is a key tool to combat the pandemic. ... **In documents shared before the meeting with the G20 presidency, which is currently held by Italy, the WHO said that the ACT-A still needs nearly \$17 billion to meet its targets for this year**, which is about half of its original request. **Most of the money is needed for the supply of COVID-19 tests and personal protective equipment, such as face masks, to poorer nations, the documents seen by Reuters say. Almost all the money requested for vaccine procurement has now been pledged...**”

“... **G20 nations have been asked to contribute \$27 billion to the funding of ACT-A, of which 51% has already been pledged**, one of the WHO documents says. The requests were calculated based on the G20 member states' economic power, but the pledges vary significantly. Germany, Canada and Saudi Arabia have already offered more than they were asked for. The United States, Britain and Italy have pledged around two-thirds of what was requested, but France has so far promised only 25% of what it was asked for, while China and Russia have made no financial commitment at all....”

## Devex - How the COVID-19 response fared at the G-20

<https://www.devex.com/news/how-the-covid-19-response-fared-at-the-g-20-100358>

**Overall analysis.** “When finance ministers and central bankers from the G-20 group of nations met last week, they came to **agreement on a number of global financial issues, including debt relief and a fiscal response to COVID-19**. But some global development advocates say they **fell short on committing to improving coronavirus vaccine distribution....**”

“... **There was some progress on debt relief, including G-20 support for a new \$650 billion issuance of Special Drawing Rights by IMF**. The group, however, stopped short of matching the **commitment** by the G-7 major industrial nations that wealthier countries reallocate \$100 billion in SDRs to their lower-income counterparts. **The communiqué also included additional language about private sector participation in debt relief**, which has been considered a challenge in negotiations to resolve debt issues related to the post-pandemic recovery. And for those reading closely, **other language around COVID-19 relief in the statement appeared promising**, LeCompte said. To date, **G-20 efforts to respond to the pandemic** — notably the Debt Service Suspension Initiative and the Common Framework for Debt Treatments Beyond the DSSI — have been limited to low-income countries. Development advocates, civil society organizations, and struggling middle-income countries have been pushing the G-20 and other global organizations, including IMF, to broaden the group of countries eligible for support. **The communiqué several times refers to supporting “vulnerable” countries rather than just those that are low-income, potentially opening**

***the door to expand programs to some middle-income nations that have been hit especially hard by the pandemic....”***

## **FT - G20 economy ministers endorse global tax deal**

<https://www.ft.com/content/1613a3bd-cf4c-4ce9-b427-e7dc0a15382f>

“October meeting will work on fixing minimum tax rate and how profits will be allocated between countries.”

***“The world’s largest economies have thrown their weight behind a global tax reform deal that would impose a minimum levy on multinational corporations, ramping up pressure on a small number of holdout countries to sign up to the agreement. G20 economy ministers and central bankers meeting in Venice on Saturday issued a joint communique endorsing the tax deal, which was agreed by G7 nations last month and backed by 130 countries at talks hosted by the OECD in Paris earlier this month. .... The communique said that the deal was “a historic agreement on a more stable and fairer international tax architecture” and the G20 invited “all members of the OECD . . . that have not yet joined the agreement to do so”.***

*“... Janet Yellen, US treasury secretary, said that the G20 would try to bring small holdout countries, which include Ireland and Hungary, towards accepting the agreement but this was not essential to moving forward. “It’s not essential that every country be on board,” she said. .... . **The next steps for the October G20 meeting will be to fix a globally agreed minimum tax rate and work out how shares of profits from taxation will be allocated between countries.** Eight countries, including Ireland, Barbados, Hungary and Estonia, have held off on agreeing the 15 per cent minimum levy, which is backed by the US, China, India and most EU countries. Other holdouts include Sri Lanka, Nigeria, Kenya and St Vincent & the Grenadines....”*

See also **the Guardian** - [G20 backs crackdown on multinationals’ use of tax havens](#)

PS: As mentioned last week, the ‘global tax deal’ is not without its critics, many coming from LMICs.

## **Other Global health governance & financing news/papers**

### **BBC - Overseas aid: MPs fail in bid to reverse spending cut**

<https://www.bbc.com/news/uk-politics-57826111>

***“The UK government has fended off an attempt by MPs to force it to reverse its cut to spending on overseas aid. The House of Commons voted by a majority of 35 to keep the budget for international development at 0.5% of national income. But several Tory MPs joined Labour and other parties in an attempt to reinstate the 0.7% figure in place until earlier this year....”***

### **Devex - Government aid motion spells end of 0.7% target, experts say**

<https://www.devex.com/news/government-aid-motion-spells-end-of-0-7-target-experts-say-100363>

Published ahead of the vote. ***“The United Kingdom government’s aid spending plans would effectively spell the end of the legally enshrined target of spending 0.7% of gross national income on aid indefinitely, according to economists.*** Members of Parliament [are] voting on Tuesday on whether to approve a government motion on development assistance spending, which would create economic requirements that would need to be met before the Treasury would restore the 0.7% target. If MPs were to reject the government’s motion, aid spending would return to 0.7% in January, but a statement from Chancellor Rishi Sunak warned this would have “likely consequences for the fiscal situation, including for taxation and current public spending plans.” ***Sunak’s statement, published on Monday, finally outlined the meaning of the much-repeated but undefined government line that 0.7% aid spending would be restored “when the fiscal situation allows.”*** The criteria will be when the government is “not borrowing for day-to-day spending and underlying debt is falling” according to the statement....”

See also Devex - [After Parliament vote, 0.7% UK aid target out of reach for years](#)

(after the vote): ***“Politicians in the United Kingdom have voted against restoring the country’s 0.7% aid budget next year and instead passed a motion that economists say effectively ends the government’s commitment to the target. ... Members of Parliament voted 333-298 to pass a surprise government motion — published just one day in advance — which specified an end to the commitment to spending 0.7% of gross national income on aid until certain fiscal conditions are met.”***

**Guardian - Global philanthropists pledge £94m to cover UK foreign aid cuts**

<https://www.theguardian.com/global-development/2021/jul/11/global-philanthropists-pledge-94m-to-cover-uk-foreign-aid-cuts>

***“A group of global philanthropists, including Bill Gates, have pledged £93.5m to help cover the shortfall left by the UK government’s cuts to foreign aid. After the government cut funding by about a third in the autumn spending review, many “critical” projects have stalled or been put at risk. The consortium, according to the Sunday Times, said they did not want to see drugs wasted because health projects had been forced to close down. The philanthropists, including the Bill and Melinda Gates Foundation, the Children’s Investment Fund Foundation, the ELMA Foundation and the Open Society Foundations, are picking up some, but not all, of the bill for these projects....”***

**WHO - Meeting report of the Working Group on Sustainable Financing ( on 3<sup>rd</sup> meeting: 23-35 June)**

[https://apps.who.int/gb/wgsf/pdf\\_files/wgsf3/WGSF\\_3\\_3-en.pdf](https://apps.who.int/gb/wgsf/pdf_files/wgsf3/WGSF_3_3-en.pdf)

Among others: “... ***The Working Group agreed to transmit the following five questions to the Member States of the Regional Committees for their consideration:*** (i) Do the Member States share the view that WHO’s base segment of the programme budget should be at least 50% funded by ACs in order to ensure integrity and safeguard the independence of WHO? (ii) Do the Member States share the view of the IPPPR ( Independent Panel for Pandemic Preparedness and Response ) that the entire base budget should be fully funded by unearmarked flexible contributions? (iii) Would Member States support the Seventy-fifth World Health Assembly agreeing on the way forward for AC increase and adopting an incremental implementation schedule? (iv) Do the Member States agree to explore the IPPPR recommendation for a replenishment model to cover the remaining part of the base

segment of the programme budget both by Member States and non-State actors? (v) What are the best practices and lessons learned for prioritization in the regions?...”

## Politico – The WHO’s other crisis of confidence

<https://www.politico.com/newsletters/global-pulse/2021/07/15/the-whos-other-crisis-of-confidence-493577>

“Hit by doubts over its early response to the coronavirus pandemic, **the world’s leading health body is confronting another crisis of confidence – over its handling of sex abuse claims.** More than 70 women in the Democratic Republic of Congo said aid workers, including some with the World Health Organization, offered them jobs in exchange for sex during the response to Ebola outbreaks in the country between 2018 and 2020. **WHO director-general Tedros Adhanom Ghebreyesus expressed outrage over the allegations when they were reported by The New Humanitarian and the Thomson Reuters Foundation.** But an investigation by The Associated Press found other senior managers knew of the allegations in 2019. **The WHO faces demands from member countries to quickly investigate. An independent commission is expected to issue a report next month.** Tedros, who is up for reelection next year, has said the allegations undermine trust in WHO and threaten its critical work. A spokesperson for the WHO declined to comment, citing the upcoming report....”

“...**Gaya Gamhewage, a Sri Lankan doctor who was recently tapped to lead the WHO’s efforts to prevent sexual exploitation and abuse.** Gamhewage, a 20-year veteran of the organization, told Global Pulse she’s **working to improve coordination within the WHO’s massive bureaucracy, procedures to prevent and respond to sexual abuse, and ensure there are people overseeing those efforts everywhere the WHO is responding.** Deployed staff have to undergo United Nations’s training before departing. **The plan is also to have one-on-one WHO training for everyone responding to a health emergency, from drivers to cooks to clinicians.** This has begun in some places, but staffing up those efforts has been a challenge, Gamhewage said....”

## Devex - Gates CEO promises geographic, gender diversity among new trustees

<https://www.devex.com/news/gates-ceo-promises-geographic-gender-diversity-among-new-trustees-100341>

“**Bill & Melinda Gates Foundation CEO Mark Suzman said Friday that the foundation will prioritize geographic and gender diversity when selecting new trustees.** However, he still did not say how many trustees would be joining co-chairs Bill Gates and Melinda French Gates at its helm next year.”

“... **Suzman used Friday’s briefing with subscribers of the Gates Foundation’s newsletter, The Optimist, to offer reassurances about the foundation’s stability.** .... **The foundation’s fundamental focus and priorities remain the same despite recent changes that include the Gateses’ divorce and Buffett’s departure.** .... **Suzman said the Gateses had assured him that their goal was to remain co-chairs of the foundation “long into the future.”** And he added that the two, along with Buffett, “have been urging us to stay very focused on our current work but at the same time have agreed to a number of steps to try and ensure our long-term sustainability as a foundation.” ... **Those ongoing priorities include** working with the international COVAX initiative to deliver 2 billion COVID-19 vaccine doses to lower-income countries this year, as well as helping the Africa Centres for Disease Control and Prevention, the African Union, and individual nations on the continent respond to the pandemic, he said. The foundation also remains committed to its long-standing mission of addressing

diseases such as malaria, tuberculosis, and HIV, as well as to goals around education and gender equality, he said....”

## The Nation - Meet MacKenzie Scott, Our New Good Billionaire

Tim Schwab; <https://www.thenation.com/article/economy/mackenzie-scott-billionaire-philanthropy/>

By investigative journalist Tim Schwab. *“She may be Jeff Bezos’s ex-wife, but is Scott really the kind of billionaire we can trust?”*

*“With Bill Gates’s reputation as our leading philanthropist imperiled by high-profile allegations of inappropriate behavior toward women, fellow billionaire MacKenzie Scott may be taking over the mantle as our new “good billionaire”—the super-rich model citizen whose charitable beneficence justifies the existence of the billionaire class. ...”*

There are *“... financial conflicts in her charitable model—or [questions] about the powerful and opaque role that professional consultants play in guiding how her vast wealth is distributed....”*

*... Scott’s funding of these groups—what might be called the philanthropy-industrial complex—effectively expands the institutional power of Big Philanthropy, which is also expanding her own influence. And she is doing this at the same time that her personal wealth is expanding....”*

Still, having divorced from Jeff Bezos (I quote a female researcher on Twitter: currently involved in a space “dickswinging contest”) gives one credit, I’d say, and certainly allows one ‘the benefit of the doubt’ 😊.

## I.M.F. Board Backs \$650 Billion Aid Plan to Help Poor Countries - The New York Times

<https://www.nytimes.com/2021/07/09/us/politics/g20-imf-vaccines.html>

*“The International Monetary Fund said on Friday that its executive board approved a plan to issue \$650 billion worth of reserve funds, essentially creating money that troubled countries can use to purchase vaccines, finance health care and pay down debt. The new allocation of so-called Special Drawing Rights would be the largest such expansion of currency reserves in the I.M.F.’s history. If given final approval by the I.M.F.’s board of governors, as is expected, the reserves could become available by the end of next month. “This is a shot in the arm for the world,” Kristalina Georgieva, managing director of the I.M.F., said in a statement. “The S.D.R. allocation will help every I.M.F. member country — particularly vulnerable countries — and strengthen their response to the Covid-19 crisis. ....”*

PS: The expansion of emergency reserves to help fund vaccines and pay down debt has emerged as a political flash point in the United States.

See IMF - [IMF Managing Director Kristalina Georgieva Welcomes the Executive Board’s Backing of for a New US\\$650 Billion SDR Allocation](#)

## UN News - UNICEF chief Henrietta Fore resigns ‘with a heavy heart’

<https://news.un.org/en/story/2021/07/1095812>

*“The head of the UN Children’s Fund, Henrietta Fore, announced her resignation on Tuesday, in order to devote herself fulltime to caring for her husband, who is suffering from what she described as a serious health issue....”*

*“... She said she would continue in the top job until the end of the Executive Board cycle this year and the opening of the UN General Assembly in September, and will remain “until my successor has been chosen”. She added that in the meantime, she would continue to lead on developing the agency’s Strategic Plan, and also focus on countries’ access to COVID-19 vaccines; to help the safe return to classrooms across the world; “and further accelerate our work in both humanitarian and development contexts”, to ensure a “bright future for every child.”...”*

## Reuters - Biden nominates surgeon, author Atul Gawande to senior job at USAID

<https://www.reuters.com/world/us/biden-nominate-surgeon-author-atul-gawande-senior-job-usaid-2021-07-13/>

*“U.S. President Joe Biden on Tuesday nominated writer, surgeon and public health expert Atul Gawande to lead global health development at the U.S. Agency for International Development, including for COVID-19, the White House said.”*

In other USAID news - [USAID to push localization, counter China's influence, Power says](#) (Devex)

*“The U.S. Agency for International Development will look to work with more local partners and better support them as part of an effort to make the agency more effective, capable, and nimble, the agency’s administrator Samantha Power said at two congressional hearings Wednesday....”*

## Katri Bertram - Covid19: Germany can become a game changer on global vaccines – or remain a veto player

<https://katribertam.wordpress.com/2021/07/05/covid19-germany-can-become-a-game-changer-on-global-vaccines-or-remain-a-veto-player/>

Related to Merkel’s US visit. *“In September 2021, Germans will vote for a new government – and a new Chancellor after nearly 16 years of being led by Angela Merkel. Merkel, who has been a strong global health proponent, investing in multilateral health and taking a strong stance on tackling the Ebola epidemics, is faltering on the global Covid19 pandemic. What needs to change and what does Chancellor Merkel need to do immediately, so that Germany does justice to the call to take a stronger global health leadership role – and does not become a new veto player?...”*

Quote: *“Germany has, in effect, become a veto player on Covid19 vaccines for low-income countries.”*

## Pandemic treaty & other Global Health Security news

### NEJM (Perspective) - Averting Future Vaccine Injustice

S Moon et al; <https://www.nejm.org/doi/full/10.1056/NEJMp2107528>

Among others, on what a future “pandemic treaty” should do.

Concluding: *“In 2013, governments rejected the chance to advance a WHO treaty establishing an international public fund for medicines R&D and rules making the resulting technology openly accessible. We should not lose the opportunity now to craft international laws that would make future pandemic vaccines available to all as global public goods and avert a repeat of the ethical, epidemiologic, and economic catastrophe that is unfolding today.”*

### Geneva Health Files – Countries to discuss the need for a pandemic treaty

[Geneva Health Files](#);

**“Member states ... kick-start discussions in an inter-governmental working group beginning this week.”**

**“First Meeting Of The Working Group On Strengthening WHO Preparedness And Response To Health Emergencies: 15-16 July: ... Backed by a [WHO Resolution WHA74.7](#), the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, will meet this week to examine the needs for an international legal instrument to address future pandemics. These efforts will reportedly be [led](#) by a Bureau with representation from France, the U.S., Botswana, Singapore, Iraq and Indonesia. ...**

**“... Sources familiar with the discussions tell us that the *working group will have two different groups - one to deliberate on the potential legal instrument, and the other on strengthening WHO. ...*”**

Do read the whole article, for prospects and current stances of countries on the idea of a ‘pandemic treaty’.

### TWN - Proposal for a WHO treaty on pandemics raises concerns

N Ramakrishnan & K M Gopakumar;

<https://twm.my/title2/books/pdf/Proposal%20for%20a%20WHO%20treaty.finaledited.pdf>

27 p. *“...This Policy Brief critically analyses the option of a new pandemic treaty or other international legal instrument to enhance the pandemic preparedness and response. Part I provides an account of the origin of the idea of the pandemic treaty. Part II examines whether there is any legal vacuum which prevents the needed pandemic preparedness and response. Part III deals with the fragmentation of international health response and raises the concern that the new treaty will exacerbate fragmentation instead of consolidating the response. Part IV explains what to expect from the new treaty and the major process-related issues involved in the new pandemic treaty*

negotiations. *This Policy Brief argues that instead of developing a new international instrument it is better to strengthen or amend the existing IHR.*”

And see also TWN - [WHO: Working Group to hold discussions on pandemic treaty possibility](#)

Analysis ahead of the first meeting. *“The WHO Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (Working Group) is tasked to examine the possibilities of developing a new international instrument on pandemic preparedness and response. The first meeting of the Working Group will take place on 15-16 July at the WHO Headquarters in Geneva....”* A (critical) look ahead.

### **Journal of Law, Medicine & Ethics - Developing an Innovative Pandemic Treaty to Advance Global Health Security**

L Gostin, B M Meier & B Stocking; [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3887059](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3887059)

*“...This column explores the potential processes for, and content of, a prospective pandemic treaty, offering guidance on its key elements and legal grounding. Recognizing stark failures in global governance during the COVID-19 pandemic, this new treaty is intended to clarify state obligations to prevent, detect, and respond to pandemic threats and to strengthen WHO powers. The treaty, therefore, should develop strong norms, governance, and compliance mechanisms needed to prepare for novel outbreaks with pandemic potential.”*

### **CGD – World Leaders: It is Time for New Global Funding to Keep the World Safer from Pandemics**

A Glassman et al; [https://www.cgdev.org/blog/world-leaders-it-time-new-global-funding-keep-world-safer-pandemics#disqus\\_thread](https://www.cgdev.org/blog/world-leaders-it-time-new-global-funding-keep-world-safer-pandemics#disqus_thread)

*“This past weekend, the High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response delivered a stark warning in its report to the G20 Finance Ministers and Central Bank Governors meeting in Venice: With the near certainty of an even more deadly and costly pandemic than COVID-19 occurring within the next decade, the clock is ticking to ramp up investments in international preparedness. A central feature of the Panel’s recommendations: **Create a Global Health Threats Fund** that can provide at least US\$10 billion annually to international institutions and to low- and middle-income countries (LMICs) governments, among others, to bolster the world’s capacity to prevent, detect, and rapidly respond to pandemics. ...*

*“Our message to all these leaders: It is time to move beyond the talk and commit to an action plan to **establish and robustly finance a new Fund by the end of the year....”***

Glassman et al see **5 imperatives** for such a Fund.

## Trips Waiver negotiations

### Geneva Health Files - Countries wrestle with regulatory data, trade secrets and tech transfer: TRIPS Waiver discussions at WTO

[Geneva Health Files:](#)

Last week Friday's Deep Dive. Quotes:

*"What seems increasingly likely is that WTO members may be able to reach a kind of consensus that may necessarily mean compromise on all sides. Such a compromise will reveal itself in the months to come, if not in the weeks ahead....." "In our comprehensive story this week, we have tried to map emerging issues that countries are discussing in the TRIPS Waiver negotiations at the WTO. While some elements are key to the original proposal, others are more tactical which can decisively change the direction of these discussions. ... .. As countries get deeper into discussions on how a potential waiver of certain obligations of the TRIPS agreement can be implemented, they are **beginning to engage with the question on how the implementation of such a proposal can look like at the national level.** ... .. Even as a small group of countries including the EU, UK, Switzerland, among others continue to remain entrenched in their positions, unconvinced that a temporary suspension of intellectual property rules will help address the pandemic effectively, **in general, the WTO membership continues to clarify certain questions in the on-going negotiations unfolding at the bilateral level and in wider consultations over the last few weeks.**"*

*"Countries have also been addressing specific elements including the ways to improve access to regulatory data, trade secrets during these past few days. **Enabling technology transfer** is also emerging as a significant issue among members as they find ways to boost production to address current shortages in the production of medical products for COVID-19. .... Countries are now discussing what measures can be taken to enable technology transfer in the context of the waiver...."*

*"... Next informal TRIPS Council Meeting July 14, and formal meeting on July 20. General Council meeting on July 27-28 to take up report on the waiver proposal. Countries need to agree on the text of such a report."*

### University of Kent - Over 100 International IP Academics Sign An Open Academic Letter in Support of the TRIPS Waiver

<https://research.kent.ac.uk/socril/ip-scholarship-trips-waiver/>

*"Over 100 international IP academics have supported an open academic statement co-authored by [Dr Hyo Yoon Kang](#) (Kent Law School), [Dr Siva Thambisetty](#) (LSE), [Dr Aisling Macmahon](#) (Maynooth), [Dr Luke McDonagh](#) (LSE) and [Prof Graham Dutfield](#) (Leeds) which provides academic justification and support for the TRIPS Waiver proposal that is currently being negotiated at the World Trade Organisation."*

*"The letter calls on the governments of the United Kingdom of Great Britain and Northern Ireland, Australia, Brazil, Japan, Norway, Switzerland and the European Union to drop their opposition to the TRIPS Waiver proposal at the World Trade Organisation and to support the waiver. **The letter states that the TRIPS waiver is a necessary and proportionate legal measure towards the clearing of existing intellectual property barriers in order to scale up of production of COVID-19 vaccines and***

**therapeutics.** It provides concise legal, political and moral justifications for the need for the Waiver as an **integral part of a multi-pronged approach that must also include: global co-ordination of supply chains; streamlining regulatory approval processes and sharing exclusive data from regulatory dossiers; and investment in the WHO's C-TAP and the mRNA technology transfer hub in South Africa.** It argues that the TRIPS waiver will facilitate the technical resilience of lower- and middle-income countries in view of present and future pandemic action and preparedness. This is in line with the commitment in the TRIPS Agreement to balance the rights of IP holders in high-income countries with the promise of technology transfer to lower- and middle-income countries."

## Health Affairs (blog) – America And The TRIPS Waiver: You Can Talk The Talk, But Will You Walk The Walk?

V Gupta et al; <https://www.healthaffairs.org/doi/10.1377/hblog20210712.248782/full/>

With focus on the EU & US in these negotiations.

Concluding :

**"... the EU has mooted the Draft Declaration to divert attention from and [delay text-based negotiations on the waiver proposal](#). By submitting its Draft Declaration, which is considered a proposal on par with that of the India-South Africa waiver proposal, **the EU is aiming to delay text-based negotiations.** Negotiations will take much longer given that the WTO TRIPS Council now has to discuss this counter proposal, too. Additionally, one might argue that **the EU's Draft Declaration is, in fact, not a proposal at all, given that it gives no new policy recommendations and is only a reiteration of the existing TRIPS flexibilities.**"**

**"... Against this backdrop, the US should take a proactive role to check the diversionary tactics of the EU and facilitate the adoption of the India-South Africa waiver proposal. By not taking action, the US Trade Representative's office (USTR) is supporting the EU (and a handful of other countries) in preventing the WTO from delivering the most useful and rational solution to addressing the shortage of COVID-19-related health products and technologies. The EU's diversionary tactics undermine the integrity and credibility of the multilateral trading system. Even worse, it denies [70 percent of humanity](#) its right to health. **The USTR must rise to the occasion and ensure that its May 5 announcement actually translates into action in the form of waiver support and policy implementation.**"**

## HPW – German Health Minister Pushes Back Hard Against IP Waiver For COVID Vaccines – Predicts Shortages to Become Surplus by 2022

<https://healthpolicy-watch.news/88732-2/>

He was challenged by both Tedros & Winnie Byanyima, though.

And a link:

IISD - [WTO Members Endorse Extended TRIPS Transition Period for LDCs](#) Till 1 July 2034.

## Covax & ACT-A updates (+ related viewpoints)

Devex - Gavi inks deal with Sinovac, Sinopharm for COVAX

<https://www.devex.com/news/gavi-inks-deal-with-sinovac-sinopharm-for-covax-100350>

***“Gavi, the Vaccine Alliance, has signed [advance purchase agreements](#) with Sinovac and Sinopharm for the purchase of 110 million vaccine doses for COVAX ... The agreement would enable the supply of the Chinese-made [COVID-19](#) vaccines for the third quarter of 2021. The agreement with Sinopharm includes 60 million doses that will be made available from July through October 2021, with an option for Gavi to purchase another 60 million for this year’s fourth quarter and 50 million more doses for the first half of 2022. Meanwhile, the agreement with Sinovac includes 50 million doses that will be made available from July through September 2021. Gavi has the option to purchase 150 million more doses for the fourth quarter of 2021 and 180 million additional doses for the first half of 2022.....”***

See also Reuters - [Chinese drugmakers agree to supply more than half a billion vaccines to COVAX](#)

***“GAVI said on Monday it had signed two advance purchase agreements with Chinese drugmakers Sinopharm and Sinovac to provide up to 550 million COVID-19 vaccines to the COVAX programme.”***

CEPI launches COVAX Marketplace to match buyers and sellers of critical manufacturing supplies and speed up global access to COVID-19 vaccines through COVAX

[https://cepi.net/news\\_cepi/cepi-launches-covax-marketplace-to-match-buyers-and-sellers-of-critical-manufacturing-supplies-and-speed-up-global-access-to-covid-19-vaccines-through-covax/](https://cepi.net/news_cepi/cepi-launches-covax-marketplace-to-match-buyers-and-sellers-of-critical-manufacturing-supplies-and-speed-up-global-access-to-covid-19-vaccines-through-covax/)

***“The Coalition for Epidemic Preparedness Innovations (CEPI) and COVAX partners are launching an innovative ‘marketplace’ to accelerate the global production of COVID-19 vaccine doses for COVAX by matching suppliers of critical inputs with vaccine manufacturers who urgently need them to produce vaccines for fair and equitable distribution through COVAX. This initiative is a key deliverable of the COVAX Manufacturing Task Force, which is co-led by COVAX and industry partners....”***

See also FT - [Covax launches marketplace for Covid vaccine inputs to boost production](#)

***“ Platform aims to match manufacturers with suppliers to address supply chain bottlenecks.”***

***“...CEPI, in its role as facilitator, said it would prioritise requests from vaccine makers that already have orders from Covax and WHO emergency use listing for their shots. ... .. The Covax marketplace will initially focus on six critical areas where there have been shortages, including bioreactor bags, lipids required for messenger RNA vaccines and vials to transport doses. Eventually, the marketplace could also facilitate supplies for other life-saving medicines and vaccines hit by global shortages, CEPI said....”***

And Devex - [COVAX marketplace to fill ‘short-term bottlenecks’ in vaccine production](#)

*“...The goal is to address “short-term bottlenecks” in the production of COVID-19 vaccines, with a focus on doses intended for distribution via COVAX, the global procurement mechanism for COVID-19 vaccines....”*

## Reuters - COVAX struggling as some nations bid more for scant vaccines, says WTO

**Reuters;**

*“The COVAX vaccine-sharing programme has struggled to meet vaccine delivery targets because some countries are able to offer more for scant supplies, the head of the World Trade Organization said on Tuesday. “The supply scarcity is driving behaviour,” director-general Ngozi Okonjo-Iweala said in an online interview with the Atlantic Council, without naming any countries. “Many of them (countries) supported COVAX but many of them bid away vaccines from COVAX and that is why COVAX has been struggling to deliver what it should.”...”*

## Development Today – Decolonise COVAX: an African critique

<https://www.development-today.com/archive/dt-2021/dt-5--2021/decolonising-covax-a-ugandan-epidemiologists-perspective>

*“As Africa has fallen to the very back of the global vaccine queue, experts are questioning whether COVAX, the mechanism that was established to ensure vaccine equity, is fit for purpose. The Ugandan epidemiologist **Catherine Kyobutungi** says COVAX is grounded in a colonial, “rich countries helping poor countries” mentality, and needs to be fundamentally re-conceptualised.”*

## Lancet (Letter) - COVAX: more than a beautiful idea

Seth Berkley; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01544-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01544-0/fulltext)

The GAVI boss responds to an earlier piece in the Lancet.

*“Ann Usher reported that COVAX was a ship that was being built as it set sail, and the challenges described, although inaccurate in many of the details, have indeed led to serious initial setbacks. But **Usher wholly misses the point that this is a ship that is still sailing. Despite the challenges, COVAX is still more or less on track to deliver on its original promise by shipping 2.2 billion doses of COVID-19 vaccines by January, 2022.** This delivery will go a long way towards starting to address the appalling global inequities in COVID-19 vaccine distribution that we are currently witnessing. **The point is that this grim scenario would not only be considerably worse without COVAX but would most likely persist....”***

And he concludes: *“... **The counterfactual without COVAX would be a Lord of the Flies-like effort with more than 200 countries trying to negotiate deals with a myriad of manufacturers, which would be even more likely to have sustained inequalities....”***

Links:

- Think Global Health - [How Relevant Is COVAX to Middle-Income Countries?](#)

*“...middle-income countries (MICs), which host approximately 75 percent of the world's population and 62 percent of the world's poor, are heterogenous in their relationship to COVAX. Sixty-four are eligible for free vaccines through the Advance Market Commitment (AMC) and 43 are self-financing participants that can buy vaccines from the COVAX Facility. Many have also secured doses through bilateral deals, local production, or donations. The World Health Organization's message, "no one is safe until everyone is safe," puts a spotlight on the need for global action, but the question remains: is COVAX relevant to MICs, or have they been left out?...”*

- Marginal revolution - [Towards a COVAX Exchange](#) (by A Tabarrok)

*“The **recent Israel-South Korea vaccine swap** shows the value of creating a formal COVAX Exchange to help countries trade vaccine allocations thereby reducing vaccine waste and saving lives....”*

## Covid key news: Global Covid-19 deaths rising again...

With global trends, WHO key messages, ...

### Cidrap News - Indonesia's surge intensifies; other Asian nations set daily COVID records

<https://www.cidrap.umn.edu/news-perspective/2021/07/indonesias-surge-intensifies-other-asian-nations-set-daily-covid-records>

*“Indonesia's daily COVID-19 cases today topped 47,000, as the government unveiled new plans to boost the oxygen supply and as other countries in Asia logged more record highs fueled by the expanding Delta (1617.2) variant spread. Elsewhere in the world, Africa's COVID 19 deaths rose sharply, and countries in Europe took more steps to counter rising illness numbers....”*

*“... After 7 weeks of rises, illness levels decreased negligibly last week, the World Health Organization (WHO) African regional office said in its regular **weekly report** today, warning that the slight dip could reflect delayed reporting. Deaths in the current wave have trended higher than previous surges, and fatalities were up 42.2% from the previous week, mostly concentrated in a few countries, about half from South Africa. Cases rose in 19 countries last week, the WHO said. An increasing number of African countries are reporting the Delta variant, which is now dominant in South Africa. **The region continues to report high numbers of healthcare worker infections**, with 497 more reported over the past week....”*

Links:

- [Indonesia overtakes India to become Asia's COVID epicenter](#) & [Indonesia Tops 50,000 Covid Cases in a Day to Become Global Epicenter](#)
- HPW - [Resurgence in COVID Infections Across the Americas](#)

*“Though new COVID-19 cases are down nearly 20% from last week in the Americas, many countries are experiencing a resurgence in infections, officials from the Pan American Health Organization (PAHO) announced at a press briefing on Wednesday. ...”*

- WHO Afro - [COVID-19 deaths in Africa surge more than 40% over previous week](#) (weekly update)

Quote: “ **hospitals in the most impacted countries are reaching a breaking point ...Hospital admissions in around 10 countries have increased rapidly and at least six countries are facing shortages of intensive care unit beds. Demand for medical oxygen has spiked and is now estimated to be 50% higher than at the same time in 2020, yet supply has not kept up. A rapid WHO assessment of six countries facing a resurgence found that just 27% of the medical oxygen needed is produced. “The number one priority for African countries is boosting oxygen production to give critically ill patients a fighting chance,” Dr Moeti said. “Effective treatment is the last line of defence against COVID-19 and it must not crumble.”...**”

See also Reuters - [COVID-19 deaths in Africa surge 43% week-on-week, WHO says](#)

Among others due to the Delta variant + Public fatigue with restrictions. And total lack of vaccines. “...Only 53 million doses of COVID-19 vaccines have been administered so far, Moeti said, and only 18 million Africans are fully vaccinated. The continent's population is 1.3 billion.”

### UN News - ‘Early stages’ of COVID third wave, amid Delta surge: WHO chief

<https://news.un.org/en/story/2021/07/1095882>

On Tedros’ address to the Emergency Committee on Covid-19, on Wednesday. “**The variant’s spread, along with increased social mobility and the inconsistent use of proven public health measures, is driving an increase in both case numbers and deaths, the head of the World Health Organization (WHO) said on Wednesday.** Tedros Adhanom Ghebreyesus described the recent data in an [address to the Emergency Committee on COVID-19, established under the International Health Regulations \(IHR\)](#), a treaty that guides global response to public health risks.”

“... **Last week marked the fourth consecutive week of rising cases of COVID-19 globally, with increases recorded in all but one of WHO’s six regions. Deaths are also rising again, after 10 weeks of steady decline. Meanwhile, said Tedros, the virus is continuing to evolve, resulting in more transmissible variants. “The Delta variant is now in more than 111 countries and we expect it to soon be the dominant COVID-19 strain circulating worldwide, if it isn’t already,” he said. The spread of the Delta variant – one of the main drivers of the current increase in transmission – is also being fuelled by increased social mobility and the inconsistent use of proven public health and social measures. ...”**

See also Cidrap News (14 July) [Global COVID-19 deaths on the rise again](#)

“**In its weekly pandemic snapshot yesterday, the World Health Organization (WHO) said COVID-19 deaths are increasing again after falling for 9 weeks, with the sharpest upticks in Africa and Southeast Asia....”**

### Reuters - World hunger, malnutrition soared last year mostly due to COVID-19 - U.N. agencies

<https://www.reuters.com/world/world-hunger-malnutrition-soared-last-year-mostly-due-covid-19-un-agencies-2021-07-12/>

***“World hunger and malnutrition levels worsened dramatically last year, with most of the increase likely due to the COVID-19 pandemic, according to a multi-agency United Nations (U.N.) report published on Monday. After remaining virtually unchanged for five years, the number of undernourished people rose to around 768 million last year - equivalent to 10% of the world's population and an increase of around 118 million versus 2019, the report said. Authored by U.N. agencies including the Food and Agriculture Organization (FAO), the World Food Programme (WFP) and the World Health Organisation (WHO), the report is the first comprehensive assessment of food insecurity and nutrition since the pandemic emerged....”***

***“...The 2021 edition of "The State of Food Security and Nutrition in the World" estimated that on current trends, the U.N. sustainable development goal of zero hunger by 2030 will be missed by a margin of nearly 660 million people. That number is 30 million higher than in a scenario where the pandemic had not occurred....”***

See also the Guardian - [Almost one in three globally go hungry during pandemic – UN](#)

***“Big leap in malnutrition during Covid, with fifth of children now believed to be stunted, report warns.”***

**Reuters – China should provide raw data on pandemic's origins - WHO's Tedros**

**[Reuters:](#)**

***“ The head of the World Health Organisation said investigations into the origins of the COVID-19 pandemic in China were being hampered by the lack of raw data on the first days of its spread there....”***

Also (Reuters) - [WHO's Tedros to set out follow-up study into COVID-19 origins - director Ryan](#)

***“WHO director-general Tedros Adhanom Ghebreyesus will share proposals for a phase 2 study into the origins of the coronavirus with member states on Friday, its emergency director Mike Ryan said....”***

See also HPW - [China Has Failed to Share ‘Raw Data’ About Virus Origin so Lab Accident Can’t be Ruled Out, Says Tedros](#)

Link:

Reuters - [Germany calls on China to allow further investigations into COVID origins](#)

***“ German Health Minister Jens Spahn called on China to make it possible for investigations into the origins of the COVID-19 pandemic to continue, saying more information was needed. Speaking during a visit to the World Health Organization headquarters in Geneva on Thursday, Spahn also announced a 260 million euro (\$307 million) donation to WHO's ACT-Accelerator programme...”***

**Reuters - Question open on need for COVID booster shot, data awaited, WHO says**

**[Reuters:](#)**

*“The World Health Organization said on Friday that it was not clear whether COVID-19 booster vaccines will be needed to maintain protection, until further data is collected. Pfizer Inc (PFE.N) plans to ask U.S. regulators to authorize a booster dose of its COVID-19 vaccine within the next month, the drugmaker's top scientist said on Thursday, based on evidence of greater risk of reinfection six months after inoculation and the spread of the highly contagious Delta variant...”*

## **Reuters - WHO says countries should not order COVID-19 boosters while others still need vaccines**

[Reuters:](#)

On Monday's media briefing: **“ Countries should not be ordering booster shots for their vaccinated populations while other countries have yet to receive COVID-19 vaccines, the World Health Organization said on Monday. WHO Director-General Tedros Adhanom Ghebreyesus said deaths were again rising from the COVID-19 pandemic, the Delta variant was becoming dominant, and many countries had yet to receive enough vaccine doses to protect their health workers. "The Delta variant is ripping around the world at a scorching pace, driving a new spike in COVID-19 cases and death," Tedros said, noting that the highly contagious variant, first detected in India, had now been found in 104 countries...”**

**“... He singled out vaccine makers Pfizer and Moderna as companies that were aiming to provide booster shots in countries where there were already high levels of vaccination. Tedros said they should instead direct their doses to COVAX, the vaccine sharing programme mainly for middle-income and poorer countries.”**

See also Stat - [WHO director-general slams notion of Covid-19 vaccine booster doses given global health needs](#)

**“... WHO officials said they have seen no evidence to date that supports the idea that people who are considered fully vaccinated will need additional doses so soon. “It may well be that you need boosters after a year or two years. But at this point, at six months after the primary dose, there doesn't seem to be any indication,” said Soumya Swaminathan, the agency's chief scientist. Swaminathan said four countries have indicated they will offer booster doses to some or all of their populations and a number of others are considering doing the same. She and other WHO officials urged countries to reconsider these decisions. “If 11 high- and upper-middle-income countries decide ... that they will go for a booster for their populations or even subgroups, this will require an additional 800 million doses of vaccine,” Swaminathan said....”**

See also HPW - [WHO Lambasts Pfizer, Moderna & Rich Countries for Planning COVID Vaccine 'Boosters' – While Billions Wait for First Jab](#)

**“WHO's Director General Dr Tedros Adhanom Ghebreyesus slammed plans by Pfizer and Moderna, as well as a handful of rich countries, to begin offering “booster” COVID vaccines to some groups of people – saying that the world has evolved a “dangerous” two-tiered system of vaccinations, driven by greed instead of enlightened self-interest.... “**

**“ Speaking at a WHO press conference on Monday, Tedros also called upon the G-20, the world's most industrialized countries, which are meeting this week, to more aggressively expand vaccine**

*manufacturing and quicken the pace of vaccine donations – while holding off on additional ‘booster’ shots to their own populations.”*

And Devex – [WHO: Science, not companies, to inform need for COVID-19 booster shot](#)

### FT - Israel offers ‘booster’ Pfizer jab as Covid infections spiral

<https://www.ft.com/content/bfec0129-83e0-49d1-bf9d-e31ce47f6150>

*“...Israel will begin offering third doses of the BioNTech/Pfizer Covid-19 vaccine this week to adults with serious pre-existing medical conditions, **becoming the first country in the world to officially offer a so-called “booster” jab.** The move, confirmed by the health ministry on Monday, comes as US and European health authorities debate the need for booster jabs....”*

### Reuters – WHO panel advises against COVID-19 vaccination proof for travel

[Reuters](#):

*“ The World Health Organization's Emergency Committee on Thursday maintained its stance that proof of COVID-19 vaccination should not be required for international travel, amid a growing debate on blocking the entry of travelers if they are unvaccinated....”*

See a related Guardian op-ed by L Spinney - [As global Covid vaccine passports become a reality, we have to make sure they're fair](#)

*“ Discrimination against those from poorer countries seems inevitable unless everyone accepts the WHO's guidelines” “ ... There's an obvious solution to this: all countries should adopt the WHO's emergency use listing (EUL) of Covid vaccines....”*

## Covid science

### HPW - Lambda, the Newest WHO Variant of Interest, is Now in 29 Countries

<https://healthpolicy-watch.news/lambda-new-variant-interest-29-countries/>

*“The Lambda variant has now been found in 29 different countries, seven of them in Latin America and it is the dominant strain in Peru. ... Dr Maria Van Kerkove, WHO Technical Lead on COVID-19, has said that the WHO is currently tracking this strain to see if it should be upgraded to a variant of concern. “It would become a variant of concern if it has demonstrated properties of increased transmissibility, increased severity, or has some kind of impact on our counter-measures,” said Van Kerkove during a 2 July briefing. ....”*

### NYT -Citing the Delta Variant, Pfizer Will Pursue Booster Shots and a New Vaccine

<https://www.nytimes.com/2021/07/08/health/pfizer-booster-delta-variant.html>

*“Scientists were critical of the announcement, pointing to evidence that the current two-dose regimen is powerfully effective against the coronavirus.”*

And as mentioned above, WHO isn't convinced either at the moment.

In related news, see HPW - [Vaccine Booster Shot Row Continues as Pfizer Trial Nears Conclusion](#)

With info on the booster trial Pfizer is conducting in the US.

### Stat News - The world will not exit Covid-19 pandemic without booster shots, vaccine developer says

<https://www.statnews.com/2021/07/13/the-world-will-not-exit-covid-19-pandemic-without-booster-shots-vaccine-developer-says/>

Big Pharma's view (and framing) on the issue of booster shots.

*“The world will not get the Covid-19 pandemic under control without using booster shots for messenger RNA vaccines, one of the key figures involved in the development of the Pfizer and BioNTech vaccine said Tuesday. Ugur Sahin, co-founder and CEO of BioNTech, insisted booster shots are going to be necessary, despite caution from some experts. Sahin made the remarks during a panel session at the STAT Breakthrough Science Summit, where he was joined by Kathrin Jansen, head of vaccine research and development at Pfizer. .... Jansen said Pfizer's decision to develop and test Covid-19 vaccine booster shots is being driven by data. “The booster situation is not about making money,” she said. A large study of booster shots developed by the company will read out soon, Jansen added....”*

*“... Asked what lies ahead for mRNA technology, after its enormously successful testing in the Covid pandemic, she said Pfizer wants to turn its focus to flu....”*

### UN News - COVID-19 mRNA vaccines and Myocarditis: benefits outweigh the risks, says WHO committee

<https://news.un.org/en/story/2021/07/1095622>

*“After receiving reports of heart inflammation cases due to myocarditis and pericarditis following vaccination with COVID-19 Pfizer and Moderna shots, World Health Organization (WHO) experts on Friday said that the benefits of the vaccines still outweigh the risks in reducing hospitalizations and deaths due to infection....”*

### Reuters - WHO warns against mixing and matching COVID vaccines

[Reuters](#);

*“The World Health Organization's chief scientist on Monday advised against people mixing and matching COVID-19 vaccines from different manufacturers, calling it a “dangerous trend” since there was little data available about the health impact....”*

See also the Guardian – [WHO warns of ‘chaos’ if individuals mix Covid vaccines](#)

*“The World Health Organization’s chief scientist has **advised individuals against mixing and matching Covid-19 vaccines** from different manufacturers, saying **such decisions should be left to public health authorities....**”*

## HPW - HIV Emerges as Significant Risk for Severe COVID

<https://healthpolicy-watch.news/hiv-emerges-as-significant-risk/>

*“People living with HIV face a significant risk of severe COVID-19 and should be prioritised in national vaccination programmes, according to **research presented on Thursday ahead of the International AIDS Society’s (IAS) HIV Science conference next week**. The World Health Organization (WHO) **research** looked at the data of 15,500 HIV positive people from 24 countries who had been hospitalised for COVID-19....”*

See also WHO - [WHO warns that HIV infection increases risk of severe and critical COVID-19](#)

*“Overall, nearly a quarter (23.1%) of all people living with HIV who were hospitalized with COVID-19, died. The report is based on clinical surveillance data from 37 countries regarding the risk of poor COVID-19 outcomes in people living with HIV (PLHIV) admitted to hospital for COVID-19. **It found that the risk of developing severe or fatal COVID-19 was 30% greater in PLHIV compared to people without HIV infection....**”*

Links:

- Nature News - [This ‘super antibody’ for COVID fights off multiple coronaviruses](#)

*“An newly identified immune molecule raises hopes for a vaccine against a range of viruses related to SARS-CoV-2.”*

- Guardian - [Long Covid has more than 200 symptoms, study finds](#)

*“The largest ever international study of people with long Covid has **identified more than 200 symptoms** and prompted researchers to call for a national screening programme. The study found the myriad symptoms of long Covid – from brain fog and hallucinations to tremors and tinnitus – **spanned 10 of the body’s organ systems, and a third of the symptoms continued to affect patients for at least six months....**”*

## Covid vaccine access and other bottlenecks

WHO Bulletin (Editorial) - Vaccine manufacturing capacity in low- and middle-income countries

M I Khan et al; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8243032/>

*“.... **Timely and wider access to vaccines could be facilitated through local vaccine manufacturing. Countries such as Brazil, Cuba, India, Indonesia and Pakistan have public sector vaccine***

manufacturing and can therefore make independent decisions on vaccine manufacturing and supply, provision and introduction in their respective health systems....”

**“... Currently, four vaccine manufacturers control about 90% of the global vaccine market, which presents a twofold challenge. First, vaccine development prioritization is driven by cost–effectiveness and impact analysis centred on the global burden of diseases, vaccine supply and population coverage. Second, with only a few groups involved in vaccine development and manufacturing, access to vaccines in low- and middle-income countries is dependent on the inclination of the leads in the industry. Except for a few diseases such as yellow fever and Japanese encephalitis, many other diseases that may have significant impact on a smaller geographical population fall low on the priority list of global vaccine manufacturers and financiers. Rabies vaccine, and until recently, typhoid vaccine, are good examples of the influence that regional high-burden diseases can have on global vaccine manufacturing policy... ... Among other lessons, one to take away from the pandemic is that low-income countries should build the capacity for in-country vaccine manufacturing to address local vaccine requirements and be better prepared for the next health challenge.”**

### Reuters - Senegal to build COVID-19 vaccine plant in bid to expand African access

<https://www.reuters.com/world/africa/senegal-build-covid-19-vaccine-plant-bid-expand-african-access-2021-07-09/>

**“Construction of a new plant in Senegal to manufacture COVID-19 vaccines is expected to begin later this year, and the facility should produce 25 million doses per month by the end of 2022, the financiers of the project said on Friday.”**

**“The Institut Pasteur in Senegal's capital Dakar, which will run the plant, and various European development partners said the facility would help Africa reduce its dependence on vaccine imports, which currently account for 99% of its needs. ... European countries and institutions, including the European Commission, European Investment Bank, France and Germany, committed 6.75 million euros (\$8.01 million) in grants to support construction of the plant during a ceremony in Dakar. The investment comes on top of previous commitments by Germany and France and is part of a 1 billion euro (\$1.19 billion) initiative announced by the European Commission in May to bolster access to vaccines and other medicines in Africa....”**

### Bloomberg - Countries Using China, Astra Shots Increasingly Eye Boosters

<https://www.bloomberg.com/news/articles/2021-07-08/countries-using-chinese-astra-shots-increasingly-eye-boosters>

**« Growing concern that Covid-19 vaccines being deployed across much of the developing world aren't capable of thwarting the delta variant is prompting some countries to look at offering third doses to bolster immunity against more-infectious virus strains....”**

**“... Though definitive evidence is yet to emerge backing the need for so-called “booster” shots, health officials from Thailand to Bahrain and the United Arab Emirates have already decided to offer the extra doses to some people already inoculated with vaccines from Chinese makers Sinovac Biotech Ltd., Sinopharm and from AstraZeneca Plc. Officials are being motivated by concerns that delta and other variants appear to be breaking down defenses of vaccines not made from the super-effective messenger RNA technology, or mRNA....”**

But, “... **Giving extra doses “could easily divert one to two billion doses of vaccines over the coming 12 months to boost people already immunized that might otherwise go to developing countries where people have yet to receive their first immunization,”** Petrovsky said. ... **The WHO has expressed caution in encouraging third doses.** Chief scientist Soumya Swaminathan said in June that such a recommendation was unnecessary and premature given the paucity of data on booster shots and the fact that high-risk individuals in much of the world still haven’t been fully vaccinated....”

## Telegraph - All talk, no jabs: the reality of global vaccine diplomacy

[Telegraph](#);

Recommended helicopter view. “Around two-thirds of shots promised bilaterally have arrived, while Covax has received fewer than one per cent of surplus doses pledged...”

## The Moscow Times - A Royal Mark Up: How an Emirati Sheikh Resells Millions of Russian Vaccines to the Developing World

<https://www.themoscowtimes.com/2021/07/09/a-royal-mark-up-how-an-emirati-sheikh-resells-millions-of-russian-vaccines-to-the-developing-world-a74461>

“**The Moscow Times investigated a deal between Russia and a minor Dubai royal to supply poor countries with Sputnik V — at high prices. .... Russia has awarded an Emirati royal exclusive rights to sell its Sputnik V coronavirus vaccine to a host of countries in at least three continents in a deal that has seen buyers paying huge premiums for supplies, a Moscow Times investigation has found....”**

## Reuters – After vaccination burnout, Delta variant spurs countries to speed up shots

[Reuters](#);

“The daily pace of COVID vaccinations has increased in about a dozen countries due to the arrival of the more contagious Delta variant and governments expanding their vaccination drives, a **data analysis by Reuters** found. “ **Analysis of ‘Our World in Data’ [vaccination figures](#).**

“Israel’s rate of vaccinations has seen a sharp pickup. The Netherlands, Norway, Portugal, Saudi Arabia, Singapore and Spain are all vaccinating at their fastest speed to date. Belgium, Denmark, Finland and Sweden are not far behind....”

## Politico - Moderna accused of parking vaccine profits in tax havens: report

[https://www.politico.eu/article/moderna-vaccine-profits-tax-havens/?utm\\_medium=Social&utm\\_source=Twitter#Echobox=1626165531](https://www.politico.eu/article/moderna-vaccine-profits-tax-havens/?utm_medium=Social&utm_source=Twitter#Echobox=1626165531)

“The company’s vaccine profits will end up in some of the world’s worst tax havens,’ nonprofit warns. .... **Vaccine producer Moderna is setting up shop in Switzerland and the U.S. state of Delaware to avoid paying high taxes on vaccine sales, according to a Dutch nonprofit.**”

*"In a [report released Tuesday](#), the **Research on Multinational Corporations (SOMO)** cited a [leaked contract](#) between the company and the European Commission, which "indicates that the company's vaccine profits will end up in some of the world's worst tax havens." The EU, which has ordered hundreds of millions of Moderna vaccine doses, pays the company's Swiss subsidiary, Moderna Switzerland GmbH, based in Basel, Switzerland. The country offers tax rates as low as 13 percent for foreign companies. ... Another tax haven is Delaware, where the company holds 780 patents. Under state law, income from intangible assets such as patents isn't taxed. **"The company's vaccine profits will end up in some of the world's worst tax havens,"** SOMO wrote. The report called this practice a **"triple whammy"** — in addition to possibly paying little in taxes, the company has benefited from an infusion of public money to develop its vaccine, and then charged high prices...."*

## **HPW - Scale Up of Sputnik V Vaccine Production Through Agreement with Serum Institute**

<https://healthpolicy-watch.news/88630-2/>

*"The Serum Institute of India (SII), the world's largest vaccine manufacturer, is set to begin producing Russia's Sputnik V COVID-19 vaccine in September, paving the way to scale up globally available COVID vaccines. ... The new agreement with SII will produce over 300 million doses of the vaccine in India every year. ..."*

## **FT - How to vaccinate the world more quickly**

<https://www.ft.com/content/d6b1740e-a516-4fbc-bfaf-605a9b6eee91>

*"Could **fractional doses** be the solution to inadequate supplies?"*

*"... Recently, however, some momentum has built up behind an idea that sounds almost childishly simple: if we reduce the dose size, we can vaccinate more people from each vial of vaccine. Why not give people half doses? What about quarter doses? With quarter doses, we could have already vaccinated the world's adult population. **Alex Tabarrok**, a professor at George Mason University, has been pushing the idea of alternative dosing regimes for several months. Recently, he and other researchers, including vaccine market specialist and Nobel laureate economist Michael Kremer, **released a [working paper](#) exploring the issue**. At the same time, a [letter](#) advocating trials of fractional doses, written by epidemiologists Benjamin Cowling and Wey Wen Lim and a virus evolution specialist Sarah Cobey, has been published in **Nature Medicine**...."*

## **WEF (blog) - The COVID vaccine market is worth at least \$150 billion. Can we stop it being flooded with fakes?**

A Bernaert; <https://www.weforum.org/agenda/2021/07/covid-vaccines-fake-counterfeit/>

*".... **When a market with the potential to reach \$150 billion in pharma revenues for the 2021-2022 period emerges in record time, this will loom large on the criminal radar**. It threatens us with the depressing prospect of a scenario where in some countries, despite the remarkable efforts of GAVI, CEPI and UNICEF in support of the equitable vaccine initiative COVAX, the illicit trade of COVID-19 vaccines results in counterfeiting levels comparable to other medicines. It would be nearly impossible for the world to reach herd immunity if 10%, 20% or more of vaccines were fake. **UNICEF** well*

*understands what a catastrophe this would be; why they are currently **running a tender for the development of a blockchain-based solution, the Global Trust Repository (the GTR)....***”

*“...The creation of the GTR is certainly good news as the vast majority of the 92 low- and middle-income countries served by COVAX have no national traceability systems in place to allow the tracking or verification of COVID-19 vaccines. In the absence of such systems, a verification solution is being proposed to all 92. It will allow COVID-19 packs in the legitimate supply chain to be scanned and verified, meaning their unique serialized product code number will be compared with a blockchain-secured repository of product codes originally generated by the manufacturers (the GTR)....”*

For a related blog, see the **World Bank (Investing in Health) blog - [Fighting fake COVID-19 Vaccines – a key pandemic-ending goal](#)** (by T Woods et al)

*“ In early 2020, just as the COVID-19 pandemic began to unfold, **the World Bank-hosted Global Steering Committee for Quality Assurance of Health Products (GSC) started a process aimed at protecting health supply chains.** The GSC created a **COVAX Traceability Advisory Council** made up of leading COVID vaccine manufacturers, technology solution providers, international health financing institutions, and leading regulatory authorities for medicines. **Traceability of COVID-19 vaccines from the manufacturer to the end user, otherwise known as track and trace,** was desirable but a long way off. With input from leading African medicines regulators like NAFDAC, the group soon landed on a **“lean traceability” model.** And so, the race began....”*

## **Reuters – Global agencies sign tech transfer deals to boost COVID testing in Africa, Latam**

*[Reuters](#);*

*“ Companies in Brazil and Senegal will produce antigen rapid tests for diagnosing COVID-19 from early 2022 under **tech transfer agreements** aimed at boosting availability in Latin America and Africa, international agencies said on Thursday.”*

*“High-quality antigen tests are the primary diagnostic tool for detecting active infection in poorer settings where molecular testing is not available, **the global alliance for diagnostics FIND and health agency UNITAID said in a statement.** Agreements have been signed to transfer know-how from U.S.-based diagnostics company DCN Dx to WAMA Diagnóstica in Brazil, and from Bionote and Britain's Mologic -- known for the development of the clear blue pregnancy test -- to DIATROPIX of the Institut Pasteur de Dakar, the statement said. It announced a separate partnership for commercialisation and distribution between Xixia Pharmaceuticals, a South African subsidiary of the generic drugmaker Viatris (VTRS.O), and Guangzhou Wondfo Biotech Co Ltd (Wondfo) ....”*

## **Devex - African nations have destroyed 450,000 expired COVID-19 vaccine doses**

*<https://www.devex.com/news/african-nations-have-destroyed-450-000-expired-covid-19-vaccine-doses-100389>*

*“African nations have destroyed 450,000 doses of expired COVID-19 vaccines since the beginning of the rollout, said Dr. Richard Mihigo, program area manager for immunization and vaccine development at World Health Organization’s Africa regional office, during a press briefing on*

Thursday. These countries include Malawi, South Sudan, Liberia, Mauritania, Gambia, Sierra Leone, Guinea, Comoros, and the Democratic Republic of Congo. **This is a consequence of delays in shipment of vaccine doses, especially of the AstraZeneca vaccine, which meant countries couldn't roll them out before expiration, Mihigo said...."**

Bits & pieces:

- Via [Cidrap News](#):

**".... in promising vaccine supply developments, the WHO said it has licensed two more AstraZeneca-Oxford vaccine manufacturing sites—one in Japan and the other in Australia...."**

- WTO - [WTO issues joint indicative list of critical inputs for COVID-19 vaccines](#)

*"The WTO Secretariat has published an indicative list compiling information on the critical inputs for the manufacturing, distributing and administering of COVID-19 vaccines. The list was jointly produced with the Asian Development Bank, the Organisation for Economic Cooperation and Development, the World Customs Organization, some COVID-19 vaccine manufacturers, researchers Chad Bown and Chris Rogers, the Coalition for Epidemic Preparedness Innovations and DHL."*

## Covid analysis

### Oxfam (report) - The hunger virus multiplies: deadly recipe of conflict, Covid-19 and climate accelerate world hunger

<https://www.oxfam.org/en/research/hunger-virus-multiplies-deadly-recipe-conflict-covid-19-and-climate-accelerate-world>

*"A year and a half since the Covid-19 pandemic began, **deaths from hunger are outpacing the virus. Ongoing conflict, combined with the economic disruptions of the pandemic and an escalating climate crisis, has deepened poverty and catastrophic food insecurity in the world's hunger hotspots and established strongholds in new epicentres of hunger. The worst is still yet to come unless governments urgently tackle food insecurity and its root causes head on. Today, 11 people are likely dying every minute from acute hunger linked to three lethal Cs: conflict, Covid-19, and the climate crisis. This rate outpaces the current pandemic mortality rate, which is at 7 people per minute. Governments must focus on funding urgent hunger response and social protection programs to save lives now, rather than striking arms deals that perpetuate conflict, war and hunger. As equally important as stopping Covid-19 itself, is stopping it from killing more people through hunger. We need action to create fairer, more resilient and sustainable ways of feeding the world.**"*

### BMJ GH Editorial - Equity without human rights: a false COVID-19 narrative?

R Khosla & S Gruskin; <https://gh.bmj.com/content/6/7/e006720>

Quote: *"...Many in the global health community call for 'equity' as key to addressing the COVID-19 crisis, with little concrete articulation as to what this can mean in practice... and with even less attention to what human rights can offer to equity concerns. Even the Independent Panel for*

*Pandemic Preparedness and Response in its final report and the World Health Assembly resolution on pandemic preparedness<sup>4</sup> did not go beyond cursory or preambular references to human rights, alongside several largely rhetorical references to equity. **And so the question must be asked. Is this due to a genuine lack of understanding of what these concepts bring or rather a lack of political will and resistance from those in power to the concrete results human rights would require.** It could not be the former, as the panel itself commissioned a well-circulated paper laying out these concepts, which unfortunately failed to get adequately reflected in the final report or the resolution. **One is therefore forced to conclude that these processes were bogged down by the political pressures from member states, many of whom find equity more politically palatable.** This also supports a narrative that continues to play equity versus human rights, whereby equity is presented as the more acceptable, palatable option to dominant ideologies and national politics...”*

The authors then go on, pointing out what human rights can offer. And argue: “Human rights are fundamental to achieving health equity for all.”

### **Plos One - Government responses and COVID-19 deaths: Global evidence across multiple pandemic waves**

T Hale et al ; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0253116#sec008>

*“We provide an assessment of the impact of government closure and containment measures on deaths from COVID-19 across sequential waves of the COVID-19 pandemic globally. ... **findings highlight the enduring importance of non-pharmaceutical responses to COVID-19 over time.**”*

### **BMJ Feature - Donuts, drugs, booze, and guns: what governments are offering people to take covid-19 vaccines**

<https://www.bmj.com/content/374/bmj.n1737>

*“As the race to vaccinate the world accelerates, some countries are using novel methods to persuade those who are less forthcoming. Serena Tinari and Catherine Riva report.”*

Plus the debate around them – pro & con.

### **Devex - World Bank attaches too many strings to COVID-19 aid, report says**

<https://www.devex.com/news/world-bank-attaches-too-many-strings-to-covid-19-aid-report-says-100338>

(gated) “A report from the Center for Global Development is urging the World Bank to remove its normal policy reform conditions during the global health crisis to get support to governments faster.”

### **Science News - Will COVID-19 change science? Past pandemics offer clues**

<https://www.sciencemag.org/news/2021/07/will-covid-19-change-science-past-pandemics-offer-clues>

*“From the Black Death to AIDS, outbreaks can spur scientists to rethink how they study disease and protect public health.”*

Concluding: *“... It’s through this lens of human agency that Barnes and other historians contemplate COVID-19’s potential scientific legacy. The pandemic, like its predecessors, cast light on uncomfortable truths, ranging from the impact of societal inequities on health to waste in clinical trials to paltry investments in public health. Questions loom about how to buttress labs—financially or otherwise—that were immobilized by the pandemic. In COVID-19’s wake, will researchers refashion what they study and how they work, potentially accelerating changes already underway? Or will what Snowden calls “societal amnesia” set in, fueled by the craving to leave a pandemic behind? The answers will come over decades. But scientists are beginning to shape them now.”*

### **Chatham House research paper: Solidarity in response to the Covid-19 pandemic: Has the world worked together to tackle the coronavirus ?**

A Rahman-Shepherd, R Yates et al; <https://www.chathamhouse.org/2021/07/solidarity-response-covid-19-pandemic>

*“... This paper assesses how the global community has responded to calls for greater solidarity in tackling the COVID-19 pandemic, and presents the insights of key stakeholders and experts in global health governance, health security, and pandemic preparedness and response. The authors examine the state of solidarity at global, regional and national levels, and present case studies on COVAX and on the EU’s turbulent journey through solidarity....”*

Do start with the [Summary \(one pager\)](#). We do like the motto: ‘Building Back with Solidarity’.

PS: *“In analysing how the world has demonstrated – or failed to demonstrate – solidarity in addressing the COVID-19 pandemic, the underlying theme of this paper is that solidarity is not just positive rhetoric; it is also a necessary condition for suppressing the pandemic effectively and requires strong political commitment and high levels of social cohesion....”*

See also a related Lancet Editorial – [COVID-19 in Africa: a lesson in solidarity](#)

*“... A [new report](#) from Chatham House explores the concept of solidarity in response to COVID-19. It highlights that international, regional, and within-country solidarity has been poor, but commends the alliance between the Africa Centres for Disease Control and Prevention, the African Union, and the WHO Regional Office for Africa in galvanising cooperation in the region. Together, this alliance has launched initiatives ranging from the Africa Medical Supplies Platform, which pools orders for medical supplies, to the Africa Vaccine Delivery Alliance, which aims to organise vaccine roll-out plans. [Rarely](#) for COVID-19 response leadership, women occupy key positions in these organisations. This progressive unity has been driven by local scientists and the health community and should be fully engaged with and amplified by all politicians of African Union member states....”*

*“...the Johnson & Johnson vaccine should cover 30% of the population, COVAX should supply enough doses to cover 30% more, and, with additional bilateral agreements, more than 60% vaccine coverage can be achieved. These achievements in negotiating and organising this arrangement beg the question, why were African health leaders not more involved in the construction of COVAX?”*

Concluding: ***“The regional solidarity on display by many within the African health community has been impressive but can only go so far when international solidarity remains so derisory. A reckoning must be had over how the multilateral system approaches Africa, with a promise that no global health initiative, foundation, or organisation is governed without involvement from African health leaders at every decision-making level.”***

## BMJ Editorial – Defining covid-19 elimination

D Skegg et al; <https://www.bmj.com/content/374/bmj.n1794>

“Elimination is achievable and should not be confused with eradication.”

## HIV/AIDS

**UNAIDS report shows that people living with HIV face a double jeopardy, HIV and COVID-19, while key populations and children continue to be left behind in access to HIV services**

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/july/20210714\\_global-aids-update](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/july/20210714_global-aids-update)

***“People living with HIV are at a higher risk of severe COVID-19 illness and death, yet the vast majority are denied access to COVID-19 vaccines. Key populations and their sexual partners account for 65% of new HIV infections but are largely left out of both HIV and COVID-19 responses—800 000 children living with HIV are not on the treatment they need to keep them alive”***

***“The UNAIDS Global AIDS Update 2021, launched today, highlights evidence that people living with HIV are more vulnerable to COVID-19, but that widening inequalities are preventing them from accessing COVID-19 vaccines and HIV services....”***

## Global Immunisation: Backsliding on childhood vaccinations

[Lancet - Estimating global and regional disruptions to routine childhood vaccine coverage during the COVID-19 pandemic in 2020: a modelling study](#)

[Measuring routine childhood vaccination coverage in 204 countries and territories, 1980–2019: a systematic analysis for the Global Burden of Disease Study 2020, Release 1](#)

See the press release: ***“The Lancet: COVID-19 pandemic interrupted routine vaccinations for at least 17 million children worldwide in 2020, modelling study suggests***

- ***Global and regional estimates of COVID-19’s impact on routine childhood immunisation indicates unparalleled disruptions in delivery of vaccines against measles (MCV1) and***

*diphtheria, tetanus, and pertussis (whooping cough) (DTP3) – with 2020 coverage likely falling in some regions to levels not seen in over a decade.*

- *An estimated 8.5 million third doses of DTP vaccine and 8.9 million first doses of measles vaccine were missed by children worldwide in 2020—a relative decline of more than 7% over expected coverage levels had no pandemic occurred (83% expected global coverage vs 77% estimated due to pandemic disruption for third dose of DTP; 86% vs 79% for first dose measles vaccine).*
- *Estimates suggest twice as many children may have missed doses of each vaccine than expected due to pandemic disruptions in high income countries in Central Europe; Eastern Europe, and Central Asia; and North Africa and the Middle East.*
- *Although child vaccination rates improved in later months of 2020, catch-up efforts are lagging, and authors warn that the world may face a resurgence of vaccine-preventable diseases unless a concerted effort is taken to get routine immunisation services back on track.”*

- WHO press release - [COVID-19 pandemic leads to major backsliding on childhood vaccinations, new WHO, UNICEF data shows](#)

- Coverage via Devex: [23 million children missed basic vaccinations last year](#)

*“...In total, 23 million children missed some of their vaccinations last year while an estimated 17 million were not vaccinated at all...”*

UN News - [Decline in routine childhood vaccinations, another pandemic fallout](#)

LSHTM - Vaccines given in last 20 years could prevent 51 million deaths in LMICs

[LSHTM](#);

*“ Vaccinations given in low- and middle-income countries in the last 20 years could prevent 51 million deaths from infectious diseases, according to new research published in [eLife](#). The study is the largest assessment of the impact of vaccination activities against 10 infectious diseases across 112 countries before the start of the COVID-19 pandemic. It was carried out by the [Vaccine Impact Modelling Consortium \(VIMC\)](#) – a multinational collaboration of 16 research groups, led by Imperial College and including experts from the London School of Hygiene & Tropical Medicine (LSHTM). It was funded by Gavi, the Vaccine Alliance, and the Bill & Melinda Gates Foundation. The team say that success is expected to continue, with a further 47 million deaths predicted to be prevented by vaccination given between 2021 and 2030, if progress is sustained. This would mean 98 million deaths in LMICs would be prevented by vaccination occurring between 2000 and 2030. The majority (51 million) of deaths averted would be children under the age of five. However, the researchers warn that COVID-19 has disrupted vaccine activities and could lead to a decline in coverage.....”*

# Planetary Health

## Devex Newswire: Crunch time for climate finance

<https://www.devex.com/news/devex-newswire-crunch-time-for-climate-finance-100334>

From last week: *“Two key climate events [are] taking place this week, with participants in each hoping for a way forward on climate finance — a cornerstone of building trust with lower-income countries and allowing the globe as a whole to adapt and respond to climate change. Climate finance is proving a key challenge to productive climate negotiations needed to stage a successful COP26 summit scheduled for November. ...”*

*V20: Sheikh Hasina, the prime minister of Bangladesh, told the virtual V20 meeting of climate vulnerable nations Thursday that high-income countries have a “historic responsibility and moral and legal obligation” to lower-income countries. ... G-20: Hot on the heels of the V20, the G-20 [will] meet in Venice on Sunday to discuss how to finance the fight against climate change — and the damage it is already causing. ...”*

## Guardian - ‘Change is coming’: UN sets out Paris-style plan to cut extinction rate tenfold

<https://www.theguardian.com/environment/2021/jul/12/change-is-coming-un-sets-out-paris-style-plan-to-cut-extinction-rate-tenfold>

*“Eliminating plastic pollution, reducing pesticide use by two-thirds, halving the rate of invasive species introduction and eliminating \$500bn (£360bn) of harmful environmental government subsidies a year are among the targets in a new draft of a Paris-style UN agreement for biodiversity loss. The goals set out by the UN Convention on Biological Diversity (CBD) to help halt and reverse the ecological destruction of Earth by the end of the decade also include protecting at least 30% of the world’s oceans and land and providing a third of climate crisis mitigation through nature by 2030. The latest **draft** of the agreement, which follows gruelling virtual scientific and financial **negotiations in May and June**, will be scrutinised by governments before a key summit in the Chinese city of Kunming, where the final text will be negotiated. ... The Guardian understands that the summit, scheduled for October, is expected to be delayed for a third time due to the coronavirus pandemic. It is now likely to take place in Kunming in the first half of 2022, pending in-person preparatory negotiations that could happen in Switzerland early next year.”*

*“... Basile van Havre, co-chair of the CBD working group responsible for drafting the agreement, said the goals were based on the latest science. He added that, **if adopted, it could represent a significant shift in global agriculture**. “Change is coming [in food production],” he said. “There will be a lot more of us in 10 years and they will need to be fed so it’s not about decreasing the level of activity. It’s about increasing the output and doing better for nature. “Cutting nutrient runoff in half, reducing pesticide use by two-thirds and eliminating plastic discharge: those are big. I’m sure they’re going to raise some eyebrows as **they present significant change, particularly in the agriculture**.”*

See also [UN News - UN body unveils new plan to end ecological destruction, ‘preserve and protect nature’](#)

With coverage of the new [Global Framework for Managing Nature Through 2030](#) with 21 (ambitious) targets.

### Guardian - Amazon rainforest now emitting more CO2 than it absorbs

<https://www.theguardian.com/environment/2021/jul/14/amazon-rainforest-now-emitting-more-co2-than-it-absorbs>

*“The Amazon rainforest is emitting a billion tonnes of carbon dioxide a year, according to a study. The giant forest had been absorbing the emissions driving the climate crisis but is now causing its acceleration, researchers said. Most of the emissions are caused by fires, many deliberately set to clear land for beef and soy production. But even without fires, hotter temperatures and droughts mean the south-eastern Amazon has become a source of CO2, rather than a sink....”* Based on a study in [Nature](#).

### Guardian - Trillions of dollars spent on Covid recovery in ways that harm environment

<https://www.theguardian.com/business/2021/jul/15/trillions-of-dollars-spent-on-covid-recovery-in-ways-that-harm-environment>

*“Only 10% of \$17tn global bailout directed to cutting greenhouse gas emissions and restoring nature, report finds.”* Cfr [analysis from Vivid Economics](#), published on Thursday.

### Inside Climate News - Many Nations Receive Failing Scores on Climate Change and Health

<https://insideclimatenews.org/news/15072021/many-nations-receive-failing-scores-on-climate-change-and-health/>

*“A new report says the European Union and the United States, among others, need to go much farther in addressing human health impacts in their national climate change commitments.”*

*“... a new report rates as poor performances by numerous nations in addressing health issues in their emissions and adaptation goals—known as Nationally Determined Contributions, or NDCs—as part of the Paris Agreement. The [report](#), by the California-based Global Climate and Health Alliance, concluded that of 40 countries whose NDCs were reviewed (one of which covered all 27 European Union nations), few provided more than superficial detail on how they would protect their citizens’ health from climate change. Even fewer specified how such health measures would be financed. Wealthier nations scored the worst in the report....”*

### Guardian - Move faster to cut emissions, developing world tells rich nations

<https://www.theguardian.com/environment/2021/jul/15/move-faster-to-cut-emissions-developing-world-tells-rich-nations>

*“Rich countries must move faster to cut greenhouse gas emissions and provide financial assistance to their less wealthy counterparts to cope with the climate crisis, governments from the developing world have said. Poor nations have been frustrated with the slow progress at the*

recent G7 leaders' summit and meetings of the G20 group of major economies. **More than 100 developing country governments have joined together in Thursday's demand for clear action from the rich world before Cop26, the vital UN climate talks to be held in Glasgow in November...."**

**"... The LDC group has published five demands, calling for developed countries to bring forward and strengthen their national plans for cutting their emissions this decade; provide \$100bn (£73bn) a year in climate finance to the poor world; help poor countries to adapt to the ravages of extreme weather; accept their responsibilities in contributing to loss and damage to poor countries from the impacts of climate breakdown; and bring the Paris agreement into full effect...."**

## Social determinants of health

BMJ (blog) - Kent Buse: Healthy societies—fixing systems not people

[BMJ blog](#);

In the (Twitter) words of the author: **"Borrowing a leaf from #feminist movement, I argue that creating healthier societies is about fixing the broken system, not just trying to fix the people within the system. Feminist & #HIV movements have much to teach us about how to do so."**

Excerpts: **"It is time to shift our focus to fixing the broken system, not just trying to fix the people within the system. .... There might there be reasons for optimism. The first lies with the World Health Organization (WHO) which, under the current Director-General, raised the salience of healthier populations. Among other things, the present global programme of work places the goal of "one billion more people enjoying better health and wellbeing" alongside two other corporate priorities. A new department of social determinants of health was created as part of a wider organisational transformation. The recent World Health Assembly [resolution on the social determinants of health](#) provides a signal from its Member States to move the agenda forward. ..."**

**"... There are good reasons to believe that the timing of this renewed interest in looking upstream to turn off the tap of illness couldn't be better. Covid-19 has served as a wake-up call on the importance of health to societal wellbeing, and to the reality that one's life circumstances to a large extent determine one's [exposure](#) to the virus. The pandemic has shown up the limits to healthcare systems—even those of the very richest countries. The WHO's ambition therefore might be falling on fertile soil. But, we shouldn't pretend that it will be an easy lift. The treatment paradigm is as pervasive as sickness industries. Here too, however, WHO has put its foot forward by establishing a new department on the commercial determinants of health. ...."**

## NCDs

HPW -Alcohol Consumption is Linked to 740,000 Cancer Cases, Particularly Affecting Men

<https://healthpolicy-watch.news/alcohol-consumption-linked-to-740-000-new-cancer/>

*“More than 740,000 newly diagnosed cancer cases in 2020 may be linked to alcohol consumption, with men accounting for more than three-quarters of those cases, a new global study estimates. The **study published in The Lancet Oncology** estimates that men accounted for 77% (568,700) of alcohol-associated cancer cases last year, compared with women, who accounted for 23% (172, 600) cases. The **highest number of alcohol-associated cancers were found in Eastern Asia and Central and Eastern Europe, while the lowest was found in Northern Africa and Western Asia.**”*

See also the Guardian - [Alcohol caused 740,000 cancer cases globally last year – study](#)

## **IJHPM - Policy Processes in Multisectoral Tobacco Control in India: The Role of Institutional Architecture, Political Engagement and Legal Interventions**

S Mondal, S van Belle et al; [http://www.ijhpm.com/article\\_4081.html](http://www.ijhpm.com/article_4081.html)

*“The development and implementation of health policy have become more overt in the era of SDGs, with expectations for greater inclusivity and comprehensiveness in addressing health holistically. Such challenges are more marked in low- and middle-income countries (LMICs), where policy contexts, actor interests and participation mechanisms are not always well-researched. **In this analysis of a multisectoral policy, the Tobacco Control Program in India, our objective was to understand the processes involved in policy formulation and adoption, describing context, enablers, and key drivers, as well as highlight the challenges of policy....”***

Link:

Lancet Comment - [BMI and diabetes risk in low-income and middle-income countries](#)

## **Decolonize Global Health**

### **BMJ Analysis - Decolonising human rights: how intellectual property laws result in unequal access to the COVID-19 vaccine**

S Sekala, L Forman et al ; <https://gh.bmj.com/content/6/7/e006169>

*“... many countries in the Global South face great difficulties in accessing vaccines, partly because of restrictive intellectual property law. These laws exacerbate both global and domestic inequalities and prevent countries from fully realising the right to health for all their people. Commodification of essential medicines, such as vaccines, pushes poorer countries into extreme debt and reproduces national inequalities that discriminate against marginalised groups. **This article explains how a decolonial framing of human rights and public health could contribute to addressing this systemic injustice.** We envisage a human rights and global health law framework based on solidarity and international cooperation that focuses funding on long-term goals and frees access to medicines from the restrictions of intellectual property law. This would increase domestic vaccine production, acquisition and distribution capabilities in the Global South.”*

*“...A decolonised approach demands three things. Firstly, reparative justice, not through charitable models such as COVAX but through redistribution, secondly increasing manufacturing capacity of*

states from the global south and thirdly that states should pay greater attention to the human rights responsibilities of corporations.....”

## Paper - The World Health Organization and COVID-19: Re-establishing Colonialism in Public Health

David Bell et al; <https://www.pandata.org/who-and-covid-19-re-establishing-colonialism-in-public-health/>

A bit harsh, perhaps. Exploring the following question: “...We are witnessing a return to the inequalities of the colonialist approach that the post-war charter of WHO had sought to extinguish. COVID-19 has brought the growing contradictions within WHO to a head. Will global health policy continue to be controlled by a small cabal of wealthy countries, corporations and individuals, or will the principles of equality and personal autonomy prevail, returning power to the hands of the populations whom WHO was established to serve?”

## Devex - Opinion: 5 ways to decolonize global health and build greater equity

<https://www.devex.com/news/opinion-5-ways-to-decolonize-global-health-and-build-greater-equity-100240>

By Health economist **Chris Atim**.

## Plos Blog (Speaking of Medicine & Health ) - Decolonising Humanitarianism or Humanitarian Aid?

T Aloudat & T Khan ; [Speaking of Medicine](#) ;

*“The use of decolonisation as a framework for action, has thus far sidestepped the important –and more complex– act of understanding the monopoly, misuse, or abuse of power in the mainstream humanitarian sector. .... The conflation of humanitarianism and humanitarian aid is one of the features that allow a continuation, and often glorification, of a “humanitarian industrial complex” that is often complicit in the harm and violence that befalls people it seeks to help (Dadusc and Mudu, 2020). A clear distinction must be made between humanitarianism –the active belief in the equal value of all human life and the consequent action to assist others, protect their rights, and accept and promote their agency and worldview– and the current form of humanitarian aid –the formalized system of governments, agencies, and organizations largely based in and led by the Global North. The lack of a distinction between the two, which is rarely acknowledged in the discussions on decolonisation, illustrates the pathologies of humanitarian aid, its historical entanglements with colonialism and politics, its engagement with power, and its complicity in extending disasters. These issues must be examined from multiple angles including their explicit coloniality, displacement of politics, and structural racism and white supremacy (Agier, 2010; Fassin, 2001; Benton, 2016). A set of three cases close to the authors’ experiences can be used to illustrate some of these issues.... “*

Link:

Devex - [2 consultants accuse UNICEF UK of 'institutional racism'](#) Among them, Fifa A Rahman.

## SRHR & gender based violence

### UN News - Ensure reproductive health rights for all on World Population Day: UN chief

<https://news.un.org/en/story/2021/07/1095652>

*“Erosion of women’s reproductive rights has been one of the fallouts from the COVID-19 pandemic, UN Secretary-General António Guterres has said.” In his **message for World Population Day**, observed on Sunday, the UN chief called for closing gaps in access to sexual and reproductive health services which the crisis has created....”*

### Devex - Opinion: We need a global treaty on gender-based violence

F Rivera; <https://www.devex.com/news/opinion-we-need-a-global-treaty-on-gender-based-violence-100238>

*“...the **United Nations’ Human Rights Council addressed violence against women** during its recent annual session. While I applaud this effort and the council’s continued efforts to address violence against women, **I strongly urge our international leaders to take one specific step toward progress: adopting a global treaty** to solve this issue once and for all. .... Recently, I, along with 155 other human rights attorneys from 35 countries, **sent a letter calling on the U.N. to support such a treaty**. The letter identifies normative, geographic, and enforcement gaps in addressing violence against women internationally and domestically....”*

*“The proposed treaty would help bridge those gaps by providing more uniform definitions, identifying clear guidelines and best practices, providing policies and services, and serving as a catalyst for domestic change.....”*

## Human Genome editing

### WHO - WHO issues new recommendations on human genome editing for the advancement of public health

<https://www.who.int/news/item/12-07-2021-who-issues-new-recommendations-on-human-genome-editing-for-the-advancement-of-public-health>

*“Two new companion [reports](#) released today by the World Health Organization (WHO) provide the first global recommendations to help establish human genome editing as a tool for public health, with an emphasis on safety, effectiveness and ethics....”*

See also **Stat News** - [World Health Organization advisers urge global effort to regulate genome editing](#)

*“On Monday, a World Health Organization advisory committee called on the world’s largest public health authority to stand by the 2019 statement of its director-general urging a halt to any*

**experiments that might lead to the births of more gene-edited humans. The committee — established in December 2018, weeks after news broke of the birth of twin girls whose genomes were edited by Chinese scientist He Jiankui — said in a pair of long-awaited reports that the germline editing technology that led to the “CRISPR babies” scandal is still too scientifically and ethically fraught for use. But for other, less controversial forms of gene-editing, the reports offer a path to how governments might establish the technology as a tool for improving public health....”**

And Reuters - [WHO committee calls for sharing of gene editing tools with poorer nations](#)

*“ A World Health Organization (WHO) committee said on Monday that human genome editing technologies to treat serious disease should be shared more generously, to allow poorer nations to benefit from the highly dynamic scientific field....”*

Links: HPW - [New Global Recommendations for Human Genome Editing may Improve Use to Cure and Treat Diseases](#)

Nature News - [WHO should lead on genome-editing policy, advisers say](#)

## UHC

### BMJ GH Editorial - Health system governance and the UHC agenda: key learnings from the COVID-19 pandemic

C H Schneider; <https://gh.bmj.com/content/6/7/e006519>

*“... COVID-19 has presented a wealth of experience and as such lessons for health systems strengthening—particularly in terms of health systems governance. .... Experiences around the world as health systems were faced with the COVID-19 pandemic brought to light the **essential nature of four sets of relationships at the core of health system governance** that have proven key to resilience and performance. Lessons from these experiences can help to build the missing empirical basis of health system governance....”* : Relationships between public health, primary, secondary and tertiary health services; Relationships between central and local administrative levels; Relationships between evidence production, expertise, technical advisory and decision makers; Relationships between public and private sectors in health systems.

Link:

SPARC - [Functional framework to describe health purchasing systems and track progress](#)

PS: Strategic Purchasing Africa Resource Centre (SPARC) is a [new initiative](#) to strengthen strategic purchasing expertise in sub-Saharan Africa and move countries closer to universal health coverage.

## Some other news of the week

### IMF – Could Renewed Social Unrest Hinder the Recovery?

[https://blogs.imf.org/2021/07/13/could-renewed-social-unrest-hinder-the-recovery/?utm\\_campaign=covid19&utm\\_medium=email&utm\\_source=email](https://blogs.imf.org/2021/07/13/could-renewed-social-unrest-hinder-the-recovery/?utm_campaign=covid19&utm_medium=email&utm_source=email)

*“Protests driven by the pandemic’s economic fallout are on the rise, with potentially long-lasting economic consequences.”*

### Guardian - Top fashion brands face legal challenge over garment workers’ rights in Asia

<https://www.theguardian.com/global-development/2021/jul/09/top-fashion-brands-face-legal-challenge-over-garment-workers-rights-in-asia>

*“Pan-Asian labour rights group launches groundbreaking attempt to hold global labels accountable for alleged rights violations during pandemic.”*

*“... Legal complaints are being filed against some of the world’s largest fashion brands in major garment-producing countries across Asia in a groundbreaking attempt to hold the global fashion industry legally accountable for human rights violations in the countries where their clothing is made. .... **The Asia Floor Wage Alliance (AFWA), a pan-Asian labour rights group**, says it is using legal challenges to argue that **global clothing brands should be considered joint employers, along with their suppliers**, under national laws and be held accountable for alleged wage violations during the Covid-19 pandemic ... “ “...Two of these complaints have already been filed with the authorities in India and Sri Lanka, with further complaints pending in Indonesia and Pakistan.....”*

### Guardian - Health campaigners call for an end to the use of the word leper

<https://www.theguardian.com/global-development/2021/jul/12/health-campaigners-call-for-an-end-to-the-use-of-the-word-leper>

*“Health campaigners are calling for an end to the use of the word leper, saying the language frequently used by politicians and others during the pandemic has made people with leprosy even more marginalised. The metaphor of the socially outcast “leper” has been used often, whether in media reports on stigma against **early Covid-19 patients** or by politicians in **Italy** and **Brazil** complaining about being seen as “leper colonies”. Campaigners now want an end to the use of what they call the “L-word”. .... According to a **UN report presented to its human rights council last week**, people affected by leprosy have lost access to treatment, had their drug supplies disturbed, been cut off from work and have died in high numbers from Covid-19.....”*

### New Partnership launched to accelerate elimination of relapsing P. vivax malaria that poses a risk to an estimated 2.5 billion people worldwide

[Biospectrum Asia](#) .

*“MMV is delighted to announce an expansion of its work on P. vivax malaria elimination through the launch of the Partnership for Vivax Elimination (PAVE). Vivax malaria poses a risk to an estimated 2.5 billion people worldwide. PAVE will advance the development of quality-assured, child-friendly treatments for relapse prevention, and generate and consolidate evidence to support malaria-endemic countries in developing and implementing new strategies to eliminate P. vivax malaria...”* **“The Partnership for Vivax Elimination (PAVE)** will support endemic countries in achieving their Plasmodium vivax (P. vivax) malaria elimination goals. PAVE will advance the development of quality-assured, child-friendly treatments for relapse prevention, and generate and consolidate evidence to support malaria-endemic countries in developing and implementing new strategies to eliminate P. vivax malaria..”

See also **HPW - [A New \\$25 Million Unitaid Partnership to Help Eliminate Complex and Persistent Malaria](#)** *“Brazil, Ethiopia, India, Indonesia, Papua New Guinea, Peru and Thailand are set to benefit from a \$25-million “Partnership for Vivax Elimination” (PAVE) which aims to help these countries eliminate Plasmodium vivax (P. Vivax) malaria. PAVE will also generate and consolidate evidence to support malaria-endemic countries in developing and implementing new strategies to P. Vivax malaria, a complex and persistent type of malaria that poses a risk to more than one-third of the world’s population, according to a [Unitaid statement](#) on Wednesday.”*

*“...PAVE is led by MMV and PATH and combines the new \$25 million from Unitaid with work under existing grants from the Bill & Melinda Gates Foundation, the UK Foreign, Commonwealth and Development Office (FCDO) and MMV core funding....”*

## **Devex - African leaders seek \$100B for early IDA replenishment**

<https://www.devex.com/news/african-leaders-seek-100b-for-early-ida-replenishment-100347>

**“African leaders are seeking \$100 billion for a pivotal World Bank fund that provides assistance to the lowest-income nations, as the COVID-19 pandemic has created acute financing pressures.**

**Replenishment for the International Development Association (IDA) will come a year early, after the bank “front-loaded” assistance from the previous round of recapitalization in 2019, which was meant to last through the middle of 2023....”**

## **Some papers and reports of the week**

### **FT special report – Delivering for the world’s children**

<https://www.ft.com/reports/unicef-delivering-worlds-children>

*“In this year of summits, the United Nations Children’s Fund has invited expert writers to set out policies that governments and companies should pursue to help the next generation overcome the Covid-19 pandemic, climate change, and economic inequity.”*

Make sure you read at least [Why Covid means children's health must be at the centre of all policies](#) (by Helen Clark, Sarah Dalglish et al) “The pandemic has disrupted food programmes, education, healthcare and protection.” By [The Children in All Policies 2030 \(CAP-2030\) advocacy group](#).

## WHO (Alliance) - What do we know about HPSR institutions in sub-Saharan African countries?

<https://ahpsr.who.int/newsroom/news/item/14-07-2021-what-do-we-know-about-hpsr-institutions-in-three-sub-saharan-african-countries>

*“...the Alliance and the Doris Duke Charitable Foundation commissioned three studies to explore the evidence-to-policy process in Ethiopia, Ghana and Mozambique. We worked with Jimma University in Ethiopia, the Regional Institute for Population Studies in Ghana, and Instituto Nacional de Saúde in Mozambique to undertake surveys and in-depth interviews with representatives from 54 locally based research institutions and 41 health policy-makers, **the studies explored the entire chain of evidence generation – from conception of the research idea, through to its synthesis and dissemination.** The national teams coordinated with a research group at the International Health Policy Program in Thailand to ensure a common approach and research protocols. **Four briefs were developed to summarize key findings, one from each country along with a [cross-cutting brief](#)** and have been published today....”*

## Nature Editorial – Does the fight against hunger need its own IPCC?

[https://www.nature.com/articles/d41586-021-01904-0?utm\\_source=tw\\_t\\_nat&utm\\_medium=social&utm\\_campaign=nature](https://www.nature.com/articles/d41586-021-01904-0?utm_source=tw_t_nat&utm_medium=social&utm_campaign=nature)

*“Any plan to create an intergovernmental science panel on food science and policy must protect its independence.”*

## IJHPM - Strengthening Research and Practice in Community Health Systems: A Research Agenda and Manifesto

Moses Tetui et al ; [https://www.ijhpm.com/article\\_4079.html](https://www.ijhpm.com/article_4079.html)

*“While there have been increased calls for strengthening community health systems (CHSs), key priorities for this field have not been fully articulated. **This paper seeks to fill this gap, presenting a collaboratively defined research agenda, accompanied by a ‘manifesto’ on strengthening research and practice in the CHS.** The CHS research agenda domains were developed through a modified concept mapping process with a team of 33 experts on the CHS including policy-makers, implementers and researchers from institutions in **six countries: Uganda, Guatemala, South Africa, Sweden, Tanzania and Zambia.** ..... **Eight domains of research priorities for CHSs were identified:** clarifying the purpose and values of the CHS, ensure inclusivity; design, implementation and monitoring of strategies to strengthen the CHS; social, political and historical contexts of CHS; community health workers (CHWs); social accountability; the interface between the CHS and the broader health system; governance and stewardship; and finally, the ethical methodologies for researching the CHS....” Plus manifesto.*

## Global Health Action - What does a pandemic proof health system look like?

J Michel et al ; <https://www.tandfonline.com/doi/full/10.1080/16549716.2021.1927315>

Kickstarting a - necessary -debate. “...The purpose of this viewpoint is to stimulate debate on how we can move towards pandemic proof health care systems....”

## BMJ GH – Research capacity of global health institutions in China: a gap analysis focusing on their collaboration with other low-income and middle-income countries

X Kwete et al ; <https://gh.bmj.com/content/6/7/e005607>

“This paper presented qualitative and quantitative data collected on the research capacity of global health institutions in China and aimed to provide a landscaping review of the development of global health as a new discipline in the largest emerging economy of the world...” Check out findings.

Among others:

“... **Most global health institutions in China were established after 2000 and are growing fast in both scales and scope of work while still facing many challenges.** Bibliometric analysis and standardised survey included in this study provided detailed quantifiable measurements of the research capacity of these institutions and respective strengths and weaknesses. **Enhancing collaboration with other low-income and middle-income countries was a major part of their development strategy.** Research capacity of global health institutions in China can be improved to a large extent by increasing collaboration with their international partners as well as domestic ones. **Trilateral partnerships can play an important role in the development of global health in China.**”

## Some tweets of the week

### Nikki Kay

“I think WHO and CDCs should make it a priority to resource real-world studies of Sinovac and Sinopharm. Especially now they have been added to COVAX supply. These vaccines are important in global supply and will save lives but we need better data to build public confidence.”

### Ngozi Okonjo-Iweala

“WTO and @WHO senior teams prepare for the second Vaccine Equity conference on 21st July. Happy to receive at the @WTO HQ my brother @DrTedros @doctorsoumya Dr Mariângela Simão, @BoehmeCatharina and other colleagues. With @\_AnabelG @antinomist and Bright Okogu from the WTO team.”

### Re Economist Covid-tracker

[https://www.economist.com/graphic-detail/tracking-coronavirus-across-the-world?utm\\_campaign=editorial-social&utm\\_medium=social-organic&utm\\_source=twitter](https://www.economist.com/graphic-detail/tracking-coronavirus-across-the-world?utm_campaign=editorial-social&utm_medium=social-organic&utm_source=twitter)

“Fully 66% of the total global deaths from covid-19 have taken place in three regions: the European Union, North America and South America.”

## Global governance of health

PRI - Will Ghebreyesus' pandemic report card earn him a second WHO term?

<https://www.pri.org/stories/2021-07-13/will-ghebreyesus-pandemic-report-card-earn-him-second-who-term>

With views from Suerie Moon & Thomas Bollyky, among others.

### Development - The Breathing Catastrophe: COVID-19 and Global Health Governance

N Dentico; <https://link.springer.com/article/10.1057/s41301-021-00296-y>

Cool stuff, even if I don't agree with everything she says. ***“In the second year of the pandemic, the malaise of global health governance has come to the fore at the intersection of the trajectories of global crises that have converged in 2020: the soaring inequalities, the climate disaster and the effects of a globalization that takes our breath away. COVID-19 puts into question most of the global health assumptions and reaffirms the political intuitions of the 1978 Alma Ata Declaration on primary health care, which positioned health at the centre of a public sector-led project for economic transformation and human dignity, based on human rights. The new coronavirus imposes a new sense of purpose to health policymaking, which is not yet captured in the current failed global response to the pandemic. This is also an opportunity for the international community that believes in public health and the role of public institutions, to re-imagine itself and project new creative ways to engage beyond classical models, so as to reconquer some ground for a healthier future.”***

**A few quotes: “The ACT-Accelerator also interprets a new reductionist interpretation of the multi-stakeholder notion. The role of the WHO is hijacked to a mere convening function—with the choice of former CEO of GlaxoSmithKline as special WHO envoy on COVID-19 (Taylor 2020). Civil society organizations are pretty much removed from the scene. The Foundation-driven public-private partnerships—the Global Alliance for Vaccines and Immunizations (GAVI) and the Coalition for Epidemic Preparedness Innovations (CEPI)—form the ACT-Accelerator’s core engine, in alliance with the Wellcome Trust and the pharmaceutical industry.”**

**“Quite comfortably, with the excuse of pandemic surveillance and response, the élite of the biomedical community are taking advantage of the global pathogen to articulate the nature of viral threats through the logic of immunity that moves health securitization forward. Immunity is manifesting as the new organizing principle, the new ideology, in a scenario where humans continue to be the main aggressors. .... This construction of the immunity paradigm is not merely a metaphor, and it goes beyond biochemical categories. It embraces the socio-political and juridical factors, as we now see in the proposal formulated at the WHO Executive Board of a pandemic treaty. German sociologist Ulrich Beck had anticipated this in his theory of ‘the risk society’ (Beck 2009). Risk distribution shows that, like wealth, risk conforms to prevailing class patterns and reinforces them. Poverty attracts an abundance of risks, whereas the wealthy (in income, power or education) can purchase safety and freedom from risk, or even profit from the risks by producing or selling the**

*technologies that help prevent risks from occurring or deal with their adverse effects once they occur. The management of risk, ultimately, is the prime feature of the global order.;..”*

## **F2P blog - How can we make sure Covid-driven localization in aid endures after the pandemic?**

D Green; <https://oxfamapps.org/fp2p/how-can-we-make-sure-covid-driven-localization-in-aid-endures-after-the-pandemic/>

*“Lots of people are hailing a surge in pandemic-driven ‘localization’ as one of the silver linings of the current grimscape. The argument goes that lockdowns have suspended aid’s standard ‘white men in shorts’ operating model, allowing local organizations to expand into the space, run their own responses, (eg to humanitarian emergencies) and generally take more control of the aid process – something long promised but seldom delivered. ... But will it last? Is this a localization blip, after which things return to business as usual, or a tipping point to something better? And what could be done now to ensure that it is the latter?...”*

Links:

- WHO Bulletin - [National focal points and implementation of the International Health Regulations](#)

(by K Wilson, R Labonté et al)

## **Planetary health**

### **Lancet Planetary Health - Systematic mapping of global research on climate and health: a machine learning review**

L Berrang-Ford, A Haines et al ; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(21\)00179-0/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00179-0/fulltext)

*“The global literature on the links between climate change and human health is large, increasing exponentially, and it is no longer feasible to collate and synthesise using traditional systematic evidence mapping approaches. We aimed to use machine learning methods to systematically synthesise an evidence base on climate change and human health...”*

### **Guardian - Deadly heat: how rising temperatures threaten workers from Nicaragua to Nepal**

<https://www.theguardian.com/global-development/2021/jul/14/deadly-heat-how-rising-temperatures-threaten-workers-from-nicaragua-to-nepal>

*“As scorching temperatures spread, the search for ways to protect against heat stress is becoming ever more urgent...”*

*“... More than 5 million people die each year worldwide due to **excessively hot or cold conditions**, according to a recent 20-year study, and heat-related deaths are climbing. **Another study** found that **37% of heat-related deaths around the globe in warm seasons could be tied to the climate emergency...**”*

ODI (report )- Driving a green recovery in developing countries: what role is China playing?

<https://odi.org/en/publications/driving-a-green-recovery-in-developing-countries-what-role-is-china-playing/>

B J Keane et al.

## Infectious diseases & NTDs (+ AMR)

Telegraph - First-ever Zika outbreak in Kerala as pandemic disrupts mosquito control programme

[Telegraph](#);

*“ Experts in India believe Covid-19 could have given a window for the mosquito population to multiply in Kerala, enabling the virus to emerge...”*

Telegraph - ‘I am threatened by insurgents every day’: Afghan killings spark wave of polio worker resignations

[Telegraph](#);

*“ The loss of so many vaccine staff deals another blow to the country's beleaguered efforts to eradicate poliovirus.”*

Guardian - Raw dog food ‘may be fuelling spread of antibiotic-resistant bacteria’

<https://www.theguardian.com/society/2021/jul/10/raw-dog-food-may-be-fuelling-spread-of-antibiotic-resistant-bacteria>

*“Researchers warn of international public health risk and urge authorities to raise awareness.”*

*“Antibiotic-resistant “superbugs” – which the World Health Organization calls one of the top global threats to public health – usually conjure images of hospital settings. But research may point to a less-obvious source: the **family dog**. **Researchers warned of “an international public health risk” after finding antibiotic-resistant bacteria in a range of different types of raw dog food.** “The trend for feeding dogs raw food may be fuelling the spread of antibiotic resistant-bacteria”, the researchers said in a press release for their study, to be presented at the European Congress of Clinical Microbiology & Infectious Diseases. Separate research to be presented at the same conference found resistance to a last-resort antibiotic may be passing between pet dogs and their owners.....”*

## Sexual & Reproductive / maternal, neonatal & child health

### Lancet Comment - Paediatric surgery for congenital anomalies: the next frontier for global health

S Stokes et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01547-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01547-6/fulltext)

Comment linked to a new Lancet study. *“Paediatric surgery has historically been neglected in global health efforts. Estimates suggest that 6% of children worldwide are born with a congenital anomaly and 94% of these children are born in low-income and middle-income countries (LMICs). Surgical intervention for these children is potentially life-saving. However, many are among the two-thirds of the world's children, or an estimated 1.7 billion children, who lack access to surgical care. In The Lancet, the Global PaedSurg Research Collaboration report that the mortality of patients with congenital gastrointestinal anomalies in low-income countries is seven times that of children in high-income countries. ...”*

### Lancet Global Health (Comment) - Surviving maternal sepsis in low-income countries

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00294-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00294-1/fulltext)

Comment linked to a new Lancet GH study.

Links:

WHO Bulletin - [Subnational inequalities in diphtheria–tetanus–pertussis immunization in 24 countries in the African Region](#)

The Conversation - [COVID-19 lockdowns and contraception: unexpected findings in four African countries](#)

## Access to medicines

### Stat - In a sweeping executive order, Biden endorses importing drugs from Canada and orders a bigger drug pricing plan by late August

<https://www.statnews.com/2021/07/09/executive-order-biden-drug-pricing-plan/>

(gated) *“President Biden on Friday will take aim at the pharmaceutical industry by ordering his administration to advance several vague policies that clearly take aim at drug makers: targeting high drug prices and importing drugs from Canada....”*

## Extra Covid section

### Nuffield Council on Bioethics - An acceptable level of deaths?

D Archard; <https://www.nuffieldbioethics.org/blog/an-acceptable-level-of-deaths>

*“In the wake of the announced ending of most COVID restrictions the **talk is inevitably of what the new normal will look like.** Prominent in these discussions is the **idea that there might be an ‘acceptable level of deaths’.**”* Focus in this blog on the UK situation, but obviously with broader relevance.

*“...In short, the acceptability of who dies from COVID is not a straightforward matter of the number of deaths but **rather of how these are distributed across society.** Once again, it is imperative that we all acknowledge this and have the opportunity to **make a collective decision** informed both by what science can predict and what ethics can help us understand as morally justified...”*

### The Healthiest Goldfish - Why will we remember what we remember about COVID-19?

Sandro Galea ; [Sandro Galea](#) ;

Part two of a series of two blogs on Covid narratives.

*“**Some thoughts on why we embrace certain narratives and not others, and how this might shape our long-term thinking about the pandemic....** It strikes me that **certain narratives are likelier to stick when they meet the following three criteria:** they seem to fulfill our pre-existing biases, they fulfill an aesthetic need for coherence (i.e., they seem to “connect the dots,” reflecting some measure of order in a chaotic world), and—yes—they are told by dominant groups, promoted by those in power, by “winners.” ...”*

### Social Science & Medicine - The politics of COVID-19 vaccination in middle-income countries: Lessons from Brazil

E M da Fonseca et al ; <https://www.sciencedirect.com/science/article/abs/pii/S0277953621004251>

*“...Middle-income countries (MICs) typically lack the resources and regulatory capacities to pursue strategies that wealthier countries do, but they also face different sets of challenges and opportunities than low-income countries (LICs). **We focus on three dimensions of vaccination: procurement and production; regulation of marketing registration; and distribution and uptake.** For each dimension we show the **distinct challenges and opportunities faced by MICs.** We illustrate these challenges and opportunities with **the case of Brazil,** showing how each dimension has been affected by intense political conflicts.....”*

## ODI (Working paper) - Have social protection responses to Covid-19 undermined or supported gender equality? Emerging lessons from a gender perspective

R Holmes et al ; <https://odi.org/en/publications/have-social-protection-responses-to-covid-19-undermined-or-supported-gender-equality-emerging-lessons-from-a-gender-perspective/>

*“This paper examines the extent to which social protection responses to the crisis have recognised and addressed the gendered impacts of the crisis. Drawing on case studies from South Africa and Kerala, India, the paper looks at the design and implementation features of the social protection response from a gender perspective, and offers policy recommendations for strengthening gender in social protection and crisis response in the future...”*

## Stat - Experts warn full Covid-19 vaccine approval is no quick fix for hesitancy

<https://www.statnews.com/2021/07/12/experts-warn-full-covid-19-vaccine-approval-is-no-quick-fix-for-hesitancy/>

*“The [US] Food and Drug Administration issuing full approval for two Covid-19 vaccines might not be the game-changer it’s chalked up to be, according to a number of leading public health experts....”*

## WSJ – Tech Firms to Buy Covid-19 Vaccines on Behalf of Taiwan’s Government

<https://www.wsj.com/articles/tech-firms-to-buy-covid-19-vaccines-on-behalf-of-taiwans-government-11626020496>

*“The roundabout arrangement with TSMC and Foxconn effectively ends a monthslong geopolitical impasse over whether Taiwan could buy vaccines directly from BioNTech.”*

## Journal of Health Care Informatics research - Investigating Public Discourses Around Gender and COVID-19: a Social Media Analysis of Twitter Data

A Al-Rawi et al ; <https://link.springer.com/article/10.1007/s41666-021-00102-x>

*“We collected over 50 million tweets referencing COVID-19 to understand the public’s gendered discourses and concerns during the pandemic. We filtered the tweets based on English language and among **three gender categories**: men, women, and sexual and gender minorities....”*

And some links:

Via the Guardian: [\*\*AstraZeneca working to eliminate risk of blood clots from vaccine\*\*](#)

*“AstraZeneca and Johnson & Johnson are investigating how to tweak their vaccine to preclude the risk of blood clots. The companies are understood to be conducting laboratory work to understand the molecular mechanism that may cause the complication, with a view to potentially producing a modified version. It comes after data showed a probable causal link between the jabs and an extremely small chance of fatal blood clots....”* See also [CNBC](#).

**Guardian – Huge study supporting ivermectin as Covid treatment withdrawn over ethical concerns**

<https://www.theguardian.com/science/2021/jul/16/huge-study-supporting-ivermectin-as-covid-treatment-withdrawn-over-ethical-concerns>

*“The preprint endorsing ivermectin as a coronavirus therapy has been widely cited, but independent researchers find glaring discrepancies in the data.”*