IHP news 635 : A supply tipping point?

(10 September 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 this week’s Featured article from my former (and just retired) colleague Bart Criel is a bit longer than usual (can’t say I’m surprised😊), let me just flag a few key messages in the intro.

The week started with a “cosmopolitan moment” of sorts, when more than 200 health journals called for urgent action on the climate crisis, in the run-up to COP 26 in Glasgow. Very neat initiative. Wonder why they refrained from questioning the core “values” of our destructive global economic system, though (perhaps because many of these values also drive “academia” nowadays?) I tried hard but couldn’t find the word ‘capitalism’ in the editorial, for example. Instead: “...To achieve these targets, governments must make fundamental changes to how our societies and economies are organised and how we live.” Ahum. Nevertheless, a very welcome initiative, as even Greta “hard to please” Thunberg acknowledged.

On the global vaccine (in)equality front, new research from Airfinity (first mentioned in an Economist article, over the weekend) seems to point to a “tipping point” in terms of supply. Increasingly, access, not supply is limiting the global vaccine roll-out. Obviously, IFPMA (including its vice president, who turns out to be Pfizer’s Albert Bourla), was quick to jump on this new research. Thomas Cueni (IFPMA DG) even hinted at vaccine equity by mid next year, “... political will provided” (I’m sure your LMIC granny and grandpa, or people with ‘underlying health conditions’ in SSA will be overjoyed when they hear this merry news, huh😊).

Not everybody is convinced, however, that all these doses will indeed materialize and reach the people most in need soon, given what we have seen till now. Indeed, so far, Covax & low-income countries are not exactly being prioritized by manufacturers, as dr. Tedros himself pointed out on Wednesday. “We don’t want any more promises. We just want the vaccines.” His rather lukewarm response to the ‘billions of doses on the way’ came right after the cold shower news by Covax, which cut its vaccine delivery forecasts to the developing world by 25%, not the first time it had to revise down its projected deliveries. A ‘Boulevard of broken dreams’, as Green Day would sing.

Still, chances are indeed that you will need to get used to terms like ‘vaccine glut’ and even ‘vaccine dumping’ in the months and year to come. Be also prepared for some of the main ‘Pontius Pilate’ protagonists in this ugly vaccine inequity story of the past year and a half, to now grandstand once again, as they’ll increasingly “generously” “share”, donate & allocate doses. Think Jens Spahn, Albert Bourla, Ursula von der Leyen, Boris Johnson and a bunch of others, who have been “washing their hands” for months and months now, in Trips waiver (& C-TAP) discussions. In any case, together with a waiver and local manufacturing, in a pandemic version of ‘the ones with the strongest shoulders should contribute most’, I’m in favour of a (compulsory) scheme whereby the ones with
the ‘most guilty conscience’ contribute most in the coming months, countries & Big Pharma companies.

Let’s end in style with the final tweet from a hard-hitting Twitter thread by Gregg Gonsalves (Yale) in which he - accurately - blames rich country governments and the monopoly owners of mRNA technology for balking or slow walking discussions about global access to vaccines over the past months. Ending like this: “How did we all get to be so damaged that money and the pursuit of it is worth consigning millions to death? As a species we are doomed. Seriously folks. A pandemic and we act like this. We are as good as dead. end/”

On that cheerful note, enjoy your reading.

Kristof Decoster

**Featured Article**

**No lessons, but some gentle suggestions for young public health faculty after thirty great years at the Institute of Tropical Medicine**

Bart Criel  *(former ITM professor, just retired)*

I turned 65 in July, and have shifted since August 1st to the status of (young) retiree. That is indeed the rule at the Institute of Tropical Medicine (ITM) in Antwerp, and for that matter also at Belgian universities. Not that I would have considered to stay longer (even if it were possible). I was/am actually looking forward to more time for other things in life... and it is thus without regret that I leave the busy professional life of a professor at the public health department behind me. It will however still take a bit of time to find and strike the right balance between further interest in “public health” (even if mostly passive from now on), and space and time for new things. But let there be no misunderstanding: I enjoyed very much the three decades of work at ITM. I consider it a privilege and an honor to have been able to work at this prestigious institute, with the opportunity to meet and collaborate with outstanding people – in Antwerp, as well as overseas! And so I happily accepted Kristof Decoster’s invitation to write an editorial for IHP on the occasion. Having no intention whatsoever to engage in a self-centered apology, I hope this piece can be of interest to the reader who may perhaps recognize a number of things and find in it inspiration for further thought.

What has been my path over the last 40 years (of which 30 at ITM) and what do I take from this journey that could be of relevance for others, and perhaps especially for younger faculty at the public health department of ITM?

I studied medicine at the Catholic University of Leuven and graduated in 1981. I am the product of a traditional medical training curriculum, largely geared towards the provision of individual curative medicine, in line with the dominant biomedical perspective. Most of my teachers were brilliant clinical specialists, many of them operating at the top of the health care pyramid in Belgium: i.e. a tertiary hospital-based environment with high-tech diagnostic support services (NB: in the 70’s and
80’s, the formal training of general practitioners/family doctors by general practitioners/family doctors was still in its infancy).

In my last year of medical school in Leuven, I attended the postgraduate course in Tropical Medicine at ITM. Looking back, I believe I was driven by a blend of curiosity, the longing for “adventurous” work in the world at large, complemented by a mix of idealism and probably also a certain amount of naïveté. The fact that I was born in Burundi and lived with my parents and siblings for a couple of years in Ethiopia in the early 70’s, no doubt also contributed to the choice to go and work in Africa. Africa is indeed an important part of my (layered) identity.

This 5-month course at ITM was a major eye-opener. I discovered (in addition, of course, to the exciting confrontation with tropical diseases) an entirely novel perspective on health, health care and health systems – and a language to reflect on it! The late Professor Harry Van Balen, then professor of public health, was key in that discovery. What was so new then, for a 25-year young Belgian medical doctor freshly trained at one of the top Belgian universities? Well, in the first place I discovered the notion of “health systems”, even if at the time I did not yet fully grasp its public health relevance. Like for so many other concepts and theories, I gradually developed a deeper understanding of systems thinking over the years when studying health systems in a variety of contexts, in South and North, and over prolonged periods of time. Field exposure is indeed fertile ground for interaction between practice and theory. I also increasingly realized that health systems are social and political constructs, shaped by values and choices, in the past and present. My horizon further widened with the encounter of a “non-medical” view on health, going beyond the mere absence of disease, and integrating the notion of social determinants in health. I began to grasp the need to broaden health care beyond the provision of individual curative medicine, with due attention for the often undervalued and poorly funded preventive and promotional care, at both populational and individual levels. Professor Van Balen emphasized the need to prioritize health activities on the basis of evidence, available resources, but also in line with people’s perspectives and priorities. In short, it was at ITM that - for the first time ever - I heard about Primary Health Care (PHC) and the famous 1978 Alma-Ata declaration!

Later, when I worked for the Belgian Technical Cooperation in the former Zaire (now the Democratic Republic of Congo) (from 1983 to 1990), all this increasingly made sense. The long-term “confrontation” with, or rather immersion in the reality of (local) health systems in Zaire eventually proved to be a powerful opportunity to enhance my understanding of the “what”, “how” and “why” questions related to the planning, organization, management and evaluation of health systems. With some hindsight, I like to see my stay in rural Zaire (in the Kasongo and Bwamanda districts respectively) as a "learning site avant la lettre. This learning process was further structured and consolidated in the one-year Master’s programme Community Health in Developing Countries at the London School of Hygiene and Tropical Medicine (which I followed in 1988-89).

End of 1990, I joined the public health department at ITM. My work at ITM was characterized by a mix of research, teaching and service delivery/capacity building activities in the broad field of health systems and health policies. I was given the opportunity, liberty and autonomy to study health systems at all levels and in all their dimensions, in a range of countries (Belgium, Benin, Guinea, India, Mauritania, Uganda, Zimbabwe...), and over longer periods of time. This experience strengthened my understanding of public health concepts and has been a continuous source of inspiration for both my teaching and research.

I cannot end this brief account of my stay at ITM without explicitly applauding the decolonization debate that is today also sparkling within the walls of the institute, largely thanks to a younger generation of faculty, from North and South. It is a most fortunate development. Indeed, I am convinced there is a need to think thoroughly through the complex issue of decolonization and reflect on how this (necessary) process can eventually have a positive impact on the interpretation
and framing of the rich cultural patrimony of ITM, the design and running of our educational programs, the set-up and operation of our international research platforms, the nature of our interaction with our Southern partners, and, last but not least, the composition and functioning of our institutional governance structures.

Now, what is in this story for younger colleagues? It would be presumptuous to talk about “lessons”. Times have changed, each one of us is different, and my experience is by no means unique nor a “blissful one” for everybody. Perhaps an elegant way out is to formulate a number of broad suggestions…?

Let me share three of them.

First, as much as possible (as permitted by the institutional leadership), do take time for prolonged exposure to “the field” of health systems and disease control programmes, combining depth with breadth. Try to get this experience in a variety of settings, and not only in exceptional conditions (like in the case of a pandemic for instance), but also under routine day-to-day circumstances. A key element of that exposure is time: to observe what is taking place, to listen to people, to take stock of their priorities, and to take this all into account when critically reflecting on one’s own work. Could this be the public health version of “slow science”, perhaps?

Second, go for a personalized and optimal balance between research, teaching and service delivery/institutional capacity building activities in your academic public health work. This mix has great potential for creating synergies and boosting cross-fertilization. But people are of course not interchangeable. No one should do exactly the same as others. Being part of a multi-purpose (and multidisciplinary) team is therefore important. Some team members are fond of teaching and excel in it, others are more attracted to research, and still others thrive when engaging into institutional capacity building of overseas partners. The team as a whole can then strike a sound balance between the three above-mentioned core academic activities. An important implication is that institutional performance assessment processes should also focus on how teams perform, and not only on individual faculty.

Third, build a clear vision on what exactly it is that you want to strive for. Indeed, if it is not clear where to go to, then the risk is that one goes in all sorts of directions … To quote Antoine De Saint-Exupéry: « on ne peut montrer le chemin à celui qui ne sait où aller ». What is the sort of health system we aim for? And why? Such a vision builds on a mix of organizational and managerial principles and a clear set of values as one’s guiding compass. In my case the philosophy and strategy of PHC has always been, and still is, a most valuable reference framework. PHC is still more than relevant today. Its concrete implementation will of course always need to be context-specific. Leave no room for “dogmatic” “copy and paste” models. As nicely put by the French anthropologist Jean-Pierre Olivier de Sardan in his recent book (La revanche des contextes. Des mésaventures de l’ingénierie sociale, en Afrique eu au-delà, Karthala), if the (specificity of) the context is not taken into account, there will be a backlash, for sure…

I wish you all the best in your future endeavors.

Warm regards,

Bart Criel (bcriel@itg.be)
Highlights of the week

Planetary Health

Guardian - More than 200 health journals call for urgent action on climate crisis
https://www.theguardian.com/environment/2021/sep/06/more-than-200-health-journals-call-for-urgent-action-on-climate-crisis

We reckon you’ve seen that joint call on Monday. To read it in full, see for example

BMJ - Call for emergency action to limit global temperature increases, restore biodiversity, and protect health

“The editorial, which is being published before the UN general assembly and the Cop26 climate summit in Glasgow this November, says: “Ahead of these pivotal meetings, we – the editors of health journals worldwide – call for urgent action to keep average global temperature increases below 1.5C, halt the destruction of nature, and protect health....”

Lancet Planetary Health – September issue
https://www.thelancet.com/journals/lanplh/issue/vol5no9/PIIS2542-5196(21)X0010-1

• Do start with the Editorial - Breathing fire

“....This issue of The Lancet Planetary Health includes a collection of four Articles exploring the health impacts of landscape fires, a term encompassing deliberately set fires (eg, for land management) as well as those that are not controlled. While the fires themselves cause widespread damage and threaten the lives of people fighting and fleeing them, it is the particulate matter in the smoke they produce that presents the greatest public health risk, and this is the focus of the collection....”

Check out also:

• Making academia environmentally sustainable: a student perspective

Key message: “ For many years, most universities have been avoiding the responsibility of undergoing a sustainable transformation, leaving the action to students and staff. In addition to being unfair, this practice is often inefficient because of the restricted financial, managerial, and organisational support received, which are crucial for success. A framework encompassing strategic planning, managerial and financial support, monitoring and evaluation, knowledge transfer, and transparency is key to ensuring a successful and collaborative transformation, in which students and staff members can be actively involved without bearing an unreasonable burden, which should reside with the universities directors.”
Guardian - Earth’s tipping points could be closer than we think. Our current plans won't work

Cfr tweet by the author: “When a complex system approaches a tipping point, its outputs begin to flicker. The weather extremes this year could be telling us something terrifying. We need to move much faster to avert climate breakdown than our governments are planning.”

Guardian - More global aid goes to fossil fuel projects than tackling dirty air – study

“Air pollution kills more than malaria, HIV/Aids and TB combined but receives only 1% of development aid.” … Governments around the world gave 20% more in overseas aid funding to fossil fuel projects in 2019 and 2020 than to programmes to cut the air pollution they cause. “

“Dirty air is the world’s biggest environmental killer, responsible for at least 4m early deaths a year. But just 1% of global development aid is used to tackle this crisis, according to an analysis from the Clean Air Fund (CAF). Air pollution kills more people than HIV/AIDS, malaria, and tuberculosis combined, but such health issues receive vastly more funding, the report found. When compared in terms of years of life lost, HIV/AIDS projects received 34 times more funding, while malnutrition programmes received seven times more. Increasing funding to similar levels to tackle air pollution would save many lives, experts said. Funding for air quality projects is also heavily skewed towards middle-income Asian countries, with African and Latin American nations receiving just 15% of the total, despite having many heavily polluted cities....”

Nature News - Climate science is supporting lawsuits that could help save the world
Nature;

“Governments have failed to slow climate change quickly enough, so activists are using courts to compel countries and companies to act — increasingly with help from forefront science.

Thomson Reuters – Climate groups call for COP26 summit delay over vaccines, costs
https://news.trust.org/item/20210907091152-nbthu/

“November’s COP26 U.N. climate summit should be postponed, as an inclusive and safe event has become "impossible", with delegates from poorer nations struggling to access vaccines and pay rising travel costs, a network of more than 1,500 groups said Tuesday. Civil society activists from many countries in Africa, Asia and Latin America have raised concerns about getting COVID-19
“Vaccines in time and expensive quarantine costs ahead of the key COP26 climate talks, scheduled from Oct. 31-Nov. 12 in Scotland.”

“...Our concern is that those countries most deeply affected by the climate crisis and those countries suffering from the lack of support by rich nations in providing vaccines will be left out of the talks,” said CAN executive director Tasneem Essop. “There has always been an inherent power imbalance within the U.N. climate talks and this is now compounded by the health crisis,” she added in a statement....”

And a link: Thomson Reuters - COP26 summit urged to prioritise adaptation as 'climate emergency' surges

ODI (working paper) – A fair share of climate finance: apportioning responsibility for the $100 billion climate finance goal


“... This working paper suggests three metrics to assess each developed country’s fair share of the climate finance goal: gross national income, cumulative carbon dioxide emissions and population. While imperfect, these metrics offer an indicative range to begin holding individual governments to account. Of the 23 developed countries responsible for providing international climate finance, only Germany, Norway and Sweden have been paying their fair share of the annual $100 billion goal. All other countries are falling short. Australia, Canada, Greece, New Zealand, Portugal and the United States (US) all contributed less than 20% of their fair share of international climate finance. The greatest shortfall in absolute terms is the US, which provides less funding than France, Germany, Japan or the United Kingdom – though its economy is larger than all of them combined....”

“This report is generously funded by the Zurich Flood Resilience Alliance (ahum)... “

G20 health ministers’ meeting, Rome (5-6 Sept))

As Politico put it in a nice headline, the G20 health leaders’ coronavirus declaration was long on promises, short on details. Below some more detail.

G20 - Rome will host the G20 Ministers’ Meeting devoted to health topics

https://www.g20.org/rome-will-host-the-g20-ministers-meeting-devoted-to-health-topics.html

(ahead of the meeting): The agenda featured three sessions. Read what was on the menu in Rome.

Declaration of the G20 Health Ministers (Rome)

With subheadings of healthy and sustainable recovery, building One Health resilience, coordinated and collaborative response; accessible vaccines, therapeutics and diagnostics.

**HPW - Bilateral Deals Will be Key to Nailing Down G20 Health Ministers’ Declaration**

https://healthpolicy-watch.news/bilateral-deals-will-be-key-to-nailing-down-g20-health-ministers-declaration/

Key coverage of the health ministers declaration & meeting.

“**G20 health ministers have agreed to share COVID-19 vaccine doses with low and middle-income countries (LMIC) and to support their capacity to produce their own vaccines, but failed to commit to numbers or a time frame.** The two-day meeting of G20 health ministers ended on Monday with the adoption of a health declaration that reiterated the group’s support for strengthening “the resilience of [COVID-19 vaccine] supply chains, to increase and diversify global, local and regional vaccine manufacturing capacity, and building expertise for LMICs, including for the raw materials needed to produce vaccines”. But host Italian health minister Roberto Speranza told the media at a post-meeting briefing on Monday that the G20 countries would need to “consider the text as a starting point”....”

**Devex Newswire: Did the G-20 health ministers miss their shot?**


“**Some in the sector were disappointed when the G-20’s latest meet-up resulted in no new financial pledges or concrete actions — just calls for strengthening supply chains and production for vaccines, and for “partners” to help close the ACT-Accelerator funding gap. Oxfam GB health policy adviser Anna Marriott says: “For a group of health leaders with responsibility to protect health, the lack of attention to vaccine access across the world is unforgivable. People are dying and [there’s] a complete lack of urgency.” .... “...not everyone was so hard on the outcome....” (eg Adam Kamradt-Scott).**

PS: “My colleague Jenny Lei Ravelo tells me there may be more concrete actions in the G-20 meeting in October, including what to make of the recommendations of the G-20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response published in July, which called for a $75 billion investment for pandemic preparedness and response....”

**Link:**  G20 health ministers aim to vaccinate 40% of global population against COVID-19 by end-2021

“The target was announced at the G20 Health Ministers’ Meeting, held from Sunday (Sep 5) to Monday in Rome. “But not a hard target, just support for the WHO’s aim ...

**UN News - WHO to G20 Health Ministers: Meet COVID-19 pledges, support regional vaccine manufacturing**

Rather important (opening) address by dr. Tedros. See also WHO Director-General’s opening remarks at G20 Health Ministers Meeting - 5 September 2021 & also the WHO Director-General’s intervention at the G20 Health Ministers’ Meeting (session 3)

“WHO’s global targets are to support every country to vaccinate at least 10 per cent of its population by the end of the month, at least 40 per cent by the end of the year, and 70 per cent by the middle of next year. “We can still reach these targets, but only with the commitment and support of G20 countries”, Tedros stated. As the largest producers, consumers and donors of COVID-19 vaccines, he upheld that they hold the key to achieving vaccine equity and ending the pandemic. …”

... “... Against this backdrop, the WHO chief spoke of four critical areas for action, beginning with better global governance. “An international instrument on pandemic preparedness and response will strengthen the foundation for global cooperation, setting the rules of the game, and enhancing solidarity among nations”, he said. More and better financing for national and global preparedness and response was his second point. “Financing facilities must be built using existing financial institutions, rather than creating new ones that further fragment the global health architecture”, Tedros asserted, adding that WHO has already taken steps toward better systems and tools across the One Health spectrum, his third action. Finally, he noted the need for a “strengthened, empowered and sustainably financed WHO” to fully realize the Organization’s broad mandate....”

See also HPW on the WHO [i.e. Tedros’] Appeal for more support:

“(1) he appealed for wealthier countries to swap “near-term [COVID-19 vaccine does] delivery schedules with COVAX, fulfilling your dose-sharing pledges by the end of this month at the latest, and facilitate the sharing of technology, know-how and intellectual property to support regional vaccine manufacturing”. (2) He also called for support for “a legally binding international agreement on pandemic preparedness and response” – the so-called ‘pandemic treaty’ – due to be discussed at a special session of the World Health Assembly at the end of November; (3) Finally, Dr Tedros appealed for their support to strengthen the WHO, including financially through “a historic reversal of the current imbalance between assessed and voluntary contributions”....”

Finally, some (High-Level) advocacy related to this meeting:

- Project Syndicate - The G20 Must Recommit to COVAX (by Seth Berkley)

“Additional G20 support can make the COVID-19 Vaccine Global Access facility a success. “... we need support from G20 leaders in four key areas.....”

“By recommitting to COVAX, G20 leaders will recommit to a multilateral solution that builds on the astounding scientific progress of the past year. Based on COVAX’s latest forthcoming supply forecast, when topped up with doses through bilateral deals, equitable COVID-19 vaccine access can protect up to 60% of the adult population in 91 lower-income countries. This would represent a huge step toward the WHO target of 70%, which is needed to suppress the coronavirus everywhere, and COVAX represents the best opportunity to achieve it.”

- PS: and a tweet after the meeting, by Tedros:
“Very glad that @G20org health ministers agreed on the need to vaccinate 40% of the global population against #COVID19 by the end of 2021, in line with @WHO & partner calls.”

Pandemic Treaty discussions & analysis

HPW - Pandemic Treaty: US Proposes Amending Existing International Health Rules First; Germany Presses for Sanctions


Update on respective ‘pandemic treaty’ positions as of late last week, with focus on US & Germany here. (see also last week’s IHP newsletter)

“While a “pandemic treaty” could take years to establish, the World Health Organization’s (WHO) International Health Regulations (IHR) could be revised more rapidly to significantly improve global disease outbreak response, top US officials are saying. The statements coincided with a 3-day working group meeting of WHO member states to discuss ways to strengthen the global muscle behind pandemic preparedness and response. ... The US policy statement coincided with the second meeting of the working group on the proposed ‘pandemic treaty’ proposal, which is then due to be debated at a special session of the World Health Assembly (WHA) scheduled for 29 November to 1 December.

Response Ilona Kickbusch, a member of the Global Preparedness Monitoring Board: she pointed out that there is no guarantee that transforming the IHRs would be easier than adopting a pandemic treaty. ... Kickbusch’s comments also reflect the divide between Europe and the United States over the pandemic proposal. Germany, along with the European Union, has strongly supported the treaty initiative as a measure that would raise the level of awareness and debate over pandemic response – which prior to COVID had been consigned to technical units in ministries of health, lacking authority to guide major policy choices. “

“... Meanwhile, some civil society groups are also questioning the wisdom of a new pandemic treaty – while objecting to the marginal role they have been allowed to play in the discussions of the WHO Member State Working Group. According to the modalities established by WHO, “Non-State actors” are unable to attend or speak at open sessions of the working group but can provide inputs via an electronic portal, an open ‘hearing’, and/or a segment of a session. ... Some leading civil society advocates have also supported the US position that devoting energy to the establishment of a pandemic treaty may be a waste of time – when existing IHR rules, which are part of a binding convention can also be strengthened....”

Geneva Health Files - Threats of sanctions from Berlin ahead of talks in Geneva might alter support for pandemic treaty

P Patnaik; Geneva Health Files;
Last week Friday’s Deep dive. “In this update, we review the progress in the discussions at the working group and what they potentially reveal about how this matter could evolve ahead of the Special Session of the World Health Assembly in November this year. By the time this story went to print, the working group continued its deliberations on September 3, crucially addressing the question on the assessment of the benefit of the proposed pandemic treaty after considering the recommendations of the various committees and expert bodies. Diplomatic sources told Geneva Health Files that there continued to be a clear cleavage even within Bureau members of the working group on the need for a treaty. ...... According to sources present at the meeting, China is increasingly not in favor of a pandemic treaty.....”

Geneva Health Files - ”The idea of pathogen sharing is based on power dynamics”: Q&A with Senjuti Saha

Geneva Health Files;

“Pathogen sharing is one of the key drivers of the discussions on the need for a new legal instrument to address future health emergencies. ...... During an outbreak, accessing pathogen samples and sequencing data easily are critical for designing effective public health responses and developing medical products. The norms that govern the sharing of pathogens in “peace” times, will have consequences on how samples and information are shared and compensated for, during outbreaks. Despite the growing chorus for sharing pathogens, this fundamental requirement that has not been discussed enough. We spoke with Senjuti Saha, a well-known Bangladeshi scientist who works at the intersection of Clinical Microbiology and Public Health. Saha works at the Child Health Research Foundation (CHRF) in Dhaka. She is also a board member of the Polio Transition Independent Monitoring Board (TIMB) of the World Health Organization (WHO). She leads the genomic sequencing of SARS-CoV-2 effort in Bangladesh. In this wide-ranging interview, Saha discusses with rare candour, the challenges, frustrations, the excitement, and determination that researchers like her, face in their quest to contribute to science and shape global health practice in significant ways. ... As calls for a pandemic treaty continue to gain traction, driven by a need to make it binding for countries to share pathogens, she raises a fundamental question: “Do we really need to share pathogens?”....”

Other Global Health Security news & analysis

FT - Biden seeks $65bn to deal with future pandemics

https://www.ft.com/content/88330bd3-a2a1-4b6b-849c-46327f788890

Also from late last week. “The US would set up a ‘mission control’ to prepare for future outbreaks and streamline vaccine process.”

“ The White House wants to spend $65bn over the next 10 years to plan for future pandemics, including setting up a new office of pandemic preparedness at the heart of the US government. Officials said on Friday they wanted to overhaul the way the federal government responded to outbreaks, streamlining the regulatory process for new drugs and making it easier to manufacture tests and protective equipment. The plans are part of the Biden administration’s wider attempts to revamp the country’s public health bodies in the wake of the Covid-19 pandemic, even as the
disease continues to kill about 1,000 people every day in the US. ... As part of its efforts to make sure the US is better prepared to face future pandemics, White House officials said on Friday they would ask Congress for an initial $15bn-$20bn as part of the $3.5tn budget Biden is trying to push through without Republican support. It will seek the rest of the money through separate negotiations with Congressional committees. If approved, the money will be spent in part setting up a new pandemic “mission control”, which would co-ordinate response efforts across the government......”

See also Stat - The White House wants $65 billion for an ‘Apollo’-style pandemic preparedness program

GAVI White Paper - The Future of Global Pandemic Security: Navigating shifting landscapes

“The COVID-19 pandemic has demonstrated how ill-prepared health systems and societies are in the face of pandemic shocks and their protracted impact. Now, as global attention begins to shift towards improving the way we prevent and respond to future pandemics, what lessons learned, missing pieces and success stories can help us prepare for the next one?”

Pandemic Action Network (report) - Addressing Market Failures: The Role of CEPI in Bridging the Innovation Gap to Prevent the Next Pandemic

“... Addressing Market Failures: The Role of CEPI in Bridging the Innovation Gap to Prevent the Next Pandemic, produced by Volta Capital, Pandemic Action Network, and the Africa Centres for Disease Control and Prevention (ACDC), examines global health R&D failures to help inform policy and funding decisions to bolster preparedness and response for emerging pandemic threats. In particular, the paper considers the unique role of CEPI in addressing some of these failures, its strengths and challenges in the COVID-19 response, and the role it can play through its new strategy to bolster future epidemic and pandemic preparedness. ...”

Lancet World Report - Health under cyberattack
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01968-1/fulltext

“Cyberattacks are becoming a major issue of health security, but are they getting the attention they need? John Zarocostas reports.” Excerpts:

“... The growing problem of cyberattacks on essential infrastructure — including an alarming surge in attacks targeting hospitals, national health systems, and WHO—has focused the minds of world leaders on the systemic threat such malicious acts pose and elevated the issue on the global political and health policy agenda ... ... The increased dependence by the health sector on information technology (IT), experts say, has increased its vulnerability. Costis Toregas, director of the
Washington-based Cyber Security & Privacy Research Institute, told The Lancet that the need for health systems to work continuously makes them targets for cyberattacks. Tal Goldstein, head of strategy and cybersecurity at the World Economic Forum, told The Lancet that cybercriminals see health care as having low security, unlike with technology companies or financial institutions. “In recent years, and especially in the last year with the growth of ransomware, criminals realised that they can make big profits by attacking critical infrastructure, and especially health care,” he noted.

Political leaders have called for attacks on systems such as health care to be prohibited. “Certain critical infrastructure should be off limits to attack...by cyber or by any other means,” US President Joe Biden said at the end of the USA–Russia summit in Geneva on June 16. Biden gave his Russian counterpart Vladimir Putin, a list of 16 entities, including health care and the public health sector, defined as critical infrastructure under US policy, from the energy sector to water systems.

“... cybersecurity experts argue that the health-care sector has to dramatically boost budgets to improve cyber defences. A report by the Leading Health Systems Network and the Institute of Global Health. Innovation at Imperial College London, titled Safeguarding Our Healthcare Systems, concluded: “The number of cyberattacks is rising, and healthcare systems and organizations around the world are lagging behind other sectors in developing cyber readiness—the ability to act against cyberattacks... Despite being one of the sectors most targeted by cyberattackers, the health sector remains one of the worst adopters of cybersecurity frameworks.”

Covid vaccines supply “Tipping point”? 

Economist - As a rich-world covid-vaccine glut looms, poor countries miss out

As a rich-world covid-vaccine glut looms, poor countries miss out | The Economist

Another must-read. “Getting surplus vaccines urgently to poorer places could save more than 1m lives.” Excerpts:

“Today, in low-income countries, less than 2% of adults are fully vaccinated, compared with 50% in high-income ones. A new analysis from Airfinity, a life-sciences data firm, spells out the startling implications: if rich countries do not redistribute surplus vaccine this year, between 1m and 2.8m lives could be lost as a result. The data show that G7 countries could redistribute 500m doses by the end of September, and up to 1.2bn doses by the end of the year. Moreover, Bruce Aylward, a senior adviser at the World Health Organisation, says this surplus is actually an underestimate because it takes into account only supplies to the G7, and not the whole world. The analysis was done by looking at the output of vaccine factories on a daily and weekly basis and the number of doses procured by G7 countries. The supply is vastly larger than countries will be able to use. The analysis generously assumes that children over the age of 12 will mostly be vaccinated, and everyone is offered a booster shot after six months. ...”

“... Today more than 1bn doses a month are reliably produced, and this will continue to increase every month this year. In November 2021, the world will make 1.5bn doses of covid vaccine. This is more than all the vaccines made in the first four months of this year. If this rate of production continues there will be a glut of vaccines by the middle of next year. This year the world will make about 12bn doses, and it has the capacity to make the same amount again by June 2022. To fully vaccinate 80% of the population above the age of 12, only 11.3bn doses are needed. With output
now reliable, Mr Bech Hansen thinks the world has reached a “tipping point” in production, and that high-income countries can be confident about supply.”

“... Donations, to the tune of 100m doses, have acted as a stopgap while Covax waits for the arrival of the doses it has contracted to buy. Discussions are under way about a summit that the Biden administration intends to convene to discuss global vaccine distribution. One source says it will take place on September 20th. This is expected to tackle the immediate vaccine-supply gap in poorer countries. Yet, although vaccine donations are urgently needed, Dr Aylward argues that Covax ought to be getting its orders directly from the firms themselves, rather than as donations from third parties. He urges a more rational approach: that countries swap early-delivery contracts with Covax....”

PS: Gordon Brown obviously also read this new Airfinity analysis, and accused rich countries of committing a “moral outrage” by stockpiling Covid-19 doses while poor countries are struggling to get supplies.

HPW - Massive Increase in COVID-19 Vaccine Production May Mean Dose Surplus by Mid-2022, says IFPMA


Coverage of a media briefing organized by IFPMA (International Federation of Pharmaceutical Manufacturers and Associations) on Tuesday. “COVID-19 vaccine manufacturers are expected to produce 12 billion doses by the end of the year – almost half made by China – and there could be a vaccine surplus by mid-next year. In addition, by the end of this month, around 500 million doses should be ready for “redistribution” from wealthy to low-and middle-income countries. “By January 2022, there will be sufficient vaccines produced for every adult on every continent,” according to IFPMA. ... ... “Modelling by Airfinity indicates that even if vaccine advisory committees and governments in G7 countries vaccinate teenagers and adults and decide to give boosters to at-risk populations, there would still be over 1.2 billion doses available for redistribution in 2021 alone. This means that each month for the foreseeable year, over 200 million doses would be, with effective planning, available for low- and lower-middle-income countries,” it added....”

Check out the views of Thomas Cueni & Albert Bourla, among others.

PS: “... Dr Paul Stoffels, Chief Scientific Officer for Johnson & Johnson, said that his company had established a global vaccine manufacturing network across four continents with 11 manufacturing sites... ... “We made a commitment to equitable access and committed by putting a billion doses forward for low and middle-income countries in the next 12 to 18 months,” said Stoffels, adding that over half the company’s vaccines would go to LMICs in the coming year....”

See also Devex - Pharma industry projects 12B COVID-19 vaccine doses by end of year

“COVID-19 vaccine production could exceed 12 billion doses by the end of the year and, without major bottlenecks, could reach 24 billion by June, according to the International Federation of Pharmaceutical Manufacturers & Associations. By January, there could be enough vaccines to inoculate every adult on each continent. Next year the world could, for the first time, see supply outstrip demand. This is all according to modeling conducted by Airfinity, a London-based
information and analytics company. Of the projected doses available, about half are expected from Chinese manufacturers....”

“But even with an influx of doses, the association said in a statement, vaccine equity to low- and middle-income countries is dependent on high-income nations that have hoarded doses loosening their grip on supplies. Governments need to “strategically release doses so that vaccines leave the production lines and reach the people who need them most, from healthcare workers to vulnerable populations.” This is because many of the doses in the production queue are still spoken for....”

PS: “… But many aren’t holding their breath expecting these doses to materialize, as promise after promise of vaccine distributions have fallen short this year. Only about 3% of the population on the African continent has been fully vaccinated, with the international COVAX initiative’s supply chain having fallen through and the African Union’s doses only slowly trickling in. “We’ve seen in the last year a lot of promises, a lot of projections, and all of these forecasts. But it never materializes,” said Fatima Hassan, founder and director of the Health Justice Initiative in South Africa. She expressed concern about relying on the same systems that have failed over the past year — allowing pharmaceutical companies to severely limit who manufactures their vaccines — which should have instead led the global community to take an approach that is “radically different.”....”

FT - Pfizer chief says enough Covid doses to meet WHO’s vaccine goal
https://www.ft.com/content/e9e0d3e9-b684-4846-a385-01c9fcd1457

Again, check out a few quotes by Bourla & Cueni respectively: “… The US drugmaker will have delivered 41 per cent of its vaccines to low and middle income countries by the end of the year, while Johnson & Johnson will have sent more than half, as production soars in the second half. Bourla said he believed it was “feasible” to fulfil the WHO’s target of inoculating at least 10 per cent of the population in every country in the world. He said the Biden administration’s donation of 200m Pfizer doses this year could cover roughly 15 to 18 per cent of the population of the world’s 92 poorest countries. ….. Bourla said the vaccines had been created by “two miracles”: the original development and the scale-up of manufacturing. [re the rMNA hub in South-Africa: "$* "I’m not sure what is the point of transferring a technology that it is going to take years to transfer,” he said. Thomas Cueni, the director-general of the International Federation of Pharmaceutical Manufacturers & Associations, said the IP waiver would have been a “distraction”. “We really see that we are turning the tide from having too few, to enough, to probably more than enough in the future,” he said. ....”

Covax & ACT-A

FT - WHO-backed Covax cuts vaccine delivery forecasts by 25%
https://www.ft.com/content/aba43463-464e-42dc-9712-5a93758179a3

Another Covax bummer. “Vaccine deliveries to low- and middle-income countries will fall short of the target to deliver 2bn vaccines this year.”
“Covax has slashed its forecasts for coronavirus vaccine deliveries to the developing world by about 25 per cent this year, after India’s export ban, manufacturing problems and delays in approvals of new shots knocked the programme off track. Deliveries under the scheme to provide vaccines to low- and middle-income countries are ramping up, with 1.1bn doses set to be available for the rest of the year. But Covax will fall short of its target of delivering 2bn vaccines this year, with a total of 1.4bn shots. ...”

“... The forecast has been cut for three main reasons. In March, India stopped the Serum Institute, the world’s largest vaccine maker, from exporting the doses of Oxford/AstraZeneca and Novavax vaccines, which were due to be sent to developing countries. Covax is in talks with the Indian government about lifting the ban. The second setback has been disruption in manufacturing, primarily for Johnson & Johnson and the AstraZeneca vaccines, including problems at the Emergent Biosolutions plant in the US. The third delay is caused by Novavax and Clover vaccines having not yet received approval.”

See: WHO - Joint COVAX Statement on Supply Forecast for 2021 and early 2022

“According to its latest Supply Forecast, COVAX expects to have access to 1.425 billion doses of vaccine in 2021, in the most likely scenario and in the absence of urgent action by producers and high-coverage countries to prioritize COVAX. Of these doses, approximately 1.2 billion will be available for the lower income economies participating in the COVAX Advance Market Commitment (AMC). This is enough to protect 20% of the population, or 40% of all adults, in all 92 AMC economies with the exception of India. Over 200 million doses will be allocated to self-financing participants. The key COVAX milestone of two billion doses released for delivery is now expected to be reached in the first quarter of 2022....”

Despite the drop, Covax says it remains on track to vaccinate 20% of people in lower income countries.

See also Devex – COVAX reduces end-of-year forecast figures

“... one of the biggest problems is vaccine manufacturers not delivering promised doses on time. The facility’s managing director, Aurélia Nguyen, tweeted Tuesday that, “too often manufacturers are deferring supplies to COVAX,” and she called for, “greater transparency from the industry so it is clear if countries or other buyers are jumping the queue.” The lack of transparency also applies to vaccine donations from higher-income countries. ... Berkley also said there is a need to create stronger systems around donating doses because countries can’t plan their rollouts. “Currently, we don’t have enough visibility on when and in what volumes doses are coming through, and this makes it very difficult to work with countries to plan successful delivery, which in turn leads to risk of wastage,” he said....”

And a tweet by Geneva Health Files:

“COVAX expects a decrease in deliveries at a time when global vaccine production will touch 12 billion doses by the end of 2021. Why? Because all "production" has been allocated to and secured by paying countries - as was revealed in the @IFPMA briefing yesterday...”
UN News - COVID-19: ‘Unacceptable’ deals and delays, hampering lifesaving COVAX deliveries


The key message from the Covax press briefing: “While 80 per cent of citizens in high and upper-middle income nations have had a dose of COVID-19 vaccine, that figure stands at just 20 per cent for those living below the top tiers, according to a joint statement issued by UN and partner agencies, responsible for the multilateral COVAX initiative to provide equal access for all. “... the global picture of access to COVID-19 vaccines is unacceptable”, said the statement released on Wednesday.

“Though COVAX has made significant progress, with 240 million doses delivered to 139 countries in just 6 months, they said the global picture is still unacceptable. ...”

Global Governance & Financing

Lancet Comment - Global health has a stake in the upcoming UN Food Systems Summit

K Schneider, L Haddad et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02047-X/fulltext

“... On Sept 23, 2021, the UN convenes a Food Systems Summit in service of garnering political momentum towards food system transformation. ... This is a momentous occasion: the first time in history that the governments of the world are addressing food from a whole systems perspective that includes many diverse stakeholders. Historical global gatherings and commitments related to food have until recently focused on food security, agriculture, malnutrition, environment, and livelihoods in silos. ..... Health systems and food systems are deeply connected to one another. ...

“... We propose four concrete areas of action in which food and health communities can, and must, work together. ..... ”

GFO – First look: the new Global Fund narrative

https://www.aidspan.org/en/c/article/5720

“The Global Fund’s endorsed Strategy Framework has now been translated into the draft Strategy Narrative. The Global Fund Observer has obtained a copy of the internal document, which is not for external circulation, and describes its content and aspirations....”

“The first four sections of the draft Narrative set the scene for the Strategy. They start by summarizing what to expect and explain how the Strategy is laid out. They go on to describe the Strategy development process and then the global context within which the Strategy will have to deliver its programs; the global targets, progress and challenges, and those of each disease. The fourth section stresses that communities are at the centre and how the Global Fund is working with
and to serve the health needs of people and communities. Section five onwards describes: (i) the Strategy’s mission and vision; (ii) the primary goal of the Strategy which remains the same as previously — to ‘End AIDS, TB and Malaria’; (ii) what the Strategy calls four ‘Mutually Reinforcing Contributory Objectives’; (iii) the fifth ‘Evolving Objective: Contribute to Pandemic Preparedness and Response’; (iv) ‘Partnership Enablers: How We Work’…”

For more on this ‘evolving objective’, see also GFO - The Global Fund’s evolving objective of pandemic preparedness and response

“The topic of pandemic preparedness and response has been a controversial issue during the 18 months leading up to the development of the Strategy Framework and now the draft Narrative. This article provides you a view for and a view against. What is clear is that it is not as simple as Pros and Cons, and the opposing views are not actually that contradictory.”

PS: for the time being, PPR is being positioned at a lower level than the main objectives of the GF.

WHO cares? A reply to Calvert & Arbuthnott
https://andrewharmer.org/2021/09/02/who-cares/

By Andrew Harmer. Must-read.

“.... As someone who has researched and taught students about WHO for many years, and who also happens to lead a course on global health, the media and what Carl Bergstrom would call ‘bullshit’, I feel moderately qualified to review the recent Insight Investigation on WHO by a couple of The Times journalists Jonathan Calvert and George Arbuthnot (C&A). It’s called China, the WHO and the powergrab that fuelled a pandemic, but don’t let that arbitrary constellation of words confuse you....”

PS: My favourite paragraph is the one whereby Harmer says Tedros “didn’t do a ‘Brundtland’” (vs China) – and for very good reasons.

IJHPM - New Directions in Global Health: How Sweden Can Advance Healthier Populations
S Holmesson et al ;
https://www.ijhpm.com/article_4134_4d0808eadbe550355d3ec568a88ca08f.pdf

“Just before the coronavirus disease 2019 (COVID-19) pandemic swept across the world in March 2020, the Government of Sweden convened a meeting in Wilton Park to support efforts to create “Healthier Populations.”.... .... Building on this to help advance the “Healthier Populations” agenda, Sweden can contribute by: (1) using the pandemic to bring a systems approach to achieve universal health coverage and address the broader determinants of health; (2): supporting global health governance reform aligned with the SDGs and (3): helping to address the connections between climate change and health...”
“... Sweden played a critical role in the process to conceptualize SDG 3 to ensure healthy lives and promote well-being for all at all ages; Sweden could now play a similar role in reforming and re-aligning global health governance to focus on SDG3....”

Their conclusion: “Sweden’s approach on healthy population should, just like its feminist policy, aim to continually raise the question on how to create societies for healthier populations. With the far-reaching implications of the COVID-19 pandemic, many countries are looking for ways to build back better and greener. Sweden should take the lead and fulfil its ambitions for a healthier population by expanding its current efforts to advance a systems approach, support refreshed global governance and address the links between climate and the healthier population agenda.”

Political Determinants of Health Collective
https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/

“We are pleased to announce the launch of “The Collective for the Political Determinants of Health” @Collective_hlth , an international & multidisciplinary network of scholars & practitioners interested in #ThePoliticalDeterminantsofHealth & #globalhealth...”

Foreign Affairs - The World Isn’t Ready for the Next Outbreak
A Heinrich et al; https://www.foreignaffairs.com/articles/world/2021-09-06/world-isnt-ready-next-outbreak

“The case for a Pandemic Trust Fund”. Including governance, how it would function, ...

And a link:

- Lancet Comment - A new strategy for health and sustainable development in the light of the COVID-19 pandemic (M Monti, M McKee et al)

“ To build a post-pandemic future, in which everyone’s health is protected and promoted, what can we learn from the events of the COVID-19 pandemic and previous crises? The Pan-European Commission on Health and Sustainable Development, established by the WHO Regional Office for Europe and comprising experts from a wide range of backgrounds and across the pan-European region, has now set out an ambitious agenda to achieve a healthy and secure future for all in its new report...”

With recommendations that look a lot like the recommendations for the G20. (need for a pandemic treaty, a Global Health Board, ...). For the full report, see WHO Euro.

Covid key news

With some key trends, WHO (& Africa CDC ) messages & initiatives, ...
The World Health Organization (WHO) has called for its global moratorium on COVID-19 boosters to be extended until the end of the year to enable vaccines to be directed to countries that have not yet been able to reach their vulnerable citizens.

Tedros hit out at high-income countries that have promised to donate more than one billion doses as “less than 15% of those doses have materialised”. “Manufacturers have promised to prioritize COVAX and low-income countries. We don’t want any more promises. We just want the vaccines,” Tedros said. Although 5.5 billion vaccine doses have been administered globally, 80% have been administered in high- and upper-middle-income countries, according to the WHO.

Reiterating his weekend appeal to G20 health ministers, Tedros said that “the world’s largest producers, consumers and donors of vaccines, the world’s 20 leading economies, hold the key to vaccine equity and ending the pandemic”. They could do so by swapping their near-term vaccine deliveries with COVAX, fulfilling their dose-sharing pledges by the end of this month and “facilitating the sharing of technology, know-how and intellectual property to support regional vaccine manufacturing”, he added.

Tedros ‘appalled’ by IFPMA comments: “Tedros meanwhile lashed out at the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), which held a media briefing on Tuesday. “Yesterday, the IFPMA said that G7 countries now have enough vaccines for all their adults and teenagers, and to offer booster doses to at-risk groups, and that manufacturing scale-up should now shift to delivering global vaccine equity, including dose sharing,” said Tedros. “When I read this, I was appalled,” said Tedros. “In reality, manufacturers and high-income countries have long had the capacity to, not only vaccinate their own priority groups, but to simultaneously support the vaccination of those same groups in all countries.”

UN News - Weekly epi-update

In other developments, the WHO’s weekly snapshot of the pandemic shows that global cases and deaths remain at a high plateau, with the Americas standing out as one of the main hot spots. In its weekly situation update, the WHO said 4.4 million COVID cases were reported last week, marking a stable pattern at a very high level. All regions saw declining or stable cases, except for the Americas, where cases rose 19% over the previous week. Deaths remained steady globally, too, but they were up by 17% in the Americas and 20% in Europe. The United States, again one of the world’s main hot spots, led the world with the most new cases last week, followed by India, the United Kingdom, Iran, and Brazil....”

Reuters - Send vaccines to Africa and ditch unproven third shot, AU says

Send vaccines to Africa and ditch unproven third shot, AU says
“Rich nations would do better to send vaccines to Africa to help fight the global COVID-19 pandemic rather than hoarding them for third-dose booster shots that scientific evidence does not back, the African Union’s (AU) top health official said on Thursday. Africa Centres for Disease Control and Prevention (Africa CDC) director John Nkengasong told a news conference he was baffled some rich countries were disregarding World Health Organization (WHO) advice to hold off from booster shots until more people were fully vaccinated worldwide....”

“... Later on Thursday, WHO’s Africa head Matshidiso Moeti reiterated calls for “wealthy countries with vaccines supplies that are well beyond their population’s needs,” to share them. "we are advocating for them ... to provide these through COVAX to low income countries," she said. "It is urgent now (for Africa) to catch up in vaccinating”.

“Nkengasong said third shot programmes would make it hard for Africa to meet its target for vaccinating 60% to 70% of people, for which it needed at least 1.6 billion doses. Currently only 3% of the continent were vaccinated, he said, while 145.4 million vaccine doses had been procured across the continent, of which three quarters had been administered....”

For an update on the Covid situation in Africa, see also WHO Afro - COVID-19 variants prolong Africa’s pandemic wave

“ Weekly COVID-19 cases in Africa fell by more than 20%—the sharpest seven-day decline in two months – as the third wave pandemic tapers off. However, the rate of deceleration is slower than the previous waves owing to the impact of more transmissible variants....”

And see also HPW - As Africa Expects Fewer COVID-19 Vaccines from COVAX, it Battles Hesitancy Without Vaccinated Role Models

“ As Africa prepares to get even fewer COVID-19 vaccines than expected in the coming months thanks to the supply shortage at COVAX, the continent is also battling with vaccine hesitancy – exacerbated by the lack of vaccinated role models....”

UN News - COVID-19 Delta variant still ‘most concerning’, say WHO experts

“Even with the emergence of the new Mu COVID-19 variant, the Delta strain remains the top concern globally, appearing to “outcompete” others, senior officials with the World Health Organization (WHO) said on Tuesday. “I think the Delta variant for me is the one that’s most concerning because of the increased transmissibility,” said Dr. Maria Van Kerkhove, the agency’s Technical Lead for COVID-19, speaking during an online question and answer session. ... Dr. Van Kerkhove said that Delta continues to evolve and scientists are studying to see how the virus might be changing, with new variants continuing to emerge”

“... Globally, the overall COVID-19 caseload is “quite a worrying situation”, according to Dr. Van Kerkhove. While cases have plateaued, some 4.5 million are reported each week, with deaths hovering around 68,000 weekly, and both numbers are underestimates....”
CNBC - WHO says Covid will mutate like the flu and is likely here to stay


“Covid-19 is likely “here to stay with us” as the virus continues to mutate in unvaccinated countries across the world and previous hopes of eradicating it diminish, WHO officials said on Tuesday. “People have said we’re going to eliminate or eradicate the virus,” Mike Ryan said. “No we’re not, very, very unlikely.””

NYT - Covid Ravaged South America. Then Came a Sharp Drop in Infections.


“South America was the epicenter of the Covid-19 pandemic early this year. Experts are trying to find out why new infections and deaths are falling so fast. ..... Suddenly, the region that had been the epicenter of the pandemic is breathing a sigh of relief. New infections have fallen sharply in nearly every nation in South America as vaccination rates have ramped up. The reprieve has been so sharp and fast, even as the Delta variant wrecks havoc elsewhere in the world, that experts can’t quite explain it. ..... Brazil, Argentina, Chile, Peru, Colombia, Uruguay and Paraguay experienced dramatic surges of cases in the first months of the year, just as vaccines started to arrive in the region. Containment measures were uneven and largely lax because governments were desperate to jump-start languishing economies. “Now the situation has cooled across South America,” said Carla Domingues, an epidemiologist who ran Brazil’s immunization program until 2019. “It’s a phenomenon we don’t know how to explain.” There have been no new sweeping or large-scale containment measures in the region, although some countries have imposed strict border controls. A major factor in the recent drop in cases, experts say, is the speed with which the region ultimately managed to vaccinate people. Governments in South America have generally not faced the kind of apathy, politicization and conspiracy theories around vaccines that left much of the United States vulnerable to the highly contagious Delta variant.”

Economist - What the Delta variant did to South-East Asia


“The region had escaped the worst of the pandemic. But in just three months, the virus has brought devastation.”

The Intercept - New details emerge about coronavirus research at Chinese lab


“More than 900 pages of materials related to US.-funded coronavirus research in China were released following a FOIA lawsuit by The Intercept.”

“Newly released documents provide details of U.S.-funded research on several types of coronaviruses at the Wuhan Institute of Virology in China. The Intercept has obtained more than 900 pages of
documents detailing the work of EcoHealth Alliance, a U.S.-based health organization that used federal money to fund bat coronavirus research at the Chinese laboratory. The trove of documents includes two previously unpublished grant proposals that were funded by the National Institute of Allergy and Infectious Diseases, as well as project updates relating to EcoHealth Alliance’s research, which has been scrutinized amid increased interest in the origins of the pandemic. ... “This is a road map to the high-risk research that could have led to the current pandemic,” said Gary Ruskin, executive director of U.S. Right To Know, a group that has been investigating the origins of Covid-19....”

People’s Health Dispatch - Feminists for a People’s Vaccine: challenging barriers to equitable access
https://peoplesdispatch.org/2021/09/08/feminists-for-a-peoples-vaccine-challenging-barriers-to-equitable-access/

“A newly launched campaign by the Third World Network and Development Alternatives with Women for a New Era highlights the questions of gender-based differences in access to Covid-19 vaccines, medicines, therapeutics and equipment.”

Covid science

CEPI warns of major hurdle to developing new Covid-19 vaccines and studying best booster approaches

The world still needs more — and better — Covid-19 vaccines. But a major hurdle stands in the way of the development of new vaccines, as well as the critical studies needed to determine the best way to use these important tools, the Coalition for Epidemic Preparedness Innovations (CEPI) warned in a letter published Tuesday in the journal Nature. Unless countries that have purchased vaccine doses and companies that have already brought vaccines into use agree to find ways to resolve the problem, manufacturers that trail the first wave of producers may not be able to prove that their vaccines work. Not only will that slow efforts to vaccinate the planet, it will block development of next-generation vaccines, and it will stymie efforts to answer key public health questions, like whether boosting with a different vaccine would generate better protection, or whether giving smaller — fractional — doses could protect more people more quickly. The letter was signed by CEPI’s director of vaccine research and development, Melanie Saville. The problem stems in part from the fact that at this point in the pandemic, it isn’t considered ethical to test new vaccines against placebos; instead they would have to be tested against one of the existing shots. But getting one’s hands on licensed or authorized vaccines for study purposes is nigh on impossible; all available doses have been snapped up by countries keen to vaccinate as many of their citizens as possible....

“... Contracts for those doses contain rigid stipulations about how the vaccines can be deployed. The doses often have to be used in the country that made the purchase; when the Biden administration wanted to share AstraZeneca doses with Canada and Mexico in March, it loaned the
doses to get around the restrictions. Contracts also often stipulate that doses that have been purchased must be used for outbreak control, not for research purposes, Lurie said. **There's little upside for companies to make doses of their vaccines available for study purposes.** With global demand vastly exceeding current supply, manufacturers can sell every dose that they can make....”

**FT - Staying power: does Moderna’s vaccine have edge on Pfizer?**

https://www.ft.com/content/aaddc31b-415d-43d0-b314-bc89a8b860e0

“Studies suggest stronger immune response than its mRNA rival and it wanes more slowly.”

**FT - China’s Sinopharm seeks to develop its own mRNA Covid vaccine**

https://www.ft.com/content/91cbc7ef-808d-448a-a832-2384f045dc35

“Sinopharm is developing a homegrown mRNA inoculation for Covid-19, becoming one of the first big Chinese pharmaceutical groups to pursue the technology to combat the disease.”

“... Sinopharm is not the only Chinese company developing its own mRNA jab. Smaller producer **Walvax Biotechnology** is already conducting trials. **But the entry of a larger player such as Sinopharm into the mRNA market could give the technology a significant boost in China. ...**...BioNTech, the German drugmaker that is collaborating with distribution partners Pfizer and China’s Fosun Pharma to offer its mRNA vaccine, is also targeting the Chinese market and is awaiting formal approval from Beijing for the jab....”

**Science – A year of genomic surveillance reveals how the SARS-CoV-2 pandemic unfolded in Africa**

https://www.science.org/doi/10.1126/science.abj4336

Research article (9 Sept).

And a link:

Nature (Review article) - **The next phase of SARS-CoV-2 surveillance: real-time molecular epidemiology**

**More on Covid vaccine access & other bottlenecks**

**Lancet World Report - The long road ahead for COVID-19 vaccination in Africa**

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01967-X/fulltext
This was a great overview of the state of affairs, as of end of last week in the Lancet. Absolute must-read! “Only 2.5% of Africans are vaccinated against COVID-19. Millions more doses will be needed to meet even modest targets and experts are sceptical of success. Sara Jerving reports.”

Some excerpts:

“... The Africa Centres for Disease Control and Prevention (CDC) previously aimed to vaccinate 60% of the population on the continent—780 million people—by the end of 2022, in order to reach herd immunity. But John Nkengasong, Africa CDC’s director, said during a press briefing that he doubts the notion of herd immunity is relevant anymore, given the emergence of the delta variant and the fact that COVID-19 vaccines are only modestly effective at reducing transmission. He now estimates that about 70–80% of the population will need to be vaccinated. ... In the shorter term, WHO’s Regional Office for Africa aims to vaccinate about 40% of the continent’s population by the end of 2021. That would require up to 793 million more doses than the 129 million that have already been received....”

“... COVAX aims to ship about 620 million doses by the end of the year to the continent, which would vaccinate almost a quarter of the population. Much of the supply is currently coming from donations, including from the USA, the UK, and EU. The facility also signed new advance purchase agreements for doses of the Sinopharm, Sinovac, Novavax, Moderna, Johnson & Johnson, and Clover vaccines since the last forecast it made on allocations. ... Separately, the USA pledged 500 million Pfizer doses to low-income and lower-middle-income countries, with 200 million of these doses expected for delivery by the end of this year through COVAX and bilaterally. What proportion of these will go to African nations is still unclear....”

“Chinese President Xi Jinping also pledged in August to provide 2 billion doses globally by the end of the year, without specifying if these were donations or sales, and whether the figure included doses already sold globally this year. But even with promised vaccines from COVAX and the AU, a WHO spokesperson said the African continent would still need up to 196 million more doses to meet the 40% target....”

Devex - LICs need to boost health spending by 57% for more COVID-19 jabs


“Most low-income countries have so far received subsidized coronavirus vaccines from COVAX, or donated doses from high- and upper-middle-income countries. But to vaccinate at least 70% of their populations, these countries will need to significantly increase their current health care spending, creating a financial crisis as they are likely to incur more debt to make that happen....”

“... According to the Vaccine Affordability Index, which is part of the Global Dashboard on COVID-19 Vaccine Equity — launched last month by the UNDP, the World Health Organization, and the University of Oxford’s Blavatnik School of Government — low-income countries will have to increase their average health care spending by almost 57% to cover the cost of vaccinating 70% of their population, based on the assumption that a two-dose vaccination costs $35. That cost includes distribution costs assumed at $3.70 per person vaccinated with two doses....”
Reuters - U.S. to invest $3 billion in COVID-19 vaccine supply chain -White House official


“The U.S. plans to invest $3 billion in the vaccine supply chain as it continues to work to position itself as a leading supplier of vaccines for the world, a top U.S. health official said [last week] on Thursday. The funding, which will begin to be distributed in the coming weeks, will focus on manufacturers of the inputs used in COVID-19 vaccine production as well as facilities that fill and package vaccine vials, White House COVID adviser Jeffrey Zients said during a news conference.”

It’s clear the White House is under pressure to do more to address the global pandemic.

See also Politico:

“President Joe Biden on Thursday is expected to call for a global summit on the Covid response and sending vaccines to developing nations, to coincide with United Nations General Assembly meetings slated for the week of Sept. 20. Topics up for discussion include improving vaccine manufacturing and distribution, increasing supplies of oxygen to countries in need and the possibility of international cooperation on research and development....”

And the Washington Post - Biden is poised to propose a global vaccination summit

Guardian – The west has more vaccine doses than it needs – and no excuse not to share them


“...An emergency G7 vaccines summit chaired by President Biden should be convened on the margins of the UN general assembly to agree a comprehensive plan to transfer the west’s unused supplies and its over-subscribed vaccine delivery contracts to Covax....”

See also the Guardian - Gordon Brown exhorts west to stop hoarding vaccines

So far, “..Only 15 percent of nearly a billion doses the G-7 wealthy nations pledged in donations in June have reached poor countries. ...”

IFC, Government of Rwanda Partner to Develop Vaccine Manufacturing Capacity in Rwanda

https://pressroom.ifc.org/all/pages/PressDetail.aspx?ID=26615

“IFC and the Rwanda Development Board today signed a collaboration agreement to develop vaccine manufacturing capacity in Rwanda and contribute to expanding vaccine production in Africa. As part of the collaboration, IFC will support Rwanda to conduct diagnostic and feasibility studies to ensure that the right technical and policy frameworks needed to establish a world-class vaccine manufacturing supply chain in Rwanda are in place to produce vaccines for use in Rwanda...”
and for export across Africa. The partnership will focus on supporting Rwanda’s recently announced association with BioNTech, a leading biotechnology company, and the kENUP Foundation to explore establishing end-to-end manufacturing capability for mRNA vaccines. Other potential vaccine and pharmaceutical production facilities, including a fill-and-finish facility, are expected to be co-located with BioNTech in the Kigali Special Economic Zone.

Globe & Mail - Canada donates soon-to-expire vaccines to Africa as global shortage worsens


“Millions of vaccines donated to African countries by Canada and Britain will expire within a few weeks, triggering a rush to administer them before they are wasted, an African Union health expert says. Canada and Britain, which have fully vaccinated more than 60 per cent of their populations, are donating millions of AstraZeneca vaccines to Africa after deciding that they don’t need the doses that they had secured in earlier contracts. But the British doses will expire at the end of this month and the Canadian doses will expire at the end of next month, according to Ayoade Alakija, co-chair of the African Union’s vaccine delivery alliance. “Leftovers are NOT the answer,” Dr. Alakija said in a tweet last week. She called for “partnership, not charity” on vaccine supplies.

Devex - The EU promised 200M vaccine doses. How many has it delivered?

https://www.devex.com/news/the-eu-promised-200m-vaccine-doses-how-many-has-it-delivered-101551

“European countries have delivered less than 10% of the more than 200 million coronavirus vaccine doses they pledged to share with lower- and middle-income countries by the end of 2021. “

“The European Union executive says it is confident its member countries will “do their utmost” to hit the goal of sharing 200 million coronavirus vaccine doses with lower-income nations by the year’s end, though so far only around 18 million have been delivered. A European Commission spokesman told Devex last week that the 18 million doses delivered by Sept. 1 included 6 million doses sent via the global procurement mechanism COVAX. The remainder accounted for 8.5 million doses delivered via the EU Civil Protection Mechanism; 650,000 EU-funded doses to the Western Balkans; and doses directly provided to recipients, the spokesperson added. European Commission President Ursula von der Leyen announced in July that “Team Europe” — encompassing the EU institutions and the 27 member states — was “on track” to sharing 200 million doses with low- and middle-income countries by the end of 2021. … Aside from donating doses, the EU and its member states have contributed close to €3 billion ($3.6 billion) to COVAX, and together with European development banks the commission is working to boost vaccine manufacturing capacity in Africa.

Project Syndicate - Ending “Trickledown” Vaccine Economics

Kevin Watkins; Project Syndicate;
“Rich countries’ ability to manipulate the market for COVID-19 vaccines is putting millions of lives at risk and inhibiting the global recovery from the pandemic. These countries must instead prioritize equitable vaccine distribution and international cooperation.”

Quote: “...COVAX and poor countries are constantly pushed to the back of the line for supplies from vaccine manufacturers for whom rich countries come first, not least because of their governments’ threats to take legal action and impose penalties....”

BridgeBeijing – update on China’s global vaccination

Cfr a tweet: “Africa accounts for 7.5% of China’s total vaccine distributions. Instead, China is prioritizing shipments to APAC & LatAm. Chinese pharma companies have sold/donated seven times as many vaccines to Asian countries as those in Africa.”

Mail & Guardian - Unvaccinated, untreated: Africa may not get its fair share of Covid-19 drugs

“The World Health Organisation (WHO) has approved just three drugs to treat severe Covid-19. The WHO recommends a two-drug combination of the common steroid, dexamethasone, and either the drug tocilizumab or sarilumab to treat life threatening Covid-19. Tocilizumab and sarilumab belong to a class of drugs called monoclonal antibodies that use laboratory-made proteins to mimic aspects of the body’s natural immune response. Multiple studies reviewed by the WHO show that either tocilizumab or sarilumab — when paired with dexamethasone — can help prevent that. The combination treatment has also been shown to reduce the need to put serious Covid-19 patients on ventilators while giving them a better chance of surviving. The medicines have also been found to shorten hospital stays. Only 18 countries in Africa have said they are using dexamethasone, the most affordable of the trio to treat severe Covid-19, according to a WHO Africa survey of 30 countries. A course of the drug costs about R86. The WHO’s Africa office cannot say whether any country has been able to roll out tocilizumab and sarilumab, which can cost hundreds or even thousands of dollars a dose. And despite an expert panel in South Africa finding that tocilizumab reduced deaths, the recommendation was that the drug not be used because it is “not affordable at the current offered price” ....”

Stat - Moderna turns to biotech startup to ramp up Covid vaccine manufacturing

“Moderna will turn to a biotech startup, National Resilience, to manufacture additional doses of its Covid-19 vaccine. Moderna had previously said it would manufacture 800 million to 1 billion doses of its Covid-19 vaccine in 2021, ramping up to 3 billion doses in 2022. A person familiar with the company said the collaboration might result in hundreds of millions more doses. .... .... National Resilience will manufacture mRNA to produce the Moderna Covid-19 vaccine at its facility in
Mississauga, Ontario, for worldwide distribution. The company is headquartered in San Diego and Cambridge, Mass….“

Guardian - Pfizer accused of holding Brazil ‘to ransom’ over vaccine contract demands


“Leaked supply document reveals clauses to protect US pharma company from legal action in the event of serious side-effects.”

Trips Waiver, tech transfer, other WTO discussions...

Guardian - Australia to support vaccine waiver after months of pressure from human rights groups


“Australia will support a global push to waive intellectual property protections for Covid-19 vaccines to allow for cheaper generic versions to be manufactured in developing nations, following months of pressure from human rights groups and foreign governments....”

Reuters - Brazil’s Bolsonaro signs law that could break COVID-19 vaccine patents


From late last week. “Brazilian President Jair Bolsonaro on Thursday signed off on a law allowing for vaccine and medication patents to be broken in a public emergency, such as the COVID-19 pandemic. But the right-wing leader vetoed the provisions that patent holders would need to transfer the knowledge and supply the raw materials needed to duplicate the vaccines and medications. According to a statement from his office, those provisions were seen as being too difficult to implement and discouraging investment in researching new technologies....”

TWN - WTO: Opposition to inclusion of export restrictions in Covid-19 response


“The United States, India and South Africa have opposed attempts to include the issues of “export restrictions, trade facilitation, regulatory coherence, cooperation and tariffs” as part of the World Trade Organization’s response to the COVID-19 pandemic, said people familiar with the development. The WTO General Council-appointed facilitator, Ambassador David Walker from New Zealand, who has been tasked with crafting the WTO’s response to the pandemic, has
included export restrictions, trade facilitation, regulatory coherence, cooperation and tariffs as part of the issues for the proposed thematic discussions. ... In contrast, the key members of the Ottawa Group of countries such as the European Union, Canada, Australia, and Brazil among others strongly supported the need to include the issues of export restrictions, trade facilitation, regulatory coherence, cooperation and tariffs as part of the WTO's response to the pandemic, said people, who preferred not to be identified....

“.... In his report to the General Council on 27 July, the facilitator had highlighted six elements to be negotiated as part of the WTO's response to the pandemic. Ambassador Walker’s comments, circulated in a restricted document (Job/GC/269), suggested that the “thematic series” would center around six areas. They include: (i) export restrictions; (ii) trade facilitation, regulatory coherence, cooperation and tariffs; (iii) the role of services; (iv) transparency and monitoring; (v) collaboration with other organizations and engagement with key stakeholders; and (vi) the idea of a framework to respond more effectively to future pandemics and crises.

The facilitator, however, has excluded from his thematic discussions the crucial component on Intellectual Property (IP) issues, namely, the temporary TRIPS waiver proposal co-sponsored by 63 countries at the WTO....”

Covid analysis

Harvard Business Review - How Low and Middle-Income Countries Are Innovating to Combat Covid


By Ben Ramalingam et al. “One-fifth of the innovative solutions to fight the Covid-19 pandemic have emerged from low and middle-income countries, and these responses offer promising insights for how we think about, manage, and enable innovation. As the international community now faces the historic challenge of vaccinating the world, more attention and resources must be directed to the innovators who are developing technically novel, contextually relevant, and socially inclusive alternatives to mainstream innovation management practices.”

Science News - An unpublished COVID-19 paper alarmed this scientist—but he had to keep silent

https://www.science.org/content/article/unpublished-covid-19-paper-alarmed-scientist-he-had-keep-silent

“Thijs Kuiken faced a moral dilemma after reviewing a Lancet manuscript showing the new coronavirus spread between humans.”

“...Journal reviewers are not allowed to share unpublished manuscripts under any circumstances. Kuiken’s dilemma was first reported in Spike: The Virus v The People—The Inside Story, a book by Jeremy Farrar, head of the Wellcome Trust, co-authored by Anjana Ahuja and published in late July.
Additional reporting by Science provides more detail about a little-known episode in the confusing early phase of the pandemic that pitted journals’ traditional publication rules against public health. Farrar tells Science the case played an important role in the Wellcome Trust’s initiative to ensure that COVID-19 findings were shared more rapidly;...

Economist - America has remained unusually vaccine sceptical

“Only Russians are more likely to express reservations about the covid-19 jab.”

“... According to a new poll, Americans’ continuing scepticism of covid-19 vaccines now makes it an outlier among other rich Western countries. A survey conducted between August 24th and 30th by Morning Consult, an American pollster, found that 28% of Americans say they do not plan to get vaccinated or are unsure whether they will do so, more than double the average for the 15 countries surveyed. Only Russians are less enthusiastic....”

Science News - No revolution: COVID-19 boosted open access, but preprints are only a fraction of pandemic papers

https://www.science.org/content/article/no-revolution-covid-19-boosted-open-access-preprints-are-only-fraction-pandemic-papers

“Critics of scientific publishing had hoped for a bigger shake-up from the global crisis.”

Covid “collateral damage”

Reuters - COVID-19 disruption causing many deaths from TB, AIDS in poorest countries, [Global] fund says

COVID-19 disruption causing many deaths from TB, AIDS in poorest countries, fund says | Reuters

“Hundreds of thousands of people will die of tuberculosis left untreated because of disruption to healthcare systems in poor countries caused by the COVID-19 pandemic, a global aid fund said. In a few of the world’s poorest countries, excess deaths from AIDS and tuberculosis (TB) could even exceed those from the coronavirus itself, said the head of the Geneva-based aid body, known as the Global Fund. The Fund’s annual report for 2020, released on Wednesday, showed that the number of people treated for drug-resistant tuberculosis in countries where it operates fell by 19%. A decline of 11% was reported in HIV prevention programmes and services. ... .... While precise death tolls are as yet unknown, Sands said that for some poor countries, such as parts of the Sahel region in Africa, excess deaths from the setback in the fight against diseases such as TB or AIDS might prove higher than from COVID-19 itself. Sands said services were affected by COVID-19 lockdowns while clinics, staff and diagnostics normally used for TB were instead deployed for COVID-19 in countries such as India and across Africa. He added that he expected further disruptions this year due to the Delta variant....”
PS: “Malaria proved to be an exception to the trend in 2020, and prevention activities remained stable or increased compared to 2019, the Global Fund said.”

For more detail, see the Global Fund’s annual report.

“The COVID-19 pandemic had a devastating impact on the fight against HIV, TB and malaria in 2020, according to a new report released by the Global Fund today. The Results Report shows that while some progress was made, key programmatic results have declined for the first time in the history of the Global Fund.”

Coverage also in NYT - The Pandemic Has Set Back the Fight Against H.I.V., TB and Malaria - The New York Times

TB

Lancet Global Health (Comment) - The incalculable costs of tuberculosis
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00345-4/fulltext

Comment accompanying a new Lancet GH study - Economic impact of tuberculosis mortality in 120 countries and the cost of not achieving the Sustainable Development Goals tuberculosis targets: a full-income analysis

“... The study by Sachin Silva and colleagues in The Lancet Global Health stands as a dire warning of the heavy financial perils of continuing to neglect tuberculosis. Using an analysis focused on annual mortality risk changes for 120 countries, the authors estimate a business-as-usual scenario of 31·8 million tuberculosis-related deaths between 2020 and 2050, resulting in economic losses of $17·5 trillion. If a 90% reduction in tuberculosis mortality were to be reached by 2030 (as specified in the Sustainable Development Goals), 23·8 million deaths would be averted, with costs reduced by $13·1 trillion. However, if the 90% target is, more realistically, reached by 2045, only 18·1 million deaths would be averted and costs would be reduced by $10·2 trillion relative to this business-as-usual scenario....”

Malaria

CGD (blog) - Before Recommending the RTS,S Malaria Vaccine for Wider Use, WHO Should Address Three Key Considerations
J Guzman et al; https://www.cgdev.org/blog/malaria-vaccine-WHO-three-key-considerations-wider-use

“Last month, the world woke up to promising news on malaria prevention: administering an existing malaria vaccine (RTS,S) in addition to antimalarial drugs before the rainy season reduced child hospitalizations and deaths by approximately 70 percent in Burkina Faso and Mali. These results
arrived ahead of a forthcoming decision from the World Health Organization on whether to recommend RTS,S for broader use. This blog argues that WHO should consider value for money and address three key considerations before making their recommendation.”

NCDs

HPW - Health Services in Poorer Countries Need to be ‘Reset’ to Address NCDs

https://healthpolicy-watch.news/health-services-have-yet-to-adapt-to-growing-burden-of-non-communicable-diseases/

“Health services in low and middle-income countries have yet to adapt to their growing burden of non-communicable diseases (NCDs) and still prioritise infectious diseases, according to a new report launched on Thursday by the NCD Alliance. Treatment “silos” for HIV and tuberculosis need to be transformed into integrated universal healthcare services to better serve people in LMICs, many of whom are living with both infectious diseases and NCDs, according to the report....”

Link to the NCD Alliance (& George Institute Global Health) report - Policy Research Report - From Siloes to Synergies: Integrating noncommunicable disease prevention and care into global health initiatives and universal health coverage

TGH - Noncommunicable Diseases Kill Slowly in Normal Times and Quickly in COVID-19 Times


“Why addressing chronic diseases is crucial for future pandemic preparedness.”

“COVID-19 has exposed the unhealthy feedback loop that exists between NCDs and outbreaks of emerging infections. Here is how it works: (1) The high prevalence of obesity, diabetes, and some other NCDs has been a major contributor to outsized death tolls from COVID-19, particularly in the United States, Europe, and Latin America. (2) The need to respond to the immense toll from this pandemic and its economic consequences is shifting international aid and, some experts suspect, domestic health spending away from NCDs and health systems. Simultaneously, the pandemic has interrupted NCD prevention and related services globally, which has dire implications for the future premature health burden (affecting people under age seventy) of NCDs. (3) Increases in NCD prevalence—diabetes and obesity in particular—are likely to make people less healthy and less prepared for future pandemics of flu and other emerging infections. .... Accordingly, the combination of NCDs, existing social and economic inequalities, and the COVID-19 pandemic has been labeled a perfect storm....”

Guardian - Suicide still treated as a crime in at least 20 countries, report finds

“One in every 100 deaths is a suicide: campaigners say criminalisation deters people seeking the help they need.”

“Suicide is still considered a crime in 20 countries, punishable by fines of thousands of pounds and up to three years in prison, research has revealed. In many nations children can be prosecuted for attempted suicide and in Nigeria, children as young as seven can be arrested, tried and prosecuted, said the report by United for Global Mental Health, a group calling for decriminalisation. A further 20 countries make suicide punishable under sharia law....”

UN News - Make mental health a priority across the board, UN chief urges

“Mental health and psychosocial support must be seen as integral to all humanitarian, peacebuilding and development programmes across the UN, the Secretary-General said on Wednesday. António Guterres was speaking at a high-level event on Mental Health Interventions for Peacebuilding in Conflict and Humanitarian settings....”

Stat - Medical cannabis unlikely to benefit most chronic pain patients, international researchers say

“Medical cannabis might be a helpful therapy for some people who have chronic pain, but it’s unlikely to benefit most, according to new clinical guidelines published Wednesday in the journal BMJ. The guidelines, crafted by an international group of researchers who analyzed three dozen medical cannabis studies, say there isn’t enough evidence that medical marijuana products help most patients suffering from chronic pain, so they shouldn’t be widely recommended for such people....”

Decolonize Global Health

- Some links from this week:

BMJ Blog - Colonialism in speech-language pathology: Moving forward

F2P blog - North-South Power Differentials and Competition in the Research Business

F2P blog - Remunerating Researchers from the Global South: A Source of Academic Prostitution?

Both F2P blogs are from the Bukavu series.
And a tweet by Chisomo Kalinga: “Just out of curiosity, how frequently do white academics get inquiries to “pick their brains”? Like, “hi, I’m putting together a grant on a topic I know little about and you seem know lots. I just wanna “pick your brains?””

The Lancet Commission on water, sanitation and hygiene, and health

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02005-5/fulltext

“In 2010, access to water and sanitation was recognised as a human right and, in 2015, an ambitious Sustainable Development Goal (SDG) of achieving universal access to safely managed water, sanitation, and hygiene (WASH) services by 2030 was agreed. Half a decade later, SDG 6 is off-track, and the COVID-19 pandemic has highlighted how limited access to WASH services undermines public health efforts and exacerbates health and social inequalities. Important interrelated trends, including climate change, rapid urbanisation, increasing humanitarian crises, and persistent gender and income inequalities, compound this challenge.

Nowadays, “… International attention focuses almost exclusively on low-income and middle-income countries (LMICs), suggesting WASH is no longer a truly global concern. This focus neglects the challenges faced by many disadvantaged groups in high-income countries (HICs), such as populations in rural and urban settings in the USA. The near exclusive focus of the global WASH sector on LMICs reinforces an international architecture and outlook still shaped by colonial legacies. Against this backdrop, The Lancet announces a new Commission on water, sanitation and hygiene, and health. The aim of the Commission is to reimagine and reconstitute WASH not only as a central pillar of public health, but also as a pathway to gender equality and social and environmental justice. The work of the Commission will be informed by the latest evidence but will also be grounded in critical reflection on the evolution and priorities of this global sector.”

Afghanistan

Reuters - Hundreds of health centres at risk of closure in Afghanistan - WHO

“Hundreds of medical facilities in Afghanistan are at risk of imminent closure because the Western donors who finance them are barred from dealing with the new Taliban government, a World Health Organization official said on Monday. Around 90% of 2,300 health facilities across the country might have to close as soon as this week, the UN health agency’s regional emergency director, Rick Brennan, told Reuters in an interview. He said may Western donors had regulations which prevented them from dealing with the Taliban, without going into further detail.”
Lancet Correspondence - Afghanistan: health sector gains in peril

D Samad et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02049-3/fulltext

By former government officials at the Ministry of Public Health of Afghanistan.

“... Due to the Taliban's past acts and alarming human rights violations, the hesitancy of the international community to extend legitimacy to the group is justified. Stopping financial support to local NGOs who are providing essential health services is not. To leave a country where more than 90% of the population live in poverty, where there are signs of a fourth wave of COVID-19, where there are unprecedented numbers of internally displaced people surging into cities, and where there is a large population of women and children who are about to be deprived of access to basic services, will create a humanitarian crisis. ... ... It is imperative that international health donors agree on an emergency structure to ensure continuation of humanitarian assistance, mainly the provision of primary health services through local NGOs who have many years of experience of dealing with the Taliban and are best placed to figure out a modus vivendi. NGOs could be paid directly or through some credible intermediary (the UN or International Committee of the Red Cross) to ensure the population continues to have access to essential health services....”

BMJ - Staring into the darkness: women health workers in Afghanistan

Women in Global Health; BMJ;

“Any limitations on the autonomy and mobility of women and girls will add a significant burden to an already strained healthcare system, write Laura Jung, Lilly Khorsand, Anita Afzali, Mariam Mariam Dahir, Mohammad Yasir Essar, and Roopa Dhatt.”

And a few link:

- BMJ - The women and children of Afghanistan need urgent assistance (by A S Salehi et al)

“... We call upon the major ARTF funders, the European Union, USAID and World Bank, other donors and UN agencies, WHO, UNICEF and UNDP, to search for responsive, innovative ways to ensure that Afghans are not abandoned with regard to their health and nutrition needs....”

- This week’s Lancet Editorial also deals with Afghanistan - 9/11 at 20: after war, what?

“... The progress in the health status of people in Afghanistan is too valuable to be squandered by delay. 20 years of experience, in Iraq as well as in Afghanistan, surely tell us that the real lesson of 9/11 was not the need for a new war. It was and remains the demand for peace, cooperation, and attention to basic human needs—which health is foundational....”
Some other news of the week

Jena Declaration
https://www.ids.ac.uk/news/ids-lends-support-to-launch-of-the-jena-declaration/

“The Institute of Development Studies has joined a network of international institutions in calling for a new cultural approach to achieve the UN 17 Sustainability goals. The ‘Jena Declaration’ launched on the 9 September.” For the Jena Declaration, see here.

“Melissa Leach, Director of IDS, commented: ‘The existing measures for realising the UN Sustainability Goals have made real progress but the steps taken are not far reaching enough. It is increasingly clear that top-down measures to tackle global challenges are not effective because they do not allow for the diversity of cultural and regional differences. This is why we are pleased to support the Jena Declaration which underlines our belief in the need for action based on community, people and culture. Only by listening and involving those directly affected can we achieve the transformation we need towards global sustainability.’”

New website of World Inequality Lab
https://inequalitylab.world/en/

Cfr related tweet Thomas Piketty: “Visit the new website of the World Inequality Lab, with links to our various projects: World Inequality Database, Transparency Index, Income Comparator, World Political Clevages & Inequality Database, Missing Profits, Tax Simulator, etc.”

Devex - Will Guinea’s coup interrupt the country’s health responses?

Do ask my colleague Willem van de Put 😊.

Papers & reports of the week

Learning health systems: pathways to progress: A flagship report from the Alliance for Health Policy and Systems Research
https://ahpsr.who.int/publications/i/item/learning-health-systems-pathways-to-progress

As already flagged last week. “Learning – at individual, team, organization and cross-organization levels – is fundamental to health systems strengthening and the achievement of health goals. Yet, many health systems, especially in LMICs, still do not have adequate capacity to generate and use the knowledge that they need to be effective. Investments in learning activities tend to be a remarkably small proportion of overall investments in health programmes and systems, and learning-focused activities have historically not found place or favour in budgets when compared with other health system priorities. This report advances a comprehensive understanding of what is meant by
— and how to create — learning health systems. It outlines the benefits of learning health systems and the actions needed to build such systems.”

Lancet Global Health (Viewpoint) - Seizing the moment to rethink health systems

“….. We identify four mutually reinforcing structural investments that could transform health system performance in resource-constrained countries: revamping health provider education, redesigning platforms for care delivery, instituting strategic purchasing and management strategies, and developing patient-level data systems. Countries should seize the political and moral energy provided by the COVID-19 pandemic to build health systems fit for the future.”

BMJ GH - How are mathematical models and results from mathematical models of vaccine-preventable diseases used, or not, by global health organisations?
P Christen et al; https://gh.bmj.com/content/6/9/e006827

“… This study applies analytical tools from organisational science to understand how evidence produced by infectious disease epidemiologists and health economists is used by global health organisations. … We found that commissioned epidemiological and economic evidence is used to track progress and provides a measure of success, both in terms of health outcomes and the organisations’ mission. Global health organisations predominantly use this evidence to demonstrate accountability and solicit funding from external partners….”……burden of disease and vaccine impact estimates are not directly translated into organisational actions…”

SS&M - Global collective action in mental health financing: Allocation of development assistance for mental health in 142 countries, 2000–2015
Valentina Lemmi;

In this paper, the author presents novel analyses on global collective action in mental health financing, looking at the responsiveness of international donors to mental health needs in 142 LMICs between 2000 and 2015. (The paper is freely available until 24 October 2021 on ScienceDirect through this link, then with subscription through this link.)

BMC Health Services (Supplement) - Health facility data to monitor national and subnational progress
Edited by E Amouzou, T Boerma et al; https://bmchealthservres.biomedcentral.com/articles/supplements/volume-21-supplement-1

New supplement in BMC Health Services Research on routine health data, the burden of reporting and the use for M&E and research in LMICs.
Do start with the Introduction – **Strengthening routine health information systems for analysis and data use: a tipping point**

“The global COVID-19 pandemic caused a sudden awakening of the global health community to the crucial importance routine health information systems (RHIS) hold in understanding the effects of the pandemic on health services in low- and middle-income countries (LMICs), offering a tipping point for a significant leap toward stronger systems...”

“...The majority of papers in this Supplement are concerned with data quality and analysis aspects of RHIS data for coverage estimates at national and subnational levels...”

Global Health Action (Editorial) – Global Health Action at 15 – revisiting its rationale


Interesting read on GHA’s journey so far, as well as some contemplation on the way forward.

Some blogs of the week

UN Foundation – What to expect at this year’s UN General Assembly


“... this year’s **UNGA** takes place from Tuesday, September 14, until Thursday, September 30..”

Five issues to watch for. Most of them look bloody urgent.

See also IISD: “**UNGA 76 will meet against a challenging backdrop—the ongoing COVID-19 pandemic, the planning of Build Forward Better, a growing discussion on the value of multilateralism, the need to make global governance more effective, unfolding UN reforms, the urgency of responding to climate change, the definition of new biodiversity targets, insufficient progress towards the SDGs...”**

CGD - Getting the Best We Can Buy: Three Solutions to Improve the Use of Value for Money Evidence in Global Development


“The need for effective evidence-informed priority-setting in global development is more urgent than ever, with widespread global challenges and reduced funding due to both COVID-19 related public spending and economic slowdowns. This blog explores three key barriers to using value for money evidence in global development and offers three solutions to overcome these challenges.”
Tweets of the week

Dr Tedros
“#COVID19 is still raging, but people are dying at two different rates. In rich countries with high vaccination coverage, case fatality rates are dropping. In poor countries that don’t have access, both cases and deaths are surging. #VaccinEquity”

Joanne Liu
Re this excellent Lancet World Report - The long road ahead for COVID-19 vaccination in Africa
“The long road ahead for COVID-19 vaccination in Africa : concerns of massive vaccines dumping in the last quarter of 2021- steady influx of vaccines is what is more manageable with advance planning.”

Seye Abimbola
(at the launch of the new Alliance flagship report on learning health systems)
“If you optimize systems for (current) research, it’s almost like you deoptimize the system for learning. “

Mogha Yamal-Kanni
“The monopoly on mRNA technology will soon be broken. But in the meantime, Pfizer/BioNTech and Moderna will have made billions and billions in profit even at the expense of global health and the lives of poor people.”

Global governance of health

CSIS (Commentary) - PEPFAR’s Existential Moment
J S Morrison et al ; https://www.csis.org/analysis/pepfars-existential-moment
« The President’s Emergency Plan for AIDS Relief (PEPFAR) has entered its most consequential, indeed its most existential moment. Several reasons stand behind this claim...”

Among others, an Unprecedented PEPFAR Leadership Gap (in the midst of a pandemic).

Think Global Health - A Conversation with Global Governance Expert Stewart M. Patrick
https://www.thinkglobalhealth.org/article/conversation-global-governance-expert-stewart-m-patrick
“A look at how 9/11 transformed aid and global health programs for fragile states.”

On the evolution of health aid to fragile states over the past twenty years.

Excerpt: “...We began to see the securitization of development assistance, including health assistance. There were a lot of things that came to influence the direction of global health—increased spending and attention to it. Before 9/11, I would say global health had a humanitarian rationale to it. And around the millennium, there had been growing attention to the fact that we really needed to deal with basic human needs that came from a sense of global equity and social justice. Then 9/11 led us to believe that for our own security we should try to build institutions, including public health institutions, in low-income countries. There was also an increased securitization of global health surrounding the growing national security threat of HIV/AIDS at about the same time. There was a sense that infectious disease around the world could destabilize major countries around the world.... .... There was a CIA report saying we were facing a growing threat over infectious disease. Then there was SARS in 2003 and then H5N1 and H1N1, so we were increasingly beginning to see pandemics as potential global disease threats. But after 9/11, what began was nation-building efforts in Afghanistan and Iraq and fragile states because we were waiting to see where the next shoe was going to drop....”

“...This increased attention to fragile states, which 9/11 propelled, was not something the United States was doing alone. It was not simply a made-in-Washington-DC phenomenon. We started to see international institutions like the World Bank and the IMF—particularly the World Bank—increase their activity in fragile states....”

Politico - Europe’s ‘Health Union’ prepares for its first feeble steps

“...When it comes to health policy, the European Commission has largely wasted the coronavirus crisis.”

The EU’s limitations caused embarrassing missteps, as EU countries closed their borders, banned exports of essential medical equipment and initially refused to come to each other’s aid. For a while, the pandemic seemed like the moment everything would change. If history was any guide, crises can be the catalyst for massive transfers of power to Brussels. ... ... The Commission’s health response to the coronavirus was a “European Health Union” package, encompassing three core proposals: Improving the European Medicines Agency (EMA), upgrading the European Centre for Disease Prevention and Control (ECDC) and creating a regulation that would make ad hoc emergency measures permanent. The first of these is already in so-called trilogue negotiations with the European Parliament and national governments, and the institutions want all three proposals to be wrapped up by the end of the year. The Commission will also unveil its biggest proposal in a week: The creation of a new authority, the Health Emergency Preparedness and Response Authority (HERA). The idea is to stand up a counterpart to the U.S. Biomedical Advanced Research and Development Authority (BARDA) that could mobilize resources quickly in emergencies.”

“What the Commission’s proposed health union will not be, however, is a revolution in the EU’s health powers. The flurry of new files has excited the health bubble, but the proposals are limited by the EU’s treaties, which restrict Brussels’ role in health, even in a pandemic. What they amount to is
for the Commission to cement its role as a cheerleader of EU health coordination, leaving the EU’s national governments to continue to serve as 27 different coaches. …”

And a link:

Globalization & Health - The Health Impact Fund: making the case for engagement with pharmaceutical laboratories in Brazil, Russia, India, and China

UHC

Book - Systems Thinking Analyses for Health Policy & Systems Development: a Malaysian case study
Edited by Jo M Martins et al; Cambridge:

“the book on health systems focuses on Malaysia as a case study to demonstrate the evolution of a health system from low-income developing status to one of the most resilient health systems today.”

Planetary health

Reuters - China, U.S. fail to reach agreement on climate change - SCMP
https://www.reuters.com/world/china-us-fail-reach-agreement-climate-change-scmp-2021-09-03/

“China and the United States did not reach an agreement on climate change, with Beijing rebuffing calls to make more public pledges on climate change before a United Nations climate summit in November, the South China Morning Post (SCMP) reported on Friday citing a source.”

“Source says the two sides failed to reach agreement and China has its own plans on climate matters…”

Guardian - 20 meat and dairy firms emit more greenhouse gas than Germany, Britain or France

“Twenty livestock companies are responsible for more greenhouse gas emissions than either Germany, Britain or France – and are receiving billions of dollars in financial backing to do so, according to a new report by environmental campaigners. Raising livestock contributes significantly to carbon emissions, with animal agriculture accounting for 14.5% of the world’s greenhouse gas emissions. Scientific reports have found that rich countries need huge reductions in meat and dairy consumption to tackle the climate emergency. Between 2015 and 2020, global meat and dairy companies received more than US$478bn in backing from 2,500 investment firms, banks,
and pension funds, most of them based in North America or Europe, according to the Meat Atlas, which was compiled by Friends of the Earth and the European political foundation, Heinrich Böll Stiftung....”

HPW - Air Quality Regulations Lag Behind In 37% Of Countries; UNEP Calls for Robust Governance


“Over a third of the world’s countries – 37 percent – lag behind in creating and enforcing legally mandated ambient air quality standards (AAQS), leaving ambient air – and thus people and the natural environment – not fully and legally protected everywhere, according to a new report released by the United Nation Environment Programme (UNEP). The new UNEP report – “First Global Assessment of Air Pollution Legislation”, released last week, assesses national air quality legislation in 194 states and the European Union. ...”

Guardian - Vast majority of fossil fuels ‘must stay in ground’ to stem climate crisis


“The vast majority of fossil fuel reserves owned today by countries and companies must remain in the ground if the climate crisis is to be ended, an analysis has found. The research found 90% of coal and 60% of oil and gas reserves could not be extracted if there was to be even a 50% chance of keeping global heating below 1.5C, the temperature beyond which the worst climate impacts hit. The scientific study is the first such assessment and lays bare the huge disconnect between the Paris agreement’s climate goals and the expansion plans of the fossil fuel industry. The researchers described the situation as “absolutely desperate”....”

“... The new research, published in the journal Nature, used a complex model of global energy use that prioritised use of the fossil fuels that are cheapest to extract, such as Saudi oil, in using up the remaining carbon budget. Costly and highly polluting reserves, such as Canada’s tar sands and Venezuelan oil, are left in the ground in the model....”

Infectious diseases & NTDs

Gavi funding boosts yellow fever diagnostics capacity across Africa


« Gavi’s investment in initiative to boost yellow fever diagnostic capacity across Africa has ‘revolutionised’ diagnostics on the continent reducing the risk of future epidemics. From 2017 to 2020, African countries at high risk of yellow fever epidemics have seen a 70% reduction in the amount of time needed to complete testing. The number of laboratories able to confirm yellow fever samples on the continent has quadrupled and the first commercial yellow fever PCR testing kit is now available »
An initiative to boost yellow fever diagnostic capacity across Africa has ‘revolutionised’ diagnostics on the continent, one of the programme’s coordinating agencies, Gavi, the Vaccine Alliance, said today. The initiative is part of the implementation of the Eliminate Yellow Fever Epidemics (EYE) strategy and brings together different partners including WHO, UNICEF, CDC, the Institut Pasteur Dakar, Centre Pasteur Cameroon, and the Uganda Virus Research Institute. The diagnostic capacity initiative has made significant progress since its launch in 2018…

Devex - Fears of witchcraft delay meningitis declaration in DRC
https://www.devex.com/news/fears-of-5d5c4c77c6-6d5c-5c77-6d5c-5d5c-6d5c-5d5c

“An outbreak of meningitis with a high mortality rate of 50% was declared in the Democratic Republic of Congo’s northeastern Tshopo province. There are 261 suspected cases and 129 deaths. DRC reported over 118,000 cases of meningitis between 2000 and 2018, with a mortality rate of 11.5%. But rumors that this new outbreak was linked to witchcraft have made containment difficult and pushed the mortality rate higher.”

NCDs

Lancet Haematology Series - Priorities in haematological care in sub-Saharan Africa
https://www.thelancet.com/series/haematology-africa

New series. “Local and global health initiatives have facilitated improvements in health outcomes in sub-Saharan Africa. However, haematological care is still very limited: many countries fall below WHO’s target of one haematologist per 100,000 people, and few centres in the region provide specialist care, continued blood transfusion services, advanced diagnostics, or haematopoietic stem-cell transplantation. In addition, endemic infections and sustained malnourishment in some areas require tailored interventions. In this Lancet Haematology Series, authors highlight the current state of haematological care for some of the most prevalent conditions in the region….”

Lancet Comment - Controlling diabetes and hypertension in sub-Saharan Africa: lessons from HIV programmes
S Jaffar et al; on behalf of the RESPOND-AFRICA Group;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01731-1/fulltext

“… Diabetes and hypertension programmes in Africa could learn lessons from HIV programmes that are also relevant for other non-communicable diseases in low-income and middle-income settings.” … …. Unlike HIV programmes, “… models of health care for diabetes and hypertension in Africa have not evolved and kept pace with the considerable rise in demand….”

Check out which lessons they could learn.
The Golden Hour: The Critical Time Between Life and Death


“From road traffic injury prevention to definitive trauma care.”

“... Though injury-related deaths occur everywhere, the overwhelming majority happen in low- and middle-income countries (LMICs), where emergency communication systems and health care are often limited. Specialized and timely trauma care in LMICs is critical, though, to reducing permanent, long-term disability and deaths. ...”

And some links:

- Globalization & Health - Do international trade and investment agreements generate regulatory chill in public health policymaking? A case study of nutrition and alcohol policy in South Africa
- European journal of Public Health - Analysis of the accuracy and completeness of cardiovascular health information on alcohol industry-funded websites

Sexual & Reproductive / maternal, neonatal & child health

Lancet Letter - The World Bank's health funding in Afghanistan

G Walraven et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02015-8/fulltext

The authors argue stopping funding would be counterproductive: “... On Aug 25, the BBC reported an announcement by the World Bank that it had suspended funding for projects in Afghanistan after the Taliban seized control of the country, citing concerns about the “country’s development prospects, especially for women”. One of the major projects that the World Bank funds is to build and strengthen primary and secondary health care in Afghanistan. The Sehatmandi project, which provides for packages of health and hospital services in 31 of the 34 provinces of the country, is managed by the Ministry of Public Health through implementing non-governmental organisations in a contracting out model. ... We find it deeply disturbing that the concern over women’s development prospects would see the World Bank stopping Sehatmandi’s implementation. ... We sincerely hope that the World Bank and its partners find ways to continue supporting health systems strengthening and other development projects in Afghanistan, as the Afghan people deserve. Zulfiqar Bhutta and others have called on all leaders in Afghanistan, the Taliban, and others, to join hands and accelerate development. The international community should find ways to offer the country support and incentives to maintain and improve the gains in health, education—especially for girls—and women’s empowerment. Women’s participation in mainstream social and economic activities will be key to Afghanistan’s development; stopping funding, with severe negative consequences for women in the country, is counterproductive....”
Global Public Health - Abortion rights beyond the medico-legal paradigm


“Abortion rights in international law have historically been framed within a medico-legal paradigm, the belief that regulated systems of legal and medical control guarantee safe abortion. However, a growing worldwide practice of self-managed abortion (SMA) supported by feminist activism challenges key precepts of this paradigm. SMA activism has shown that more than medical service delivery matters to safe abortion and has called into question the legal regulation of abortion beyond criminal prohibitions. This article explores how abortion rights have begun to depart from the medico-legal paradigm and to support the novel norms and practices of SMA activism in a transformation of the abortion field. Abortion rights as reimagined in SMA activism increasingly feature in human rights agendas related to structural violence and inequality, collective organising and international solidarity, and democratic engagement.”

Links:

- People’s Health Dispatch - Mexico decriminalizes abortion in historic ruling
- And via Cidrap News:

“... the head of the Pan American Health Organization (PAHO) at a briefing yesterday said the pandemic threatens to wipe away 20 years of hard-fought progress to reduce maternal mortality. Carissa Etienne, MBBS, PAHO’s director, said 2,600 pregnant women in the Americas have died from the virus, and she urged pregnant women to get vaccinated against COVID-19. Mexico and Colombia are among the worst-hit countries, where COVID has become the leading cause of maternal death in 2021. Three countries—Mexico, Argentina, and Brazil—account for half of the region’s deaths in pregnant women, she said. Etienne also warned that the pandemic threatens healthcare for pregnant women and newborns and that the disruptions have become more widespread in 2021....”

Access to medicines

MSF Access - MSF demands Cepheid justify inadequate price reduction of COVID-19 tests


“Following US diagnostics corporation Cepheid’s communication with Médecins Sans Frontières/Doctors Without Borders (MSF) that it will reduce the price of the GeneXpert COVID-19 test from US$19.80 to $14.90 for low- and middle-income countries, MSF demanded that Cepheid release the cost of production for its COVID-19 test to justify the $14.90 price, which is still too high for many countries in which MSF operates....”
INCB, UNODC and WHO Joint Statement on Access to Controlled Medicines in Emergencies


“Access to controlled medicines in humanitarian emergencies remains constrained.”

“Recognizing World Humanitarian Day 2021, the International Narcotics Control Board (INCB), the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) once again call on governments to facilitate access to medicines containing controlled substances in emergency settings, including during pandemics and the increasing number of climate-related disasters....”


“The Covid-19 pandemic, the greatest global health crisis of our times, has highlighted profound inequities in the manufacture and supply of diagnostics, treatments, and vaccines to health care systems worldwide. Crucially, it has revealed structural fault lines in the international intellectual property (IP) architecture. This has strained relations between those who assert that the protection and enforcement of intellectual property rights (IPRs) are essential components for future investment and innovation, and those who argue that IPRs relevant to healthcare technologies necessary to save lives during the pandemic should be temporarily set aside, with IP-protected health care products available unhindered by the existence of associated IPRs. Against the backdrop of the Covid-19 pandemic response, this paper adopts a human rights approach to reappraise the relationship between IPRs and access to health care technologies. It argues that, while tensions between IPRs as property rights, on the one hand, and the right to health as a human right on the other are not new, a human rights approach to IPRs is an important and valuable conceptual tool as we re-evaluate the IP response to the Covid-19 pandemic. It argues that a human rights approach can enable a fundamental rethinking of the relationship between IP, innovation and access, for the Covid-19 pandemic response and inform debates about future pandemic preparedness.”

Devex - The African Medicines Agency was ratified: What's next?

https://www.devex.com/news/the-african-medicines-agency-was-ratified-what-s-next-101520

(gated) “The African Medicines Agency almost has enough support from countries to move forward. But still a lot lies ahead before the African Union celebrates its launch.”

“Sixteen countries have now ratified a treaty for the establishment of the African Medicines Agency, whose function is to standardize the regulation of medicines and other health products in Africa. But its actual launch may not happen until 2022 or 2023. Four countries need to submit their signed ratification documents first, and the agency will need a director general, governing board, and host country for its headquarters so it can go into operation, Sara Jerving reports...”
Miscellaneous

Guardian - ‘Lost generation’: education in quarter of countries at risk of collapse, study warns


“The education of hundreds of millions of children is hanging by a thread as a result of an unprecedented intensity of threats including Covid 19 and the climate crisis, a report warned today. As classrooms across much of the world prepare to reopen after the summer holidays, a quarter of countries – most of them in sub-Saharan Africa – have school systems that are at extreme or high risk of collapse, according to Save the Children. The UN estimates that, for the first time in history, about 1.5 billion children were out of school during the pandemic, with at least a third unable to access remote learning. Now, as much of the developing world faces a combination of interrelated crises including extreme poverty, Covid-19, climate breakdown and intercommunal violence, there are growing fears for a “lost generation of learners”. In an analysis ranking countries according to their vulnerability, Save the Children found eight countries to have school systems at “extreme risk”, with the Democratic Republic of the Congo, Nigeria and Somalia deemed most vulnerable, with Afghanistan following closely behind. The analysis calculated how vulnerable school systems were as a result of a range of factors including coronavirus vaccination coverage, the climate crisis, physical attacks, and the proportion of school-age children with a home internet connection. It found that a further 40 countries, including Yemen, Burkina Faso, India, the Philippines and Bangladesh, were all at “high risk”....”

Devex - What should a global Observatory on Financing Water look like?


“The Organisation for Economic Co-operation and Development is developing a new global Observatory on Financing Water Supply, Sanitation and Water Security, and while its core functions are still up for discussion, some have doubts about its sustainability and potential duplication. The idea of the observatory is to create “a unique repository of good practice, peer-to-peer learning, and horizon scanning for new developments related to financing water,” Kathleen Dominique, OECD’s lead for financing water, said at a World Water Week panel convened by OECD on the topic....”
Extra Covid section

The Collectivity - Changing the rules of emergency rule: how governments have used states of emergency during Covid-19


“This blogpost is part of the Covid-19 Governance Mapping initiative, a collective effort to document the structures of national decision-making in the world’s Covid-19 response, and the actors involved. Together with experts from The Collectivity and a team of researchers, the project gathered data on over 20 countries, mostly for the period between April and July 2020. That data is public, and the blog series provides a first analysis of the findings....”

Economist - Real world evidence shows face masks reduce Covid-19’s spread


Cfr a new study from Bangladesh.

Vox - What an enormous global study can tell us about feeling better during the pandemic


On the importance of “cognitive reappraisal”.

Reuters – Sinovac booster shot reverses drop in antibody activities against Delta-study

https://www.reuters.com/business/healthcare-pharmaceuticals/sinovac-booster-shot-reverses-drop-antibody-activities-against-delta-study-2021-09-06/

“A booster dose of Sinovac Biotech’s (SVA.O) COVID-19 vaccine reversed a decline in antibody activities against the Delta variant, a study showed, easing some concerns about its longer-term immune response to the highly contagious strain of the virus.”

Stat - How the risk of side effects could change with Covid-19 vaccine boosters


“Additional doses of Covid-19 vaccines are likely rolling out in the United States later this year. It raises the question: What will the side effects from a booster shot look like? Is there a higher or lower
risk of an adverse event, compared to the earlier regimens? STAT asked experts what the landscape of adverse events might look like following another dose, and they stressed that they were speculating...”

Reuters - Moderna working on booster to combine COVID-19 vaccine with a flu shot

Reuters

“Moderna Inc (MRNA.O) said on Thursday it is developing a single vaccine that combines a booster dose against COVID-19 with its experimental flu shot.”