

IHP news 639 : Nobel Prize ?

(8 October 2021)

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

Dear Colleagues,

It's been once again an eventful week in global health, "broadly defined". The week started with the release of the **Pandora Papers** which sparked, among others, this fine quote from Alex Cobham (Tax Justice Now) in [The Guardian](#). He acknowledged "...the "personal actions" of some in the leak were "shameful". (@Tony "Africa Governance Initiative" Blair, that would include you 😊) But Cobham also stressed: "Few of the individuals had any role in **turning the global tax system into an ATM for the super-rich**. That honour goes to the **professional enablers – banks, law firms and accountants – and the countries that facilitate them.**" I'm sure that rings a bell too in global health "less broadly" defined 😊. True, an **OECD deal on global tax reform** seems [close](#) now, but from what we can tell, it won't be enough in terms of global tax justice. Not by a long shot actually. And you know that, among others, the radical right will benefit from this in many countries, not exactly an enticing prospect. Let's hope the "pro-equality turn" which Branko Milanovic [discerns in the US and China](#) indeed materializes (*easier said than done, especially in the United (sometimes Nutty) States of America*) and inspires many more countries in the years ahead.

Over to **Covid** then. Last weekend, MSF Access pointed to a **tragic anniversary**: "**One year on from the landmark "TRIPS Waiver" proposal, a small minority of governments continue to block the will of the majority of the world**". Adding in a tweet: "**More than 3.6 million people have died since the #TRIPSWaiver was first proposed on October 2, 2020.**" And these are just the official figures.

Other important (mid-week) news was the release of the [São Paulo Declaration on Planetary Health](#) (in the Lancet), as well as the [Manifesto of the WHO Council on the Economics of Health for All](#); a [malaria vaccine milestone](#); the **1st annual Rosling lecture** (where Stefan Peterson started a "green vests" movement), and on Thursday, a new and important [Lancet Commission on Diagnostics](#).

Last but not least, let's already look ahead to the **Nobel Peace Prize**, to be awarded later this morning. At least some bookmakers seem to [tip WHO](#) as the frontrunner. I don't want to wade into that debate, I'm sure there are many good reasons why WHO indeed deserves a Nobel Peace Prize (*although I don't think "running Covax" is one of them* :). I do hope, though, that one day, a complexity scientist will manage to map and model 'Global Health Governance' in such a way that 'Health for All' almost magically follows, as some sort of 'emergent property'. My guess is that to get there, we need much better feedback loops to the vulnerable communities and people that Global Health claims to serve, including via social movements and rights activists, in global health governance (and governance for health). And far less involvement from some of the '**brightest minds on global health challenges**' (*which according to the (upcoming) World Health Summit, seem to include [Thomas Cueni](#) (huh)*). We also need a complex adaptive governance system that is resilient to the wobbly doublespeak from our leaders on "global vaccine solidarity", and is

permeated by a deep sense of **planetary and societal boundaries**. If a complexity scientist pulls that off, he/she will for sure, have deserved a Nobel Prize. And not just in physics.

But as for later this morning, for all its (sometimes major) [flaws](#), I wouldn't mind a Nobel Peace prize for WHO. I'm sure I'm not the only one.

Enjoy your reading.

Kristof Decoster

Featured Articles

COVID-19 vaccinations in Kenya: What's the current state of affairs?

Sophie Vusha (IHP correspondent 2021 & EV 2013)

In Sub-Saharan Africa, [the first \(COVAX\) vaccine doses were administered on the 1st of March 2021](#), in Côte d'Ivoire and Ghana more in particular. Kenya followed closely with its [first batch of COVID-19 vaccine \(AstraZeneca\) arriving on the 3rd](#) of March, bringing a ray of hope in a dire pandemic situation. Since then, vaccine donations have picked up a bit on the continent, though [not nearly enough](#). Currently, 4.5% of the African population is fully vaccinated. According to WHO, African countries have received 201 million doses by now, a mere 2.4% of the world's distribution.

How are things going in Kenya? Well, the country now has four types of vaccines available: AstraZeneca, Moderna, Johnson & Johnson and Pfizer vaccines. Meanwhile, COVID-19 has long spread beyond urban parts of the country, and is now also very much present in rural parts of the country as Kenya enters its fourth wave with Delta variant dominance. As of [6th October, 250 000 \(confirmed\) cases and 5, 150 deaths had been reported in the country](#). For months now, hospitals have been grappling with the numbers of infected. Although the [COVID-19 vaccine has been available in the country for a while now and recently 795 600 Pfizer doses were received from the United States](#), given the limited quantities from donations and [purchases](#), many Kenyans are yet to receive the vaccine. Even if it's true that there is also [vaccine hesitancy](#) which has contributed to slow uptake of vaccines.

The original roll-out of the vaccines targeted health care workers, and some other frontline workers, people over the age of 58, and those with certain medical conditions. The initial vaccine rollout also included other vulnerable populations such as those living in informal settlements. The rest of the population had to wait, impatiently. However, even though the plan was set, not everything went according to this plan: eg. back in March already, [the government allowed vaccination of the foreign diplomats before the frontline staff or the elderly, with shots supplied via COVAX moreover](#). Obviously, the Kenyan people weren't amused.

Globally, [34.7% of the world population have been \(fully\) vaccinated by now](#). Sadly, Kenya's vaccination rate is nowhere near: it currently stands at 1.7 % with 3.8 million doses given and 929K

fully vaccinated. And so Kenya was one of the many countries in Africa that [missed](#) WHO's target to fully vaccinate 10% of its population by 30 September. Put differently, Kenya is still struggling to vaccinate high risk populations while many developed nations have already inoculated all their adult populations (and some even their teenagers).

As the struggle continues, a return to normalcy has nevertheless ensued with many people going their own business. Understandably, the fatigue in keeping with COVID-19 protocols and guidelines have set in. Social distancing is now slowly becoming a thing of the past. Masks are down or out, and sanitizing or washing hands happens is far more casual than before, with exception of some heavily monitored areas such as banks and shopping malls. As for the implications of the low vaccination coverage, and diminishing COVID-19 preventive measures on any future outbreaks, we'll find out later.

Massive inequities continue to exist globally on access to COVID-19 vaccines, which is reflected in the availability of the COVID-19 vaccine in Kenya. There is the hope that the government can do better, and that the vaccines can reach everyone in line with the right to health, sooner rather than later. In keeping with the next WHO target, Kenya seeks to vaccinate 10 million people by the end of 2021 (40 % of the population). Yet, Christmas will be here soon and this target seems unlikely. More needs to be done by those in power to ensure that access to COVID-19 vaccines is improved for poorer countries, and those with limited capacity to manufacture their own. Vaccination of the population in Kenya and elsewhere is paramount, as indeed "no one will be safe until everyone is safe".

Mental Health and Wellbeing – a Royal Salute to the voices from below

Willem van de Put (ITM)

Blessed are those that get invited to High-Level summits, and even more so if they take place in Paris. On 5 and 6 October 2021, the French Minister for Solidarity and Health, Olivier Véran hosted a [global mental health summit](#) in the French capital, the 3rd edition already in a series of global mental health summits that aim to put [mental health and well-being](#) on the Global Health agenda. After [London](#) (2018) and [Amsterdam](#) (2019), [declarations](#) and [commitments](#) were made, with a large focus on emergencies and refugees. As every French citizen knows, Human Rights are a [French invention](#), and it was therefore no surprise that this year's theme was "[Mind Our Rights, Now!](#)". This summit aimed to strengthen international efforts to support mental health, promote respect for rights in mental health, and foster worldwide innovative experiences. The two (sub)themes were **innovative practices for rights in mental health** and the **integration of mental health in health during and after the COVID-19 pandemic**.

And so we found ourselves "summitting" at the vertigo-inducing ministerial level of people like Olivier Véran, his Italian colleague Roberto Speranza (version 4 of the summit will be in Rome next year), a Dutch minister (Dutch cabinet posts change faster than names stick these days), and other top officials from international organisations like UN's António Guterres, Tedros Ghebreyesus and for good measure also the (outgoing) executive director of UNICEF, Henrietta H. Fore and the secretary general of the OECD, Mathias Cormann. Impressive words were spoken, often in the imperative, and as usual the [recommendations](#) reminded us of the ten commandments. But intentions were

good, and as ICRC director-general Robert Mardini explained, these acts are necessary to get mental health on the political agenda. Italy's Roberto Speranza was perhaps the most authentic speaker, when he shared his experience with the pandemic days and the cry-out for psychological help in Italy last year in a very moving way.

But why were we there, who haven't even reached the top of this institute so far? Well, the Covid pandemic caused a year of delay – the high-level circus took *two full years* to move from Amsterdam to Paris. And we – that is, the 'mental health' working group of Be-cause health - had already figured out that you have to pass Brussels to get to Paris from Amsterdam, and in Brussels resides Her Majesty Queen Mathilde of Belgium, mental wellbeing advocate for the United Nations sustainable development goals! Moreover, her reign even extends well beyond the French language border. That is why we organized, between the second and third, the second-and-a-half edition in this series of summits – except that we did not want it to be a summit, but rather a 'bottom-up' edition where the people that actually do the work and need the services could be heard. Given that in London and Amsterdam there was a lot of talk about migrants/refugees coming from francophone African countries, we tried to make their voices heard. And here is where the second-and-a-half edition turned into some of the dreamier Harry Potter stuff: Her Majesty agreed to open our conference on 14-15 June (see the digital report of the conference). We brought these voices to Paris, where the Queen was the first keynote speaker. And, like in 'our' conference, she showed a stubborn republican like me what royalty can do: not just speak way better French than me, but also outrank nobility to defend 'the people'. Nothing against the high-level speakers, who were all correct and relevant, but Queen Mathilde did, in a very empathic speech with clear advocacy for local ownership of wellbeing, indeed give voice to the people that really matter.

Highlights of the week

Lancet Commission on Diagnostics

The Lancet Commission on diagnostics: transforming access to diagnostics

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00673-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00673-5/fulltext)

Cfr the press release: ***"The Lancet: Half of the global population lack access to basic diagnostics for many common diseases, new estimates suggest"***

- ***The COVID-19 pandemic has exposed the centrality of accurate and timely diagnostics to any functioning health system, with testing capacity becoming a key issue driving the pandemic response***
- ***New global estimates highlight the scale of the diagnostic gap, leaving patients worldwide at risk of poor-quality health care***
- ***Without widespread access to key diagnostic tests and services, global health priorities of universal health coverage, antimicrobial resistance mitigation, and pandemic preparedness cannot be achieved***

Nearly half (47%) of the global population has limited or no access to key tests and services that are essential for diagnosing common diseases, such as diabetes, hypertension, HIV, and tuberculosis, or basic tests for pregnant women such as hepatitis B and syphilis, according to new analysis. Without access to accurate, high-quality, and affordable diagnostics, many people will be overtreated, undertreated or not treated at all, or exposed to unnecessary and potentially harmful treatment. The analysis was led by **The Lancet Commission on Diagnostics**, an in-depth report bringing together 25 experts from 16 countries to transform global access to diagnostics. The Commission highlights the centrality of diagnostics for any functioning health care system and calls on policy makers to close the diagnostic gap, improve access, and expand the development of diagnostics beyond high income countries.”

The report was **launched at a virtual event co-hosted by FIND, the global alliance for diagnostics, on Thursday Oct 7.**

Do check out also some of the **related Comments.**

Some quotes from both, respectively:

- Comment: [Transforming access to diagnostics: how to turn good intentions into action?](#) (by P Ondo et al)

*“...The Lancet Commission on diagnostics highlights how 35–62% of the populations in low-income and middle-income countries (LMICs) do not have access to the diagnostic resources essential for six common medical conditions, with most unmet needs at community level. **The Commission suggests that an evidence-based essential diagnostics list (EDL) and technological advances will help accelerate access to diagnostics in the context of the synergistic global health priorities of universal health coverage, COVID-19, antimicrobial resistance (AMR), and global health security...**”*

- Comment: [Can COVID-19 help accelerate and transform the diagnostics agenda?](#) (by S Kleinert & R Horton)

*“... **The publication of the Lancet Commission on diagnostics after almost 3 years of work by Commissioners from different disciplines and 16 countries could not come at a better time.** Originally envisaged as an extension of the Series to emphasise the much needed progress of diagnostics globally, and especially widening the remit to include diagnostic radiology, **the Commission could now form a crucial springboard for accelerating global attention to diagnostics for pandemic preparedness. Diagnostics must be a central pillar in the discussions about a new framework convention on pandemic preparedness at the forthcoming special session of the World Health Assembly from Nov 29 to Dec 1, 2021. A global diagnostics strategy for pandemics should be part of the reform of the International Health Regulations. The ten recommendations of this Commission, although aimed at a broader diagnostics strategy, can help in the development of a strong diagnostics element in future pandemic preparedness efforts...**”*

- Coverage via Devex - [An international alliance to solve diagnostics' low-visibility issue?](#)

*“A Lancet commission is calling for the creation of an international diagnostics alliance by the end of 2022 that would help raise the profile of diagnostics, which have not received as much attention as medicines and vaccines in global health. ... Apart from **raising awareness about the importance of diagnostics, the commission envisions the alliance to also help set goals** — such as that 90% of the population should have access to basic diagnostics within two hours of where they live — and monitor progress against them, as well as gather more data on diagnostics, including their affordability. **The alliance should also link diagnostics to pandemic preparedness, antimicrobial resistance, and health security**, Susan Horton, a professor at the School of Public Health and Health Systems in the University of Waterloo in Canada and deputy chair of the Lancet Commission on Diagnostics, told Devex via email...”*

Lancet Global Health - Availability of essential diagnostics in ten low-income and middle-income countries: results from national health facility surveys

H Yadav et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00442-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00442-3/fulltext)

*“Pathology and laboratory medicine diagnostics and diagnostic imaging are crucial to achieving universal health coverage. **We analysed Service Provision Assessments (SPAs) from ten low-income and middle-income countries to benchmark diagnostic availability...**”*

Malaria vaccine roll-out

Stat - In major decision, WHO recommends broad rollout of world’s first malaria vaccine

<https://www.statnews.com/2021/10/06/in-major-decision-who-recommends-broad-rollout-of-worlds-first-malaria-vaccine/>

*“**The World Health Organization, acting on a recommendation from its scientific advisers, announced Wednesday that it would broadly roll out a much-needed malaria vaccine, saying pilot testing had shown that it was safe and could be effectively deployed in remote and rural settings. The decision, which was announced by WHO Director-General Tedros Adhanom Ghebreyesus, marks a landmark moment in the fight against malaria, for which no other vaccines exist.**”*

*“... **The vaccine, known as RTS,S and developed by GSK, is given in four doses.** The complexity of delivering a four-dose regimen in low-resource settings had raised concerns about how useful the vaccine could be in the real world. For that reason, the WHO’s vaccine advisers previously recommended the vaccine be used first in a pilot program. That program began in 2019, with Ghana, Kenya, and Malawi deploying the vaccine. ... Tedros said the pilot program confirmed that the vaccine can be effectively delivered through child health clinics and that community demand for the vaccine is strong...”*

- See also Guardian – [WHO endorses use of world’s first malaria vaccine in Africa](#)

Two global advisory boards had been reviewing RTS,S/AS01.

- And Science – [In landmark decision, WHO greenlights rollout in Africa of the first malaria vaccine](#)

“RTS,S is safe and effective, panel concludes—but questions remain.”

On the latter: “... **But not everybody is convinced the shots are the best way to spend scarce public health dollars in Africa.** The vaccine is far from perfect: It requires four doses and only provides roughly 30% protection against severe malaria in children. Initial studies also raised possible questions about its safety, and some researchers caution that studies so far may have missed some of its downsides.”

And: “**The vaccine’s cost could prove a drawback.** GlaxoSmithKline, the company that makes RTS,S, has said it will sell doses at cost, plus a small markup that will go toward further research. The estimated \$5 per dose is a bargain compared with many vaccines used in rich countries, but it still means countries will need to carefully consider how the vaccine fits in with other, less expensive malaria prevention tools, says Catherine Pitt, who studies the economics of malaria at the London School of Hygiene & Tropical Medicine. Although today’s news is “fantastic,” Pitt says, “the budget doesn’t seem to be getting bigger, so hard choices have to be made.””

- And via Devex - [A global malaria game-changer](#)

“ The recommendation for broad use is just the beginning though. Countries will now work to fast-track regulatory approvals, while all eyes turn to Gavi, the Vaccine Alliance, whose board will help determine how the vaccine rollout will be financed — and when it might begin.”

PS: “... Global health donors had been anticipating the potential approval of a malaria vaccine and tweaking their strategies for future malaria programming with immunization in mind...”

- See also Politico’s Global Pulse newsletter - [A historic shield against malaria](#)

“...The board of Gavi, the Vaccine Alliance, will decide by year’s end whether to finance the vaccine, which will be produced by Indian manufacturer Bharat Biotech, following a deal with GSK. The President’s Malaria Initiative, which has an annual budget of \$770 million, would not procure the vaccine but will try to expand other tools to fight the disease along with the vaccine deployment, which will make the effort more effective, Panjabi said. The recommendation for the wider vaccine rollout came the same day as the President’s Malaria Initiative announced its [objectives for the next five years](#) : reduce mortality by a third, cut disease by 40 percent compared to 2015, and help at least 10 countries where the initiative is working to eliminate the disease....”

Decolonize Global Health

The Nation - The Gates Foundation Avoids a Reckoning on Race and Power

Tim Schwab; <https://www.thenation.com/article/society/gates-foundation-colonialism/>

Must-read (now that the paywall has been finally removed ☺). Perhaps the first article that really takes on the Gates foundation from a Decolonize Global Health angle.

Cfr tweet by the author: *“The Gates Foundation aims to help the global poor, but 88% of its charitable dollars go to the wealthiest, whitest nations. In @thenation, I talk to those who want to “de-colonize” the world’s most powerful charity & those who want to dismantle it.”*

A few quotes to give you a flavour:

“... The Nation examined 30,000 charitable grants the foundation has awarded over the past two decades and found that more than 88 percent of the donations—\$63 billion—have gone to recipients in the wealthiest, whitest nations, including the United States, Canada, Australia, and European countries. David Mc Coy: “It comes back to this issue of power,” “At the end of the day, a really good metric...to look at is: Has power been redistributed over the last 20 years since the Gates Foundation has been on the scene? And I think the evidence shows it hasn’t. If anything, inequality—in terms of power—[has] actually gotten worse. There’s been an even greater concentration of power and wealth in a few hands, even if lives have been saved during that time. By continuing to not address the more fundamental problems of structural inequality, and the injustice of that, they are able to maintain this position of being charitable and benevolent, which they are then able to translate, to turn into social power.”

“... Raveendran says such contradictions will continue to play out in her career, because the Gates Foundation funds virtually every organization working in global health. “They are the antithesis of the decolonial movement, because they are the system. They perpetuate the system that is causing harm. If we were to decolonize, we would dismantle the system of aid where another country or another organization has put in their money in order for us [in the Global South] to be healthy,” she says. ...”

“Seye Abimbola,... describes the Gates Foundation’s work in global health as a kind of privileged navel-gazing: deciding what poor nations need, implementing “surgical interventions” to address these needs, then pouring money into evaluating how well its programs work. ... Abimbola points to one of the foundation’s most heavily funded projects, the Institute for Health Metrics and Evaluation at the University of Washington, which produces widely used estimates that supposedly track the prevalence of disease at a granular level in virtually every village throughout sub-Saharan Africa. Scholars describe the IHME as a monopoly and a model of “data imperialism”—an effort to flatten the Global South into a series of numbers. “It creates an illusion of knowledge. It tells people in a lot of [poor nations] that they don’t know what they know about themselves. That what you think you know, you don’t know,” Abimbola says. “That is the colonial experience.” “

PS: *“... The Gates Foundation is testing the limits of its power by refusing to engage with the rapidly expanding conversation around decolonization....”*

Plos Biology (Perspective) - Twenty steps to ingrain power asymmetry in global health biomedical research

I N Okeke; <https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.3001411>

This one went viral on social media.

*“Health research in low-income settings must prioritize sustainability to truly impact target diseases in the long term. Here, I **satirically summarize** how biomedical investigators from high-income countries can collaboratively work to (not) accomplish this.”*

Nature News - Head of Wellcome-funded Malawi health project investigated for bullying

https://www.nature.com/articles/d41586-021-02662-9?utm_source=tw_tnat&utm_medium=social&utm_campaign=nature

*“The programme’s director has resumed his post after being investigated — but some staff are not happy with the way the case was handled. The director of a pioneering Malawi–UK research partnership, who stepped aside from his post after being investigated for bullying, returned to the role last week on 1 October, Nature has learnt. **Respiratory-diseases specialist Stephen Gordon is the director of the Malawi–Liverpool–Wellcome Trust Clinical Research Programme (MLW)**. This is a partnership between the University of Malawi College of Medicine in Blantyre, its main funder Wellcome, based in London, and the Liverpool School of Tropical Medicine (LSTM), UK. Wellcome provided £25 million (US\$34 million) for the institute from 2018 to 2023...”*

- Twitter thread [Zuba Wai](#) on ‘fieldwork’:

Starting like this: *“How many Africans do you see walking around doing ‘fieldwork’ in Western societies? Even for those who live, study, and work here, the assumption is that we can only really study our own ‘home’ societies, so that if we choose otherwise we are often ignored or dismissed. 1/6 ...”*

Global Health Governance & financing

Geneva Health Files - A Replenishment Model for WHO

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

Last Friday’s Deep Dive contained a section on ‘Sustainable financing for WHO: Replenishment as a way ahead?’

Linked to the **Sustainable Financing Working Group meeting of September 27-29**. *“Faced with inadequate and uncertain support for a meaningful increase in assessed contributions from WHO member states, **the Sustainable Financing Working Group has been left to contend with what seems to be an inevitable dependence on the replenishment model to shore up finances for the organization**. Without enough resources from its member states, WHO may be forced to depend on donor funds to meet its mandate, sources familiar with the discussions say...”*

*“... The meeting this week essentially concluded the deliberations of the working group. At its next meeting, **the group will finalise its recommendations to be submitted to WHO Executive Board next year**. Over the last few weeks since its previous meeting in June, the working group met with donors to examine the replenishment model, discussed challenges of uncertain financing with the technical*

leadership at WHO including the emergencies programme headed by Mike Ryan and the access to medicines team headed by Mariângela Simão....”

Reuters - Analysis: World Bank, IMF face long-term damage after data rigging scandal

<https://www.reuters.com/business/world-bank-imf-face-long-term-damage-after-data-rigging-scandal-2021-10-04/>

“Regardless of whether IMF chief Kristalina Georgieva was to blame for changes to World Bank data in 2017 that benefited China, the scandal has dented the research reputations of both institutions, former staff, government officials and outside experts say.” “... With an investigation by law firm continuing, the controversy may overshadow the IMF and World Bank annual meetings Oct. 11-17....”

“The scandal has fueled longstanding criticisms about the inherently political nature of both Bretton Woods institutions, set up in July 1944 to rebuild the war-torn global economy. ... Past leadership controversies at the institutions have often involved improprieties among individual leaders. read more But the World Bank data-rigging crisis goes beyond the actions of a few individuals to "deeper structural issues" in the governance of both the Bank and the Fund, said Luiz Vieira, coordinator of the London-based Bretton Woods Project, a nonprofit watchdog group. "It highlights the degree to which the World Bank and the IMF can really be trusted to provide advice based on solid research," he said. "It raises questions about whose interests are being served, how robust is their analysis, and how subject to geopolitical and shareholder pressure are they?"

Related links:

- Reuters - [IMF board to grill investigators, Georgieva on data-rigging claims this week, sources say](#)

“...Georgieva, who has strongly denied the accusations, will appear in person before the board on Tuesday, the day she is to deliver a virtual speech about the IMF and World Bank annual meetings Oct. 11-17, two of the sources said. The interviews could prove pivotal in either building or eroding IMF shareholder support for Georgieva....”

- Via [Devex](#): **“Georgieva continues to face her own crisis of confidence. The embattled leader received a boost of support from African finance ministers, as her not-so-behind-the-scenes campaign to defend herself against allegations of misconduct kicks up a gear. The group of 16 ministers hails from Egypt, Ethiopia, and Nigeria, though notably not South Africa. They noted that the allegations about manipulation at the World Bank’s Doing Business report were serious, but called for a fair process....”**
- ODI Insights - [The deeper questions about China and the multilateral banks underneath the Doing Business](#) (by C Humphrey)

Quote: **“... the dangers of shutting China out from the World Bank and regional MDBs, in the interests of the G7 nations holding onto their legacy power: it chips away at the legitimacy and financial capacity of these institutions. That poses dangers for the entire international system.... If**

*Georgieva or others did push to manipulate Doing Business in favour of China, that should be criticised — just as any type of back-channel political pressure brought to bear on multilateral institutions should be condemned, including by the US. But **the deeper issue that this episode highlights is the challenge of how to manage a rising global power in a set of institutions long dominated by the G7...***

The WHO Council on the Economics of Health for All - Manifesto

https://cdn.who.int/media/docs/default-source/council-on-the-economics-of-health-for-all/eh4a_manifesto_24092021.pdf?sfvrsn=e48aac96_5

Check it out. 8-pager.

“...The Council will apply a mission-oriented approach to rethinking economics, putting upfront the vision of Health for All, including human and planetary health, and then working backwards to see what that means for the economy. To that effect, the Council will assess, critique, challenge and reimagine the value of health by addressing key questions in four major interrelated areas: measurement, capacity, finance & innovation. “ ...The Council, with its global experts chaired by Professor Mariana Mazzucato of University College London, will focus its work on delivering a seminal report around the Economics of Health for All, addressing the above four areas.... The Council will create a transformative narrative on Health for All at the centre of a radical redirection of economic activity, and the implications this has for investment, innovation, industrial strategies and public sector capacity to deliver....”

Coming up: Annual IMF/World Bank meetings (11-17 Oct)

Bretton Woods project - Preamble: IMF and World Bank face existential questions in midst of global health and climate crises

<https://www.brettonwoodsproject.org/2021/10/annual-meetings-2021-preamble-imf-and-world-bank-face-existential-questions-in-midst-of-global-health-and-climate-crises/>

“Doing Business scandal, proposed structures for SDR rechanneling and lack of support for waiver of intellectual property rights for vaccines highlight urgent need for governance reform; Doing Business scandal adds to questions of Bank and Fund legitimacy as concerns grow about uneven recovery.”

“...This year’s World Bank and IMF Annual Meetings will take place with questions over the two institutions’ integrity and legitimacy far more front and centre than most would have predicted just a few weeks ago...”

CGD (blog) - Don’t Lose Sight of the Real Business of the IMF-World Bank Annual Meetings

M Ahmed; <https://www.cgdev.org/blog/dont-lose-sight-real-business-imf-world-bank-annual-meetings#.YV3aOHOCzk4.twitter>

Must-read analysis. On the “*urgent, consequential, and substantive agenda on which the Annual Meetings must make progress.*” Provide vaccines and ensure adequate pandemic response; Decide on the proposals to re-distribute Special Drawing Rights (SDRs); Address unsustainable debt...

Link:

CGD (blog by Justin Sandefur) - [The Data Manipulation Scandal That Could Topple the Heads of the World Bank and IMF, Explained](#) “... I want to set aside these broader political calculations and focus on the case at hand: *the Doing Business scandal*. Facts matter, and the credibility of the World Bank and IMF matters beyond current leadership. So *let’s review what we actually know about the data manipulation, how it arose, and who may be to blame, starting at the very beginning.*”

WHO sex abuse scandal

Reuters - WHO's Tedros under donor pressure to act quickly on Congo sex scandal - diplomats

<https://www.reuters.com/world/africa/whos-tedros-under-donor-pressure-act-quickly-congo-sex-scandal-diplomats-2021-10-01/>

From late last week. “ **Major donors urging WHO chief Tedros to take swift action;** ... Diplomats cite “management failure” but see Tedros re-election; Congo health minister calls for prosecutions of perpetrators.”

“**The United States has initiated an effort among major WHO donors to issue a joint statement about their expectations and calling for WHO and Tedros to take swift action, several Western diplomats told Reuters, adding that consultations were under way with capitals.** “The U.S. is leading,” said one. Tedros gained wide support for a second five-year term, formally nominated by 17 EU members including major donors Germany and France and backed by countries in other regions, diplomats told Reuters on Sept. 23 as the deadline passed. **The United States also backs him, they said.**

“... **Western diplomats voiced concern at the WHO “management failure” during the sexual violence in Congo.** Middle managers were criticised but the top echelon including Tedros has emerged without being accused or directly linked, they added. “The report is so bad. But it seems to clear him and senior management even by name,” a Western diplomat told Reuters.

“... **A former senior UN official who worked in Congo during the Ebola crisis said:** “They should be fired, stripped of their UN immunity and handed over to the national prosecution authorities. They've committed crimes in that country and are subject to punishments of that country.” **“It's an endemic problem in the UN so it's not particular to the WHO, and so it's not particular to Tedros.** This happens every time in every kind of deployment to the Congo, people are getting away with sexual exploitation and abuse.” “

Guardian - WHO 'should pay reparations to victims of sexual abuse by staff

https://www.theguardian.com/global-development/2021/oct/01/who-should-pay-reparations-to-victims-of-sexual-abuse-by-staff?CMP=tw_t_a-global-development_b-gdndevelopment

“Survivors of sexual abuse by World Health Organization aid workers during the Democratic Republic of the Congo’s Ebola outbreak in 2018 should receive “substantive” reparations, the co-chair of an independent inquiry into the scandal has said. Julienne Lusenge, a prominent Congolese human rights activist, said it was “essential” that the UN’s global health body drew up a workable plan for reparations to respond to the “real needs” of women and girls who became victims of abuse. “The issue of reparations is very, very important,” said Lusenge, executive director of the Fund for Congolese Women. ...”

“... However, Dr Gaya Gamhewage, the WHO’s director of prevention and response to sexual exploitation, abuse and harassment, appeared to rule out formal reparations. “We acknowledge that we need funds easily available on the ground for victim and survivor support. That’s very clear,” she said. “However, there is no provision in the UN system for financial reparations to the victims.” ... Marcia Poole, a WHO spokesperson, said the body was working with UN partners to ensure that “all victims and survivors” were provided with support in accordance with the UN protocol on assisting victims of sexual exploitation and abuse, including medical and psychological support...”

Lancet Editorial – Sexual abuse and exploitation at WHO: an erosion of trust

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02213-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02213-3/fulltext)

“A [World Report](#) in The Lancet examines the report and its recommendations in detail, as well as criticisms of WHO’s response...”

The Editorial concludes: *“In the aftermath, WHO’s leadership has stressed “zero tolerance for sexual exploitation and abuse” and has promised to take steps to respond to the allegations and prevent future incidents. **But individual and organisational accountability is judged on outcomes, not on plans. The trust people place in WHO to do the right thing is being squandered, and without trust WHO cannot fulfil its mission.**”*

World Politics Review - The WHO’s Congo Sex Abuse Scandal Points to Humanitarian Aid’s Deeper Flaws

C O Ogunmodede; <https://www.worldpoliticsreview.com/trend-lines/30009/the-who-s-congo-sex-abuse-scandal-points-to-humanitarian-aid-s-deeper-flaws>

Analysis. *“... **The latest report lends credence to a broader critique of the humanitarian and development aid system**, which many view as a continuation of the colonial project from which it emerged, characterized by power imbalances, subjugation and racialized hierarchies. In the past two years, the coronavirus pandemic and the Black Lives Matter protests have reenergized longstanding critiques about how the sector operates. Calls to “reimagine” and especially “decolonize” humanitarian aid and development assistance have continued to grow louder, taking on a buzzword-like ubiquity that’s increasingly become divorced from the latter word’s original intent. “*

“... For many critics, these repeated incidents of sexual abuse and exploitation of African women and children by outsiders ostensibly deployed to “help” them are a feature, not a bug, of humanitarian and development aid assistance. ... After all, the relationship between the “helper” and the “helped”—and the terms and conditions governing it—is one-sided and Western-centric, and predicated on agendas set by powerful donors, aid agencies and international organizations from the Global North. Sexual abuse and exploitation, as feminist scholars and activists frequently point out, are undergirded by and often expressions of power and control. And in the humanitarian sector, the power asymmetry is structural. It is part of a dehumanization process that begins with the language used to describe the people and places where aid is deployed, characterized by terms such as “voiceless,” “conflict-ridden,” and “victim.” And it is reinforced by actions imposing and exercising control over people viewed as “powerless.”...”

WP (Monkey Cage) - WHO workers are accused of sexual exploitation and abuse. That hurts everything the U.N. does.

J Westendorf; [Washington Post](#);

“As one official told me: ‘The U.N. is not a superpower. It has only its moral authority, and if you undermine that, you’re finished.’”

“...Each new scandal hurts, given the declining global faith in the U.N. and its family of international organizations, including the WHO. If U.N. leaders want to strengthen the organization, they might wish to begin by confronting challenges to its perceived legitimacy — and therefore, its effectiveness.”

And a link (in the Conversation) : [Sexual abuse during humanitarian operations still happens. What must be done to end it](#) (by C Reis)

Pandemic Treaty: discussions & analysis

Some reads & analysis from this week on this issue:

HPW - A New Pandemic Treaty, Revised International Health Regulations, or Both? What is the Actual Roadmap?

G L Burci; <https://healthpolicy-watch.org/a-new-pandemic-treaty-revised-international-health-regulations-or-both-what-is-the-actual-roadmap/>

“WHO former legal counsel Gian Luca Burci, Adjunct Professor of international law at the Geneva Graduate Institute, takes apart the procedural issues, and what they mean, ahead of the third working group meeting of member states on the issue, next week. ...”

“... Just two months from the deadline, we understand that discussions in the WGPR are moving towards negotiating a new “pandemic treaty” and revising the International Health Regulations (IHR) in parallel after the November WHA – rather than forcing a choice between them. While this

would be a welcome compromise, there seems to be some confusion, as well as contradictory positions, about the procedural steps required to pursue either option. ...”

3rd meeting of the Working group on strengthening WHO preparedness and response to health emergencies (4-6 October)

https://apps.who.int/gb/wgpr/e/e_wgpr-3.html

With a series of accompanying documents, released ahead of the meeting.

Geneva Health Files - The Questions Guiding the Pandemic Treaty Talks

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

Also from last week’s Deep Dive. Quotes:

“This week the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies conducted intersessional meetings that discussed the relevance of the International Health Regulations and the need for a pandemic treaty.”

*“The **direction of these questions and the assumptions implicit in the language** in [a document circulated on social media] is revealing. **Many observers are uneasy about the articulation on the limitations of the IHRs in the context of these treaty discussions.** ...”*

“It is understood that the U.S. steered the deep dive discussions on the IHRs this week. Sources said that the U.S., has been in favor on strengthening the IHRs as a post-pandemic response, instead of backing the idea of a treaty. The U.S. is one of the co-chairs of the Bureau of the Working Group....”

WHO: “Significant Divergence” among Member States on proposed Pandemic Treaty and IHR Strengthening

<https://www.twn.my/title2/health.info/2021/hi211003.htm>

On an earlier meeting of the working group, early September. “ *There are “real differences” of views among World Health Organization member states with regard to the possibility of a pandemic treaty proposed by the [European Union](#) and strengthening of the existing International Health Regulations (IHR). This emerged at the [second meeting of the Working Group on Strengthening WHO Preparedness and Response To Health Emergencies \(WGPR\)](#) and is recorded in the WGPR Bureau’s [summary](#) of the records. **The second WGPR meeting was held on 1-3 September at WHO Headquarters in hybrid (online and onsite) mode, and the next one will start today (4 October)...***

*“... Sources disclosed to TWN that **both the United States and China opposed the idea of a new pandemic treaty during the recent WGPR meeting.** The US position was already clear prior to the meeting....”*

PS: check out the [Bureau's summary report of the second meeting of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies \(1–3 September 2021\)](#) (WHO)

TWN - A Pandemic Treaty: In Whose Interest?

EC envisages a framework convention with binding and non-binding provisions

<https://www.twn.my/title2/wto.info/2021/ti211003.htm>

“A European Commission “reflection paper” supports the argument that its proposal for a pandemic treaty aims to secure the European Union’s health security interests using hard law in a selective manner, and then leave the requirements of public health response coordination and cooperation to non-binding soft law mechanisms. It means there is little political momentum within the EU to strengthen the legal duty to cooperate under the existing International Health Regulations or to enhance timely equitable access to health care products with binding legal force.”

“...In short, the EC’s paper supports the argument that the EC is using the pandemic treaty as an instrument for promoting the strategic autonomy and positioning of the EU in international health governance...”

BMJ Opinion - Confronting future pandemics: what could a new treaty resolve beyond the IHR?

Haik Nikogosian and Ilona Kickbusch are co-chairs of the project on a pandemic treaty located at the Global Health Centre; [BMJ](#)

“This is the first in a special collection of articles on a global pandemic treaty. The collection is published in cooperation with, and with funding support from, a research project at the Global Health Centre, Graduate Institute, Geneva.”

*“One critical question in the ongoing discussions for an international instrument to deal with future pandemics is to gain clarity on **what the issues are that a treaty under Article 19 of the WHO Constitution (WHOC) could resolve beyond the scope of the IHR (2005)**. We think these issues could be categorised into five groups: **political, legal, institutional, multisectoral, and topical (subject-based)**.*

“...In summary, the treaty could be complementary to, and not necessarily replace or overlap the IHR (2005). The treaty’s proposed prevention dimension is absent or marginal in the IHR; its preparedness measures might only touch domains not covered by the IHR (e.g. health service capacities beyond public health, pre-negotiated arrangements for the development and supply of vaccines and other essential goods, etc.); and its response measures would unfold only when the event is declared to have reached a pandemic potential (“one instrument at a time” during an event).”

And a link:

- HP&P – [Strengthening National Capacities for Pandemic Preparedness: A Cross-Country Analysis of COVID-19 Cases and Deaths](#) (by D Duong et al)

“The International Health Regulation—State Party Annual Reporting (IHR-SPAR) and the Global Health Security Index (GHSI) have been developed to aid in strengthening national capacities for pandemic preparedness. We examine the relationship between country-level rankings on these two indices, along with two additional indices (the Universal Health Coverage Service Coverage Index and World Bank Worldwide Governance Indicator (n = 195)) and compared them to the country-level reported COVID-19 cases and deaths (Johns Hopkins University (JHU) COVID-19 Dashboard) through 17 June 2020....” Check the findings.

TRIPS waiver/ tech transfer...

One year after the TRIPS waiver proposal was first floated, negotiations are still stuck. Still, the sheer threat of a TRIPS waiver seems to work to some extent, by already putting pressure on pharmaceutical companies.

Reuters - A year after COVID vaccine waiver proposal, WTO talks are deadlocked

[Reuters](#):

“A year after South Africa and India introduced a novel proposal to temporarily waive intellectual property rights on COVID-19 vaccines and therapies at the World Trade Organization, negotiations are deadlocked and directionless, trade sources said on Monday after a meeting on the topic. ”

“... At a closed-door TRIPS Council meeting on the waiver on Monday, Norway's Dagfinn Sorli seemed frustrated and asked delegates: "Where do we go from here?," according to three trade sources who attended. He urged delegates to come forward quickly with advice on next steps, the sources added. "I definitely need your advice," he told them....”

“China in the same meeting described the discussions as circular, with no real progress achieved, according to one of the sources attending. India's delegate said that some members had done everything in their power to avoid meaningful engagement, the source added....”

- See also TWN – [South Africa's President calls for delivering on TRIPS waiver at MC12](#)

“The South African President Cyril Ramaphosa has called for “passing a time- bound, targeted TRIPS waiver” at the World Trade Organization’s 12th ministerial conference (MC12) scheduled to take place in Geneva from 30 November. In a keynote address delivered at the WTO’s Public Forum on 28 September, President Ramaphosa drove home the message that the waiver is “a proportionate response to the exceptional circumstances presented by the COVID-19 pandemic””

- See also TWN - [WTO DG delivers mixed signals for MC12](#) (for more info on this WTO week)

“With less than 42 working days left for the World Trade Organization’s 12th ministerial conference (MC12), the WTO director-general Ms Ngozi Okonjo-Iweala on 4 October delivered a

somewhat mixed message that laid emphasis on the progress made in the non-mandated plurilateral Joint Statement Initiative (JSI) issues....”

“... The DG said that discussions on intellectual property (IP) and other areas are also going well, but gave little information. She said members must settle on a compromise outcome on IP issues. She, however, did not suggest what that compromise could constitute – whether it is a compromise on the temporary TRIPS waiver as proposed by 64 countries or the European Union’s proposal relating to the use of compulsory licensing or elements drawn from the two proposals....”

HPW - ‘Constructive Tone’ Now Emerging Among World Trade Organization Members On IP Waiver for COVID Health Products

<https://healthpolicy-watch.org/wto-constructive-tone-now-emerging-among-members-on-ip-waiver-for-covid-products/>

The latest update (from yesterday) sounds a bit more encouraging.

“Discussions over a controversial World Trade Organization waiver on intellectual property related to COVID vaccines, treatments and other tools, have become more “constructive” said a senior WTO spokesman on Thursday, in a press briefing on the first day of the WTO’s two-day General Council meeting. There has been a “subtle shifting in the direction of compromise from both sides,” said WTO chief spokesman Keith Rockwell, holding out hope of a possible agreement on the bitterly disputed initiative in time for the WTO’s big Ministerial Council meeting (MC12), November 30-12 December....”

“... Rockwell also stressed that in addition to the highly legalistic negotiations over the IP waiver initiative, New Zealand’s WTO Ambassador, David Walker, is leading a parallel process on so-called “non-TRIPS” interventions that the WTO could take. “

MSF Access - One year on from the landmark “TRIPS Waiver” proposal, a small minority of governments continue to block the will of the majority of the world

<https://msfaccess.org/one-year-landmark-trips-waiver-proposal-small-minority-governments-continue-block-will-majority>

Sad anniversary from last weekend. *“One year since India and South Africa put forward the “TRIPS Waiver” proposal at the World Trade Organization (WTO), Médecins Sans Frontières/Doctors Without Borders (MSF) condemned the unrelenting opposition to this landmark initiative from a small group of WTO members, including the EU, UK, Norway and Switzerland. First introduced on 2 October 2020, the TRIPS Waiver, which now has the support of over 100 nations, would waive patents and other intellectual property (IP) rights on urgently needed COVID-19 vaccines, treatments, tests and other health tools for the duration of the pandemic and pave the way for many countries to increase production and supply of these lifesaving medical tools....”*

See also Devex - [Where are we on COVID-19 after a year of TRIPS waiver negotiations?](#)

“A year later, about 77% of the 6.41 billion vaccine doses so far administered globally have gone to people in high- and upper-middle-income countries. But the proposal remains stalled, despite the support of more than 100 countries....”

“It is impossible to determine how many lives, if any, would have been saved by the quick adoption of India and South Africa’s proposal. Interviews with scientists, activists, legal scholars, regulatory experts, and manufacturing authorities revealed a striking lack of consensus on the actual effect its approval would have had...”

Absolute must-read analysis by **Andrew Green**. On the various points of view on the use of a waiver.

HPW - MSF Urges Sanofi to Share Technology and Know-how with WHO’s mRNA Vaccine Hub

<https://healthpolicy-watch.org/90517-2/>

“Following news that Sanofi, a French pharma company, will abandon its promising mRNA COVID-19 vaccine candidate, Médecins Sans Frontières (MSF) called for the corporation to transfer the vaccine technology and know-how to the WHO-led COVID-19 mRNA vaccine technology transfer hub in South Africa. Despite the existence of two approved mRNA vaccines and 13 candidates in advanced stages of development, the WHO mRNA hub has yet to receive any technology transfers....”

WSJ - Moderna to Build Vaccine-Manufacturing Plant in Africa

<https://www.wsj.com/articles/moderna-to-build-vaccine-manufacturing-plant-in-africa-11633586400>

Big news from Thursday. *“Drugmakers face pressure to supply Covid-19 vaccines to low-income countries; the new plant isn’t expected to open for a few years. Moderna Inc. plans to spend up to \$500 million to build a new manufacturing plant in Africa to supply doses of its Covid-19 vaccine and potential additional vaccines to a continent that has grappled with a shortage. The Cambridge, Mass., drug company said Thursday it will build a state-of-the-art facility that could produce up to 500 million doses annually of vaccines, using its gene-based technology, known as messenger RNA....”*

See also FT – [Moderna plans African factory as vaccine makers battle criticism](#)

“The company said it would spend up to \$500m to build a “state of the art facility” on the continent within two to four years with the goal of eventually producing up to 500m doses of vaccine each year. However, Moderna’s plans appeared to be at a relatively early stage and it offered few other concrete details, such as a site for the factory or even the country it intends to pick. ...”

“... Moderna’s announcement comes after BioNTech, co-developer of a Covid-19 vaccine with Pfizer, said it would establish an mRNA manufacturing facility in Africa. The German-based vaccine developer held talks with the political leaders of Senegal and Rwanda in August and aims to have a partner for the easiest part of the process, filling vials, in the next year. However, Moderna is the

first company to announce plans for a wholly-owned mRNA facility in the region that would produce the active ingredient in the vaccine....”

- As Devex [pointed out](#): “...this is the first time for a COVID-19 vaccine producer to fully manufacture mRNA vaccine substance in Africa, [but] does not involve a technology transfer to an existing manufacturer on the continent....”
- Tweet Dimitri Eynikel (MSF): “A @moderna_tx owned production facility in Africa, cannot replace the calls for technology transfer & independent production and supply. A Moderna plant in itself does not guarantee self-reliance, strategic autonomy or better access in Africa.”
- And via HPW - [Moderna is Urged to Work Through African Partnership to Set up mRNA Facility](#)

“ Moderna should work through the Partnership for African Vaccine Manufacturing (PAVM) if it wants to invest in vaccine production on the continent, according to the head of the Africa Centers for Disease Control (CDC), John Nkengasong. ...”

“We have a Partnership for African Vaccine Manufacturing (PAVM), which has a political backing, and our wish and hope is that Moderna works with that group, which looks at vaccine manufacturing in Africa from an ecosystem perspective, from the whole of Africa approach,” Nkengasong told a media briefing on Thursday. “About 10 countries in Africa have expressed an interest in vaccine manufacturing. We can actually bring them all together and put Moderna at the centre of that to discuss and ask all the questions that will really speak to the need to be transparent, and also to be cooperative and coordinate our efforts,” said Nkengasong....”

Politico - Biden admin spars with Moderna over international vaccine donations

<https://www.politico.com/news/2021/10/07/biden-admins-moderna-international-donations-515537>

Meanwhile, less enticing news on Moderna: “Vaccine maker Moderna is resisting pressure from the White House to increase international donations of its Covid-19 shot in 2022, according to three people with direct knowledge of the matter. The Biden administration has urged Moderna for months to increase its production domestically, in an attempt to help deliver on the president’s pledge to make the U.S. “an arsenal of vaccines” for the world. The White House has donated tens of millions of Moderna doses abroad. Its push for more comes despite the company’s agreement to supply 500 million doses to low- and middle-income countries, including 34 million doses this year, through the international vaccine aid program known as the COVAX Facility. ... administration officials privately believe the reluctance is also driven in part by financial concerns: If Moderna agreed to sell the Biden administration doses for poorer countries it would likely be asked to do so at cost, one source said, putting pressure on its bottom line.”

Covax (& ACT-A)

Reuters - In a first, COVAX to send COVID shots only to least covered nations

[Reuters](#);

“Global project to ship 75 mln doses to 49 nations in Oct; WHO changed allocation system to favour least covered...”

“COVAX will this month for the first time distribute shots only to countries with the lowest levels of coverage, the World Health Organization said. Co-led by the WHO, COVAX has since January largely allocated doses proportionally among its 140-plus beneficiary states according to population size. ... The change comes 15 months after the launch of the COVAX programme and as WHO head Tedros Adhanom Ghebreyesus seeks renomination...”

Reuters - India's Serum Institute to boost vaccine exports gradually, report says

[Reuters](#);

“The Serum Institute of India, which produces the AstraZeneca (AZN.L) COVID-19 vaccine, will resume small exports via the global vaccine-sharing platform COVAX this month and raise it substantially by January, its head told The Telegraph. “Our exports to COVAX will recommence again in October, initially these supplies will be small but by January 2022, once we have satisfied domestic demands – people forget that India is still a lower-middle income country – we will see large volumes go to COVAX,” Chief Executive Adar Poonawalla said....”

Politico – Covax to tighten dose donation acceptance

<https://www.politico.com/newsletters/global-pulse/2021/10/07/a-historic-shield-against-malaria-494610>

“The conditions to donate doses to the global vaccine equity effort COVAX are expected to become stricter next year, according to a document obtained by POLITICO’s [Ashleigh Furlong](#). COVAX will most likely demand a more advanced notice for donations, higher minimum shelf life for the contributed doses and fewer rules from the donor countries about where their doses should go. Some 400 million doses of the 1.4 billion that COVAX expects to deliver by year’s end come from donations, the document says, but they should become less critical next year as COVAX gets more shots from manufacturers with which it has direct deals, the document says.”

Links:

- Covax AMC donors table (as of 5 August):
<https://www.gavi.org/sites/default/files/covid/covax/COVAX-AMC-Donors-Table.pdf>
- ACT-A Access to COVID-19 tools funding commitment tracker
<https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker> (as of 30 Sept)

Covid key news

The Hill - World surpasses 5M COVID-19 deaths

<https://thehill.com/policy/healthcare/575000-world-surpasses-5m-covid-19-deaths>

Sad (official) milestone. According to Reuter's tally.

Cidrap News - COVID-19 cases and deaths continue to decline

<https://news.un.org/en/story/2021/10/1102282>

The global trend is somewhat encouraging, though. ***"The number of COVID-19 cases and deaths has continued to decline globally, with 3.1 million new cases and just over 54,000 new deaths, reported over the last week, according to the World Health Organization (WHO). Compared to the previous week, this represents a nine per cent decrease in cases, while deaths remained similar, the WHO said in its weekly epidemiological update. This continues the trend that has been observed since August. During the week of 27 September to 3 October, all regions reported a decline in the number of new cases, apart from Europe which remained similar to the week before. The largest decrease in new weekly cases was reported in Africa (43 per cent), followed by the Eastern Mediterranean (21 per cent), Southeast Asia (19 per cent), the Americas (12 per cent) and the Western Pacific (12 per cent). The number of confirmed cases reported globally is now over 234 million, with fatalities just under 4.8 million. ..."***

WHO, UN set out steps to meet world COVID vaccination targets

<https://www.who.int/news/item/07-10-2021-who-un-set-out-steps-to-meet-world-covid-vaccination-targets>

"Working with COVAX, African Vaccine Acquisition Trust and other partners – world can and must meet WHO targets to vaccinate 40% of the population of all countries by the end-2021 and 70% by mid-2022. Vaccine supply gaps to COVAX must be closed immediately for countries to reach the 40% year end target. United Nations Secretary-General and WHO Director-General call on countries and manufacturers to make good on their commitments without further delays."

*"The World Health Organization has [today] **launched the [Strategy to Achieve Global Covid-19 Vaccination by mid-2022 \(the Strategy\)](#)** to help bring an end to what has become a two-track pandemic: people in poorer countries continue to be at risk while those in richer countries with high vaccination rates enjoy much greater protection. WHO had set a target to vaccinate 10% of every country, economy and territory by the end of September but by that date 56 countries had not been able to do so, the vast majority of these are countries in Africa and the Middle East. **The new strategy outlines a plan for achieving WHO's targets to vaccinate 40% of the population of every country by the end of this year and 70% by mid-2022...."***

See also Reuters - [U.N. chief appeals for \\$8 bln to equitably vaccinate 40% of world in 2021](#)

“U.N. Secretary-General Antonio Guterres appealed on Thursday for \$8 billion to equitably vaccinate 40% of people in all countries by the end of the year as the World Health Organization launched a plan aiming to inoculate 70% of the world by mid-2022.”

*“...Describing the WHO strategy as a **“costed, coordinated and credible path out of the COVID-19 pandemic for everyone, everywhere”**, United Nations Secretary-General António Guterres said that \$8-billion was needed to meet the 70% target, **both to buy doses and support in-country delivery.**”*

*“...Guterres pushed the **Group of 20 rich countries** to deliver on their “desire to get the world vaccinated” at a summit in Rome later this month.”*

Coverage of this new plan via HPW - [WHO Believes 70% Vaccination Target is Possible – But Only if Wealthy Countries Make Way for COVAX and Africa](#)

*“The World Health Organization (WHO) believes that is possible to get 70% of the world vaccinated against COVID-19 by June – but **only if wealthy countries redirect their doses and orders to poorer countries that are lagging behind...**”*

*“...More than 6.4 billion doses had already been administered globally, and one-third of the world’s population is fully vaccinated against COVID-19,” said Tedros. **“Contracts are in place for the remaining five billion doses, but it’s critical that those go where they are needed most, with priority given to older people, health workers and other at-risk groups,”** said Tedros. **“We can only achieve our targets if the countries and companies that control vaccine supply put contracts for COVAX, and the African Vaccine Acquisition Trust (AVAT) first for deliveries, and donated doses.”**”*

*Tedros: **“This is not a supply problem; it's an allocation problem,”** Tedros said, noting that with global vaccine production at almost 1.5 billion doses per month, the WHO's plan is doable. “...”*

BMJ (news) Covid-19: Lancet investigation into origin of pandemic shuts down over bias risk

<https://www.bmj.com/content/375/bmj.n2414>

*“The work of a task force commissioned by the Lancet into the origins of covid-19 has folded after concerns about the conflicts of interest of one its members and his ties through a non-profit organisation to the Wuhan Institute of Virology. Task force chair Jeffrey Sachs, economics professor at Columbia University in New York, told the Wall Street Journal that **he had shut down the scientist led investigation into how the covid-19 pandemic started because of concerns about its links to the EcoHealth Alliance, a non-profit organisation run by task force member Peter Daszak.** “A lot is going on around the world that is not properly scrutinized or explained to the public,” Sachs told the newspaper, adding that the task force would broaden its scope to examine transparency and government regulation of risky laboratory research. ...”*

*“... **On the Lancet’s website for its covid-19 commission, which set up the task force into the origins and early spread of the pandemic, a statement said that the work had ended in “the interests of ensuring transparency and objectivity.”**3 A final report will be issued, but by the commission’s secretariat, **“in consultation with global experts.”**...”*

Guardian - Global vaccine rollout vital to securing deal for nature, warns UN biodiversity chief

<https://www.theguardian.com/environment/2021/oct/05/global-vaccine-rollout-vital-to-securing-deal-for-nature-warns-un-biodiversity-chief>

“Elizabeth Maruma Mrema says access to Covid jabs for developing world will be critical to the success of in-person Kunming Cop15 summit.” (PS: the same is probably true for COP 26)

Guardian - IMF cuts global economic forecast as pandemic ‘hobbles’ growth

<https://www.theguardian.com/business/2021/oct/05/imf-cuts-global-economic-forecast-as-pandemic-hobbles-growth>

“Fund chief Kristalina Georgieva says most serious obstacle to full recovery remains Covid vaccine divide between rich and poor states.”

*“... obstacle to a full recovery was the vaccine divide between rich and poor nations and **warned the global economy could suffer a cumulative \$5.3tn loss over the next five years unless it was closed.** Speaking ahead of the IMF’s annual meeting next week, Georgieva called on rich countries to make good immediately on their pledges to share stockpiles of vaccines with developing countries...”*

See also Devex - [IMF chief warns lack of vaccines could cause \\$5.3 trillion global loss.](#)

Cidrap News - COVID-19 vaccination climbing slowly in Africa

<https://www.cidrap.umn.edu/news-perspective/2021/10/covid-19-vaccination-climbing-slowly-africa>

*“Though the pace of COVID-19 vaccination in Africa is well behind the rest of the world due to persistent supply inequity, the region is making modest progress, with some countries reaching the goal of immunizing 10% of their population by the end of September, the World Health Organization (WHO) African regional office said today in its latest outbreaks and health emergencies update. Of the 12 countries that hit the 10% goal, most have small populations, except for South Africa, the WHO said. Most had the resources to acquire vaccines or make bilateral deals beyond their COVAX deliveries. **Currently, 4.5% of the African population is fully vaccinated, well below the average 55% to 66% levels seen in the United States and Europe. The WHO said African countries have received 201 million doses, which makes up 2.4% of the world's distribution. The African region has administered 71% of the doses it has received....”***

HPW – Jamaica, Nicaragua and Haiti Fail to Reach 10% COVID-19 Vaccination Target

<https://healthpolicy-watch.org/90606-2/>

“Jamaica, Nicaragua, and Haiti were the only three member countries of the Pan American Health Organization (PAHO) that failed to meet the World Health Organization (WHO) target of vaccinating 10% of their populations against COVID-19 by the end of September.

Around 37% of people in Latin America and the Caribbean have been fully vaccinated against COVID-19, while seven countries in the Americas have vaccinated more than 70% of their populations, according to PAHO....”

Related tweet **Mogha Kamal-Yanni**: “ *Vaccinating Latin America/ Caribbean: 37% of the population are fully vaccinated, but access is uneven: very high rates of vaccination in Cuba (Cuban vaccines), Chile (Chinese vaccines) and Uruguay. #COVAX failed LAC/C @peoplesvaccine”*

Covid science

Stat - Merck’s antiviral pill reduces hospitalization of Covid patients, a possible game-changer for treatment

<https://www.statnews.com/2021/10/01/mercks-antiviral-pill-reduces-hospitalization-of-covid-patients-a-possible-game-changer-for-treatment/>

Big news from late last week. “*An **investigational antiviral pill reduced the chances that patients newly diagnosed with Covid-19 would be hospitalized by about 50%**, a finding that could give doctors a desperately needed new way to treat the sick, the drug maker **Merck** announced Friday. A five-day course of **molnupiravir**, developed by Merck and Ridgeback Biotherapeutics, reduced both hospitalization and death compared to a placebo. In the placebo group, 53 patients, or 14.1%, were hospitalized or died. For those who received the drug, 28, or 7.3%, were hospitalized or died.*

*... **If approved, molnupiravir could have a dramatic impact on efforts to fight the pandemic.** Merck and Ridgeback said they would seek an emergency use authorization from the Food and Drug Administration “as soon as possible” and would submit it to regulatory agencies worldwide....”*

See also **Science** [Unquestionably a game changer!’ Antiviral pill cuts COVID-19 hospitalization risk](#)

“*Researchers excited about Merck drug, but caution data are preliminary and price is high.*” But see below for more on this (i.e. generic manufacturers in India who will [make the pill as well](#)).

Guardian - Coronavirus treatments: the potential ‘game-changers’ in development

<https://www.theguardian.com/world/2021/oct/01/latest-developments-in-medical-treatment-for-coronavirus>

“*After positive clinical trials for antiviral drug Molnupiravir, it joins other medicines that have shown promise.*”

Telegraph - The 2,000-year-old airborne disease theory that blinded Covid experts

<https://www.telegraph.co.uk/global-health/science-and-disease/every-medical-authority-failed-realise-covid-airborne-late/>

“As a result precautions such as wearing masks and better ventilation in public spaces were tragically delayed, says a new report.”

*“ A new paper published by leading academics argues that **the western medical profession’s centuries-long battle against miasma theory initially blinded it to the fact that Sars-CoV-2 was airborne.** As a result, a whole string of precautions, including the wearing of masks and the better ventilation of hospitals, schools, airports and other public spaces, were tragically and unnecessarily delayed, it says. Entitled **Echoes Through Time: The Historical Origins of the Droplet Dogma and its Role in the Misidentification of Airborne Respiratory Infection Transmission**, the paper is co-authored by more than 20 leading academics from around the world and is likely to cause a major stir as it moves through the peer-review process....”*

PS: *“... **Policymakers and politicians also have a natural bias against the idea that diseases may be airborne, says Professor Jimenez.** “Droplets on surfaces is very convenient for people in power - all of the responsibility is on the individual,” he said. “On the other hand, **if you admit it is airborne, institutions, governments and companies have to do something.**”...”*

NYT - Is the Coronavirus Getting Better at Airborne Transmission?

<https://www.nytimes.com/2021/10/01/health/coronavirus-aerosols-airborne.html>

“The Alpha variant traveled more efficiently in small droplets, two new studies found. The Delta variant may have continued this evolution.”

The Atlantic - A Better Way to Think About Your Risk for COVID

<https://www.theatlantic.com/science/archive/2021/10/covid-risk-factors-could-be-hiding-our-genes/620315/>

“For months we’ve been fixated on the idea that some people are at “high risk” and others aren’t. Now scientists have a better understanding of the continuum.”

Other vaccine access, treatment, diagnostics, bottlenecks

HPW - Generic Companies Are Ready to Make Merck’s COVID-19 Antiviral Pill

<https://healthpolicy-watch.org/generic-companies-are-ready-to-make-mercks-covid-19-pill/>

*“**Indian generic drug manufacturers are poised to make the antiviral pill, molnupiravir, which halved hospitalisations in a trial of high-risk people with COVID-19. Merck, which developed molnupiravir in collaboration with Ridgeback Biotherapeutics, has awarded non-exclusive, voluntary licensing agreements to eight generic companies in India since April in anticipation of positive trial results.**”*

“... Meanwhile, in anticipation of regulatory approval, the **Access to COVID-19 Tools (ACT) Accelerator** “is working to “secure volumes” of the pills for people in LMICs, according to ACT-Accelerator partner Unitaid...”

- See also [Livemint](#) :

Cfr a tweet: “Indian drug makers are gearing up to play a key role in the global scale-up of the oral covid-19 drug molnupiravir, touted to be the first antiviral to treat the disease. At least a dozen co’s are running their trials in india with three co’s ready to launch next month. **Price- Less than \$10 for a full treatment course.**”

- But see also a **Tweet Dr. Ayoade Alakija** re the **Reuters report** that “South Korea has secured 20,000 courses of an experimental antiviral pill developed by Merck & Co for COVID-19 treatment, Prime Minister Kim Boo-kyum said on Wednesday, joining other Asian nations rushing to snap up supplies.”

“We cannot do this again. We cannot continue to make the same mistakes as a global community & leave LICs & LMICs behind. Where is the political leadership in all this? It cannot be left just to multilaterals. This global health security operating system is broken! #REBOOT #EQUITY

PS: more detail on ‘the Pandemic’s new buying race’ also via [Politico](#).

WSJ - Covid-19 Vaccine Makers Say There Are Enough Doses for Everyone. Poor Countries Are Still Waiting for Shots.

<https://www.wsj.com/articles/covid-19-vaccine-makers-say-there-are-enough-doses-for-everyone-poor-countries-are-still-waiting-for-shots-11633179601>

Neat analysis of current state of (vaccine access) affairs. “World leaders aim to vaccinate 70% of the global population by next September, yet experts say many doses in rich countries risk going unused.” Excerpts:

“Vaccine makers say they are making enough for everybody. The trouble is, say public-health officials and industry experts, too many shots are still destined for high-income countries, where they risk sitting unused, rather than going to the places that most need them. Manufacturers around the globe are now churning out around 1.5 billion doses of Covid-19 vaccines a month and are on track to produce a total of 12 billion doses by the end of the year, according to the International Federation of Pharmaceutical Manufacturers and Associations. **By June, total production of Covid-19 vaccines will have doubled to 24 billion doses, according to the lobbying group. That is more than twice the 11 billion doses the World Health Organization says are needed to vaccinate 70% of the global population with a two-dose regimen.** World leaders at a summit hosted by President Biden last month said they aim to hit that target in every nation on earth by next September.”

“... That has prompted calls for vaccine makers and governments to release more information on how many vaccines they expect and when, and concern that, when shortages arise, manufacturers are giving priority to supplies to high-income countries, which usually pay more. “Either manufacturers are making [vaccine] and...hiding it under a bush. Or [they are] selling it to

someone else who's hiding it under a bush," said Bruce Aylward, a senior adviser to WHO Director General Tedros Adhanom Ghebreyesus. "And if [they are] not making a billion and a half [doses], tell us."...

"... "I'm confident that high-income countries can share much more than they are right now," said Krishna Udayakumar, founding director of the Duke Global Health Innovation Center, which has been tracking public data on vaccine supplies, orders and donations. "We are very near the inflection point where overall supply is adequate, but allocation, distribution and delivery challenges will take over." ... Vaccines destined for rich Western economies are just one part of total global supply. Nearly half of this year's production—some 5.7 billion doses, according to Airfinity—is expected to come from China's Sinopharm and Sinovac. But activists and public-health experts say it is the Western-made vaccines that are the most critical for dose-sharing. That is because they have proved to be more effective against Covid-19, including against the more-transmissible Delta variant, and because international demand appears to be shifting to those shots, said Prashant Yadav, a supply-chain expert at the Center for Global Development..."

WB (blog) - How the World Bank Group is helping developing countries to vaccinate their populations

https://blogs.worldbank.org/voices/how-world-bank-group-helping-developing-countries-vaccinate-their-populations?cid=SHR_BlogSiteShare_EN_EXT

Cfr tweet Amanda Glassman: "Good overview of the state of play in @WorldBank support to developing countries to buy #vaccine and #vaccinate their populations ."

BMJ (blog) - We must increase people's access to and willingness to take COVID-19 vaccines

I M Nsofor; <https://blogs.bmj.com/bmjgh/2021/10/02/we-must-increase-peoples-access-to-and-willingness-to-take-covid-19-vaccines/>

Quote:

"... National vaccination agencies in LMICs must move away from waiting for people to come to health facilities to be vaccinated. For example, people are willing to take vaccines in Africa, but many of them also do not have the luxury to take time off earning a living and go to health facilities. This is because economies of African countries are mainly informal – people go out to trade to earn. According to the United Nations Economic Commission for Africa, the informal sector remains the major source of employment across Africa (70% of employment in Sub-Saharan Africa). It is unrealistic to expect a market woman to leave her wares and go in search of COVID-19 vaccination sites. More so, the social service sector is poorly developed on the continent and the poor are unlikely to be compensated for their time by their governments. Therefore, vaccines must be taken to people in places where they live and work. In Nigeria's southeast state of Enugu, the government has opened vaccination centers at markets, malls and other public spaces to make it easy for people to be vaccinated. In Johannesburg, South Africa, an open-air parking garage has been turned into a vaccination site. Further, it is time to replicate the house-to-house strategy used in polio eradication. There is no time to be complacent. The people are willing to be vaccinated. Let's get vaccines to them..."

Development Today - Vaccine donations moving slowly. 'Nordics should lead by example,' Swedish WHO expert urges

A D Usher; <https://www.development-today.com/archive/dt-2021/dt-7--2021/dose-donations-too-moving-slowly.-nordics-should-lead-by-example-swedish-who-expert-urges>

“Four Nordic governments have secured access to 160 million doses of COVID-19 vaccine and pledged to donate 20 million of them by the end of the year. To date, only 15 per cent of the doses have materialised. Anna Mia Ekström, epidemiologist at Karolinska Institute, says Nordic countries can do much more.”

KFF - U.S. International COVID-19 Vaccine Donations Tracker – Updated as of October 5

<https://www.kff.org/global-health-policy/issue-brief/u-s-international-covid-19-vaccine-donations-tracker/>

“The U.S. has pledged to donate at least 1.1 billion doses of COVID-19 vaccine doses for global use before 2023. This tracker provides data on U.S. COVID-19 vaccine donations. It provides a breakdown of donated doses delivered¹ by the U.S. and will be updated regularly...”

Bridge Beijing - China COVID-19 Vaccine Tracker

<https://bridgebeijing.com/our-publications/our-publications-1/china-covid-19-vaccines-tracker/>

Cfr tweet: *“Africa's share of China's total global vaccine distribution remains steady at 8%. Asia, in contrast, accounts for 61%, according to @BridgeBeijing 's latest Chinese vaccine tracker report.”*

A Global Syringe Shortage Could Derail Biden’s Push to Vaccinate the World

<https://www.vanityfair.com/news/2021/10/syringe-shortage-could-derail-bidens-push-to-vaccinate-the-world>

Read why.

GF (Working paper) – Transforming the medical PPE system

J Farrar & P Sands; https://www.theglobalfund.org/media/11243/publication_ppe-synthesis_paper_en.pdf

(from August) *“... as this report lays out, the crisis has revealed multiple weaknesses in the global value-chain or ecosystem for PPE”* This working paper was produced as part of ‘Rethinking PPE’, a collaborative effort of over 50 individuals from different global organisations active in the health sector. **Transforming the PPE ecosystem will require five coordinated shifts...**

Coverage on the current (still dire) PPE situation in many LMICs, also via Politico - [A problem that never went away](#):

*“Absorbed by the controversy over booster shots and vaccine equity, it seems much of the world forgot about the need to have enough personal protective equipment for health care workers to treat Covid-19 patients through waves of infection. While the problem appears solved in rich countries, which in the early days of the pandemic were outbidding each other to purchase face masks, **60 to 80 percent of the health facilities surveyed recently in Africa said they lacked sufficient PPE, according to Peter Sands, the executive director of the Global Fund, and Jeremy Farrar, the director of Wellcome. “In the early days of the pandemic, this was an availability problem, whereas now it’s a money problem,” Sands told Global Pulse...**”*

Finally, on **oxygen**, via One’s [Aftershocks](#) Newsletter:

*“... The cost of **oxygen in Kenya** is 10 times higher than in the UK, an injustice that may be eased by a **new localized production model that expands access while lowering costs** of this critical supply. Its success could also expand access to oxygen in Uganda and Tanzania, which is welcome news as the African continent has the **second-lowest liquid oxygen production capacity** globally.”*

Covid analysis

Lancet (Offline) – How others see us

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02220-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02220-0/fulltext)

Some poignant observations by Horton, based on reading a new book by Barbara K Rothman.

*“Barbara Katz Rothman, Professor of Sociology at the City University of New York, has written a lacerating challenge—**The Biomedical Empire: Lessons Learned from the COVID-19 Pandemic**—to those who are tempted to think that science has been such an untrammelled public good...”*

A few quotes: *“her indictment of **hospitals as “essentially factories, processing people through procedures”** does sting Rothman’s conclusion feels like a desperate plea—**“There must be a way to put both health and care back into healthcare.”** It is a plea that we citizens of the biomedical empire should heed.”*

Pre-print -Assessing the Burden of COVID-19 in Developing Countries: Systematic Review, Meta-Analysis, and Public Policy Implications

A Levin et al; <https://www.medrxiv.org/content/10.1101/2021.09.29.21264325v1>

Among the key messages: « **Age-specific prevalence and infection fatality rate (IFR) of COVID-19 for developing countries has not been well assessed.** - Seroprevalence in developing countries (as measured by antibodies against SARS-CoV-2) is markedly higher than in high-income countries but still far short of herd immunity. - Seroprevalence among older adults is broadly similar to that of

younger age-groups. - **Age-specific IFRs in developing countries are roughly twice those of high-income countries.** - Population IFR in developing countries with satisfactory death reporting (based on UN/WHO data as of 2016) is ten times higher than in other developing countries. - These results underscore the urgency of disseminating vaccines to vulnerable people in developing countries.”

FT - How Covid wrongfooted the health experts

<https://www.ft.com/content/a6de19b7-b28c-47c4-947d-5b0637fd4aef>

Must-read. **“The pandemic has forced a reassessment of which health systems serve citizens best.”**

With views of Hans Kluge, Chris Murray, Bill Gates, Rob Yates, Jessica Bell and many others. Some excerpts:

“As policymakers reflect on the lessons of Covid-19, many assumptions have been overthrown on the best ways to improve the delivery of healthcare in general — and to prepare for pandemics, in particular. Metrics once seen as credible predictors of performance have proved inadequate.
“Hans Kluge, the WHO’s regional director for Europe, who last month released the findings of a Pan-European Commission on Health & Sustainable Development, says: “The Global Health Security Index didn’t reflect reality, and the health systems deemed very strong in the Joint External Evaluation got overwhelmed. This is the time to rethink preparedness.”

“Pandemic preparedness, however, is only one aspect of healthcare, and many caution against using it as a proxy for the quality of national health systems. Health is a complex field, and any putative yardsticks need handling with care. Nonetheless, one of the biggest factors that correlated with high mortality across countries during the pandemic was citizens’ underlying health conditions. Countries with higher rates of diabetes and obesity were more likely to suffer high numbers of Covid-19 deaths. That suggests factors including universal health coverage and high-quality primary care can provide protection, alongside efforts to channel resources towards prevention — through, say, incentives for exercise and restrictions on smoking or unhealthy food. These broader structural features may explain why the regular survey carried out by the Commonwealth Fund, a US-based healthcare foundation, has proved a relatively good predictor of coronavirus excess deaths. It ranks 11 rich countries’ healthcare services by focusing on systemic factors: access to care, the care process, administrative efficiency, equity and healthcare outcomes. In the latest iteration, the US ranks bottom and the UK fourth. Norway has the best system, followed by the Netherlands and Australia..”

“... Jessica Bell, who is overseeing a fresh version of the Global Health Security index, due out later this year, acknowledges the importance of such factors in determining the strength and resilience of health systems. “What we saw with Covid was an outsize influence of political leadership, trust in government and the socio-economic status of a country,” she says. Those will continue to apply long after Covid has subsided...”

Plos Med - COVID-19 and global equity for health: The good, the bad, and the wicked

E Geng, M Reid et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003797>

“... Wicked problems have many characteristics, but three stand out when contemplating an equitable response to the COVID-19 pandemic. First, wicked problems have no definitive problem statement because understanding the problem is the crux of the problem itself. Is an equitable response to COVID-19 the problem, or is inequity in vaccines a symptom of larger inequity in health, economic, and societal systems? And is the problem equity in distribution, or is the root problem scarcity due to unfair trade arrangements? Second, in wicked problems, the elusive problem formulation precludes a shared understanding of success, or even progress, by stakeholders. What would constitute an acceptably equitable response? How would we measure progress without a unified direction? Third, in wicked problems, the absence of a shared agenda (and measures of progress) undermines aligned and effective action. Without consensus that a fair allocation of vaccines across countries is based on population size instead of disease burden, targets based on progress toward such a distribution—even if they were to emerge—would lack commitment from global stakeholders. The answers are as critical as they are elusive, not only for how the COVID-19 pandemic evolves, but also for whether we learn from it to better navigate future threats. COVID-19 is not the first wicked problem evident in global public health, however, and the recent past may offer some lessons. Three decades ago, HIV presented an urgent, complex, dynamic, and wicked threat to health around the world...”

Do read what the authors suggest for Covid equity, based on the lessons from the HIV response, another ‘wicked problem in global public health’.

Atlantic -What Even Counts as Science Writing Anymore?

Ed Yong; <https://www.theatlantic.com/science/archive/2021/10/how-pandemic-changed-science-writing/620271/>

“The pandemic made it clear that science touches everything, and everything touches science.”

BMJ Global Health - Guinea’s response to syndemic hotspots

Delphin Kollie et al ; <https://gh.bmj.com/content/6/10/e006550>

“... A syndemic hotspot is a place where social vulnerabilities, poor ecological, living and nutritional conditions, and re-emerging epidemics interact and cluster in marginalised populations. Guinea, and other low-income countries, are increasingly confronted with syndemic hotspots that inevitably hinder economic development and exacerbate inequities in access and utilisation of health services....”

Lancet Comment - Navigating from SARS-CoV-2 elimination to endemicity in Australia, Hong Kong, New Zealand, and Singapore

C De Foo et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02186-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02186-3/fulltext)

“Elimination of COVID-19, broadly defined as no local SARS-CoV-2 transmission for more than 28 days, has been a target considered by Australia, Hong Kong, New Zealand, and Singapore since early in the pandemic. Their elimination strategies are based on earlier successes in interrupting SARS-CoV-2 transmission by using a mix of non-pharmaceutical interventions (NPIs) such as forced

physical distancing (lockdowns), contact tracing and isolation, testing and quarantine at borders, travel restrictions, and mandatory use of face masks. **Elimination strategies have been reported to have contained the virus without severe economic fallout during the first year of the pandemic. Despite their benefits, elimination strategies forestall the development of population immunity among populations with low risk of severe outcomes of infections through natural infection.** Initially, elimination strategies were intended to provide time to develop COVID-19 therapies and vaccines, strengthen health systems, and for informed decision making, but some locations continue to adopt them as a long-term response. **Yet there are concerns about the sustainability of such strategies and the need to transition away from SARS-CoV-2 elimination. The current status and approaches of these four elimination locations (appendix) as of late September, 2021, are instructive for policy makers and researchers as the world navigates towards an endemic future.** ... Lessons from these four locations, consistent with a growing body of medical literature, suggest that the social and economic stressors on populations as a result of elimination strategies that were feasible during the first year of the COVID-19 pandemic might not be sustainable in the future. “

“... To transition safely, we propose four key tenets. ...”

BMJ (blog) Unpacking vaccine “hesitancy:” the spectrum of vaccine acceptance

J Cole et al; [BMJ](#);

“...we need to see attitudes to vaccines as **a broad spectrum** that ranges from apathy, through acceptance, questioning, hesitancy, refusal and conspiracy, each of which needs to be tackled independently...”

African Journal of AIDS research (Editorial) – Reflecting on pandemic publishing, now and then: COVID-19 and HIV

Alan Whiteside; <https://www.tandfonline.com/doi/abs/10.2989/16085906.2021.1984039>

“... I have been thinking a great deal about COVID-19, like everyone, but in relation to the HIV pandemic. What lessons have we learnt from HIV that can be applied to this novel coronavirus and the illness it causes? Is HIV as important as before? How should we adapt to changing burdens of disease and public health priorities? I address these questions through a brief review of six recent publications about COVID-19...”

HP&P – Priority setting and equity in COVID-19 pandemic plans: a comparative analysis of 18 African countries

L Kapiri et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czab113/6373138?searchresult=1>

“...This paper is part of a larger global study, the aim of which is to evaluate the degree to which national COVID-19 preparedness and response plans incorporated priority setting concepts. It provides important insights into what and how priority decisions were made in the context of a pandemic. Specifically, with a focus on a sample of 18 African countries’ pandemic plans, the paper aims to: (1) explore the degree to which the documented priority setting processes adhere to

established quality indicators of effective priority setting and (2) examine if there is a relationship between the number of quality indicators present in the pandemic plans and the country's economic context, health system and prior experiences with disease outbreaks...."

NCDs

UN News - Pandemic impact 'tip of the iceberg' after years of neglecting child mental health

<https://news.un.org/en/story/2021/10/1102122>

"COVID-19 has taken a toll on the mental health of children and young people, and impacts could be felt for many years to come, UN children's agency, UNICEF, warned on Tuesday."

Even before the crisis, children and youth were already carrying the burden of mental health "conditions and without significant investment in addressing them, according to the latest edition of its flagship report, the State of the World's Children. Globally, more than one in seven adolescents aged 10–19 is estimated to live with a diagnosed mental disorder, while almost 46,000 die annually from suicide, which is among the top five causes of death for this demographic...."

"Yet wide gaps persist between mental health needs and mental health funding, with only around two per cent of government health budgets going to mental health spending. ... The State of the World's Children report calls for governments and their partners to promote mental health for all children, adolescents and caregivers, and also to protect those in need of help while caring for the most vulnerable...."

Globalization & Health - Who influences nutrition policy space using international trade and investment agreements? A global stakeholder analysis

K Garton et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00764-7>

"...This study aimed to identify which actors and institutions, in different contexts, influence how TIAs (international Trade and Investment Agreements) are used to constrain policy space for improving food environments, and to describe their core beliefs, interests, resources and strategies, with the objective of informing strategic global action to preserve nutrition policy space."

*"...We identified **two primary competing coalitions**: 1) a '**public health nutrition**' coalition, which is overall supportive of and actively working to enact comprehensive food environment regulation; and 2) an '**industry and economic growth**' focussed coalition, which places a higher priority on deregulation and is overall not supportive of comprehensive food environment regulation. The industry and economic growth coalition appears to be dominant, based on its relative power, resources and coordination. However, the public health nutrition coalition maintains influence through individual activism, collective lobbying and government pressure (e.g. by civil society), and expert knowledge generation."*

World Mental Health Day (10 October)

Lancet Comment – World Mental Health Day: prioritise social justice, not only access to care

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02232-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02232-7/fulltext)

*“World Mental Health Day (WMHD), which began in 1992, is focused on **“Mental Health in an Unequal World” in 2021**, encompassing issues of poverty and disparities due to race, ethnicity, sexual orientation, and gender identity. The theme underlines a need to address stigma and discrimination and human rights violations in the mental health sector and inadequate quality mental health services worldwide.”*

*“... **Mental health in an unequal world will not be addressed solely by focusing on expanding access to mental health treatments, but by reducing inequalities.** Scaling up quality mental health services is crucial but in the current social context is only a partial solution to problems that require more systemic intervention to the body politic. **The [panel](#) highlights five key areas of policy action that could be the start of widespread movements to build mental health enabling societies.** We call on mental health researchers and academics to advocate more forcefully with policy makers, funders, and the international community for **long-term action that shifts policies and for shorter-term action to develop social interventions to reduce social inequalities and inequities.** The social origins of mental health problems in our communities can be addressed by accelerating these approaches.”*

See also another **Lancet Comment** - [The path to global equity in mental health care in the context of COVID-19](#) (by Lola Kola et al)

*“...As a group of clinicians, researchers, educators, and people with lived experience of mental illness, we call for services that are responsive to the different circumstances of individuals and communities rather than a system that offers the same, or equal, care for all. **We propose that mental health in response to COVID-19 has to be framed around equity, particularly in relation to human rights and universal health coverage (UHC)....”***

“Future efforts to achieve equity in mental health should address the domains shown in the [panel](#) and include **four key actions.**”

Access to Medicines

Stat - For the first time, WHO committee recommends action on high-priced essential medicines

<https://www.statnews.com/pharmalot/2021/10/01/who-medicines-prices-cancer-diabetes-insulin/>

See also last week's IHP news.

“For the first time, a World Health Organization committee has recommended the global agency form a working group to explore policies for contending with the high prices of medicines that are considered essential, but unaffordable in many low and middle-income countries. The suggestion was made in the [latest report](#) about treatments to be added to the WHO [list of essential medicines](#). ...”

HPW - African Countries Finally Give Central Medicines Agency the Go-ahead

<https://healthpolicy-watch.org/african-medicines-agency-is-finally-on-the-road/>

“Africans are a step closer to speedier access to newer, safer medicines following this week’s ratification of the African Medicines Agency (AMA) treaty by 15 African Union (AU) member countries. Although the AU adopted the treaty to set up the AMA back in February 2019, 15 African countries had to formally notify the AU Commission that they had ratified the treaty before the agency could be set up. On Tuesday, Cameroon became the 15th country to do so, finally pushing the AMA over the threshold into reality. The AU now has 30 days – until 5 November – in which to start setting the agency up. ... The 14 other countries to have both ratified the AMA and “deposited the instrument of ratification” at the AU (a letter from the head of state informing it of ratification) are Algeria, Benin, Burkina Faso, Gabon, Guinea, Mali, Mauritius, Namibia, Niger, Rwanda, Seychelles, Sierra Leone and Zimbabwe. A further three countries have ratified the treaty but not formally informed the AU, while eight more have signed the treaty but not yet ratified it.”

“This means 36 of Africa’s 55 countries – predominantly Francophone countries – have expressed support for the AMA. However, African powerhouses Ethiopia, Nigeria and South Africa have not yet expressed their support for the AMA....”

Planetary Health

Guardian - Nearly 25% of world population exposed to deadly city heat

<https://www.theguardian.com/world/2021/oct/04/nearly-25-of-world-population-exposed-to-deadly-city-heat>

“Exposure to deadly urban heat has tripled since the 1980s, and now affects nearly a quarter of the world’s population, a study has found. ... Scientists put the worrying trend down to the combination of rising temperatures and growing numbers of people living in urban areas, and warned of its potentially fatal impact.... In recent decades, hundreds of millions of people have moved from rural areas to cities, which are now home to more than half the world’s population. Amid surfaces such as concrete and asphalt, which trap and concentrate heat, and little vegetation, temperatures are generally higher in urban areas.” Based on a new [study published in the journal PNAS](#)

See also Science News [Extreme heat is broiling people in developing cities](#)

“...Extreme heat is exposing people in big cities to potentially deadly temperatures three times more often than it did in the 1980s, according to a new analysis. Much of that increase is concentrated in South Asia, Africa, and the Middle East. ... [India alone accounts for more than half of the world’s increase in urban heat exposure](#)—more than the other top 24 countries combined, the

team reports today in the Proceedings of the National Academy of Sciences. The country is home to four cities in the top 10: New Delhi, Kolkata, Mumbai, and Chennai. ...”

Carbon Brief - In-depth Q&A: What is ‘climate justice’?

<https://www.carbonbrief.org/in-depth-qa-what-is-climate-justice>

“In this Q&A, Carbon Brief explores the history of climate justice, examining why the impacts of global warming are not borne equally and how the concept has influenced international politics, activism and courtrooms in recent years. ”

WHO - Countries commit to climate resilient, low carbon health systems ahead of COP26

<https://www.who.int/news/item/29-09-2021-countries-commit-to-cop26-health-programme>

*“Several Countries, including **Cabo Verde, Madagascar, Malawi, and São Tomé and Príncipe**, have submitted formal commitments to the COP26 Presidency to strengthen the climate resilience and sustainability of their health systems. They have done so **as part of the COP26 Health Programme**, which has been designed to bring a stronger health focus and ambition to the UN climate conference in Glasgow this November. More countries are expected to join ahead of COP26....”*

*“... The government of Fiji, which launched the [Climate Resilient Health Systems Initiative](#) together with WHO in May 2020, today formally committed to the [COP26 Health Initiatives](#) on Climate Resilient and Sustainable Low Carbon Health Systems and Facilities.... **As part of the COP26 Health Initiative, Fiji has committed to** (1) conducting a climate change vulnerability and adaptation assessment (V&A) of the country’s health system, health care facilities and the health of its population; (2) reviewing and strengthening its Health National Adaptation Plan (HNAP); and (3) developing a roadmap for a climate resilient health system, and for a net-zero emission health sector before 2045....”*

*“Health was selected as one of three science priority area for COP26 by the UK government. As part of the COP26 Health Programme, the [COP26 Presidency](#) is working alongside WHO, [Health Care Without Harm \(HCWH\)](#) and the [UNFCCC Climate Champions](#) to engage countries and stakeholders on climate and health. The COP26 Health Programme has been established to bring stronger health focus and ambition to COP26. **Initiatives under the COP26 Health Programme include:** Building climate resilient health systems; Developing low carbon sustainable health systems; Adaptation Research for Health; The inclusion of health priorities in Nationally Determined Contributions; Raising the voice of health professionals as advocates for stronger ambition on climate change.”*

For more info, see WHO - [COP26 Health Programme](#)

Guardian - Historical climate emissions reveal responsibility of big polluting nations

<https://www.theguardian.com/environment/2021/oct/05/historical-climate-emissions-big-polluting-nations>

“Six of top 10, including China and Russia, yet to show ambition on emissions cuts before Cop26.”

“Analysis of the total carbon dioxide emissions of countries since 1850 has revealed the nations with the greatest historical responsibility for the climate emergency. But six of the top 10 have yet to make ambitious new pledges to cut their emissions before the crucial UN Cop26 climate summit in Glasgow in November. The six include China, Russia and Brazil, which come only behind the US as the biggest cumulative polluters. The UK is eighth and Canada is 10th. The **analysis, produced by Carbon Brief**, includes, for the first time, emissions from the destruction of forests and other changes in land use alongside fossil fuels and cement production. This pushes Brazil and Indonesia into the top 10, unlike when fossil fuel emissions alone are considered. ... The data also shows the world has now used 85% of the CO₂ budget that would give a 50% chance of limiting heating to 1.5C, the danger limit agreed in Paris in 2015....”

Action for Global Health (Position paper) - Health Inequalities and Climate Change

<https://actionforglobalhealth.org.uk/wp-content/uploads/2021/10/Health-Inequalities-and-Climate-Change-Action-for-Global-Health-Position-Paper.pdf>

This Position Paper on Health Inequalities and Climate Change highlights the linkages between climate change and global health, as well as provides tangible actions to be taken to improve the situation. Released on 29 September.

“The new report, endorsed by a number of expert global health organizations including Action Against Hunger, the George Institute for Global Health and Students for Global Health, evaluates the impacts of climate change on health inequalities, including how socio-economic risks, regional risks and climate-related stress impacts the health of people around the world ... It also explores how climate change disrupts health service provision, cost and coverage globally, putting the goal to achieve Universal Health Coverage further out of reach and exacerbating the impacts of the COVID-19 pandemic....”

With a number of recommendations.

Coverage of the report - [New report evaluates the impact of climate change on health](#)

Reuters - Energy lawsuits pact seen threatening Paris climate deal

<https://www.reuters.com/legal/litigation/energy-lawsuits-pact-seen-threatening-paris-climate-deal-2021-10-01/>

“Fear of multi-billion-euro lawsuits from fossil fuel investors is putting the Paris agreement on climate change at risk, one of the deal's architects has warned.”

“Compensation claims from a pact that allows companies to sue countries over policies that affect their investments could amount to more than a trillion euros by 2050, according to one estimate. The Energy Charter Treaty (ECT) was originally drawn up to protect energy firms as the Soviet Union crumbled, but new analysis suggests it could allow coal plants in 54 signatory states to keep

belching carbon dioxide for more than a decade. "The integrity of the Paris agreement is critically undermined by the Energy Charter Treaty," said Laurence Tubiana, the French climate change ambassador during negotiations for the Paris agreement. ... **Globally, five energy multinationals are now suing governments for a total of \$18 billion, claiming a loss of earnings due to climate action. Four of these suits are taking place in the ECT's investor-state tribunals...."**

Economist - The age of fossil-fuel abundance is dead

<https://www.economist.com/finance-and-economics/the-age-of-fossil-fuel-abundance-is-dead/21805253>

"Dwindling investment in oil, gas and coal means high prices are here to stay."

Guardian - Fossil fuel industry gets subsidies of \$11m a minute, IMF finds

<https://www.theguardian.com/environment/2021/oct/06/fossil-fuel-industry-subsidies-of-11m-dollars-a-minute-imf-finds>

"The fossil fuel industry benefits from subsidies of \$11m every minute, according to analysis by the International Monetary Fund. The IMF found the production and burning of coal, oil and gas was subsidised by \$5.9tn in 2020, with not a single country pricing all its fuels sufficiently to reflect their full supply and environmental costs. Experts said the subsidies were "adding fuel to the fire" of the climate crisis, at a time when rapid reductions in carbon emissions were urgently needed..."

Chatham House (Expert Comment) - Policy failure on vaccines does not bode well for COP26

Rob Yates; https://www.chathamhouse.org/2021/10/policy-failure-vaccines-does-not-bode-well-cop26?utm_source=twitter.com&utm_medium=organic-social&utm_campaign=coronavirus-response&utm_content=global-leadership-covax

"Global leadership is needed to tackle the climate crisis, but a failure in solidarity on COVID-19 leaves the credibility of world leaders in huge doubt."

Lancet Correspondence - The São Paulo Declaration on Planetary Health

S Myers et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02181-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02181-4/fulltext)

"The [São Paulo Declaration on Planetary Health](#) is a global call to action from the planetary health community charting a path forward to support a more equitable and resilient post-pandemic world. "The Declaration's cross-cutting recommendations were drafted during the 2021 Planetary Health Annual Meeting and Festival in São Paulo, Brazil, concluding with a global consultation of nearly 350 participants from more than 70 countries supported by the United Nations Development Programme. We know what needs to change to safeguard the health of the planet and people for future generations. The São Paulo Declaration urges us to act now....."

Coverage via Devex - [Over 250 organizations want stronger health-environment nexus](#)

“... over 250 organizations from 47 countries underscored the need for efforts to also protect the health of the environment. On Wednesday, the organizations published in *The Lancet* the [São Paulo Declaration](#), which calls for a “fundamental shift” in how people live and identifies key actions for different sectors, including those working in health, agriculture, international organizations, funders including financial institutions, and the private sector. **Through the declaration, Pivovarov (senior program coordinator for the Planetary Health Alliance, a global consortium hosted within the [Harvard T.H. Chan School of Public Health](#).) said the Planetary Health Alliance hopes to support signatories in their work by getting planetary health concepts and frameworks recognized in international discussions, including at the G-20, U.N. Biodiversity Conference, or COP 15, and the 2021 [United Nations Climate Change Conference, or COP 26, taking place this October, and the Stockholm+50 high-level event in 2022....](#)”**

“Signatories to the declaration do not include big institutions such as the [World Health Organization](#), [World Bank](#), and major philanthropic organizations such as the [Bill & Melinda Gates Foundation](#). But Pivovarov said as planetary health and the São Paulo Declaration gain traction, they expect to be able to engage these organizations and others “critical to health.”

Chatham House (research paper) - Raising climate ambition at COP26

A Aberg et al ; <https://www.chathamhouse.org/2021/10/raising-climate-ambition-cop26>

“For a positive outcome in Glasgow substantial progress is needed in three main areas: in raising the ambition of countries’ 2030 nationally determined contributions (NDCs); on providing support for climate-vulnerable developing countries; and on agreeing the remaining details of the ‘Paris Rulebook’.”

Sustainability: Science, practice and Policy - From planetary to societal boundaries: an argument for collectively defined self-limitation

Ulrich Brand et al; <https://www.tandfonline.com/doi/full/10.1080/15487733.2021.1940754>

“The *planetary boundaries concept* has profoundly changed the vocabulary and representation of global environmental issues. *We bring a critical social science perspective to this framework through the notion of societal boundaries and aim to provide a more nuanced understanding of the social nature of thresholds.* We start by highlighting the strengths and weaknesses of planetary boundaries from a social science perspective. We then focus on capitalist societies as a heuristic for discussing the expansionary dynamics, power relations, and lock-ins of modern societies that impel highly unsustainable societal relations with nature. While formulating societal boundaries implies a controversial process – based on normative judgments, ethical concerns, and socio-political struggles – it has the potential to offer guidelines for a just, social-ecological transformation. Collective autonomy and the politics of self-limitation are key elements of societal boundaries and are linked to important proposals and pluriverse experiences to integrate well-being and boundaries. The role of the state and propositions for radical alternative approaches to well-being have particular importance. We conclude with reflections on social freedom, defined as the right not to live at others’ expense.”

SRHR

WHO/UNFPA - New global targets to prevent maternal deaths

<https://www.who.int/news/item/05-10-2021-new-global-targets-to-prevent-maternal-deaths>

“Access to a ‘continuum of care’ needed, before, during and after pregnancy and childbirth.”

Earlier this week, *“the World Health Organization (WHO) and UNFPA launched five critical targets to help countries get back on track in reducing preventable maternal deaths, and for tracking progress against the SDGs...”*

“Globally, maternal mortality declined by more than a third from 2000 to 2017. Yet, tragically, an estimated 810 women continue to die each day due to complications of pregnancy and childbirth - mostly from preventable or treatable causes, such as infectious diseases and complications during or after pregnancy and childbirth. ... Worryingly, the COVID-19 pandemic has caused major disruptions to health services that have exacerbated such risks, particularly for the most vulnerable families...”

“... Dr Anshu Banerjee, Director for Maternal, Child and Adolescent Health and Ageing at WHO: “These new targets will be critical for delivering an effective continuum of care for maternal and newborn health, from access to sexual and reproductive health services to those vital checks in pregnancy, as well as the often neglected postnatal period.” “The world is currently off-track to meeting Sustainable Development Goal (SDG) 3.1 for reducing maternal deaths - meaning urgent action is needed to improve the health and survival of women and babies.”

“... The Ending Preventable Maternal Mortality (EPMM) initiative, which includes a broad coalition of partners working in maternal and newborn health, has established new coverage targets and milestones that need to be achieved by 2025 if the SDGs are to be met. Globally, these are for: 90% pregnant women to attend four or more antenatal care visits (towards increasing to eight visits by 2030); 90% births to be attended by skilled health personnel; 80% women who have just given birth to access postnatal care within two days of delivery; 60% of the population to have access to emergency obstetric care within two hours of travel time; 65% of women to be able to make informed and empowered decisions regarding sexual relations, contraceptive use, and their reproductive health....”

- See also HPW: [African Countries are the Focus of New Maternal Mortality Targets](#)

“Nineteen countries have been prioritised for support to implement new global targets aimed at preventing maternal and newborn deaths. This emerged at the launch on Tuesday of the new targets, which were developed by the World Health Organization (WHO), UN Population Fund (UNFPA) and their partners in the Ending Preventable Maternal Mortality (EPMM) initiative.”

“... Fourteen of the chosen countries are in Africa and include Chad, which has one of the highest maternal mortality rates in the world, as well as Nigeria and Ethiopia. The five non-African countries are Afghanistan, Pakistan, Mexico, Nepal and Laos. ...”

Global Tax reform

Guardian - Global deal on 15% minimum tax rate for multinationals edges closer

<https://www.theguardian.com/business/2021/oct/05/global-deal-on-15-minimum-tax-rate-for-multinationals-edges-closer>

“Almost 140 countries are edging closer to a global deal on the taxation of multinationals, with agreement on a minimum 15% rate of corporation tax set to be announced as part of a landmark statement at the OECD in Paris on Friday.”

*“Governments representing more than 90% of the world economy are understood to be in the final stages of talks on a global minimum rate and other measures designed to stop multinationals shifting profits into tax havens. It is understood the accord will update several key details from an outline statement signed by 130 countries in July. Sources indicated a 15% rate was likely to be settled upon as part of the OECD’s Inclusive Framework tax negotiating forum, in a move backing down from an earlier agreement for a minimum of “at least 15%”. “ ... **Pressure is mounting on governments around the world to take tougher action on tax, following revelations in the Pandora papers exposing vast amounts of hidden offshore wealth.**”*

“Tax experts said the statement from the OECD on Friday was poised to commit signatories to implementing the two-pillar global tax reforms by 2023, and would include details for a new multilateral tax instrument – a type of legal mechanism required to overhaul the global tax system. The twin-pronged reforms would create a new taxing right, enabling nations to levy a slice of the profits generated by some of the world’s biggest firms, based on the sales they make within each country’s borders. The second “pillar” would also set a global minimum tax rate of 15% on large companies.”

UHC

Let’s start this section with last week’s High-Level event. On **30 September**, [The Road To 2023: Kick-off to the high-level meeting on universal health coverage](#) took place.

See [WHO](#) also for a **Recording** of the event [here](#).

Related Tweet: *“At UHC2030 UNGA event, @DrTedros lays out three priorities: end the pandemic, w/ action on #VaccinEquity ; strengthen global health architecture, w/ #PandemicTreaty ; **support all countries to invest in the foundation of health systems, #PrimaryHealthCare.**”*

WB (Discussion paper) – Alignment of Performance-based financing in health with the government budget: a principle-based approach

M Piatti-Fünfkirchen et al; [World Bank](#);

“Performance-based financing (PBF) is the transfer of funds to health facilities so they can provide a pre-agreed set of services according to appropriate standards of quality and administration. These initiatives have introduced a wide set of reforms, including in provider autonomy, access to financial services, flexibility on the utilization of funds, a performance orientation on the budget allocation, and rigorous verification protocols. This tends to set PBF apart from the prevailing public financial management (PFM) systems that often remain input-based and thereby create a sustainability challenge. As long as the prevailing PFM system remains in parallel to the PBF, countries are likely to return to the legacy PFM system once PBF donor resources dry up. This paper unpacks this problem. It develops a conceptual framework about how to think about aligning PBF principles with PFM structures; offers a set of diagnostic questions for an assessment; and helps guide an analyst through the process of developing a reform roadmap, taking into account country context. The paper also proposes a reform roadmap to be centered around the following four facility financing pillars: (i) provider autonomy, (ii) financial management capacity, (iii) output-oriented budget provisions, and (iv) a unified payment system. As a discussion paper, this work aims to solicit feedback on the proposed approach from the PBF and PFM community.”

UN News - Only 1 in 10 people who need palliative care, receive it: WHO

<https://news.un.org/en/story/2021/10/1102262>

“Only one in 10 people who need palliative care are receiving it, according to the World Health Organization (WHO). The UN health agency says that global demand for care for people with life threatening illnesses, will continue to grow as populations age and the burden of noncommunicable diseases rises. By 2060, the need for palliative care is expected to nearly double. “

“To address this need, the agency released [two new resources](#) to support countries in assessing the development of palliative care and improving the quality of services. One of the resources is a **technical report** with indicators that can be used by countries to monitor the provision of services. The goal is to create a global consensus on indicators, providing data that supports decision-making. The second is a **technical brief**, that includes practical approaches and resources to support policy, strategy, and practice. The brief guides action at the national, district level, and point of care. ...”

Other news of the week

UN News - UN World Data Forum meets at ‘critical time’ with COVID battle ongoing

<https://news.un.org/en/story/2021/10/1102002>

“The COVID-19 pandemic has shown us that quality data saves lives, the UN Department of Economic and Social Affairs (UN DESA) said on Friday, ahead of the **UN World Data Forum**, due to start on Sunday. **The forum, which takes place from 3-6 October in Bern, Switzerland**, comes at “a critical time as the world is still dealing with the pandemic,” Stefan Schweinfest, Director of the United Nations Statistics Division said. “Disaggregated data is needed to contain the disease and for citizens to understand the world around them and guide their actions” he added...”

*“The **UN World Data Forum** will bring together hundreds of data experts, users and producers working on new data solutions to support the implementation of the Sustainable Development Goals (SDGs). The Forum will culminate with the **adoption of the Bern Data Compact for a Decade of Action on the Sustainable Development Goals**. The Compact will call on the community to produce data that leave no one behind, to ensure timely, open and impartial data and to build trust in data protection. It also aims to strengthen the cooperation between various data communities at the local and global levels to achieve the SDGs through data....”*

Devex - Developing vaccines to prevent a devastating flu pandemic

<https://www.devex.com/news/developing-vaccines-to-prevent-a-devastating-flu-pandemic-101700>

*“A newly emerging influenza that causes large-scale severe illness is the greatest pandemic threat to humankind — not a **coronavirus** — with some models estimating that nearly **33 million people** could die within the first six months of the onset of this type of pandemic, according to health experts. “The question is not ‘if’ we will have another influenza pandemic, but ‘when,’” said Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the [University of Minnesota](#), during a press conference last [week on] Thursday.”*

*“... For many low- and middle-income countries — flu vaccine campaigns are simply not worth the cost, given the limited efficacy and need for health workers to administer them to the same people each flu season, said Martin Friede, coordinator for the Initiative for Vaccine Research at the [World Health Organization](#). ... “For many countries in low resource settings, they look at this and say: Well, that’s too much for us to invest in,” Friede said. **“However, in these countries, there is a significant burden of influenza, causing hospitalization and causing deaths.”** “*

*“... with both the development of seasonal and universal vaccines, there is a lack of coordination around vaccine research efforts, experts say. “We believe that this lack of coordination and prioritization has been one of the barriers to moving the field of influence of vaccines forward,” said Charlie Weller, head of vaccines at [Wellcome](#). ... **To encourage political commitment, investments, and create new partnerships in vaccine development, a consortium of flu experts launched a 10-year master plan detailing how the global community could reach the goals of improving the effectiveness and quicken the pace of production of strain-specific seasonal influenza vaccines, as well as advance the development of universal influenza vaccines.** ... The road map was developed by the **Global Funders Consortium for Universal Influenza Vaccine Development, Wellcome, Center for Infectious Disease Research and Policy at the University of Minnesota, WHO, the [Sabin Vaccine Institute](#), the [Bill & Melinda Gates Foundation](#), and the [Task Force for Global Health](#)....”***

Link:

Global Fund - [Global Fund and UNDP Join Efforts to Maintain Access to Essential Health Services in Afghanistan](#)

Some papers and reports of the week

WHO Bulletin (Editorial) - Health policy and systems research for rehabilitation: a call for papers

A Cieza, A Kwamie et al ; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8477430/>

Editorial of the new October issue of the Bulletin. Deadline for the call is 28 February 2022.

The Milbank Quarterly - Advancing Action on Health Equity Through a Sociolegal Model of Health

A Schram et al; [Milbank Quarterly](#);

*“ In the field of public health, the law and legal systems remain a poorly understood and substantially underutilized tool to address unfair or unjust societal conditions underpinning health inequities. The **aim of our article** is to demonstrate the value of expanding from a social model of health to a sociolegal model of health and empowering health actors to use the law more strategically in the pursuit of health equity.”* Methods: *“We propose a modified version of the framework for the social determinants of health (SDoH) equity developed by the 2008 World Health Organization Commission on the Social Determinants of Health by conceptually integrating the functions of the law as identified by the 2019 Lancet–O’Neill Institute Commission on Global Health and Law.”*

BMC Health Services - Resilient and responsive healthcare services and systems: challenges and opportunities in a changing world

S Wiig et al; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-07087-8>

“... This commentary sets the scene for a journal collection on Resilient and responsive health systems in a changing world. The commentary aims to outline main challenges and opportunities in resilient healthcare theory and practice globally, as a backdrop for contributions to the collection...”

WHO - Measuring health inequalities in the context of sustainable development goals

Hosseinpour AR et al ; <https://www.who.int/publications/i/item/measuring-health-inequalities-in-the-context-of-sustainable-development-goals>

“Transforming our world: the 2030 agenda for sustainable development promotes the improvement of health equity, which entails ongoing monitoring of health inequalities. The World Health Organization has developed a multistep approach to health inequality monitoring consisting of: (i) determining the scope of monitoring; (ii) obtaining data; (iii) analysing data; (iv) reporting results; and (v) implementing changes. Technical considerations at each step have implications for the results and conclusions of monitoring and subsequent remedial actions. This paper presents some technical considerations for developing or strengthening health inequality monitoring, with the aim of encouraging more robust, systematic and transparent practices...”

Tweets of the week

Siva Thambisetty

Re this news from last week (via Stat) - [Merck's antiviral pill reduces hospitalization of Covid patients, a possible game-changer for treatment](#)

« *For many access to medicine activists the \$700 per 5 pill pack will signal another uphill battle. And shows why the #TRIPSwave has to be about more than just vaccines.* »

Ashley Furlong

“Novavax vaccine approval decision is expected in November, according to a doc seen by POLITICO. Unclear whether it's WHO or EMA approval, but likely WHO given relevance to COVAX. Potential gamechanger for supply as COVAX could access over 1B doses.”

Ben Phillips

Re [IMF chief warns lack of vaccines could cause \\$5.3 trillion global loss](#) (Devex)

*“I normally don't like either this framing or the IMF but today am grateful to the IMF for this framing. Western leaders have made clear that money > lives. **Can they at least now see that billions for pharma < trillions for global economy? If they can't morality, can they math?**”*

Global governance of health

ODI - A vote for change in Germany – but how much will Germany's role in global development change?

G Löffler; <https://odi.org/en/insights/a-vote-for-change-in-germany-but-how-much-will-germanys-role-in-global-development-change/>

First blog in a new ODI series of insights on development leadership in Europe. *“In this series, we will unpack the possibilities for development leadership in Europe at key inflection points, including this first contribution on Germany's election last weekend....”*

*“....So far, the German government's approach to international development policy is lacking an [overall vision binding German development actors beyond the dedicated Ministry for Economic Cooperation and Development \(BMZ\)](#) to effectively support global sustainable development. The question is whether a new government under social-democratic leadership is going to break this pattern by articulating a more forceful, strategic vision for international development. **Here are two concrete suggestions for how this vision might be taken forward....”***

ORF - BRICS @15: From an economic to a strategic plurilateral forum

A Mathur; <https://www.orfonline.org/expert-speak/brics-15-from-an-economic-to-a-strategic-plurilateral-forum/>

*“Critique of BRICS is logical and natural but can be unfair without careful examination of its evolution and contribution... What has gone unnoticed is the **transformation of BRICS from an economic forum to a strategic plurilateral. ...**”*

Devex - NGOs call out Team Europe for lack of transparency

<https://www.devex.com/news/ngos-call-out-team-europe-for-lack-of-transparency-101765>

“Aid from the European Union institutions and member states remains insufficient to meet the Sustainable Development Goals by 2030, amid growing concerns over how funds from Brussels are allocated, according to the flagship annual report from European NGO confederation, CONCORD. The AidWatch report, now in its 17th year, routinely takes the European Commission and European Union countries to task for “inflating” their official development assistance figures with in-donor refugee costs, interest payments on concessional loans, debt relief payments, and tied aid.

... The report also took aim at [Team Europe Initiatives](#), the commission’s plan to complement EU member states’ money in a few key sectors in low-income countries, to maximize the impact and visibility of European development assistance. TEIs have been discussed in regular webinars with member states and development finance institutions, the latest of which occurred this week. But that’s left the European Parliament and NGOs feeling shunned...”

UNAIDS Board approves 2022–2023 budget and a five-year results and accountability framework

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/october/20211007_pcb

*“The UNAIDS Programme Coordinating Board (PCB) has approved, at a special session, the **Unified Budget, Results and Accountability Framework (UBRAF)** for 2022–2026 and the **UNAIDS budget for 2022 and 2023**. The approved budget is set at up to a threshold of US\$ 210 million per year...”*

Chapter (in forthcoming book) - Philanthrocapitalism and Global Health

James Wilson ;

<https://discovery.ucl.ac.uk/id/eprint/10079534/3/Wilson%20Philanthrocapitalism%20and%20global%20health%20clean%20final%20version.pdf>

Ethical analysis of the BMGF. *“This chapter examines the ethics of philanthrocapitalism, especially concerning its operation in the domain of global health...”*

- And via [Devex](#): (gated)

“Just three years after its 2017 launch, the Africa Centres for Disease Control and Prevention was forced to run a massive response to the COVID-19 pandemic. African experts say the organization has [fulfilled its purpose to this point](#). But amid a potential leadership change, Africa CDC is now expected to undergo its first major structural transition, Sara Jerving reports.”

Planetary health

Project Syndicate - What Climate Change Requires of Economics

Daron Acemoglu; <https://www.project-syndicate.org/onpoint/what-climate-change-requires-of-economics-by-daron-acemoglu-2021-09?barrier=accesspaylog>

Encouraging to see. *“Although the economics discipline has evolved over time to acknowledge environmental risks and costs, it has yet to rise to the challenge of climate change. **A problem as massive as this one will require a fundamental reconsideration of some of the field's most deeply held assumptions.**”*

A few quotes:

“... there is a plausible economic (and philosophical) case to be made for why future essential public goods should be valued differently than private goods or other types of public consumption. Reconciling these distinctions with other aspects of our economic models, not least those dealing with risk and uncertainty, is an urgent task for the economics profession.”

*“After all, we also need a proper framework for evaluating the role of geoengineering in combating climate change. Many prominent voices, including Bill Gates (in his new book) and the inventor/venture capitalist Nathan Myhrvold, are increasingly calling for such an approach. But schemes like solar radiation (whereby sulfates or calcium carbonate dust would be sprayed into the atmosphere to block sunrays) would seem to come with nontrivial catastrophic risks of their own. **Does it make sense to combat one existential risk with another? I don't think so, but we must come up with a more systematic way to evaluate such questions....**”*

And a rather encouraging conclusion: *“The climate crisis demands that we consider more radical ideas. If we can reach a consensus on the need for massive investments in the clean-energy transition, perhaps we can also agree to orient that spending around the creation of good jobs. That may well violate the Tinbergen principle. But if it helps to prevent the deepening of social, economic, and political fault lines that have appeared in many Western advanced economies, it will have been well worth it.”*

BMJ - From drug discovery to coronaviruses: why restoring natural habitats is good for human health

<https://www.bmj.com/content/375/bmj.n2329>

*“Peninah Murage and colleagues argue that **biodiversity** is the cornerstone of healthy natural habitats. Its preservation is vital to human health and **should therefore be embedded into medical and healthcare studies.**”*

BMJ Analysis - Changing behaviour for net zero 2050

<https://www.bmj.com/content/375/bmj.n2293>

“Theresa Marteau and colleagues argue for rapid, radical changes to the infrastructure and pricing systems that currently support unhealthy unsustainable behaviour.”

*« Current government policies globally are insufficient for the rapid decarbonisation needed for net zero by 2050; Changing behaviour across populations is key to achieving this as technological innovation will be insufficient ; Changing behaviour at scale requires changing the environments that drive the behaviour ; Changes to diet and land travel can be achieved through policies to increase the availability and affordability of healthier and more sustainable options.; **Policies for net zero need to be driven by evidence and citizens’ values, safeguarded from corporate interference.**”*

Guardian - ‘Eco-anxiety’: fear of environmental doom weighs on young people

<https://www.theguardian.com/society/2021/oct/06/eco-anxiety-fear-of-environmental-doom-weighs-on-young-people>

“Although not a diagnosable condition, experts says climate anxiety is on the rise worldwide.”

*“The climate crisis is taking a growing toll on the mental health of children and young people, experts have warned. **Increasing levels of “eco-anxiety”** – the chronic fear of environmental doom – were likely to be underestimated and damaging to many in the long term, public health experts said. Writing in the [BMJ](#), Mala Rao and Richard Powell, of Imperial College London’s Department of Primary Care and Public Health, said **eco-anxiety “risks exacerbating health and social inequalities between those more or less vulnerable to these psychological impacts”***

Infectious diseases & NTDs

Science - First drug for dengue, an excruciating disease, may be on the horizon

<https://www.science.org/content/article/first-drug-dengue-excruciating-disease-may-be-horizon>

Based on Belgian (KUL) research.

Science - Global plan aims to slash meningitis toll with help of new five-in-one vaccine

<https://www.science.org/content/article/global-plan-aims-slash-meningitis-toll-help-new-five-one-vaccine>

“WHO “road map” would end epidemics in Africa and cut deaths worldwide by 70%.”

NCDs

IJHPM - Management of Conflicts of Interest in WHO’s Consultative Processes on Global Alcohol Policy

June YY Leung et al ; http://www.ijhpm.com/article_4148.html

Conclusion : « *WHO’s consultative processes have not been adequate to address conflicts of interest in relation to the alcohol industry, violating the principles of FENSA. Member states must ensure that WHO has the resources to implement and is held accountable for appropriate and consistent safeguards against industry interference in the development of global alcohol policy.*”

SS&M – Alcohol, cardiovascular disease and industry funding: A co-authorship network analysis of systematic reviews

Su Golder et al;

<https://www.sciencedirect.com/science/article/pii/S0277953621007826?via%3Dihub>

“Systematic reviews undertaken by authors with histories of alcohol industry funding were more likely to study broader outcomes, and be cited more widely, and exclusively reported favorable conclusions.”

Links:

- IJHPM - [“A Promise Unfulfilled”: Stakeholder Influence and the 2018 UN High-Level Meeting on NCDs; Comment on “Competing Frames in Global Health Governance: an Analysis of Stakeholder Influence on the Political Declaration on Non-Communicable Diseases”](#) (by J Ralston)

“In recognition of the global burden of noncommunicable diseases (NCDs), the past decade has seen three U.N. High Level Meetings on NCDs. Yet progress in terms of political or financial commitments has been very slow. At the 2018 meeting, a political declaration was approved but featured language that had been watered down in terms of commitments. In “Competing Frames of Global Health Governance: An Analysis of Stakeholder Influence on the Political Declaration on Non-communicable Diseases,” Suzuki et al analyze the documents that were submitted by Member States, NGOs and the private sector during the consultation period and conclude that the private sector and several high-income countries appeared to oppose regulatory frameworks for products associated with NCDs , that wealthier countries resisted financing commitments, and that general power asymmetries affected the final document. **This comment supports their findings and provides additional considerations for why the NCD response has yet to produce significant commitments.**”

Health Systems & Reform - [An Analysis of the Adoption and Implementation of A Sugar-Sweetened Beverage Tax in South Africa: A Multiple Streams Approach](#) (by P Kruger et al)

BJC - [Interactions with the pharmaceutical industry and the practice, knowledge and beliefs of medical oncologists and clinical haematologists: a systematic review](#)

Cfr tweet by the author: *"New systematic review just out: "There is substantial evidence of frequent relationships between cancer physicians and the pharmaceutical industry..."*

Sexual & Reproductive / maternal, neonatal & child health

ODI - Why LGBTQI+ services must be intersectional

E Tant et al ; <https://odi.org/en/insights/why-lgbtqi-services-must-be-intersectional/>

*"The LGBTQI+ community is made up of many distinct groups from across a broad spectrum of identities. So, why are they so often collapsed into one category? While there is increased awareness and implementation of policies and programming aimed at addressing gender-based violence (GBV), the lived realities, needs and priorities of different groups within the LGBTQI+ community are often not taken into account. **New ODI research from the Gender Equality and Social Inclusion programme brings much-needed nuance to the understanding of LGBTQI+ experiences of stigma, exclusion and marginalisation in Kenya...."***

Human resources for health

Global Health: Science and Practice - It's Time to Move Beyond Traditional Health Care Worker Training Approaches

J Bluestone; <https://www.ghspjournal.org/content/9/3/431>

"Isn't it time that the global community move beyond traditional training and supportive supervision models to improve health care worker capacity?"

Human Resources for Health - [The role of community health workers in the surgical cascade: a scoping review](#)

Access to medicines

Lancet Regional Health Europe - Impact of the European Union on access to medicines in low- and middle-income countries: A scoping review

[https://www.thelancet.com/journals/lanepa/article/PIIS2666-7762\(21\)00196-4/fulltext](https://www.thelancet.com/journals/lanepa/article/PIIS2666-7762(21)00196-4/fulltext)

By K Perehudoff et al.

Miscellaneous

Economist - African pension funds have grown impressively

<https://www.economist.com/middle-east-and-africa/2021/10/02/african-pension-funds-have-grown-impressively>

“Their capital could help finance development.”

UN News Climate change, population increase fuel looming water crisis: WMO

<https://news.un.org/en/story/2021/10/1102162>

“Improved water management, monitoring and forecasting are needed in the face of a looming global water crisis, the UN World Meteorological Organization (WMO) and partners said in a report published on Tuesday. The warning comes as floods, droughts and other water-related hazards increase due to climate change, while the number of people experiencing “water stress” continues to rise amid population growth and dwindling availability. In 2018, some 3.6 billion people globally had inadequate access to water for one month per year, which is expected to surpass five billion by 2050....”

Extra Covid section

Science – Pandemic enters transition phase—but to what?

<https://www.science.org/doi/10.1126/science.acx9290>

“High vaccination rates in some countries may soon make COVID-19 an “endemic” disease.”

The Atlantic - Did Pfizer Peak Too Soon?

[The Atlantic:](#)

“A decision to go with a lower dose might have helped speed things up last year. Now we may be seeing the consequences.” Including comparison with Moderna.

BioNTech chief predicts need for updated Covid vaccines next year

<https://www.ft.com/content/d88457da-6bbc-4f07-82a6-4738aa845492>

“Ugur Sahin says the virus is very likely to mutate and evade immunity given by current jabs.”

“The chief executive of the biotech behind the first Covid-19 vaccine has said a new formulation is likely to be needed by the middle of next year to protect against the virus as it mutates....”

Nature News - COVID vaccines cut the risk of transmitting Delta — but not for long

<https://www.nature.com/articles/d41586-021-02689-y>

“People who receive two COVID-19 jabs and later contract the Delta variant are less likely to infect their close contacts than are unvaccinated people with Delta.”

WHO - A clinical case definition of post COVID-19 condition by a Delphi consensus, 6 October 2021

https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1

“WHO has developed a clinical case definition of post COVID-19 condition by Delphi methodology that includes 12 domains, available for use in all settings....”

NYT - A New Vaccine Strategy for Children: Just One Dose, for Now

<https://www.nytimes.com/2021/10/06/health/covid-vaccine-children-dose.html>

“Myocarditis, a rare side effect, occurs mostly after the second dose. So in some countries, officials are trying out single doses for children.”

Links:

Nature News - [Real-world data show that filters clean COVID-causing virus from air](#)

“An inexpensive type of portable filter efficiently screened SARS-CoV-2 and other disease-causing organisms from hospital air.”

Research

SS&M - Syndemics and the history of disease: Towards a new engagement

T Newfield ; <https://www.sciencedirect.com/science/article/abs/pii/S0277953621007863>

“Historians of medicine and disease have yet to think through a syndemic lens. This commentary aims to point out why they should. Although there are several hurdles to overcome, our histories of disease and our understanding of current syndemics both stand to gain should historians begin to explore episodes of cooccurring diseases that share root causes.”

Link:

BMC Health Services - [The impact of hospital accreditation on the quality of healthcare: a systematic literature review](#)

BMJ GH - [Pursuing health systems strengthening through disease-specific programme grants: experiences in Tanzania and Sierra Leone](#)