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,

Earlier this week (24-26 October), the World Health Summit took place in Berlin, in a hybrid format. Let me just say this once and for all: I’m a fan. Indeed, this is the global health policy event “I love to hate” as the Summit features “the brightest minds in global health” as well as the slickest. (Being neither, I totally understand, by the way, why I had to follow the hybrid event virtually this year, given Covid. Even more so, as I’m not much of a network-schmoozer, so I guess I can indeed be more productive from afar. Still, next year I hope to be there again 😊!)

The WHS opening ceremony on Sunday evening already had it all, both the ‘love’ and ‘hate’ part. Dr Tedros & UN SG Guterres offered some hard-hitting truths in their opening speeches, a new Virchow Prize for Global Health*, was launched (while Virchow was probably rolling over in his grave, when listening to some ultra-slick speeches and half-truths by the likes of Jens Spahn and other Ursula’s, with the usual merry ‘partnership’ talk all around (“of course with the private sector at the table”!) (Ursula)), … and as is customary at this opening event, then it was time for a Pharma CEO (this time, a guy from Roche who came up with some pep talk on “innovation & access”, …. ) All in all, a great start. Still, at some point on Sunday evening, I had enough of it, and decided to watch football on tv (international football is another one of my hobbies I love to hate).

PS: the (final) M8 Alliance declaration “From words to action”, published on Tuesday evening, contains all the right words, calling for “a new multilateralism and a new social contract” in these dire times of ours, but let’s just say the ‘action’ could’ve been a bit better at the opening ceremony, at least by the organizers and host of the ceremony. If you fail to confront some of these big decision makers in an opening ceremony, then it was time for a Pharma CEO (this time, a guy from Roche who came up with some pep talk on “innovation & access”, …. ) All in all, a great start. Still, at some point on Sunday evening, I had enough of it, and decided to watch football on tv (international football is another one of my hobbies I love to hate).

In many sessions, though, the debates were good and sharp, with moderators from time to time taking on (top-notch) pharma framing from Thomas Cueni (another ‘bright mind in global health’ #huh), who makes a habit of taking global health ‘fake news’ to an entirely new level. With all these great concurrent sessions, the WHS is really one of these rare global health events where I suffer from FOMO. But then again, when I recall the days I was waiting for a bus in North-India, and only had sheep to look at for five hours, I remember everything is relative.

In this newsletter, we will thus cover some of the key news & reports at this year’s World Health Summit, which by the way started with dr Tedros announcing that next year’s World Health Summit will be a joint event with WHO (i.e. during Germany’s G7 presidency in 2022). Some highlights we
already want to flag here: a [Lancet/FT joint commission on Governing Health Futures 2030 on the future of AI and digital health care](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01201-6/fulltext); a new [GPMB report](https://www.governhealthfuture.org) (with some unfortunately familiar messages); the second policy brief of the (all-female) [WHO Council on the Economics of Health For All](https://www.who.int/gpewhc/corporate) chaired by M Mazzucato, … We also followed quite some sessions of the ‘policy track’, by the way, initiated by the German MoH to enrich the German global health perspective. Germany is increasingly a key actor in global health, as you know - mostly for the better.

The GPMB report stressed, among others, that “the world is still woefully unprepared” (for a new pandemic). Many of us were also ‘woefully unprepared’ for the greed of Albert Bourla & other Stephane Bancel (aided by some of the “brightest minds in global health”, including a number of rich country decision makers).

Anyway, as Björn Kummel said repeatedly, the global health architecture will be reshaped in the coming 6-12 months, one way or another, at least when it comes to the health emergency ecosystem. Still, the mood on this was relatively pessimistic, in spite of the G20 summit coming up this very weekend, in Rome, where our leaders get once again an opportunity to decisively deal with this pandemic (while preparing for the next one). Indeed, as Tedros said in his closing panel address, “the world is sick and tired of the Covid pandemic” (that would include me). **Fearing a status quo/paralysis**, even after 18 months of a pandemic, Jeremy Farrar (Wellcome Trust) stated, ‘if not now, when?’, but was generally (like the [GPMB report](https://www.governhealthfuture.org)) quite pessimistic about the ‘closing window of opportunity’ (for finally learning some of the lessons of health emergencies, after numerous reports, and in spite of the trillions the pandemic already costed so far). Anders Nordström didn’t sound upbeat about the international political situation either, and neither did Gian-Luca Burci (although he said that even in difficult multilateral circumstances, progress should be possible on the pandemic treaty (or some other reform along these lines), drawing a comparison with the circumstances at the time of the FCTC negotiations).

On the pandemic treaty, by the way, on Monday afternoon we watched a great [civil society discussion](https://www.who.int/gpewhc/corporate) with some early findings from [research by Priti Patnai & Remco van de Pas. (No, that one didn’t take place at the WHS 🙁, but who knows, perhaps next year?)](https://www.who.int/gpewhc/corporate) Personally, I tend to think that the negotiations on a pandemic treaty (of which I see the point, in general), should be linked to the [TRIPS waiver discussions](https://www.who.int/gpewhc/corporate), even if they take place in different fora. Indeed, how can a new German government build better trust in pandemic treaty discussions than through changing its TRIPS waiver stance, for example? In an ideal world, LMIC negotiators in these global health legal framework & IP discussions should even link with the COP 26 negotiations (but given that’s already starting on Monday, that would be a bit of a stretch).

Many speakers also signaled we need to focus on [Global Public Goods](https://www.who.int/gpewhc/corporate) (and global threats) now, the era of donor-recipient relationships is well and truly over (even if Covax still turned out as evidence of the latter), whereby GPGs shouldn’t just be financed via ODA. I obviously agree. But to fund GPGs properly, it’s time to go after the billionaire class and multinationals, big time. To paraphrase our [read of the week](https://www.who.int/gpewhc/corporate), “The Covid-19 pandemic as the age of the super-PPP”, “let’s ‘super-tax’ them in the age of the ‘global commons’” 😎.

Finally, on COP 26 in Glasgow, which is about to start, we want to end with a quote by Greta Thunberg: “...when we’re aware that we’re confronted with an existential crisis, only then we’ll have real change. It won’t come from these conferences like COP 26.” Still, that awareness is steadily rising, certainly among [younger generations](https://www.who.int/gpewhc/corporate) and [climate scientists](https://www.who.int/gpewhc/corporate). Not all is lost. So let’s put up a fight. Starting at COP 26.
Enjoy your reading.

Kristof Decoster

Featured Article

Vaccine mandates are not without risks

Dr Sneha Sharma (MBBS, MD Psychiatry, Lady Harding Medical College)

As infections surge again, and countries across the world face wave after wave of the COVID-19 pandemic, vaccination is being touted as the most effective way of reducing both deaths and hospitalizations. For good reason. Yet, in spite of efforts by governments to facilitate COVID-19 vaccination acceptance and uptake and in so doing, improve vaccination coverage, many people remain deeply suspicious of the vaccines. To combat this vaccine hesitancy, many governments have designed and are implementing a variety of strategies. Vaccination mandates are among the most controversial of these. They have already been adopted in a number of countries and are gradually becoming more widespread. The US for instance, has federal requirements for companies with more than 100 workers to ensure that they all are vaccinated or take weekly tests, while at the state and city-level there are also vaccine mandates for healthcare workers, people wanting to visit some indoor locations and even children attending schools. Other examples are the UK which requires all people working or deployed in care homes to be fully vaccinated against Covid-19, New Zealand which requires people working in certain roles in health and disability, education and corrections to be fully vaccinated against COVID-19, and several Indian states like Delhi, Punjab and Maharashtra, which have decided to put government employees who have not been given the first dose of Covid-19 vaccine, on compulsory leaves or undergo mandatory two week COVID-19 testing at individual expense.

There has been some public outcry in most of the countries that have adopted this strategy, however others like India have seen little public outcry despite the coercive nature of this policy. While it can be argued that the strategy has generally increased vaccination coverage, it is debatable whether and to what extent it will be able to combat vaccine hesitancy. In addition to this, vaccine mandates may have unintended effects in the mid to long-term.

First, the strategy risks further widening inequality, as those who will bear the brunt of the policy are likely to be the poor and marginalized segments who may face increased unemployment and difficulty to access much needed health, education and other services, for instance. Furthermore, in resource poor settings, inequitable access to vaccines may mean that individuals are being punished for the poor functioning of the state and/or a lack of global solidarity.

Second, it is likely to further alienate those who already have a strong distrust of the government and the health system, and who may complain about violations of their fundamental human rights and civil liberties. This may have serious consequences that extend far beyond the end of the pandemic, whenever that may be.

Third, it can lead to an increase in the use of fake vaccine certificates or tests which might in turn jeopardize whole vaccination programmes and are counterproductive to the very goals of the strategy.
Fourth, it is likely to have population level impacts. For instance, since quite a few health care workers are choosing to quit rather than get vaccinated, the vaccine mandates are exacerbating staff shortages. This is coming at the worst time possible, especially given the fact that sectors such as health were already struggling to attract and retain the necessary human resources before the pandemic, and the increase in health needs and demands for services and the disruptions to service delivery that were caused by the pandemic.

It is clear, based on this, that public health is an inexact science, and policymakers are between a rock and a hard place when it comes to making the best decision for their populations. They are also frequently faced with the ethical dilemma when societal interests conflict with individual rights. Instead of asking whether states should mandate public health interventions for their populations, therefore, the question should be, how can states best protect the most vulnerable in their population (which includes of course the vaccine hesitant)?

Just as important are the questions for the public health community. what can we do to support governments and other stakeholders with making the best decisions? And how can we contribute to making strategies like vaccine mandates, redundant?

**Highlights of the week**

**The read of the week**

Global Public Health - COVAX and the rise of the ‘super public private partnership’ for global health

K T Storeng, A de Bengyi Puyvallée & F Stein;  

Frankly, this one won the contest hands down, this week. Check out why.

“**COVAX, the vaccines pillar of the Access to Covid-19 Tools Accelerator (ACT-A), has been promoted as ‘the only global solution’ to vaccine equity and ending the Covid-19 pandemic. **ACT-A and COVAX build on the public-private partnership (PPP) model that dominates global health governance, but take it to a new level, constituting an experimental form that we call the ‘super-PPP’. Based on an analysis of COVAX’s governance structure and its difficulties in achieving its aims, we identify several features of the super-PPP model. First, it aims to coordinate the fragmented global health field by bringing together existing PPPs in an extraordinarily complex Russian Matryoshka doll-like structure. Second, it attempts to scale up a governance model designed for donor-dependent countries to tackle a health crisis affecting the entire world, pitting it against the self-interest of its wealthiest government partners. Third, the super-PPP’s structural complexity obscures the vast differences between constituent partners, giving pharmaceutical corporations substantial power and making public representation, transparency, and accountability elusive. As a super-PPP, COVAX reproduces and amplifies challenges associated with the established PPPs it incorporates. **COVAX’s limited success has sparked a crisis of legitimacy for the voluntary, charity-based partnership model in global health, raising questions about its future.”**
2021 World Health Summit in Berlin (24-26 October)

See also this week’s intro. We flag here some of the highlights & key news, news snippets, messages by global health leaders, ... (although no doubt there were many more highlights...).

Virchow Foundation for Global Health established in Berlin – Foundation will offer an annual prize

https://virchowprize.org/launch-of-virchow-prize-for-global-health/

“Promote awareness of global health issues nationally and internationally, strengthen research and development cooperation in the field of global health, and thus contribute to the sustainable improvement of global health – this is the aim of the Virchow Foundation for Global Health, which was established in Berlin on October 13, 2021 and has now been recognized as a legal entity by the foundation supervisory authority. The foundation will offer a highly esteemed prize each year, announced by the founders — five personalities from science and society. The foundation’s namesake, Rudolf Virchow, was born October 13th, 200 years ago today....”

See also Virchow Prize for Global Health.

WHO Director-General’s address at the World Health Summit

https://www.who.int/director-general/speeches/detail/who-director-general-s-address-at-the-world-health-summit

Tedros’ opening address, in which, among others, he outlined four areas for the global health architecture to be strengthened (on pandemic preparedness & response).

Devex - One Health gets a new update at the World Health Summit


(gated) “Adopting the new approach is a massive task whose scope could prove overwhelming, but experts say it doesn’t have to be everything all at once.”

“The nearly two-decade-old concept of “One Health” — the transdisciplinary attempt to address the nexus of human, animal, and ecosystem health — has been updated at the World Health Summit .... A One Health High Level Expert Panel first convened in May used the summit to unveil its definition of the concept: a mobilization “at all levels of society to work together to tackle threats to health and ecosystems, while addressing our collective needs for healthy foods, energy and air, taking action on climate change and promoting sustainable development,” Andrew Green reports.” “... The rapid spread of the COVID-19, which likely originated in animals, has brought renewed attention to One Health and the need to take preventive action to reduce the likelihood of a zoonotic spillover in the future. ....”
PS: for more on ‘One Health’, do read also Ways out of the global health crisis (by Global Policy Forum/Misereor/Brot für die Welt) (from August) – “Healthy people, healthy animals and a healthy environment worldwide with the One Health approach.”

‘...The political initiatives are largely limited to crisis management. This is also the case with the BMZ’s One Health strategy in development cooperation, and with the Federal Government’s strategy for global health. Instead of adopting a holistic view of health and concentrating on fulfilling the human right to health, the focus is increasingly put on preventing future pandemics and on treating the symptoms instead of the causes. A holistic approach forms the basis of the SDGs, although the corona pandemic has pushed it into the background. ...A holistic implementation of the One Health approach has to go beyond measures relating to the predominantly medico-technical prevention of spreading and containing of zoonoses and resistance to antibiotics and must in particular focus on the structural causes of global health problems and develop solution strategies. This above all calls for supporting approaches based on sustainability and justice – for example agroecology at the agriculture interface – which prevent negative impacts on the environment, climate and health of humans and animals and avoid causing them. Public services for the treatment and health maintenance of humans, animals and the environment have to be strengthened, and finally, action has to be taken that is politically coherent and accountable to the population.”

M8 Alliance Declaration - “We need a new multilateralism and a new social contract” World Health Summit ends with clear demands for collaboration and calls to action for policy makers

https://d1wjxwc5zm1mv4.cloudfront.net/fileadmin/user_upload/4_Documents/4.13_2021/4.13_1_M8_Alliance/M8_Alliance_Declaration_World_Health_Summit_2021.pdf

2-pager. And hard to disagree with. “...Learnings from COVID-19, clear statements on pandemic preparedness and response, vaccine equity and new international strategies are also the core themes of the World Health Summit’s final declaration, the M8 Alliance Declaration. The central calls to action: Vaccine Equity; Strengthen the global health architecture; Support all countries to invest in primary health care. The M8 Alliance members identified the need for „a new multilateralism and a new social contract. ..”

“...The World Health Summit also proposes 7 priority areas for action by political leaders to give global health structural and operational strength which corresponds to its impact on quality of life of people worldwide...

HPW - Less Than 10% of Vaccine Dose Donations Promised to COVAX Have Been Delivered

https://healthpolicy-watch.news/less-than-10-of-covax-donation/

“Of the 1.3 billion COVID-19 vaccine dose donations promised to COVAX by wealthy countries, only 150 million doses have actually arrived – around 9% – Gavi CEO Dr Seth Berkley told the World Health Summit in Berlin on Monday. Ensuring that countries delivered their promised doses “now” was COVAX's “core ask”, said Berkley, who added that the global vaccine facility was also pushing vaccine manufacturers for greater transparency about deliveries. “Our perception is that delays
often occur in [COVAX], whereas manufacturers provide vaccines through their bilateral mechanisms,” he added....“

“...Thomas Cueni, Director General of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), said that he believed COVAX was finally on the right track to deliver vaccines to all as there were “sufficient supplies” ... “We will exceed 9.3 billion doses manufactured by the end of October, more than 12 billion by the end of the year and probably 24 billion next year,” said Cueni....“

Guardian - The world was woefully unprepared for a pandemic. Let’s be ready for the next one

Elhadj As Sy;  https://www.theguardian.com/global-development/2021/oct/26/the-world-was-woefully-unprepared-for-a-pandemic-lets-be-ready-for-the-next-one?CMP=Share_iOSApp_Other

“The Global Preparedness Monitoring Board is calling for a coherent action plan to counter future health emergencies.”

For the (2021) report, see Global Preparedness Monitoring Board (annual report 2021) With 6 recommendations.

“....This is why the GPMB, in its new report, is calling for stronger political leadership and accountability to change the way the international community prepares for future health emergencies. We are calling on countries – including those from the global south – to work together with civil society, the private sector and other stakeholders, to take urgent steps to strengthen the ecosystem of pandemic preparedness and response; to negotiate an international agreement in WHO; to create a new financing instrument at the World Bank; and to develop end-to-end mechanisms to advance public goods for health emergencies and share data. And at the heart of this ecosystem, we need an empowered WHO, strengthened with resources and authority. We also stress the importance of independent monitoring, which plays an essential role in keeping our leaders, governments and institutions accountable. ...

See also FT - World ‘woefully unprepared’ for next health crisis, says WHO-backed report

“ ‘Geopolitical divisions’ and disjointed decision making by global agencies mean lessons are being missed.”

“A top-level inquiry has concluded that the world was still “woefully unprepared” for any health emergency, with “neither the capacity to end the current pandemic in the near future nor to prevent the next one”. A report from the Global Preparedness Monitoring Board, co-convened by the World Health Organization and World Bank, concluded there was “scant evidence” that the right lessons were being learnt from the coronavirus crisis, despite the deaths of nearly 5m people worldwide. Elhadj As Sy, the board’s co-chair, said that while scientific advances such as vaccine development were a cause for pride, “we must feel deep shame over multiple tragedies — vaccine hoarding, the devastating oxygen shortages in low-income countries, the generation of children deprived of education, the shattering of fragile economies and health systems”. “... The report released on Tuesday blamed “geopolitical divisions” and a tendency for power brokers to negotiate behind closed doors without the involvement of those most affected. Inadequacies started “at the top”, it
said, with the UN General Assembly, UN Security Council, World Health Assembly, G7 leaders and G20 leader all meeting over the past year “with little to show for it other than declarations of intent, and limited evidence they had a significant impact on the trajectory of the pandemic”....

“... Among a series of recommendations, the board urged the creation of a stronger WHO “with greater resources, authority, and accountability”. It was “the only organisation with the mandate and legitimacy to lead global health emergency preparedness and response” but lacked the resources and authority to fulfil this function. To help countries become more resilient to future pandemics, a collective financing mechanism should be established within the World Bank, it also said. Estimates suggested at least $10bn in seed funding would be needed, and annual contributions not only from countries but the private sector, to ensure that sum was raised each year....”

WHO - Top economists call for radical redirection of the economy to put Health for All at the centre in the run-up to G20

Top economists call for radical redirection of the economy to put Health for All at the centre in the run-up to G20

“The World Health Organization (WHO) Council on the Economics of Health For All (WHO Council on the Economics of Health For All) calls now, more than ever, for clear, ambitious goals to mobilize and focus investments towards health, considering financing for health as a long-term investment and not a short-term cost. The Council’s new brief on Financing Health for All prioritizes two key dimensions: more finance and better finance and lays out the way forward through three pathways to action: (1) Creating fiscal space by easing artificial constraints imposed by outdated economic assumptions and reversing the harmful effects of reforms that lead to big health cuts, allowing spending and investments towards Health For All to increase significantly; (2) Directing investments to ensure Health for All becomes the central purpose of economic activities, and increase public leadership and dynamic state capabilities to create a conducive regulatory, tax, industrial policy and investment environment; and (3) Governing public and private finance by regulating the functioning and financing of private health markets through measures that crowd in and direct private finance towards improving health outcomes globally and equitably.” Must-read, this policy brief.

Coverage also via HPW - Debt Relief & National Economic Reforms Pitched as ‘Big Picture’ Global Health Solutions Ahead of G-20 Meeting (including of the panel session at the WHS, where M Mazzucato, J Ghosh and others explained this policy brief’s aims and the broader work of the Council)

Devex – The case of the missing civil society at the World Health Summit


(gated) “With the World Health Organization jointly organizing next year’s World Health Summit, civil society groups hope there might also be an opportunity to reshape the conversation.”

Link: The Rockefeller Foundation Invests USD150 Million to Preventing Future Pandemics and Calls for Greater Collaboration to Build a Global Early Warning System
The Rockefeller Foundation will provide up to USD150 million in funding to the Pandemic Prevention Institute (PPI), a collaborative organization with a global network of partners committed to building data sets and analytics needed to detect, mitigate, and prevent pandemics. Together with the World Health Organization’s Hub for Pandemic and Epidemic Intelligence in Berlin and the United Kingdom’s Global Pandemic Radar, the Pandemic Prevention Institute is helping transform global capability for stopping disease outbreaks.

Lancet and Financial Times Commission on Governing Health Futures 2030: growing up in a digital world

https://www.thelancet.com/commissions/governing-health-futures-2030

Was also launched at the WHS in Berlin. Very rich and important Commission, so do spend some time to go through it.

“... The Lancet and Financial Times Commission on governing health futures 2030: growing up in a digital world argues digital transformations should be considered as a key determinant of health. But the Commission also presses for a radical rethink on digital technologies, highlighting that without a precautionary, mission-oriented, and value-based approach to its governance, digital transformations will fail to bring about improvements in health for all.”

- See the press release:

“The Lancet: Our future health depends on radical change in approach to digital technologies, experts say:

Lancet-Financial Times Commission presses for radical rethink on harnessing the power of digital technologies for our future health and sets out a fundamental new approach to digital technology that promotes equitable, affordable and universal improvements to health.

Digital transformations are already well underway, but the authors warn that without a dramatic change from the current course of data-extractive, commercially-driven digital technologies, these will not deliver health benefits for all.

The expert authors call for digital access and literacy to be recognised as a key determinant of health as well as bold action in the areas of public trust in digital technologies and data solidarity—a radical new approach to the collection and use of data. “

“Digital transformations can improve health for all people around the world. But this is only possible if digital technology is governed in the public interest rather than for private profit, and the health for all values of democracy, equity, solidarity, inclusion, and human rights are put at the core of its design and use, according to a new Lancet and Financial Times Commission on Governing Health Futures 2030: growing up in a digital world. ....”
“In this joint commission from The Lancet and Financial Times on Governing Health Futures 2030, we explore how AI and other digital advancements are being harnessed to improve healthcare in the world’s poorest regions.”

COP26 Glasgow about to start (& other planetary health news)

Guardian - ‘Existential challenge’: G20 draft climate communique commits to 1.5C goal – report
https://www.theguardian.com/world/2021/oct/29/g20-draft-climate-communique-15c-goal

“A draft G20 communique says that world leaders who are gathering for talks in Rome will pledge to take urgent steps to reach the goal of limiting global warming to 1.5C....” Plenty of stuff is still “in brackets”.

Nature - COP26 climate summit: A scientists’ guide to a momentous meeting
https://www.nature.com/immersive/d41586-021-02815-w/index.html

“Despite 30 years of climate diplomacy, urgent and aggressive action is needed to halt global warming. Nature explains what success looks like, and what’s on the line.”

HPW - World On Course for 2.7°C Temperature Rise by 2100 – Even If All Current Climate Commitments Are Met

“The latest climate commitments from 165 of the 192 countries that are signatories to the 2015 Paris Climate Agreement would still lead to a global temperature rise of 2.7°C by the end of the century, according to an updated United Nations analysis of climate commitments and their impacts. Major emitters including China and India, remain among those 27 countries to have not yet submitted any updated commitments at all in advance of the decisive days of the Glasgow Climate Conference (COP26), which begins on Sunday. .... The analysis of all “Nationally Determined Commitments” to have been received so far by the UN Framework Convention on Climate Change (UNFCCC) found that global greenhouse gas (GHG) emissions would still increase by about 16% by 2030, as compared to 2010 – even if all of the commitments were met. ... “
Guardian - Climate crisis: economists ‘grossly undervalue young lives’, warns Stern


“Economists have failed to take account of ‘immense risks and potential loss of life’, says author of landmark review.”

“Many economic assessments of the climate crisis “grossly undervalue the lives of young people and future generations”, Prof Nicholas Stern warned on Tuesday, before the Cop26 climate summit in Glasgow. Economists have failed to take account of the “immense risks and potential loss of life” that could occur as a result of the climate crisis, he said, as well as badly underestimating the speed at which the costs of clean technologies, such as solar and wind energy, have fallen. Stern said the economics profession had also misunderstood the basics of “discounting”, the way in which economic models value future assets and lives compared with their value today. “It means economists have grossly undervalued the lives of young people and future generations who are most at threat from the devastating impacts of climate change,” he said. “Discounting has been applied in such a way that it is effectively discrimination by date of birth.”

“…Stern’s remarks are based on a paper to be published in the Economic Journal of the Royal Economic Society and made to mark the 15th anniversary of the landmark Stern review on the economics of the climate crisis in 2006.”

UNDP/Oxford Univ (report) - Push for bold climate action in world’s major economies set to strengthen as public pressure mounts especially amongst young people


“A Major new UN Development Programme poll shows a growing majority across G20 countries see climate change as a crisis, with strongest demands for climate action amongst under-18s.”

“A major poll of public opinion on climate change in the G20 countries published today by the UN Development Programme (UNDP) and the University of Oxford, shows how public support for climate action is set to strengthen in the near future as climate-aware teenagers become of voting age, enter the workforce, and move into positions of greater influence. The new survey, called the ‘G20 Peoples’ Climate Vote’ polled over 689,000 people, including over 302,000 people under the age of 18, and has been published ahead of a crucial G20 summit in Rome, Italy, this weekend, and the COP26 climate talks in Glasgow, UK, next week....”
Guardian - Poorer countries spend five times more on debt than climate crisis – report

“Lower income countries spend five times more on debt than coping with the impact of climate change and reducing carbon emissions, according to a leading anti-poverty charity. Figures from Jubilee Debt Campaign show that 34 of the world’s poorest countries are spending $29.4bn (£21.4bn) on debt payments a year compared with $5.4bn (£3.9bn) on measures to reduce the impact of the climate emergency....”

Guardian - ‘World conflict and chaos’ could be the result of a summit failure

“Global security and stability could break down, with migration crises and food shortages bringing conflict and chaos, if countries fail to tackle greenhouse gas emissions, the UN’s top climate official has warned ahead of the Cop26 climate summit. Patricia Espinosa, executive secretary of the UN Framework Convention on Climate Change, said: “We’re really talking about preserving the stability of countries, preserving the institutions that we have built over so many years, preserving the best goals that our countries have put together. The catastrophic scenario would indicate that we would have massive flows of displaced people.”....”

J Pedersen & W G Moore; The Africa report;

“In December, the AU and Africa CDC are hosting the inaugural conference on Public Health for Africa, seeking a new health order for Africa. This follows the October COP26 gathering in Glasgow Scotland. In view of the response of wealthy countries to the pandemic, there is little reason to expect that the upcoming approach and negotiations to unfold in Glasgow during COP26, will be any different from hollowing out of genuine multilateralism and nationalistic inclination leading to empty promises. .... Going into a new round of climate-related conversations, it is crucial that African officials do not view nor address these in isolation....”

Guardian - Climate finance for poor countries to hit $100bn target by 2023, says report

“The longstanding target for providing climate finance to the developing world will be met within two years, according to a new report ahead of the UN Cop26 climate summit....”
OECD DAC Declaration on a new approach to align development co-operation with the goals of the Paris Agreement on Climate Change


“Members of the OECD Development Assistance Committee (DAC) have issued a joint Declaration ahead of COP26 committing to align official development assistance (ODA), which totalled USD 161 billion in 2020, with the goals of the Paris Agreement on Climate Change....”

Carbon Brief - Analysis: Nine key moments that changed China’s mind about climate change

https://www.carbonbrief.org/analysis-nine-key-moments-that-changed-chinas-mind-about-climate-change

“Over the past year, China’s president Xi Jinping has made three key commitments to tackle climate change. ... Little over a decade ago, China was strongly arguing against reducing the emissions being caused by its booming, coal-fuelled economic growth. Instead, it said rich, developed nations should be leading the way. .... Speaking to a diverse range of experts within China and beyond, Carbon Brief has learned that Xi has personally played “the most important role” in this shift in views. Below, Carbon Brief describes nine key moments over the past two decades that have helped to influence China’s attitudinal change.....”

BMJ – Priority setting and net zero healthcare: how much health can a tonne of carbon buy?

https://www.bmj.com/content/375/bmj-2021-067199

“Cutting carbon emissions in healthcare requires trade-offs for clinicians, administrators, and global health policy makers and must be included when evaluating interventions, argue Anand Bhopal and Ole F Norheim.”

“....The NHS net zero strategy, launched in October 2020, is the first national strategy of its kind and has helped inspire a global movement for carbon neutral healthcare. One of two national health sector commitments to be agreed at the United Nations’ climate change conference COP26 in Glasgow in November 2021 is to develop a net zero carbon, sustainable health system. Delivering this agenda will require long term actions to reduce greenhouse gas and carbon emissions. We suggest that mechanisms of priority setting in healthcare could be used to identify and navigate trade-offs in this process.....”

Coming up: G20 (Leaders) summit in Rome (30-31 October)

For a nice overview of where we stand on global health, as we go into this summit, see for example Ilona Kickbusch’s take here. (p. 70-71) “We need action not words”.
Just before the ‘Heads of state’ summit, the first G20 Joint Finance and Health Ministers’ Meeting (under the Italian Presidency) will take place (on 29 October).

Reuters – WHO, partners seek $23.4 bln for new COVID-19 war chest

High-level advocacy ahead of the G20 summit. “The World Health Organization (WHO) and other aid groups on Thursday appealed to leaders of the world’s 20 biggest economies to fund a $23.4 billion plan to bring COVID-19 vaccines, tests and drugs to poorer countries in the next year. The ambitious plan outlines the strategy of the Access to COVID-19 Tools Accelerator (ACT-A) until September 2022.”

“….Carl Bildt (WHO Special Envoy to the ACT-Accelerator) …. acknowledged that the ACT-A has struggled to secure previous financing and noted that Norway and South Africa co-chair a fund-raising effort. "So we do expect a strong signal from (the G20) coming out of the meeting in Rome over the weekend," he said. Equal budgets of $7 billion are earmarked for both vaccines and diagnostic tests, with a further $5.9 billion for boosting health systems and $3.5 billion for treatments including antivirals, corticosteroids, and medical oxygen. COVAX, the vaccines arm of the ACT-A, has delivered some 400 million COVID-19 doses to more than 140 low- and middle-income countries, where vaccination rates remain low, WHO chief scientist Soumya Swaminathan said. "We know there are about 30 countries that are dependent on COVAX alone, they have no other source of vaccines," she said. About 82 countries are likely to miss a WHO global target of 40% vaccination coverage by year-end, but some of them could if supplies start flowing, she said…..”

“While the world is now producing some 1.15 billion vaccine doses per month, vaccination coverage still ranges from 1 – 70%,” said Carl Bildt....

(for more on this plan, see below, section on Covax & ACT-A)

And via HPW: “Added senior WHO Advisor, Bruce Aylward, “Some 82 countries are at risk of not reaching the 40% goals, only because a lack of vaccine supply. They can meet it [the goal] if the supply is there. They only need another 550 million doses through the COVAX initiative. So the big question to the G-20 is: are they going to say where those 550 million doses are going to come from? Because those 20 countries control the global vaccine supply between now and the end of this year, we are going to make about 3 billion doses of this vaccines. Can we take about ten days worth and see that it goes into COVAX....”

PS: as for Tedros’ 3 asks for the G20 summit:

“I have three requests for the G20 leaders: First, fully fund the ACT Accelerator. Second, support the creation of an overarching framework for global health security, through a legally-binding treaty on pandemic preparedness and response. And third, support the creation of a Health Threats Financing Board, supported by a Financial Intermediary Fund, hosted by the World Bank.”

Reuters - Indonesia, U.S. call on G20 to plan pandemic prevention system

Reuters;
The United States and Indonesia on Tuesday called for the launch of a forum to prepare for future pandemics, urging members of the Group of 20 leading economies to seize an opportunity this month to plan for an international response system. In a joint statement, U.S. Treasury Secretary Janet Yellen and Indonesian Finance Minister Sri Mulyani Indrawati said an upcoming forum of health and finance ministers at the G20 summit in Rome is a political window to act to prevent the next pathogen from becoming a pandemic.

Via POLITICO’s Global Pulse newsletter:

“.... “Equity and localized production, following through on commitments are going to be smack in the middle of the G-20 discussion,” said the German Chancellor’s chief economic adviser, Lars-Hendrik Röller, who is involved in the negotiations. A group of international health organizations and representatives from 10 countries, including China, South Africa, and the U.S., will present a report calling for swaps in deliveries between rich and poor countries, more transparency in contracts with drugmakers, less stockpiling and only rolling out boosters based on the results of clinical trials, he said. “The companies are listening,” said Thomas Cueni, the head of the international pharma lobby IFPMA. Drugmakers have started weekly updates on the supply going to poorer countries, he told Global Pulse, adding that sufficient vaccine supplies would be available by mid-2022.....”

And some links:

Letter - The G20 Must Lead: Bringing Health and Finance Together to Ensure a Safer World

By the Co-Chairs of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response Chair & the WHO Pan-European Commission on Health and Sustainable Development WHO Ambassador for Global Health Financing. (i.e. Ngozi, L Summers, G Brown, ...)

Chatham House (Expert comment) – G20 must address and fix inequalities it has created  (by N Erondu et al )

Project Syndicate - The G20’s Pandemic Wake-Up Call  (by M Ahmed (CGD))

Project Syndicate - The G20’s Vaccine Imperative?  (by Gordon Brown et al)

Guardian - Call for action on TB as deaths rise for first time in decade

“Tuberculosis campaigners tell G20 leaders $1bn is needed annually for vaccine research to reverse decades of underfunding” “.... The TB Vaccine Advocacy Roadmap group, a new coalition of organisations, said G20 finance leaders meeting at the end of October need to increase funding almost tenfold, as it has never exceeded more than $120m (£87m) in a year....”
Global Health Governance & Financing

Geneva Health Files - Global Health Governance Post-Pandemic: Forces of Fragmentation Meet Multilateralism


Tuesday’s edition of GHF (dedicated among others, to the WHS). “The breathless endorsement for a legally-binding international agreement on pandemic preparedness and response reached a crescendo at the World Health Summit. Both WHO DG Tedros, and the president of the European Council Charles Michel (who vowed to convince countries for a treaty), left no opportunity to drive home the urgency for a new instrument. They were well-aided by the Global Preparedness and Monitoring Board to adopt an international agreement and “convene a Summit of Heads of State and Government, together with other stakeholders, on health emergency preparedness and response.”

Foreign Affairs - How to Vaccinate Africa: America Can Help, But It Needs the Right Partner

By Ashish Jha and Andrew Iliff; https://www.foreignaffairs.com/articles/africa/2021-10-26/how-vaccinate-africa

“.... COVAX has still managed to ensure that no state got left entirely behind, and the United States and other high-income countries should continue to work with the initiative. But COVAX has struggled mightily, falling far short of its goals. Solving vaccine inequality and successfully inoculating the entire world is essential to ending the pandemic, and that means taking a new and different approach, with more targeted and impactful partnerships. In Africa, that means working with one organization in particular: the Africa Centres for Disease Control and Prevention. ... ... There are many reasons to partner with the Africa CDC in addition to COVAX....”

BMJ (blog) - A global health response to gender justice requires continued engagement

P Allotey et al ; BMJ;

“....The global health community justifiably expresses shock and concern over unfolding crises from Afghanistan to Ukraine. Beyond condemnation, we recommend that the global health community consider the following:.... The world is at a critical juncture; the threat of authoritarian regimes undermining human rights and equality are very real. The global health response in humanitarian or development settings can no longer claim to be doing its job by just providing health services and focusing on health outcomes alone. More than ever before, our global health practice needs to adhere fully to the principle of humanity by promoting health equity, gender equality, and human rights as a part of our core responsibility, recognising the nuanced understanding of the economic, social, cultural, and political contexts in which we work.”
Cidrap News - African Medicines Agency to begin in November

https://www.cidrap.umn.edu/news-perspective/2021/10/african-medicines-agency-begin-november

“More than a decade after the idea for the African Medicines Agency (AMA) was broached at the 60th session for the World Health Organization Regional Committee for Africa, the agency will officially begin operating Nov 5 under the African Union (AU). Instead of acting as a stand-alone regulatory body, it will coordinate national and regional regulatory efforts, support local manufacturing and pharmacy, and act against substandard and falsified medicines....”

PS: comment from a colleague of mine: “...A lot of expectations, but only 15 countries ratified the treaty so far, and most countries with a better regulation (in East and Southern Africa) are not (yet?) in.”

Strategic and Technical Advisory Group on the Prevention and Control of Noncommunicable Diseases (STAG-NCD)


“The STAG-NCD was established in October 2021 to act as an advisory body to WHO to further WHO’s leadership and coordination role in promoting and monitoring global action against noncommunicable diseases....” “24 global experts are advising us on WHO’s leadership and coordination role in promoting global NCD action...”

Guardian - UK foreign aid cuts to stay in place for at least another three years

https://www.theguardian.com/uk-news/2021/oct/27/uk-foreign-aid-cuts-to-stay-for-another-three-years

“Cuts to the UK’s foreign aid budget are to remain for at least another three years, with aid spending below the statutory target of 0.7% until at least 2024-25, the Treasury has announced.”

“... The Foreign, Commonwealth and Development Office (FCDO) said its budget would continue to be set at 0.5% of gross national income (GNI), so rising from £9bn to £10.9bn over the next three years. The size of the increase dashes hopes that the aid budget would be restored in the near term to 0.7% of GNI. Ministers had previously pledged to restore the aid budget only once government borrowing for day-to-day spending ended. They say these conditions will not be met until 2024-25....”

See also Devex - UK's 0.7% aid target 'scheduled' to return, but more cuts feared first

“ The United Kingdom’s aid budget is “scheduled” to return to 0.7% of gross national income in 2024-25, according to Chancellor Rishi Sunak, but experts fear that the budget, which has already been reduced to 0.5%, will be cut still further before then — if the increase happens at all....”
WHO - Health – A Political Choice: Solidarity, Science and Solutions

New book. “...We will only find a way out of this crisis through science, finding solutions and by working together, in solidarity.”

“In this new book, key leading figures in international health and development have come together to share their thoughts about some of the most important choices we face in public health. It offers a unique opportunity to permanently increase global action and multilateral collaboration to address health equity. With a welcome from WHO’s Director-General, Dr Tedros Adhanom Ghebreyesus, and two introductory articles signed by Ilona Kickbusch, Founding Director or the Global Health Centre of the Graduate Institute of International and Development Studies; and John Kirton, Director of the Global Governance Programme, key leading figures and leading global authorities and experts from governmental, intergovernmental, civil society, business and research, including Amina J Mohammed, Deputy Secretary-General of the United Nations; Gordon Brown, former UK Prime Minister and WHO Ambassador for Global Health Financing; and Mariana Mazzucato, Chair of the WHO Council on Economics of Health for All. ....”

CGD - Too Much Aid Is Going to Rich Countries—and Donor Officials Don’t Seem to Know It

“In two new papers published today, we document some uncomfortable facts about how official development assistance (ODA) is distributed across countries at different income levels and levels of poverty—even among members of the OECD’s Development Assistance Committee (DAC), and how poorly informed senior and mid-ranking donor officials are about this.....”

Reuters – EU suspends funding to WHO programmes in Congo after sex scandal

“The European Commission has suspended funding to the World Health Organization’s programmes in the Democratic Republic of Congo due to concerns over the U.N. agency’s handling of the sexual abuse scandal. An Oct. 7 letter from the Commission marked “SENSITIVE”, seen by Reuters, informed the WHO of the immediate suspension of financing for five WHO programmes, including its Ebola and COVID-19 operations. The total amount is more than 20.7 million euros ($24.02 million). The Commission, in an emailed statement to Reuters in Brussels, confirmed the move, saying that it expected partners to have “robust safeguards to prevent such unacceptable incidents as well as to act decisively in such situations”. “The Commission has temporarily suspended the payments and will refrain from awarding new funding related to the humanitarian activities undertaken by WHO in the Democratic Republic of the Congo. This measure does not affect EU funding for WHO operations elsewhere,” it said. WHO officials contacted separately for comment did not immediately reply. The EU funding suspension raises diplomatic pressure on the WHO and its director-general, Tedros Adhanom
**Ghebreyesus, to take further action on the documented violations and management negligence, and to prevent it from happening again anywhere.....**

Reuters – More victims complain of sexual abuse in Congo scandal - WHO expert

“More women have reported sexual exploitation and abuse by aid workers during an Ebola crisis in the Democratic Republic of Congo since a report into the scandal was issued last month, a senior World Health Organization (WHO) official told Reuters....”

Dr. Gaya Gamhewage, WHO acting director of prevention and response to sexual exploitation, abuse and harassment : “...The scandal had been a wake-up call for the aid community. “The independent commission's report and the testimonies of victims and survivors are a message to all agencies, not just WHO, that something is wrong with the system,” she said. "We are all shaken, we are all upset."...”

Politico Global Pulse – Stay tuned for a new White House initiative

“The White House is working on an initiative to help health work forces in poor countries, and we should know more about it by year’s end, an advocate who’s been in touch with the administration tells Global Pulse. “What they told us is that they settled on four thematic areas,” said David Bryden, director of the Frontline Health Workers Coalition. The four areas, he said, are: Protecting the health workforce, from providing personal protective equipment to shielding them from violence and harassment. Empowering health care workers and health ministries with data and data management systems. Linking workforce development to broader economic development issues in targeted countries. Ensuring equity and inclusion, which probably would include gender-related concerns....”

**Trips Waiver discussions**

Reuters - U.S. urges all WTO members to support intellectual property waiver for COVID-19 vaccines

U.S. urges all WTO members to support intellectual property waiver for COVID-19 vaccines | Reuters

“The White House [last week] on Thursday called on all World Trade Organization members to support an intellectual property waiver for COVID-19 vaccines. "We ... need every WTO member to step up as well and support an intellectual property waiver, and every company must act ambitiously and urgently to expand manufacturing now,” White House spokesperson Karine Jean-Pierre told reporters.”
NYT - Here’s Why Developing Countries Can Make mRNA Covid Vaccines

This (absolute must-read) went viral, for obvious reasons.

Cfr tweet: “This is one of the most important stories of the pandemic by @snolen. She tracked down a host of manufacturers around the world who say they can rapidly produce hundreds of millions of mRNA vaccine doses—if they had access to the technology.” Some excerpts:

“... Experts in both the development and production of vaccines say the mRNA vaccines involve fewer steps, fewer ingredients and less physical capacity than traditional vaccines. Companies in Africa, South America and parts of Asia already have much of what they would need to make them, they say; the technology specific to the mRNA production process can be delivered as a ready-to-use modular kit... Most estimates put the cost of setting up production at $100 million to $200 million. A few large pharmaceutical producers in developing countries have these funds at hand; others would need loans or investors. The U.S. International Development Finance Corporation and the International Finance Corporation both have billions of dollars in funding available for this kind of project, as low-interest loans or a share of equity. ... The New York Times interviewed dozens of executives and scientists at vaccine, drug and biotechnology companies across the developing world and from those conversations, found 10 strong candidates to produce mRNA Covid vaccines in six countries on three continents. The key criteria include existing facilities, human capital, the regulatory system for medicines and the political and economic climate...”

“... The candidates include companies that are already making other Covid vaccines, such as the Serum Institute of India, the world’s largest vaccine maker; public institutions that are already testing their own mRNA vaccines for the coronavirus; and firms tapped by the World Health Organization to be regional centers for mRNA development. ...”

IFPMA – Preparing society against future pandemics - Policy Perspectives from the Innovative Biopharmaceutical Industry
https://www.ifpma.org/subtopics/pandemic-prepardness/

With two “ambitious objectives”. (PS: Thomas Cueni’s organisation continues to argue for tiered pricing as the key way towards access in LMICs.)

WP - White House: We don’t have ‘unlimited rights’ to Moderna vaccine recipe
https://www.washingtonpost.com/nation/2021/10/25/covid-delta-variant-live-updates/#link-BRKB4URRRNFAHA5EO27QLBN6UM

“The Biden administration has concluded that it lacks the authority to share details of Moderna’s vaccine process, two senior administration officials told The Washington Post, after a months-long legal review. “This isn’t a White House reading of the contracts. This is the expert agencies reading the contracts, including the procurement officials who have the expertise to deal with these issues all the time, and the interagency lawyers who are expert in this,” said one senior administration official, speaking on the condition of anonymity to describe an internal review and negotiations with
Moderna. Moderna declined to comment Monday. **Public health experts and advocates, who say that Moderna has failed to rapidly share its mRNA vaccine with the developing world, have urged the White House to reveal confidential details of the company’s vaccine process, saying it would expedite the global fight against the pandemic.** …. But White House officials say their authorities are limited, citing the legal reviews. While some public health experts have cited a federal contract that gives the Department of Health and Human Services “unlimited rights” to Moderna data produced through the contract, “that analysis is based on a part of a redacted contract that is public [and] that has been taken out of context,” said one of the officials. **Moderna — which had not brought a product to market before the pandemic — has received nearly $10 billion in federal funds to expand its vaccine manufacturing capacity, execute trials and produce shots, congressional Democrats noted this month. The White House has been privately negotiating with Moderna on other tactics to expedite global vaccine availability, the officials said.** “We are focused on how do we get to a place where there’s more of this mRNA capacity outside of the U.S.,” the second senior official said.”

**Origins debate**

BMJ (News) - Covid-19: New WHO group to look into pandemic origins is dogged by alleged conflicts of interest

https://www.bmj.com/content/375/bmj.n2588

At least according to this BMJ News article.

Science - Was NIH-funded work on MERS virus in China too risky? Science examines the controversy

https://www.science.org/content/article/was-nih-funded-work-mers-virus-china-too-risky-science-examines-controversy

“EcoHealth Alliance defends hotly debated research that altered deadly coronavirus.”

Nature News – The shifting sands of ‘gain-of-function’ research

https://www.nature.com/articles/d41586-021-02903-x

“The mystery of COVID’s origins has reignited a contentious debate about potentially risky studies and the fuzzy terminology that describes them.”
Covax & ACT-A

ACT-A - Launch of ACT-Accelerator Strategy and Budget

The ‘ACT-Accelerator Strategic Plan and Budget: October 2021 to September 2022’ was launched on 28 October.

See ACT-Accelerator Strategic Plan & Budget: October 2021 to September 2022

“The ACT-Accelerator Strategic Plan & Budget, October 2021 to September 2022 lays out the new focus, strategic priorities, major scopes of work and funding needs for the ACT-Accelerator for the next 12 months. The new strategic plan and budget reflect the decision to extend the work of ACT-A into 2022, acknowledging the substantial changes in ACT-A’s external operating environment and the evolving COVID-19 epidemiological situation…”

As for the budget needed: “Based on the evolving context and refreshed strategic priorities outlined above, the ACT-A Pillars have developed new budgets for the period October 2021 to September 2022 that total US$ 23.4 billion....”

Coverage also via Devex - ACT-A launches new plan amid persistent challenges

“....Under the new plan, ACT-A is “shifting” its focus from “being the global solution for equitable allocation of COVID-19 tools” to addressing access inequities to COVID-19 tools in underserved areas, including in humanitarian settings. Within the next 12 months, agencies part of ACT-A aim to support low- and middle-income countries in vaccinating 70% of their population, increasing their testing rates to at least 1 per 1,000 people per day, and treating up to 120 million COVID-19 cases through the deployment of existing treatments and in enabling access to new therapies…”

“....The new strategy also lays out a refreshed plan for the health systems pillar, whose function has been quite obscure.....”

“.... Under the new strategy and budget plan, the health systems pillar, now called “health systems and response connector,” will require $5.9 billion to deliver personal protective equipment to 2.7 million workers, but also to ensure the delivery of new COVID-19 tests, treatments, and other tools to countries. Agencies under the pillar will also be working closely with WHO’s health emergencies team to ensure they are more responsive to country needs and are aligned with countries’ national plans. UNICEF is also joining the pillar as a co-convenor together with WHO, World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria....”

FT - Covax falters as rich countries buy up Covid vaccines
https://www.ft.com/content/0e240929-033a-457f-a735-ec7cf93b2f3c
We found out, this week, at the World Health Summit, that what really annoys Thomas Cueni (and other Seth Berkley’s, we presume) is critical coverage of COVAX in the “liberal” global newspapers they also read, like FT, NY Times, …😊. Keep going!

Excerpts: “**WHO-backed programme has cut its projected deliveries following setbacks;** Just 9.3 vaccines have been delivered to low-income countries for every 100 people, the data show — 7.1 of which have been through Covax. This compares with 155 for high-income countries, of which 115 were received through known bilateral and multilateral agreements, according to data compiled by Unicef. … As the west prepares for winter, the gap between haves and have-nots remains wide. Less than 3 per cent of people in low-income countries have received at least one dose, according to Our World in Data, compared with three quarters in richer nations. … … **The scheme has only delivered about 400m doses out of an already-cut yearly projection of 1.4bn. And, after slashing its supply forecasts last month, it faces the challenge of delivering about 1bn doses in 68 days — almost 14m doses a day — to meet its 2021 goals. … … people with direct knowledge of Covax’s procurement system say an underlying lack of vaccines and leverage will persist in the coming months. **African Union officials forecast that Covax will deliver about 470m doses to African countries by the end of the year — less than a quarter of what would be needed for its entire 1.3bn population on two-shot regimens. … … Covax recipient countries continue to only have month-by-month visibility into deliveries, which makes planning difficult, officials said…..”

PS: via the Pharmaletter - **SII to export 30m doses of COVID-19 vaccine to WHO-backed COVAX by December** - The Serum Institute of India could export 30 million COVID-19 vaccine doses to WHO-backed COVAX by December.

**Pandemic Treaty discussions (& related GHS news)**

Some movement, it seems.

HPW - **Civil Society Leaders Question Pandemic Treaty’s Ability to Address Global Health Inequalities**

https://healthpolicy-watch.news/skepticism-over-pandemic-treatys-ability-to-address-global-health-inequalities/

Some really nice coverage from this (civil society) webinar on Monday. “**Some civil society organisations (CSO) are sceptical about whether a ‘pandemic treaty’ is the best way to address future global health crises, while treaty supporters say it will provide a legal framework binding countries and global health bodies to more agile and rapid responses to future outbreaks. A session Monday sponsored by the Geneva Global Health Hub (G2H2) brought leading CSOs, diplomats, academics and even WHO’s chief legal counsel face to face to air those views, in the context of a research initiative on the treaty being undertaken by the hub. The debate comes just weeks ahead of a planned special session of the World Health Assembly which is to determine whether the global body will indeed move forward on a Treaty, as a key measure for improving pandemic response. …**”
Recording of the Presentation: G2H2. (Priti Patnaik, Remco van de Pas, and some respondents).

Must-watch!!

The final report will be available on 24 November.

Geneva Health Files - "Equity" Expands in Pandemic Treaty Discussions at WHO

P Patnaik; Geneva Health Files;

Last week Friday’s Deep Dive.

“Equity Expands in Pandemic Treaty Discussions. WHO member states continue to engage and wrestle with the question on whether the world needs a new legal instrument to address future emergencies. Considerations on equity are fast-assuming center-space in these discussions. However, it is too early to say whether and to what extent will equity be addressed meaningfully in future governance of health emergencies…. Under the Working group on strengthening WHO preparedness and response to health emergencies (WGPR), member states had several consultations this week.”

“… The United States and South Africa have so far circulated proposals to address equity. It is understood that the EU has also made references to equity in its proposals. ..... “


Thiru; https://www.keionline.org/36880

“On Monday, 25 October 2021 an 18 page advance copy of a Zero Draft Report of the Member States Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies (WGPR) charts was circulated to member states of the World Health Organization (WHO); it is expected this report will be published by WHO on Thursday, 28 October 2021 with translations into all official UN languages....”

Very insightful overview of what’s in the zero draft.

See also HPW - Zero Draft’ Report on WHO Reform Punts Pandemic Treaty Forward – With Signals of US Shift to Support Initiative

(28 October) “ A “Zero Draft” report by a Working Group of WHO member states gives cautious endorsement to advancing negotiations over a new “Pandemic Treaty” among the WHO’s 194 member states. That endorsement remains couched in highly nuanced, diplomatic language. That makes it clear how big the lift may be to actually negotiate a sharp, focused treaty over the most key issues that have slowed and sometimes paralyzed global pandemic response – from vaccine access to a stronger mandate for WHO to enter countries and independently investigate outbreaks as they are unrolling on the ground. However, the fact the document gives space to all of those issues is likely to prove reassuring to countries and civil society – that their diverse concerns and interests won’t
be ignored. Significantly, a senior US diplomat, Colin McIff, was the co-chair along with Indonesia of the group of six countries that led the negotiations and zero draft document. That signals a possible shift in the US position, to come behind the treaty concept – after its initial scepticism. ...

Also with the view of James Love (KEI) – who’s positive versus a pandemic treaty. “...“We are happy with the zero draft, it identifies most of the issues that we think are important. You have attention to technology transfer, decentralization and manufacturing,” said Jamie Love of Knowledge Ecology International, in an interview with Health Policy Watch on Thursday....”

Paper - The risks associated with a pandemic treaty: between global health security and cosmopolitanism


“In November 2021, the World Health Assembly (WHA) is hosting a special session to discuss the proposed plans for a pandemic treaty. Despite the fact that there are scant details concerning the treaty, the proposal has gained considerable support in both the academic community, and at the international level. While we agree that in the wake of the numerous governance failures during COVID-19, we need to develop appropriate global solutions to be able to prevent, detect, respond to, and recover from future global health crises, and that such mechanisms should be rooted in global equity. However, we disagree that this pandemic treaty, currently, is the most appropriate way in which to achieve this. Indeed, notions of global community, solidarity, fairness are far removed from the reality that we have seen unfolding in the actions of states responding to the pandemic. This is the crux of the tension with the proposed treaty: the balance between the ideal cosmopolitan worldview held by those in power in global health, and the practice of national security decision making witnessed in the last 18 months. Indeed, we do not believe that a pandemic treaty will deliver what is being extolled by its proponents, and it will not solve the multiple problems of global cooperation in global health that supporters believe it will.”

Wellcome Trust (paper) - Improving global pandemic preparedness by 2025

https://wellcome.org/reports/improving-global-pandemic-preparedness-2025

One of two new Wellcome Trust policy papers.

“This paper outlines three areas – global coordination and leadership; financing; and how to address key gaps in pandemic infrastructure – that will have the biggest impact on future global preparedness. ..... This paper should be read alongside our policy paper on addressing Covid-19 vaccine inequity, which sets out the actions by G20 countries and vaccine manufacturers needed to rapidly increase global vaccination rates to reach 70% of the population in every country by mid-2022. .....”
Global COVID-19 cases and deaths rose slightly last week, partly led by rises in the European region, though some countries in other parts of the world are experiencing new spikes in activity, the WHO said yesterday in its weekly update on the pandemic. Cases and deaths had been on the decline for several weeks but recently showed signs of leveling off. Regions reporting the highest weekly case incidences were Europe and the Americas, and the five countries reporting the most cases were the United States, the United Kingdom, Russia, Turkey, and Ukraine. Africa's cases continue to drop steadily, but the WHO said some countries reported sharp rises, including Reunion, Botswana, and Gambia. In another example, some Americas countries also reported sharp spikes, including Dominica, Cayman Islands, and Paraguay....

Devex – The world has lost 5 million lives from COVID-19

Officially, at least. “The official death toll from COVID-19 is set to reach 5 million within a week, according to data from Johns Hopkins University. ....”

WHO says there’s a continuing death toll of some 45,000 to 50,000 deaths a week.

Cidrap News - WHO advisors say COVID-19 pandemic far from over

After reviewing the latest COVID-19 developments last week, the World Health Organization (WHO) emergency committee said the pandemic is far from over, though countries are making progress in rolling out vaccines and treatments. The group of outside advisors met on Oct 22 by video conference for the ninth time and unanimously agreed that the situation still warrants a public health emergency of international concern (PHEIC), which was declared on Jan 30, 2020. In a statement released today on its deliberations, the group raised concerns about Africa’s challenges in accessing enough vaccines, tests, and treatments and in monitoring COVID-19 spread, given that many countries have gaps in lab capacity and genomic sequencing. The committee also said there’s a critical need for all countries to use all tools at their disposal to ease the pandemic’s many impacts. Committee members modified and extended most of their temporary recommendations but added a new one that supports uptake of WHO-recommended treatments by addressing access and affordability.....
FT - US will require foreign travellers to get WHO-authorised vaccines

https://www.ft.com/content/d0d4156d-ace9-4119-ac3e-a1e4d4bf6440

Some encouraging news. “The Biden administration will allow all international travellers to enter the US as long as they have received any vaccine authorised by the World Health Organization, even the relatively untested Chinese-made Sinovac and Sinopharm jabs, from November 8…. “

“... Under the rules, which will take effect in two weeks’ time, anyone who has been inoculated with one of the seven vaccines authorised by the WHO will be allowed to enter the US by land or air…..”

Reuters - IMF: Lack of vaccines looms over sub-Sahara recovery

https://www.reuters.com/world/africa/imf-lack-vaccines-looms-over-sub-sahara-recovery-2021-10-21/

“A lack of access to vaccines is dampening economic recovery in sub-Saharan Africa and the region will lag behind developed nations for years, the International Monetary Fund said on Thursday....”


https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02246-7/fulltext

“The COVID-19 pandemic has cost more than 4 million lives, left millions of people with persistent symptoms (ie, long COVID), and has devastated societies, with already disadvantaged communities being hit hardest. The tragedy is that much of this harm was preventable, as shown early on by many Asia-Pacific countries that pursued elimination of COVID-19 and protected both their public health and economies. The rest of the world can still work towards elimination. The World Health Network (WHN) is a coalition of citizens and experts who are committed to global action to protect public health through progressive elimination of COVID-19.....”

“....An effective global strategy is required with solidarity and collective action at the individual, local, national, and international levels for progressive elimination of COVID-19. This major change in direction from a strategy of living with the virus to global progressive elimination will require the involvement of citizens with diverse expertise, including scientists, journalists, health-care workers, educators, lawyers, ethicists, human rights groups, and people with first-hand experience of COVID-19. To meet this need, we have created the WHN: an international grassroots initiative....”

Covid science

- Link: Stat News - 3 takeaways from the emergence of the ‘Delta Plus’ coronavirus variant

PS: The Delta subvariant AY.4.2 is now designated a ‘variant under investigation’, amid evidence that it could be more transmissible than Delta.
See also NYT: A cheap antidepressant lowers the risk of Covid hospitalization, a large study finds

“Scientists say the results of the latest research examining the inflammation-fighting qualities of fluvoxamine, capping similar smaller studies, could lead to new treatment guidelines.”

Other Covid vaccine access news

Devex - BioNTech to build mRNA vaccine facility in Africa next year


“Biotechnology company BioNTech said it plans to start construction of a messenger RNA vaccine manufacturing facility in Africa mid next year, where it will produce its COVID-19 vaccines. The company signed a memorandum of understanding with the Rwandan government and the Institut Pasteur de Dakar in Senegal. While the company didn’t specify in its release where the first facility would be located, Reuters reported that Jutta Urpilainen, European Union commissioner for international partnerships, said during a media briefing that the first site would be in Rwanda. The facility will initially have a production capacity of 50 million COVID-19 vaccine doses per year, with that capacity expected to increase....”

Some reactions: ... “After huge public pressure, BioNTech has finally committed to manufacturing vaccines in the global south. While this is a positive development, it’s far too little, far too late from a company that has made a killing from the pandemic,” said Anna Marriott, policy lead for the People’s Vaccine Alliance, a coalition of more than 75 organizations, in a press release. “Offering to only start building a facility in Africa in the middle of next year that will then at some point produce just 50 million doses — enough for just 2 percent of the continent’s population — is [a] pittance when just one of their factories in Germany produces more than that each month,” according to the press release. The alliance calls on the company to instead share the know-how of how to produce its vaccine with WHO’s COVID-19 technology access pool and its mRNA technology transfer hub in South Africa....”

HPW - US ‘Steps Aside’ to Give Africa Access to Moderna Vaccines

https://healthpolicy-watch.news/us-steps-aside-to-give-africa-access-to-moderna-vaccines/

“The US government has enabled Africa to get access to 50 million Moderna COVID-19 vaccines by giving the continent its place in the vaccine queue, Strive Masiyiwa, head of the African Vaccine Acquisition Trust (AVAT) said on Tuesday. “This is a time swap arrangement whereby the United States government basically stood aside for the next quarter so that we could access vaccines and purchase them ourselves,” Masiyiwa told a media briefing of the Africa Centers for Disease Control (CDC). .... “These doses are being purchased by AVAT courtesy of the United States government, which has been phenomenal in its support,” he added. South Africa’s President Cyril Ramaphosa and Kenya’s President Uhuru Kenyatta negotiated the deal directed with US President Joe Biden, said Masiyiwa. .... Other than a deal with Johnson and Johnson (J&J) for 400 million vaccines over 13 months from August, “none of the vaccine suppliers had any doses for us this year,” said Masiyiwa.
... AVAT is currently supplying 39 African countries and 15 Caribbean countries, but only 8,7% of Africans have had at least one vaccine dose.....”

See also  Reuters -  African Union to buy up to 110 million Moderna COVID-19 vaccines -officials

“The African Union (AU) intends to buy up to 110 million doses of COVID-19 vaccine from Moderna Inc in an arrangement brokered in part by the White House, which will defer delivery of some doses intended for the United States to facilitate the deal, officials told Reuters. The AU’s doses will be delivered over the coming months, with 15 million arriving before the end of 2021, 35 million in the first quarter of next year and up to 60 million in the second quarter.....”

“.... Masiyiwa said the Moderna purchase represented the first time the 55-member AU had secured vaccines that were not fully produced in Africa. .... The Biden administration is deferring delivery of 33 million doses it had bought from Moderna to give the AU its "spot in line" to make a purchase, according to Natalie Quillian, the White House's deputy coordinator for COVID-19 response.....”

Telegraph - New Zealand is moving to a two-tier society, but the unvaccinated are already a global underclass

Telegraph;  

“Protests and unrest are growing as more countries are tightening restrictions on those people who have not been jabbed.”

Graduate Institute (Global Health Centre) – New analysis finds large-scale role of Chinese Covid-19 vaccine developers in addressing global demand for doses and technology

https://www.graduateinstitute.ch/Vaccines-China

“ The Global Health Centre published today new data and analysis on the role that vaccines developed by an entity based in China (“Chinese vaccines”) seem to be playing in meeting global demand for Covid-19 vaccines. Chinese vaccines are estimated to comprise nearly half the total volume produced worldwide in 2021, yet there is relatively little analysis of these vaccines available in the public domain. This new research summarises the publicly-available data on efficacy, regulatory approvals, manufacturing and access to the four Chinese vaccines which have the largest international footprint (Sinovac, Sinopharm-Beijing, Sinopharm-Wuhan and CanSino). This new resource also compiles publicly-available data on R&D investments into Chinese vaccines. The research team identified over 1.2 billion doses of Chinese vaccines purchased for use outside of China by 67 countries/regions and Covax, and 58.2 million doses for donation to 93 countries. Sinovac and Sinopharm-Beijing are the largest players among Chinese firms in terms of both volumes produced and countries where the vaccines are available, with significant production capacity also projected for CanSino. Chinese vaccine developers have also concluded 17 manufacturing agreements with producers in 15 countries. Overall, Chinese vaccines seem to be playing a large-scale role in responding to many countries’ demands for access to vaccine doses and technology.”
Development Today - OECD countries want to report donated covid vaccines as aid, but are met with strong criticism


(gated) “Countries that donate their excess COVID-19 vaccine may report this as official development assistance at a fixed price per dose, an OECD Development Assistance Committee (DAC) proposal states. If accepted, this could inflate global aid by billions of dollars. Activists and experts are disappointed and angry, warning that this amounts to a generous reward to vaccine-hoarding nations and risks crediting donors for giving away unusable vaccines.”

Guardian - UK falling behind most G7 countries in sharing Covid vaccines, figures show

https://www.theguardian.com/world/2021/oct/24/uk-falling-behind-most-g7-countries-in-sharing-covid-vaccines-figures-show

“The UK is lagging behind other G7 countries in sharing surplus Covid vaccines with poorer countries, according to newly published figures. The advocacy organisation One, which is campaigning to end extreme poverty and preventable disease by 2030, described it as shaming for the UK government. The figures show that the UK is behind every member of the G7 – of which Britain is currently the chair – except for Japan.”

The Dialogue - Why Is Vaccine Rollout So Uneven in Latin America?

https://www.thedialogue.org/analysis/why-is-vaccine-rollout-so-uneven-in-latin-america/

“Approximately 39 percent of the population of Latin American and the Caribbean has been vaccinated against Covid-19, the director of the Pan American Health Organization (PAHO) said Oct. 12. Countries including Chile and Uruguay have vaccinated more than 70 percent of their respective populations. However, Guatemala, Venezuela and Honduras—along with at least seven other countries—have fully vaccinated less than 25 percent. Why are so many countries lagging behind the regional average? What does the disparity in vaccination rates mean for the region’s efforts to stop the spread of Covid-19? How is this affecting commercial and tourist relations between countries that have starkly different vaccination rates?”

UN News – Latin America and Caribbean sees COVID-19 progress, but must remain vigilant


(27 October) “More than half the population of Latin America and the Caribbean has not been vaccinated against COVID-19, a senior official with the regional arm of UN health agency WHO said on Wednesday. Dr. Jarbas Barbosa, Assistant Director at the Pan American Health Organization (PAHO), was speaking during the agency’s regular media briefing on the pandemic. He said nearly 44 per cent of the region’s people have been fully immunized, mainly with doses donated bilaterally or through the COVAX solidarity initiative. ...”
Devex – Tackling logistical odds stacked against COVID-19 vaccination in Africa

On some of the logistical challenges, which in turn have also led to some new strategies in some countries. Also including WHO Afro Moeti’s view.

Covid treatment/diagnostics/… access & other bottlenecks

WP - U.S. drug company Merck to share license for experimental covid-19 treatment with non-profit
https://www.washingtonpost.com/world/2021/10/27/merck-license-ip/

“U.S. pharmaceutical giant Merck has agreed to share its license with a non-profit so that its experimental covid-19 drug, molnupiravir, can be manufactured widely around the world in a deal that would expand access to the treatment in more than 100 countries. The company agreed to share its license with the United Nations-backed Medicines Patent Pool, or MPP, which in turn can sub-license it to manufacturers. The deal is designed to expand the drug’s availability, widen its manufacturing base and potentially push down the price....”

“... Earlier this year, Merck struck deals with eight Indian pharmaceutical manufacturers to produce a generic version of molnupiravir. Last week, the Bill and Melinda Gates Foundation announced what it said was an initial investment of up to $120 million to incentivize those drugmakers to begin producing the treatment now — even before it has been approved by regulatory bodies. About two dozen manufacturers around the world have also expressed interest in producing molnupiravir through the MPP license. Drugmakers will be able to apply to MPP for permission to produce the drug starting Wednesday.”

“But some experts say that there is far more that needs to be done. Baker, the law professor, said that he remains concerned about provisions in the license that could limit the sale of generic drugs outside of the 105 countries and that Merck would be unable to meet demand in these excluded countries. Countries such as Brazil, Russia and Turkey — upper-middle-income countries hit hard by the pandemic — would not be able to purchase generic versions under the new license, he says....”

• See also FT - Merck signs royalty-free licensing deal to expand global access to its Covid-19 pill
“Move contrasts with mRNA makers Pfizer and Moderna, which have rejected sharing vaccine technology.”

- Reaction MSF Access - License between Merck and Medicines Patent Pool for global production of promising new COVID-19 drug molnupiravir disappoints in its access limitations

“License has some unacceptable limitations: Exclusion of upper middle income countries (some heavy affected); Possibly illegal clause prohibiting challenging of patents.”

- The Conversation – Rwanda and Senegal will host Africa’s first COVID-19 vaccine plants: what’s known so far (some more analysis by D R Walwyn)

- Devex - Merck expands manufacturing for molnupiravir. But questions remain.

Telegraph - 'Worrying' shortage of one billion syringes could hit global Covid vaccine rollout next year

Telegraph:  

“There is likely to be a drastic shortfall of the specialised syringes needed for the Pfizer jab as the global roll-out accelerates next year.” …A looming shortage of more than a billion syringes could hit global Covid-19 vaccination efforts next year, The Telegraph has learned.  Manufacturers and experts in the drive to share vaccines around the world - already considerably behind schedule - warned there is likely to be a drastic shortfall of the specialised syringes needed for the Pfizer/BioNTech jab as the global roll-out accelerates next year.  …Unlike most vaccines, the Pfizer shot is given via a 0.3ml auto-disable syringe, rather than the standard 0.5ml version used for coronavirus vaccines such as the Oxford/AstraZeneca jab.  Because these specific syringes have not been not been mass-manufactured previously, countries and NGOs do not have the stockpiles needed……. This has put extreme pressure on the production and global supply chain, particularly in low and middle-income countries where single-use syringes are a WHO requirement because scarcity means there is a higher risk of reuse.  Currently, just seven manufacturers are pre-approved by the WHO to make the 0.3ml auto-disable syringes, though several more are in the application process.  US non-profit PATH said its most recent modelling pointed towards a shortage of “over a billion” next year. …”

See also WHO Afro - Less than 10% of African countries to hit key COVID-19 vaccination goal

(28 October)  “Just five African countries, less than 10% of Africa’s 54 nations, are projected to hit the year-end target of fully vaccinating 40% of their people, unless efforts to accelerate the pace take off.  This comes as the Region grapples to meet rising demand for essential vaccination commodities, such as syringes.  …. In addition, limited access to crucial commodities such as syringes may slow the rollout of COVID-19 vaccines in Africa.  UNICEF has reported an imminent shortfall of up to 2.2 billion auto-disable syringes for COVID-19 vaccination and routine immunization in 2022.  This includes 0.3ml auto-disposable syringes for Pfizer-BioNTech COVID-19 vaccination.  There is no global stockpile of the 0.3ml specialized syringes, which differ from the 0.5ml syringes used for other types of COVID-19 vaccines and routine vaccination.  The market for 0.3ml auto-disable syringes is
tight and extremely competitive. As such, these are in short supply and will remain so through at least the first quarter of next year. *Already some African countries, such as Kenya, Rwanda and South Africa, have experienced delays in receiving syringes.....*”

And UNICEF - **Urgent action needed now to ensure sufficient COVID vaccine syringe supply to meet 2022 vaccination targets**

“Increased demand, supply chain disruptions, and ‘syringe nationalism’ could lead to significant challenges in 2022 without immediate action....”

**Covid analysis**

**Vox** - How you’ll know when Covid-19 has gone from “pandemic” to “endemic”


“It’s more subjective than you might think.” We figured. Interesting read, though.

**World Bank** - COVID-19 Age-Mortality Curves for 2020 Are Flatter in Developing Countries Using Both Official Death Counts and Excess Deaths

G Demombynes, D de Walque et al; [World Bank](https://www.worldbank.org);

“*Using official COVID-19 death counts for 64 countries and excess death estimates for 41 countries, this paper finds a higher share of pandemic-related deaths in 2020 were at younger ages in middle-income countries compared to high-income countries. People under age 65 constituted on average (1) 11 percent of both official deaths and excess deaths in high-income countries, (2) 40 percent of official deaths and 37 percent of excess deaths in upper-middle-income countries, and (3) 54 percent of official deaths in lower-middle-income countries. These contrasting profiles are due only in part to differences in population age structure. Both COVID-19 and excess death age-mortality curves are flatter in countries with lower incomes. This is a result of some combination of variation in age patterns of infection rates and infection fatality rates. In countries with very low death rates, excess mortality is substantially negative at older ages, suggesting that pandemic-related precautions have lowered non-COVID-19 deaths. Additionally, the United States has a younger distribution of deaths than countries with similar levels of income.”*

**UHC**

**Lancet Comment – Prevention of surgical site infection in low-resource settings**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01695-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01695-0/fulltext)

Comment linked to a new study in the Lancet. “Surgical care is an indivisible component of UHC, yet the outcomes in low-income countries are poor.... *Reported in The Lancet, the FALCON trial* is an
important surgical trial for advancing UHC in low-income settings. Surgical site infections (SSI) predominate perioperative complications, with a higher burden and more antibiotic resistance in low-income countries. The need for appropriate global guidelines for prevention of SSI is therefore important. However, some recommendations are based on little evidence, with a negative financial effect in low-income countries. The FALCON trial provides the evidence necessary to inform the appropriateness of the WHO recommendation of 2% alcoholic chlorhexidine skin preparation and triclosan-coated sutures to prevent SSI in abdominal surgery in LMICs. Before this study, the evidence was generally weak, with little data from LMICs to support such a recommendation. The FALCON trial found that neither 2% alcoholic chlorhexidine skin preparation nor triclosan-coated sutures provided benefit when compared with povidone–iodine skin preparation and non-coated sutures. The implications of these findings are that cheaper skin preparations and sutures can be safely used in low-resource environments with equivalent efficacy to prevent SSI, freeing up funds to improve the quality of care elsewhere.

SRHR

Via Cidrap News:

“The partnership for Maternal, Newborn, and Child Health yesterday announced $32.1 billion to help boost health services disrupted by COVID-19 such as family planning and nutrition. Nearly 60% of the funding came from low- and middle-income countries, with the rest coming from high-income countries and a private foundation. About half of the money will address COVID-19, with the rest targeting other health services.”

Lancet Public Health (Comment) - Menstrual health is a public health and human rights issue

K Babbar et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00212-7/fulltext

“Before the COVID-19 pandemic, of the 1.9 billion individuals who menstruate, an estimated 500 million were unable to attain menstrual health. Achieving menstrual health is fundamental to the equality, rights, and dignity of all individuals who menstruate. Nonetheless, menstrual health is still not considered a priority by all. As the COVID-19 pandemic puts additional pressure on existing resources, we risk leaving behind the individuals who menstruate. We advocate for the prioritisation of menstrual health as an integral part of sexual and reproductive health programmes, and for holistic approaches that address menstrual health, given that it is affected by the social determinants of health and is not just a sexual and reproductive health issue.…. We propose four action points for achieving menstrual health for all.…. “
Decolonize Global Health

BMJ GH - Where there is no local author: a network bibliometric analysis of authorship parasitism among research conducted in sub-Saharan Africa

C Rees et al; https://gh.bmj.com/content/6/10/e006982

“Authorship parasitism (ie, no authors affiliated with the country in which the study took place) occurs frequently in research conducted in low-income and middle-income countries, despite published recommendations defining authorship criteria. The objective was to compare characteristics of articles exhibiting authorship parasitism in sub-Saharan Africa to articles with author representation from sub-Saharan African countries.”

Some findings: “…Authors affiliated with USA and UK institutions were most commonly involved in articles exhibiting authorship parasitism. Authorship parasitism was more common in articles published in North American journals (adjusted OR (aOR) 1.26, 95% CI 1.07 to 1.50) than in sub-Saharan African journals, reporting work from multiple sub-Saharan African countries (aOR 8.41, 95% CI 7.30 to 9.68) compared with work from upper-middle income sub-Saharan African countries, with <5 authors (aOR 14.46, 95% CI 12.81 to 16.35) than >10 authors, and was less common in articles published in French … than English.”

Some other news of the week

Future is Public: Global manifesto for public services

https://futureispublic.org/global-manifesto/

“The Future is Public: Global Manifesto for Public Services was developed collectively by dozens of organisations and actors to serve as a rallying cry for public services for civil society, providing a concrete alternative to the dominant neoliberal narrative that has failed to ensure a dignified life for all. The manifesto positions public services as the foundation of a fair and just society and of the social pact that implements the core values of solidarity, equality and human dignity. It advances a series of ten principles for universal quality public services in the 21st century, and outlines how funding universal quality public services is possible.”

GAVI - Combining vaccines with nutrition: a game-changer against COVID-19 and future pandemics say Gavi and SUN


“Malnutrition and infectious diseases together cause millions of preventable child deaths every year and contribute to a vicious cycle of poor health, stunted growth, poverty and exclusion. Rolling out immunisation and nutrition programmes together significantly increases the number of people reached and reduces delivery costs. Gavi, the Vaccine Alliance, and the Scaling Up Nutrition (SUN) Movement have now partnered to launch this innovative two-pronged healthcare approach.”
“...In advance of the 7-8 December Nutrition for Growth Summit (N4G), being held in Tokyo, Gavi and SUN are calling on global leaders and key decision-makers in all countries to take action and prioritise this two-pronged vaccine-nutrition approach, through clear commitment making. They are also calling on relevant international health partners to take action to advance the integration of immunisation and nutrition, and to develop clear recommendations governments can use to roll out this urgently needed approach.....”  

WHO kicks off a Decade of Action for Road Safety


“WHO is kicking off the Decade of Action for Road Safety 2021-2030 today in Geneva, with the ambitious target of preventing at least 50% of road traffic deaths and injuries by 2030. WHO and the UN regional commissions, in cooperation with other partners in the UN Road Safety Collaboration, have developed a Global Plan for the Decade of Action, which is released today.....”

Some papers/reports/working papers of the week

Lancet Viewpoint - Revisiting academic health sciences systems a decade later: discovery to health to population to society

V Dzau et al : https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01752-9/fulltext

« Until recently, the mission of academic medicine has focused on providing care for complex medical problems, conducting research from discovery to translation, and educating the next generation of scientists and clinicians. This mission has traditionally been undertaken in teaching hospitals and medical schools separately, or organised under institutions of academic medicine. Over the past decade, these institutions have evolved into academic health science centres or systems by “bringing together [and aligning or integrating] health and academic partners to focus on world-class research, teaching and patient care”, to take new discoveries and promote their application, and whenever possible under one organisational structure to fulfill this mission. In this Viewpoint, we will refer to these institutions as academic health sciences systems (AHSS)....”

« .... Since our publication in The Lancet in 2010, we have witnessed the passage of the Affordable Care Act in the USA, the designation of academic health sciences centres and the development of academic health sciences networks in the UK, the development of academic collaborative centres for health promotion and public health in the Netherlands, the widespread adoption of electronic health records, increasing practice of accountable care, the recognition of long-standing societal problems such as inequity and structural racism, and the COVID-19 pandemic. As we enter a new decade marked by rapid changes in science and technology, increased stresses in working environments, changing societal needs, and expectations and lessons from the COVID-19 pandemic, there is a compelling need to revisit the current model of academic medicine, to assess the functions of AHSS, and to redefine their futures. ...... in this Viewpoint we address two central issues: redefining the mission of academic medicine, and implementing the new paradigm by changes in the strategy and practice of AHSS.....”
Evaluation - Monitoring and evaluation for thinking and working politically
T Aston, M Schaaf et al; https://journals.sagepub.com/doi/10.1177/13563890211053028

“This article explores the challenges of monitoring and evaluating politically informed and adaptive programmes in the international development field.....”

ODI (paper) - International corporate tax reforms: what could the OECD deal mean for lower-income countries?

“...In this paper, we look at why a global deal was needed, explain how the reforms are likely to work in practice and set out the potential impacts of the global deal, with a focus on lower-income countries. We find that the reforms are significant but do not fundamentally change the international tax system, as other proposals would have done. The revenue impacts are uncertain but could be relatively modest. Tax competition and tax avoidance will continue. Lower-income countries can benefit from the reforms but will need to continue to build capacity to tackle international tax avoidance.”

IJHPM - Conceptualizing Context and Intervention as a System In Implementation Science: Learning From Complexity Theory; Comment on "Stakeholder Perspectives of Attributes and Features of Context Relevant to Knowledge Translation in Health Settings: A Multi-Country Analysis"

Via my (still not entirely retired) colleague Werner Soors: “An offspring of a larger study on Adapting interventions to new contexts, this article is a wake-up call for the booming business of implementation science. However popular today, the inherent and positivist practice of “stripping away context by designing” in implementation research results in very limited positive impact on the ground. Instead, the author makes a plea for a systemic approach, considering intervention and context as a whole, whereby the intervention is seen “as re-configuration of the context”. Nothing new (at least not for partisans of complexity theory), but well argued, and hopefully inspiring (for the rest of us). “

JECH - Intersectorality and health: a glossary
https://jech.bmj.com/content/early/2021/10/27/jech-2021-217647

By E de Leeuw.
Some blogs of the week

The Atlantic - How Public Health Took Part in Its Own Downfall


This one went viral this week, even if slightly US biased. **Must-read**!

FP2P blog - Do you want to get serious about the Care Economy? If so, read this (and if not, why not?)


“Amber Parkes, Anam Parvez Butt, Marion Sharples and Vivian Schwarz-Blum talks us through an important new advocacy tool – the Care Policy Scorecard …”

Related:  Care (by P McKearney et al) : An introduction to "care" as a social science concept.

UK Research and Innovation (blog) - Why strengthening health systems is vital across the world


“... A key effort supporting the generation of new evidence on health policies and systems in LMICs is the Health Systems Research Initiative (HSRI), funded by: the Medical Research Council; Foreign, Commonwealth and Development Office; Wellcome; the Economic and Social Research Council.

.... Since its launch in 2013 the HSRI scheme has supported 92 research teams across 42 countries. A recent review of the scheme shows how these projects have supported the generation of new evidence on an array of complex health system problems in diverse settings......”

Link:

- Symposium Conclusion: Health Justice: Engaging Critical Perspectives in Health Law & Policy

“Over the past two months, Bill of Health has published a broad array of perspectives on #HealthJustice in a symposium edited by  @ProfLWiley and @ruqaiijah. Read their conclusion and explore the contributions here:...”
Tweets of the week

Agnes Soucat
“Lesson learned #1 for #globalhealth governance: A firewall must exist between agencies handling statistics/science and political agencies.”

James Love
“There are a number of areas where a WTO TRIPS waiver would helpful, but the two most important outcomes would be a clean waiver of Articles 31.f and 39. One dealing with exports, the other with trade secrets, confidential information and rights in data.”

Philip Schellekens
“Global health”: 36% of rich countries are boosting, while 97% of people in low-income countries lack their first shot. If access to health care is considered a human right, who is considered human enough to have that right? (Paul Farmer)”

Hyo Yoon Kang
“I feel like the same arguments have been made for a year now and governments refuse to regulate despite pandemic being prolonged for all. From an intellectual standpoint this is absolutely incomprehensible, but yes I understand, it’s neo-colonial monopoly politics. #tripswaiver”

Rob Yates
“the rate of vaccine technology sharing to Africa can best be described as glacial”

Alexandra Phelan
“A #WHS2021 Special – Did You Know about @WHO? When countries were negotiating the establishment of WHO in 1946, one negotiator proposed calling it the "Universal Health Organization" "to show that, unlike other bodies, the Organization would be even more than international". “

Bente Mikkelsen
“Great discussions w/ 160 colleagues from @WorldBank who are working around the world on NCDs & around the clock on establishment of new Multi-Donor Trust Fund for NCDs to foster investments in pillars of @WHO Global Strategy on NCDs. I am enormously proud to work alongside them.”

Winnie Byanyima
“Finally, the first public health license for a Covid-19 treatment has been signed. Pharmaceutical companies must now follow by sharing the rights and the technology for vaccines. Governments must insist that they do so. via @PeoplesVaccine : https://bit.ly/PVA-Merck #TRIPSwaiver”
Global health events

Coming up: SYSTAC global meeting  (2-9 November)
https://ahpsr.who.int/newsroom/events/item/2021/11/02/default-calendar/systac-global-meeting

“As an outgrowth of what we’re [i.e. the Alliance] learning through our Systems Thinking for District Health Systems (ST-DHS) project in three countries, the Alliance has spent 2021 working with partners to develop the Systems Thinking Accelerator (SYSTAC), a community-of-practice for applied systems thinking. SYSTAC seeks to be a platform for systems thinking science and practice in HPSR, building theory and generating knowledge; a community of decision-makers, practitioners and researchers interested in systems thinking and engaged in tools and methods use, convening and strengthening capacities of a critical mass of health actors with systems thinking skills and mindsets; and an amplifier of applied systems thinking in LMICs, promoting and advocating greater use of systems thinking in implementation and policymaking.....”  Chaired by Aku Kwamie.

Coming up: WHO Global Evidence-to-Policy Summit (15-17 November 2021)
https://www.e2psummit2021.org/

With one of the hot topics, obviously, the Covid-19 pandemic (which has been a turning point for evidence-informed decision making).

Coming up: 5th Women Leaders in Global Health Conference (15-16 November)

On 15-16 November 2021, WomenLift Health will convene the fifth annual Women Leaders in Global Health (WLGH) Conference. This year’s conference comes at a unique time of increased urgency around the need to reimagine leadership in global health. COVID-19 has taken a disproportionate toll on women -- especially women of color -- and experts warn we may emerge having lost decades of progress toward gender equality. An inclusive and equitable pandemic recovery requires a different kind of leadership that centers women of diverse backgrounds and experiences in decision-making, challenges barriers like sexism, colonialism, racism and builds resilient health systems that meet the needs of the most marginalized and vulnerable.

The two-day event, with regional focuses on South Asia and Africa, will feature a range of dynamic sessions, including fireside chats, plenaries, panels and interactive workshops with prominent leaders, experts and activists from around the world.

To register: https://www.womenlifethealth.org/global-convenings/

Coming up : 1st international conference on public health in Africa  (14-16 Dec)
https://cphia2021.com/

From 14-16 December (virtual).
Global governance of health

TWN - WTO: Four South countries propose bold approach on response to pandemic

“Several members have expressed concerns over the lack of transparency and inclusion in the small-group meetings at the World Trade Organization, as they fear that their specific positions will not be taken into consideration in finalizing the proposed "deliverables" for the 12th ministerial conference (MC12) starting in Geneva on 30 November, said people familiar with the development....”

“.... In a comprehensive submission, titled "WTO response in light of the pandemic: trade rules that support resilience building, response and recovery to face domestic and global crises," Egypt, Pakistan, South Africa, and Sri Lanka on 25 October outlined the benchmarks to be included in the WTO’s response to the pandemic....”

CGD (blog) - A Bank for the World: A Call to Arms on the Sidelines of the World Bank's Annual Meetings

“On October 8th, the Center for Global Development held an event with the governments of Germany and Norway that asked: how can the World Bank better respond to global challenges like pandemic and climate risks? The answers were clear—the World Bank must reorient its mission, carry out more and better analyses to measure regional and global externalities of projects and policies, generate clearer incentives and client demand for global public good (GPG) investments and reforms, offer better financing terms that use internal concessional resources and external contributions to drive progress, and simply propose a clearer vision and more money to advance more rapidly against global goals. .... This blog excerpts some of our picks of key messages from the event... ”

Project Syndicate - Holding Multinational Corporations Accountable for Human Rights
Carlos Lopez; Project Syndicate;

“Advanced-economy governments routinely proclaim their commitment to the principle that businesses have a duty to prevent human-rights abuses, but they have done little to hold corporations accountable. Supporting a new UN treaty would go a long way toward restoring these countries' credibility.”

Cfr tweet: A proposed @UN treaty on corporate responsibility for human rights has failed to gain traction among major advanced economies. @CarlosLopezGVA says now is the time for these countries to show they are ready to hold corporations accountable.”
As the world confronts the aftermath of the COVID-19 pandemic, resources to assist developing countries recover and make the transition to a green and equitable future are scarce—scarcer than before the pandemic, given donors’ own budgetary constraints and the slowdown in global GDP growth. If there’s one thing that’s clear, it’s that whatever public financing is available must be used well. As bilateral donor agencies look at their limited budgets, they face a tough decision: what part of their development assistance should go into grant funded activities, such as in education, social protection, and health, and what part should be allocated to development finance institutions (DFIs) as capital that can be invested in private enterprises and recycled? In a new policy paper, former CGD research fellow Paddy Carter puts forward a decision-making framework that could guide these allocations decision. …”

Africa CDC: Who should replace John Nkengasong?

Here at Development Reimagined, we’ve been brainstorming some potential female candidates…” Check out the 10 female health leaders they list.

And via Devex:

“The World Bank’s board has rejected International Monetary Fund chief Kristalina Georgieva’s request for a meeting to defend herself against allegations that she oversaw manipulation of the Doing Business report, Reuters reported Thursday. A second installment of the investigation is expected in the next few months but will go to the bank’s human resources department, not to the board. If the report finds wrongdoing, sanctions against Georgieva could include a ban on entry to World Bank facilities…..”

Informed by a research partnership between the Center for Global Development (CGD) and EC Commission Directorate-General for International Partnerships (INTPA), this Policy Paper reflects on the experience and lessons learned in attempting to operationalize RBF at scale within a large funder of ODA, with important implications for the broader international development community…”

CGD (blog) Are Development Finance Institutions Getting Too Much of the Aid Budget?

Lancet Review - The evolution of the Italian National Health Service

W Ricciardi et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01733-5/fulltext

Lancet review.

Link:

HP&P - Quantifying the Influence of Informal Payments on Self-Rated Health: Evidence from 26 Post-Communist Countries

Planetary health

Guardian - Working at the World Bank, I can see how it is failing humanity on the climate crisis


Cfr tweet: “Insider blows whistle on the World Bank’s structural inability to lead on climate change.”

“....The World Bank’s private sector lending arm is still indirectly supporting coal plants through its commercial bank clients, for example in Indonesia.... it is dishonest for the Bank to back them in an underhand way.”

Guardian - Meat and dairy giants feed climate crisis by dragging their heels on methane


“....A failure to take action on methane emissions by the world’s biggest meat and dairy companies is fuelling the climate crisis, say campaigners who have compiled the first ranking of what the animal protein sector is doing about the short-lived but potent greenhouse gas. Livestock generate about 32% of anthropogenic, or human-generated, methane, mainly from the planet’s billion-plus cattle. The new ranking, published today, names the three worst-performing meat and dairy corporations as two French companies – Groupe Bigard and Lactalis – and the Japanese company Itoham.....”
Guardian - World is failing to make changes needed to avoid climate breakdown, report finds

[link]

“Every corner of society is failing to take the “transformational change” needed to avert the most disastrous consequences of the climate crisis, with trends either too slow or in some cases even regressing, according to a major new global analysis. Across 40 different areas spanning the power sector, heavy industry, agriculture, transportation, finance and technology, not one is changing quickly enough to avoid 1.5°C in global heating beyond pre-industrial times, a critical target of the Paris climate agreement, according to the new Systems Change Lab report....”

Lancet Planetary Health - The global and regional costs of healthy and sustainable dietary patterns: a modelling study

[link]

Interpretation of the findings: “In high-income and upper-middle-income countries, dietary change interventions that incentivise adoption of healthy and sustainable diets can help consumers in those countries reduce costs while, at the same time, contribute to fulfilling national climate change commitments and reduce public health spending. In low-income and lower-middle-income countries, healthy and sustainable diets are substantially less costly than western diets and can also be cost-competitive in the medium-to-long term, subject to beneficial socioeconomic development and reductions in food waste. A fuller accounting of the costs of diets would make healthy and sustainable diets the least costly option in most countries in the future.”

Ibon - Who is afraid of degrowth? A Global South economic perspective

Rosario Guzman; [link]

Well worth a read.

Global Health Promotion - People-Planet-Health: promoting grassroots movements through participatory co-production

C M Magistretti et al ; [link]

“The threat of anthropogenic climate change demands immediate action to prevent further damage to human health and fragile natural ecosystems. This process of change might locally have already begun, led by grassroots organisations around the world. Conceiving their actions as a form of salutogenesis, these organisations build a Sense of Coherence to empower communities to participate in the potentially overwhelming challenge of planetary health. People-Planet-Health aims at giving voice and visibility to those groups and their actions. Contributors will further be invited to co-create a position paper, to inform the revised WHO Global Strategy for Health Promotion.”
BMJ - Urban heat: an increasing threat to global health
https://www.bmj.com/content/375/bmj.n2467

“Shilu Tong and colleagues describe the health consequences of extreme urban heat and the priorities for action and research to mitigate the harms.”

Links:

Guardian - Not a solution itself': India questions net zero targets ahead of Cop26

“Third largest emitter of greenhouse gases committed to ‘being part of the solution’ but calls on rich countries to acknowledge ‘historic responsibility’.”

Science - On eve of climate summit, researchers sharpen emissions tracking

“Remote sensing tools could reveal whether nations are adhering to their climate pledges.”

Infectious diseases & NTDs

Telegraph - New hope for patients as ‘gruelling’ treatment for drug resistant TB could be cut to six months

Telegraph:

“A “gruelling” two year treatment plan for drug resistant tuberculosis could be cut to just six months, after a clinical trial identified a new drug combination that is shorter, safer and more effective.”

See also Cidrap News – New data support shorter regimen for resistant TB

“Initial results from a phase 2/3 trial of an all-oral, 6-month treatment for drug-resistant tuberculosis (DR-TB) indicate that the regimen is significantly more effective than the standard regimen, researchers announced this week at an international conference. The data from the TB-PRACTECAL trial, presented at this week’s Union World Conference on Lung Health by researchers with Medecins Sans Frontieres (MSF), showed that 89% of rifampicin-resistant (RR)-TB patients treated with the 6-month regimen of bedaquiline, pretomanid, linezolid, and moxifloxacin (BPaLM) were cured, compared with 52% of patients who received the standard of care.....”

Nature (Editorial) - The COVID pandemic must lead to tuberculosis vaccines
https://www.nature.com/articles/d41586-021-02892-x

“The coronavirus crisis has halted decades of progress on TB. But the speed of COVID vaccines shows there can still be hope for advances against neglected diseases.”
NCDs

HHR - Physical Activity as a Human Right?

https://www.hhrjournal.org/2021/10/physical-activity-as-a-human-right/

Agree.

Links:

BMC Public Health - How should we evaluate sweetened beverage tax policies? A review of worldwide experience

Plos Med - Unmet need for hypercholesterolemia care in 35 low- and middle-income countries: A cross-sectional study of nationally representative surveys

HP&P - Do Non-Communicable Diseases Influence Sustainable Development in Sub-Saharan Africa? A Panel Autoregressive Distributive Lag (ARDL) Model

Sexual & Reproductive / maternal, neonatal & child health

HP&P - Do Laws Promoting Gender Equity and Freedom from Violence Benefit the Most Vulnerable? A multilevel Analysis of Women’s and Adolescent Girls’ Experiences in 15 low-and-Middle-Income Countries

Globalization & Health - Breastfeeding, first-food systems and corporate power: a case study on the market and political practices of the transnational baby food industry and public health resistance in the Philippines

Access to medicines

Lancet Public Health - The economic and public health impact of intellectual property licensing of medicines for low-income and middle-income countries: a modelling study

Authors aimed to study the economic and health effect of voluntary licensing for medicines for HIV and hepatitis C virus (HCV) in LMICs.
Miscellaneous

Devex - Global wealth is increasingly unequal, says World Bank report

“Global wealth is growing, particularly due to middle-income countries catching up with the most advanced economies. But many low-income nations remain stuck, collectively holding less than 1% of the pie despite accounting for 8% of the planet’s population, according to new data from the World Bank. In a report published Wednesday, the bank also warned that many nations are on an “unsustainable development path” and focusing too heavily on short-term gains. “In countries where today’s GDP [gross domestic product] is achieved by consuming or degrading assets over time, for example by overfishing or soil degradation, total wealth is declining. This can happen even as GDP rises, but it undermines future prosperity,” according to the document, titled “The Changing Wealth of Nations 2021.””

IDS (research report) – Theory and Practice in China's Approaches to Multilateralism and Critical Reflections on the Western 'Rules-Based International Order'
https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/16902/IDS_Research_Report_85.pdf?sequence=1&isAllowed=y

By A Carter & Jing Gu. Looks interesting. “China is the subject of Western criticism for its supposed disregard of the rules-based international order. Such a charge implies that China is unilateralist. The aim in this study is to explain how China does in fact have a multilateral approach to international relations. China’s core idea of a community of shared future of humanity shows that it is aware of the need for a universal foundation for world order. The Research Report focuses on explaining the Chinese approach to multilateralism from its own internal perspective, with Chinese philosophy and history shaping its view of the nature of rules, rights, law, and of institutions which should shape relationships.....”

Extra Covid news

BMJ Feature - Covid-19: global vaccine production is a mess and shortages are down to more than just hoarding
https://www.bmj.com/content/375/bmj.n2375

“Vaccination efforts around the world are being restrained by a shortage of doses. Jane Feinmann looks at what is holding up the process.”

Nature (News) The search for people who never get COVID
https://www.nature.com/articles/d41586-021-02978-6
“An international team of researchers want to find people who are genetically resistant to SARS-CoV-2, in the hope of developing new drugs and treatments.”

Science – The pandemic turned them into celebrities. Now scientists are grappling with new power—and internet hate
https://www.science.org/content/article/pandemic-turned-them-celebrities-now-scientists-are-grappling-new-power-and-internet-hate

“…I miss the days when doctors on Twitter would disagree without referring to each other as human garbage.”

Stat News - Fake, substandard vaccines and medicines spell trouble for controlling Covid-19

“….the picture is now being complicated by the emergence of substandard and falsified Covid-19 vaccines and medical products, which are becoming increasingly pervasive…..”

Economist - The impact of vaccine mandates is modest, but potentially crucial
Economist;

“Allowing exceptions sharply reduces mandates’ effectiveness.” “….A difference of a few percentage points in vaccination rates can determine if outbreaks take off or fizzle out…”

Economist - Why vaccine passports are causing chaos
https://www.economist.com/international/why-vaccine-passports-are-causing-chaos/21805939

“The problem is with humans, not technology.”

The Economist concludes, though: “…. Perhaps, from the ashes of the pandemic, the world will devise a seamless digital vaccine passport that will replace the yellow card. But when covid is still killing thousands of people a week, the bickering over QR codes and digital signatures among multilateral organisations, tech groups and states is a sideshow, if not a distraction. Vaccine passports will never contain the virus. Only vaccines will. More than three-quarters of people in Denmark, Singapore and Qatar are fully vaccinated, according to Johns Hopkins University. Yet less than 1% of those in countries like Ethiopia and Uganda are. Someday, vaccine passports might help keep the peace. But right now the world needs to focus on winning the war.”

Stat - How Moderna nearly lost the race to develop a Covid-19 vaccine
“Moderna Inc. has emerged as a biotech power — and a household name — thanks to its success developing a Covid-19 vaccine. But that outcome hides what happened along the way: The company came perilously close to being the biggest loser in the race for a Covid-19 vaccine. .... I spent 17 months investigating how the Covid-19 vaccines were developed. I spoke with more than three hundred scientists, academics, executives, government officials, investors, and others who made the Covid-19 vaccines possible. Though developing a safe and effective Covid-19 vaccine in a timeline that many called impossible was a monumental effort, the Moderna story is a stark reminder of how thin the line can be between success and failure....”

ILO: Employment impact from the pandemic worse than expected

“The latest ILO Monitor report on the impact of COVID-19 on labour markets, shows a stalled global recovery and significant disparities between advanced and developing economies.”

See reaction People’s Vaccine Alliance - ILO report a “stark reminder” that vaccine inequality is “economic self-harm”, People’s Vaccine Alliance says

Telegraph - Viruses could be harnessed by bioterrorists, warns leading chemical weapons expert

Telegram:

“Hamish de-Bretton Gordon, now a bio security fellow at Cambridge University, told The Telegraph that the impact of Covid-19 could inspire “bad actors” to explore the potential of viruses as bioweapons. “We must not sit back and allow the next pandemic to happen,” he said. “Sadly, bad actors will be galvanised by Covid-19, and with the ease of synthetic biology, could try and replicate its awfulness for their own gains. The chances of a deadly accident occurring is also too risky to ignore.” ....”

And some bits & pieces:

- BMJ GH - How to capture the individual and societal impacts of syndemics: the lived experience of COVID-19

- “People who catch Covid are almost four times more at risk of a serious side effect than those who get a vaccine, a major Oxford study has found.”