

IHP news 645 : Some COP 26 lessons

(19 November 2021)

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

Dear Colleagues,

Now that the pandemic is officially “over” (well, at least [according](#) to AstraZeneca’s CEO), and COP 26 delivered some “building blocks for progress” (uhuh), in the words of UN SG Guterres, let me perhaps use one of dr Tedros’ favourite rhetorical tricks and list some lessons on the climate crisis. You’ll find many more in this newsletter issue, by some real experts.

First: **the climate crisis** (and more in general, the urgent quest for learning to live within planetary boundaries in a way that is also socially fair) is [the challenge for the next 50-100 years](#) (except if some of the geopolitical flashpoints lead to nuclear war, or if the aliens were to attack).

Second: [“The pressure for change is building”](#). Indeed, the climate battle might have been going on for a while, but it’s clear this new generation of young activists will never give up and “are only getting started”. Which is great to see. Even if, unfortunately, not every country in the world gives them the space to do so. (PS: this [Guardian Longread](#) by Rebecca Solnit should inspire **all* generations to not lose hope in the climate battle*)

Third: **It’s time to go into emergency mode**. And no, this is not just [Jason Hickel](#) or [Peter Kalmus](#) arguing this, UN SG Guterres [says much the same](#), and trust us, he knows why. The time for incrementalism is past us.

Fourth, **as long as we are trusting big business “to fix” the climate crisis** (as Adam Tooze [noted](#) in his neat final COP 26 analysis), using broken neoliberal recipes from the 90s and 00’s, WE WILL BE COOKED.

Let me dwell a bit more on the last issue perhaps, and why this is so vital. In some corners now (China among others) these days it’s being claimed that the West’s governance model is inferior to deal with the wicked challenges ahead as it fails to rein in big business, and can’t deliver real equity. In the words of a Chinese top official, recently, [“The electoral democracy of Western countries is actually democracy ruled by the capital, they are a game of the rich, not real democracy.”](#) Might be more true for some Western countries than for others, but still. Meanwhile, “climate inactivists”, as this [Guardian Longread](#) pointed out, also appeal to social justice, while playing the elite card, “...casting environmentalists as an aloof, out-of-touch establishment, and the inactivists as insurgents, defending the values and livelihoods of ordinary people. ... “ True, “....the idea that decarbonisation is inherently elitist is a myth.... But like all effective myths, it is founded on a kernel of truth: namely that under successive governments, political decision-making has felt remote and unaccountable, the rich have got richer, and life for a great many of the rest of us has grown harder.” And let’s not go into the current pandemic [unvaccinated ‘underclass’](#) and ever increasing

polarization around Covid response measures. It's a very toxic cocktail, already, and with every new wave it's getting worse.

True, some top-notch framers, spin-doctors and/or shady think tanks are at least partly behind much of this framing (*and neither would I want to live in a 'democracy with Chinese characteristics' till the end of my days*), but the trouble is, these populist claims are at least half true, and in some Western countries (and international organisations ?) probably more than half. Indeed, as the pandemic has shown us once again, sadly we do seem to be ruled by Big Business, Big Pharma, boldly bragging billionaires (BBBs) (from space or on planet earth), ... in short: by Big Capital. By the way: Tooze's observation on the COP governance & dynamics also rings a bell in global health circles, sadly.

Which brings me to my final COP lesson: **"The time to "phase down" our 'rule by billionaires and MNCs' is now "** (*phasing out would be even better* 😊!).

And hey, why not start in global health.

Enjoy your reading.

Kristof Decoster

Featured Article

COP26: Health at last gets its big day.

Dr **Andrew Harmer** (*Senior Lecturer, Director online MSc Global Public Health, Wolfson Institute of Population Health, Queen Mary University of London; @amharmer; andrewharmer.org*)

I am, of course, referring to the [People's Health Hearing: Health Justice means Climate Justice](#) that convened on Sunday 7th November, and which can be [viewed](#) on YouTube in both English and Spanish. [Unlike other events on health](#) held over the mid weekend of COP26, this hearing was conceived primarily as a platform for people from around the world to recount the direct impact that climate change is having on theirs and their communities' health. Incredibly inspiring, the testimony was frequently emotional and often harrowing. The tone was sombre and respectful, opening with the Sri Lankan Magul Beraya. There was no dancing or whooping.

People representing indigenous communities spoke of loss but also action. The Ogoni activist Ken Saro-Wiwa was executed on November 10th 1995 by the Nigerian military, so it was timely that the first speaker AkpoBari Celestine spoke of the [Ogoni's continuing struggle](#) against oil multinationals that have wreaked havoc on the ecology of the Niger delta and the health of its local population. Big oil slicks through the COP, with [Global Witness](#) revealing that 503 delegates were affiliated with the fossil fuel industry (more than the number of delegates of any individual country). As an indication of how 'at home' the oil industry feels with the host of this year's COP, the-no-longer-Royal-Dutch Shell announced this week that it would be [moving its HQ](#) from The Hague to London.

There were several themes running through the testimonies. We heard of the direct and indirect impacts of climate change on health. We know very well that climate change is increasing the range and incidence of communicable and non-communicable diseases, but Julia Vieira described how flooding also increased the number of alligator attacks on children. Max from Uganda described the direct effect of drought on food supplies, but also recounted how the oil multinationals Total and CNOOC greenwash their image through support for tree planting initiatives while [investing billions of dollars](#) in laying pipelines for oil and gas, supported by subsidies from the Ugandan government.

A recent editorial in the [Lancet Planetary health](#) points out the need to render visible what vested interests are doing their best to keep obscure. For example, the fact that, since the 1960s, more than a third of greenhouse gas emissions have come from 20 multinational corporations. Education is key, and it is incumbent for health professionals to help tell a story that demonstrates the health consequences of the polluting actions of the extractive industries.

Part of that story is recounting the cost of doing nothing. In financial terms, the costs are high. As Patty Miranda told us in her testimony, typhoon Vamco cost the Philippines \$427 million, killing 102 people and forcing 14,000 to evacuate their homes. Another part of the story is to dare to speak what others don't. Rhiannon Osborne began to do that on Saturday, pointing out to a facilitator from the WHO that the economic system itself needed to change. While that message clearly fell on deaf ears, in truth we cannot grow our way out of the climate crisis. Testimony after testimony at the People's Health Hearing told the same story – 'they' extract at 'our' peril. Fossil fuels must remain in the ground.

One of the testimonies exclaimed: "A year on at COP26 and the most affected people and communities, those that have contributed the least to the climate crisis, are still excluded from climate policy decision making tables!". This is wrong not simply because it is unjust but because it is unwise. Indigenous communities are at the front line of climate impact, and thus at the frontline of climate action. The health community should listen and learn from their testimony, and then act on it.

I want to end with the words of one of the speakers in session two, Tammam Aloudat. I don't think I've ever heard such an emotional appeal. If you listen to his [testimony](#) (which begins at 1.00), I defy you not to be profoundly moved:

"I've been in Papua New Guinea just across from the artificial border with West Papua and I've served in a hospital there in eyesight from an Australian mining company that has allowed people from there to come for a month and leave for a month as they exploit the land of the people we are trying to help, without much success. In parts of Sub-Saharan Africa that have been repeatedly exploited, repeatedly subjected to politics that allow people to fight each other instead of their exploiters. And we've looked for ages at what is known as the social determinants of health as if poverty and hunger and lack of education have come from a void... The neoliberal onslaught continues to strip everything bare and, for once, this is the first day that I am actually hopeful, in a very long time. And I thank you for that. Thank you for having us."

Highlights of the week

Global Tax Justice

State of Tax Justice 2021 - Losses to OECD tax havens could vaccinate global population three times over, study reveals

<https://taxjustice.net/2021/11/16/losses-to-oecd-tax-havens-could-vaccinate-global-population-three-times-over-study-reveals/>

“Countries are losing a total of \$483 billion in tax a year to global tax abuse committed by multinational corporations and wealthy individuals – enough to fully vaccinate the global population against Covid-19 more than three times over. The 2021 edition of the State of Tax Justice documents how a small club of rich countries with de facto control over global tax rules is responsible for the majority of tax losses suffered by the rest of the world, with lower income countries hit the hardest by global tax abuse. The findings are further galvanising calls to move rule-making on international tax from the OECD to the UN. ...”

“... The lion’s share of blame among higher income countries falls on members of the OECD (Organisation for Economic Cooperation and Development), a small club of rich countries and the world’s leading rule-maker on international tax. Despite commitments by OECD members on curbing global tax abuse, OECD members were found to be responsible for facilitating 78 per cent of the tax losses countries suffer a year. OECD members facilitate the handing over of \$378 billion a year from public purses around the world to the wealthiest multinational corporations and individuals. The UK spider’s web, together with OECD members Netherlands, Luxembourg and Switzerland are responsible for over half of the tax losses the world suffers (55 per cent), which is why the countries are often collectively referred to as the “axis of tax avoidance”....”

“... Analysis for the State of Tax Justice 2021 reveals that for every \$1 OECD countries pledged to the COVAX programme, a worldwide initiative established to address vaccine inequity, they cost the rest of the world \$43 in lost tax by facilitating global tax abuse. Altogether, OECD countries pledged \$8.7 billion to the COVAX programme but cost the world \$378 billion in lost tax.”

“... In addition to calling for a UN role on global tax, the State of Tax Justice also recommends the introduction of an excess profit tax and wealth tax....”

Coverage via **the Guardian** – [Almost \\$500bn ‘lost to tax abuse by firms and super-rich in 2021’](#)

Global Health Governance & financing

BMJ (Opinion) - SAGO has a politics problem, and WHO is ignoring it

J Moon, C Wenham & S Harman; <https://www.bmj.com/content/375/bmj.n2786>

One of the must-reads of the week. *“The World Health Organisation’s (WHO) Scientific Advisory Group on the Origins of Novel Pathogens (SAGO) has recently been established to “define and guide studies into the origins [of Novel Pathogens]” and “advise WHO on prioritising studies and field investigations into [Novel Pathogens].” In both of these, an attention to political questions like “which pathogens deserve investigation?” and “how should countries’ possible pathogen origins be prioritised?” will need to be addressed. However, arguments have been made by WHO that SAGO should “follow the science” and “avoid politicisation.” There is a clear tension here. The statement to “avoid politicisation” is a political act in itself. It is an act that suggests states, government, and citizens have no business in holding science to account. In turn it is an act that both recognises the role and importance of politics, but sees the answer as doing nothing about it. Politics is framed as a problem—a major stumbling block to both pandemic preparedness and response, and for science to do its work—but one best avoided rather than understood. Political expertise is reduced to the important work of diplomacy or political communication. There is also an assumption that all political engagement means partisan or geo-politics, which is a misnomer. Politics is located at all levels, from the micropolitics of the Wuhan laboratory to the geopolitics of the G7 and UN systems. The publication of the membership of SAGO shows a lack of attention to expertise in the social sciences, and politics in particular. This is sure to cause problems in two domains core to the functioning of SAGO: the politics of pathogenic origins, and the politics of global investigations....”*

Stop TB head: TB still the ‘Cinderella’ in Global Fund disease split

<https://www.devex.com/news/stop-tb-head-tb-still-the-cinderella-in-global-fund-disease-split-102088>

“Tuberculosis is getting an additional allocation from the Global Fund to Fight AIDS, Tuberculosis and Malaria, but the head of the Stop TB Partnership says the amount is still “disproportionately less” than the funding for HIV and malaria. “With more than 4 million people with TB missing care in 2020, a financial gap of USD 6 billion for TB interventions, and being the hardest hit by the COVID-19 pandemic, it is impossible for me to understand why the TB response remains the ‘Cinderella’ of the Global Fund resource allocation for the foreseeable future,” Lucica Ditiu, executive director of the Stop TB Partnership, told Devex in an email....”

“...Under the Global Fund’s board’s [latest decision](#), funding allocation for the three diseases will remain at 50% for HIV, 32% for malaria, and 18% for TB for resources up to \$12 billion. But additional resources above \$12 billion will be allocated differently — 45% for HIV, 30% for malaria, and 25% for TB. This shows a funding allocation increase for TB, although still lower than the allocation for the two other diseases....”

5th Meeting of the Montreux Collaborative on Fiscal Space, Public Financial Management and Health Financing

<https://www.who.int/news-room/events/detail/2021/11/15/default-calendar/5th-meeting-of-the-montreux-collaborative>

Took place during the whole week. *“The Montreux Collaborative meeting is organized by the WHO Department of Health Systems Governance and Financing in collaboration with various development partners, foundations and civil society organizations active in the PFM and health agenda....”*

Aim of the meeting: *“...This year, 2021, not only marks the 5th meeting of the Collaborative, but it is the first meeting held in the context of COVID-19. COVID-19 is both a health and an economic crisis that has implications for health financing and progress towards UHC. The crisis has exposed systemic PFM bottlenecks in health spending. It has forced countries to adapt their PFM systems to provide greater financial flexibility and to tailor accountability systems to respond to this unprecedented crisis. In response to the rapidly developing context, this meeting will explore policy options to help countries rebuild and strengthen health financing and PFM systems to make them more responsive to future shocks and able to sustain efforts towards UHC....”*

Resource portal: <https://www.pfm4health.net/montreuxcollaborativeresources>

Joint Research Centre and World Health Organization join forces to use behavioural insights for public health

<https://www.who.int/news/item/12-11-2021-joint-research-centre-and-world-health-organization-join-forces-to-use-behavioural-insights-for-public-health>

“The European Commission’s Joint Research Centre (JRC) and the World Health Organization (WHO) concluded a Collaborative Research Arrangement that aims to mainstream behavioural insights into public health programmes and policies worldwide. Behavioural insights can help improve understanding on how and why people behave in ways that affect their health, and help design policies and services that address behavioural factors for improved physical and mental well-being. The Commission, through the JRC, will assist WHO in expanding its behavioural insights for health programme. Both organisations will agree on specific areas of focus, which would include issues like non-communicable diseases, anti-microbial resistance and the use of behavioural insights to increase the capacity of health workforce....”

Ministry of Foreign Affairs People’s Republic - President Xi Jinping Had a Virtual Meeting with US President Joe Biden

https://www.fmprc.gov.cn/mfa_eng/zxxx_662805/t1919223.shtml

Paragraph with respect to (global) health:

“...On public health, President Xi pointed out that the pandemic once again proves that humanity lives in a community with a shared future. There is no higher priority than people’s lives. Solidarity and cooperation is the most powerful weapon for the international community to defeat COVID-19.

*Response to any major disease must be based on science. Politicizing diseases does no good but only harm. The pressing priority in the global COVID response is to address the vaccine deficits and close the vaccination gap. **President Xi said that he suggested making COVID vaccines a global public good at the early stage of the pandemic last year, and put forth a Global Vaccine Cooperation Initiative just recently. China is among the first to offer vaccines to developing countries in need, delivering over 1.7 billion doses of finished and bulk vaccines to the world. We will consider making additional donations in light of the needs of developing countries. COVID-19 will not be the last public health crisis facing humanity. China and the US need to call for the establishment of a cooperation mechanism for global public health and communicable disease prevention and control, and promote further international exchanges and cooperation.***

Eurodad - Covid-19 vaccine donations from rich countries to global south must not be counted as aid

N Craviotto; https://www.eurodad.org/covid_19_vaccine_donations_aid

“Shared principles and safeguards are urgently needed to prevent ODA budgets being artificially inflated by vaccine donations and to avoid unduly applauding donors for a behaviour that created and exacerbated a situation of vaccine inequality in the first place.”

Read what this would entail.

TRIPS Waiver negotiations

Let's start with this (rather sad) observation, via [Devex](#):

*“Sunday marked the 20th anniversary of the [World Trade Organization's Declaration on the TRIPS Agreement and Public Health](#). Hailed as a victory, the so-called Doha Declaration was intended to open the vise grip that pharmaceutical companies have on essential medicines and vaccines, provide new pathways for countries to produce their own affordable drugs, and save lives. But **two decades on, corporate abuse of medical patents is more ingrained than ever...**”*

Over to the current TRIPS waiver debate then.

Geneva Health Files - The Emerging Path to the TRIPS Waiver

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

Last week's Deep Dive. With *“a comprehensive analysis on the sticking points in the TRIPS waiver discussions. And how these could be resolved in the coming days. With just a fortnight left for the 12th WTO ministerial conference, WTO members continue to diverge on the TRIPS Waiver proposal that many believe will bolster the response to COVID-19. But countries hope that they will be able to find convergence on a potential waiver to ensure a strong outcome on WTO's response to the pandemic on intellectual property issues. **Members are exploring ways in which vaccine manufacturers who are ready to produce, should be able to begin production of COVID-19 vaccines***

without worrying about patents. But it is unclear which route this could take – whether under existing TRIPS flexibilities or a waiver....”

*“... Time is running out. There could be potential political consequences for not only for WTO, but also its members. **The growing expectations for deliverables for the ministerial, is putting pressure on the opponents to the waiver to work out a solution, diplomatic sources suggest. For the most part, after more than 12 months of pushing for a waiver, the proponents now seem to have more latitude to preserve the objectives in their proposal. Whether they will be able to retain key elements in [their proposal](#)** is yet to be seen. “The pressure is on others to row the boat, we are only steering the direction of the boat,” a diplomat from a developing country told us....”*

“This story tries to capture the state of play in these discussions based on multiple interviews with Geneva-based trade officials and diplomats. ...”

Important final paragraph: *“...Even as members continue to find areas of convergence on the waiver proposal, many believe the fight is already won even in terms of generating a discussion on making TRIPS flexibilities workable. “The waiver discussion has implications beyond the ministerial conference. In some ways this is just the beginning in the long process to change the narrative on access issues,” a trade expert told us. “There are new stakeholders propelling this. These discussions have moved into a global, wider sphere transcending epistemic communities. There are new moderators in this debate and a new type of politics emerging that has democratized these discussions,” the expert noted. This is truly multilateralism, for it also affects developed countries, the expert added. **To be sure, this debate has transcended trade policy....”***

Geneva Health Files – Tuesday issue

[Geneva Health Files](#)

On the **TRIPS Council Meeting: 15 November** from Monday: *“... At a formal TRIPS Council meeting at WTO this week, members agreed to continue consultations on the IP response to the pandemic ahead of the 12th Ministerial Conference (MC12). While there is no consensus yet on the TRIPS Waiver, discussions will remain “open” on the agenda of the TRIPS Council. Sources say discussions on the waiver could continue up until MC12. ... **At another meeting on 18 November, members will adopt a status report that will be submitted to the WTO General Council on 22-23 November.** South Africa believes there is “enough goodwill and pragmatism” to reach a meaningful outcome. Given the continuing divergences, the EU asked members to “move from their initial positions”. Discussions will continue bilaterally....”*

WSJ - Prospects of Intellectual-Property Waiver on Covid-19 Vaccines Fade

<https://www.wsj.com/articles/prospects-of-intellectual-property-waiver-on-covid-19-vaccines-fade-11637251190>

*“An agreement to waive the intellectual-property rights underpinning Covid-19 vaccines—a prospect poor countries have hoped would ease supplies to the developing world—is becoming increasingly unlikely, say people familiar with the situation, **with the U.S. not acting to bridge disagreements between developing world countries and those opposing such a measure....”***

MSF position on the scope and duration of the TRIPS waiver for COVID-19

<https://msfaccess.org/msf-position-scope-and-duration-trips-waiver-covid-19>

(as of 11 Nov) *“Médecins Sans Frontières (MSF) considers the adoption and implementation of the waiver are among the key actions that governments should take to turn the corner of the access challenges in COVID-19. **We underline the following key elements as essential for inclusion in final text of the TRIPS waiver. ...”***

CBS - Moderna offers NIH co-ownership of COVID vaccine patent amid dispute with government

<https://www.cbsnews.com/news/moderna-covid-vaccine-patent-dispute-national-institutes-health/>

“The National Institutes of Health said Monday it has engaged Moderna in "good faith discussions" to resolve a monthslong dispute over the company's patent application that advocates say could impact global production of the shots. Moderna is offering to share ownership of its COVID-19 vaccine patent with the U.S. government to resolve the dispute, the vaccine maker said, and would allow the Biden administration to "license the patents as they see fit." An NIH spokesperson declined Monday to comment directly on Moderna's offer, citing "ongoing discussions."

“... The company claims it had no choice under the "strict rules" of American patent law to list only its own scientists "as the inventors on these claims." But the National Institute of Allergy and Infectious Diseases disagrees. A spokesperson for the government research arm - housed within the NIH - said that "its own thorough review" had determined that scientists Kizzmekia Corbett, Barney Graham, and John Mascola also deserved to be named as inventors.”

TWN Briefing paper – What’s cooking for MC12? Two processes that could reshape the WTO in the interest of the most powerful

https://www.twn.my/title2/briefing_papers/MC12/briefings/WTO%20reform%20&%20WTO%20pandemic%20response%20TWNBP%20MC12.pdf

*“The World Trade Organization’s 12th Ministerial Conference (MC12) is shaping up to become a stage for reshaping the multilateral trading system in the interest of the most powerful including corporate lobbies. While the COVID TRIPS waiver has been continuously blocked through various strategies and tactics for more than a year, **it is increasingly clear that the interests of developed countries are focused on establishing two post-MC12 processes. One, entitled ‘WTO response to the COVID-19 pandemic’, instead of delivering the TRIPS waiver is focused on promoting more liberalization and regulatory constraints. Another process is focused on the notion of ‘WTO reforms’, which several developed countries including the US, EU, Japan and others have been using to push their ideas for redesigning the WTO and its rules of decision-making. At the same time, issues of concern to developing and least developed countries, and broad civil society campaigns, are being further marginalized. These include the TRIPS waiver proposal and proposals to correct the rules of the WTO Agreement on Agriculture, which have led to the demise of the agricultural sector in many poor countries and exacerbated food insecurity around the world. Other important issues include strengthening and operationalizing special and differential treatment for***

developing countries and least developed countries (LDCs), which is integral and crucial to the proper functioning of the multilateral trading system....”

And a link:

- AllAfrica - [Africa's First mRNA Vaccine Technology Transfer Hub Gets to Work](#)

“The Conversation Africa's Natasha Joseph spoke with Petro Terblanche, Afrigen's managing director and a professor at South Africa's North-West University, about what this work entails - and what it will mean for the continent...”

Pandemic treaty (& IHR reform)

Devex - Uncertainties over a treaty persist ahead of WHA special session

<https://www.devex.com/news/uncertainties-over-a-treaty-persist-ahead-of-wha-special-session-102100>

Analysis as of yesterday. Very much recommended.

*“The **working group** tasked to look at the benefits of pursuing a new international agreement, convention, or instrument to strengthen the [World Health Organization](#)'s preparedness and response to emergencies **has published its report. Some experts and observers welcomed it, while others said it lacked clarity and excluded references to other key instruments....”***

“...This report will be discussed at the special session of the World Health Assembly, which runs for three days starting on Nov. 29....”

TWN - WHO: Two-track approach proposed for pandemic preparedness and response

<https://www.twn.my/title2/health.info/2021/hi211105.htm>

Very neat analysis, as of early this week.

“The fourth meeting of the Member States Working Group on Strengthening WHO Preparedness and Response (WGPR) finalised its Report to the World Health Assembly Special Session (WHASS) which proposes a two-track approach as a way forward. The proposal comprises a WHO Convention, Agreement or other international instrument on pandemic preparedness and response, and strengthening the International Health Regulations (IHR) of (2005) including implementation, compliance, support for IHR core capacities, and potential targeted amendments to the IHR. However, there is no clarity at this stage on whether the new instrument is a WHO convention or agreement under Article 19 of the WHO Constitution....”

For the **WGPR draft report**, see [Draft report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the special session of the World Health Assembly](#)

The report was **adopted at the WGPR meeting on Monday 15 November**.

And via [Geneva Health Files](#) (Tuesday): *“...The report proposes establishing an inter-governmental negotiating body in charge of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. It also seeks the way toward a “clear, efficient, effective, Member State led, transparent and inclusive process” to identify and develop the substantive elements and a zero draft of a new instrument, including modalities and timelines. In addition, it requests for support in implementing the recommendations that fall under the technical work of WHO and to further develop proposals to strengthen the IHR (2005), including potential targeted IHR (2005) amendments, and elements that may most effectively be addressed in other venues. **Some experts note that seeking to establish a parallel inter-governmental negotiating body (INB) in addition to proceedings at the WGPR, will cause fragmentation and make these negotiations difficult for smaller delegations.** While the INB could discuss a new legal instrument, the WGPR is expected to address other elements including strengthening of the IHRs and implementing recommendations suggested by the various panels...”*

BMJ - Creating a new global treaty to minimise future pandemic risks

<https://www.bmj.com/content/375/bmj.n2784>

“Health and economic communities must work together to ensure that governments deploy policies and resources to mitigate the risk of future pandemics, writes Alan Donnelly.”

Excerpt:

*“... The principal economic and social actors, including employers organisations and labour organisations, and the investment community and civil society must be integrated into the new global health security structures that will emerge in the coming months. The most effective way of achieving this would be a new global health treaty on pandemic preparedness and response. The only health treaty currently approved is the treaty on tobacco. **I urge the German G7 presidency and Indonesian G20 presidency to work with the World Health Assembly on creating a new global settlement which allows the health community to work with the economic community to ensure that governments deploy the policies and resources to minimise future pandemic risks. The G20 Health and Development Partnership will help in this process by bringing the key economic and social actors together with leading figures from the health community during the Indonesian G20 and German G7 Presidencies collectively, to ensure that political leaders deliver on the commitments made during the recent G20 summit in Rome and consider how to take forward the initiative for a new pandemic treaty...**”*

Graduate Institute (Global Health Centre) – New policy briefs re the pandemic treaty

<https://www.governingpandemics.org/>

With new policy briefs on #OneHealth as a pillar for a transformative treaty, and disaster preparedness and response in international law.

Preprint – A Pandemic Treaty and wildlife trade

E Gallo-Cajiao et al ; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3966292#

« pandemic prevention governance has mostly focused on outbreak surveillance, containment, and response, rather than on avoiding zoonotic spillovers. However, given acceleration of globalization, a paradigm shift towards zoonotic spillover prevention is warranted as outbreak containment becomes unfeasible. Here, we consider the current institutional landscape for pandemic prevention in light of potential negotiations of a ‘Pandemic Treaty’, and how zoonotic spillover prevention from the wildlife trade could be incorporated. We argue that such an institutional arrangement should focus on improving coordination across four policy domains, namely public health, biodiversity conservation, food security, and trade. A Pandemic Treaty should be negotiated initially as a Framework Convention, with subsequent protocols, including a Pandemic Prevention Protocol with specific provisions for the wildlife trade. This Protocol should include four clear interacting goals: risk understanding, risk assessment, risk reduction, and enabling funding....”

COVAX & ACT-A : 500 million doses...

Let us start with a **tweet by Seth Berkley** from this week:

“#COVAX has delivered 500 million #COVID19 vaccines to 144 countries and territories around the world...”

And a reply by **Antoine de Bengyi**: **“6 weeks left to deliver almost 1 billion doses to reach COVAX revised objective for 2021 (already cut down by 500 million doses in Septembre) - will you deliver on your promises? This would require 166 million doses delivered per week / 23 million a day”**

Politico - Moderna nears deal to pledge more vaccines to lower-income countries

<https://www.politico.com/news/2021/11/15/moderna-vaccines-lower-income-countries-522673>

“After much criticism, the vaccine maker is close to an agreement to provide doses at a lower price to the global vaccine equity initiative.”

“After months of intense negotiations, vaccine maker Moderna is nearing an agreement to pledge many millions more doses of its Covid-19 shot to low- and middle-income countries in 2022, two people with knowledge of the matter told POLITICO. The deal with chief vaccine equity initiative COVAX would provide a boost to a global vaccination campaign that has suffered from delays and difficulties in securing sufficient doses from drug makers. It comes amid escalating pressure on Moderna — which has benefited from U.S. taxpayer-funded vaccine technology without a requirement to share it with poorer nations — to step up its aid to the developing world. The two sides are still finalizing the overall size of the commitment, which the two people said could total hundreds of millions of doses. But under the tentative agreement, Moderna would sell its vaccine

to COVAX at around \$7 per dose — a lower price than it has charged the U.S. and other individual countries. Officials are pressing Moderna to deliver those Covid-19 shots to COVAX through September 2022, a target that would dovetail with the White House's goal of vaccinating 70 percent of the world by the end of that month. ... The people with knowledge of the matter said a formal announcement could occur in the coming weeks, bolstering COVAX's ability to supply the 92 developing countries that have been heavily reliant on the initiative for access to Covid-19 vaccines.... The deal would represent the outcome of lengthy negotiations between Moderna and officials representing COVAX — talks that the people with knowledge of the matter said at one point grew so difficult, the Biden administration was forced to step in to help broker an agreement....”

Reuters - Moderna says EU to donate over 70 mln doses of its COVID-19 vaccine

[Reuters](#)

“Moderna Inc (MRNA.O) said on Tuesday it signed an agreement that enables European Union and European Economic Area countries to donate over 70 million doses of its COVID-19 vaccine to the COVAX vaccine sharing scheme for low-and-middle income countries.”

And via [UN News](#) (on a WHO media briefing from last week on Friday), in which dr Tedros anticipated the 500 million milestone for Covax:

*“... The WHO chief also provided an update on [COVAX](#), the UN-led worldwide initiative aimed at equitable access to vaccines. **The tool has now shipped almost 500 million vaccines to 144 countries and territories.** And with exception of Eritrea and the Democratic People’s Republic of Korea, all States have begun vaccinating. “The vast majority of countries are ready to get doses into arms, but they need the doses”, Tedros said. **To reach the target of vaccinating 40 per cent of every country’s population by the end of this year, 550 million doses more are needed** – about 10 days’ worth of production.”*

India to resume vaccine supply to COVAX this week, says WHO’s Swaminathan

<https://www.financialexpress.com/lifestyle/health/india-to-resume-vaccine-supply-to-covax-this-week-says-whos-swaminathan/2369879/>

*“Covishield doses should be going out this week from the Serum Institute of India (SII) to COVAX countries, Swaminathan said. **She expects supplies of 30-40 million doses of Covishield to be supplied before the end of the year.**”*

Homeland news - Johnson & Johnson to provide COVAX with COVID-19 vaccine doses to fill coverage gaps among most vulnerable

<https://homelandprepnews.com/stories/74734-johnson-johnson-to-provide-covax-with-covid-19-vaccine-doses-to-fill-coverage-gaps-among-most-vulnerable/>

*“A new effort by the COVAX Facility — **the COVAX Humanitarian Buffer** — received a shot in the arm this week through a new agreement with Johnson & Johnson, which will bring its single-shot COVID-19 vaccine to bear to help approximately 167 million displaced people around the world....”*

- See also a **tweet by Seth Berkley**:

“The #COVAX Humanitarian Buffer has begun deliveries, a first step towards ensuring the estimated > 167 million people in lower-income countries at risk of being left out of national vaccine plans have access to #COVID19 vaccines....”

- Related Twitter thread [Kate Elder](#) (MSF)

“People in emergencies also deserve to be protected against C19 but the #COVAX Humanitarian Mechanism can’t be fully used bc @AstraZeneca @pfizer @BioNTech_Group @moderna_tx require orgs like #MSF to indemnify the corporations from any liability. “.

“... 5/8 The most EGREGIOUS example of this is the COVAX Humanitarian Buffer where corps @pfizer @moderna_tx @AstraZeneca @BioNTech_Group withhold vaccines from humanitarian organizations if we don’t indemnify them against any liability. Can you imagine?”

For a related read, see Mint - [Aid agencies ask vaccine companies to drop indemnity demand](#).

“Humanitarian organizations working in poor and conflict-ridden regions are pressing covid-19 vaccine makers to drop their insistence on indemnity, as they struggle to protect close to 160 million people from the coronavirus pandemic....”

“...At present, Chinese vaccine makers Clover, Sinovac, Sinopharm, and US pharmaceutical giant Johnson & Johnson have agreed to drop the demand for indemnity while supplying vaccines to humanitarian organizations, while others including Pfizer, Moderna and Serum Institute of India (Serum makes the AstraZeneca and Novavax vaccines) have not....”

Gavi and humanitarian agencies partner to deliver COVID-19 vaccines to the most vulnerable people in the world

<https://www.gavi.org/news/media-room/gavi-and-humanitarian-agencies-partner-deliver-covid-19-vaccines-most-vulnerable>

“Gavi, the Vaccine Alliance (Gavi) and the member agencies of the Inter-Agency Standing Committee (IASC) the humanitarian system’s main coordinating body¹, are working together to ensure that the most vulnerable people caught up in humanitarian crises have access to COVID-19 doses....”

Origins debate

Science: Prophet in Purgatory

<https://www.science.org/content/article/we-ve-done-nothing-wrong-ecohealth-leader-fights-charges-his-research-helped-spark-covid-19>

“EcoHealth Alliance’s Peter Daszak is fighting accusations that his pandemic prevention work helped spark COVID-19.” Insightful interview with Daszak.

And a link: NYT - [First known case was vendor at Wuhan market, scientist claims](#)

*“The first known Covid patient was a vendor at a Wuhan market, **a new report claims**. The finding may revive debate over how the pandemic began.”* See **Science** - [Dissecting the early COVID-19 cases in Wuhan](#). The new analysis questions the chronology of the influential WHO report.

“A scientist who has pored over public accounts of early Covid-19 cases in China reported on Thursday that an influential World Health Organization inquiry had likely gotten the early chronology of the pandemic wrong. The new analysis suggests that the first known patient sickened with the coronavirus was a vendor in a large Wuhan animal market, not an accountant who lived many miles from it. The report, published on Thursday in the prestigious journal Science, will revive, though certainly not settle, the debate over whether the pandemic started with a spillover from wildlife sold at the market, a leak from a Wuhan virology lab or some other way.”

Covid key news

Cidrap News - Global COVID-19 cases continue to climb

<https://www.cidrap.umn.edu/news-perspective/2021/11/global-covid-19-cases-continue-climb>

“For the fourth week in a row, the rate of new global COVID-19 cases rose, mainly led by surges in Europe but also influenced by spikes in the Americas and Western Pacific countries, the World Health Organization (WHO) said yesterday in its weekly pandemic update ... Cases were up 6% last week compared with the week before, and though deaths were stable or declining in much of the world, fatality levels rose in Europe....”

CNBC - WHO says delta variant accounts for 99% of Covid cases around the world

<https://www.cnn.com/2021/11/16/who-says-delta-variant-accounts-for-99percent-of-covid-cases-around-the-world.html>

“Almost all of the up to 900,000 Covid cases sequenced worldwide over the last 60 days originated from the delta strain, Maria Van Kerkhove, the WHO’s technical lead on Covid, said.”

Via HPW - [WHO mum on ‘COVID Pass’ – vaccine & testing mandates for leisure venues & workplaces](#) With some WHO messages from last week Friday’s media briefing.

*“... Despite the stiff WHO warnings about the possible need for lockdown measures, **WHO officials have continued to recommend against the wider uptake of booster shots in Europe**. Although boosters have been used in countries like Israel, the United States and the United Kingdom to drive down soaring infection rates after initial vaccine immunity waned, **WHO has maintained that there is insufficient evidence for boosters, which also divert vital vaccine supplies from countries that haven’t even yet had one jab**. Tedros once again appealed for a stop to boosters on Friday, saying that every day there are six times more boosters administered globally than primary doses in low-income countries....”*

“WHO has also avoided any comment on the usefulness of ‘COVID passes’ that have been widely adopted in Europe. These typically require proof of vaccination or a recent PCR test for indoor dining, other closed venues and some workplaces. ... WHO has largely recommended against the use of COVID vaccine or PCR test passes for international travel – pointing to the inequalities between rich and poor countries in accessing vaccines. But it has refrained from entering into the fray over domestic use of COVID passes in countries where vaccines are universally available. Asked about the issue by Health Policy Watch, a WHO spokesperson responded Friday evening saying that the organization was “still checking” for a response.....”

And via [Cidrap News](#) (on WHO’s media briefing from late last week):

“WHO warns of vaccine overreliance: At a World Health Organization (WHO) media briefing today, the group's director-general, Tedros Adhanom Ghebreyesus, PhD, said nearly 2 million COVID-19 cases were reported in Europe last week, the most in a single week since the pandemic began. ... He said Europe's surges are occurring in both the eastern region, where vaccine uptake is lower, and in western countries that have some of the world's highest uptake levels. **“It's another reminder, as we have said again and again, that vaccines do not replace the need for other precautions,”** Tedros said. **“Vaccines reduce the risk of hospitalization, severe disease and death. But they do not fully prevent transmission.” Every country must continuously assess its risk, and with the right mix of measures, nations can balance keeping transmission down and keeping societies open, he said. “No country can simply vaccinate its way out of the pandemic. It's not vaccines or, it's vaccines and.”....”**

UK to adapt fully-vaccinated definition to account for boosters - PM Johnson

<https://www.reuters.com/world/uk/uk-adapt-fully-vaccinated-definition-account-boosters-pm-johnson-2021-11-15/>

Seems like the **definition of ‘fully vaccinated’ is changing**, slowly but irresistibly, in country after country. **“British Prime Minister Boris Johnson on Monday said the definition of fully-vaccinated would have to be adjusted to account for third “booster” COVID-19 shots, although he did not give a time-frame for the move. Fully-vaccinated currently means you have received two COVID shots. ... “It's very clear that getting three jabs, getting your booster, will become an important fact and it will make life easier for you in all sorts of ways,” Johnson said at a news conference. “We will have to adjust our concept of what constitutes a full vaccination to take account of that, and I think that is increasingly obvious.”...”**

Covid Science

Guardian - Mask-wearing cuts Covid incidence by 53%, says global study

<https://www.theguardian.com/world/2021/nov/17/wearing-masks-single-most-effective-way-to-tackle-covid-study-finds>

“Mask-wearing is the single most effective public health measure at tackling Covid, reducing incidence by 53%, the first global study of its kind shows. Now a systematic review and meta analysis of non-pharmaceutical interventions has found for the first time that mask wearing, social

distancing and handwashing are all effective measures at curbing cases – with mask wearing the most effective....”

See the **BMJ study** - [Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis](#) and related **BMJ Editorial** - [Public health measures for covid-19](#).

Bloomberg – Hopes are rising for a homegrown mRNA vaccine in China

<https://www.bloomberg.com/news/articles/2021-11-11/hopes-are-rising-for-a-homegrown-mrna-vaccine-in-china>

“China appears to be accelerating the development of its first homegrown mRNA Covid-19 vaccine, as Beijing’s authorization of the Pfizer Inc.-BioNTech SE shot remains in limbo.”

*“The vaccine from Walvax Biotechnology Co. and Suzhou Abogen Biosciences Co. will be tested as booster shot in fully immunized adults as part of the pivotal trials that are already underway. The approach could give the companies a potential fast-track to the market in the world’s most populous country before those trials are fully completed. **The immunization uses the emerging mRNA technology** that has proven dramatically effective in Western shots from Pfizer, BioNTech and Moderna Inc., triggering speculation that it may soon be enlisted as a powerful addition to the ongoing booster campaign in China. ...”*

FT (Big Read) - The Covid drugs are finally here

<https://www.ft.com/content/30efb138-0223-4b84-a30f-79f0e018a4b8>

Interesting analysis. *“New medicines from Pfizer and Merck could take some pressure off hospitals. **But will they work on the already vaccinated?”***

And as for access issues: *“... Perhaps an even trickier task will be deciding **who gets the limited supply in the short term. Merck expects to have 10m courses of treatment by the end of 2021, while Pfizer plans to make 180,000 courses by the end of the year and 50m in 2022....”***

Related link: Stat News - [8 lingering questions about the new Covid pills from Merck and Pfizer](#)

Reuters - Explainer: Delta dominates the world, but scientists watch for worrisome offspring

[Reuters](#);

“The Delta variant of the SARS-CoV-2 virus now accounts for nearly all of the coronavirus infections globally, fueled by unchecked spread of the novel coronavirus in many parts of the world. So far, vaccines are still able to defend against serious disease and death from Delta, but scientists remain on alert....” Check out the picture on the ‘worrisome Delta offspring’, so far.

Links:

- Cidrap News - [Antidepressants tied to lower COVID-19 death rates](#)
- Preprint: [Global Prevalence of Post-Acute Sequelae of COVID-19 \(PASC\) or Long COVID: A Meta-Analysis and Systematic Review](#)

Estimated at 100 million so far ...

- Economist - [Sars-CoV-2 could be lurking in animal hidey-holes](#)

“ Many animals besides humans look as if they can catch the virus, too.” #deepsigh

As the Economist says: *“Reservoir dogs, and cats ... and buffalo.”*

Quote: *“...The sheer range of species involved staggers Dr Han. “I never imagined that we would ever see a virus with such a high cross-species infection potential,” she says. “It appears that there are at least an order of magnitude more species that are susceptible to sars-cov-2 infection than any other zoonotic virus I can think of.””*

Other Covid vaccine access news

Economist - Vaccines are finally arriving in Africa—but the rollout will be a challenge

<https://www.economist.com/graphic-detail/2021/11/12/vaccines-are-finally-arriving-in-africa-but-the-rollout-will-be-a-challenge>

“A new analysis looks at vaccine distribution capacity across the region. “

“A new analysis by Airfinity, a life-sciences data company, tries to estimate how successfully different countries in Africa would be in rolling out the vaccine. This will depend on people’s willingness to get jabbed and on countries’ capacity to distribute the doses. ... With this framework, the researchers estimate that Cape Verde, Egypt, Ghana, Morocco and Rwanda are likely to use a relatively higher volume of covid jabs, while uptake is likely to be lower in the Central African Republic, Guinea, Nigeria and Somalia. ... The analysis suggests that Algeria, Botswana and Egypt would be best placed to rollout mRNA vaccines, which require cold storage. By contrast the Central African Republic, Guinea and South Sudan would be better off with vaccines from AstraZeneca, CoronaVac, Covaxin, Janssen, Novavax (when it arrives) and Sinopharm, which do not need to be kept cold...”

NYT - The U.S. aims to lift Covid vaccine manufacturing to create a billion doses a year.

<https://www.nytimes.com/2021/11/17/us/covid-vaccines-supply.html>

“The White House, under pressure from activists to increase the supply of coronavirus vaccines to poor nations, is prepared to invest billions of dollars to expand U.S. manufacturing capacity, with the goal of producing at least one billion doses a year beginning in the second half of 2022, two top advisers to President Biden said in an interview on Tuesday. The investment is the first step in a new plan, to be announced on Wednesday, for the government to partner with industry to address immediate vaccine needs overseas and domestically and to prepare for future pandemics, said [Dr. David Kessler](#), who oversees vaccine distribution for the administration, and Jeff Zients, Mr. Biden’s coronavirus response coordinator. ... The idea for the new public-private partnership is still in its early stages, and the price tag is uncertain. Dr. Kessler, who has been working on the proposal for months, estimated it at “several billion.” The money has been set aside as part of the American Rescue Plan, the \$1.9 trillion pandemic relief package that Mr. Biden signed into law in March....”

See also HPW - [White House to Invest Billions of Dollars in Expanding US Vaccine Manufacturing – for This Pandemic and Next](#)

“The White House moves to expand manufacturing should help ease supplies abroad, officials pointed out. However, while Africa and other low- and middle-income regions have called for more investments on the continent and in other LMICs, the planned new US new investments will be based around manufacturing by US domestic suppliers: “This effort is specifically aimed at building U.S. domestic capacity,” White House vaccine czar Dr David Kessler was quoted as saying. “But that capacity is important not only for the U.S. supply, but for global supply.”...”

“The investment in vaccine manufacturing capacity will be made in the context of a new government initiative to partner with the private sector, announced last week by US Secretary of State Anthony Blinken during a virtual COVID-19 ministerial conference with about 40 other foreign ministers from around the world. The investments would focus on US vaccine manufacturers with experience in producing mRNA vaccines – who need more help to scale up their capacity rapidly. ...”

And Devex – [US pledges to spend billions for global COVID-19 vaccine supply](#)

By now the plans have been announced, officially: ***“U.S. President Joe Biden’s administration has [announced plans](#) to invest billions of dollars in domestic manufacturing of messenger RNA vaccines against [COVID-19](#) to increase supply for lower-income countries. The new funding is intended to produce 1 billion doses annually by helping pharma companies [Pfizer](#) and [Moderna](#) boost their capacity through support for new facilities, equipment, and staffers. The announcement came Wednesday ahead of a House Appropriations subcommittee hearing where administration officials spoke about the U.S. role in global vaccine equity....”***

“The Biden administration has met with Moderna’s board chair and senior management and has asked the company to do four things, according to David Kessler, the White House’s chief science officer for the COVID-19 response: Provide doses to the African Union in the short term. The U.S. has agreed to defer receiving doses for its own domestic use to enable this. Fill the supply gap with international vaccine initiative COVAX at not-for-profit prices, which could happen in the coming weeks. Commit to building manufacturing capacity on the African continent, which should happen in 2022. Expand manufacturing capacity to meet existing needs, per Wednesday’s announcement....”

Pandem-ic - Vaccine coverage of population

<https://pandem-ic.com/vaccine-coverage-of-population-by-country-map-by-world-bank-income-group/>

Check out the latest figures on vaccine inequity – vaccination per region. Figures: Primary doses administered per 100 people (double-dose equivalents with full coverage at 200)

BBC - AstraZeneca to take profits from Covid vaccine

<https://www.bbc.com/news/business-59256223>

“AstraZeneca has started to move away from providing its Covid-19 vaccine to countries on a not-for-profit basis. The drugs giant has signed a series of for-profit agreements for next year, and expects to make a modest profit from the vaccine this quarter, it said. *The company had previously said it would only start to make money from the vaccine when Covid-19 was no longer a pandemic.*

Its chief executive Pascal Soriot said the disease was becoming endemic. The jab will continue to be supplied on a not-for-profit basis to poorer countries....”

Bloomberg - Pfizer Fights to Control Secret of \$36 Billion Covid Vaccine Recipe

<https://www.bloomberg.com/graphics/2021-pfizer-secret-to-whats-in-the-covid-vaccine/>

Interesting analysis. Some excerpts:

“... Yet there is one point on which the Pfizer CEO won't budge: his vaccine's secret formula. Countries led by India and South Africa have been pushing a proposal at the World Trade Organization to waive intellectual-property rights for Covid vaccines and treatments. **Bourla, who has called IP rights the “blood of the private sector,” has been the most outspoken among fellow CEOs in resisting calls to share his technology—even though proponents say it would mean, in theory, that others could produce more doses. ... “**

*“The next month, Pfizer agreed to sell 500 million doses at cost to the U.S. for distribution to low-income countries, a program that's since doubled to 1 billion shots. After making that deal, **the drugmaker turned away from negotiations for a large new supply agreement with Covax, the WHO-backed program to deliver vaccines to poorer countries. “Their approach has been, let us control supplies and we'll work with countries to increase donations,”** Brook Baker, a law professor at Northeastern University, says of Pfizer. “The industry knows the waiver is a threat to their business model.”*

“... While all vaccine developers asked for some kind of indemnity protection, Pfizer stood out by asking nations to renounce legal recourse against it for any negative consequences of the vaccine, including manufacturing errors or negligence, according to interviews with half a dozen officials and a review of documents and contracts.... “

And on Pfizer & Moderna's different approach: **“...In July, Pfizer said it would aim to start bottling its shot in 2022 at a small South African company called Biovac, with a target of 100 million doses a**

year for the African Union, but the plan doesn't include mRNA drug substance production. **In August, it announced a similar bottling deal with Brazil's Eurofarma Laboratorios. At the end of October, Germany's BioNTech announced a memorandum of understanding with the governments of Rwanda and Senegal and the Institut Pasteur de Dakar to start building an mRNA vaccine manufacturing facility in Africa in mid-2022. Pfizer wasn't part of that agreement, but if the facility produces Covid-19 vaccines, they could be sold under the partnership between the two companies. Moderna may take a different route. It's in talks with the Medicines Patent Pool, a United Nations-backed nonprofit that aims to make drugs and technologies more widely available, about taking part in its mRNA vaccine hub in South Africa, according to Marie-Paule Kieny, chair of the group and a former top WHO official. The company will also make up to 110 million shots available to the African Union, it said last month. Those doses will be priced at \$7 each...."**

Reuters - AstraZeneca-Oxford COVID-19 vaccine supply hits two billion doses

[Reuters](#);

"Two billion doses of the AstraZeneca-Oxford University COVID-19 vaccine have been supplied worldwide, the Anglo-Swedish drugmaker and its partner said on Tuesday, in just under a year since its first approval. The shot, which is the biggest contributor to the COVAX vaccine sharing scheme backed by the World Health Organization, is being made in 15 countries for supply to more than 170 countries, London-listed AstraZeneca and Oxford University said in a joint statement...."

Pfizer, BioNTech, Moderna making \$1,000 profit every second: analysis

<https://medicalxpress.com/news/2021-11-pfizer-biontech-moderna-profit-analysis.html>

"Pfizer, BioNTech and Moderna are making combined profits of \$65,000 every minute from their highly successful COVID-19 vaccines while the world's poorest countries remain largely unvaccinated, according to a new analysis. The companies have sold the vast majority of their doses to rich countries, leaving low-income nations in the lurch, said the People's Vaccine Alliance (PVA), a coalition campaigning for wider access to COVID vaccines, which based its calculations on the firms' own earning reports. The Alliance estimates that the trio will make pre-tax profits of \$34 billion this year between them, which works out to over \$1,000 a second, \$65,000 a minute or \$93.5 million a day."

"... Pfizer and BioNTech have delivered less than one percent of their total supplies to low-income countries while Moderna has delivered just 0.2 percent, the PVA said. ... The three companies' actions are in contrast to AstraZeneca and Johnson & Johnson, which provided their vaccines on a not-for-profit basis, though both have announced they foresee ending this arrangement in future as the pandemic winds down...."

Politico Global Pulse -Sputnik vaccine goes from first to ...

<https://www.politico.com/newsletters/global-pulse/2021/11/18/sputnik-vaccine-goes-from-first-to-495142>

"Russia made great fanfare in August 2020 when it approved Sputnik V, claiming it as the world's first Covid-19 vaccine. In the 15 months since, the two-dose vaccine lost the competition for international endorsement. Two vaccines from China and one from India rolled out around the same time have gained emergency use listing from the World Health Organization. And with it,

international legitimacy. Data published in *The Lancet* showed that the vaccine is 91.6 percent effective against symptomatic infection and 100 percent effective against severe disease. But it has been dogged by regulatory hurdles in the European Union, South Africa and Namibia, too....”

“The world health body is still waiting for more information from Russia, but the assessment has restarted, WHO assistant director general for access to medicines, vaccines and pharmaceuticals Mariangela Simao told reporters last week. The delay has barred people who received the vaccine from entering countries that require proof of immunization with WHO-endorsed shots, such as the U.S. and Spain. But only 15 countries “discriminate against Sputnik,” while around 100 accept it, Dmitriev said. He hopes for an emergency use listing by year’s end. Inspectors from the WHO are expected to check the vaccine’s manufacturing facilities by early December. Dmitriev doesn’t think the delay is fueling skepticism of the vaccine, which he said has been approved by regulators in 71 countries.”

BMJ - Fake covid vaccines boost the black market for counterfeit medicines

<https://www.bmj.com/content/375/bmj.n2754>

*“Counterfeit medicines and vaccines have always threatened public health, but the pandemic has brought a global surge in black market sales, writes **Kanchan Srivastava.**”*

“... “I’ve never seen such a dynamic situation before,” Jürgen Stock, general secretary of Interpol, told Time magazine, “The liquid gold in 2021 is the vaccine, and already we are seeing that vaccine supply chains are targeted more and more [by counterfeiters].”...”

And a link:

JAMA - [Access to COVID-19 Vaccines in High-, Middle-, and Low-Income Countries Hosting Clinical Trials](#) (by R Ramachandran et al)

Plus linked JAMA Commentary - [Pandemic Vaccine Trials in Low- and Middle-Income Countries and Global Health Security](#) (by Gavin Yamey et al)

*“... **Ramachandran and colleagues now shine a spotlight on another form of COVID-19 vaccine inequity: when less wealthy nations conduct vaccine trials, this may not guarantee them access to the tested vaccine.** In a cross-sectional study that—to our knowledge—is the first of its kind, the authors identified completed and ongoing trials and examined whether countries that tested a specific COVID-19 vaccine went on to authorize and have access to that vaccine.... ... Among nations that had hosted such trials, they found that COVAX delivered a median of 15.4%, 48.8%, and 78.8% of procured doses of tested vaccines in LICs, lower MICs, and upper MICs, respectively.”*

As a way forward, “... **By doing their own trials,** LICs and MICs can ensure that they test product candidates in their own populations, use locally generated data, and ensure local access to the products. In summary, **greater sovereignty over trials in LICs and MICs would help ensure that everyone is made safer from pandemics.**”

Covid treatment access & other bottlenecks

WP – Pfizer to share license for covid-19 pill, potentially opening up treatment to millions in low-income nations

<https://www.washingtonpost.com/world/2021/11/16/pfizer-license-covid-pill-paxlovid/>

“U.S. pharmaceutical giant Pfizer has agreed to a license-sharing deal that would allow its experimental covid-19 drug to be manufactured more widely around the globe. It’s an agreement that the company says could give more than half of the world’s population access to the treatment... “This license is so important because, if authorized or approved, this oral drug is particularly well-suited for low- and middle-income countries and could play a critical role in saving lives, contributing to global efforts to fight the current pandemic,” said Charles Gore, executive director of Medicines Patent Pool, the non-profit group that reached the agreement with Pfizer. MPP is backed by the United Nations and has a mandate to facilitate global access to life-saving medicines. Pfizer is the second drug manufacturer to reach an agreement with the group, which can grant sub-licenses to other manufacturers to produce generic versions of the pill. ... Pfizer and MPP said in a joint statement that the deal would allow manufacturers to supply countries comprising some 53 percent of the world’s population — and that the company would offer tiered pricing based on a country’s ability to pay. Lower-income countries would pay a not-for-profit price. Pfizer will also forgo royalties in low-income countries and waive them in others, so long as covid-19 remains an international public health emergency, the statement said....”

Also with Ellen ‘t Hoen’s (enthusiastic) reaction.

And for more reactions & analysis, see also HPW - [Pfizer and Medicines Patent Pool Reach ‘Ground-breaking’ Voluntary Licensing Deal for New COVID-19 Treatment Pill](#)

“... “Pfizer’s license with the MPP will allow the rapid scale-up of manufacturing of what appears to be an effective and safe treatment for COVID-19,” said James Love, Director of Knowledge Ecology International (KEI), describing the license as “potentially game-changing”. According to KEI’s analysis, the Pfizer license is similar to the voluntary license between the MPP and Merck for its COVID-19 treatment, molnupiravir, announced late last month. However, the Pfizer license excludes 17 countries that were included in the Merck license, and adds seven others, and generally targets countries with lower per capita incomes....”

“... However, Medecins Sans Frontieres (MSF) was less complimentary, with its senior legal policy officer Yuan Qiong Hu saying that the 95 countries included only covered 53% of the world’s population. “We are disheartened to see yet another restrictive voluntary license during this pandemic while cases continue to rise in many countries around the world,” said Hu. “Many upper-middle-income countries, such as Argentina, Brazil, China, Malaysia and Thailand, where established generic production capacity exists, are excluded from the license territory.” Hu also condemned Pfizer’s stated intention to pursue a tiered-pricing strategy, punting a price of around \$700 for a five-day course of the medicine in high-income countries, with prices for low and middle-income countries still under discussion. “We know from experience [tiered-pricing] is unnecessarily complex, keeps the decision-making power entirely in the hands of the pharmaceutical corporations, and results in higher prices in many countries,” said Hu.”

Reuters - Pfizer signs \$5.3 billion U.S. deal to supply COVID-19 antiviral pills

[Reuters](#)

“Pfizer Inc (PFE.N) said on Thursday the U.S. government would pay \$5.29 billion for 10 million courses of its experimental COVID-19 antiviral drug, as the country rushes to secure promising oral treatments for the disease.”

FT - World’s largest syringe maker warns of persistently high inflation

<https://www.ft.com/content/84ecab8a-81b3-42b3-8b19-0cdbeb36f520>

“BD, one of the world’s largest manufacturers of medical products, has said it is optimistic the pandemic is coming “under control” but warned inflationary pressures will continue for up to two years and prices are unlikely to return to pre-Covid levels. Thomas Polen, BD chief executive, told the Financial Times prices for some raw materials such as plastics and resins had doubled and transportation costs tripled during the pandemic for the company, which supplies 45bn medical devices across 190 nations every year. Some of these input costs would moderate over the next couple of years as extra capacity in shipping and resin manufacturing is expected to come online, but labour costs are unlikely to go backwards, he said. “There is no such thing as escaping inflation. Every company is being impacted and we are no exception to that,” said Polen....”

In related news, see also NYT - [As India limits syringe exports, a supply crunch has buyers looking elsewhere](#). “India's export limit on syringes threaten hobbling global vaccination effort....”

GF - Inequitable access to COVID-19 tools is hindering the pandemic response

<https://www.theglobalfund.org/en/covid-19/news/2021-11-16-inequitable-access-to-covid-19-tools-is-hindering-the-pandemic-response/>

“A snapshot across 503 facilities in Africa, Asia, and Eastern Europe and Central Asia”

“A new snapshot reveals the persistent and glaring inequity in access to lifesaving COVID-19 tools, such as diagnostic tests, treatments (including medical oxygen), and personal protective equipment (PPE), that is hindering the pandemic response in low- and middle-income countries....”

This inequity is creating a two-track pandemic; while rich countries with high vaccination rates are largely returning to normal life, low- and middle-income countries continue to suffer high death rates and lockdowns, due to shortages of lifesaving tests, treatments and vaccines. ... The snapshot provides an indicative update of countries’ access to COVID-19 tools through spot checks conducted in 503 facilities in 33 countries across the regions of Africa, Asia, and Eastern Europe and Central Asia (EECA) between May and September 2021.

See Global Fund - [Snapshot report](#). (6 p.)

Links:

Reuters - [India's Dr. Reddy's open to making Pfizer COVID pill after Merck deal](#)

“Dr. Reddy's Laboratories (REDY.NS), one of a handful of Indian drug companies licensed to make a new COVID-19 pill developed by Merck, said on Monday it was open to making a similar pill from Pfizer, thought to be even more effective....”

Covid analysis

Telegraph - From Sydney to Vienna – the rise of the unvaccinated underclass

<https://www.telegraph.co.uk/world-news/2021/11/15/unjabbed-sydney-forget-going-friends-house-dinner/>

“Across the world a new crackdown is gaining pace. It's not about mask wearing or universal restrictions. This is a crackdown on the rights and freedoms of what, in the developed world at least, is a minority – the unvaccinated. “

“Pressure on the unvaccinated is likely to grow across the world. As more and more countries have lifted restrictions in a bid to “live with the virus” they have found that infection rates quickly rebound – especially in winter.... Public health experts specialising in vaccination also fear it could spark a backlash – one that could fuel the anti-vaxx movement for years to come.....”

Economist – The World Ahead 2022: Covid-19 is likely to fade away in 2022

<https://www.economist.com/the-world-ahead/2021/11/08/covid-19-is-likely-to-fade-away-in-2022>

The Economist looks ahead to 2022. Here its analysis re the pandemic. Likely to fade away, perhaps, and become “just another endemic disease”. **“But the taming of the coronavirus conceals failures in public health.”**

Conclusion: **“.... Increasingly, therefore, people will die from covid because they are elderly or infirm, or they are unvaccinated or cannot afford medicines. Sometimes people will remain vulnerable because they refuse to have a jab when offered one—a failure of health education. But vaccine doses are also being hoarded by rich countries, and getting needles into arms in poor and remote places is hard. Livelihoods will be ruined and lives lost all for lack of a safe injection that costs just a few dollars. Covid is not done yet. But by 2023, it will no longer be a life-threatening disease for most people in the developed world. It will still pose a deadly danger to billions in the poor world. But the same is, sadly, true of many other conditions. Covid will be well on the way to becoming just another disease.”**

SS&M - Pharmaceutical messianism and the COVID-19 pandemic

G Lasco et al ; <https://www.sciencedirect.com/science/article/pii/S0277953621008996>

« As part of their populist performances during disease outbreaks, public officials and politicians tend to offer ‘miracle cures’ or ‘wonder drugs’ that can supposedly treat or prevent the disease in question. This article analyzes contemporary instances of what we call ‘pharmaceutical

*messianism’ and proposes four characteristics for this phenomenon, namely, that it: (1) emerges during times of extraordinary health crisis; (2) builds on pre-existing knowledge, practices, and sentiments; (3) borrows from medical, often heterodox, authority; and (4) involves accessible, affordable, and/or familiar substances. Demonstrating the analytic value of our framework, we present **three case studies**, constructed using academic and journalistic sources, during the COVID-19 pandemic: **hydroxychloroquine in France, ivermectin in the Philippines, and Covid-Organics in Madagascar**. We conclude by identifying some implications of our findings on public health and avenues for future research. »*

FT - How Covid wrongfooted the health experts

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

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

Excerpt: “... **One of the biggest factors that correlated with high mortality across countries during the pandemic was citizens’ underlying health conditions.** Countries with higher rates of diabetes and obesity were more likely to suffer high numbers of Covid-19 deaths. **That suggests factors including universal health coverage and high-quality primary care can provide protection, alongside efforts to channel resources towards prevention** — through, say, incentives for exercise and restrictions on smoking or unhealthy food. **These broader structural features may explain why the regular survey carried out by the Commonwealth Fund, a US-based healthcare foundation, has proved a relatively good predictor of coronavirus excess deaths. It ranks 11 rich countries’ healthcare services by focusing on systemic factors: access to care, the care process, administrative efficiency, equity and healthcare outcomes.** In the latest iteration, the US ranks bottom and the UK fourth. Norway has the best system, followed by the Netherlands and Australia. All other countries spend far less as a share of GDP on health than the US, suggesting that social policy and health system structures are more important than resources alone.”

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

TGH - Countries Hit Hardest by COVID-19

<https://www.thinkglobalhealth.org/article/countries-hit-hardest-covid-19>

Based on IHME data.

“Which countries will have the highest mortality from COVID-19 come January 1, 2022? The numbers could surprise you. **Bulgaria, Bolivia, Lithuania, Eswatini, and Peru. In many of these countries, large numbers of COVID-19 deaths are missing in official statistics.** “

AMR

Cidrap News - Global survey shows more countries addressing antimicrobial resistance

<https://www.cidrap.umn.edu/news-perspective/2021/11/global-survey-shows-more-countries-addressing-antimicrobial-resistance>

“A growing number of countries are making commitments to address antimicrobial resistance (AMR), but the COVID-19 pandemic has slowed progress and much work remains, according to the latest global survey conducted by the WHO, FAO and the World Organisation for Animal Health (OIE)...”

“AMR action plans, on paper: While a record number of countries (163) responded to the latest Tripartite AMR country self-assessment [survey](#), more than 90% reported that the pandemic has impeded development and implementation of national plans to address AMR. In addition to reduced funding for AMR efforts, the pandemic has hampered many countries' ability to collect data on antibiotic use and resistance and develop AMR campaigns....”

Guardian - Poorer nations still lack access to world's key antibiotics

<https://www.theguardian.com/business/2021/nov/18/poorer-nations-still-lack-access-to-worlds-key-antibiotics>

*“The world's biggest drugs makers have pressed on in the fight against superbugs despite the pandemic, but millions of people in poorer countries, where the risk of drug-resistant infections is highest, are still missing out on key antibiotics. A report from the Access to Medicine Foundation, an Amsterdam-based non-profit group, shows that **only 54 of 166 medicines and vaccines assessed are covered by an access strategy to make them available to low- and middle-income countries.** Policies that can help poorer nations include tiered pricing, voluntary licensing agreements to boost supply, local manufacturing, technology transfers, public-private partnerships or donations....”*

*“Most of the 54 products are vaccines, [anti-tuberculosis medicines](#), or antibiotics that the World Health Organization rates as a priority for greater access. ... **Annually an estimated 5.7 million people, mainly in low- and middle-income countries, die from treatable infectious diseases, owing to a lack of access to antibiotics. ...”***

*“... In a more positive development almost all new medicines in late-stage development (18 of 20) and all 11 late-stage vaccine projects are covered by plans to make them available to poorer countries, a big improvement on the finding of the foundation's first report, in 2018, which showed only a handful had access plans. **The study also ranked 17 of the world's biggest pharmaceutical companies that produce antibiotics and antifungals. ...”***

For more coverage, see also **the Telegraph** - [Threat of superbugs looms large with few new drugs in the pipeline](#)

“Report highlights some 'game-changing' vaccines but pharma firms still failing to invest in antibiotic development...”

HPW - Antimicrobial Resistance Threatens Lives of Over Four Million Africans

<https://healthpolicy-watch.news/better-governance-of-antimicrobial-resistance/>

“Over four million Africans could die as a result of antimicrobial resistance (AMR) by 2050, according to WHO Africa Region at the start of World Anti-Microbial Awareness Week on Thursday. Drug-resistant tuberculosis is growing, while malaria is becoming resistant to a once-effective first-line treatment....”

The Conversation - Antimicrobial resistance calls for brainpower of a space agency and campaigning zeal of an NGO

<https://theconversation.com/antimicrobial-resistance-calls-for-brainpower-of-a-space-agency-and-campaigning-zeal-of-an-ngo-171405>

Mukesh Kapila argues a technocratic approach won't suffice to deal with the AMR challenge. As the HIV battle has taught us in the past.

“...It's now time for a bold effort on antimicrobial resistance. That requires a dedicated organisation with the universal legitimacy of a UN body, political clout of a G20, deep pockets of a global fund, brainpower of a space agency, campaigning zeal of an NGO, mould-breaking power of a social movement, and leveraging capacity of a public-private partnership....”

Links:

BMJ News - [Covid-19: Antimicrobial misuse in Americas sees drug resistant infections surge, says WHO](#)

Lancet Planetary Health – [Global antibiotic consumption and usage in humans, 2000–18: a spatial modelling study.](#)

HP&P - [Meanings and Mechanisms of One Health Partnerships: Insights from a Critical Review of Literature on Cross-Government Collaborations](#)

World Diabetes Day (14 November)

UN News - Insulin still out of reach for many 100 years after its discovery: WHO

<https://news.un.org/en/story/2021/11/1105582>

“A century after it was discovered, insulin still remains out of reach for many people living with diabetes, the World Health Organization (WHO) said in a report published on Friday to commemorate the milestone anniversary. [Keeping the 100-year-old promise – making insulin access universal](#) details the main barriers to accessing the lifesaving medicine, namely high prices, low availability of human insulin, a market dominated by just a few producers, and weak health systems.”

Coverage HPW – [Half the People Living with Diabetes Can't Afford Insulin, WHO Report Shows](#)

We don't want to withhold from you the evil Pharma (IFPMA) response :)

"... Pharma response – high prices and access barriers are due to a wider range of supply chain factors: In a response to the WHO report, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) took issue with the WHO claim that market dominance by the three largest insulin producers is the root cause of high prices in many low-and middle-income countries....."

Lancet Diabetes and Endocrinology (Editorial) - World Diabetes Day 2021: a time of reckoning

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(21\)00297-7/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(21)00297-7/fulltext)

*"With the call to action "If not now, when?", [World Diabetes Day](#) on Nov 14 marks the start of a 3-year "Access to Diabetes Care" campaign. Never more poignant than now—in this, the centenary of the discovery of insulin—the campaign is an opportunity to effect meaningful change in the lives of people living with diabetes. **With one in two people who need insulin unable to access or afford it, and vital diabetes care out of reach for millions of others**, the battle cry must be heard and acted upon. The [100th anniversary of the discovery of insulin](#) is a unique opportunity to transform access to diabetes care. If left unabated, the rising burden of diabetes will only accentuate existing health disparities, overwhelm health-care systems, reduce workforce productivity, and ultimately cripple economies. The sheer and growing number of people living with and affected by diabetes provides a critical mass and a voice that can and must be heard. **The challenges are clear: we must secure affordable access for all to insulin, other glucose-lowering medications, blood glucose monitoring, education, psychological support, healthy food, and lifestyle advice. Perhaps even more importantly, we must diagnose diabetes earlier and improve diabetes prevention programmes.** Only then, will the rising prevalence of diabetes be curbed, and current and future burdens reduced...."*

NCDs & commercial determinants of health

Devex - COP 9 calls on countries to protect public health from tobacco industry

<https://www.devex.com/news/cop-9-calls-on-countries-to-protect-public-health-from-tobacco-industry-102070>

"After a lengthy debate, the ninth session of the Conference of the Parties to the [World Health Organization Framework Convention for Tobacco Control](#), or COP 9, concluded Friday with a declaration calling on countries to prevent tobacco industry interference and involvement in [COVID-19](#) policies and actions. The declaration, put forward by Iran and co-sponsored by several countries, emphasizes the need to "remain aware of the inherent and easily concealable conflicts between the tobacco industry's interests and public health policies," and the need for countries to continue protecting public health policy from the industry even amid a crisis, said Dr. Adriana Blanco Marquizo, head of the convention's secretariat, in her closing remarks....."

HPW - New Investment Funds of \$75 Million Should Support More Tobacco Control Measures in Low- and Middle-Income Countries

<https://healthpolicy-watch.news/new-investment-funds-of-75-million-will-support-tobacco-control-measures-in-low-and-middle-income-countries/>

“While it pales in comparison to tobacco industry marketing, two new capital investment funds worth some \$75 million to support low- and middle-income countries in their fight against tobacco are being created by signatories to the Framework Convention on Tobacco Control and a related Protocol on illegal sales. Together, the funds would yield an estimated \$3 million a year for developing new systems to regulate, track and reduce tobacco use.”

*“... The first fund, for \$50 million, **was approved by the FCTC’s COP9 last week**, at the close of the week-long **meeting of the Convention’s 181 member states**. The second fund, for \$25 million, is being considered during **this week’s meeting of signatories to a related FCTC Protocol to Eliminate Illicit Trade in Tobacco Products**, which has **now been ratified by 64 FCTC member states**. “*

“The new capital investment funds, aim to recruit investors from beyond the health sector, and create annual yields of earned revenues that may be put at the disposal of countries to help them refine and adapt their policy and regulatory tools in the tobacco control battle, Samuel Compton, FCTC spokesperson, told Health Policy Watch. The funds will bolster the long-term stability of FCTC activities – which currently rely upon a biennial budget of some \$19.1 million, covered by assessed contributions to FCTC signatories, and extra budgetary support. In terms of managing the funds it is likely that the World Bank make take over the task, Compton said, supported by a board of experts in financial and investment management representing the six World Health Organization Regions, as well as civil society.....”

UN News - Tobacco use continues to fall, but still 'long way to go'

<https://news.un.org/en/story/2021/11/1105882>

*“The number of tobacco users continues to decrease globally, going from 1.32 billion in 2015 to 1.30 billion last year, the World Health Organization (WHO) said on Tuesday. And according to the fourth **WHO global tobacco trends report**, that number is expected to continue to drop to 1.27 billion by 2025. ... **Sixty countries are now on track to achieving the voluntary global target of a 30% per cent reduction by 2025**, an increase from two years ago, when only 32 countries were on course. ...”*

*“ ... According to WHO, recent evidence shows that the **tobacco industry used the COVID-19 pandemic to build influence with Governments in 80 States**. The report urges Member States to accelerate implementation of the measures outlined in the WHO Framework Convention on Tobacco Control (**WHO FCTC**). A **newly released WHO Global Investment Case for Tobacco Cessation**, also makes the case for investing in cessation interventions. ... The report and the investment case were released right after the ninth session of the Conference of the Parties to the **Protocol to Eliminate Illicit Trade in Tobacco Products**.**Protocol to Eliminate Illicit Trade in Tobacco Products**. ...”*

CGD (blog) - Corrective Taxes to Save Lives

C Lane & A Glassman; <https://www.cgdev.org/blog/corrective-taxes-save-lives>

“Governments use corrective taxes to reduce the use of products that harm well-being and create costs not just to society at large (externalities) but also to individual consumers who may underestimate the future health consequences of their current consumption. Taxes on gas to reduce pollution or on carbon dioxide emissions to reduce greenhouse gases are classic examples of this approach. Nearly every public finance textbook includes a chapter on corrective taxes, and fiscal policy experts at the IMF and World Bank often advise countries to pursue these policies to ensure that prices more accurately reflect costs and generate significant revenues as well. But while raising carbon taxes to save the planet has, rightfully, garnered a lot of attention recently, corrective taxes on tobacco, alcohol, and sugar-sweetened beverage consumption—which also generates major negative social and self-imposed costs—are comparatively overlooked. As we show in a [new paper](#), corrective taxes in 25 major economies fall far short of the huge negative externalities and self-imposed costs from tobacco, alcohol, and sugar-sweetened beverage consumption....”

They conclude: ***“...It’s time for an increase in corrective taxes on alcohol, tobacco, and sugar-sweetened beverages to become a priority. Such taxes should be a routine part of the advice provided by international financial institutions to emerging markets and advanced economies with high rates of consumption...”***

SRHR

Devex - UN, Gates Foundation commit \$3.1B to family planning services

<https://www.devex.com/news/un-gates-foundation-commit-3-1b-to-family-planning-services-102130>

“The United Nations Population Fund and the Bill & Melinda Gates Foundation on Thursday said they would commit a combined \$3.1 billion for family planning services within the next five years. The announcement was made during a launch event for the Family Planning 2030 partnership, which is a global coalition of leaders from the family planning and health fields that supports the reproductive rights of women. A previous iteration of the partnership, FP2020, was formed in 2012....”

“UNFPA pledged to provide \$1.7 billion over four years to increase access to family planning services. It also will work with FP2030 “by designating focal points within all commitment-making program countries, as well as designating staff to serve on FP2030’s Governing Board.” The Gates Foundation made a two-year, \$8.5 million pledge to fund the FP2030 Support Network as part of a larger \$1.4 billion, [five-year commitment](#) to supporting family planning and women’s health globally....”

Global Financing Facility (annual) report: As COVID-19 continues to disrupt health systems, emerging trends show that prioritizing women, children adolescent health increases health system resilience – and underscores need for additional investment

<https://www.globalfinancingfacility.org/global-financing-facility-report-covid-19-continues-disrupt-health-systems-emerging-trends-show>

“The Global Financing Facility Annual Report 2020-2021 released today shows mixed progress across key health indicators in many of the world’s poorest countries as COVID-19 continues to disrupt health systems and essential health services for women, children, and adolescents. At the same time, it shows that country leadership, long-term funding and foundational GFF support has helped to build resilience, highlighting the importance of further investment for continuing on a positive trajectory....”

“The report makes clear the pandemic has had a negative impact on maternal and child health progress across GFF partner countries, putting years of gains under threat. ...” Still, “... Almost two-thirds of countries implementing with GFF partnership support for three or more years were able to reduce geographic equity gaps despite COVID-19. In contrast, countries that recently joined the partnership saw increasing geographical inequities for antenatal and postnatal care, institutional deliveries, immunization, and family planning.;..”

PS: “ ... To **advance its country- and data-led approach**, GFF is launching **a new data portal that brings together for the first time transparent, user-friendly women, children and adolescent health and nutrition, health systems and financing data** to help facilitate use of the data for decision making, transparency and mutual accountability. The portal will help track health and nutrition indicators across 36 countries, including interactive subnational data maps and time-trend data.”

UN News - ‘Under \$1’ test kits available to stop mother-child HIV/syphilis transmission

<https://news.un.org/en/story/2021/11/1105842>

“Dual test kits, which cost less than \$1, are now available for pregnant women to stem mother-to-child HIV and syphilis transmission, the World Health Organization (WHO) announced on Monday. The low cost is possible thanks to a new partnership between the Clinton Health Access Initiative (CHAI), MedAccess and SD Biosensor. ...”

WHO - Global leaders call for cervical cancer elimination on Day of Action

<https://www.who.int/news/item/17-11-2021-global-leaders-call-for-cervical-cancer-elimination-on-day-of-action>

“New HPV vaccine prequalification aims to rectify gross inequities in access to lifesaving tools; New R&D recommendations for artificial intelligence-based screening technologies; New investments and commitments by the French government’s L’Initiative facility, FIND, University of Miami, WHO.”

See also **UN News** – [WHO and partners unite for Day of Action for Cervical Cancer Elimination](#)

“With more than 300,000 women dying from cervical cancer each year, the World Health Organization (WHO) is joining advocates from across the globe on Wednesday to commemorate a Day of Action against the disease. “

See also HPW - [One Death Every Two Minutes from Cervical Cancer – and Vaccination Trends Moving in Wrong Direction](#)

“Some two-thirds of deaths of women from cervical cancer are happening in low- and middle-income countries that have not yet included human papillomavirus (HPV) vaccines for girls and young women into their immunization regimes, said WHO’s Director General Dr Tedros Adhanom Ghebreyesus on Wednesday. He was speaking at a high level event that saw First Ladies from four African countries call for stepped up action on the disease, which is one of the largest but also most preventable causes of cancer deaths. “

“... “Cervical cancer is the fourth most common cancer among women globally, but it is almost completely preventable and, if diagnosed early enough, is one of the most successfully treatable cancers,” said Tedros, at the Cervical Cancer Elimination Day event, on the first anniversary of WHO’s launch of a new global strategy to eliminate cervical cancer. “This disease claims the lives of 300 thousand women each year – 1 every 2 minutes” he added. “

“... the WHO Director admitted that there already have been setbacks in advancing those goals. Due to the pandemic, the proportion of girls globally with access to HPV vaccines has declined – from 15% pre-pandemic to 13 percent today. ...”

And a few links:

- Lancet GH - [Restrictive abortion laws, COVID-19, telehealth, and medication abortion in the SDG era](#) Comment linked to a new Lancet GH study - [Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria \(SAFE\): a prospective, observational cohort study and non-inferiority analysis with historical controls](#)
- IHP (Feat article) - [Obstetric violence – why breaking the silence isn’t enough](#) (by Ema Karmelić, Karolinska student)

Human Resources for Health

Plos One - The expanding movement of primary care physicians operating at the first line of healthcare delivery systems in sub-Saharan Africa: A scoping review

Kéfi Bello et al ; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0258955>

« In sub-Saharan Africa (SSA), the physicians’ ratio is increasing. There are clear indications that many of them have opted to work at the first-line of healthcare delivery systems, i.e. providing primary care. This constitutes an important change in African healthcare systems where the first

line has been under the responsibility of nurse-practitioners for decades. Previous reviews on primary care physicians (PCPs) in SSA focused on the specific case of family physicians in English-speaking countries. This scoping review provides a broader mapping of the PCPs' practices in SSA, beyond family physicians and including francophone Africa. For this study, we defined PCPs as medical doctors who work at the first-line of healthcare delivery and provide generalist healthcare...."

Decolonize Global Health

Devex - Will the Gates Foundation \$50M grant democratize R&D?

<https://www.devex.com/news/will-the-gates-foundation-50m-grant-democratize-r-d-102035>

Cfr the announcement made at the **17th Grand Challenges Annual Meeting**, hosted by the Gates Foundation. See also last week's IHP news.

*"The [Gates Foundation announced](#) several initiatives in an effort to address that challenge, including **\$50 million in grants to support science and innovation in low- and middle-income countries. Experts say this is a step in the right direction but not even close to the scale of investment needed to truly democratize R&D...."***

Excerpts:

*"...Experts say \$50 million is not even close to the scale of investment needed to truly democratize research and development. **They also called for a shift "from donorship to ownership," moving "away from the colonial model" of global health to one in which LMICs "have the chance to define their own research agenda."** David Beran, a researcher and lecturer in the division of tropical and humanitarian medicine in Geneva, tells Catherine Cheney that Gates is still setting the agenda in terms of topic areas and technology-driven approaches. What LMICs really need, Beran says, is a transition from funding for specific projects to longer-term collaborations in support of priorities set by local researchers."*

"....Beran said it remains to be seen how this funding from the Gates Foundation will actually impact scientists and innovators in LMICs, who often "live grant to grant."He said he hopes to see support for research and development in LMICs transition from funding for specific projects to longer-term collaborations in support of priorities set by those researchers and help them build "the research infrastructure" they need to succeed...."

Where epistemic injustice meets global health governance

Seye Abimbola; <https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/seye-abimbola/where-epistemic-injustice-meets-global-health-gove.html>

Short & good blog. “How does epidemic injustice interact with the world of global health governance and how can the institutions of global governance be deployed to address the problem?”

Lancet Global Health (Comment) - Navigating the violent process of decolonisation in global health research: a guideline

M Rasheed (member of Action to Decolonize Health);

<https://www.sciencedirect.com/science/article/pii/S2214109X2100440X>

Must-read. With 12 guidelines.

“...I write this piece specifically **in the context of academic research partnerships between high-income and low-income countries** and what can be anticipated. ...”

“... **Violent, marginalising behaviours can include continual questioning of the ability and technical skills of the staff from low-income countries. Other behaviours that undermine equitable collaboration include critical decisions being made about the study by high-income country researchers or travelling to the site without prior communication with the low-income country's principal investigator; publishing papers or deciding authorship without the knowledge of the low-income country's principal investigator; directly communicating with the field staff undermining the site principal investigator, and communicating unsubstantiated allegations against the principal investigator to the low-income country's university leadership as a means of coercive influence.** I have come to understand the power dynamics that influence decision making from my position as a marginalised player in the system. Although the **literature often situates power as a consequence of an inherent superiority of high-income countries universities, I argue that those power asymmetries are primarily influenced by the weaknesses of institutions in low-income countries....”**

“... In the [appendix](#) table, I have described how violence or facilitation could manifest for different actors, taking advantage of the power imbalance and also guidelines to deter, while also attempting to understand what drives the behaviour. **I have tried to distil what I have seen, witnessed, experienced, or heard accounts of over the past 12 years into workable guidelines, for I have also seen that the extent of violence depends on the degree of power imbalance.”**

Lancet - Offline: The flies of our remorse

R Horton [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02534-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02534-4/fulltext)

Third in a series of 4 articles by Horton on DGH in medicine and global health. Here, among others, he refers to Albert Memmi in “The Colonizer and the Colonized” (1957).

Global Public Health - Decolonising the global to local movement: Time for a new paradigm

R Chapman et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2021.1986736>

« **Mama Amaan Project (MAP) delivered perinatal education and doula services to underserved refugee and immigrant communities in Seattle, Washington. MAP presented at a ‘global to local**

(glocal)' workshop for US-based global health agencies redirecting their experience and resources to address domestic health crises. Glocal models reference Global South anti-colonial social transformations through Primary Health Care (PHC) – 'health for all as a right' and investment in strong public sectors. As Black women working in our communities, we resisted labelling MAP glocal. Western donors and NGOs appropriate PHC's community participation narratives, meanwhile implementing World Bank/IMF economic structural adjustment health system cuts – thereby shifting austerity-related resource shortfalls to communities. In US contexts of neoliberal shrinking social safety nets and workers' rights, similar strategies to address austerity-related health disparities are promoted as 'global to local'. Projects like MAP cannot substitute quality public services. They expose gaps and build community empowerment to demand quality healthcare. Drawing on MAP and 'global health' experience in Mozambique, we call for re-embracing PHC's activist values – agitating for health as a universal human right for all, rather than putting the burden and blame on underserved communities. We propose decolonising the 'glocal' paradigm by embracing 'transnationality', 'relationality' and 'mutuality'. »

BMJ GH - Historicising global nutrition: critical reflections on contested pasts and reimagined futures

E M Nelson et al ; <https://gh.bmj.com/content/6/11/e006337>

"... Here we challenge linear understandings of progress in global health—with a focus on the field of nutrition—by returning to consider a previous cycle of dramatic social, political and economic change that prompted serious challenges to the dominance of Western powers and US-based philanthro-capitalists. With a 'global' health and nutrition audience in mind, we put forward considerations on why a better understanding of the continuities and divergences between this past and the present moment are necessary to challenge a status quo that was, and is, highly flawed..."

Stat - Isolated in Uganda: How Covid-19 evacuations highlight unfairness of global health partnerships

S Asiimwe et al; <https://www.statnews.com/2021/11/12/isolated-in-uganda-covid-19-evacuations-highlights-unfairness-global-health-partnerships/>

Poignant op-ed. Not to be generalized, obviously, but certainly a must-read.

COP 26 Glasgow – final analysis

We gather that by now you had your share of COP 26 related analyses (including reactions from various sides). So below, just some that caught our attention, in steno-style. For more (also insightful) analyses we refer to the Planetary Health (extra) section.

Carbon Brief - COP26: Key outcomes agreed at the UN climate talks in Glasgow

<https://www.carbonbrief.org/cop26-key-outcomes-agreed-at-the-un-climate-talks-in-glasgow>

In-depth & very comprehensive analysis. *“Carbon Brief provides an in-depth summary of all the key outcomes in Glasgow – both inside and outside the COP...”* (If you read this, you know it all 😊.)

Climate Change News - After tense huddles in Glasgow, countries strike ‘uncomfortable’ climate deal

[Climate Change News](#);

“The package agreed at Cop26 cites coal in a UN first and finalises the Paris Agreement rulebook, but is weak on finance for vulnerable nations.”

UN News - COP26 closes with ‘compromise’ deal on climate, but it’s not enough, says UN chief

<https://news.un.org/en/story/2021/11/1105792>

*“After extending the COP26 climate negotiations an extra day, nearly 200 countries meeting in Glasgow, Scotland, adopted on Saturday an **outcome document that, according to the UN Secretary-General, “reflects the interests, the contradictions, and the state of political will in the world today”**. “It is an important step but is not enough. We must accelerate climate action to keep alive the goal of limiting global temperature rise to 1.5 degrees”, said António Guterres in a video statement released at the close of the two-week meeting....”*

“The UN chief added that it is time to go “into emergency mode”, ending fossil fuel subsidies, phasing out coal, putting a price on carbon, protecting vulnerable communities, and delivering the \$100 billion climate finance commitment. “We did not achieve these goals at this conference. But we have some building blocks for progress,” he said....”

Economist - Into waters uncharted: Was COP26 in Glasgow a success?

[Was COP26 in Glasgow a success? | The Economist](#)

Neat (and recommended) analysis from the Economist.

*“The past five years have shown that the Paris agreement on climate change is too weak to achieve its own goals. At COP26 in Glasgow countries sought fixes... .. To “keep 1.5°C alive”, as Britain, the host of the conference, said it had to do, thus **required a dramatic further acceleration of the process defined in Paris. Glasgow delivered three ways that may speed things up: by changing timetables, by tweaking financing arrangements and by allowing for greater multilateralism.** Whether they work, let alone do so at the pace that is required, is still to be seen....”*

Guardian (Analysis) - Cop26: the goal of 1.5C of climate heating is alive, but only just

<https://www.theguardian.com/environment/2021/nov/13/cop26-the-goal-of-15c-of-climate-heating-is-alive-but-only-just>

“The Glasgow deal makes incremental progress on the climate crisis but largely kicks the can down the road.”

See also Science - [The new climate pact is more ambitious. But hopes dim for limiting warming to 1.5°C](#)

Guardian - India criticised over coal at Cop26 – but real villain was climate injustice

<https://www.theguardian.com/environment/2021/nov/14/india-criticised-over-coal-at-cop26-but-real-villain-was-climate-injustice>

Recommended analysis.

The Conversation - Five things you need to know about the Glasgow Climate Pact

<https://theconversation.com/five-things-you-need-to-know-about-the-glasgow-climate-pact-171799>

By **Simon Lewis** et al. *“Progress on cutting emissions, but nowhere near enough; The door is ajar for further cuts in the near future; Rich countries continued to ignore their historical responsibility; Loopholes in carbon market rules could undermine progress; Thank climate activists for the progress – their next moves will be decisive.”*

The People’s COP26 Decision for Climate Justice

<https://cop26coalition.org/the-peoples-cop26-decision-for-climate-justice/>

*“In an unprecedented move - **global civil society at #cop26 has come together to issue a People’s Declaration.** This is what we expected from our Govts who refused to listen to us...”* With **10 demands.** Must-read.

Current Affairs - What Would It Look Like If We Treated Climate Change as an Actual Emergency?

J Hickel <https://www.currentaffairs.org/2021/11/what-would-it-look-like-if-we-treated-climate-change-as-an-actual-emergency/>

Excerpts:

*“... What would it look like if we treated the climate crisis like an actual emergency? What would it take to keep global heating to no more than 1.5 degrees? The single most important intervention is the one that so far no government has been willing to touch: cap fossil fuel use and scale it down, on a binding annual schedule, until the industry is mostly dismantled by the middle of the century. That’s it. This is the only fail-safe way to stop climate breakdown. If we want real action, this should be at the very top of our agenda. **How fast this needs to happen depends on the country.** Rich countries are responsible for the overwhelming majority of the excess emissions*

that are causing climate breakdown. They also have levels of energy use that are vastly higher than other countries, and vastly in excess of what is required to meet human needs, with most of the surplus being diverted to service corporate expansion and elite consumption. **Zero by 2050 is a global average target. A fair-share approach would require rich countries to eliminate most fossil fuel use by no later than 2030 or 2035, to give poorer countries more time to transition. Let that sink in.** It sounds simultaneously dramatic but also so obvious. Fossil fuels account for three quarters of greenhouse gas emissions, and they have to go. **A new campaign, endorsed by 100 Nobel laureates and several thousand scientists, calls for a Fossil Fuel Non-Proliferation Treaty to do just that: an international agreement to end fossil fuels on a fair and binding schedule.** Why is it, then, that politicians are so unwilling to take this necessary step?..."

TGH - The Glasgow Summit and U.S. Foreign Policy on Climate Change

D Fidler; <https://www.thinkglobalhealth.org/article/glasgow-summit-and-us-foreign-policy-climate-change>

"Domestic politics, not diplomacy, will determine what "America is Back" means for climate change."

"... President Joe Biden's determination to make COP26 a turning point in U.S. and global policy contributed to summit accomplishments. But those following COP26 could see that U.S. domestic politics continues to damage prospects that the United States can deliver on its climate promises. As in the past, the Glasgow summit revealed the United States to be both diplomatically indispensable and politically unreliable on climate change...."

"... The Glasgow summit did not, however, produce the restoration of either American leadership on climate change or global confidence that democracies can rise to the climate challenge. ..."

And some links and tweets:

- Guardian - [COP26 ends in climate agreement despite India watering down coal resolution](#)
- Global Climate and Health Alliance: [COP26 Outcomes Not Nearly Enough to Protect Health](#)

"Responding to the outcomes of COP26 in Glasgow, Dr Jeni Miller, Executive Director of the Global Climate and Health Alliance, said: "The health community came to COP26 with clear demands from 46 million health workers on issues critical to protecting people's health and social equity – yet COP26 has delivered on just a few of them."..."

- Nature - ['COP26 hasn't solved the problem': scientists react to UN climate deal](#) Still, a step forward, most of them reckon.
- [COP26: Experts give their verdict on the summit and the Glasgow Climate Pact](#) By theme.

Other planetary health news

Guardian - Rising humidity could be linked to increase in suicides, report finds

https://www.theguardian.com/global-development/2021/nov/15/rising-humidity-could-be-linked-to-increase-in-suicides-report-finds?CMP=tw_t_a-global-development_b-gdndevelopment

“Increasingly intense and frequent spells of humidity linked to global heating may exacerbate mental health conditions, with women and young people worst affected.”

*“More frequent spells of intense humidity caused by the climate crisis are more likely than heatwaves to be linked to increased rates of suicide, according to [new research](#). The study found that women and young people were particularly affected by levels of humidity, the [intensity and frequency](#) of which are increasing because of global heating. Based on data from 60 countries between 1979 and 2016, the University of Sussex study found that **periods of intense humidity were more strongly linked to suicide than high temperatures.**”*

See also HPW – [... Millions Caught in Climate Crises Face Serious Mental Health Challenges](#)

*“Humidity and heatwaves are linked to increased suicides, according to a [new report](#) released on Monday. **Almost one-third of people caught in floods experience post-traumatic stress. Predicted massive climate-related conflict and increased climate migration are also triggers for mental distress.** “When we talk about the mental health impact of climate change, many people think I am talking about eco-distress and eco-anxiety but that’s not really what I’m talking about,” said **psychiatrist Dr Lisa Page, co-chair of the UK Royal College of Psychiatry’s Planetary Health and Sustainability Committee.** Instead, said Page, she was referring to the **direct and indirect impacts of climate crises on mental health.....”***

*“... Monday’s [report in Nature](#), based on data from 60 countries between 1979 and 2016, found statistically significant increases in suicide – but related to more to humidity than heatwaves. Women and younger people were particularly affected, and the countries affected were as varied as Sweden and Guyana. **One of the scientific reasons advanced for this is that some medicines for mental health inhibit the body’s ability to effectively thermoregulate.** This results in heat stress and the exacerbation of certain mental health conditions, including bipolar ‘disorders’, schizophrenia, dementia and developmental ‘disorders’ including autism.....”*

Lancet World Report - Reaching net zero carbon emissions in health systems

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02642-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02642-8/fulltext)

“14 countries have now pledged to develop a carbon-neutral health system. The question now is: how will they do it? Emma Wilkinson reports.”

Nature Sustainability - The social shortfall and ecological overshoot of nations

A Fanning et al; <https://www.nature.com/articles/s41893-021-00799-z>

“Using the doughnut-shaped ‘safe and just space’ framework, we analyse the historical dynamics of 11 social indicators and 6 biophysical indicators across more than 140 countries from 1992 to 2015. We find that countries tend to transgress biophysical boundaries faster than they achieve social thresholds. The number of countries overshooting biophysical boundaries increased over the period from 32–55% to 50–66%, depending on the indicator. At the same time, the number of countries achieving social thresholds increased for five social indicators (in particular life expectancy and educational enrolment), decreased for two indicators (social support and equality) and showed little change for the remaining four indicators. We also calculate ‘business-as-usual’ projections to 2050, which suggest deep transformations are needed to safeguard human and planetary health...”

See also [here](#) for interactive charts. ***“Countries have been transgressing planetary boundaries faster than they have been meeting the basic needs of their residents. Explore the progress of nearly 150 countries over time using interactive charts and doughnut plots from our recent 2021 study, [The Social Shortfall and Ecological Overshoot of Nations](#), published in Nature Sustainability.”***

Other news of the week

Lancet Editorial – Afghanistan: the international community must act

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02535-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02535-6/fulltext)

“It is going to be hell on Earth.” Afghanistan is set to become the world's worst humanitarian crisis according to David Beasley, head of the World Food Programme.... “

“...Afghanistan is just weeks away from a disaster. But if countries like the USA, the UK, and other international donors act—with immediate aid, by reopening financing cut off after the Taliban takeover, and by accepting that they must work with the government despite their antipathy to the new regime—then many deaths may be averted.

Bill & Melinda Gates Foundation, Swedish International Development Cooperation Agency, and UNICEF Announce \$150 Million Guarantee to Support Access to Vaccines and Health Supplies in Low- and Middle-Income Countries

<https://www.gatesfoundation.org/ideas/media-center/press-releases/2021/11/unicef-sida-150-million-guarantee-access-vaccines-health-supplies>

“The Bill & Melinda Gates Foundation, the Swedish International Development Cooperation Agency (Sida), and UNICEF today announced a \$150 million financial guarantee to help UNICEF procure vaccines and other health-related supplies for low- and middle-income countries (LMICs). This financing, effective through 2025, will help sustain national immunization programs, including COVID-19 vaccination campaigns, and enable the timely procurement of essential health supplies while domestic financing is mobilized.;...”

UN News - UN backs plans to ensure regular, healthy school meals for every child in need by 2030

[UN backs plans to ensure regular, healthy school meals for every child in need by 2030](#)

*“Following pandemic-driven school closures, five UN agencies threw their strong support behind an international coalition to improve the nutrition, health and education of school-age children around the world. In a joint declaration on Tuesday, the Food and Agriculture Organization (FAO), the UN Educational, Scientific and Cultural Organization (UNESCO), the UN Children’s Fund (UNICEF), the World Food Programme (WFP) and the World Health Organization (WHO) committed to assisting the **School Meals Coalition** in which over 60 countries envision a nutritious meal in school for every child in need by 2030. **Led by France and Finland**, the coalition also committed to “smart” school meals programmes that combine regular meals in school with complementary health and nutrition interventions for children’s growth and learning.....”*

“.... The coalition’s first aim is to try to regain that lost ground as schools begin to re-open around the world. Around 150 million children are still missing out on meals and essential health and nutrition services, the WFP estimates.”

Devex - De-facto privatization of health in Kenya limits access, says report

<https://www.devex.com/news/de-facto-privatization-of-health-in-kenya-limits-access-says-report-102109>

*“The Kenyan government and international development actors, such as the Bill & Melinda Gates Foundation and World Bank, have pushed for the de-facto privatization of the health care sector. It has had devastating impacts on access to quality, affordable services in the country, leaving the public sector ill-equipped to meet the needs of the population, according to a report from Kenyan human rights organization Hakijamii and New York University’s Center for Human Rights and Global Justice. The report argues that increased private sector involvement has set the country back on its goal of achieving universal health coverage. “More and more people have been priced out of health care because of their socioeconomic situation and inability to access private care either because of the expenses involved or because the type of help they are looking for is not available, because it’s not profitable,” Nicholas Orago, director of Hakijamii, told Devex. He said about 41% of the country’s health care system is for-profit. **According to the report, there is “chronic underinvestment” in public health care, leading frequently to poor quality health services, often in health facilities that are long distances from where people live and not stocked with critical medicines, forcing many to seek out private health care....”***

Some papers and reports of the week

Lancet Global Health – December issue

<https://www.thelancet.com/journals/langlo/issue/current>

Besides the Decolonize Global Health must-read, already flagged above, check out, among others:

- The Editorial: [A bright future in typhoid vaccines](#)

*“As we approach the end of the year, we naturally reflect on the progress, stagnations, and regressions that we have seen in 2021. The success of COVID-19 vaccines has dominated global health, but **vaccine advances against an older foe have also been robustly, albeit less prominently, underway: those against typhoid fever...**”*

- [HIV pre-exposure prophylaxis implementation in Africa: some early lessons](#)
- [Towards the elimination of visceral leishmaniasis as a public health problem in east Africa: reflections on an enhanced control strategy and a call for action](#)

IJHPM - The Political Economy of Healthy and Sustainable Food Systems: An Introduction to a Special Issue

P Baker, R Labonté et al ;

https://www.ijhpm.com/article_4167.html?utm_source=dlvr.it&utm_medium=twitter

*“Today’s food systems are contributing to multiple intersecting health and ecological crises. Many are now calling for transformative, or even radical, food systems change. Our starting assumption in this Special Issue is the broad claim that the transformative changes being called for in a global food system in crisis cannot – and ultimately will not – be achieved without intense scrutiny of and changes in the underlying political economies that drive today’s food systems. The aim is to draw from diverse disciplinary perspectives to critically evaluate the political economy of food systems, understand key challenges, and inform new thinking and action. We find that a number of important changes in food governance and power relations have occurred in recent decades, with a displacement of power in four directions. First, **upwards** as globalization has given rise to more complex and globally integrated food systems governed increasingly by transnational food corporations (TFCs) and international financial actors. Second, **downwards** as urbanization and decentralization of authority in many countries gives cities and sub-national actors more prominence in food governance. Third, **outwards** with a greater role for corporate and civil society actors facilitated by an expansion of food industry power, and increasing preferences for market-orientated and multi-stakeholder forms of governance. Finally, power has also shifted **inwards** as markets have become increasingly concentrated through corporate strategies to gain market power within and across food supply chain segments. ...”*

Wellcome Open Research (version 1) - The hidden financial burden of healthcare: a systematic literature review of informal payments in Sub-Saharan Africa

E Kabia, E Barasa et al ; <https://wellcomeopenresearch.org/articles/6-297/v1>

Authors conducted a **systematic literature review** to synthesize existing evidence on the prevalence, characteristics, associated factors, and impact of informal payments in SSA. Check out findings.

Journal of Pharmaceutical Policy & Practice (Supplement) - Strengthening health systems: The Role of Drug Shops

Edited by Z S Shroff et al; <https://joppp.biomedcentral.com/articles/supplements/volume-14-supplement-1>

See also the WHO Alliance News release - [The role of drug shops in health systems strengthening](#)

“... A new [special issue of the Journal of Pharmaceutical Policy and Practice](#) showcases findings from six research studies on drug shops across Bangladesh, Indonesia, Myanmar, Nigeria, the United Republic of Tanzania and Zambia. The special issue also includes one cross-cutting article on factors that make initiatives to engage with drug shops successful and one editorial outlining the importance of supply chain management in health systems strengthening efforts. ... The studies in the supplement were part of a multi-country implementation research programme developed by the Alliance for Health Policy and Systems Research and the Implementing Best Practices (IBP) Network – both at WHO – with support from the United States Agency for International Development (USAID)....”

Start with the Introduction - [Strengthening health systems: the role of drug shops](#)

“...To address the learning gap and better understand how such initiatives have been implemented and have contributed to efforts to strengthen health systems, the Alliance for Health Policy and Systems Research, WHO, Geneva, and the Implementing Best Practices (IBP) Network at WHO, developed a multi-country implementation research program with support from USAID. The objective of the program was to understand the processes and mechanisms through which efforts to engage drug shops in the delivery of specific services have contributed towards strengthening health systems towards UHC....”

Globalization & Health - Engagement of non-governmental organisations in moving towards universal health coverage: a scoping review

A Sanadgol et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00778-1>

« Developing essential health services through non-governmental organisations (NGOs) is an important strategy for progressing towards Universal Health Coverage (UHC), especially in low- and middle-income countries. It is crucial to understand NGOs’ role in reaching UHC and the best way to engage them. This study reviewed the role of NGOs and their engagement strategies in progress toward UHC....” Check out the findings (mainly in middle-income countries).

WHO Bulletin - Data gaps towards health development goals, 47 low- and middle-income countries

L Zhao et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.21.286254.pdf?sfvrsn=604d5298_5

Authors assessed the availability and gaps in data for measuring progress towards health-related sustainable development goals and other targets in selected low- and middle-income countries.

They used 14 international population surveys to evaluate the health data systems in 47 least developed countries over years 2015–2020.

McKinsey & Exemplars in Global Health - Unlocking digital healthcare in lower- and middle-income countries

[McKinsey](#);

“COVID-19 led many healthcare systems in lower- and middle-income countries to adapt digital-healthcare platforms.”

“... [McKinsey and the Exemplars in Global Health](#) have had a yearlong research collaboration focused on assessing digital tools for primary healthcare in LMICs (prioritizing those used during the COVID-19 pandemic) to understand how to harness digital tools to transform primary healthcare systems and to achieve step-change improvements in healthcare. The analysis presented in this article delves into the success factors that can drive effective, widescale implementation of digital tools across healthcare systems in LMICs. The knowledge collaboration that forms the basis of this article assessed 12 large-scale digital-tool implementations (Exhibit 1), highlighting use cases for primary healthcare in eight LMICs in Africa and Asia....”

Coverage via Politico’s [Global Pulse](#): *“The pandemic-fueled growth in digital health tools is improving primary care in developing nations – but positive trends can’t be sustained without more government-led partnerships with tech developers, a yearlong research collaboration between McKinsey and Exemplars in Health concludes. Twelve case studies in Africa and Asia show that partnerships with established players in public health and tech have enabled some countries to quickly scale up data systems, public health platforms and telemedicine tools to respond to various health crises, POLITICO’s Adriel Bettelheim reports. “Rather than developing brand-new solutions, many programs in our study used existing technologies, which, in some cases, were digital public goods” like mobile-phone-based platforms that could be customized....”*

Some blogs of the week

Sandro Galea - A populist public health

[Sandro Galea](#);

“Public health is naturally, and correctly, aligned with the needs of the people. How can this open the door to an effective populist public health approach?”

Tweets of the week

Tedros (at the opening of the #E2PSummit2021)

"First, we cannot wait for another crisis to put evidence-to-policy (E2P) mechanisms in place. Second, we need cross sectoral collaboration. Third, we need to build sustainable E2P mechanism. #E2PSummit2021"

Olivia Biermann

Thread with extensive overview on the 3 days of WHO's Evidence-To-Policy summit 201:
<https://threadreaderapp.com/thread/1452598697016053761.html>

Ashleigh Furlong

"The US is trying to water down a declaration planned for WTO's MC12. US proposal removes exemption for COVAX from export restrictions & changes line calling for consideration of developing countries in relation to restrictions."

Global governance of health

Devex - World Bank says IDA is 'on track' for a \$95B replenishment

<https://www.devex.com/news/world-bank-says-ida-is-on-track-for-a-95b-replenishment-102084>

(gated) *"The World Bank is targeting \$95 billion for its replenishment for the International Development Association. Under the blended finance structure, only a fraction of the cash comes from donors."*

Devex - The Global Fund's latest strategy: What's new?

<https://www.devex.com/news/the-global-fund-s-latest-strategy-what-s-new-102086>

*"The new Global Fund strategy mentions **pandemic preparedness and response** as an "evolving objective." The organization is also looking at what can be done to address the impact of climate change, both internally and through its grants." (more in particular, the threat of climate change on health)*

CGD – Mapping China's Rise in the Multilateral System

Scott Morris et al; <https://www.cgdev.org/blog/mapping-chinas-rise-multilateral-system>

*"...In a **new report**, we rely on public reporting from multilateral development institutions and funds to provide a clearer picture of China's participation across the multilateral development system. We find that China has staked out a uniquely important position, one that relies on*

leading roles as a shareholder, donor, client, and commercial partner. No other country wears so many hats so effectively across these global institutions.”

Planetary health

Including some more analysis of the COP in Glasgow.

Guardian - Transform approach to Amazon or it will not survive, warns major report

<https://www.theguardian.com/environment/2021/nov/12/transform-approach-to-amazon-or-it-wont-survive-says-major-science-report>

“Panel of 200 scientists tells Cop26 Indigenous people, business, governments and scientists must collaborate.”

“The world’s approach to the Amazon rainforest must be transformed to avoid an irreversible, catastrophic tipping point, according to the most comprehensive study of the region ever carried out. More than 200 scientists collaborated on the new report, which finds that more than a third of the world’s biggest tropical forest is degraded or deforested, rainfall is declining and dry seasons are growing longer. In recognition of the critical situation, the authors have formed a new Science Panel for the Amazon (SPA), which released its first report on the final scheduled day of Cop26 in Glasgow. The group aims to serve a similar synthesising function for research on the Amazon rainforest as the UN Intergovernmental Panel on Climate Change (IPCC) does for studies on the climate.....”

COP26: New online tool to reveal true picture of coal, oil and gas extraction worldwide

<https://www.scotsman.com/news/environment/cop26-new-online-tool-to-reveal-true-picture-of-coal-oil-and-gas-extraction-worldwide-3454853>

“A new online tool that will measure the amount of coal, oil and gas being extracted across the globe and evaluate the climate impacts has been unveiled at the COP26 climate summit in Glasgow.”

“Created by not-for-profit think tank Carbon Tracker Initiative and research and analysis organisation Global Energy Monitor, the Global Registry of Fossil Fuels is the first independent and publicly accessible database of its kind. As well as quantifying what is being dug up and the associated greenhouse gas emissions, it will show how that fits with the target to restrict global temperature rise to 1.5C.....”

LA Times - Op-Ed: The failure at Glasgow and what needs to happen next

P Kalmus; <https://www.latimes.com/opinion/story/2021-11-15/cop26-climate-summit-fossil-fuels>

A climate scientist's view: "... **Unless COP26's failure is recognized as failure, there is no way to learn from it. Allowing global leaders to feel that what happened in Glasgow was acceptable - and spinning it as some sort of success - would be a disastrous mistake.**" The one thing the climate summit in Glasgow, Scotland, made clear is that human society remains in business-as-usual mode, with no meaningful curb on fossil fuel use. The soft pledges made at COP26 might have been acceptable decades ago, but not now. **The world needs to shift into climate emergency mode, and it needs to happen this year. To use a science metaphor, what we need is a phase transition — as when a saturated liquid crystallizes — in the social norms that translate into collective decisions. Incrementalism can no longer save us....."**

Guardian - The Cop26 message? We are trusting big business, not states, to fix the climate crisis

Adam Tooze; <https://www.theguardian.com/commentisfree/2021/nov/16/cop-26-big-business-climate-crisis-neoliberal>

"The summit exposed a world in thrall to the neoliberal model which socialises the risk and privatises the profits of green policies."

".... When it comes to climate finance, the gap between what is needed and what is on the table is dizzying. The talk at the conference was all about the annual \$100bn (£75bn) that rich countries had promised to poorer nations back in 2009. The rich countries have now apologised for falling short. The new resolution is to make up the difference by 2022 and then negotiate a new framework. It is symbolically important and of some practical help. But, as everyone knows, it falls laughably short of what is necessary. John Kerry, America's chief negotiator, said so himself in a speech to the CBI. It isn't billions we need, it is trillions. Somewhere between \$2.6tn and \$4.6tn every year in funding for low-income countries to mitigate and adapt to the crisis. Those are figures, Kerry went on to say, no government in the world is going to match. Not America. Not China...."

"... So, how does Kerry propose to close the gap? As far as he is concerned, the solution is private business. Hence the excitement about the \$130tn that Mark Carney claims to have rallied in the Glasgow Financial Alliance for Net Zero, a coalition of banks, asset managers, pension and insurance funds. Lending by that group will not be concessional. The trillions, Kerry insisted to his Glasgow audience, will earn a proper rate of return. ... But how then will they flow to low-income countries? After all, if there was a decent chance of making profit by wiring west Africa for solar power, the trillions would already be at work. For that, Larry Fink of BlackRock, the world's largest fund manager, has a ready answer. He can direct trillions towards the energy transition in low-income countries, if the International Monetary Fund and the World Bank are there to "derisk" the lending, by absorbing the first loss on projects in Africa, Latin America and Asia. Even more money will flow if there is a carbon price that gives clean energy a competitive advantage. It is a neat solution, the same neat neoliberal solution that has been proffered repeatedly since the 1990s. The same solution that has not been delivered...."

"... Advocates of the Green New Deal have long urged big government-led industrial policy. The approach of Kerry and his team seems to follow a more low-key, pragmatic script. As Danny Cullenward and David Victor write in their book, Making Climate Policy Work, rather than attempting a contentious grand bargain, the key is to find coalitions of the willing and drive change sector by sector, raising ambition through repeated rounds of bargaining....."

Guardian - Stop talking, start acting, says Africa's first extreme heat official

<https://www.theguardian.com/global-development/2021/nov/15/eugenia-kargbo-freetown-sierra-leone-first-chief-heat-officer-climate-crisis>

“Rising temperatures are already killing people in Sierra Leone’s Freetown, says Eugenia Kargbo, who is planning how best to protect the hundreds of thousands living in informal settlements.”

Guardian - Revealed: the places humanity must not destroy to avoid climate chaos

<https://www.theguardian.com/environment/2021/nov/18/revealed-the-places-humanity-must-not-destroy-to-avoid-climate-chaos>

“Detailed new mapping has pinpointed the carbon-rich forests and peatlands that humanity cannot afford to destroy if climate catastrophe is to be avoided. The vast forests and peatlands of Russia, Canada and the US are vital, researchers found, as are tropical forests in the Amazon, Congo and south-east Asia. Peat bogs in the UK and mangrove swamps and eucalyptus forests in Australia are also on the list. The scientists identified 139bn tonnes (GT) of carbon in trees, plants and soils as “irrecoverable”, meaning that natural regeneration could not replace its loss by 2050, the date by which the net global carbon emissions must end to avoid the worst impacts of global heating....”

Infectious diseases & NTDs

Reuters - Tropical worm disease drug for pre-schoolers shown to work in Africa trial

[Reuters:](#)

“An adjusted version of established drug against schistosomiasis, a tropical parasitic worm disease, has been shown to work in pre-school children, likely offering a cure for millions, Germany's Merck KGaA (MRCG.DE) said. In a late-stage trial in Cote d'Ivoire and Kenya, more than 90% of the participants, infected children aged from three months to six years, had no more parasite eggs in their stool or urine after up to three weeks of treatment, the drugmaker said, adding it would now seek regulatory approval....”

“The oral drug arpraziquantel, an experimental paediatric version of standard drug praziquantel, was developed by Astellas (4503.T) in Japan and further optimised by Merck. Merck, acting on behalf of the non-profit Pediatric Praziquantel Consortium, will seek approval with the European Union's drug regulator under a programme for new drugs that addresses urgent needs in countries outside Europe....”

Science - A hope for Lyme disease? New vaccine targets ticks

<https://www.science.org/content/article/hope-lyme-disease-new-vaccine-targets-ticks>

“mRNA vaccine could prevent other tickborne illnesses, promising animal study suggests.”

ODI - Tackling the hidden pandemic: anticipating and preventing mosquito-borne diseases

<https://odi.org/en/insights/tackling-the-hidden-pandemic-anticipating-and-preventing-mosquito-borne-diseases/>

“Anticipatory action’ is the new buzzword for humanitarian and development agencies working to avert climate impacts and minimise loss and damage, and may well become a key strategy for dealing with future projected climate extremes. Calls are growing for finance to be allocated before disasters occur – not during a crisis. But **there’s been little mention in these discussions of mosquito-borne diseases**, which are amongst the biggest killers in low-income countries. Improvements in monitoring and understanding of how these vector-borne diseases spread make anticipatory action to reduce the impacts entirely possible. **So why isn’t this on the agenda of anticipatory action proponents?**

Link:

BMJ GH - [Assessing the impact of polio supplementary immunisation activities on routine immunisation and health systems: a systematic review](#)

NCDs

Links:

BMC Health Services - [Integrating diabetes, hypertension and HIV care in sub-Saharan Africa: a Delphi consensus study on international best practice](#)

Lancet Diabetes and Endocrinology - [Expanding access to newer medicines for people with type 2 diabetes in low-income and middle-income countries: a cost-effectiveness and price target analysis](#)

BMJ GH - [Availability of population-level data sources for tracking the incidence of deaths and injuries from road traffic crashes in low-income and middle-income countries](#)

Globalization & Health - [Measuring the capacity to combat illicit tobacco trade in 160 countries](#)

Sexual & Reproductive / maternal, neonatal & child health

Lancet Child & Adolescent Health - [Global, regional, and national causes of under-5 mortality in 2000–19: an updated systematic analysis with implications for the Sustainable Development Goals](#)

Human resources for health

IJHPM -Strategies to Facilitate Improved Recruitment, Development, and Retention of the Rural and Remote Medical Workforce: A Scoping Review

F Noya et al ; https://www.ijhpm.com/article_4168.html

« Medical workforce shortages in rural and remote areas are a global issue. Highincome countries (HICs) and low- and middle-income countries (LMICs) seek to implement strategies to address this problem, regardless of local challenges and contexts. **This study distilled strategies with positive outcomes and success from international peer-reviewed literature regarding recruitment, retention, and rural and remote medical workforce development in HICs and LMICs.....**”

Miscellaneous

WB ‘Investing in Health’ blog - How artificial intelligence can contribute to better health systems

<https://blogs.worldbank.org/health/how-artificial-intelligence-can-contribute-better-health-systems>

“there are encouraging signs that has shown that AI can provide hands-on, practical solutions to pernicious challenges in the health care sector. **Two recent publications – from the [Broadband Commission](#) and another from [USAID](#) – both identified (similar) concrete and practical opportunities for AI in health, namely:....**

UN News - Youth embody ‘spirit’ of 21st century more than parents, new survey shows

<https://news.un.org/en/story/2021/11/1106022>

“Even in the face of the COVID-19 pandemic, climate change and other global challenges, children and youth are nearly 50 per cent more likely than older people to believe that the world is becoming a better place, according to the results of a landmark intergenerational poll published on Thursday. The international survey was conducted by the UN Children’s Fund (UNICEF) and Gallup, the global analytics and advice firm, and has been released ahead of World Children’s Day on 20 November. [The Changing Childhood Project](#) is the first poll of its kind to ask multiple generations for their views on the world and what it is like to be a child today. ...”

FT (Big Read) - Genetic engineering: why some fear the next pandemic could be lab-made

<https://www.ft.com/content/f81f18b0-0f93-4b4a-b299-ba0e39a82074>

Frightening stuff. “US government funding for scientific research that splices deadly viruses to make them more transmissible is under scrutiny amid safety concerns.”

Devex - World Bank projects 7.3% spike in 2021 remittances

<https://www.devex.com/news/world-bank-projects-7-3-spike-in-2021-remittances-102115#.YZYArYfgSkU.twitter>

“Global remittances to low- and middle-income countries in 2021 are projected to have increased 7.3%, the World Bank said in a report Wednesday, marking a stronger-than-expected growth. This year’s figure is estimated to reach \$589 billion, compared with \$549 billion last year. For 2022, remittances are again expected to grow, but at a more tame 2.6% over 2021....”

Extra Covid section

FT - Special Report Delivering Healthcare

<https://www.ft.com/reports/delivering-healthcare>

“The coronavirus pandemic has overturned assumptions about the way the world’s health systems work. This report looks at how they are rising to the challenges they face, from Covid messaging in polyglot South Africa to joined-up care in fast-ageing Japan.”

Lancet (Health Policy) - Promoting COVID-19 vaccine acceptance: recommendations from the Lancet Commission on Vaccine Refusal, Acceptance, and Demand in the USA

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02507-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02507-1/fulltext)

“... through a series of recommendations, we present a coordinated, evidence-based education, communication, and behavioural intervention strategy that is likely to improve the success of COVID-19 vaccine programmes across the USA.”

BMJ GH - The influence of gender and ethnicity on facemasks and respiratory protective equipment fit: a systematic review and meta-analysis

<https://gh.bmj.com/content/6/11/e005537>

By J Chopra et al.

Telegraph - Catching a cold could provide protection against Covid-19, finds study

[Telegraph](#);

“Research shows exposure to everyday infection could give some individuals ‘a head start’ when battling against coronavirus.”

Links: **Plos Global Public Health** - [Trends in handwashing behaviours for COVID-19 prevention: Longitudinal evidence from online surveys in 10 sub-Saharan African countries](#)