IHP news 649: Bracing for Omicron

(17 December 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,

This week’s newsletter will cover among others UHC Day (or was it UHC week? Unfortunately, in the words of Joe Kutzin on Monday, there’s “not that much to celebrate”... ); the 10th Global Conference on Health Promotion, themed “Health Promotion for Well-being, Equity and Sustainable Development” (the first time WHO has used well-being as the theme of a major conference and a “courageous” stance, given how the climate crisis is frighteningly accelerating); the fifth meeting of the Working Group on Sustainable Financing (for WHO, that is); the 1st International Conference on Public Health in Africa (CPHIA 2021) (with as a key theme a New Public Health Order in Africa); the IDA20 replenishment in Tokyo... 

In other words, still lots of global health action before Christmas hits a pandemic-weary world. Given the way the pandemic is going, you can easily see why. On Tuesday, Dr Tedros warned not to underestimate Omicron and for sure we don’t. With the world bracing for Omicron, the Washington Post reported "Wealthy nations rush boosters to counter omicron as poorer nations await first doses" which unfortunately still isn’t far from the truth according to Our World in Data. Against that sorry vaccine inequity backdrop, and in spite of a (long overdue) COVAX “end of the year” acceleration, increasingly activists, developing country leaders and public health experts/leaders are losing patience - 'global solidarity' clearly hasn’t meant much more than charity on big pharma & rich country terms - and considering tougher action.

In line with the People’s Vaccine demands from the start, that implies first of all a TRIPS Waiver of course, long overdue. This week, a brand new list of potential mRNA vaccine producers provided new ammunition for it. Let’s hope the new German coalition will have a change of heart.

Second, at a Chatham House/Pandora initiative “Decolonize Global Health” webinar earlier this week, Dr Osman Dar was also asking whether it’s not time to “play hardball” for developing countries, in multiple fora, linking if necessary various issues and sectors, in a sort of ‘quid pro quo”. Early December, some CGD experts had already hinted at one way of doing this, see Silverman et al’s “Africa Should Bargain Hard for COVID Vaccine Equity”.

And then there was also a hard-hitting op-ed by Anthony Costello, who reckons it’s time to bring in the lawyers. His Guardian piece went viral. “The UK, Canada, Germany and other EU states have supported a deliberate policy to withhold vaccines from the poorest countries in the world, and defended an immoral and unethical economic system which places big pharma patents ahead of millions of lives. In this context, is the only option left to ask whether the states facilitating this might be prosecuted in the international criminal court, on the grounds of a crime against humanity?”
PS: I will refrain from commenting on the ludicrous Time Magazine ‘person of the year’ selection, except that the magazine might also want to consider henceforth ‘villains of the year’. Two years into the pandemic, I can think of a few. Especially in the categories ‘doublespeak of the year’, ‘hoarders of the year’ and ‘profiteers of the year’, there was some stiff competition.

In sum, 2021 was a ‘grand cru’ year for you-know-who. Let’s make 2022 different.

Enjoy your reading.

Kristof Decoster

Featured Article

The Francophone Africa & Fragility Network (AFRAFRA) takes off

Mohamed Ali Ag Ahmed  (Researcher at the Institute of Tropical Medicine, Antwerp; Associate researcher at the Faculty of Medicine and Odontostomatology of Bamako (Mali))

The Sahel region, and in particular the G5 countries (Burkina Faso, Mali, Mauritania, Niger and Chad), face complex and interconnected challenges including chronic poverty, food crises, political instability and violence, as well as recurrent epidemics (in addition to Covid, there’s Ebola, Rift Valley fever, dengue etc.). This situation is the result of a deep governance crisis that is a source of social unrest and provides fertile ground for conflicts between different armed groups (jihadists, rebels, communities, etc.). This puts a strain on health services in particular, which must adapt to remain accessible to the population. In fact, in the areas most affected by the conflicts, particularly in the border area between Mali, Niger and Burkina Faso, the health situation is precarious and access to basic health services is very poor. Several health facilities are not functional due to armed attacks, while there is additional pressure due to the wounded and populations in distress. Although the needs are very great, qualified health personnel tend to abandon the health facilities and move to the larger towns, which are safer. The result is a drop in maternal and neonatal care and vaccination coverage, with a resurgence of epidemics. In addition, there are concerns that international support to strengthen the military capacity of G5 Sahel governments is not helping to address the root causes of conflicts, such as economic and social issues (including health care). Also, support for humanitarian actors taking over is weak because they are denied access to some areas under the control of armed groups.

So far, there is little scientific evidence available to inform appropriate approaches to address the particular challenges posed by this fragility and strengthen affected health systems. Against this backdrop, the Afrique Francophone & Fragilité (AFRAFRA) network was set up in 2019, with the objective to support the health systems of French-speaking African countries that are fragile due to conflicts and other disasters. It is a new space to promote knowledge and exchange of experiences between policy makers, health professionals and researchers. In addition, it also triggers co-production and action in favour of Francophone African countries facing increasing fragility. For the
time being, this network focuses primarily on the five G5 Sahel countries which are particularly affected by an unprecedented multidimensional crisis.

Since its creation, committed members of the network have initiated a number of projects related to fragility through collaborations with academic and research institutions. These projects emerged from country needs and were carried out with health professionals, humanitarian actors and health authorities. They have already produced evidence (1,2,3,4,5) and ensured dissemination to inform decisions and guide interventions. They also contribute to creating synergies, networking, and strengthening the individual capacities of members and their institutions to support or implement policies and organize health services adapted to the context of fragility.

Due to the Covid-19 pandemic, the network was mainly animated online so far. Later this month (end of December), however, a first face-to-face meeting of Afrafra focal points will be held in Mali to take stock and develop a strategic and operational action plan. This meeting will also allow the reorganization of the network’s governance and the identification of priorities for the coming years. To this end, it will benefit from the support of the Institute of Tropical Medicine of Antwerp (Belgium), which has a long experience in supporting the emergence of professional networks in southern countries.

**Highlights of the week**

**UHC Day (12 December)**

WHO - More than half a billion people pushed or pushed further into extreme poverty due to health care costs

[https://www.who.int/news/item/12-12-2021-more-than-half-a-billion-people-pushed-or-pushed-further-into-extreme-poverty-due-to-health-care-costs](https://www.who.int/news/item/12-12-2021-more-than-half-a-billion-people-pushed-or-pushed-further-into-extreme-poverty-due-to-health-care-costs)

“New evidence compiled by the World Health Organization and the World Bank shows that the COVID-19 pandemic is likely to halt two decades of global progress towards Universal Health Coverage. The organizations also reveal that more than half a billion people are being pushed into extreme poverty because they have to pay for health services out of their own pockets. The findings are contained in two complementary reports, launched on Universal Health Coverage Day, highlighting the devastating impact of COVID-19 on people’s ability to obtain health care and pay for it....”

“... The new WHO/World Bank reports also warn that financial hardship is likely to become more intense as poverty grows, incomes fall, and governments face tighter fiscal constraints. ....”

For the two new reports, see:

- WHO/WB - [Tracking Universal Health Coverage: 2021 Global monitoring report](https://www.who.int/news/item/12-12-2021-more-than-half-a-billion-people-pushed-or-pushed-further-into-extreme-poverty-due-to-health-care-costs)

“Before COVID-19 struck, the world was far short of reaching the Sustainable Goal (SDG) 3.8 targets and the goal of 1 billion more people benefiting from UHC by 2023. Since 2000, service
coverage has increased as average income has grown, but at an undue cost to many people. Trajectories on the path to UHC, as tracked by related SDG indicators on service coverage and financial hardship, vary substantially across WHO regions and countries. Country-level analysis of coverage policy is needed to identify gaps in health coverage, understand their causes and develop appropriate policy responses.”

- WHO/WB - Global monitoring report on financial protection in health 2021

Deeper dive into some of the challenges. “Over the past two decades, the World Health Organization (WHO) and the World Bank have been tracking financial protection using household survey data to compare how much people spend out of pocket on health care with their household’s ability to pay. For the first time, this joint report establishes global and regional 2015 baselines for an SDG indicator of catastrophic health spending and infers from previous trends the challenges to come in protecting people from the financial consequences of paying out of pocket for the health services they need.”

Civil Society Perspectives on Reaching Universal Health Coverage

https://csemonline.net/civil-society-perspectives-souhcc-2021/

“On 12 December 2012, the United Nations General Assembly unanimously endorsed a resolution on Universal Health Coverage (UHC), urging countries to accelerate the transition to universal access to quality and affordable health services for all. Governments reaffirmed their commitments to achieving UHC at the UN High-Level Meeting (UN HLM) in September 2019 through a Political Declaration on UHC. In the lead-up to this critical moment, UHC champions and advocates from across sectors around the world mobilized high-level political attention and developed the Key Asks from the UHC Movement, a set of core requests for leaders to take action on UHC. To monitor progress on these commitments, UHC2030 publishes the State of Commitment to UHC review that provides a multi-stakeholder view of the status of UHC. It includes country data profiles that present a snapshot of the key commitment areas in the 2019 Political Declaration on UHC and a global synthesis report with inputs from a range of stakeholders, including civil society. The review is an important tool to support accountability processes within and across countries. From Commitments to Action: Civil Society Perspectives on Reaching Universal Health Coverage summarizes results from 19 focus groups conducted alongside this multi-stakeholder review process. They were planned and led by the Civil Society Engagement Mechanism for UHC2030 (CSEM) with APCASO, Global Health Council, International Federation of Red Cross and Red Crescent Societies, Living Goods, NCD Alliance, People’s Health Movement, UNAIDS, and country partners. The focus group conversations highlighted important issues that governments and other decision-makers should address to ensure UHC policies are inclusive and equitable…”

PS: Check out also: UHC 2030 - State of commitment to universal health coverage: Synthesis 2021

Provides a multi-stakeholder view of the status of UHC. Includes country data profiles that present a snapshot of the key commitment areas in the 2019 Political Declaration on UHC and a global synthesis report with inputs from a range of stakeholders, including civil society. The review is an important tool to support accountability processes within and across countries.
BMJ GH (Editorial) - Universal health coverage: the roof has been leaking for far too long

V Ridde & F Hane; https://gh.bmj.com/content/6/12/e008152

One of the reads of the week. “When it comes to universal health coverage (UHC), the rain has been doing damage for ages and the roof has been leaking for far too long for some people. December 12 is World UHC Day—as designated by international experts who have no difficulty in finding quality healthcare in their countries. The accepted definition of UHC is that all people should be able to benefit from quality healthcare, according to their needs, without financial consequences for their families or being subject to trade-offs against other essential expenses. This technical, even bureaucratic definition is as essential to experts as it is remote from the reality of most vulnerable people in economically high-income countries and the majority of people in low-income and middle-income countries. Abiiro and De Allegri have shown that the concept of UHC can be perceived differently depending on who is talking about it from a legal, humanitarian, economic, social or public health perspective.....”

Quote: “...Like sociologist Pawson’s analysis of the COVID-19 pandemic and anthropologist Geissler’s analysis of the public secrets of public health, we must revisit the 'unspoken' aspects of UHC on this anniversary.....”

Lancet Public health (Viewpoint) - Safeguarding people living in vulnerable conditions in the COVID-19 era through universal health coverage and social protection

G C Barron, R Labonté et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00235-8/fulltext

“... Across economies and societies, the distributional consequences of the pandemic have been uneven. Among groups living in vulnerable conditions, the pandemic substantially magnified the inequality gaps, with possible negative implications for these individuals' long-term physical, socioeconomic, and mental wellbeing. This Viewpoint proposes priority, programmatic, and policy recommendations that governments, resource partners, and relevant stakeholders should consider in formulating medium-term to long-term strategies for preventing the spread of COVID-19, addressing the virus's impacts, and decreasing health inequalities. The world is at a never more crucial moment, requiring collaboration and cooperation from all sectors to mitigate the inequality gaps and improve people's health and wellbeing with universal health coverage and social protection, in addition to implementation of the health in all policies approach.”

Links:


“On Universal Health Coverage Day – an appeal to food and health advocates to shape an agenda for ‘Universal Nutrition Coverage’ including joined-up solutions that promote sustainable agro-ecosystems producing healthier foods for people with co-benefits for the planet.”

Kara Hanson for the Commissioners  https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00510-6/fulltext

“.... We should consider how financing arrangements can enable PHC to reach its potential as the locus of people-centred care. This is the question addressed by the Lancet Global Health Commission on financing PHC in low-income and middle-income countries. Bringing together 22 experts from 15 countries—including academic researchers, technical advisers, and national-level policymakers and health systems experts—the Commission held its first meetings online in April, 2020, just as COVID-19 was beginning to spread around the world. The Commission aims to present new analysis of the amounts and patterns of global expenditure on PHC; analyse key technical and political economy challenges faced in financing PHC; identify areas of proven or promising practice that effectively support PHC across the core health-financing functions; and identify actionable policies to support low-income and middle-income countries in raising, allocating, and channelling resources in support of the delivery of effective, efficient, and equitable PHC.”

“Commissioners began their initial deliberations around four themes: how to mobilise and allocate resources to PHC; using financial and non-financial incentives to influence provider and patient behaviour; unpacking the links between financing arrangements and service-delivery models; and understanding the influence of the political, social, and economic context on decisions to prioritise PHC in national health systems. .... The Commission will report in the first quarter of 2022. The analysis will help low-income and middle-income countries to trace their pathway towards financing arrangements for PHC that place people at the centre.”

10th Global Conference on Health Promotion (13 – 15 December, online )

https://www.who.int/teams/health-promotion/10th-global-conference-on-health-promotion

“On 13–15 December 2021, WHO [held] the 10th Global Conference on Health Promotion. The virtual conference is organized by the World Health Organization (WHO) with the support of the United Arab Emirates, United Nations agencies and partners. It will mark the first time that WHO has used well-being as the theme of a major conference. Discussions will focus on the contributions that health promotion can make to well-being in the broad areas of people, the planet and prosperity, culminating in a high-level political statement recommending how governments can use health promotion to advance well-being. The conference objectives are to: discuss how to extend health promotion to advance well-being and equity, building on evidence and experience, to foster healthier populations. identify realistic interventions for health promotion and well-being to accelerate progress in achieving the SDGs. emphasize the role of health promotion in public health emergency preparedness and response, and seize opportunities to build healthier, fairer societies. explore innovative health promotion approaches to enable societies and communities to flourish.”
WHO - 10th Global Conference on Health Promotion charters a path for creating 'well-being societies'

https://www.who.int/news/item/15-12-2021-10th-global-conference-on-health-promotion-charters-a-path-for-creating-well-being-societies

Press release after the conference.

“Past epidemics showed us the importance of resilient health systems. The COVID-19 pandemic brought into sharp focus the importance of resilient societies. The 10th Global Conference on Health Promotion on 13-15 December 2021 marked the start of a global movement on the concept of well-being in societies. A focus on well-being encourages different sectors to work together to address global challenges and help people take control over their health and lives. Over 4500 participants of the Global Conference, who met virtually and in Geneva, Switzerland, agreed on a Geneva Charter for Well-being. The charter builds on the Ottawa Charter for Health Promotion and the legacy of nine global conferences on health promotion. It highlighted the need for global commitments to achieve equitable health and social outcomes now and for future generations, without destroying the health of our planet. This charter will drive policy-makers and world leaders to adopt this approach and commit to concrete action....”

“... The document encourages five key actions: Design an equitable economy that serves human development within planetary boundaries; Create public policy for the common good; Achieve universal health coverage; Address the digital transformation to counteract harm and disempowerment and to strengthen the benefits; and Value and preserve the planet....”

WHO - Investing 1 dollar per person per year could save 7 million lives in low and lower-middle income countries


“A new World Health Organization report shows that close to seven million deaths could be prevented by 2030, if low and lower-middle income countries were to make an additional investment of less than a dollar per person per year in the prevention and treatment of noncommunicable diseases (NCDs). NCDs – which include heart disease, diabetes, cancer, and respiratory disease – currently cause seven out of every ten deaths around the world. Yet their impact on lower income countries is often underestimated, despite the fact that 85% of premature deaths (between ages 30-69) from NCDs occur in low- and middle-income countries, making them a huge health and socioeconomic burden. The vast majority of those deaths can be prevented using WHO’s tried and tested NCD ‘Best Buy’ interventions. These include cost effective measures to reduce tobacco use and harmful use of alcohol, improve diets, increase physical activity, reduce risks from cardiovascular diseases and diabetes, and prevent cervical cancer.....”

“... Saving lives, spending less: the case for investing in noncommunicable diseases, focuses on 76 low- and lower-middle-income countries. The report explains the NCD Best Buys and shows how every dollar invested in scaling up Best Buy actions in these countries could generate a return of up to USD 7 - potentially USD 230 billion by 2030. ... The report emphasizes the urgency of investing in NCD prevention and management given that the COVID-19 pandemic has highlighted how many of these diseases can worsen outcomes for COVID-19. By investing in the 16 recommended Best Buy
policies, countries will not only protect people from NCDs, but also reduce the impact of infectious diseases like COVID-19 in the future.....”

WHO - Protect the environment, World No Tobacco Day 2022 will give you one more reason to quit


“WHO today announces the 2022 global campaign for World No Tobacco Day - “Tobacco: Threat to our environment.” . The campaign is aimed to raise awareness among the public on the environmental impact of tobacco – from cultivation, production, distribution and waste. It will give tobacco users one extra reason to quit. The campaign will also aim to expose tobacco industry’s effort to “greenwash” its reputation and products by marketing themselves as environmentally friendly. With an annual greenhouse gas contribution of 84 megatons carbon dioxide equivalent, the tobacco industry contributes to climate change and reduces climate resilience, wasting resources and damaging ecosystems. Around 3.5 million hectares of land are destroyed for tobacco growing each year. Growing tobacco contributes to deforestation, especially in the developing world....”

Health Promotion International (supplement) - The continuing evolution of health promotion: From the Shanghai conference on sustainable development to the Geneva conference on wellbeing societies

https://academic.oup.com/heapro/issue/36/Supplement_1

Collection of background papers to @WHO ’s #10GCHP.

Start with the Editorial (by Don Nutbeam et al)

“... This special supplement to Health Promotion International has been supported by the World Health Organization to build on the progress and challenges emerging from the Shanghai Conference and provide a platform for discussion at the 10th Global Conference on Health Promotion. The conference reflects WHO’s triple billion agenda, specifically highlighting the role of health promotion in the pursuit of health and wellbeing for all through WHO’s Healthier Populations framework and measurable impacts (WHO, 2019, 2020). The purpose of the supplement is to provide a collection of papers summarizing the current state of knowledge and to advance thinking on the future of health promotion. The papers were commissioned in the context of WHO’s current priorities, and its contributions to the achievement of the Sustainable Development Goals (SDGs). WHO’s priorities include achieving Universal Health Coverage (UHC): responding successfully to global health emergencies (including COVID-19); and creating healthier populations....”
1st Conference on Public Health in Africa (14-16 Dec)

HPW - First Ebola then COVID: Africa Needs to Strengthen Health Systems to Prepare for Next Pandemic
https://healthpolicy-watch.news/covid-is-africas-wake-up-call-to-strengthen-health-systems/

“The COVID-19 pandemic has been a “wake-up call” to African countries to build resilient health systems, boost local manufacturing of medicines, and improve the skills of health workers, according to Rwanda’s President Paul Kagame. Opening the continent’s first-ever Conference on Public Health in Africa this week, Kagame – chairperson of the African Union Commission – said that the continent could not depend on “external funding” to build resilient health systems. He outlined a new public health order based on four components: Building the capabilities and professionalism of continental health bodies including the Africa Centres for Disease Control (CDC) and the African Medicines Agency (AMA), Increasing domestic funding for public health, Investing in national health systems that have the ability to implement critical health programmes, including regular mass vaccination campaigns, and Implementing the Partnership for African Vaccine Manufacturing “to ensure that Africa does not remain at the back of the queue for life-saving medicines and vaccines”.

“Meanwhile, Dr John Nkengasong, director of the Africa Centre for Disease Control (CDC), said that the conference marked the beginning of “self-determination” in public health for the continent....”

GHN - Envisioning a New Public Health Order in Africa
https://www.globalhealthnow.org/2021-12/envisioning-new-public-health-order-africa

“COVID-19 has opened up a “historic opportunity” to forge a new public health order in Africa, says African Union Commission Chairperson Moussa Faki Mahamat. “We must strengthen our partnerships and collaborations to chart a course for our own future – a future of self-reliance,” he said in opening remarks at the first-ever Conference on Public Health in Africa this week....”

“...A key focus has been the creation of a new public health order. In one session yesterday, WHO’s Assistant Director-General Chikwe Ihekweazu said that such an order would serve “as the convener of the expertise” required to respond to outbreaks. Some of its core objectives: Strengthen national public health institutions. Bolster local production of vaccines, therapeutics, and diagnostics. Invest in the public health workforce. Forge strategic partnerships with the private sector. Empower regional organizations for pandemic governance....”

Global Health Governance & financing

Devex - Longtime Biden aide appointed to lead UNICEF

“Catherine Russell, who currently serves as assistant to the U.S. president and director of the powerful White House Office of Presidential Personnel, will be the next executive director
On Friday, United Nations Secretary-General António Guterres announced his intention to appoint Russell. She will succeed Henrietta Fore, who has led the agency since 2018 and announced in July she would step down before the end of her five-year term due to family health challenges. Officially, the U.N. secretary-general appoints UNICEF’s executive director. However, the position has always been held by an American. The United States is the largest financial contributor to UNICEF and played a key role in the agency’s creation. Total financial contributions to the agency topped $7 billion in 2020.....

UNAIDS Board closes after making bold decisions on societal enablers and ending HIV-related stigma and discrimination as a pivotal part of ending inequalities and AIDS


Some key messages from the 49th meeting of the UNAIDS Programme Coordinating Board (PCB), which commenced on 7 December 2021, closed on 10 December.

FCDO launches new approach to improving global health


News from the UK. “The Foreign, Commonwealth and Development Office (FCDO) has today (14 December) launched two papers that reaffirm the UK’s commitment to improving health around the world through development, diplomacy and research.....”

“The Ending Preventable Deaths Approach Paper sets out how the UK will work with partners to address the reality that every six seconds, a pregnant woman, newborn baby or child dies somewhere in the world. .... The second strategy, the Health Systems Strengthening Position Paper, sets out how the FCDO will work with international partners to build strong, resilient and inclusive health systems able to cope with unexpected shocks such as COVID-19 and climate change, while at the same time delivering quality, inclusive, equitable and accessible health services that people need and trust.....”

Well worth digging into, these two new position papers.

WB - Global Community Steps Up with $93 Billion Support Package to Boost Resilient Recovery in World’s Poorest Countries

World Bank:

“The World Bank today announced a $93 billion replenishment package of the International Development Association (IDA) to help low-income countries respond to the COVID-19 crisis and build a greener, more resilient, and inclusive future. The financing brings together $23.5 billion of contributions from 48 high- and middle-income countries with financing raised in the capital markets, repayments, and the World Bank’s own contributions. ...”
“The financing package, agreed over a two-day meeting hosted virtually by Japan, is the largest ever mobilized in IDA’s 61-year history. IDA’s unique leveraging model enables it to achieve greater value from donor resources – every $1 that donors contribute to IDA is now leveraged into almost $4 of financial support for the poorest countries. “

“... The funds will be delivered to the world’s 74 poorest countries under the 20th replenishment (IDA20) program, which focuses on helping countries recover from the impacts of the COVID-19 crisis. ... To help countries build back greener, a substantial portion of these funds go to tackling climate change, with a focus on helping countries to adapt to rising climate impacts and preserve biodiversity. IDA will also deepen support to countries to better prepare for future crises, including pandemics, financial shocks, and natural hazards. While IDA20 will support countries globally, resources are increasingly benefiting Africa, which will receive about 70 percent of the funding. ... With this strong package, IDA will be able to scale up its support in the pandemic and address health challenges, helping 400 million people receive essential health and nutrition resources. The social safety nets program is also expected to reach as many as 375 million people. “

Coverage via Devex - Donors fail to hit expectation for IDA20 despite record $93B haul

“The latest capitalization round for the World Bank’s fund for the lowest-income nations secured a $93 billion replenishment package — a record haul — but the number is shy of expectations. Forty-eight donor countries pledged $23.5 billion for the three-year cycle of IDA20, the 20th replenishment of the bank’s International Development Association. The bank will leverage those funds using capital markets and other tools at a ratio of nearly 1 to 4 to hit the higher figure. Bank officials had expressed confidence they would reach $95 billion. And earlier this year, African leaders pressed for a $100 billion target, citing the fallout from the COVID-19 pandemic in increasing needs and setting back growth....”

And Devex - Devex Newswire: IDA replenishment stumbles over UK cuts

Devex - Q&A: How IDA 20 is an opportunity for health system strengthening


Interview ahead of the IDA replenishment. “With the final round of pledging for World Bank’s International Development Association’s 20th replenishment taking place this week in Tokyo, Devex got some insight into the bank’s plans when it comes to spending what officials predicted last month could be $95 billion....”

Check out this interview with Axel van Trotsenburg, the World Bank’s managing director of operations.

“In an interview with Devex ahead of the final round of pledging for IDA 20 — the 20th replenishment of the bank’s International Development Association — taking place this week in Tokyo, he said that the World Bank will step up support for vaccination efforts, including purchasing and deployment, but that the anti-poverty lender wants the increased spending on health to be an opportunity “to prepare against future crises, and that means systematic health system strengthening.” The fund normally gets replenished every three years, and IDA 20 was originally scheduled for 2022. But due to the pandemic, the bank ran through the previous round’s funding ahead of schedule....”
“... What would you say are the biggest shifts from IDA19 to IDA 20 in terms of priorities? I think there has been a longer-term change occurring — that IDA has become more Africa-centric than ever. The second thing is a big change to focus on fragile states. Now, 70% of IDA resources are going to Africa. And certainly, in the years to come, the focus will be on areas like the Sahel, the Lake Chad area, the Horn of Africa. I think climate remains very important. ...”

“... Right now, we’re supporting actively on the vaccine front over 60 countries — not only the purchase, but also the deployment. But ultimately we want to have a permanent strengthening of the health system. This cannot be a World Bank-centric approach. It has to be with the countries within the U.N. [United Nations] system and in Africa with the African Union....”


“Since the start of the COVID-19 pandemic, the World Bank Group has deployed over $157 billion to fight the health, economic, and social impacts of the pandemic, the fastest and largest crisis response in its history. The financing is helping more than 100 countries strengthen pandemic preparedness, protect the poor and jobs, and jump start a climate-friendly recovery. The Bank is also supporting over 60 low- and middle-income countries, more than half of which are in Africa, with the purchase and deployment of COVID-19 vaccines, and is making available $20 billion in financing for this purpose until the end of 2022.”

WHO - Global expenditure on health: Public spending on the rise?

Health Systems Governance and Financing UHC; https://www.who.int/publications/i/item/9789240041219

“The 2021 Report examines country health spending patterns and trends over the past 20 years, before the COVID-19 pandemic, with greater focus on public spending on health. The report also presents spending on primary health care, preliminary health expenditure in 2020 for a small set of countries (including their health spending on COVID-19) and an analysis of high-income countries spending patterns, in particular during the global financial crisis. The report also points out the need for more public investment in health to get progress towards UHC back on track and strong health security.”

TGH - Pandemic Governance Negotiations and U.S. Foreign Policy

D Fidler; https://www.thinkglobalhealth.org/article/pandemic-governance-negotiations-and-us-foreign-policy

Over to ‘pandemic accord’ analysis. Always worth a read, Fidler’s analysis (even though this one has something of a ‘self-fulfilling prophecy’ (in his dreams), given that he’s not a fan of a pandemic treaty).

“Ready or not, the future of pandemic governance will be determined next year.” “...Over the past twelve months, governments, the World Health Organization (WHO), and other international bodies have explored how to better prepare for pandemics. Despite this diplomacy, what pandemic governance will look like beyond COVID-19 remains inchoate. The outcome of the recent special session of the World Health Assembly (WHA) captures the indecision and uncertainty hanging over pandemic governance reform.....”
A few quotes & excerpts:

... In the INB (i.e. the Intergovernmental Negotiating Body established by the WHA), the lowest-common-denominator agreement will be a non-binding instrument. This outcome appears to be what the United States wants.... “

“... When the INB convenes, WHO members interested in a treaty must assess whether it could function without U.S. participation. Many countries will conclude—if they have not already—that a treaty will not work without the United States, increasing incentives to support a non-binding agreement. ... The INB will also force countries to decide what they want in a pandemic accord. ...

... Several topics in the report create incentives for adopting a non-binding instrument. For example, the report identified equity, universal health coverage, and financing as important. Historically, high-income states have rarely, if ever, accepted binding legal obligations to transfer financial or technological resources to achieve equity or build health systems in other countries. Other topics—such as outbreak detection and pathogen sample sharing—are covered under different treaties, which constrains how a pandemic treaty could handle such issues. In both cases, a non-binding approach might be more attractive to states. .... In addition, the absence of guidance in the WHA decisions and the many topics in the working group’s report signal that countries do not agree on what a pandemic instrument should do.....”

And Fidler’s conclusion: “... Determining how to avoid another catastrophic pandemic during an ongoing pandemic was never going to be easy, so the indecision reflected in the INB’s mandate is not shocking. Accusations of “travel apartheid” and booster-exacerbated “vaccine apartheid” triggered by national responses to the omicron variant underscore how difficult transforming pandemic governance will be. Indeed, the omicron episode potentially reveals that the fault line in global health between national sovereignty and security, on the one hand, and global solidarity and equity, on the other, has become more entrenched, unstable, and dangerous during COVID-19. If so, neither U.S. power nor the INB will produce the sea change so many hoped this epic plague would bring.”

TGH - The World Health Assembly Special Session and the Pandemic Treaty Controversy


“Low- and middle-income countries face challenges in upcoming negotiations on pandemic governance.” In the INB, that is.

Economist - Africans are winning top jobs at international institutions


“Until recently, the continent had been largely sidelined.”

“.... Today Africans lead several global institutions. Tedros Adhanom Ghebreyesus, an Ethiopian, has steered the World Health Organisation (who) through the pandemic. Ngozi Okonjo-Iweala, a Nigerian, heads the World Trade Organisation (wto). Makh tar Diop, a Senegalese, presides over an
investment portfolio worth about $64bn at the International Finance Corporation (ifc), the semi-independent arm of the World Bank that invests in private firms. A stitch-up gives the top jobs at the World Bank and imf to America and Europe. But for just the second time a sub-Saharan African, Antoinette Sayeh of Liberia, is a deputy managing director of the imf.”

“...This reflects a realisation that the focus of many of these institutions is shifting to sub-Saharan Africa, which has more than two-thirds of the world’s poor and where the average life expectancy is about 61 years, compared with 80 years in rich countries. Although Africa accounts for a small part of global commerce, it has the most to gain from trade. It will probably make up a growing share of the imf’s work, too. Lending to sub-Saharan countries is 13 times higher since the pandemic struck.....”

Guardian - ‘Colossal waste’: Nobel laureates call for 2% cut to military spending worldwide


“More than 50 Nobel laureates have signed an open letter calling for all countries to cut their military spending by 2% a year for the next five years, and put half the saved money in a UN fund to combat pandemics, the climate crisis, and extreme poverty. Coordinated by the Italian physicist Carlo Rovelli, the letter is supported by a large group of scientists and mathematicians including Sir Roger Penrose, and is published at a time when rising global tensions have led to a steady increase in arms budgets. “Individual governments are under pressure to increase military spending because others do so,” the signatories say in support of the newly launched Peace Dividend campaign. “The feedback mechanism sustains a spiralling arms race – a colossal waste of resources that could be used far more wisely.””

Devex - IMF warns of soaring debt amid divide between rich and poor nations


“Global debt hit a record $226 trillion during 2020 in the largest one-year increase since World War II, the International Monetary Fund said Wednesday. The latest figures in the fund’s Global Debt Database also reveal the sharp divide between higher- and lower-income countries. Even smaller increments in dollar terms … have meant significant debt burdens for the middle- and low-income countries.”

WHO financing – 5th meeting of Working Group on Sustainable Financing (13-15 Dec)

https://apps.who.int/gb/wgsf/e/e_wgsf-5.html
So far, unfortunately, the news leaking out of this important 5th meeting wasn’t very encouraging…. You probably read it all in detail in the coming days.

Devex - German diplomat expects ‘challenging debates’ on WHO funding increase


Analysis ahead of the Working Group on Sustainable Financing meeting (13-15 Dec). “This week, countries will be debating a contentious proposal to increase their dues to the World Health Organization by over $1 billion by 2029. “Member states are hesitant to put more taxpayers’ funding into international organizations, and that’s understandable,” Björn Kümmel, deputy head of the global health division at Germany’s Federal Ministry of Health and chair of the WHO Working Group on Sustainable Financing, said in a press briefing Friday. But as Kümmel has repeatedly pointed out, countries need to align their expectations of the WHO with more sustainable and predictable financing…”

“….. The working group has met four times since its establishment in January 2021 to discuss and explore ways to address issues with WHO’s current budget makeup. This week’s meeting, which will run from Dec. 13 to 15 and is not public, will be its fifth…”

“…. WHO’s total budget for 2022 to 2023 is over $6 billion. Its base budget — which supports the core work of the organization, including staffing — is $4 billion of that total. Assessed contributions meanwhile, which are flexible and predictable, account for less than $1 billion of that amount….

The group’s draft report is recommending a gradual increase, starting in 2024, that would lead to assessed contributions covering 50% of WHO’s core budget by 2029;… The working group, however, is also recommending that member states also explore the idea of a replenishment model to secure long-term predictable funding for the organization.”

“… The financing proposals, however, should also be linked to “bold governance reforms” of the organization, Kümmel said. The working group’s proposal should be seen as a “package deal,” Kümmel said. An increase in assessed contributions “will not fly” without clarifying the governance reforms, and if countries do not provide flexible funding to the organization. This week’s meeting, however, is one part of the process. The report will be taken up to the WHO executive board meeting in January, and any final decision will take place at the World Health Assembly in May.”…”

Geneva Health Files - Member states could consider paying more to support WHO, some remain unwilling

P Patnaik; Geneva Health Files;

Last week’s Deep Dive, also ahead of the meeting of the Working Group on Sustainable Financing. “This week we bring you a detailed look at the report of the Working Group on Sustainable Financing that will be discussed next week by countries at the WHO. This meeting is a key starting point that could potentially decide on the extent to which WHO may receive support from those who own the organization. ….”
**Covax (& ACT-A)**

WP - Covax promised 2 billion vaccine doses to help the world's neediest in 2021. It won’t even deliver even half that.

https://www.washingtonpost.com/world/2021/12/10/covax-doses-delivered/

“**Covax, an expansive vaccine-sharing initiative to get coronavirus vaccine doses to low- and middle-income nations, once pledged to deliver more than 2 billion shots worldwide by the end of the year. But as the days tick down, it is scrambling to deliver well under half that figure.**”

“The initiative, led by the United Nations, is now racing to deliver 800 million doses by the end of the year, according to interviews with senior officials involved in Covax, which includes the World Health Organization and other groups. Even if that benchmark is met, it will be a far cry from the 2.3 billion doses hoped for in January by a program designed to counter a glut of vaccines in wealthy nations. Covax lowered its estimate of doses delivered in 2021 to between 800 million and 1 billion doses late this year after a range of complications with supply and delivery. Omicron, a variant first detected in southern Africa, has added urgency to the need for vaccines, but also disrupted shipping and could upend Covax’s hopes for more regular shipments in 2022. Though the organization was set up to pool money to purchase its own doses from a variety of manufacturers, many of those orders were delayed in the first part of the year, and the organization increasingly relies upon donations from the United States and other wealthy countries of vaccines including the AstraZeneca-Oxford, Pfizer-BioNTech, Moderna and Johnson & Johnson jabs. The Biden administration pledged in September to donate or facilitate the purchase of 1.1 billion doses to Covax, though many of those doses are not expected to arrive until next year.”

PS: “... The immediate issue is no longer supply, but logistics. Roughly 1.2 billion vaccine doses had now been released for Covax, Kate O’Brien said, but not all countries were ready for them. “We’re in this hybrid space where we’re very much in the shift between supply-constrained to more demand-driven uptake,” O’Brien said.....”

PS via HPW: On how Covax is speeding up now.

“...Tedros said in the past 10 weeks, the international vaccine rollout initiative, COVAX, has shipped more vaccines than in the first 9 months of the year combined, with most countries using vaccines as fast as they get them. “A small group of countries are facing challenges rolling out vaccines and scaling up rapidly, and WHO and our partners are working closely with those countries to overcome bottlenecks”, he added....”

AP - Vaccine alliance chief: Omicron could trigger ‘Inequity 2.0’


“The head of vaccine alliance Gavi, which is leading a U.N.-backed push to get COVID-19 vaccines to developing countries, said that he’s seen early signs that rich countries are beginning to withhold donations out of fears about the omicron coronavirus variant — warning any new hoarding could lead to “Inequity 2.0.”....”
“Gavi expects to have 1.4 billion doses available by the end of this year. It had originally set a goal to deliver 2 billion doses by the end of 2021. Berkley said Gavi expects another 800 million doses in the first quarter of next year, but not all of those are confirmed. Questions remain about supplies from manufacturers, regulatory approvals, and dose donations that are “somewhat more unpredictable.” Places like the United States and the European Union have been key donors. As it has been forced to adapt and revise its strategies, donations from countries like “Team Europe” have grown increasingly important to COVAX — which was never planned to be a donation mechanism....”

See also SCMP - Covax chief warns against replay of Covid-19 vaccine nationalism in 2022

“Right now, we need to avoid a type of scenario which would be ‘Vaccine nationalism 2.0,’” said Aurélie Nguyen, managing director of the Covax Facility....”

Reuters - COVAX scheme needs rules to prevent vaccine hoarding - WHO advisor

“COVAX, the global vaccine-sharing network, needs a new set of rules in the long term to prevent the hoarding of vaccines by high income and vaccine-producing countries, a senior advisor to the World Health Organization (WHO) said [last week] on Friday. ... ... Bruce Aylward called for vaccine manufacturers to be more transparent. "The manufacturers have got to say how many vaccines are going to who, and when. If we don’t have that information, we can’t plan properly," he said.....”

Reuters - Pfizer set to oust AstraZeneca as top supplier of COVID-19 shots to poor nations

“Pfizer (PFE.N) and BioNtech (22UAy.DE) are set to displace AstraZeneca (AZN.L) as the main suppliers of COVID-19 vaccines to the global COVAX programme at the start of 2022, a shift that shows the increasing importance of their shot for poorer states. The expected change comes with headaches for receiving countries that lack sufficient cold storage capacity to handle the Pfizer vaccine, and amid risks of a shortage of syringes needed to administer that shot....”

“AstraZeneca is currently the most distributed vaccine by COVAX, according to data from Gavi, the vaccine alliance that co-manages the programme with the World Health Organization (WHO). ... But in the first quarter of next year Pfizer is set to take over, according to Gavi and WHO figures on doses assigned by the COVAX programme for future supplies. ... By the end of March, another 150 million Pfizer doses are to be distributed by COVAX, a WHO document shows. ... ... As the programme faced problems in securing doses directly from vaccine makers amid a global scramble for shots, donations from rich nations became more important, turning Pfizer into the main supplier to COVAX. The United States is donating mostly Pfizer shots to the programme.....”

International Bar association - Profile – Jelena Madir, General Counsel at Gavi

https://www.ibanet.org/general-counsel-gavi

In case you’re wondering what all these lawyers are doing at GAVI : ) “Jelena Madir had an impressive career trajectory as a banking and finance lawyer. As the General Counsel at Gavi – a
vaccine alliance which aims to boost access to immunisation in developing countries – she tells In-House Perspective about how the pandemic transformed her role and her determination to end vaccine inequity.”

Reuters – Refugees lack COVID shots because drugmakers fear lawsuits - documents

https://www.reuters.com/world/refugees-lack-covid-shots-because-drugmakers-fear-lawsuits-documents-2021-12-16/

In-depth analysis. “Tens of millions of migrants may be denied COVID-19 vaccines from a global programme because some major manufacturers are worried about legal risks from harmful side effects, according to officials and internal documents from Gavi, the charity operating the programme, reviewed by Reuters.

“For refugees, migrants and asylum-seekers, as well as people afflicted by natural disasters or other events that put them out of reach of government help, the global programme known as COVAX created a Humanitarian Buffer – a last-resort reserve of shots to be administered by humanitarian groups. ... But that buffer does not have any mechanism to offer compensation. Gavi, which operates COVAX with the World Health Organization (WHO), says that where those applying for doses, mainly NGOs, can’t bear legal risks, deliveries from that stockpile can only be made if vaccine-makers accept liability. The companies that are willing to do so under these circumstances provide only a minority of the programme’s vaccines, according to people familiar with the matter and the documents, written by Gavi staff for a board meeting starting at the end of November. Mainly because of the legal concerns, less than 2 million doses have so far been sent from the buffer, Gavi says. About 167 million people risk being excluded from national programmes, according to United Nations data cited in the documents. ...”

Lancet (Health Policy) - Governing the Access to COVID-19 Tools Accelerator: towards greater participation, transparency, and accountability

Suerie Moon et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02344-8/fulltext

Also one of the reads of the week.

“The Access to COVID-19 Tools Accelerator (ACT-A) is a multistakeholder initiative quickly constructed in the early months of the COVID-19 pandemic to respond to a catastrophic breakdown in global cooperation. ACT-A is now the largest international effort to achieve equitable access to COVID-19 health technologies, and its governance is a matter of broad public importance. We traced the evolution of ACT-A’s governance through publicly available documents and analysed it against three principles embedded in the founding mission statement of ACT-A: participation, transparency, and accountability. We found three challenges to realising these principles. First, the roles of the various organisations in ACT-A decision making are unclear, obscuring who might be accountable to whom and for what. Second, the absence of a clearly defined decision making body; ACT-A instead has multiple centres of legally binding decision making and uneven arrangements for information transparency, inhibiting meaningful participation. Third, the nearly indiscernible role of governments in ACT-A, raising key questions about political legitimacy and channels for public
accountability. With global public health and billions in public funding at stake, short-term improvements to governance arrangements can and should now be made. Efforts to strengthen pandemic preparedness for the future require attention to ethical, legitimate arrangements for governance.”

8th ACT-Accelerator Facilitation Council meeting (9 Dec)

https://www.who.int/news-room/events/detail/2021/12/09/default-calendar/8th-act-accelerator-facilitation-council-meeting

Check out the following presentations, among others:

Tracking progress toward targets; ACT-A Financing Framework; Update on COVID-19 Vaccine in Africa (by John Nkengasong)

Geneva Health Files – The ACT Accelerator Game plan 2022: Pledging event and wider role for WHO

Geneva Health Files

“At a stock-taking meeting last week, representatives of the ACT-Accelerator Facilitation Council Meeting discussed their plans for 2022 that includes a pledging event to raise funds to bolster the COVID-19 response mechanism. This ACT-A pledging event is being planned in addition to the dedicated pledging events for the COVAX Facility and CEPI, both leading agencies in the vaccines pillar of the ACT-Accelerator. The total ask for $23.4 billion until September 2022, only meets a part of the total costs needed to procure COVID-19 tools to meet the wider coverage targets. A new financing framework for ACT-A was also discussed. ... While recognizing the limits of the Official Development Assistance in contributing to the ACT A, some donor countries continued to push for borrowing from multilateral development banks, and an expansion for domestic resources. (Both the World Bank and the IMF spoke at the event.)”

“... As mentioned above, the new ACT-A plans recognizes (rather belatedly) the WHO as the “spinal cord” COVID-19 response. The investment case says, “Now, in the next phase of the pandemic, WHO’s role in the ACT-Accelerator is increasing as the focus shifts to ensuring equitable impact at the final mile.” ... “The ACT-Accelerator needs US$23.4 billion until September 2022. Of this, WHO’s funding needs are $1.57 billion, less than 7% of the total ask....”

WHO - Dr Ayoade Alakija appointed WHO Special Envoy for the ACT-Accelerator

https://www.who.int/news/item/16-12-2021-dr-ayoade-alakija-appointed-who-special-envoy-for-the-act-accelerator

“Dr Tedros Adhanom Ghebreyesus, WHO Director-General, has appointed Dr. Ayoade Alakija as WHO Special Envoy for the Access to COVID-19 Tools Accelerator (ACT-Accelerator). Dr Alakija joins former Prime Minister of Sweden Carl Bildt, WHO’s current Special Envoy for ACT-A, in this role. In her capacity as Special Envoy, Dr Alakija will help lead the collective advocacy for the ACT-Accelerator, mobilizing support and resources so it can deliver against its new Strategic Plan and Budget that was launched on 28 October 2021, and ensuring that the response is characterised by
accountability, inclusion, and solidarity. Dr Alakija will also support the leaders of the ACT-Accelerator’s three product pillars (vaccines, tests, treatments) and cross cutting ‘connector’; consult widely on the work of the ACT-Accelerator; advise the Director-General, ACT-Accelerator principals and stakeholders on emerging issues; and represent the ACT-Accelerator in key national and international fora....”

Link:

Gavi and Moderna reach agreement for additional supply to COVAX

“Agreement will make up to an additional 150 million doses of the Moderna COVID-19 vaccine available to COVAX Facility participants in Q2 and Q3 2022, at the lowest tiered price. Gavi and Moderna have also agreed to advance availability of 20 million doses – originally scheduled to be available in Q1 2022 – to Q4 2021.”

Trips Waiver / tech transfer /....

A TRIPS Council formal meeting was scheduled on the 16th of December to formulate the plan ahead for the waiver discussions. Expectations are still not too high, in spite of huge pressure from activists.

Reuters - WTO chief says vaccine answer close, but facing effort to block it

Reuters

“...Discussions on the issue at the WTO, which takes decisions by consensus, have been deadlocked for more than a year. Okonjo-Iweala said she had brought the main actors together, with technical experts now trying to settle details. However, the WTO head said information on delicate negotiations had since been exposed through leaks to the media, putting a "chill" on the process. "It's not inadvertent. I think it's a deliberate means of stopping negotiations and stopping an answer. The thing is millions of lives depend on this ... Continents like Africa are waiting for this," she said. She said it was hard to pinpoint who was responsible and did not refer to any particular report, but said they were causing mistrust.....
TWN - US, EU, India, South Africa hold talks on TRIPS waiver compromise

“The trade chiefs of the United States, the European Union, India, and South Africa held two rounds of discussions on how to overcome their differences on the temporary TRIPS waiver that has assumed heightened urgency amidst the worsening COVID-19 pandemic due to the emergence of the new Omicron variant of the SARS-CoV-2 virus, said people familiar with the development. The talks among the four trade chiefs – the US Trade Representative (USTR) Ambassador Katherine Tai, the EU trade commissioner Mr Valdis Dombrovskis, the Indian trade minister Mr Piyush Goyal, and the South African trade minister Mr Ebrahim Patel – were apparently facilitated by the WTO director-general Ms Ngozi Okonjo-Iweala, and her deputy director-general Ms Anabel Gonzalez from Costa Rica, said people, who asked not to be quoted. The two rounds of talks were held virtually, with the first round lasting two hours and the second round of talks lasting for three hours on 11 December. Several issues such as the scope of the waiver, the coverage of products, the duration of the waiver, and other legal issues, including Articles 28, 30 (on limited exceptions) and 31 (on compulsory licensing provisions) of the WTO’s TRIPS Agreement, dominated the discussions. From the two rounds, the positions held by the four members are apparently becoming clear......”

Still looks like a stalemate, from a distance.

HPW - South Africa’s mRNA Vaccine Hub Aims for Clinical Trial by 2023 and ‘Won’t Violate Patents’

“The mRNA vaccine ‘hub’ being set up in South Africa aims to have a COVID-19 vaccine candidate ready for clinical trials by 2023. Meanwhile, the World Health Organization (WHO) – which initiated the South Africa hub to address regional inequity – is setting up a “biomanufacturing workforce training centre” to address the skills shortages in low and middle-income countries that make technology transfer difficult. This is according to the WHO’s head of technology transfer, Martin Friede, who addressed the first public engagement on the South African tech transfer hub last Friday. .... This centre will be linked to the WHO Academy, which is in the process of being set up in Lyon in France. “... In addition, the WHO aims to set up another technology transfer hub early next year, potentially focusing on viral vectors, he said.”

“...The South African mRNA ‘hub’ will teach African manufacturers how to make mRNA vaccines, like the Pfizer and Moderna COVID-19 vaccines. Foreign manufacturers will share techniques with local institutions and WHO and partners will bring in production know-how, quality control and will assist with getting necessary licenses. ... However, South Africa’s deputy science minister, Buti Manamela, stressed that the vaccine candidate is “being modelled on open source technology, and the Medicines Patent Pool, which is responsible for the intellectual property and licencing elements of the project, will ensure that patents are not infringed upon”. “

“... The South African hub is chaired by Dr Marie-Paule Kieny, the chairperson of the Medicines Patent Pool, and its governance includes the African Centre for Disease Control and Prevention (CDC), and the South African Department of Science and Innovation. ....”
HRW - Experts Identify 100 Plus Firms to Make Covid-19 mRNA Vaccines


“US, German Governments Should Press Vaccine Makers to Transfer Technology Widely.”

“Human Rights Watch and other groups wrote to the US and German governments urging them to act on a new list published today by experts identifying more than 100 companies in Africa, Asia, and Latin America with the potential to produce mRNA vaccines.....”

“The list of potential mRNA manufacturers was compiled by the coordinator of the AccessIBSA project, which campaigns for access to medicines in India, Brazil, and South Africa, and a vaccine expert from the Médecins Sans Frontières (MSF or Doctors Without Borders) Access Campaign....”

“... The US and German governments have a responsibility to press those companies to share knowledge and technology more widely, Human Rights Watch said. The list of over 100 potential mRNA vaccine manufacturers follows a list of 10 potential mRNA manufacturers published by the New York Times....”

PS: apparently, on Thursday Thomas Cueni (head of IFPMA) called the number "voodoo economics."

Covid key news

Let’s start with a global update via Cidrap News:

“In its latest weekly pandemic update, the World Health Organization (WHO) said yesterday that global cases and deaths declined last week, but Africa reported an 111% rise in cases. The Western Pacific region also reported a rise in cases, partly driven by a surge in South Korea, which reported another daily record high today....”

HPW - Rapidly Spreading Omicron is Now in 77 Countries and WHO Warns Against Assuming Its Effects are Mild


“Omicron is now in 77 countries, spreading at a rate not seen by other COVID-19 variants and countries should not assume that it is mild, warned World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus on Tuesday. Even if people get milder symptoms from Omicron, the sheer number of cases could overwhelm health systems that have already been weakened by previous COVID-19 waves, WHO officials stressed at the global body’s COVID-19 media briefing on Tuesday. .... Tedros acknowledged that COVID-19 booster vaccines may have an important role to play against Omicron, especially for those vulnerable to severe disease – but stressed that “WHO is not against boosters, we are against inequity”....”
Reuters - Omicron poses "very high" global risk but data on severity limited - WHO

Omicron poses "very high" global risk but data on severity limited - WHO | Reuters

From Monday. “The Omicron coronavirus variant, reported in more than 60 countries, poses a "very high" global risk, with some evidence that it evades vaccine protection but clinical data on its severity remain limited, the World Health Organization says. Considerable uncertainties surround Omicron, first detected last month in South Africa and Hong Kong, whose mutations may lead to higher transmissibility and more cases of COVID-19 disease, the WHO said in a technical brief issued on Sunday. "The overall risk related to the new variant of concern Omicron remains very high for a number of reasons," it said, reiterating its first assessment of Nov. 29....”

UN News - COVID-19: WHO says countries can now use one or two courses of the Janssen vaccine


“Countries “can now consider” using one or two courses of the Janssen COVID-19 vaccine, otherwise known as the Johnson & Johnson, or J&J shot, the World Health Organization (WHO) announced on Friday. ....”

FT - Covid boosters in rich countries will create 3bn jabs shortfall, warns WHO

https://www.ft.com/content/54bec909-1f06-43ff-9bc0-391202ebf9d

“The world will face a shortfall of 3bn Covid-19 vaccine shots early next year if richer nations “aggressively” boost adults and open up immunisation to children, further hindering the rollout of jabs in poorer nations, the World Health Organization has warned. In an effort to outpace Omicron, the coronavirus variant of concern first identified in southern Africa last month, wealthier nations have begun boosting at scale. But only about 7 per cent of people living in low-income countries have received at least one dose of any shot. And 98 countries — about half of those globally — have not reached the WHO target of immunising 40 per cent of their populations. “There is a scenario where very aggressive consumption of doses by high-coverage countries to conduct paediatric vaccination and provide booster doses to all citizens... could lead to a constrained supply situation for the first half of 2022,” said Tania Cernuschi, the WHO’s technical lead for global vaccine strategy. “The gap in the first quarter of 2022 could be of about 3bn.”....”

“As for the IFPMA reaction, see HPW - WHO Projection of 3 Billion Dose Vaccine Shortfall In COVID Booster Scenario – ‘Not Based on Valid Data’ Says Pharma

“.... Speaking at a press conference on Thursday, Cueni, Director General of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), challenged the statements
saying that supply-side dynamics were no longer the biggest problem in the world’s largest-ever vaccine rollout. Rather, challenges in actually distributing and administer vaccines, as well as combating vaccine hesitancy, loom as larger issues now, he asserted....”

PS: “...Not boosters, but rather the development of new omicron specific vaccines would pose the biggest risk to production volumes and continuity of global supplies, said Rasmus Bech Hansen, CEO & Founder of the data forecasting firm, Airfinity, who presented the company’s latest data at the briefing. Hansen predicted that total global production of COVID vaccines would top 19 billion doses by June 2022 – leaving plenty of space for both expanding vaccine campaigns in low-income countries – while also rolling out booster doses. However, that production pace would slow significantly if manufacturing firms had to reboot their production lines to deal with an entirely new kind of COVID vaccine dose, he warned. “There will be bigger supply constraints if we shift to creating omicron specific vaccines than if we continue to give out boosters,” said Hansen.....”

AP - WHO: Africa might miss 70% vaccination goal until late 2024

**AP News:**

“The African continent might not reach the target of vaccinating 70% of its 1.3 billion population against COVID-19 until the second half of 2024, a target many of the world’s richer countries have already met, the World Health Organization said Tuesday....”

WHO Afro - Africa clocks fastest surge in COVID-19 cases this year, but deaths remain low


“An 83% surge in new COVID-19 cases during the past week in Africa, driven by the Delta and the Omicron variants, is causing fewer deaths than previous surges—but more waves could be building as updated forecasts warn that the continent may not reach 70% vaccine coverage until August 2024, a new World Health Organization (WHO) pandemic assessment finds. ...”

Devex - African countries to decline COVID-19 vaccines with short shelf lives


“.... Health experts said that though the continent has seen an increase in supply, the challenge now is to support countries in the quick administration of these doses before they expire, and ensure that going forward, doses received have shelf lives that align with countries’ capacity to administer them. “We’ve moved from a situation where we were receiving 2 to 3 million doses per week towards the situation where we are receiving around 20 million doses per week,” said Dr. Richard Mihigo, coordinator of the Immunization and Vaccines Development Program at the World Health Organization’s regional office in Africa, at a press briefing. Over 30% of countries on the continent have yet to use half of the COVID-19 vaccine doses they’ve received so far, even though the continent has the lowest vaccination rate globally, with only about 8.6% of the continent fully vaccinated. ... the continent has administered nearly 65% of its total vaccine supply...”
“.... To reduce wastage, the Nigerian government announced that it would no longer accept donated vaccines with short shelf lives as they exert undue pressure on both the health care workers and the people, according to Dr. Faisal Shuaib, the executive director and CEO of Nigeria’s National Primary Health Care Development Agency. He said that due to vaccine scarcity in the past, the country had previously been accepting vaccines with short shelf lives from international donors in order to quickly use them and provide some level of protection for citizens. A similar position is also being advanced by the Africa Centres for Disease Control and Prevention, WHO, and COVAX. At the International Conference on Public Health in Africa, Dr. Ahmed Ogwell Ouma, deputy director of Africa CDC, said Wednesday that the center is now telling African countries not to accept doses approaching their expiry dates....”

“.....Beyond the challenges posed by vaccines with short shelf lives, Dr. John Nkengasong, director of Africa CDC, also noted that individual African countries’ vaccination initiatives are also facing challenges that are specific to each respective country, and as such, are being dealt with by microplanning to provide technical support tailored to each country.....”

“.....Nkengasong said vaccine mandates will become unavoidable if people do not willingly go out on their own to get vaccinated. Adding that since the vaccine passport policy introduced by some western countries proved effective in increasing vaccine uptake, African countries with low vaccine uptakes may also be advised to consider similar policies.....”

Covid science

Science (News) - Scientists see a ‘really, really tough winter’ with Omicron

https://www.science.org/content/article/scientists-see-really-really-tough-winter-omicron

“Another major pandemic wave seems inevitable. The big question is how much severe disease it will bring.”

“Although many questions remain, scientists feel increasingly confident that the new arrival, Omicron, is likely to dramatically alter the trajectory of the pandemic—and not for the better. .... ... Even if Omicron causes milder disease, as some scientists hope, the astronomical case projections mean the outlook is grim, warns Emma Hodcroft, a virologist at the University of Bern. “A lot of scientists thought Delta was already going to make this a really, really tough winter,” she says. “I'm not sure the message has gotten across to the people who make decisions, how much tougher Omicron is going to make this.””

Reuters - Pfizer vaccine protecting against hospitalisation during Omicron wave - study

https://www.reuters.com/business/healthcare-pharmaceuticals/pfizer-vaccine-protecting-against-hospitalisation-during-omicron-wave-study-2021-12-14/
“Two doses of Pfizer-BioNTech’s COVID-19 vaccine appear to have given 70% protection against hospitalisation in South Africa in recent weeks, a major real-world study on the potential impact of Omicron showed on Tuesday, as the country battles a spike in infections linked to the new variant....”

See also the Telegraph - Pfizer Covid jab offers 70 per cent protection against hospitalisation with omicron

Guardian - What makes boosters more effective than the first two Covid jabs?
https://www.theguardian.com/world/2021/dec/12/what-makes-boosters-more-effective-than-the-first-two-covid-jabs

Nice read.

Stat - Will we always need Covid-19 boosters? Experts have theories
https://www.statnews.com/2021/12/15/will-we-always-need-covid-19-boosters-experts-have-theories/

“... STAT asked a number of these experts whether they think we face a future of endless Covid boosting. In the main, their answers were more reassuring than we expected. Some said they think three doses of vaccine may protect many people for some time against the worst of Covid’s potential ravages. Many said they think the benefit of the third shot, given after a six-month interval, will turbocharge immune responses....”

Science - What does Omicron mean for future COVID-19 vaccinations?

“What scientists debate the best strategy for now and later: normal boosters, custom variant shots, or universal coronavirus vaccines.”

Reuters - WHO makes interim recommendations for mixing and matching COVID-19 vaccines

“WHO has issued interim recommendations on Thursday for mixing and matching COVID-19 vaccines from different manufacturers for both the second dose and booster shots.”

Guardian - Covid passports could increase vaccine uptake, study suggests
https://www.theguardian.com/world/2021/dec/13/covid-passports-could-increase-vaccine-uptake-study-suggests
“Certification encouraged vaccination in countries with low coverage, especially among young people. Research by the University of Oxford found Covid-19 certification led to increased jab uptake 20 days before and 40 days after introduction in countries with lower-than-average vaccination coverage. Increase in vaccine uptake was most pronounced in people under 30. The modelling analysis was published in The Lancet Public Health....”

Covid vaccine access

Stat - We have enough Covid vaccines for most of the world. But rich countries are stockpiling more than they need for boosters

Stat:

“Two years since SARS-CoV-2 first passed into humans, manufacturers have created enough vaccines to inoculate most of the world against Covid-19. But dozens of low-income countries still face dire shortages because rich nations are building stockpiles with hundreds of millions more doses than they need. Even when booster shots for rich nations are taken into account, there’s ample supply to meet global vaccination goals for the end of 2021, STAT’s analysis of available data shows. The challenge is getting the vaccines to the right places....”

“Around 11 billion Covid-19 vaccine doses will have been manufactured by the end of 2021, according to estimates from Duke’s Global Health Innovation Center and the COVID Collaborative. The precise number is uncertain, said Krishna Udayakumar, the Duke center’s founding director, because both manufacturers and governments have failed to release details. The World Health Organization set a target of vaccinating 40% of the population of every country this year, and 70% of the world by mid-2022, in an effort to reach a level of protection that will reduce the spread of the virus and development of new variants. With many vaccines requiring two doses, 11 billion shots is more than enough to vaccinate 40% of the 7.8 billion global population, and should cover 70% of those older than 5 around the world. Overall, 56% of the global population has received at least one dose, but those vaccines are wildly unevenly distributed, with just 7.1% of people in low-income countries having received at least one dose. Some 847 million more doses is needed to bring all countries to 40% vaccination rate. It’s not an overall supply challenge,” said Udayakumar. “It’s very much an allocation challenge, as well as getting high income countries more and more comfortable that they don’t need to hold on to hundreds of millions of doses, for contingencies.”

“The vaccine shortage for low-income countries is less than the surplus vaccines within the G7 countries and the European Union, according to separate analyses from both Duke and Airfinity, a life sciences analytics firm that is tracking vaccine distribution. While prioritizing boosters for rich nations delays sending doses to those where most of the population still need their first shot, the steadily increasing supply of vaccines means there’s capacity to distribute more vaccines globally even while some countries give boosters. “I do think it’s a false choice to be pitting booster doses against first and second doses,” said Jenny Ottenhoff, senior policy director of global health and education at the ONE Campaign, a nonprofit seeking to end extreme poverty and preventable disease. Both primary and booster rollouts should be able to happen simultaneously, she added: “We’re going to have to chew gum and walk. The bigger obstacle to global supply is in the stockpiles of excess vaccines that wealthier countries are holding onto....”
BMJ - Unequal global vaccine coverage is at the heart of the current covid-19 crisis

F Hassan, G Gonsalves et al; https://www.bmj.com/content/375/bmj.n3074

“The emergence of the omicron variant shows the risks of vaccine inequity, and the response of the global North has been to further discriminate against and isolate the global South.”

Hardhitting piece, including on some of the preferred ‘Pharma’ excuses of late.

NYT - What Data Shows About Vaccine Supply and Demand in the Most Vulnerable Places


Recommended analysis (with interactive charts per country). “A New York Times analysis of available data highlights the countries where infrastructure issues and the public’s level of willingness to get vaccinated may pose larger obstacles than supply.”

Guardian - Arrival of 1bn vaccine doses won’t solve Africa’s Covid crisis, experts say


One of many similar pieces in mainstream media, increasingly zooming in on some of the other issues (than supply) hampering roll-out of vaccines in SSA. “Concerns over equipment shortages, bottlenecks and hesitancy on continent with 7.5% vaccine coverage.”

Axios - Omicron threatens to deepen global vaccine disparities


“If initial data suggesting booster shots are necessary to protect against Omicron bears out, that would mean the world needs more doses — and inequities between high- and low-income countries would almost certainly be exacerbated.....”

Quote: “... The world was already facing a vaccine shortage before Omicron, although it had been narrowing. But if billions more booster doses are suddenly added to the list of new doses needed, that will exacerbate the shortage. What they’re saying: We’re currently on track to have enough vaccine supply to vaccinate 70% of the world with two doses by early next year, but changing the standard to three doses would stretch out that timeline, said KFF’s Josh Michaud.....”
Guardian (op-ed) - The richest countries are vaccine hoarders. Try them in international court

A Costello; https://www.theguardian.com/commentisfree/2021/dec/14/richest-countries-vaccine-hoarders-international-court-millions-have-died

Great idea. “Millions have died unnecessarily of Covid and millions more will in 2022 unless something changes. Justice must be done.”

“... The UK, Canada, Germany and other EU states have supported a deliberate policy to withhold vaccines from the poorest countries in the world, and defended an immoral and unethical economic system which places big pharma patents ahead of millions of lives. In this context, is the only option left to ask whether the states facilitating this might be prosecuted in the international criminal court, on the grounds of a crime against humanity?

“... This leaves the nuclear option: prosecution in the international criminal court for crimes against humanity. In article 7 (1) of the Rome statute, these are described as “a widespread or systematic attack directed against any civilian population” and “inhumane acts ... intentionally causing great suffering, or serious injury to body or to mental or physical health”. International lawyers should consider this option and act quickly....”

HPW - Some 78% of Africans Ready to Get COVID-19 Jab – But Only 7% Have Managed, Says New Survey


“An overwhelming majority of people in Africa – 78% of people surveyed across 19 countries in the African Union – are willing to get vaccinated, according to new research from the Partnership for Evidence-Based Response to COVID-19 (PERC)....”

“...The report, released on Thursday, highlights that vaccine hesitancy is not the top challenge in Africa.....”

FT - WHO and EMA could approve Novavax Covid vaccine next week

https://www.ft.com/content/a938950e-7f97-46d6-a22c-6933c5634842

“The European Medicines Agency could approve the Novavax two-dose coronavirus vaccine as early as next week, paving the way for emergency use listing from the World Health Organization, according to people familiar with the matter. The approvals would provide the US drugmaker with a significant boost after months of delays and share price volatility amid manufacturing issues. The Covid-19 vaccine, also known as Nuvaxovid, would be the Maryland-based company’s first marketed product after more than three decades in business. A meeting of an EMA panel has been scheduled for Monday, the agency said, adding that it would communicate more details that day provided there was a conclusion. Separately, the WHO’s expert panel on vaccines met on Thursday to draft recommendations for use of the vaccine, with the global health body saying it would release its position “in the coming days”. WHO approval could come once the organisation issued its own emergency use listing, or if the EMA gave it a conditional marketing authorisation, people familiar with the matter said. The step would allow deliveries to begin via the global vaccine access scheme
Covax. Together with the Serum Institute of India, Novavax has a commitment to supply Covax with 1.1bn doses.....

Covid treatment access & other bottlenecks

Stat - Pfizer’s Covid pill remains 89% effective in final analysis, company says

Stat News

“Paxlovid, Pfizer’s pill to treat Covid-19, retained its 89% efficacy at preventing hospitalization and death in the full results of a 2,246-patient study, the company said Tuesday....”

Related: analysis by Rachel Silverman (CGD blog):

We Have a New Tool to Help End the Pandemic—Now the Biden Administration Needs to Step Up and Seize the Opportunity

“.... “Pfizer says that it will have 200,000 courses of the medicine available this year and 80 million available next year.” That is not nearly enough. For context, the US is currently averaging about 120,000 new cases of COVID-19 every day—and that’s before the Delta wave peaks, at least in northern states entering winter, and as a baseline before Omicron hits in earnest. Cases in Europe and Southern Africa are also skyrocketing. It appears that MPP is still processing sub-license applications, so we can’t count on generic manufacturing in the immediate future. And Pfizer’s own direct production is scaling, but not nearly fast enough to meet expected need and demand...”

.... The bottom line is we need more of this drug, we need it yesterday, and we need it integrated into a continuum of care that includes case finding/prompt diagnosis, which means much better testing. ...”

Nature - Merck’s COVID pill loses its lustre: what that means for the pandemic

https://www.nature.com/articles/d41586-021-03667-0

“Molnupiravir was initially heralded by public-health officials as a game-changer for COVID-19, but full clinical-trial data showed lower-than-expected efficacy.”

Covid analysis

BMJ GH - Analysing COVID-19 outcomes in the context of the 2019 Global Health Security (GHS) Index

S Rose, J Nuzzo et al ; https://gh.bmj.com/content/6/12/e007581
“The Global Health Security Index benchmarks countries’ capacities to carry out the functions necessary to prevent, detect and respond to biological threats. The COVID-19 pandemic served as an opportunity to evaluate whether the Index contained the correct array of variables that influence countries’ abilities to respond to these threats; assess additional variables that may influence preparedness; and examine how the impact of preparedness components change during public health crises....”

Conclusions: “Additional sociodemographic, political and governance variables should be included in future indices to improve their ability to characterise preparedness. Fixed characteristics, while not directly addressable, are useful for establishing countries’ inherent risk profile and can motivate those at greater risk to invest in preparedness. Particular components of preparedness vary in their impact on outcomes over the course of the pandemic, which may inform resource direction during ongoing crises. Future research should seek to further characterise time-dependent impacts as additional COVID-19 outcome data become available.”

Cidrap News - Face mask, other PPE litter skyrockets amid pandemic

“The proliferation of face coverings to protect against COVID-19 has had a devastating, lasting effect on the environment, with a 9,000% increase in mask litter over 14 months in 11 countries, finds an observational study led by UK researchers yesterday in Nature Sustainability. Discarded gloves and used disinfectant wipes have also added to the refuse, the increase of which was likely driven by national COVID-19 policy responses—particularly face mask mandates—and World Health Organization (WHO) recommendations, the researchers said. Litter poses a big threat to the environment, potentially clogging drains and sewage systems; polluting rivers, lakes, streams, and oceans; entangling and poisoning wildlife; and leaching contaminants such as microplastics into the lower food chain.....”

Politico – How the coronavirus split science in two

Interesting “helicopter view”. Among others, on the Great Barrington/John Snow “debate”.

Economist -Daily chart: Which countries are best protected against Omicron?
https://www.economist.com/graphic-detail/2021/12/15/which-countries-are-best-protected-against-omicron

“Boosters, or a combination of infection and vaccination, are needed against the new variant.”

“Countries that are likely to have the best protection against Omicron are those that have administered lots of boosters, or have many people who have been both double jabbed and previously infected. For 102 countries we estimated the percentage of the population that might have these different levels of protection. ....”
UN News - COVID-19 cases and deaths in the Americas triple in 2021

“Compared to the first year of the COVID-19 pandemic, 2021 was “undoubtedly worse” for the Americas, where infections and deaths tripled, the top UN health official there reported on Wednesday. Dr. Carissa Etienne, Director of the Pan American Health Organization (PAHO), delivered her final briefing of the year, providing a regional update and reflections on the crisis. …”

Lancet Regional Health Americas - Minimizing COVID-19 disruption: ensuring the supply of essential health products for health emergencies and routine health services

“…As a means to better respond to health emergencies while maintaining priority public health programs, countries should optimize usage of pooled procurement mechanisms facilitated by multilateral technical cooperation and other regional mechanisms, such as the Pan American Health Organization’s Strategic Fund. Because few analyses have assessed the role of such regional procurement mechanisms, this Health Policy paper evaluates the key areas of impact of the PAHO Strategic Fund and concludes with lessons learned to help prepare for future health crises while maintaining essential health services.”

BMJ GH - Tracking the uptake and trajectory of COVID-19 vaccination coverage in 15 West African countries: an interim analysis
M O Afolabi et al; https://gh.bmj.com/content/6/12/e007518

“…Using publicly available, country-level population estimates and COVID-19 vaccination data, we provide unique insights into the uptake trends of COVID-19 vaccinations in the 15 countries that comprise the Economic Community of West Africa States (ECOWAS). Based on the vaccination rates in the ECOWAS region after three months of commencing COVID-19 vaccinations, we provide a projection of the trajectory and speed of vaccination needed to achieve a COVID-19 vaccination coverage rate of at least 60% of the total ECOWAS population. After three months of the deployment of COVID-19 vaccines across the ECOWAS countries, only 0.27% of the region’s total population had been fully vaccinated. If ECOWAS countries follow this trajectory, the sub-region will have less than 1.6% of the total population fully vaccinated after 18 months of vaccine deployment. Our projection shows that to achieve a COVID-19 vaccination coverage of at least 60% of the total population in the ECOWAS sub-region after 9, 12 and 18 months of vaccine deployment; the speed of vaccination must be increased to 10, 7 and 4 times the current trajectory, respectively. West African governments must deploy contextually relevant and culturally acceptable strategies for COVID-19 vaccine procurements, distributions and implementations in order to achieve reasonable coverage and save lives, sooner rather than later.”
Lancet Viewpoint - COVID-19 vaccine strategies must focus on severe disease and global equity

P McIntyre et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02835-X/fulltext

“In September, 2020, the WHO Prioritisation Roadmap for COVID-19 vaccines gave priority to prevention of severe disease and the highest risk groups. In July, 2021, the revised Roadmap noted that despite the progressive emergence of SARS-CoV-2 variants of concern, defined as mutations conferring increased infectivity, virulence, or relative capacity for immunological escape, vaccine effectiveness against severe disease had been retained... .... In 2022, we argue that COVID-19 vaccine strategies must remain focused on severe disease, and that global equity in achieving high adult coverage (ie, for those aged 18 years and older) of at least one dose is key to minimising severe COVID-19....

Links:

- Branko Milanovic - How to share vaccines between the poor and the rich

Interesting take.

Covid resources

The Global Accountability Platform to Fight COVID-19

https://covid19gap.org/

“The COVID Global Accountability Platform (COVID GAP) is an independent initiative that aims to build collaborations around the world and provide evidence-based tracking, insights, and recommendations that collectively help hold the world to account to meet pressing needs, deliver on commitments, and accelerate the end of the pandemic.”

AMR

G7 Finance Ministers’ Statement on Actions to Support Antibiotic Development

https://www.g7uk.org/g7-finance-ministers-statement-on-actions-to-support-antibiotic-development/

“G7 Finance Ministers have today (13 December 2021) agreed a G7 statement on Actions to Support Antibiotic Development, aiming to strengthen G7 preparedness against the “silent pandemic” of antimicrobial resistance....”
Lancet GH Viewpoint - Global access to existing and future antimicrobials and diagnostics: antimicrobial subscription and pooled procurement

D Berman et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00463-0/fulltext

“The COVID-19 pandemic has underlined the importance of an efficient and equitable supply of and access to essential health products. These factors are equally pertinent to the antimicrobial resistance pandemic, in which access to a portfolio of existing and pipeline antimicrobials plus complementary diagnostics is crucial. This Viewpoint focuses on market shaping in low-income and middle-income countries (LMICs), where the need for effective antimicrobials and complementary diagnostics is most acute. We propose the creation of a subscription and pooled procurement model that consolidates the growing demand for a portfolio of antimicrobials and diagnostics in LMICs. Anchored by regional market leaders, these pooling mechanisms would guarantee consistent private-sector and public-sector access in participating countries, while creating conditions for long-term best practice in stewardship. Supported by data from South Africa and India, this proposal sets out an innovative approach to tackle the antimicrobial resistance crisis in LMICs.”

Human Resources for Health

Reuters - Global shortage of nurses set to grow as pandemic enters third year – group

Reuters;

“The numbers of nurses around the world are falling further just as the Omicron coronavirus spreads, and there is a also an imbalance as Western countries step up recruitment of healthcare workers from African and other poorer countries, the International Council of Nurses said on Friday. Many nurses are burned out from the COVID-19 pandemic and rates of “intention to leave” within a year have doubled to 20-30%, said Howard Catton, CEO of the Geneva-based group that represent 27 million nurses in 130 national associations. “I think that we are at a tipping point ... if those numbers continue the trend that we are seeing, it could be an exodus of people,” Catton told a news briefing. ... .... At least 115,000 nurses have died from COVID-19, but Catton said this World Health Organization figure from the start of the pandemic through May was conservative and the true figure is probably twice that.....”

WHO - Refugee and migrant health: Global Competency Standards for health workers

https://reliefweb.int/sites/reliefweb.int/files/resources/9789240030626-eng.pdf

From the Foreword by dr Tedros: “...There is a clear need for consistent standards of practice for health workers providing services to refugees and migrants. These Global Competency Standards are the first of their kind, and are designed to achieve just that. They highlight a range of competencies that can be incorporated into education and practice to help health workers to provide culturally sensitive care to refugees and migrants. 2021 is the International Year of Health and Care
Workers, which recognizes the dedication and sacrifice of millions of workers during the COVID-19 pandemic, and thanks them for their critical role in ensuring our health and prosperity…”

“….This Standards document has been developed by the Health and Migration Programme in close collaboration with the Health Workforce Department and is the first set to be developed for health workers who provide health services to refugees and migrants. The Standards highlights the competencies and behaviours needed to provide high-quality care to refugees and migrants….”

“…The Standards are accompanied by a Knowledge Guide for health workers and health administrators and a Curriculum Guide for educational institutions…”

Planetary Health

Annual Reviews - Three Decades of Climate Mitigation: Why Haven't We Bent the Global Emissions Curve?

“Despite three decades of political efforts and a wealth of research on the causes and catastrophic impacts of climate change, global carbon dioxide emissions have continued to rise and are 60% higher today than they were in 1990. Exploring this rise through nine thematic lenses—covering issues of climate governance, the fossil fuel industry, geopolitics, economics, mitigation modeling, energy systems, inequity, lifestyles, and social imaginaries—draws out multifaceted reasons for our collective failure to bend the global emissions curve. However, a common thread that emerges across the reviewed literature is the central role of power, manifest in many forms, from a dogmatic political-economic hegemony and influential vested interests to narrow techno-economic mindsets and ideologies of control. Synthesizing the various impediments to mitigation reveals how delivering on the commitments enshrined in the Paris Agreement now requires an urgent and unprecedented transformation away from today's carbon- and energy-intensive development paradigm.”

FT - World Bank under fire for being ‘missing in action’ on climate change
https://www.ft.com/content/a3147c81-a356-462a-811b-0a8b939f2488

“The World Bank, led by president David Malpass, pushed for the joint statement by development banks at the UN COP26 climate summit to be shortened and weakened, according to people with knowledge of the talks. The international financial institution provides loans and grants to poorer countries and is seen as critical in distributing money to the developing world to help limit global warming as those economies grow. It has come under attack from the UN as well as climate change experts, such as former US vice-president Al Gore, who said at a recent FT conference that the World Bank had been “missing in action” on climate and “needs new leadership.” The difficult negotiations among the group of development banks about their COP26 commitment ended with the issue of a statement that did not include any specific targets or deadlines....”
“For many years, climate change has not been a major focus of the international health policy and systems research (HPSR) community. ... But there is no denying that the climate emergency is already posing an existential threat – while COVID-19 is wreaking its own havoc – to population health and health systems worldwide, as summarized in the “code red” assessment of the recent reports of the UN Intergovernmental Panel on Climate Change (IPCC) and the Lancet Countdown. Hence, the HPSR community cannot anymore turn a blind eye to this pressing planetary health challenge. ..... But the HPSR community is now stepping up. This year, we, a group of scholars and practitioners deeply concerned about the nexus of climate change and health systems, started a new Thematic Working Group in HSG – TWG on Climate-Resilient and Sustainable Health Systems, which was officially launched at the recently concluded UN Climate Change Conference (COP26) in Glasgow. In the coming years, we hope to facilitate learning and knowledge exchange, advance frameworks and research methods, and build technical capacity especially among the next generation of scholars and practitioners – all for the advancement of scholarship and practice around the climate change and health systems interface. To jumpstart this work, our TWG organized a panel discussion on November 27, 2021 at the face-to-face training of the Emerging Voices for Global Health, which is one of HSG’s flagship programs. Below are five key messages that emerged from the discussion.....”

Guardian - Russia vetoes UN security council resolution linking climate crisis to international peace


“Russia has vetoed a first-of-its-kind UN security council resolution casting the climate crisis as a threat to international peace and security – a vote that sank a years-long effort to make global heating more central to decision-making in the UN’s most powerful body....”

“Spearheaded by Ireland and Niger, the proposal called for “incorporating information on the security implications of climate change” into the council’s strategies for managing conflicts and into peacekeeping operations and political missions, at least sometimes. The measure also asked the UN secretary-general to make climate-related security risks “a central component” of conflict prevention efforts and to report on how to address those risks in specific hotspots....”

BMJ - The right to a healthy environment: making it matter

https://www.bmj.com/content/375/bmj.n3076

“Kent Buse and Sofia Gruskin reflect on the recent recognition of the universal right to a healthy environment, and outline actions to help accelerate the realisation of this right—particularly for those at greatest risk of the impact of climate change.”
A new KFF analysis finds donor government support for global family planning efforts totaled US$1.40 billion in 2020, a decline of US$114 million compared to last year’s level of US$1.52 billion. This decline in donor funding was largely due to the decreased funding from the UK, family planning’s second largest donor after the US. The UK decline was partly due to the timing of disbursements, but also to the effect of the COVID-19 pandemic on its overall economy since, by law, the UK overseas aid budget is a percentage of gross national income, which declined in 2020. In addition to the UK, three other countries (Demark, Germany, and Norway) also decreased their 2020 funding for family planning. Three government donors increased their funding in 2020 (Canada, France, and Sweden), while an additional three remained flat (Australia, Netherlands, and the US). Though the US did not increase its funding in 2020, it remains the largest donor to bilateral family planning funding, providing 41% of the total bilateral funding.....

“The new report also finds donor governments increased their contributions to UNFPA in 2020, rising by more than US$40 million compared to 2019, despite the lack of funding from the US in 2020 due to the Trump Administration’s invoking of the Kemp-Kasten amendment to withhold all support from UNFPA....”

UNFPA: $835 million needed for 'lifesaving' reproductive healthcare in crisis settings


“Life-saving sexual and reproductive health services are more vital than ever, the UN Population Fund (UNFPA) said on Monday, launching an $835 million appeal to support people in crisis settings during 2022. The objective is to reach more than 54 million women, girls and young people in 61 countries, amid rising needs due to conflict, the COVID-19 pandemic and other challenges. ...”

And a link:

BMJ GH - Long-term effects of payment for performance on maternal and child health outcomes: evidence from Tanzania (by J Borghi et al)

Access to Medicines

WHO and St. Jude to dramatically increase global access to childhood cancer medicines


SRHR

KFF - Donor Government Funding for International Family Planning Declines After Increasing the Previous Three Years

KFF

A new KFF analysis finds donor government support for global family planning efforts totaled US$1.40 billion in 2020, a decline of US$114 million compared to last year’s level of US$1.52 billion. This decline in donor funding was largely due to the decreased funding from the UK, family planning’s second largest donor after the US. The UK decline was partly due to the timing of disbursements, but also to the effect of the COVID-19 pandemic on its overall economy since, by law, the UK overseas aid budget is a percentage of gross national income, which declined in 2020. In addition to the UK, three other countries (Demark, Germany, and Norway) also decreased their 2020 funding for family planning. Three government donors increased their funding in 2020 (Canada, France, and Sweden), while an additional three remained flat (Australia, Netherlands, and the US). Though the US did not increase its funding in 2020, it remains the largest donor to bilateral family planning funding, providing 41% of the total bilateral funding.....

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Access to Medicines

WHO and St. Jude to dramatically increase global access to childhood cancer medicines

“Biggest ever financial commitment to childhood cancer medicines in low- and middle-income countries.”

“The World Health Organization and St. Jude Children’s Research Hospital today announced plans to establish a platform that will dramatically increase access to childhood cancer medicines around the world. The Global Platform for Access to Childhood Cancer Medicines, the first of its kind, will provide an uninterrupted supply of quality-assured childhood cancer medicines to low- and middle-income countries. St. Jude is making a six-year, US$ 200 million investment to launch the platform, which will provide medicines at no cost to countries participating in the pilot phase. This is the largest financial commitment for a global effort in childhood cancer medicines to date.

“... During an initial two-year pilot phase, medicines will be purchased and distributed to 12 countries through a process involving governments, cancer centers and nongovernmental organizations already active in providing cancer care. Discussions are already ongoing with governments to determine the countries which will participate in this pilot phase. By the end of 2027, it is expected that 50 countries will receive childhood cancer medicines through the platform. ...”

Coverage via HPW - Childhood Cancer Gets Massive Cash Investment to Boost Global Access to Medicine

Access to Medicine Foundation - Taking access to the next level: mobilising five essential healthcare sectors


“With a new strategic direction for 2022-2026, the Access to Medicine Foundation will be expanding the range of companies and healthcare sectors which we aim to mobilise in the fight against healthcare inequality. The Foundation has built up a successful model for incentivising and stimulating pharmaceutical companies to do more to improve and save lives in poorer countries. This approach will now be used to mobilise the most important companies across five essential healthcare sectors: generic medicine manufacturers, vaccine manufacturers, diagnostics companies, medical gas companies, and Big Pharma...”

Science (Policy Forum) - COVID-19 impact on infant and adolescent vaccine supplies

https://www.science.org/doi/10.1126/science.abl7019

“...COVID-19 has underscored the importance of vaccines to public health, but immunization coverage dropped in 2020 as a result of the pandemic, leaving even more infants un- or underimmunized. The push to manufacture COVID-19 vaccines has raised concerns that supplies of other essential vaccines may be compromised, which could erode the gains achieved by immunization and delay access for underserved populations. Drawing on data assembled by the World Health Organization (WHO) and on the advice of technical experts (see supplementary materials), we describe how COVID-19 is affecting the global supply of key infant and adolescent vaccines (see the table). We assess the risks to those essential vaccines, identify mitigations, and explore how emerging innovations can help improve market health.”
Decolonize Global Health

LSHTM - Independent review to address discrimination and advance anti-racism and equality at London LSHTM

https://www.lshtm.ac.uk/aboutus/organisation/governance/equity-diversity-and-inclusion/racial-equality/independent-review

“In autumn 2020, the Council of the London School of Hygiene & Tropical Medicine commissioned a review to examine racial equality at LSHTM. This was in response to both issues highlighted by the Black Lives Matter movement and to broader concerns raised by LSHTM staff and students. Having actively listened to those concerns and perspectives, the Council is publicly sharing this new report and its recommendations. The review was undertaken by a specialist, external organisation and has been an independent process.”

“This independent review found evidence of racism and inequalities which point to deeper, more structural problems within LSHTM that have negatively impacted the experiences of those within our organisation….”

“.... The recommendations in the independent review are to: Strengthen leadership, governance and accountability; Improve the outcomes and experiences for staff of colour; Improve the outcomes and experiences for students of colour; Change culture and behaviours; Improve complaints and reporting processes; Further develop equitable research partnerships...”

Coverage via the Guardian - Structural racism at London School of Hygiene & Tropical Medicine, finds report

“Review concluded institution’s colonial legacy still had negative impact on students and staff of colour.”

Tweet Anthony Costello: “Alarming. But this is the rule not the exception in higher education.”

It’s Time to Talk About The Aid Sector Graduate Pipeline


« And its role in undermining localisation efforts.”

Health Research Policy & Systems - Measuring health science research and development in Africa: mapping the available data

Authors mapped and assessed “current capacity for health sciences research across all 54 countries of Africa by collecting a range of available data. This included structural indicators (research institutions and research funding), process indicators (clinical trial infrastructures, intellectual property rights and regulatory capacities) and output indicators (publications and citations).” Check out the findings.

Lancet GH – Global health research funding applications: brain drain under another name?

« .... We call for an urgent review and amendment to the way that global health funding applications are conducted in the UK.....”

- And a recording of Monday’s Chatham House event on DGH - [Practical perspectives on decolonizing global health](https://www.chathamhouse.org/webcasts/practical-perspectives-decolonizing-global-health)

This event explored strategies to reform and decolonize the global health system. Well worth (re-)listening.

Among others, participants referred to this paper - [One Health of Peripheries: Biopolitics, Social Determination, and Field of Praxis](https://www.cambridge.org/core/journals/curtailed/issue/10.1017/CBO9780511804479) (by O Santos Baquero)

Looking ahead to 2022

Politico’s Global Pulse - ‘Shooting at a moving target’ in 2022

Warmly recommend this newsletter. “....how much will 2022 be like 2021? Five global health experts say these are the top issues to watch for soon after the New Year bubbly has worn off...”

Equitable vaccine distribution remains uncertain; defining full vaccination; wave of waivers? From the airport to the arm; ... Also: the post-pandemic global health architecture; WHO DG election; will the malaria vaccine roll out?

Other news of the week

Devex - Opinion: How to make the Global Disability Summit a success
“The second Global Disability Summit is set to be held in February, hosted by the International Disability Alliance and the governments of Norway and Ghana. It is critical for the event to go beyond being an opportunity to just talk about disability rights; it can and must become a forum for action. Unless the summit meets essential requirements around accountability, participation, properly resourced commitments, and meaningfully engaging people with lived experience, it will be a huge missed opportunity....”

UNAIDS - Co-creating a new global initiative to end AIDS among children, adolescents and their mothers


“A global consultation process to co-create a new initiative to eliminate vertical (mother-to-child) transmission of HIV and end AIDS among children was launched by the UNAIDS Joint Programme and partners at the 2021 International Conference on AIDS and STIs in Africa in Durban, South Africa. .... The global consultation process, including an online survey, was launched. All partners and stakeholders were encouraged to take part in the survey before 20 December....”

Devex - Q&A: Launch of a new hub for African health tech startups


“....Amid the current surge of technological solutions to health challenges during the COVID-19 pandemic, the Novartis Foundation, in collaboration with Norsken Foundation, has launched the HealthTech Hub Africa. Focused on supporting African entrepreneurs to scale up solutions, the hub will provide a network for innovators to tap into as they tackle issues such as heart disease, breast cancer, and developing virtual health and care....”

Papers & reports of the week

Lancet Global Health – January issue

https://www.thelancet.com/journals/langlo/issue/vol10no1/PIIS2214-109X(21)X0014-9

Start with the Editorial - Homing in on haemoglobinopathies

“...The most recent model-based estimates suggest an annual incidence of around 300 000 neonates born with sickle haemoglobin (Hbs) alleles globally, rising to around 400 000 by 2050. Although the highest numbers of affected individuals reside in sub-Saharan Africa, the Middle-East, and India, migration patterns over the past five decades mean that sickle-cell disease is very much a global issue.....”

“...Publications such as the APPG report can help to raise the profile of these invisible but profoundly life-limiting and disabling conditions among governments and funding agencies. Previous advocacy
in the USA, particularly by the American Society of Hematology, led to a major boost to research funding in sub-Saharan Africa via organisations such as the SickleGenAfrica Network, the Sickle In Africa Consortium, and the Consortium on Newborn Screening in Africa. These groups are now leading the way in running large cohort studies, introducing new postgraduate programmes in genetics—including genetic counselling—and providing health-care infrastructure. This momentum must be maintained and expanded to other high-burden regions, with a keen focus on translation to clinical practice.....”

Make sure you go to through the whole issue. And check out certainly also:

- Lancet GH Comment - Next generation economics of universal HIV treatment (by Charles Birungi)

“Historically, HIV policy discourses have combined—in various forms—at least three elements: a human rights perspective, a teleological approach whereby HIV strategies are designed in line with overarching objectives such as ending AIDS, and an economic perspective. Good economics informs epidemic control efforts. Advances in economics have the potential to help end the colliding HIV and COVID-19 pandemics and accelerate progress towards universal health coverage. In The Lancet Global Health, Aleksandra Jakubowski and colleagues provide new and important evidence about the economic benefits of investing in universal HIV testing and treatment, extending foundational science and discussions on treatment as prevention from well before the SEARCH trial...”

Health Research Policy & Systems - Political economy analysis of universal health coverage and health financing reforms in low- and middle-income countries: the role of stakeholder engagement in the research process


Review. “Progress towards UHC is an inherently political process. Political economy analysis (PEA) is gaining momentum as a tool to better understand the role of the political and economic dimensions in shaping and achieving UHC in different contexts. Despite the acknowledged importance of actors and stakeholders in political economy considerations, their role in the PEA research process beyond “study subjects” as potential cocreators of knowledge and knowledge users has been overlooked so far. We therefore aimed to review the approaches with reference to stakeholder engagement during the research process adopted in the current published research on the political economy of UHC and health financing reforms, and the factors favouring (or hindering) uptake and usability of PEA work.....”

IJHPM (Editorial) - Working Towards Inclusive, Socially Accountable and Resilient Community Health Systems: An Introduction to a Special Issue


« This editorial introduces the eleven papers in the special issue titled: The multiple lenses on the community health system: implications for research and action. Our editorial begins by describing
the collaboration that led to the special issue, and then gives an overview of the contents of the special issue, which include two framing papers and nine empirical contributions from researchers in Zambia, Tanzania, Sweden, South Africa, India, and Australia. We conclude by considering how these papers collectively speak to the theme of resilience.”

“…. this special issue on the theme of community health systems (CHS) has been coedited in a collaboration between health policy and system researchers from the Universities of Zambia, Western Cape (South Africa), and Umeå (Sweden)...”

Global Health Promotion - ‘Visioning the future of health promotion: learning from the past, shaping the future’

M Barry; https://journals.sagepub.com/doi/full/10.1177/17579759211058979

By the guest editor for this special publication to mark 70 years since the foundation of the International Union for Health Promotion and Education (IUHPE). “This anniversary special issue provides an opportunity to critically reflect on the evolution and future development of health promotion and to consider IUHPE’s role in advancing the field now and into the future. … To mark the 70th anniversary, this special publication brings together a collection of papers, commentaries and perspectives on the past, present and future of health promotion....”

Links:

HP&P - Using Gender Analysis Matrixes to Integrate a Gender Lens Into Infectious Diseases Outbreaks Research (by R Morgan et al)

SS&M - The QALY at 50: One story many voices (by A Spencer et al)

Blogs of the week

CGD (blog) - Development Leaders Conference 2021: The Need for a Bold, New Approach to Development Cooperation

M Ahmed et al; https://www.cgdev.org/blog/development-leaders-conference-2021-need-bold-new-approach-development-cooperation

“...As the twin crises of a global pandemic and climate change threaten to leave developing countries far behind, and squeezed aid budgets in many donor countries create their own challenges, development agencies are facing intense pressure. Last month we had an opportunity to discuss these issues at the Development Leaders Conference (DLC) co-hosted by the Center for Global Development (CGD) and the Swedish International Development Cooperation Agency (Sida). This annual gathering, now in its fourth year, brings together heads of bilateral development agencies and senior management from selected multilateral institutions for a frank peer-to-peer exchange and mutual learning. While the event is held under Chatham House rules, this blog summarizes some of the key discussion points and illustrates why there was so much agreement on the need for a paradigm shift in development cooperation....”
“...most development leaders highlighted how global challenges are increasingly shaping their strategies. Rather than seeing the two as opposing goals, there was broad consensus on the need to integrate GPGs into country-level programming and developing a more comprehensive approach to development cooperation. These views were backed by a survey conducted by CGD colleagues over the summer: when asking development agency staff on the role and purpose of aid, the findings confirmed that for many respondents tackling global challenges like climate change and pandemics have become increasingly important purposes of ODA – more important than poverty reduction. Also, according to the majority of respondents, ODA spending focuses more on catalyzing other sources of finance. .... Inge Kaul called for a new model for international cooperation which strengthens synergies between GPGs and global development.....”

The Collective Blog – Science, ethics and power

“Rather than grieve for an idealistic vision of global health as cooperation, altruism and equity, it would be much better if we were more aware of which constituencies people are representing, and what strategies are available to influence policy, writes Collective member Sridhar Venkatapuram.”

Tweets of the week

Chisomo Kalinga
“I’m happy for all of you getting booster shots. Truly. But as of yesterday only 633,344 Malawians are fully vaccinated. Out of 18 million citizens. We are entering the fourth wave with omricon spreading. This is an injustice. #VaccineApartheid”

Tahir Amin
“Yet there are some in the Global North public health “elite” who, a year and another variant later, still believe the quickest route to getting vaccines to low/middle income countries yet to receive first doses is by throwing more money at those already controlling supplies.”

Global governance of health

Looking to the future: The Rockefeller Foundation and WHO identify priorities for global health collaboration

“On 8-10 November 2021, Dr Naveen Rao, Senior Vice President, Health and other senior representatives from The Rockefeller Foundation joined World Health Organization (WHO) representatives to review the strategic directions of collaboration between the two Organizations. Notably they discussed support for the WHO Health Emergencies Programme and the Science Division, including the WHO Hub on for Pandemic and Epidemic Intelligence, genomic surveillance, infodemiology, vaccine equity and demand generation and WHO’s ongoing work with philanthropic organizations.”

“… The Rockefeller Foundation’s collaboration with WHO dates back to when the WHO constitution was first created. Over the past two decades, The Rockefeller Foundation has continued to be a key collaborator, providing over US$ 25.3 million in support to WHO programmes. Recent collaboration has focused on digital health building capacity in data and innovation to protect and promote health and well-being. Throughout the COVID-19 pandemic, the two Organizations worked together towards the goal of maintaining essential health services everywhere, expanding virus testing capacity, strengthening and accelerating the digitalization of WHO guidelines, and advancing approaches to using digital products to end the current pandemic and prevent future ones. The Rockefeller Foundation and WHO currently co-lead the Access to COVID-19 Tools Accelerator (ACT-A) Genomic Surveillance Working Group.....”

Public Administration - Gaming country rankings: Consultancies as knowledge brokers for global benchmarks


“This article explores how for-profit consultancies mediate knowledge about global benchmarks in developing countries. Drawing on the case of the Ease of Doing Business rankings, published annually by the World Bank and the International Finance Corporation between 2005 and 2019, it examines the role consultancies play as knowledge brokers connecting global benchmarks produced by intergovernmental organizations to regulatory reform programs undertaken by national public administrations. The article shows how consultancies contracted to implement business enabling environment projects by the United States Agency for International Development advised national policymakers on how to design reforms to improve their country’s ranking status. Lending weight to criticisms that shifts in country rankings are misleading as an indicator of changes in regulatory quality, the findings suggest that consultancies have leveraged benchmarks to perpetuate demand for their own expertise rather than to improve the evidence base for aid allocation and the evaluation of development projects.”

Globalization & Health – Strengthening the WHO in the pandemic era by removing a persistent structural defect in financing


“To overcome inertia in addressing well-known limitations, it may be helpful to consider the weaknesses in WHO’s financing mechanism as a persistent structural defect....” With 5 recommendations to remove the structural defect.
“UHC Day 2021 also focused on domestically financed public resource mobilization and public spending on health. Cooperation, mutual understanding, and communication between ministries of health and finance, and among donors are critical for mobilizing domestically financed public resources but is often not that easy. Effective messaging frames requests for resources in a way that resonates with finance decision-makers. Strong alignment between external and domestic resources is critical for ensuring the much-needed efficiency gains and for creating transparency about funding flows to the health sector. Tools such as the resource mapping and tracking exercises, and using government systems where feasible will remain important. In 2017, the Joint Learning Network for Universal Health Coverage launched its Domestic Resource Mobilization, or DRM collaborative, in partnership with the Global Financing Facility for Women, Children and Adolescents (GFF). The DRM collaborative is a community of more than 100 practitioners from 19 countries who share knowledge and provide peer support to improve the domestic mobilization of resources for health care.”

“The DRM collaborative has created tools that can be used by policy makers to engage in effective communication on health. The Making the Case for Health: A Messaging Guide for Domestic Resource Mobilization is the flagship knowledge product of the DRM collaborative that benefitted from the joint participation of health and finance policy makers. It offers evidence-based arguments to support and improve communication across the health and finance sectors to make the case for investment in health. Effective arguments for health can be supported by standardized Narrative Summaries on Public Expenditure for Health, each of which considers historical budgetary data for a country and provides descriptive policy context to demonstrate key trends in health financing. ....”

CGD (blog) - #UHCDay 2021: Elevating Health Financing as the Cornerstone of Universal Health Coverage

“Investing in health yields massive social and economic returns. To mark this year’s Universal Health Coverage (UHC) Day on December 12, we’ve brought together recent work from CGD’s global health policy team to advance #HealthForAll through an elevated financing agenda....”

Global Health Action - Diaspora engagement: a scoping review of diaspora involvement with strengthening health systems of their origin country

Planetary health

Nature (Editorial) - The UN must get on with appointing its new science board

https://www.nature.com/articles/d41586-021-03615-y

“The decision to appoint a board of advisors is welcome — and urgent, given the twin challenges of COVID and climate change.”

“...Scientists helped to create the United Nations system. Today, people look to UN agencies — such as the UN Environment Programme or the World Health Organization — for reliable data and evidence on, say, climate change or the pandemic. And yet, shockingly, the UN leader’s office has not had a department for science advice for most of its 76-year history. That is about to change. UN secretary-general António Guterres is planning to appoint a board of scientific advisers, reporting to his office. The decision was announced in September in Our Common Agenda (see go.nature.com/3y1g3hp), which lays out the organization’s vision for the next 25 years, but few other details have been released.....”

Thomson Reuters - Global warming of 3C could cost $1.6 trillion a year in lost labour

https://news.trust.org/item/20211214154126-uutz5/

“As temperatures rise, outdoor workers will find it harder to adapt, especially in already-hot places like the Gulf.”

“Global warming of 3 degrees Celsius could cost as much as $1.6 trillion each year in lost labour productivity as even the coolest hours of the day start posing major health risks to workers in parts of the world, researchers said on Tuesday. Those most threatened will be outdoor workers in already-hot countries where temperatures and humidity are rising fast, possibly threatening the economic lifeline of South Asian migrants seeking jobs in Gulf nations.

A study published in Nature Communications found that the global economy already loses up to $311 billion per year as workers struggle in hot, humid weather. It warned that sum would grow more than five-fold if the planet gets 2C (3.6 degrees Fahrenheit) hotter than now, on top of the 1.1C of warming already seen since preindustrial times.....”
Infectious diseases & NTDs

Lancet Infectious Diseases (Series) - Combating Childhood Infections in LMICs: evaluating the contribution of Big Data


“.... This cross-journal Series from The Lancet Infectious Diseases and EBioMedicine, aims to address the ethical, social, and technological barriers to applying big data and multi-omic technologies to the challenge of childhood infections in LMICs.”

AMR

Global Public Health - Community engagement: The key to tackling Antimicrobial Resistance (AMR) across a One Health context? (by J Mitchell et al)

NCDs

BMJ News - New Zealand plans to outlaw tobacco sales to citizens born after 2008

https://www.bmj.com/content/375/bmj.n3057

Just in case you missed this, news from last week.

“New Zealand will become the first country in the world to implement a “tobacco-free generation” policy, its government has announced, by banning all sales of tobacco from next year to anyone born after 2008. The legislation is expected to pass next year, and when it does anyone not yet aged 14 will become ineligible for the rest of their lives to buy tobacco in New Zealand.....”

Lancet GH (Comment) - Alcohol consumption as a risk factor for oesophageal squamous cell carcinoma risk in sub-Saharan Africa

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00569-6/fulltext

Related to a new Lancet GH study - Alcohol consumption and oesophageal squamous cell cancer risk in east Africa: findings from the large multicentre ESCAPE case-control study in Kenya, Tanzania, and Malawi
**Extra Covid section**

**Biopharmadive - J&J foresees end to not-for-profit sales of coronavirus vaccine**

“Johnson & Johnson expects to shift away from selling its coronavirus vaccine on a not-for-profit basis by the end of next year or early in 2023, a top executive at the drugmaker said Tuesday. J&J has sold its vaccine at a not-for-profit price of between $5 and $8 per dose since winning regulatory clearances for what’s currently a one-shot regimen. But with the focus shifting to booster doses in the U.S. and as J&J pursues full regulatory approvals, the pharma plans to transition toward for-profit sales....”

**Guardian - Australia to manufacture mRNA vaccines under deal with Moderna**

“**Australia may be manufacturing mRNA vaccines for Covid-19 and other diseases by 2024 under an in-principle agreement struck with pharmaceutical giant Moderna.** Scott Morrison will announce on Tuesday that under the deal a new sovereign vaccine manufacturing facility will be built in Victoria to produce pandemic and non-pandemic respiratory vaccines, including potential flu vaccines.... **The long-term “strategic partnership” between the federal government, Victorian government and Moderna will allow 100m mRNA vaccines to be produced in Australia each year in a pandemic, starting in 2024 “pending regulatory and planning approval”. The government did not release any commercial details of the agreement before Tuesday’s announcement....”

“....The **move to establish a sovereign manufacturing capability** comes almost a year after experts urged the Australian government to establish such a facility in Australia to reduce the country’s reliance on overseas producers, and follows sustained criticism of the Coalition’s vaccine procurement strategy that caused initial delays to the rollout....”

**Nature (News) – How COVID vaccines shaped 2021 in eight powerful charts**
https://www.nature.com/articles/d41586-021-03686-x

“The extraordinary vaccination of more than four billion people, and the lack of access for many others, were major forces this year — while Omicron’s arrival complicated things further.”