IHP news 650: See you in 2022!

(23 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,

You’ll probably have noticed with me that just a few weeks after Biden’s ill-conceived “Democracy Summit”, US “democracy” is in bigger trouble than it’s perhaps ever been, with Joe Manchin’s killing of the “Build Back Better Act” just the latest example of how worried the world really should be about the state of US democracy (and stability). Fortunately, there was some more encouraging news from Chile (though the stock markets weren’t pleased – which tells you a great deal about the Theory of Change towards a fairer and more sustainable world).

On Monday, WHO declared 2022 to be “the year we end the pandemic”, with Tedros adding on Wednesday, “But it must also be the beginning of something else – a new era of solidarity”. I sure hope they’re right. For the time being, though, my money is on “more of the same”, unfortunately.

Nevertheless, I wish you all a great end of the year, and let’s hope that 2022 will indeed turn out better than 2021 (and 2020). Two years into the pandemic, we all need some hope. Especially the many among us who mourn family and friends. More than just a few years ago, we realize how fragile life can be. As for the planet, a similar awareness is also rising fast, long overdue. Let’s hope we learn from both to make this a better world, in spite of a challenging geopolitical situation.

PS: on a more upbeat note, to show our own goodwill for a better 2022, IHP offers you an ‘end of the year’ newsletter only half as long as usual! (#specialChristmasedition 😊)

Enjoy your reading, and see you in 2022!

Kristof Decoster
Highlights of the week

Call for IHP correspondents (2022)

https://www.internationalhealthpolicies.org/featured-article/call-for-ihp-correspondents-2022/

Deadline 15 January. Check the requirements & spread the word!

Looking back on 2021 and ahead to 2022

WHO - 10 key global health moments from 2021

https://www.who.int/news-room/spotlight/10-key-global-health-moments-from-2021

No doubt many others will follow, looking back on 2021 from a global health point of view.

Stat – 3 issues to watch in global health in 2022

https://www.statnews.com/2021/12/22/3-issues-to-watch-global-health-2022/

Whither Covid? Whither WHO? “...The WHO has the powers and funding that it has because that’s what its member states have been willing to give it. Has the pandemic changed their views? We’ll know more in 2022.....” Whither vaccination rates?

Global Health Governance & Financing

Reuters - U.S. gives seven global aid groups $580 mln for COVID -Blinken


“The United States is providing the World Health Organization, the United Nations Children’s Fund and five other global aid groups an additional $580 million to fight COVID-19, U.S. Secretary of State Antony Blinken said on Tuesday.”

CGD - Moving Toward Smarter Health Spending: The Role of the Global Financing Facility

“As the GFF wraps up its  
sixth year of operations,  
enters its next strategic period,  
and undertakes an important  
replenishment campaign  
to raise an additional $2.5 billion in trust fund resources,  
we are excited to share new work on the role of the GFF in improving the impact of health  
spending for RMNCAH-N.  
The paper, based on an extensive GFF document review,  
an analysis of World Bank project documents,  
and a series of stakeholder interviews,  
includes rich details and  
examples of GFF projects in practice.  
If you’re short on time,  
here’s a summary of what we  
found…."

For the paper:  
Prioritizing Public Spending on Health in Lower-Income Countries: The Role of the  
Global Financing Facility for Women, Children and Adolescents

Development Today - WHO-led covid response has received only 2% of funding requirements for 2022


“G20 donors have provided almost no funding for next year to the multi-agency pandemic response mechanism ACT-Accelerator which aims to help developing countries fight COVID-19.  
Only Sweden and Norway have put cash on the table."

Guardian - UK accused of abandoning world’s poor as aid turned into ‘colonial’ investment

Guardian:

“Rebrand of Foreign Office’s development arm, seen as effort to rival China’s loans, will shift aid to private sector, warn NGOs and unions.”

“The British government has been accused by NGOs and trade unions of “chasing colonial post-Brexit fantasies” at the expense of the world’s poorest as they urge Liz Truss to keep aid focused on poverty reduction rather than geopolitical manoeuvring. In a joint letter to the foreign secretary, the group criticises the rebranding of the UK’s development investment arm, which will see the Commonwealth Development Corporation (CDC) become British International Investment (BII) next year. “This new strategy and name change appears to repurpose BII as an institution that focuses solely on private-sector investment and profit-making, rather than development goals and poverty reduction,” write the 12 organisations, including Global Justice Now, the Trades Union Congress (TUC), the Catholic Agency for Overseas Development (Cafod) and Unison…..”

Reuters - WHO opens sleek new site as iconic building cleansed of asbestos

“The World Health Organization, which is leading the fight against the COVID pandemic, has relocated its operations to a new building while its 1960s structure is refurbished and cleansed of asbestos....”

“The United Nations agency held its first in-person news conference since July 2020 on Monday. Journalists were ushered into the sleek new premises through a connecting passageway and open space cafeteria to the state-of-the-art conference room. ... WHO staff have moved into the new building, whose design by the firm Berrel-Berrel-Kraeutler is called "Yin Yang" in homage to the original. Costs are estimated at 250 million Swiss francs ($272 million), about half financed in an interest-free loan from host Switzerland. ... The WHO inaugurated the new building at an assembly of health ministers last month, who endorsed a proposal for a new international agreement to prevent future pandemics, although few attended in person due to COVID restrictions. ....”

TGH - R&D—More Than Sharing Vaccines
C Jisselmuiden et al; https://www.thinkglobalhealth.org/article/rd-more-sharing-vaccines

“A complete change is needed in the approach to and funding of global preparedness”.

“...Including R&D equity as an explicit component of all international collaborations between high- and low- and middle-income countries is essential. LMICs that are not yet investing in their own R&D systems need to begin doing so at the risk of remaining dependent on ineffective global efforts. High-income countries need to support LMICs interested in developing their national and regional R&D ecosystems as an essential aspect of global preparedness.”

WHO Executive Board meeting coming up (24-29 Jan)
https://apps.who.int/gb/e/e_150.html

Provisional agenda & some background documents are already available.

G2H2 - Looking beyond the agenda of the WHO Executive Board: People’s realities, determinants of health, democratic governance...
https://g2h2.org/posts/january2022/

Series of civil society workshops and public briefings and debates hosted by G2H2, 17-21 January 2022.
Covax & ACT-A

Science - Effort to address global vaccine shortfalls envisions a more equitable new year

https://www.science.org/content/article/effort-address-global-vaccine-shortfalls-envisions-more-equitable-new-year

“Newly authorized vaccine bolsters COVAX’s optimistic supply forecast, but in-country challenges persist.”

Some excerpts:

“After facing setback after setback this year, the nonprofit formed to make sure COVID-19 vaccines reach the poorest countries of the world may finally live up to its promise in 2022. A 14 December report shows that after scaling back its ambitions, the COVID-19 Vaccines Global Access (COVAX) Facility is close to meeting a revised target of 1.42 billion doses delivered this year. And today, the effort got a huge boost when the World Health Organization (WHO) gave an emergency use listing to a vaccine that COVAX is counting on for up to 1 billion doses next year. Despite COVAX’s recent successes and its optimistic new supply forecast, delivering the prized shots to needy countries isn’t the last word in achieving global vaccine equity: Many nations may still struggle to distribute their supplies and, in some cases, overcome vaccine hesitancy. “Supply still needs attention, but we have pivoted to delivery and absorption as the main issues,” says Seth Berkley, CEO of Gavi, the Vaccine Alliance.”

“Established by WHO, Gavi, UNICEF, and the Coalition for Epidemic Preparedness Innovations (CEPI), COVAX initially set a goal of vaccinating 20% of the population in every country—enough to cover health care workers and the people most at risk of developing severe disease. To accomplish this, COVAX said it needed to have 2 billion doses available by the end of this year. The COVAX forecasting report issued this week shows the effort will fall far short of that, with 1.38 billion doses available by year’s end.”

“... The current COVAX forecast projects it will have made 2.39 billion doses available by March 2022. It has options for a total of more than 6.5 billion doses by the end of next year. “I think we’re at a tipping point of the problem being demand-driven versus supply-driven,” says Nicole Lurie, the U.S. director of CEPI. ...... Berkley says COVAX is now moving away from trying to do a blanket distribution of vaccines to hit the 20% mark and instead focusing on helping the 25 countries that have the lowest coverage. “We are creating bespoke plans for each one to deal with their specific bottlenecks,” he says.”

Science - Novavax’s long-awaited COVID-19 vaccine authorizations offer an alternative to mRNA

https://www.science.org/content/article/novavax-s-long-awaited-covid-19-vaccine-authorizations-offer-alternative-mrna
“European Commission and World Health Organization approvals usher in key addition to vaccine supply.”

“... The decisions by the World Health Organization (WHO) and the European Commission make the company’s product the first protein-based vaccine green-lighted by those bodies and opens it to broad distribution to some of the poorest countries. With less stringent temperature requirements and a refrigerator life 8 months longer than messenger RNA (mRNA) vaccines for COVID-19, Novavax’s product promises to buttress global vaccine supply as the Omicron variant spreads rapidly. It may also offer an alternative for consumers wary of currently available vaccines that deliver genes directing cells to make the virus’ spike protein. The Novavax vaccine instead delivers the spike protein itself. The vaccine, which is now being manufactured under a license by the Serum Institute of India, received a WHO emergency use listing on 17 December. That was required for distribution by the COVID-19 Vaccines Global Access (COVAX) Facility, the global facility supplying COVID-19 vaccines to countries in need....”

Politico- Tens of millions of Europe’s donated vaccines haven’t arrived. Who’s to blame?

“Only 40 percent of the EU’s total doses donated through COVAX have actually been delivered.” Excellent analysis of all the steps in this process.

“...With just two weeks to go, the European Union’s goal of donating 250 million doses of coronavirus vaccines to low- and middle-income countries by the end of the year may be slipping out of reach: Only around 66 percent of committed doses have reached their destination... “... “... As of December 14, about 166 million doses had been delivered from EU donations — 118 million through COVAX, a global partnership that facilitates the purchase and delivery of COVID-19 vaccines, and another 48.2 million through bilateral agreements between donor and recipient countries. Of the total doses from the EU donated through COVAX so far, only about 40 percent have been delivered.”

“The big question is: Where exactly is the holdup? A POLITICO investigation reveals the many challenges separating promises from reality at each step. ”

Conclusion on who’s to blame: “It’s a complex situation no one wanted — and no one wants to be blamed for. .... What’s clear is that despite attempts by players to absolve themselves of blame, deliveries are falling short of promises. But no one can wash their hands of responsibility. “At any given point in time, you can see that everyone’s sort of saying, ‘I’ve done my bit’ and it’s as if it’s someone else’s fault,” said a COVAX official. “All parties have a role to play.””

Covid key news

With key trends & WHO messages from this week.

Let’s start via Cidrap News:
“...In its latest weekly snapshot of the pandemic today, the WHO said global cases last week remained at the same level as the week before, though deaths declined. Cases in the African region rose 53%, followed by the Western Pacific region, where cases were up 12%. Africa was the only region to see an increase in deaths. As of today, 106 countries have detected the Omicron variant.....”

Guardian - WHO chief warns over festive gatherings: ‘An event cancelled is better than a life cancelled’

https://www.theguardian.com/world/2021/dec/21/who-chief-warns-over-festive-gatherings-an-event-cancelled-is-better-than-a-life-cancelled-omicron

Coverage of Monday’s media briefing. “The head of the World Health Organization (WHO) has warned that holiday festivities would in many places lead to “increased cases, overwhelmed health systems and more deaths” and urged people to postpone gatherings. “An event cancelled is better than a life cancelled,” Tedros Adhanom Ghebreyesus said. Tedros said the Omicron variant was spreading faster than the Delta variant and was causing infections in people already vaccinated or who have recovered from the Covid-19 disease. WHO chief scientist Soumya Swaminathan added it would be “unwise” to conclude from early evidence that Omicron was a milder variant that previous ones ... with the numbers going up, all health systems are going to be under strain,” Soumya Swaminathan told Geneva-based journalists....”

“... But the WHO team also offered some hope to a weary world facing the new wave that 2022 would be the year that the pandemic, which already killed more than 5.6 million people worldwide, would end. It pointed towards the development of second and third generation vaccines, and the further development of antimicrobial treatments and other innovations. “(We) hope to consign this disease to a relatively mild disease that is easily prevented, that is easily treated,” Mike Ryan, the WHO’s top emergency expert, told the briefing. “If we can keep virus transmission to minimum, then we can bring the pandemic to an end.”....”

“However Tedros also said China, where the Sars-CoV-2 coronavirus was first detected at the end of 2019, must be forthcoming with data and information related to its origin to help the response going forward. “We need to continue until we know the origins, we need to push harder because we should learn from what happened this time in order to (do) better in the future,” he said. “2022 must be the year we end the pandemic.” “

“See also UN News - ‘Consistent evidence’ of Omicron’s spread vs Delta: WHO’s Tedros

There is now “consistent evidence” that the Omicron variant is outpacing Delta, as COVID-19 continues to account for around 50,000 deaths worldwide every week, said the head of the World Health Organization (WHO) on Monday. ... More than 3.3 million people have lost their lives to COVID-19 this year – more deaths than from HIV, malaria and tuberculosis combined in 2020, and Africa is now facing a steep wave of infections, driven largely by the Omicron variant. Just a month ago, Africa was reporting its lowest number of cases in 18 months, Tedros reminded reporters, whereas last week, it reported the fourth-highest number of cases in a single week so far. ...”

“... Around the world, WHO is working with countries to restore and sustain essential health services disrupted by the pandemic, said Tedros...”
Reuters - WHO warns against concluding Omicron is milder variant

“The World Health Organization’s chief scientist said on Monday it was too early to conclude the Omicron variant was milder than other coronavirus strains, saying it could still make enough people sick to “overburden” healthcare systems.”

Reuters - As Omicron threatens a global surge, some countries shorten COVID-19 booster timelines

“A growing number of countries are reducing the wait time for COVID-19 vaccine boosters from six months to as few as three in a bid to ward off a new surge in infections from the Omicron variant.”

HPW ) Driven by Omicron, Africa Faces Steep Wave of New COVID Infections; WHO in UN-Geneva Briefing that Excludes Most African Media

“Driven by Omicron, Africa is facing a steep wave of new COVID infections – last week reporting the fourth highest number of cases ever recorded in a single week, said WHO Director General Dr Tedros Adhanom Ghebreyesus on Monday. He was speaking at an exclusive media briefing in Geneva behind closed doors to a handful of international media outlets with UN-accredited Geneva bureaus. The rambling two-hour long briefing, released a day later on YouTube, excluded Geneva-based health media as well as most African, Asian, and Latin American media across the world – which the UN press office in Geneva does not recognise or credential. …”

“…. The Director General, as well as senior members of his team, also walked back some of their previous messaging opposing booster vaccines- admitting that there is growing evidence about their potential medical value – particularly for older people. …. “Clearly there is increasing evidence that those most vulnerable will benefit from an additional dose. Yes, there is a role, but we want to ensure the right programme and vaccinate in the right order,” said Dr Bruce Aylward, WHO senior advisor.  Aylward and other senior staff stressed that WHO remained opposed to mass booster campaigns on equity grounds – due to fears this will divert potential doses needed by the more than 90 low-income countries which will miss the 40% vaccination coverage target set by WHO for the end of this year. …. However, Aylward later contradicted himself somewhat saying that in the first quarter of 2022: “there will be enough vaccines to vaccinate 40% of the population of every country in the world, plus give a third dose to everybody over 50 years old. So we are very quickly getting into a situation where the production capacity is sufficient.”

HPW - WHO Sanctions COVID Boosters for ‘High-Risk’ Groups but Warns that Blanket Campaigns Could Harm Global Pandemic Response

“Clearly there is increasing evidence that those most vulnerable will benefit from an additional dose. Yes, there is a role, but we want to ensure the right programme and vaccinate in the right order,” said Dr Bruce Aylward, WHO senior advisor.  Aylward and other senior staff stressed that WHO remained opposed to mass booster campaigns on equity grounds – due to fears this will divert potential doses needed by the more than 90 low-income countries which will miss the 40% vaccination coverage target set by WHO for the end of this year. …. However, Aylward later contradicted himself somewhat saying that in the first quarter of 2022: “there will be enough vaccines to vaccinate 40% of the population of every country in the world, plus give a third dose to everybody over 50 years old. So we are very quickly getting into a situation where the production capacity is sufficient.”
From Wednesday. “**WHO has issued new advice to countries** that effectively greenlights booster campaigns for “high risk groups” but still opposes “blanket” campaigns – or vaccines for children and adolescents under the age of 18. The latter, top WHO officials contend, could divert too many vaccines from low-and-middle member states that have low vaccination coverage rates – leading to a boomerang of new variants that prolong the pandemic. **The WHO advice is being widely ignored, however, in the more than 100 countries worldwide that are already vaccinating teens and/or boosting adult populations in order to ward off yet a new wave of the SARS-CoV2 virus, increasingly driven by the Omicron variant.** Among those are South Africa, **which earlier this month began** offering boosters to anyone already jabbed with two Pfizer shots – as well as second vaccines to teens aged 12-17.

**The new recommendations by WHO’s SAGE group of vaccine experts** paint a very broad brush – recommending that countries introduce booster campaigns that are “evidence driven and targeted to the population groups at highest risk of serious disease and those necessary to protect the health system”. While cautious, and still seemingly out of step with what is happening on the ground, the new WHO advice that countries might consider boosters for “high-risk” groups – walks back at least a bit from Director General Dr Tedros Adhanom Ghebreyesus’ previous calls for a booster “moratorium” – excepting immunocompromised people, such as cancer patients. ….”

See also the Guardian - [WHO boss: western countries’ Covid booster drives likely to prolong pandemic](https://www.theguardian.com/world/2021/dec/22/who-boss-western-countries-covid-booster-drives-likely-to-prolong-pandemic)

PS: “**“Global supply is increasing significantly and is projected to be sufficient for vaccination of the entire adult population globally, and boosters of high-risk populations** (as defined in the roadmap, in particular older adults and immunocompromised persons), **by the first quarter of 2022. “However, projections show that only later in 2022 supply will be sufficient for extensive use of boosters in all adults, and beyond, should they be broadly needed.”**”

**Link:**

WHO - [Interim statement on booster doses for COVID-19 vaccination](https://www.who.int/news/item/2021-12-22-interim-statement-on-booster-doses-for-covid-19-vaccination)

WHO - From vaccines to vaccinations: seventh meeting of the Multilateral Leaders Task Force on COVID-19 Vaccines, Therapeutics and Diagnostics


**“The heads of the International Monetary Fund, World Bank Group, World Health Organization and World Trade Organization held high-level consultations with Gavi and UNICEF on 17 December, 2021 aimed at increasing the use of COVID-19 vaccines and other critical medical countermeasures in low-income (LIC) and lower middle-income (LMIC) countries and supporting countries to be better prepared, resourced, and ready to roll out vaccines....”**

Read what they focus on, and recommend.

Africa CDC - Enhanced COVID-19 Surveillance at the Community Level in Africa

“In alignment with the Adapted Africa Joint Continental Strategy for COVID-19 Pandemic, Africa CDC developed the Enhanced COVID-19 Surveillance at the Community Level in Africa strategy to aid Member States with: rapid detection and isolation of cases during phases of low to moderate incidence; identifying sub-national hotspots where interventions can be targeted; and reducing the overall spread of SARS-CoV-2 and impact of COVID-19 on the continent....”

Covid science

Most of the World’s Vaccines Likely Won’t Prevent Infection From Omicron
https://www.nytimes.com/2021/12/19/health/omicron-vaccines-efficacy.html

“They do seem to offer significant protection against severe illness, but the consequences of rapidly spreading infection worry many public health experts. “

“A growing body of preliminary research suggests the Covid vaccines used in most of the world offer almost no defense against becoming infected by the highly contagious Omicron variant. All vaccines still seem to provide a significant degree of protection against serious illness from Omicron, which is the most crucial goal. But only the Pfizer and Moderna shots, when reinforced by a booster, appear to have initial success at stopping infections, and these vaccines are unavailable in most of the world. The other shots — including those from AstraZeneca, Johnson & Johnson and vaccines manufactured in China and Russia — do little to nothing to stop the spread of Omicron, early research shows. And because most countries have built their inoculation programs around these vaccines, the gap could have a profound impact on the course of the pandemic...”

FT - Moderna Covid booster produces strong antibody response against Omicron
https://www.ft.com/content/aebff238-3155-4131-8b3e-4be76b22a177

“Half-dose lifts levels to 37 times higher than immune response after two doses.”

Science - Early lab studies hint Omicron may be milder. But most scientists reserve judgment
https://www.science.org/content/article/early-lab-studies-hint-omicron-may-be-milder-most-scientists-reserve-judgment

“....It will take weeks before epidemiological data deliver a clear verdict about disease severity. But preliminary lab data, and a few real-world clues, are raising hope among optimists, while others reserve judgment.....”
Guardian – Data appears to support claims that Omicron is less severe in South Africa

https://www.theguardian.com/world/2021/dec/22/data-appears-to-support-claims-that-omicron-is-less-severe-in-south-africa

Later in the week, increasingly early evidence is pointing in a certain direction, even if not fully understood and health systems can still get overwhelmed by the sheer numbers. “Scientists warn, however, that lower severity of cases is not fully understood and may not occur elsewhere.”

See also the Telegraph – “However, experts caution that high population immunity in South Africa means new variant could still wreak havoc elsewhere.”

And the FT - Omicron cases less likely to require hospital treatment, studies show

“Data from Denmark, South Africa and the UK point to reduced severity from infection with the coronavirus strain.”

“...The findings by separate research teams raise hopes that there will be fewer cases of severe disease than those caused by other strains of the virus, but the researchers cautioned that Omicron’s high degree of infectiousness could still strain health services. The reduction in severe illness was likely to stem from Omicron’s greater propensity, compared with other variants, to infect people who have been vaccinated or previously infected, experts stressed, though the UK studies also hinted at a possible drop in intrinsic severity.....”

And via the Economist - Omicron covid cases are less severe than Delta, new studies say

“But the number of infections may still overwhelm hospitals.”

FT - Oxford and AstraZeneca launch work on Omicron-targeted version of vaccine

https://www.ft.com/content/e61faf47-d563-4a87-8f0c-dcf7b8b28b43

See also Reuters – AstraZeneca, Oxford aim to produce Omicron-targeted vaccine

Nature (News) – Omicron overpowers key COVID antibody treatments in early tests

https://www.nature.com/articles/d41586-021-03829-0

“Nearly all of the monoclonal antibodies used to prevent severe disease fail to stand up to the new variant, laboratory assays show.”
Covid vaccine access

HPW - WHO Approves Novavax Covid Vaccine for Emergency Use, to Aid Supply In Lower-Income Countries


“The World Health Organization on Friday issued an emergency use listing for a novel COVID vaccine produced – in a move that should help ramp up new rounds of COVID vaccine distributions to low- and middle-income countries in coming months.”

Bloomberg – EU Strikes Deal With Moderna to Speed German Vaccine Supply


“The European Union brokered a deal to expedite deliveries of the Moderna Covid-19 vaccine to countries like Germany that are experiencing temporary shortages as they try to accelerate inoculation and ward off the omicron variant.”

Reuters - Biontech, Pfizer to provide EU with extra 200 mln COVID doses

Reuters;

“BioNTech SE (22UAy.DE) and Pfizer (PFE.N) said on Monday that they would be providing the European Union with more than 200 million additional doses of the COVID-19 vaccine they produce. ..... The doses announced on Monday are in addition to the 450 million already expected to be delivered in 2022, they said.”

Lancet GH (Comment) - COVID-19 vaccine hesitancy in Africa: a call to action


« In addition to low COVID-19 vaccine coverage in Africa due to vaccine nationalism and vaccine diplomacy, the gradual effort to distribute COVID-19 vaccines to low-income and middle-income countries (LMICs) is threatened by vaccine hesitancy. In Africa in particular, the low vaccine coverage and the ubiquitous vaccine hesitancy in a concerning proportion of the population undermine efforts to fight the COVID-19 pandemic. We advocate for humane, culturally relevant, and rapid public health action to address these issues....

PS: « ..... Bilateral arrangements that bypass continental collective efforts through Africa CDC consolidate the geopolitical influence and economic interests of vaccine providers. The result is that vaccine geopolitics and economics compromise vaccine acceptance, widely amplifying misinformation from social media, religious groups, and other outlets, and filtering confusing messages into communities....”
We issue a call to action in support of global vaccine access and acceptance, and have four recommendations to curtail vaccine hesitancy in Africa: (1) Africa CDC and the WHO Regional Office for Africa should effectively coordinate the continental advocacy drive for COVID-19 vaccines and to minimise vaccine hesitancy through effective community engagement, and contribute to a robust COVID-19 vaccine roll-out strategy; (2) WHO should share experiences and lessons learnt from social mobilisation and communication campaigns for the clinical trials of the Ebola vaccines to effectively overcome hesitancy towards the COVID-19 vaccines; (3) an observatory should be established, under the umbrella of WHO and Africa CDC, in each African country to monitor and combat fake news, rumour mongering, and misinformation about COVID-19; (4) dedicated resources should be mobilised from national and international funders to support the logistics and human resources needed to implement robust health promotion for COVID-19 vaccination that would complement the vigorous advocacy for vaccine procurement and manufacturing on the continent to increase access and equity.

Reuters - Vaccine maker Serum waives AstraZeneca shot indemnity for refugee programme

"The Serum Institute of India (SII) has waived its protection from legal liabilities for any AstraZeneca-Oxford COVID-19 shots it supplies to a global programme for refugees, a spokesperson for the GAVI vaccine alliance told Reuters on Wednesday."

Covid treatment/diagnostics/....

Lancet (Review) - Diagnostics for COVID-19: moving from pandemic response to control

"Diagnostics have proven to be crucial to the COVID-19 pandemic response. There are three major methods for the detection of SARS-CoV-2 infection and their role has evolved during the course of the pandemic. Molecular tests such as PCR are highly sensitive and specific at detecting viral RNA, and are recommended by WHO for confirming diagnosis in individuals who are symptomatic and for activating public health measures. Antigen rapid detection tests detect viral proteins and, although they are less sensitive than molecular tests, have the advantages of being easier to do, giving a faster time to result, of being lower cost, and able to detect infection in those who are most likely to be at risk of transmitting the virus to others. Antigen rapid detection tests can be used as a public health tool for screening individuals at enhanced risk of infection, to protect people who are clinically vulnerable, to ensure safe travel and the resumption of schooling and social activities, and to enable economic recovery. With vaccine roll-out, antibody tests (which detect the host's response to infection or vaccination) can be useful surveillance tools to inform public policy, but should not be used to provide proof of immunity, as the correlates of protection remain unclear. All three types of COVID-19 test continue to have a crucial role in the transition from pandemic response to pandemic control."
Lancet GH - Test and treat: a missing link in the global fight against COVID-19


“The treatment landscape for COVID-19 is changing substantially, representing a golden opportunity for pandemic control, especially in impoverished countries. Until recently, most treatments targeted the minority of patients requiring hospital care. But the newly published efficacy of a repurposed antidepressant, fluvoxamine, heralds an important shift for primary care. Fluvoxamine is joined by promising novel antivirals, Merck’s molnupiravir and Pfizer’s Paxlovid, but commodities alone are not a magic bullet—how they are positioned for success is critical. Patients with COVID-19 must begin these therapies soon after symptom onset, which is a substantial challenge in settings such as sub-Saharan Africa, where the large majority of cases go undetected and only one in 20 people have ever been tested. Treatment must be closely linked to testing and integrated into primary care. Fortunately, test and treat is a tried-and-true approach in which early diagnosis and outpatient treatment prevents disease progression and transmission. As the key planks of this strategy come into focus, crucial steps remain....”

Covid analysis

Lancet Editorial - COVID-19: where do we go from here?

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02790-2/fulltext

Beats me too.

Last week’s Lancet Editorial.

“The challenge now is to determine the level of COVID-19 that is acceptable for individual nations in a fundamentally interconnected world. ..... The emergence of omicron threatens new setbacks and further compounding of the harms of the pandemic. Science will no doubt continue to provide the means to respond. But doing so effectively and equitably will require greater recognition of the political determinants of health and action based on a robust global multilateral system and strong individual national leadership—which too often has been, and continues to be, lacking....”

Journal of Global Ethics - Pandemic as revelation


“This essay identifies three insights about global equity and justice in light of the COVID pandemic. It discusses the need for greater recognition of the role of the global order in the distribution of harms; the lack of capacity within global institutions to reason about social and global equity and justice; and the necessity to recognize and address racism as a driver of human deprivations and death.”
“... Below I offer up three insights brought on by the pandemic from the perspective of a scholar and advocate of the capabilities approach (CA) to social and global justice. More specifically, I focus on how the CA should be applied differently or evolved in order to address (global) health equity and justice. Those who are unfamiliar with the CA, or who have a stronger affinity to alternative ethical approaches may still find the discussion informative. The three aspects I consider – analysis of the transnational plane, institutional capacity for ethical reasoning, and racism – are opposite to many other ethical approaches which are concerned with theorizing and realizing equity and justice for all human beings around the world, and for future generations...”

AHOP insights - Coordinating action: lessons from early COVID-19 response in five African countries
https://extranet.who.int/iris/restricted/bitstream/handle/10665/350529/9789290234586-eng.pdf

“Early in the COVID-19 pandemic, the five AHOP countries, namely Ethiopia, Kenya, Nigeria, Rwanda and Senegal, recognized that the response to the pandemic had to go beyond health, and efforts were made to integrate action on health with responses across the education, economy, trade and culture sectors. The governments of AHOP countries responded strongly to the COVID-19 pandemic, setting up task forces, command posts and coordination committees to take on specific roles and responsibilities. This meant that their ministries of health did not solely take on the burden or responsibility for pandemic health outcomes and could draw on wide expertise, resources and capacity. New structures brought together stakeholders from across and beyond the governments. These multisectoral and multistakeholder responses led to greater flexibility, inclusivity and reach, but they also presented challenges such as duplication of activities and disconnect among stakeholders at national and subnational levels or between public and private efforts. The specialized structures and multisectoral responses were often driven by the highest echelons of governance. It remains to be seen if these structures will continue to be effective in the medium to long term and with vaccination strategies dominating the discourse. There are opportunities to institutionalize a multisectoral and multistakeholder approach for the future of health systems.”

As Omicron sweeps through Zimbabwe, how are people responding?
https://zimbabwelandal.wordpress.com/2021/12/20/omicron-sweeps-through-zimbabwe-how-are-people-responding/

Recommended blog by Ian Scoones.

BMJ GH - Who funded the research behind the Oxford–AstraZeneca COVID-19 vaccine?
https://gh.bmj.com/content/6/12/e007321

Conclusion: “Our study approximates that public and charitable financing accounted for 97%–99% of identifiable funding for the ChAdOx vaccine technology research at the University of Oxford underlying the Oxford–AstraZeneca vaccine until autumn 2020. We encountered a lack of transparency in research funding reporting.”
Covid “collateral damage”

Lancet GH - Impact of the SARS-CoV-2 pandemic on routine immunisation services: evidence of disruption and recovery from 170 countries and territories

A Shet et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00512-X/fulltext

“...This study aims to assess the impact of COVID-19 on routine immunisation using triangulated data from global, country-based, and individual-reported sources obtained during the pandemic period....”

Findings & conclusion: “A decline in the number of administered doses of diphtheria–pertussis–tetanus-containing vaccine (DTP3) and first dose of measles-containing vaccine (MCV1) in the first half of 2020 was noted. The lowest number of vaccine doses administered was observed in April, 2020, when 33% fewer DTP3 doses were administered globally, ranging from 9% in the WHO African region to 57% in the South-East Asia region. Recovery of vaccinations began by June, 2020, and continued into late 2020. WHO regional offices reported substantial disruption to routine vaccination sessions in April, 2020, related to interrupted vaccination demand and supply, including reduced availability of the health workforce. Pulse survey analysis revealed that 45 (69%) of 65 countries showed disruption in outreach services compared with 27 (44%) of 62 countries with disrupted fixed-post immunisation services. .... The marked magnitude and global scale of immunisation disruption evokes the dangers of vaccine-preventable disease outbreaks in the future. Trends indicating partial resumption of services highlight the urgent need for ongoing assessment of recovery, catch-up vaccination strategy implementation for vulnerable populations, and ensuring vaccine coverage equity and health system resilience.”

Covid origins

Lancet - Offline: The origin story—division deepens

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02833-6/fulltext

Last week’s Offline, second in a series of 4 on the ‘origins’ story.

TRIPS waiver/tech transfer/C-TAP/mRNA hub....

Geneva Health Files - Political Dialogue Lifts TRIPS Waiver Talks, Geneva Trade Bureaucracy Undermines It

Geneva Health Files;

We hope you subscribe to this newsletter on “Geneva” & global health.
Last week’s Deep Dive. “In August 2021, discussions on the waiver had to be stalled because Geneva was going on a summer break. Now, nearly half a year later, with a raging infectious variant of SARS-CoV-2 and on the wreckage of anticipation around a ministerial conference that now stands postponed indefinitely, discussions on the waiver are stalling again because of the Christmas break. 

Quote: “Developing country negotiators are of the view that the Geneva trade bureaucracy has contributed to stalling the progress on the discussions for the waiver even at this delicate hour....”

“It is important to meet in person to negotiate and agree, say those who believe that informal consultations between members would help achieve consensus and breakthroughs. At the time when the ministerial conference was cancelled and postponed indefinitely, there was a lot of momentum between members to push for an urgent decision on the TRIPS waiver. That was three weeks ago. “Precious time was lost. We are being shown process considerations, in order to get an agreement on the waiver”, a developing country negotiator told us....”

“... Under pressure to deliver, sources suggest that DG Ngozi Okonjo-Iweala is making efforts for a swift resolution on the waiver discussion. She helped organize a ministerial level discussion on the waiver between the key players, South Africa, India, the US and the EU. This discussion over two different days was structured to help move the process forward. Countries mostly stuck to their previously stated positions.....”

“....The WTO TRIPS Council met this week (16 December), where members decided to continue their discussions alongside the high-level political dialogue. .....”

As for the way forward: “... There are two ways to push discussions on the waiver, one by convening the General Council, the second by reaching a decision by a smaller group of members at the ministerial level, and then getting the decision endorsed by the wider membership, a Geneva-based trade official suggested.....”


“Moderna Inc. has abandoned its application for a U.S. patent covering its Covid-19 vaccine that has been the subject of a heated dispute with the National Institutes of Health over the invention of a key component of the shot. The Cambridge, Mass., company said Friday it dropped the patent application “to allow more time for discussions with the NIH” aimed at an amicable resolution.....”

See also NYT – Moderna backs down in its patent fight with the N.I.H.

LSE (blog) - Opposition to the TRIPS waiver: dispatches from the frontline

https://blogs.lse.ac.uk/politicsandpolicy/trips-waiver-one-year-on/
Great blog. “Siva Thambisetty reflects on the ongoing failure to increase countries’ access to COVID-19 vaccines, especially through the TRIPS waiver proposal put forward in October 2020. She identifies emotion, dignity, and ideology as some of the key reasons why vaccine inequity continues....”

“... What follows is my auto-ethnographic musings as a legal scholar at the coalface of the debate on the TRIPS waiver. I want to share what I now think of as different pathologies of responses. I believe that understanding these pathologies – and they do seem to me to be a kind of sickness – go to the very heart of why vaccine inequity endures....”

WHO - Belgium and WHO sign new agreement to increase global equitable access to essential health products and technologies


“On 16 December 2021 the Government of Belgium and WHO signed a new €8 million multiyear contribution agreement for the period 2021-2025, to support increasing global equitable access to health products and health technologies globally. This contribution will focus on equitable access for health products related to the current pandemic, and health products related to other communicable and non-communicable diseases. Through this support, the Belgium government will facilitate technology transfer through the mRNA vaccine technology transfer hub and work on increasing regulatory capacity and fair pricing.”

“... Belgium is already a co-sponsor of the Solidarity Call to Action. Its support for the COVID Technology Access Pool (C-TAP) and the mRNA vaccine technology transfer hub comes at a critical juncture. Engaging support for innovative approaches to increasing access to health products is challenging given the complexity of the global health landscape. By leading the way in developing new ways to deliver health equity, Belgium is encouraging other partners to follow, and charting a new path in global health leadership. Belgium is the first member state to provide a first significant contribution to C-TAP.”

UHC

Lancet World Report - WHO and World Bank urge spending for UHC

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02792-6/fulltext

Also from last week’s Lancet issue. “Governments have been urged to strengthen public spending on health as COVID-19 stalls progress towards universal health coverage. John Zarocostas reports from Geneva.”

“WHO and the World Bank are urging governments to strengthen public spending on health in the face of new evidence the COVID-19 pandemic could derail two decades of global progress towards universal health coverage. They draw on new research that reveals that in 2020 more than half a billion people were pushed into or further into extreme poverty by out-of-pocket payments for health services. “All indications show that financial protection will likely be adversely impacted by shifting
health and economic dynamics resulting from COVID-19”, concluded the WHO/World Bank Global Monitoring Report on Financial Protection in Health 2021, arguing that the influence of financial barriers to seeking care and the potential for impoverishment due to out-of-pocket spending on health “will only grow”.

“… But the road ahead will not be easy, say global health leaders. “Within a constrained fiscal space, governments will have to make tough choices to protect and increase health budgets,” said Juan Pablo Uribe, World Bank global director for health, nutrition, and population. “

…. Richard Kozul-Wright, director of globalisation and development strategies at the UN Conference on Trade and Development, told The Lancet that the way out of the crisis and delivering on the SDGs also require spending flexibility in government budgets and manageable levels of debt. “But this was not the situation for many developing countries even before the pandemic hit, with debt servicing greater than health spending in more than 60 countries.” said Kozul-Wright. “The pandemic has seen fiscal revenues drop sharply and more than US$500 billion added to the burden of developing country debt. A premature return to a world of higher interest rates and austerity budgets will leave reliable and affordable health coverage a luxury enjoyed by the privileged few.”

NCDs

WHO - 4th High-level Meeting of the United Nations General Assembly on the Prevention and Control of on NCDs (2025)

https://www.who.int/publications/m/item/4th-high-level-meeting-of-the-united-nations-general-assembly-on-the-prevention-and-control-of-on-ncds-(2025)

Meeting report.

Cfr related tweets Menno van Hilten: “….2022 must be the year in which we finally address the deficits in governance systems for NCDs. The road to 2025:....” It is time to clearly assume the need for reform of international cooperation to include NCDs on the road to the Fourth High-level Meeting of UNGA on NCDs in 2025.”

SRHR

Guardian - Saving Roe v Wade is not just a US battle but one for women across the Americas


“US conservatives’ campaign to undermine the landmark ruling threatens progress in reproductive freedom in Latin America.”
Child mortality

UN Inter-Agency Group for Child Mortality Estimation - Levels and trends in child mortality: Report 2021

“While the world was gripped by the unfolding COVID-19 pandemic in 2020, children continued to face the same crisis they have for decades: intolerably high mortality rates and vastly inequitable chances at life. In total, more than 5.0 million children under age 5, including 2.4 million newborns, along with 2.2 million children and youth aged 5 to 24 years – 43 per cent of whom are adolescents – died in 2020. This tragic and massive loss of life, most of which was due to preventable or treatable causes, is a stark reminder of the urgent need to end preventable deaths of children and young people. **Data gaps remain a serious challenge to child mortality estimation and monitoring**…..”

Related: WB (Data) Blog - Countries need more data to get a full picture of COVID-19’s impact on child mortality as they remain off track to meeting SDGs (by E Suzuki et al)

“Available empirical data from 2020 does not indicate a reversal in child, adolescent and youth mortality as the COVID-19 pandemic spread while more data are needed for a more complete picture…”

PS: “…These deaths are not carried equally around the world – **children in Sub-Saharan Africa and South Asia continue to face the highest risk of death** in the world and to bear the brunt of the child mortality burden…..”

And a link:

BMJ GH - Oxygen systems strengthening as an intervention to prevent childhood deaths due to pneumonia in low-resource settings: systematic review, meta-analysis and cost-effectiveness

Planetary Health

People’s Dispatch - There is no health justice without climate justice
https://peoplesdispatch.org/2021/12/18/there-is-no-health-justice-without-climate-justice/

“The organizers of the People’s Health Hearing at COP26 write about how celebrating the ‘right to health’ as an add-on to the Glasgow Climate Pact would be to ignore the co-option of health by perpetrators for greenwashing.”

IISD - Scientists Issue Roadmap to Protect Earth as Safe Operating Space
“The International Science Council issued a report on how science funders can support the production of actionable knowledge in five areas that pose the most risk to the Earth as a “safe operating space” within ten or 20 years.”

“The five areas are food, water, health, climate/energy, and urban areas. The report, titled ‘Unleashing Science: Delivering Missions for Sustainability,’ outlines Sustainability Science Missions in five areas that require immediate changes and allow integration with the SDGs: Food: eating adequate, healthy diets without consuming nature’s bounty; Water: replenishing nature’s reservoirs to provide enough clean water for all; Health and Wellbeing: being whole and well in body, mind and nature; Urban areas: thriving in places while stewarding the natural environment; and Climate and energy: shifting to clean energy while restoring a safe climate.”

Other news of the week

Devex - WASH in health facilities gets a new ally in UN’s Group of Friends


“The United Nations has launched a new “Group of Friends” in support of water, sanitation, and hygiene — or WASH — in health care facilities. Groups of Friends is a coalition made up of various U.N. member state representatives who come together to focus on advancing progress on a particular issue. Other groups include that of mediation; children and armed conflict; and climate and security. Having a group focussed on WASH in health care facilities could be instrumental in mobilizing activities across the entire U.N. system, Bud Rock, former principal of Global Water 2020, told attendees at the groups’ launch event.....”

See also WHO - Launch of UN Group of Friends on Neglected Tropical Diseases and on Support of Water, Sanitation and Hygiene in Healthcare Facilities

Lancet (Comment) - The health and wellbeing of Indigenous adolescents: a global collective for an equitable and sustainable future

Global Collective for Indigenous Adolescent Health and Evidence-Based Action; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02719-7/fulltext

“.... To drive global advocacy and evidence-based action in Indigenous adolescent health, we have formed the Global Collective for Indigenous Adolescent Health and Evidence-Based Action. This collective will allow us to identify and develop solutions and strategies to overcome the inequities that exist for Indigenous young people and will provide a transnational and global platform for the sharing and translation of knowledge, wisdom, and practices. Importantly, this global collective positions individual Indigenous communities, which are typically framed as minority groups within settler-colonial borders, as a global force for good. Initially, this collective will focus on Indigenous adolescents in the Euro-settler nations of Australia, Aotearoa New Zealand, Canada, the USA, Greenland, Norway, and Sweden, given the common colonial histories, data systems, and policy platforms for response. A first task of this collective will identify the priorities and needs of
Indigenous adolescents across nations, define policy relevant indicators to ensure these can be monitored, and assemble the best evidence for actions to enable responses. We aim to publish the new knowledge generated by the work of this collective in a two part Series on Indigenous adolescent health in The Lancet.....”

Devex - Macron’s plan for EU development finance in Africa


Emmanuel Macron set out how the EU should approach the latest economic “alliance” it wants to launch with the African Union at a summit in February.

“Macron said that “in the short term” he favored EU member states’ “Status Quo+” solution, agreed in June, to improve coordination between the mixed-ownership EBRD and fully EU-owned EIB, rather than converting either one into a new EU development bank. .... When it comes to European development finance in Africa, the most important things were “the ambition and the amounts,” said Macron, who has boosted French official development assistance this year on financing African economies and youth and business on the continent. He then cited his priorities ahead of the 6th EU-AU summit, currently scheduled for Feb. 17 to 18, during France’s six-month rotating presidency of the Council of the EU.....”

Among them: “Macron said that European development finance institutions needed to work more and better with African regional banks...”

Guardian - New head of Unesco world heritage centre wants to put Africa on the map


“Lazare Eloundou Assomo wants to address imbalance that benefits rich nations and protect sites threatened by climate crisis and war.”

“.... despite its vast size, sub-Saharan Africa has never been proportionately represented on Unesco’s world heritage list, its 98 sites dwarfed by Europe, North America and Asia. Now, the first African to be made head of the world heritage centre has said that needs to change – and fast.....”

UNAIDS welcomes the approval of long-acting injectable cabotegravir as a pre-exposure prophylaxis for HIV prevention


“The United States Food and Drug Administration announced its first approval of a long-acting HIV prevention medication earlier this week. The long-acting injectable cabotegravir (CAB - LA) is approved as a pre-exposure prophylaxis (PrEP) for adults and adolescents who are at risk of acquiring HIV sexually in the United States of America. This is the first time an injectable antiretroviral drug
becomes available as a pre-exposure prophylaxis for prevention of HIV. UNAIDS is calling for this new drug to quickly be made available and affordable to people who need it most not just in the United States of America but everywhere in the world.”

Blogs of the week

CGD - The New FCDO Health System Strengthening Position Paper – Too Good to be True? Three Recommendations to Ensure Impact


“We congratulate the FCDO on the landmark paper on Health Systems Strengthening (HSS) and offer three recommendations for implementation: 1) further clarify strategic priorities, for example by articulating a poverty focus and prioritising partnership with low-and middle-income governments; 2) place greater emphasis on joined-up approaches to avoid fragmenting health systems; and 3) set up a monitoring framework to ensure impact.”

Tweets of the week

Samantha Power

“BREAKING: The incomparable @Atul_Gawande just confirmed to be @USAID Assistant Administrator for Global Health! We can’t wait to work with him in tackling #Covid_19, getting vaccine shots in arms around the world, strengthening local health systems & preventing future pandemics.”