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,

I hope you all more or less safely landed in a new year, with or without resolutions. As for Dr Tedros’ New Year’s Resolution, that one certainly makes total sense: “To achieve my No. 1 #NewYear’s resolution, we need all governments, #COVID19 vaccine makers and partners to #ACTogether to vaccinate 70% of people in every country by July 2022. With #VaccinEquity, we can end the pandemic.”

I spent most of the holiday week in a rather unadventurous way, “Covid times obligent”, among others watching ‘Emily in Paris’ on Netflix (in season 2, my favourite character is still the chain-smoking, slightly cynical French boss of Emily, Sylvie), going for some early morning jogging in the woods (imagining myself as a slow-motion version of Jodie Foster in the opening scenes of ‘The Silence of the Lambs’…), and even reading a novel (instead of global health blogs and my frantic Twitter feed :).

But let’s get to - global health - business. While there was some encouraging news on a ‘Vaccine for the World’ just before the end of the year, and the pandemic has clearly reached a new stage with Omicron, ‘The fastest-spreading virus in history’, I hope all of us will also pay some more attention to long Covid (-sufferers) in the year 2022. Although long Covid received some attention over the past two years, I doubt it got enough.

The FT didn’t mince words this week: “Long Covid is another public health crisis hidden inside the pandemic… with estimates of the patients suffering from the debilitating disease stretching to more than 100m worldwide.” I don’t really want to go into the accuracy of these stats, but it’s well worth reading on. “Long Covid is defined as suffering symptoms 12 weeks or more after diagnosis… While patients suffer a range of symptoms, the most commonly reported are fatigue and breathing problems. Some also experience damage to their organs and in the PHOSP study, one in 10 had clinically relevant cognitive impairment, often called “brain fog”. Many symptoms resemble those in other post-viral diseases, including from coronaviruses…” Some of the hypotheses being floated are that “long Covid is caused by a continued immune reaction (with sufferers having increased inflammatory markers), … another hypothesis is that the virus attacks the cells’ energy reserves, mitochondria. …” Both hypotheses could hold (for some people), and/or there might be others. In short, it’s not clear yet, which is probably why there are called ‘hypotheses’. What is clear, though, is that long Covid is a huge and often debilitating problem for the ones hit by some of the more severe and long-term forms.

For once, I also want to shed some personal light on this, because it feels relevant.
Since Covid hit the planet, I’ve had a special interest in ‘Long Covid’, as many of the symptoms described rang a bell. Back in 2003, I experienced some sort of ‘annus horribilis’, a cold shower being just back from 18 months of backpacking. Although I never really found out what exactly caused my health troubles (taking mefloquine (Lariam) for several months, a post-viral problem of which I wasn’t aware perhaps, a 10-day vipassana meditation that went rogue somewhere halfway, an orthopedic surgeon messing up epidural anesthesia while treating a herniated disk, ... all more or less coinciding over the course of several months early 2003), truth is that for at least half a year, ‘balance’ between body and mind was gone. With among others, scary numbness of body parts, anxiety, breathing issues, muscles starting to move in freaking ways, ... It was a frightening episode in my life, frankly. In the end a neurologist managed to more or less soothe my nervous system, with the help of some medication. Since then, though, brain fog and fatigue have remained uninvited ‘companions’ on my journey, together with some other issues. There’s definitely a ‘before’ and ‘after’ 2003 in my life, even if by early 2004, I had sufficiently recovered to move to China for a few years.

Anyway, from that angle, many of the long Covid symptoms sound familiar, although I consider myself lucky to have never experienced the worst of chronic fatigue (as others have) and/or fibromyalgia. Just like some long Covid sufferers seem to be affected far worse than others for reasons that aren’t totally clear. I’ve learnt to live with my constraints, even if I still – though some days more than others - hate them. One example of this ‘learning curve’ perhaps: I know now how to ‘prep myself’ (coffee, magnesium and slow jogging for a few km tend to give me short access to what I - being thoroughly neoliberalistically socialized - call my ‘premium brain’; so that’s a short window of opportunity I need to seize whenever I have to sound more or less “coherent” 😊). I know this sounds a bit like a dodgy cyclist from the 90s preparing for the Tour de France but you get the idea. I prefer to think of it along the lines of what my dad used to solemnly declare when putting on the light in the kitchen: **“Fiat lux!”** (probably a phrase he had picked up during catholic mass).

**“Fiat Lux”** seems actually not a bad motto for our dark times. So hoping for some more ‘Lux’ in 2022, including for the many people with long Covid. Among the key ways to do so: by making substantial progress towards a [care and sufficiency economy](https://www.kristofdecoster.be/).

Let’s get to it.

Enjoy your reading.

Kristof Decoster
Highlights of the past two weeks

Looking back on 2021

Lancet World Report - 2021: a year in review
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02793-8/fulltext

“COVID-19, climate, conflict, and good news for malaria. Farhat Yaqub looks back at the major stories in health and medicine in 2021.”

WB - 2021 Year in Review in 11 Charts: The Inequality Pandemic

“...Through this series of charts and graphs, we share select research from the World Bank Group that illustrates the severity of the pandemic as it enters its third year.....”

Looking ahead to 2022

Lancet Editorial - The state of science and society in 2022
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02870-1/fulltext

“As 2022 begins, and the third year of the pandemic continues to put pressure on both the scientific community and the public, it is worth considering the state of science and society. .....”

Conclusion: “...There is a need to strengthen scientific literacy, both in the public and in leadership, and to communicate the caveats and limits of science honestly and transparently. Having more scientists in governments, parliaments, and the civil service would help. Ensuring diversity and inclusion in the scientific community could reduce the elite image of science and change power dynamics in knowledge-generating pathways. Medical journals have a role too, by facilitating scientific conversations, providing transparency and a means of scrutinising evidence, and defending scientists. Trust is not the same as deference. Trust is earned. And it comes through a relationship, sometimes fragile and often tense, but built on openness, admission of uncertainty, and mutual respect.”

Devex - 5 trends shaping global development in 2022

“Devex President and Editor-in-Chief Raj Kumar sees five major trends to keep an eye on this year.”
New Humanitarian - Aid policy trends to watch in 2022


“From funding fixes and climate moves to decolonisation and aid access: What’s on our radar for the next 12 months.” Listing 4 policy trends.

Lancet World Report – Humanitarian need in 2022

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02875-0/fulltext

“An estimated 1 in 29 people worldwide will need humanitarian assistance in 2022. Sharmila Devi looks ahead to the major hotspots and issues in the coming year.”

Coming up later this month: WHO Executive Board meeting (EB 150) (24-29 January)

Documentation: https://apps.who.int/gb/e/e_eb150.html

PS : according to Thomas Schwarz (G2H2), a Key strategy document for EB150: Extending the Thirteenth General Programme of Work, 2019–2023 to 2025. Main rationale: "The triple billion targets are off track"

Check out also: Standing Committee on Pandemic and Emergency Preparedness and Response Report by the Director-General

“The Director-General has the honour to transmit to the Executive Board, at its 150th session, the proposal submitted by the Government of Austria to establish a Standing Committee on Pandemic and Emergency Preparedness and Response (see Annex)......”

Decolonize Global Health

BMJ GH Editorial - The challenges of defining global health research
A L Garcia-Basteiro & S Abimbola; https://gh.bmj.com/content/6/12/e008169

As this was one of the last must-reads of 2021, some excerpts:
“Having a clearer sense of the ‘what’ (the overall purpose/goal of research), the ‘where’ (the context in which the research is designed, conducted and used) and the ‘who’ (the people designing, conducting and using knowledge from research) of global health research would be desirable, if we are to have a more useful sense of what global health research means…..”

“…On the ‘what’: the quest for equity in health within nations and among nations should be what drives research efforts in global health. ….. on ‘where’—the location in which a study is conducted (or that the issues it addresses are transnational)—might not be what determines that it is global health research, but if the research speaks directly or ultimately to equity breaches. What this means is that global health research does not take place only in low-income and middle-income countries. It is about inequities in health and the structures that create ill health for some and not for others. Those structures manifest through social, historical and political processes that make some locations ‘low-resource settings’.”

“… The ‘where’ and the ‘what’ of global health research has always followed the ‘who’. The framing and term ‘global health’ itself emerged from high-income countries and has especially been dominated by researchers with a biomedical background in a way that has and continues to limit the extent to which people elsewhere and with diverse viewpoints and areas of focus can own the field. The framing of global health has consistently privileged diseases over systems, the status quo over emancipatory structural change, a quest for novel universal truths over locally useful knowledge, and research from a distant or foreign pose over deep proximate engagement from a local pose, addressing itself, by default, to a foreign gaze. Clarity on what constitutes global health research begins with clarity on who defines global health research. The ‘who’ has so far determined the ‘what’ and ‘where’. The ‘who’—whether as those who frame the question, conduct the research, circulate the findings or constitute its audience—is essential for achieving greater clarity on the meaning of global health research. The ‘who’ has a direct bearing on whether global health research can advance equity. ….”

“… With the ‘what’, ‘where’ and ‘who’ we have proposed, it is clear that global health research transcends the field of health, as the strategies for achieving equity require multisectoral and transdisciplinary perspectives....”

BMJ GH (Editorial) - Five years from now, who will be setting the global health agenda?

Anu Kumar; https://gh.bmj.com/content/6/12/e008045

By the president and chief executive officer of Ipas.

“After nearly 50 years as a traditionally structured international non-governmental organization, Ipas is on a path to dramatically change the way we operate. We are an international reproductive justice organisation, with offices in 16 countries in Asia, Africa and the Americas, working to ensure that abortion and contraception are accessible to all. That mission will not change. But we are transforming from a traditional ‘hub and spoke’ organisation with power centred in the USA to a ‘networked’ organisation with authority, power and leadership dispersed and shared across the countries where we work.....”"
BMJ GH - Hierarchy of qualities in global health partnerships: a path towards equity and sustainability

S Schriger et al; https://gh.bmj.com/content/6/12/e007132

“Despite the exponential growth of global health partnerships (GHPs) over the past 20 years, evidence for their effectiveness remains limited. ... In this article, we describe a theoretical model for partnerships developed by seven global health experts. ... we identify 12 GHP pillars spanning across three interconnected partnership levels and inspired by Maslow’s hierarchy of needs. The transactional pillars are governance, resources and expertise, power management, transparency and accountability, data and evidence and respect and curiosity. The collaborative pillars (which build on the transactional pillars) are shared vision, relationship building, deep understanding and trust. The transformational pillars (which build on the collaborative pillars and allow partnerships to achieve their full potential) are equity and sustainability. The theoretical model described in this article is complemented by real-life examples, which outline both the cost incurred when GHPs fail to live up to these pillars and the benefits gained when GHPs uphold them....”

Development Today (opinion ) - Global health, narcissistic charity, and neo-dependency


One of the must-reads of this week. “Decades of being drip-fed on deleterious forms of foreign aid have caused African countries and institutions to wither. But they have done so blissfully, until the COVID-19 pandemic unmasked the primordial selfishness of the Global North. Olusoji Adeyi, former Director of Health and Nutrition at the World Bank, challenges donor governments and African leaders to break out of an endless cycle of ineffectual aid.”

A few excerpts:

“... The inconvenient truth is that contrary to popular assertions, the core problem is neo-dependency, not neo-colonialism. It is ruinous for so many countries to be so dependent on, and strategically beholden to, the whims and kindness of strangers. Too many countries fail or refuse to graduate from dependency on financing from entities like Gavi and the Global Fund, fail to repudiate patronizing business models of USAID and others like it, fail to take charge during their engagement with development banks, and put up with nonsensical requests for investment cases from all sorts of grant financiers....”

“It is past time to do things differently. First, all donors from the Global North should end foreign aid for basic health commodities and services, such as medicines and diagnostics on WHO’s lists of essentials, routine childhood vaccines, bednets for malaria, and maternal and child health services. The need for these items is so elementary and predictable, and the technologies and services are so cost-effective, that providing them should be core responsibilities of the countries themselves. This is not a call for an abrupt stop. The year 2030, being a target date for Universal Health Coverage, is fitting and provides a reasonable transition period. But that transition period should be firm. Second, the tradition of northern donors imposing their providers of technical assistance should stop. They could establish draw-down funds for professional services, with African countries deciding the terms of reference and managing the recruitments — and with guaranteed transparency. Third, donors
who insist on financing commodities should do so by subsidizing such products at the factory gate and leaving African countries to do the procurement. Finally, attention should turn to challenges that need heavier lifting than basic health commodities and services, including regional and global public goods; direct investments in African research institutions (not as appendages of European entities of colonial vintage and not as sub-contractors to USAID’s entrenched American contractors); and investments in mission-critical entities like the Africa Centers for Disease Control and Prevention. “

Related: forthcoming book by the same author -  Global Health in Practice: Investing Amidst Pandemics, Denial of Evidence, and Neo-Dependency (World Scientific Series in Health Investment and Financing)

Plos Global Public Health - Research as agitation: Generative activism in the age of resistance
A Majumdar & M Mukerjee; https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000142

Cfr tweet M Pai: the authors “share their vision for a movement for anti-racism and anti-discrimination at MSF that is self-sustaining, locally-led, heterogenous, and diverse in opinion and approaches.”

“As Decolonise MSF organisers, we contributed to urgent demands for structural reform and transparency by publishing Dignity at MSF in September 2021, a movement-wide report on abuse and discrimination based on findings of an online survey with 359 current and former staff and stakeholders. It is the first volunteer and survivor-led initiative to publicly assess and disclose findings on these subjects and the first to involve MSF’s global and historical staff base, as well as community partners....”

“.... If it succeeds, Dignity at MSF represents activist research in the spirit of the “generative power of protest”, which recognizes the “power of protest events themselves to shape internal movement dynamics”...”

Global Health Governance, Financing & Security

Nature - WHO chief Tedros looks guaranteed for re-election amid COVID pandemic
https://www.nature.com/articles/d41586-022-00019-4

“Tedros Adhanom Ghebreyesus is the only nominee to head the World Health Organization, a possible nod from countries on their approval of his pandemic leadership.”

“...Tedros Adhanom Ghebreyesus, the director-general of the World Health Organization (WHO), is all but ensured to lead the organization for a second term, from 2022 to 2027, because he is the only
candidate in the race. As a matter of procedure, on 25 January, the WHO’s executive board is expected to nominate him for re-election in May….”

“Despite the discontent, neither the United States nor China presented a challenger to Tedros’ leadership…” “Tedros is the first candidate in the WHO’s history to be nominated by more than two dozen countries, which speaks to his popularity — or perhaps to the world’s desire for steady leadership….”

Among others, with the views of Tom Bollyky & Amanda Glassman.

HPW - WHO Member States Fail to Agree on Raising Assessed Contributions – Key Element of Global Health Agency’s Finance Reform

“Big pre-holiday hopes that WHO member states might agree on a sweeping financial reforms to put the World Health Organization’s $3 billion annual budget on a more sustainable foundation now seem to be foundering in the New Year. A report by the member state Working Group on Sustainable Financing, published on Tuesday, has stopped short of recommending that assessed contributions by WHO member states be scaled up gradually to meet 50% of the Organization’s core budget needs by 2028-29. …”

“… While the Working Group impasse does not mean that the financing reform initiative is dead, it means that there is not, right now, any clear pathway to a formal decision on sweeping reforms in the lead-up to the WHO Executive Board meeting, scheduled for 24-29 January – where the Working Group’s deliberations will be reviewed. … a handful of countries, including the United States, but also Russia and Brazil, have continued to hold back, diplomatic observers in Geneva told Health Policy Watch. Other holdouts include Japan, Monaco and Poland, observers say. China, meanwhile, has remained on the fence, neither emphatically supportive or opposed. …”

PS: “… although the cumulative impact of the proposed 50% assessment move would only add up to about $600 million a year more in contributions from all WHO member states together, some countries may also be worried about the precedent the decision could set. In particular, they may fear that agreeing to higher WHO assessments might lead to stiffer payments for the rest of the UN system – with much larger budgetary implications, sources said. …”

Nature (Comment) - Two years of COVID-19 in Africa: lessons for the world
C Happi & J Nkengasong; https://www.nature.com/articles/d41586-021-03821-8

One of the key reads of this week. “Africa urgently needs to guarantee its own health security.”

“… Multilateralism will always be crucial to preventing and responding to epidemics and pandemics. But Africa will be able to benefit from the advances it has made in disease surveillance only if its
**Approach to public health is reconfigured towards self-reliance.** This could be achieved in five steps....

Among others:

**“Invest in health and disease. African leaders must honour their commitments to allocate at least 15% of their annual budgets to the health sector, as they agreed to do in 2001 at a meeting on HIV and other diseases in Abuja. Today, spending on health across the continent ranges from 0.1% to 2% of a nation’s gross domestic product....”**

**“Build centralized governance. An African Pandemic Preparedness and Response Authority, as proposed by the African Union in October 2021, could empower the Africa CDC to coordinate pandemic responses across borders. This agency could be modelled on the European Health Emergency preparedness and Response Authority (HERA). A signed treaty would mean leaders have to cooperate, share data and so on. Likewise, the continent could capitalize on practices and tools born out of the COVID-19 crisis. The African Union COVID-19 Response Fund, established in March 2020, has enabled countries to pool funds to buy medical commodities, such as personal protective equipment. In principle, this could be upgraded to an African Disease Threat Fund. Similarly, AVATT could be used as a platform for acquiring other vaccines for the continent....”**

DeveX - US, Netherlands unconvinced on aid eligibility of surplus vax donations


From late last year. **“Wealthy countries failed to agree whether to count donations of excess COVID-19 vaccines toward their aid budgets this week, fueling calls by civil society to scrap the move completely....”**

See also Development Today - [OECD donors fail to agree on rules for reporting covid vaccine donations as aid](https://www.devex.com/news/us-netherlands-unconvinced-on-aid-eligibility-of-surplus-vax-donations-102364)

“Despite efforts to reach agreement about rules for reporting COVID-19 vaccine donations as aid, 2021 ended with no resolution. **Sweden is among the donors that objects to the OECD’s proposal of a fixed value, arguing instead for “differentiated prices.”**”

Cfr tweets: “Sweden objects to the @OECD DAC’s proposed rules for reporting COVID-19 vaccine donations as aid in 2021. While the DAC recommends a fixed value, Sweden prefers “differentiated prices” for different vax. Negotiations continue.”

“**Sweden fears that countries with an excess of more expensive vaccines would be more tempted to sell them if the ODA-reportable price per dose is set too low. “ODA rules for donations are important in this regard,” a MFA spokesperson tells DT.”**

Lancet - Médecins Sans Frontières: 50 years of bearing witness

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02843-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02843-9/fulltext)
Insightful read. “MSF was founded half a century ago. It has transformed humanitarianism and global health. But it is facing new challenges. Udani Samarasekera reports.”

In the words of Tammam Aloudat (former deputy executive director of the Access Campaign from 2019 to 2021 and now managing director at the Global Health Centre, Graduate Institute, Geneva): “… We’re going to face, within the next 20 years, the consequences of climate change, which will make what emergencies we have today look small. MSF in a model which is guided and led from headquarters in Europe and is decided hierarchically, not only MSF, the whole humanitarian sector, will not logistically be able to respond in any meaningful way. There needs to be a next version of humanitarians and of MSF that is capable of being led locally, truly autonomously, and by the desires and knowledge and culture and conceptions of people who are affected, that can have a chance of responding to the consequences of climate change that will range from conflict to displacement to more diseases to the next pandemics. Decolonising sounds like a political movement only, he says, but, in fact “it is an absolute necessity”.


https://www.ghspjournal.org/content/9/4/725

“The World Health Organization COVID-19 Partners Platform represents the first step towards a new model of health crisis information sharing across stakeholders and could evolve into an engagement mechanism of choice for future cross-border public health emergencies.”

Devex - Opinion: Why the Global Fund must take on pandemic preparedness


Guess we’re going to see a number of PP related op-eds in the weeks and months to come.

“The COVID-19 pandemic has exposed flaws in the ability of our global health architecture to prevent and respond to pandemic threats. In a momentous evolution, which may have gone unnoticed amid other debates, the Global Fund to Fight AIDS, Tuberculosis and Malaria made pandemic preparedness and response part of its evolving mandate upon adopting its new strategy in November. The World Health Organization, the World Bank, bilateral donors, and others have crucial roles to play, but the Global Fund — if it adapts to the challenge — could change empty promises on preparedness into a safer world.”

“…. The Global Fund is well positioned to strengthen pandemic preparedness and response. Nonetheless, it must take five steps to maximize the likelihood of success. If the U.S. commits to a pandemic preparedness window, it can insist on these changes….”. Check out what these steps are.

Devex - Global development issues to watch in the US Congress in 2022

“U.S. lawmakers gear up for negotiations over two budget bills that will help set the tone of a critical year for global health funding.”

“2021 wasn’t exactly a banner year for global development legislation in the U.S. Congress, but 2022 could bring a number of key discussions and budget fights.” An overview of what might be in store.

A few excerpts:

“A major issue will undoubtedly be the foreign aid budget — both the fiscal year 2022 funding that has been pushed to February and the budget for fiscal 2023. Amid an election year and the potential for a power shift in Congress, advocates say this pair of funding bills will provide the best chance for a boost in foreign aid funding — especially with a significant increase proposed by President Joe Biden’s administration and reflected in draft legislation. ... 2022 has two funding bills to watch...”

“...One line item to watch in the fiscal 2023 budget will be how much money the administration requests for the Global Fund to Fight AIDS, Tuberculosis and Malaria ahead of its replenishment later this year. The fiscal 2023 foreign affairs budget request is expected to look similar to the fiscal 2022 version, which included $58.5 billion for foreign aid. But one big question is whether the administration will also request supplemental emergency COVID-19 funding that could be included in the fiscal 2022 bill....”

“...In October, administration officials said supplemental funding received through previous funding bills had already been spent. Global health advocates are asking for $17 billion in a supplemental bill for the global COVID-19 response, though some of them say that number is likely too big. A smaller amount of funding may be approved, they said....” “...the U.S. Agency for International Development is trying to convince the rest of the Biden administration to request more COVID-19 funding from Congress, but that the Office of Management and Budget is not on board with that idea. ...sources say USAID officials are asking aid advocates to lobby the White House to include more money in their next budget request.”

On global health security: “...For a while, Congress seemed poised to pass global health security legislation in 2021. But despite an effort to get it included as part of the National Defense Authorization Act at the end of the year, it never crossed the finish line. ... Disagreements revolve around elements of the bill, and both USAID and the Centers for Disease Control and Prevention object to its current form. A sticking point is whether the person leading global health security efforts will be at the State Department or USAID, advocates told Devex. The administration has also yet to state a position on the legislation, but doing so would be helpful, advocates said. ...It is unclear whether global pandemic preparedness legislation will regain momentum, according to Collinson....”

PS: “...A host of other bills could get picked up and passed this year. Also, discussions will begin for some key pieces of legislation that are up for reauthorization.”

CGD - China, the West, and the Future of Global Health Security
R Sullivan & G Bowsher; https://www.cgdev.org/blog/china-west-and-future-global-health-security
“The COVID-19 pandemic has laid bare the realpolitik of global health security. It has also illuminated some uncomfortable truths. In this blog, we explore China’s global health leadership, its international cooperation and lack thereof, and analyse what we see as the future of global health security. But perhaps the greatest difficulty in all of this will rest on how societies view their countries’ domestic responses, and how they see their duty to global health.”

Authors conclude:

“Global health security cannot be a zero-sum game nor unattainable ideological purity. Pragmatism in building a health security with both Western and Chinese characteristics needs to be the order of the day. Countries need cooperative health systems strengthening that is de-conflicted and mutually reinforcing. And when things do go wrong, there already needs to be in place global health intelligence systems that work despite broader geopolitical tensions. Relying on WHO to be the sole sentinel for future pandemics is a significant mistake. The diversity and complexity of the pandemic threat from inception to propagation demands parallelisation and co-operation of China and the West’s security and public systems that engages across disciplines and countries to develop indicator and warning systems coupled to robust response planning.”

Guardian - Plans to sell off UK vaccine development centre criticised by scientists

“Ministers have been urged to retain a facility that can swiftly create and test new vaccines, amid concerns over the sale of a leading centre originally designed to prepare Britain for future pandemics. Some senior medical figures have privately raised concerns that government officials are examining bids for the Vaccine Manufacturing and Innovation Centre (VMIC), near Oxford, which has benefited from millions in public funding during its development....”

Lancet World Report - Challenges ahead for new UNICEF leader
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02874-9/fulltext

Well worth a read. “Catherine Russell replaces Henrietta Fore as UNICEF’s executive director. Udani Samarasekera assesses Fore’s legacy and the future of the organisation.”

“The most important leadership role in global child health will soon belong to Catherine Russell, UNICEF’s new executive director. .... .... Her challenges include increasing donor funding for the agency and managing criticisms, including high administrative costs....”

Lancet Editorial - Children and adolescents deserve a better future
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00006-X/fulltext

Amongst others, with a clear call: “…Young people have unique perspectives that need to be firmly embedded into decision making processes and international discourse on issues such as the climate emergency, planetary health, gender equality, and racial injustice.... .... Children and young
people are our best assets for a better future. Older adults not only need to listen to young people, they need to let go of established power structures and make space for new ideas and leadership by young people.”

Covax & ACT-A

WP - Covax vaccine deliveries surge in final stretch of 2021, with a record 300 million doses sent out in December

https://www.washingtonpost.com/world/2022/01/01/covid-covax-doses-delivered/

“Covax delivered over 309 million coronavirus vaccine doses in December, marking a dramatic increase in the delivery rate for a global vaccine-sharing initiative that had struggled for much of 2021 amid a lack of supply and logistical problems. In total, roughly 910 million doses were delivered through the U.N.-backed initiative as of Dec. 30, according to provisional tracking by UNICEF released to The Washington Post on Friday....”

“The final tally for the year is far short of the 2 billion-plus doses that Covax had initially aimed for, and is leagues below even loftier targets that some activists said it should be aiming for. But with roughly a third of doses delivered in the final month of the year, there are cautious hopes that Covax may have sidestepped some of the problems that plagued it in 2020....”

“... [Larry] Gostin said the surge in Covax deliveries was a reflection of the changing dynamic of global vaccination efforts. “We're frankly getting toward a world where supply is not going to be as great a challenge as simply delivering the vaccine and getting it into people's arms,” he said....”

“... While it is not clear if the surge in deliveries will continue in 2022, officials with Covax said that the accelerated pace was thanks to a variety of positive developments, including increased supply. One key factor was an increased level of advance notice from donors about when doses would be available, Cann said, which allowed recipient countries to better prepare to distribute and administer them, as many donated doses have short shelf lives. “We don’t want to be delivering to countries that aren’t able to accept doses,” said Cann. .... More than 70 countries received doses through Covax in December.... .... Well over half of the doses delivered across the world during the last month of the year came from three U.S.-backed vaccine manufacturers: Johnson & Johnson, Moderna and Pfizer-BioNTech.....”

“... India resumed exports in November, while vaccine doses purchased from Chinese manufacturers Sinopharm and Sinovac began to be exported in August. The largest influx of doses, however, came after the United States, the European Union and other wealthy nations began donating doses through Covax in the summer. The vast majority of doses from Johnson & Johnson, Moderna and Pfizer-BioNTech have been donated, leading to concerns that the flow of doses could dry up again if donor nations felt threatened by omicron or other variants.....”

Reuters - Gavi and India's Bharat discuss possible COVAX use of Covaxin

Reuters
“The Gavi vaccine alliance is in talks with India’s Bharat Biotech over potential procurement of the company’s Covaxin COVID-19 shot for the COVAX global vaccine distribution programme, a Gavi spokesperson told Reuters on Thursday.”

“The World Health Organization in November gave Covaxin, India’s first homegrown COVID-19 vaccine, approval for emergency use. Three of the 10 vaccines the global agency has approved are mass-produced in India. ... Gavi said it was also working with the Serum Institute of India (SII) for the world’s biggest vaccine maker to start supplying the Novavax (NVAX.O) vaccine to COVAX. Gavi has a firm order commitment for 300 million doses of the shot, with options for an additional 700 million doses. ... The SII is also a big supplier of the AstraZeneca (AZN.L) vaccine to India and COVAX....”

TRIPS waiver/tech transfer/....

HPW - ‘Vaccine for World’ Gets Emergency Use Authorization in India; Texas Children's Hospital Grants Non-Exclusive License to Biological E


This was some truly great news as we were saying goodbye to 2021. “Vaccine equity advocates see huge potential in India’s decision to grant an emergency use license to CORBEVAX™, an open-license vaccine dubbed “The World’s COVID-19 Vaccine” by its developers at Texas Children’s Hospital and Baylor College of Medicine.”

“The protein sub-unit vaccine, engineered at Baylor’s Center for Vaccine Development (CVD), received the Emergency Use Authorization (EUA) approval on Tuesday from the Drugs Controller General of India (DCGI). Plans are to first launch the vaccine in India and “other underserved countries to follow.” The vaccine production in India has been licensed to the Hyderabad-based vaccine and pharmaceutical company Biological E. Limited (BE), said the developers in a press release Tuesday. ...”

“... More significantly, as the vaccine is not patented, the developers have declared that they hope to replicate more non-exclusive licenses for the vaccine know-how and production process in other under-served regions of the world. ..... The vaccine uses traditional recombinant protein-based technology — wielding a selected protein subunit from the SARS-CoV2 pathogen to provoke immunity. That is as compared to mRNA vaccines that prompt immunity using only a strand of the pathogen’s RNA code. The protein-based vaccine production process that is already familiar to drug manufacturers the world over. That, says its developers, should allow for rapid scale-up in other low-and middle-income countries. ....”

PS: It’s already been licensed for production in Botswana and other African countries.

FT - Moderna faces shareholder pressure over vaccine costs

Moderna faces shareholder pressure over vaccine costs
“Activists and politicians push pharma company to cut prices and expand production for poorer countries.”

“Moderna is fighting a shareholder proposal demanding the pharma group open up its Covid-19 vaccine technology to poorer countries and explain why its prices are so high given the amount of government assistance it has received. Legal & General Investment Management, the London-based asset manager, said Moderna’s shareholders deserve to know how US government funding for Covid vaccines affects “access to such products, such as setting prices”. Having received at least $2.5bn from the US government, Moderna has shipped vaccines to mostly wealthy countries and has not transferred its technology to manufacturers in low- or middle-income countries, LGIM said. Moderna is fighting the proposal at the Securities and Exchange Commission. Companies routinely challenge shareholder proposals at the SEC and often win....”

“Separately, Oxfam has teamed up with other investors to file petitions at Moderna and Pfizer to demand the companies do more to share vaccine technology. For Moderna, both shareholder proposals represent the first investor petitions the company has faced since going public in 2018.

... In its SEC request to block LGIM’s shareholder proposal, Moderna said it already planned to publish by February 15 additional information about setting vaccine prices. “The company believes it will have substantially implemented the [LGIM] proposal before it files its proxy [voting] materials,” it said.”

Reuters - Investors: tie pharma CEO pay to fair global COVID-19 vaccine access

Investors: tie pharma CEO pay to fair global COVID-19 vaccine access | Reuters

“A group of institutional investors representing $3.5 trillion in assets under management on Thursday called on pharmaceutical companies to link their executives’ pay to making COVID-19 vaccines available around the globe.”

“... The 65 participating asset managers, pension funds and insurance companies signed a letter reviewed by Reuters dated Jan. 4 that was sent to the boards of Pfizer Inc (PFE.N), Johnson & Johnson (JNJ.N), Moderna Inc (MRNA.O) and AstraZeneca PLC (AZN.L) asking them to adopt a WHO roadmap for achieving equitable vaccine access and tying it to management pay “in a meaningful, material, measurable and transparent way.” ... The investor group said key points include better participation in international vaccine programs and licensing and sharing technology so countries can produce vaccines locally....”

See also FT – Covid vaccine makers face investor pressure over global access

“... Nomura, BMO and GAM are among 65 institutional investors that have written to top pharmaceutical companies urging them “to make the global availability of vaccines part of the remuneration policy of managers and directors”. The signatories represent more than $3.5tn in assets under management. .....”

“... Drugmakers should prioritise fulfilling contracts for vaccine access schemes Covax and African Vaccine Acquisition Trust (AVAT) “as a matter of urgency”, the investors wrote, and provide
transparency and clear monthly supply schedules to these distribution alliances as well as to low and middle income countries. They added that companies should negotiate areas such as delivery swaps with countries that already have high coverage, and commit to greater expertise and technology transfer including licensing rights.”

PS: “... Most of the 65 investors that signed the letter hold small stakes in the three of the biggest vaccines manufacturers — Moderna, BioNTech and Pfizer. The largest by some distance is BMO Global Asset Management’s 0.3 per cent stake in Pfizer, worth $1.04bn, while Achmea’s largest pharma holding is 0.01 per cent stake in Johnson & Johnson valued at $41.1m, according to S&P Capital IQ....”

Science - Once a ‘crazy idea,’ patent-pooling nonprofit will help bring COVID-19 pills to world’s poor


“Medicine patent strategy proved its worth with HIV drugs and now a founder of group [i.e. Ellen ‘t Hoen] sets her sights on Pfizer’s vaccine next. “

“.... Each of the treatments, Pfizer’s combination of a new antiviral, nirmatrelvir, with an old one, and Merck’s molnupiravir, require 5 days of pills, which the U.S. government has purchased for $530 and $712 per treatment course, respectively. That’s far too expensive for much of the world, but both companies joined the Medicines Patent Pool (MPP) for their patented treatments. A nonprofit set up in 2010, MPP encourages Big Pharmas to voluntarily cut deals that allow generic manufacturers to produce and sell a company’s drugs or vaccines at steep discounts in agreed on regions of the world. .... ScienceInsider last week spoke with Ellen ‘t Hoen, who now works at Medicines Law & Policy, a coalition of experts who support nonprofits that focus on access to medicines. “

A few key excerpts:

“... Where has the patent pool yet to succeed with COVID-19?

A: It’s remarkable that Pfizer is licensing its therapeutics but not its [COVID-19] vaccine. Both Pfizer and Moderna have dug in their heels: They don’t want to license their vaccines. They want to keep them within their own, trusted circle of contract manufacturers. And that is a huge problem. What I’m hoping is that this experience Pfizer now has with [MPP] will lead them to take the next, and much more important, step to license its technology. And that would have to include a technology transfer package, in collaboration with the [MPP] and World Health Organization tech transfer initiatives.”

... Moderna has already said it’s not going to enforce its COVID-19 vaccine patents during the pandemic. So what is it that’s needed?

A: That shows that doesn’t mean much. Patents in the vaccine area are more complex and much less important than the trade secrets. It’s the [manufacturing] know-how that needs to be transferred and you don’t find enough of that in the patent. You need the playbook. What I would have liked to
have seen, and I hope that in the future we’re going to see, is that these vaccines that are all developed with colossal public financing really become global public goods. And that governments that offer the financing say, “Here’s the money, generous money, for the research and development, but you cannot monopolize the knowledge that you create.” I hope that will be the lesson that the world will learn from what’s happening today.”

Devex - Prospects for local manufacturing of COVID-19 vaccines in Africa

Great overview (of where things stand in terms of local manufacturing of mRNA vaccines but also Sputnik, Chinese & Indian vaccines, ....) and must-read. Excerpts:

“Local manufacturing of COVID-19 vaccines has ramped up in recent months in low- and middle-income countries and is slated to increase this year — though some newly announced agreements will take time before they materialize into actual vaccines....”

“Following a rallying cry from public health leaders for the increase of manufacturing of vaccines, Africa CDC launched the Partnerships for African Vaccine Manufacturing in April 2021, which has a long-term vision of building up the vaccine manufacturing capacity across the continent so that by 2040, 60% of all vaccines used on the continent are produced within African nations — with interim goals of 10% by 2025, and 30% by 2030. ...” “... Algeria, Egypt, Morocco, Rwanda, Senegal, and South Africa have either signed agreements or memorandums of understanding for COVID-19 vaccine manufacturing or begun production. Côte d’Ivoire, Ghana, Kenya, and Nigeria have also expressed interest in vaccine manufacturing, according to Nkengasong. “By the end of [2022], we will begin to see a change in the availability of vaccines on the continent. Not just for vaccines that are produced on the continent, but also the overall supply chain for vaccines on the continent,” he said. Aspen Pharmacare of South Africa has led the charge. ... “

“... In June, the World Health Organization and its partners announced the creation of a technology transfer hub for messenger RNA COVID-19 vaccines in South Africa. The hub aims to develop its own replica of the mRNA COVID-19 vaccine created by Moderna.... The hub plans to initiate the training of 10 manufacturers. Calls for expressions of interest from manufacturers will be reviewed early this year. The hub will start production of a vaccine for clinical studies and conduct phase 1 trials. The next step would be to establish a second-generation mRNA vaccine technology providing advantages over the current candidate, as well as working to adapt the technology to emerging strains and vaccination strategies. The Pan American Health Organization has also set up two hubs in Argentina and Brazil.”

“... In October 2021, Rwanda and Senegal signed an agreement with BioNTech — the company producing an mRNA COVID-19 vaccine with Pfizer — to create full production mRNA vaccine manufacturing facilities under license. This would go beyond fill and finish and contract agreements. The company said construction will start in mid 2022. Eventually, the first production line will produce up to about 50 million COVID-19 vaccine doses per year for distribution on the continent. The final decision about the location for the first BioNTech mRNA manufacturing site has not been made yet, according to a company spokesperson.
“... Institut Pasteur de Dakar is planning to host a regional manufacturing hub in Senegal, and there is already a vaccine construction site for a facility to build mRNA vaccines, Nkengasong said. Senegal will start producing COVID-19 vaccines in the next eight to 12 months, according to Nicaise Ndemb, senior science adviser to the director of Africa CDC....” “Modern also announced plans to build an mRNA therapeutics and vaccine manufacturing facility on the African continent — but has yet to decide on a country. The company said the plant is expected to produce up to 500 million vaccine doses annually, including for COVID-19 and other conditions.”

“... Bharat Biotech International Ltd., which produces a COVID-19 vaccine, is also examining locations in Africa.....”

The origin story

Lancet - Offline: The origin story—towards a final resolution?

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02871-3/fulltext

Last Offline contributions in series of 4 on the origin story. See also below.

“WHO has been a particular casualty in the dispute about the origins of SARS-CoV-2. ..... But although WHO has been injured, the truth is that the agency has been a convenient punchbag for western nations looking to distract attention away from their own mistakes and malfeasance. A fair-minded observer might conclude that WHO has done its best with a weak hand. Look at the facts.....”

“.... The laboratory leak theory will continue to garner support as long as the Chinese Government refuses to allow an independent investigation of the institutions conducting coronavirus research in Wuhan. But the two theories — laboratory leak versus zoonotic spillover—are not in equipoise. Recent work strongly supports a central role for the Huanan market in the origin story of the pandemic. ... The most likely origin of SARS-CoV-2 was someone who had direct contact with an infected live animal in the Huanan market. Proponents of a laboratory leak have so far provided no evidence to undermine this explanation.”

Lancet - Offline: The origins story—towards a Deep Ecology

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00001-0/fulltext

Today’s Offline. “Whatever the precise origins of SARS-CoV-2, one doesn’t have to wait for the definitive source of COVID-19 to be identified before important lessons are learned—lessons that the global health community presently seems to be ignoring. There are four immediate priorities...”

The final lesson being: “Finally, there are lessons for One Health—the linkages that exist between human and animal health. SARS-CoV-2 is most likely the product of ecological conditions that our species has created. Our numbers, density, and connectivity. And specifically our interactions with animals, interactions that are growing as the climate crisis diminishes the availability of resources, so forcing people and animals to occupy increasingly crowded spaces. Just as an appreciation of the importance of climate to health has triggered an environmental turn in global health, so the
**pandemic should precipitate an ecological turn.** The living conditions of organisms interacting with one another and their surroundings will be critical for improving pandemic preparedness. And here the writings of Arne Naess might be informative. Naess was a Norwegian philosopher who died in 2009. He coined the term Deep Ecology to represent a view of the biosphere that emphasised the intrinsic value of both human and non-human life. *It’s a Deep Ecological turn that we urgently need today—a radical transformation in our conception of health, habitat, and humanity. The most important lesson of all.*

**Covid key news**

With trends, key WHO messages, ....

Let’s start with some of the latest trends. As you will no doubt have noticed, **countries around the world are reporting record confirmed COVID-19 cases as Omicron sweeps across the globe.**

- Via Cidrap News: [Global case rise fueled by Omicron hot spots](Dec 29)

  “...After a few weeks of a plateau pattern, global cases rose last week by 11% compared to the previous week, with the Americas and African regions showing the biggest rises, the World Health Organization (WHO) said yesterday in its weekly pandemic update. Meanwhile, deaths held steady.....”

- And via [WEF blog](as of 4 Jan):

  “Confirmed cases of COVID-19 have passed 292.5 million globally, according to Johns Hopkins University. The number of confirmed deaths has now passed 5.45 million. More than 9.21 billion vaccination doses have been administered globally, according to Our World in Data.....”

**Guardian - Omicron may be less severe, but not 'mild' - WHO chief**

[Guardian](Guardian):

Over to the WHO messages then.

On yesterday’s (Thursday) media briefing, “**The more infectious Omicron variant appears to produce less severe disease than the globally dominant Delta, but should not be categorised as “mild”,** the head of the World Health Organization (WHO) said on Thursday. Speaking at a media briefing, the director general, Tedros Adhanom Ghebreyesus, also repeated his call for greater equity globally in the distribution of and access to vaccines. **Based on the current rate of vaccine rollout, 109 countries will miss the WHO’s target for 70% of the world’s population to be fully vaccinated by July, Tedros added.** That aim is seen as helping end the acute phase of the pandemic....”

**Full remarks Tedros via WHO - [WHO Director-General’s opening remarks at the media briefing on COVID-19 - 6 January 2022](WHO)**
On Thursday’s media briefing, see also HPW - Gloomy New Year Prognosis – WHO Experts Warn Omicron Could Also Spawn More Dangerous Variants

“Mass Omicron infection could lead to the formation of new and potentially even more dangerous coronavirus variants, officials from the World Health Organization warned on Thursday. That is despite the fact that the Omicron variant is proving less lethal than its SARS-CoV2 predecessors, such as Alpha, Beta and Delta – which swept through India and then the world beginning in the spring of 2021. “We are giving this virus plenty of opportunities to circulate and the more the virus circulates the more opportunity it has to change,” said Dr. Maria Van Kerkhove, WHO’s COVID-19 technical lead, speaking at the first global press briefing of 2022. “I think, unfortunately, this will not be the last variant you hear us address. It will not be the last variant of concern.”....”

See also UN News - COVID-19: New Year brings renewed WHO appeal for vaccine equity.

“The highest number of COVID-19 cases so far in the pandemic were reported last week across the globe, the head of the World Health Organization (WHO) told journalists on Thursday.”

Reuters - Acute phase of pandemic could end in 2022-WHO

Some coverage on the last WHO media briefing of 2021 (29 December). “The acute phase of the COVID-19 pandemic could end next year but the coronavirus will not disappear, the World Health Organization’s Mike Ryan said on Wednesday....”

See also UN News – WHO: 2022 can mark the end of COVID’s acute stage

“... Earlier in the year, during meetings of the world’s biggest economies – the G7 and G20 – WHO challenged leaders to vaccinate 40 per cent of their populations by the end of 2021 and 70 per cent by the middle of 2022. With only a couple of days left in the year, 92 out of 194 Member States missed the target. Tedros attributed this to low-income countries receiving a limited supply for most of the year and then subsequent vaccines arriving close to expiry, without key parts, like syringes. .... “

“Forty per cent was doable. It’s not only a moral shame, it cost lives and provided the virus with opportunities to circulate unchecked and mutate”, he said. The WHO chief warned that boosters in rich countries could cause low-income countries to again fall short and called on leaders of wealthy countries and manufacturers to work together to reach the 70 per cent goal by July. ....”

HPW - Two Years Into Pandemic WHO Warns of Omicron ‘Tsunami’; Variant Confounds Easy Predictions


Still on the last WHO mediabriefing of 2021 (end of December): “As the world marks two years since the emergence of the first reports about a “novel coronavirus” circulating in Wuhan China, countries in Europe, North America and elsewhere are facing yet another “tsunami” of infections – this time
“... But they also held out hope that the pandemic could also be finally squelched in 2022 – if enough of the world’s expanding vaccine supplies could be directed to reach underserved countries and populations that have vaccinated less than 50 percent of their eligible population – ripe ground from which new variants could emerge. “

“I ask everyone to make a New Years Resolution to get behind the campaign to vaccinate 70% [globally] by July 2022. We have 185 days to the finish line,” said the WHO Director General, repeating an oft-stated mantra that vaccine inequities are prolonging the pandemic.

“... While seemingly milder omicron infections are soaring among younger people, the virulent Delta variant of the virus is still causing considerable hospitalizations and severe disease, particularly among older people, and the unvaccinated, said Mike Ryan, WHO’s Executive Director of Health Emergencies. “What we’re seeing is this dual circulation. We’re seeing a well established Delta wave, and that’s affecting all age groups, and particularly causing a lot of hospitalizations and severe disease among older persons and more vulnerable groups, particularly the under-vaccinated or unvaccinated.... “Then we have this emerging Omicron wave which has primarily begun amongst younger people, reflecting social mixing patterns... It’s moving slowly into older age groups now. “And I think the big question in my mind is: will the virus behaviour look milder [in those older and more vulnerable groups]? ...

On the boosters: “...WHO, however, continues to sound a different tune. At Wednesday’s press conference, Tedros and WHO Chief Scientist Dr Soumya Swaminathan insisted once more that two shots are enough for most healthy people – while third boosters should be reserved only for those at highest risk.....” “...He admitted, however, that WHO’s opposition to universal booster jabs also is deeply rooted in fears that even with vaccine supplies expanding, booster campaigns could divert badly needed vaccines from the nearly 100 low- and middle-income countries that have yet to vaccine even 40% of their populations – as compared to the 60- 70% coverage seen in most high-income countries. “

UN News - 70 per cent vaccination target must be met to ward off Omicron: WHO

“As the Omicron variant of COVID-19 continues to surge across the world, the UN health agency on Tuesday said that it was crucial that more is done to help all countries receive lifesaving coronavirus jabs as quickly as possible. The development comes as a senior World Health Organization (WHO) epidemiologist repeated the agency’s message that countries could not “boost” their way out of the pandemic, while the Omicron variant was transmitting so “intensely”, just as the Delta variant has done....”

Important statement from 23 December.

“The Independent Allocation of Vaccines Group (IAVG) has issued a set of recommendations to make the allocation of COVID-19 vaccines more equitable and more effective....”

PS: related tweet Zain Rizvi: “A WHO committee finally confirms that pharma companies did not just fail to prioritize deliveries to COVAX, but actually violated contractual obligations: "Not all expected doses from COVAX agreements have been honoured by vaccine producers according to contractual obligations."....”

Telegraph - Countries must make a 'judgement call' on Covid self isolation periods
Telegraph:

According to WHO. “It is too early to say whether omicron has a shorter incubation period than other variants, WHO says.”

BBC - Covid-19 vaccinations: African nations miss WHO target

“A target for achieving full vaccination rates of 40% in every country by the end of December has been missed across most of Africa. The World Health Organization (WHO) put forward the goal earlier this year, but only about 9% of people on the continent have been fully vaccinated against Covid so far.”

“... Of the countries on the mainland of Africa, only Morocco, Tunisia, Botswana and Rwanda have exceeded the target. Countries in the south of the continent are doing considerably better than elsewhere in sub-Saharan Africa....”

“... The problems faced are now more to do with the logistics of delivery within country, rather than the supply of the vaccines themselves. "With supplies starting to increase, we now must intensify our focus on other barriers to vaccination. They include lack of funding, equipment, healthcare workers and cold chain capacity along with tackling vaccine hesitancy," says Matshidiso Moeti. Of the vaccines supplied so far to Africa, 63% have been administered. However, around half of the countries have used up fewer than 50% of doses received, according to the latest WHO data....”

“... The WHO says Africa needs more than 900m vaccine doses to fully vaccinate 40% of its population. As of 30 December, the continent had received just over 474m doses in total - from the Covax initiative as well as the Africa Union vaccine acquisition scheme, and through bilateral deals....”
Insightful interview with Mike Ryan (WHO).

“… We asked Ryan if he expected the pandemic to last as long as it has, who should make the call on whether to update Covid vaccines, and what he thinks are the main mistakes the world has made.”

Quotes: “… It’s a big decision to move to switching that [vaccine] production into a brand new variant. So there’ll be lots and lots and lots of discussions around about how that should occur and what’s the best sequence to use or what is the best virus to use in order to build that. And then there’ll be question marks over whether or not you should keep production of two types. Whether we should be combining vaccines. Whether we should go a third way and have a sequence somewhere between the Omicron and the other. And there’s an awful lot of unknowns there and an awful lot of lab testing and trialing that would need to be done to get those answers. We believe that these are going to be big decisions and they’re going to have real consequences. They need to be done quickly but they also need to be done carefully. It’s very hard to come up with the right answer. And therefore, there has to be some collective wisdom driving this. It can’t purely be the decision of one manufacturer to say, “Well, this is what we’re going to make, and this is what you’re going to buy.”

“… I think for me just personally as a public health physician, the biggest tragedy has been the vaccine equity issue. It really has been horrific. Horrific. ....”

Africa CDC says severe lockdowns no longer tool to contain COVID-19

And Africa CDC’s first messages of the year:

“Africa’s top public health official said on Thursday that severe lockdowns were no longer the best way to contain COVID-19, praising South Africa for adopting that approach when responding to its latest infection wave driven by the Omicron variant.”

“… Nkengasong added that he feared that COVID-19 could become endemic on the continent given the slow pace of vaccination - a prospect many global scientists already talk of as a given. "Unless ... by the end of this year the continent actually scales up its vaccination to above 70% or 80%, my worry is that we might ... be into a scenario where COVID becomes endemic," he said....”

“...Less than 10% of Africa’s population has been fully vaccinated against COVID-19, the latest Africa CDC figures show, with many countries initially struggling to access sufficient shots and later battling to get them into arms. There has been a 36% average increase in new cases reported in Africa over the last 4 weeks, with an 8% average increase in new deaths.”

See also HPW - COVID-19 Could Become Endemic in Africa if 70% Vaccination Coverage is not Achieved by 2022 – Africa CDC
PS: “Nkengasong said in addition to the $1.5 billion partnership with the MasterCard Foundation to support vaccine rollout in Africa, Morocco and Rwanda are serving as centres of excellence for COVID vaccination to share experience with other African countries that are struggling to more efficiently administer available vaccines in their respective countries. He added that implementation partners are also being engaged in various countries. “We’ve worked with the countries to develop their micro plan. So this year, we will actually swing into action,” he said. One aspect of the plan, he said, includes the identification and engagement of vaccine advocates – in addition to military officers supporting, advocating for and facilitating the transportation and roll out of COVID vaccines.”

And some bits & pieces:

- With Omicron on the horizon, Ecuador was the first country to make vaccines compulsory – including for children as young as five.

**Covid Science**

Science insider - Omicron cases are exploding. Scientists still don’t know how bad the wave will be

K Kupferschmidt et al; [https://www.science.org/content/article/omicron-cases-are-exploding-scientists-still-don-t-know-how-bad-wave-will-be](https://www.science.org/content/article/omicron-cases-are-exploding-scientists-still-don-t-know-how-bad-wave-will-be)

“Early data suggest the new variant may cause less severe disease and death—but hospitals are stretched to their limits.”

Stat - Beyond case counts: What Omicron is teaching us


Analysis by A Joseph & H Branswell.

Guardian - New studies reinforce belief that Omicron is less likely to damage lungs

[https://www.theguardian.com/world/2022/jan/02/new-studies-reinforce-belief-that-omicron-is-less-likely-to-damage-lungs](https://www.theguardian.com/world/2022/jan/02/new-studies-reinforce-belief-that-omicron-is-less-likely-to-damage-lungs)

“Six research groups’ findings all suggest variant multiplies more in throats and causes less serious disease.”

Reuters - WHO sees more evidence that Omicron causes milder symptoms

[Reuters](https://www.reuters.com/)
“More evidence is emerging that the Omicron coronavirus variant is affecting the upper respiratory tract, causing milder symptoms than previous variants, a World Health Organization official said on Tuesday. "We are seeing more and more studies pointing out that Omicron is infecting the upper part of the body. Unlike the other ones, that could cause severe pneumonia," WHO Incident Manager Abdi Mahamud told Geneva-based journalists, saying it could be "good news". However, he added that Omicron's high transmissibility means it will become dominant within weeks in many places, posing a threat in countries where a high portion of the population remains unvaccinated.....”

NYT - Will ‘Forever Boosting’ Beat the Coronavirus?
https://www.nytimes.com/2022/01/06/health/covid-vaccines-boosters.html

“Everyone should get a booster shot. In the long run, though, doses every few months aren’t a viable public health strategy, scientists say.”

Covid vaccine access

WP - Advocates call for 22 billion more mRNA vaccine doses to ward off global omicron threat
https://www.washingtonpost.com/world/2022/01/05/covidvaccine-22billion-doses-needed/

“‘The scientific evidence is clear: only by universally deploying the vaccines currently most effective against infection — which for now appear to be mRNA vaccines — will we be able to blunt the virus’s evolution and begin to bring the pandemic under control globally,” the authors write in the report, which was first shared with The Washington Post. .... The authors — who include advocates at PrEP4All and Partners In Health and scientists at Harvard Medical School, Columbia University, New York University and the University of Saskatchewan — conclude that about 22 billion doses of high-quality mRNA vaccines are now needed to slow the pandemic’s spread, given the omicron variant’s ability to evade some of the immune protection conferred by prior vaccination shots. That projection would require producing an additional 15 billion doses of mRNA vaccines this year.”

“... The advocates’ call for billions of additional mRNA doses is far more aggressive than targets laid out by global leaders, who have set a goal of “fully vaccinating” 70 percent of the world’s population by September through a variety of vaccines, including non-mRNA shots, in the hope of curbing the most severe aspects of the pandemic....”

PS: “... Meanwhile, vaccine manufacturers have warned that limits on raw materials have constrained their ability to produce new doses, and other factors could further delay doses. “If a variant-updated vaccine is needed, production rate in 2022 would slow initially,” Airfinity, a health data research firm, warned last month....”
FT - China rushes to develop an mRNA vaccine as doubts grow over local jabs

China rushes to develop an mRNA vaccine as doubts grow over local jabs | Financial Times (ft.com)

“Older inactivated virus technology in domestic shots less effective against infection than foreign rivals”.

“China’s race to develop its own messenger RNA vaccine has gained greater urgency as Beijing struggles to rein in an outbreak of the Omicron coronavirus variant that is threatening its zero-Covid policy....”

“... Progress towards a domestic mRNA vaccine in China has been slow, as the country’s pharmaceutical companies opted initially to use traditional inactivated virus technology in vaccines. In November, Chinese biotech company Suzhou Abogen Biosciences and its partner Walvax Biotechnology received regulatory approval to test their mRNA vaccine candidate in a booster trial. Their vaccine deploys the same type of technology used in the Moderna and BioNTech/Pfizer jabs, which provide higher levels of protection against the Omicron variant than existing Chinese-made shots.

.... The low efficacy of Chinese vaccines has had repercussions beyond its borders, as Beijing has exported 1.49bn shots. One study of 185 healthcare workers in Thailand, which has not been peer-reviewed, found that 60 per cent of recipients of Sinovac jabs had high levels of neutralising antibodies one month after receiving their second jab, but that figure dropped to 12 per cent after three months. Even as evidence of the weaker performance of its vaccines mounts, Chinese regulators have held off granting approval to the BioNTech mRNA vaccine. The German drugmaker has sought to enter the Chinese market through a distribution partnership with China’s Fosun Pharma. Calvin Ho, a bioethicist at the University of Hong Kong, said Beijing had not recognised vaccines developed by foreign pharmaceutical companies because it wanted to support homegrown alternatives....”

Project Syndicate - The Mutation of Vaccine Apartheid


“.... This summer, it seemed like the tide was turning. In June, members of the G7 pledged to donate their excess doses to low- and lower-middle-income countries either directly or through mechanisms like the COVID-19 Vaccine Global Access (COVAX) facility. As more and more people in wealthy countries were vaccinated, there was some hope that vaccine nationalism and hoarding might end and that doses might finally make their way to countries desperately in need of them. But in the past few months it has become clear that vaccine nationalism hasn’t ended. Instead, it has mutated.....”

Read why.

Nature - Researchers fear growing COVID vaccine hesitancy in developing nations

https://www.nature.com/articles/d41586-021-03830-7
Scientists worry that pools of unvaccinated people could be a source of new variants, such as Omicron.

Politico - Biden officials now fear booster programs will limit global vaccine supply

“A looming shortage of doses for low- and moderate-income countries puts increased pressure on Novavax to obtain regulatory approvals for global manufacturing.”

“Without sign-offs from world regulators to produce vaccines at its U.S. and European sites, Novavax could struggle to meet its 2022 targets, setting back the global vaccination effort, according to two senior officials working on the Biden administration’s international pandemic response. If that happens, and countries across the world continue to roll out booster campaigns, U.S. officials fear the world might not have enough vaccine doses to meet the WHO’s goal of inoculating 70 percent of the global population by the middle of next year. ...”

“... Novavax’s decision to apply for authorization using data only from the Serum Institute raises questions about the extent to which the company is still experiencing manufacturing problems in the U.S. and Europe. ....”

Guardian - UK, EU and US ‘get more Covid vaccines in six weeks than Africa has all year’

End of year Analysis by the People’s Vaccine Alliance highlighted gulf as it called for dose recipes to be shared. “.... Between 11 November and 21 December, the EU, UK and US received 513m vaccine doses while the continent of Africa received 500m throughout the whole of 2021....”

Devex CheckUp: Will COVID-19 vaccine inequity ease in 2022?

Over 60 countries missed WHO’s end-of-year target.

“Experts have identified a number of factors that have contributed to this situation — chronicled in our look back at vaccine equity in 2021. Sara Jerving and Jenny unpack the myriad factors: dose hoarding, export restrictions, manufacturer delays and requirements, slow in-country rollouts, dose donations with short shelf lives, and blocked proposals to expand vaccine manufacturing. Now with omicron driving high- and middle-income countries to administer booster shots, many fear worsening shortages and inequities....”
Independent - Covid vaccine ‘the most expensive in history’ for poorer countries
https://www.independent.co.uk/news/health/covid-vaccine-poorer-countries-latest-doses-b1978215.html

“Analysis shows lower-income countries are paying well beyond the norm for their vaccine doses.”
“The Covid jab is one of the “most expensive vaccines in history” for poorer countries, analysis shows, raising further the concern that those most in need will continue to struggle to access the life-saving vaccines in the coming year…..”

Stat - Confessions of a ‘human guinea pig’: Why I’m resigning from Moderna vaccine trials
J Menchik; https://www.statnews.com/2022/01/04/confessions-vaccine-guinea-pig-im-resigning-from-moderna-vaccine-trials/

Hard-hitting op-ed. We hope many follow his example.

“In July 2020, I volunteered to be in Moderna’s Covid-19 vaccine trial. If I knew then what I know now about the company’s quest for profits, I wouldn’t have done that....”

“....When the trial ended and I learned of the vaccine’s success, I was ecstatic that I had played a small role in furthering science that could help save lives. I even agreed to enroll in another trial for Moderna’s booster that specifically targeted the Delta variant. I felt then that being a test subject was a valuable way to contribute to public health during the Covid-19 pandemic. That initial feeling has receded in recent months as I have come to understand that the noble enterprise of science-making I had imagined I was a part of is actually, first and foremost, an exercise in ruthless corporate profit-making. Instead of going all out to end the pandemic as quickly as possible, Moderna is helping prolong it by not making its mRNA technology available to the U.S. government or other manufacturers so global production can be scaled up quickly — and thereby maximizing its profits.

... While the process of science and the products it yields are noble, science for outrageous profit that costs people their lives is not noble. That is why I can no longer in good conscience be part of Moderna’s trials, and I urge other Moderna trial participants to resign as well. We allowed Moderna to test its experimental vaccine and booster on us in order to help end this pandemic, not to make more pharma billionaires.”

Covid treatment/diagnostics/....

Economic Times - Bangladeshi firm launches first generic of Pfizer drug
Economic Times;

“Bangladesh drugmaker Beximco Pharmaceuticals has become the first company to launch a generic version of Pfizer’s Covid-19 treatment Paxlovid. Paxlovid is a combination of nirmatrelvir and ritonavir tablets....”
“... Pfzer’s drug is protected by patents, but countries such as Bangladesh, classified as least-developed countries (LDCs) by the United Nations, can ignore such patents and make drugs more affordable in those markets. The TRIPS transition period for LDCs was extended till July 2034....”

Reuters - Dr Reddy’s to launch generic COVID-19 Merck drug at about 50 cents a pill
**Reuters:**

“Indian drugmaker Dr Reddy’s Laboratories Ltd (REDY.NS) will launch its generic version of Merck’s (MRK.N) antiviral COVID-19 pill, molnupiravir, and price it at 35 rupees ($0.4693) per capsule, a company spokesperson said on Tuesday.”

Covid analysis

Politico Global Pulse - South Africa’s answer to Omicron

Excerpts: “If Covid-19 is here to stay, how do we learn to live with it? It’s one of the most vexing questions public health officials around the world are confronting, and in South Africa, the first country to pass the peak of its Omicron wave, the outlines of an answer are beginning to appear. As the fast-moving strain was detected there in late November, health officials took a wait-and-see approach instead of ratcheting up restrictions as the government did during previous waves. So far, it has worked — overall, hospitals weren’t overwhelmed and deaths remain low. Staying the course: South Africa appears to be on course to halt almost all contact tracing and isolation for people without symptoms. Richard Lessells, an infectious disease doctor in South Africa, acknowledges the move is controversial but argues governments must prioritize “protecting against severe disease and protecting the health system to deal with the severe cases.” Omicron’s swift spread and its apparent milder effects have public health experts in the U.S. and Europe thinking along the same lines....”

“Instead of “doing bean-counting” with vaccination numbers, said Shabir Madhi, a South African government adviser and professor of vaccinology, the focus should be on increasing vaccination rates among those most likely to be hospitalized and die of Covid — the over-50s. “If we were able to get to above 90 percent coverage in people above the age of 50, that will achieve much more than chasing after just numbers,” he said. .... Continuous boosting is “completely short-sighted,” Madhi said. “I really don’t believe that countries that are going with this additional booster dose at the mass population level have got a clear goal unless they truly believe that they can somehow eliminate the virus and then keep the borders shut to the rest of the world to prevent importation of further variants.”
BMJ - Covid-19: An urgent call for global “vaccines-plus” action
https://www.bmj.com/content/376/bmj.o1

Open letter by a group of public health experts, clinicians, scientists.

“....Some countries view infection as a net harm and pursue strategies ranging from suppression to elimination. They seek to sustain low infection rates through a combination of vaccination, public health measures, and financial support measures (vaccines-plus). Other countries implemented mitigation strategies that aim to prevent health systems from being overwhelmed by building population immunity through a combination of infection and vaccination. These countries rely on a vaccines-only approach and seem willing to tolerate high levels of infection provided their healthcare systems can cope....”

“.... a vaccines-plus approach should be adopted globally. This strategy will slow the emergence of new variants and ensure they exist in a low transmission background where they can be controlled by effective public health measures, while allowing everyone (including those clinically vulnerable) to go about their lives more freely. We welcome the World Health Organisation’s recent guidance on community and healthcare mask use, but believe more can be done to suppress transmission without adversely impacting economic or social activity. Accordingly, we call upon the World Health Organisation and national governments to:....”

VOA - Have Refugee Camps Escaped Mass COVID Infections?
https://www.voanews.com/a/have-refugee-camps-escaped-mass-covid-infections-6374703.html

“Roughly two years into the COVID-19 pandemic, no massive outbreaks have been reported in refugee camps to date. Health experts have some theories about why, but they also urge continued wariness against “the very real and present danger of widespread transmission” in camps, as the World Health Organization has cautioned. The U.N. refugee agency, or UNHCR, “had been fearing — and preparing for — large outbreaks at refugee camps, which fortunately did not happen,” spokeswoman Aikaterini Kitidi acknowledged in an email exchange with VOA....”

Among others, with the hypotheses of Paul Spiegel.

FT - How the pandemic ends: what comes after Omicron?
How the pandemic ends: what comes after Omicron? | Financial Times

“Despite the threat of the latest variant, scientists are optimistic that the virus’s toll on global health will ease. As a weary world faces a third year of coronavirus, just as its spread is supercharged by the most infectious variant so far, there is optimism among many scientists that the pandemic’s toll on global health will ease in 2022......”

“.... Although Omicron threatens a crisis over the next few months, the most likely scenarios show a much improved outlook after that due to increasing immunity among the global population, through vaccination and natural infection, which is likely to make the consequences of the virus less severe. “.... .... Omicron’s high transmissibility means an astonishing 3bn infections globally
over the next two months, as many as in the first two years of the pandemic, according to modelling by the Institute for Health Metrics and Evaluation at the University of Washington....”

“... Evidence so far suggests Omicron will displace Delta as the variant circulating in most parts of the world, just as Delta swept away previous strains. “I’m reassured by that prospect,” said Farrar. “I’d be more worried if you had different variants circulating at the same time, because that would mean they were exploiting different ecological niches, and we’d end up with a potentially dangerous dynamic of multiple strains interacting.”....”

Pandem-ic : Severity of excess mortality

With a bunch of trackers.

And also:  “Do excess deaths exceed leading causes of death? In most countries they do (if we can trust the estimates)”  https://pandem-ic.com/do-excess-deaths-exceed-leading-causes-of-death/

Lancet (Comment) - Mandatory COVID-19 vaccination and human rights
J King et al; https://www.thelancet.com journals/lancet/article/PIIS0140-6736(21)02873-7/fulltext

“Our opinion is based on extensive discussion and analysis held as part of the Lex-Atlas: Covid-19 (LAC19) project, a worldwide network of jurists that is producing and curating the open-access Oxford Compendium of National Legal Responses to Covid-19. .... 50 jurists in the network adopted principles concerning the legality and constitutionality of mandatory vaccination in October, 2021 (the LAC19 Principles). .... ”

“.... We concluded that mandatory vaccination and human rights law are compatible in principle and that there is a compelling rights-based case for a state duty to consider adopting mandatory vaccination, defined as any law that makes vaccination compulsory, or any public or private vaccination requirement for accessing a venue or service that cannot be avoided without undue burden. .... This definition recognises mandates adopted by public and private bodies and, crucially, that requirements avoidable through affordable testing are not mandatory. ..... Nevertheless, the in-principle compatibility of mandatory vaccination and human rights does not mean that governments, employers, or schools should be cavalier about their adoption. They certainly interfere with fundamental rights, so careful design is required to ensure that vaccine mandates do not violate rights. The LAC19 Principles thus aim to provide guidance on how to enact rights-compliant schemes.”

Stat - 10 lessons I’ve learned from the Covid-19 pandemic

Most of them ring true, unfortunately.
WHO - Impact of COVID-19 on human resources for health and policy response: the case of Plurinational State of Bolivia, Chile, Colombia, Ecuador and Peru

https://www.who.int/publications/i/item/9789240039001#.YdRoynE3z9Y.twitter

“In the International Year of Health and Care Workers (2021) and in an effort to support countries in the design and implementation of strategies to address health workers’ problems during COVID-19, WHO’s Health Workforce Department and PAHO Sub-regional Programme for South America supported the development and analysis of the impact of COVID-19 on health workers and the policy responses via a number of country case studies. This paper offers a systematization of the policies and strategies adopted by the participating countries to face the challenges of the COVID-19 pandemic on HRH from five South American country case studies: Bolivia (Plurinational State of), Chile, Colombia, Ecuador and Peru. It looks at the impact of COVID-19 on the health, occupational safety and working conditions of the HWF and on the strategies and mechanisms used by these countries to increase, maintain and protect human resources for health (HRH), in terms of their availability, training, protection, welfare, remuneration and financing....”

Pandem-ic : The global mortality distribution – the role of demography


With insightful charts. “Demography acts as a beacon towards which pandemic mortality outcomes gravitate. Accordingly, demography (the combination of population size and age structure) represents a structural trend that has supported (and will continue to support) a shift of the mortality burden of the pandemic towards the developing world. .... .... The simulations in the chart (red bar on the right) isolate the effect of demography on mortality outcomes across income groups as summarized in their share in the global death toll. ....”

See also Pandem-ic: The waning demographic hedge (4 Jan)

“Having a young age structure is no guarantee for a low mortality toll.”

Quote: “The fact that the excess death share of the developing world is well above the all-else-equal simulations of the mortality toll suggests a combination of two things: either epidemiological odds have been much worse for the developing world (i.e. higher infection prevalence rates and/or higher age-adjusted infection fatality rates) or the non-COVID-19, indirect effects captured by excess deaths have been more pronounced.”

Plos GPH - Prioritizing public health? Factors affecting the issuance of stay-at-home orders in response to COVID-19 in Africa

G Murray et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000112

“... Conventional non-pharmaceutical interventions, particularly stay-at-home orders (SAHOs), though effective for limiting the spread of disease have significantly disrupted social and economic systems. The effects also have been dramatic in Africa, where many states are already vulnerable due to their developmental status. This study is designed to test hypotheses derived from the public
health policymaking literature regarding the roles played by medical and political factors as well as social, economic, and external factors in African countries’ issuance of SAHOs in response to the early stages of the COVID-19 pandemic. Using event history analysis, this study analyzed these five common factors related to public health policy to determine their impact on African states’ varying decisions regarding the issuance of SAHOs. The results of this analysis suggest that medical factors significantly influenced decisions as did factors external to the states, while the role of political factors was limited. Social and economic factors played no discernible role. Overall, this study suggests how African leaders prioritized competing factors in the early stages of a public health crisis.

Science - COVID-19 may have killed nearly 3 million in India, far more than official counts show

https://www.science.org/content/article/covid-19-may-have-killed-nearly-3-million-india-far-more-official-counts-show

“New analysis bolsters idea that country’s seemingly low death rate was misleading.”

UHC

Health Systems & Reform - Can National Health Insurance Pave the Way to Universal Health Coverage in Sub-Saharan Africa?


“Countries of sub-Saharan Africa are increasingly turning to public contributory health insurance as a mechanism to advance UHC goals. Eight countries in sub-Saharan Africa have introduced national health insurance (NHI) systems, and at least seven more have plans or have passed legislation to establish NHI. Examining the experience of countries that have taken this path, some lessons emerge about whether and how contributory national health insurance may or may not be a viable path toward UHC in sub-Saharan Africa. Only Gabon, Ghana and Rwanda have been able to extend NHI coverage to a significant share of the population. None of the countries with NHI have performed better on other UHC indicators—resource mobilization, service coverage and financial protection—than higher performing countries of Africa that did not introduce NHI. The experience of Gabon, Ghana and Rwanda provide lessons for what may be required to make NHI a viable path to UHC—there need to be explicit objectives and an understanding of why NHI can meet those objectives in the country’s particular context; it must include key pro-equity design elements; and NHI needs to be supported by widespread political commitment and ongoing learning and adaptation. For many governments, achieving this kind of enabling environment for NHI may be particularly challenging for various political, economic, or social reasons. In these contexts, health sector leaders may consider looking inward to their existing health financing systems for ways to improve and be more effective.”

And a link:

• Down to Earth: Myth of coverage: How India’s flagship health insurance scheme failed its poorest during pandemic
Pradhan Mantri Jan Arogya Yojana (PM-JAY) provided cushion to only 14.25% people hospitalised for COVID-19.

NCDs & Commercial determinants of health

Critical Public Health - The double burden of maldistribution: a descriptive analysis of corporate wealth and income distribution in four unhealthy commodity industries


“The health and ecological harms created and spread by firms active in many unhealthy commodity industries (UCIs) have received considerable attention from the public health community. However, less focus has been paid to analysing the distribution of wealth and income – important social and economic determinants of health – by these industries. This study aimed to examine long-term trends in wealth and income distribution by publicly listed corporations active in four UCIs: fossil fuels; tobacco; ultra-processed foods; and alcohol. Since the 1980s, US-listed firms in the examined UCIs have distributed much less of their wealth and income to governments and much more to shareholders and investors mostly based in high-income countries. The study provides evidence that firms active in UCIs create a ‘double burden of maldistribution’: their externalised social and ecological harms disproportionately affect disadvantaged population groups and governments in low- and middle-income countries; whilst, simultaneously, they are increasingly transferring wealth and income to a group over-represented by a small and privileged elite. The identified distributive injustice warrants increased policy attention.”

The Lancet Public Health: Global dementia cases set to triple by 2050 unless countries address risk factors

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00249-8/fulltext

Cfr the press release:

- **First comprehensive analysis forecasts dementia prevalence in 204 countries and territories and examines the impact of expected trends in exposure to four important risk factors—smoking, obesity, high blood sugar, and low education.**
- **By 2050, 153 million people are expected to be living with dementia worldwide, up from 57 million in 2019, largely due to population growth and population ageing.**
- **Dementia cases will rise in every country, with the smallest estimated increases in high-income Asia Pacific (53%) and western Europe (74%), and the largest growth in north Africa and the Middle East (367%) and eastern sub-Saharan Africa (357%).**
- **Experts project that improved access to education could lead to 6 million fewer cases of dementia worldwide by 2050. However, they caution that this decrease would be offset by a projected 7 million additional dementia cases linked to projected rates of obesity, high blood sugar, and smoking. Authors call for more aggressive prevention efforts to reduce dementia risk through lifestyle factors, such as education, diet, and exercise, as well as by expanding much-needed health and social care resources. ...**
Cervical Cancer Awareness Month

UN News - Make history and eliminate cervical cancer for ever, urges WHO chief

“Though highly preventable and treatable, cervical cancer is the second most common cause of cancer death in reproductive-aged women globally, according to the UN health agency, kicking off Cervical Cancer Awareness Month. “Cervical Cancer is highly preventable and treatable”, World Health Organization (WHO) chief Tedros Adhanom Ghebreyesus tweeted, saying “it could be the first cancer EVER to be eliminated”. .... Cervical cancer is largely preventable through both vaccination and screening for precursor lesions, with appropriate follow up and treatment, according to the International Agency for Research on Cancer (IARC), an intergovernmental agency under the WHO umbrella. .... An ambitious, concerted and inclusive strategy has been developed to guide the elimination of this deadly cancer. IARC and WHO are working together with other partners to end cervical cancer as a public health problem through the Global Strategy to Accelerate the Elimination of Cervical Cancer....”

Planetary Health

Guardian - Cost of world's 10 most expensive natural disasters rises to $170bn, aid group finds

“The 10 most expensive weather disasters this year caused more than $170bn in damage, $20bn more than in 2020, a British aid group has found. Christian Aid said the upward trend reflects the effects of manmade climate change and added that the 10 disasters in question also killed at least 1,075 people and displaced 1.3 million.....”

Lancet Planetary Health – January issue
https://www.thelancet.com/journals/lanplh/issue/vol6no1/PIIS2542-5196(21)X0014-9

Very neat issue.

We flag, among others:

- Editorial - The air that we breath
“Air pollution remains one of the biggest and most immediate environmental threats to human health, leading to millions of premature deaths each year and the loss of millions more healthy years of life. It has been linked to a range of adverse health effects, including cardiovascular and respiratory disease, cancer, neurological effects, and birth outcomes. This month The Lancet Planetary Health publishes a collection of four Articles (three from the issue and one published online first) exploring the health impacts of ambient air pollution.....”

Conclusion: “... WHO recently revised their Global Air Quality Guidelines, recommending much more stringent pollution limits to protect health. The papers highlighted here reveal the tremendous potential for improved health and wellbeing as well as climate policy synergies if tackling air pollution is made a political priority.”

- As for the new online article:

Via the press release: The Lancet Planetary Health: 1.8 million excess deaths attributable to urban air pollution in 2019, modelling study suggests

“A new modelling study finds that 86% of people living in cities worldwide (or 2.5 billion people) are exposed to annual average levels of fine particulate matter exceeding the World Health Organisation (WHO) guideline from 2005. A second study finds that nearly 2 million cases of asthma in children are linked to traffic-related nitrogen dioxide air pollution, with two in three occurring in cities. Together, the studies highlight the urgent need to improve air quality in cities and reduce exposure to pollution, particularly among children and the elderly.”

- Comment - Plastics in blue carbon ecosystems: a call for global cooperation on climate change goals

- Another (hard-hitting) Comment: The critical role of funders in shrinking the carbon footprint of research

“There is a growing appetite for sustainable approaches in academia, from decarbonising conferences, to pledges to fly less, and green laboratory initiatives such as My Green Lab and the Laboratory Efficiency Assessment Framework (LEAF). However, little attention has been paid to the role academic funders have in shaping sustainable research practices. In terms of the overall carbon footprint of research, international flights are often the greatest single source of carbon emissions of research activities. ... We examined the research budgets for 43 research projects, funded through the EU Horizon 2020 programme, the European Research Council (ERC), European and Developing Countries Clinical Trials Partnership (EDCTP), and the Bill & Melinda Gates Foundation as an indication of current practices....”

The Ecologist - Billionaires 'should pay for climate action'
https://theecologist.org/2022/jan/06/billionaires-should-pay-climate-action

“ Wealthy individuals must pay higher taxes to cover the costs of mitigating and adapting to climate breakdown, according to 70 percent of the public as revealed in a survey of 2,000 adults. The same study also reveals that an even higher proportion of the public - 75 percent - want the mega-rich to focus their financial resources on the problems facing Earth, like climate change, before space travel. This is a stinging rebuke to the activities of space billionaires Elon Musk, Sir
Richard Branson, and Jeff Bezos over the last 12 months. The results also come as public concern about climate change reaches an all-time high following the recent COP26 summit…

HRH

Some new papers:

HRH - Contested notions of challenges affecting Community Health Workers in low- and middle-income countries informed by the Silences Framework


by D Musoke et al.

HRH - Systematic review of performance-enhancing health worker supervision approaches in low- and middle-income countries


“The USAID-funded Human Resources for Health in 2030 Program (HRH2030) conducted a systematic review of studies documenting supervision enhancements and approaches that improved health worker performance to highlight components associated with these interventions’ effectiveness…”

SRHR

Plos One - Cost-effectiveness of HPV vaccination in 195 countries: A meta-regression analysis

K Rosettie, C Murray et al;

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0260808

“Cost-effectiveness analysis (CEA) is a well-known, but resource intensive, method for comparing the costs and health outcomes of health interventions. … We conducted a meta-regression analysis of published CEA of human papillomavirus (HPV) vaccination to quantify the effects of factors at the country, intervention, and method-level, and predict incremental cost-effectiveness ratios (ICERs) for HPV vaccination in 195 countries. …”

Findings & conclusion: “… The mean predicted ICER for HPV vaccination is 2017 US$4,217 per DALY averted (95% uncertainty interval (UI): US$773–13,448) globally, and below US$800 per DALY averted in 64 countries. Predicted ICERS are lowest in Sub-Saharan Africa and South Asia, with a population-weighted mean ICER across 46 countries of US$706 per DALY averted (95% UI: $130–2,245), and across five countries of US$489 per DALY averted (95% UI: $90–1,557), respectively. Meta-regression analyses can be conducted on CEA, where one-way sensitivity analyses are used to
quantify the effects of factors at the intervention and method-level. Building on all published results, our predictions support introducing and expanding HPV vaccination, especially in countries that are eligible for subsidized vaccines from GAVI, the Vaccine Alliance, and Pan American Health Organization.”

Other news of the week

Devex - 72 million people to miss treatment for NTDs due to UK aid cuts

“The United Kingdom’s aid budget cuts will cause close to 72 million people to miss out on treatment for neglected tropical diseases during the six month period from October 2021 to April 2022, according to data collected by the charity Sightsavers....”

Nature News - Is precision public health the future — or a contradiction?
https://www.nature.com/articles/d41586-021-03819-2

“Some public-health researchers are embracing data and technology to target small groups with precise health interventions. Others fear that these tactics could fail millions.”

A few quotes:

“... [Sandro] Galea is concerned that the precision approach is diverting attention away from regular public health. “I worry that this is becoming the great sucking sound where we focus all our energy on technological approaches and we don’t focus on more foundational issues that will make a difference in the lives of millions,” Galea says....”

“...Precision approaches are taking off in many more guises. The Bill & Melinda Gates Foundation has given a total of $271 million to the Child Health and Mortality Prevention Surveillance network led by Emory University to map out areas of greatest maternal-health problems and childhood malnutrition across Africa and Asia. The goal is to help governments, charities and other advocates to create evidence-based policies to target childhood disease where it is most severe. And in September 2019, the Rockefeller Foundation launched a $100-million Precision Public Health Initiative dedicated to using predictive analytics to prevent health threats, and exploiting big data to address the social factors that lead to poor health, such as discrimination and poverty. During the pandemic, the foundation created an interactive dashboard, containing detailed statistics on various COVID-19 testing strategies, to help educators determine the safest way to reopen schools....”

“... Galea’s biggest complaint is that no one has defined exactly what precision public health is. One common description is ‘the right intervention to the right population at the right time’. But critics say this isn’t any different from what John Snow did more than 150 years ago. Dubbing it
‘precision’ is at best extraneous and at worst deceptive, Galea says. “This is what public health does anyway.” What makes precision public health problematic, he says, is that it focuses on new technologies instead of the bread-and-butter methods that have made the field so successful....”

UNAIDS – New indicators added to Key Populations Atlas

“The UNAIDS Key Populations Atlas is an online tool that provides a range of information about members of key populations—sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people and prisoners—worldwide, together with information about people living with HIV. Information about gay men and other men who have sex with men has been expanded with the inclusion of 11 new indicators from the EMIS and LAMIS projects. Under funding from the European Commission, EMIS-2017 collected data from gay men and other men who have sex with men in 50 countries between October 2017 and January 2018. LAMIS is the Latin American version of EMIS and finished data collection across 18 additional countries in May 2018. The 11 new indicators shown in the Key Population Atlas—on syphilis, symptomatic syphilis, gonorrhoea, symptomatic gonorrhoea, chlamydia, symptomatic chlamydia, sexually transmitted infections testing, syphilis partner notification, gonorrhoea partner notification and hepatitis A and B vaccination—were chosen because of their high relevance to the communities....”

Devex - Will 2022 be a boom year for cryptocurrency philanthropy?

“Advocates for cryptocurrency philanthropy are expecting a boom in donors in 2022. However, while nonprofits could see an increase in donations, experts say it will likely remain a niche form of giving since the use of cryptocurrencies among the public at large remains low. The Giving Block, a popular cryptocurrency donation platform, expects to raise more than $1 billion this year through its work with nonprofits and donors. The group raised more than $100 million in 2021, according to co-founder Alex Wilson....”

Science – Three doses of a cheap, common antibiotic batter—but don’t beat—yaws, a tropical skin disease
https://www.science.org/content/article/three-doses-cheap-common-antibiotic-batter-don-t-beat-yaws-tropical-skin-disease

“Results from huge trial in Papua New Guinea suggest eradication may be hard to achieve.”

Coming up: PMAC 2022  (26-29 Jan)
https://pmac2022.com/overview
“The 2022 PMAC theme – “The World We Want: Actions Towards a Sustainable, Fairer and Healthier Society”, aims to take a long view by focusing on the ‘mega trends’ that will shape the rest of this century and the complex interplay between them, including how they are already reshaping our global health landscape. PMAC 2022 will consider how the experience of the COVID-19 pandemic is impacting the geopolitics of global health, implications of key shifts in the makeup of the world’s population, the opportunity gains and threats of exponential technological change, and that most urgent of ticking clocks the imminent and evolving threats to global health and wellbeing posed by climate change.....”

Papers/reports/(and a book)... of the week

The American Journal of Bioethics - Injustice in Bioethics Research Funding: Going Further Upstream


“Fabi and Goldberg (2022) have helpfully shed some light on the wrongs perpetuated by the current funding architecture on research, sponsorship, and career development in the field of bioethics. They cite Edwards (2020), who suggests that carving out space for unfunded research can be considered a form of resistance in the current academic climate. They also argue that “entrepreneurial” cultures in higher education value academic careers based on the capacity to attract funding, and as such negatively impact the careers of researchers with non-or-less-fundable topics. Their central point is that the priority placed by bioethics funding bodies on emerging technologies, genomics, neuroethics, etc., comes at the cost of bioethics research dealing with population-level drivers of health, including the prime determinants of health and its distribution. Fabi and Goldberg claim that the current skew in funding allocation perpetuates two specific kinds of injustices: epistemic (specifically hermeneutical) and racial injustice. While we agree that funding priorities can, and often do, exacerbate existing inequalities that can lead to unjust outcomes, we believe that the causal link drawn by the authors between skewed funding priorities and epistemic and racial injustice needs further examination. Skew in funding priorities that divert the means to pursue knowledge in specific fields is a topic that merits moral critique. However, classifying the relevant injustices as epistemic might end up obscuring the relevant kind of wrongs and injustices that are perpetuated by the existing funding architecture, and the social structures that sustain it....”

BMJ GH - Understanding factors impacting global priority of emergency care: a qualitative policy analysis

P I Chipendo, J Shiffman et al; https://gh.bmj.com/content/6/12/e006681

Authors examined the factors that have shaped the priority of global emergency care and highlight potential responses by emergency care advocates.
BMJ GH - A guide to systems-level, participatory, theory-informed implementation research in global health

N Seward et al; https://gh.bmj.com/content/6/12/e005365

“....To help translate some of the ambiguity surrounding how divergent theoretical approaches and methods contribute to implementation research, we draw on our multidisciplinary expertise in the field, particularly in global health. We offer an overview of the different theoretical approaches and describe how they are applied to continuously select, monitor and evaluate implementation strategies throughout the different phases of implementation research. In doing so, we offer a relatively brief, user-focused guide to help global health actors implement and report on evaluation of evidence-based and scalable interventions, programmes and practices.”

SS&M - Understanding global health policy engagements with qualitative research: Qualitative evidence syntheses and the OptimizeMNH guidelines


“Systematic reviews of qualitative evidence—or ‘qualitative evidence syntheses’ (QES)—have recently become an important form of knowledge production within the broader projects of ‘evidence-based medicine’ (EBM) and ‘evidence-informed policymaking’ in global health. Proponents of QES argue that these reviews offer a way to promote ‘health systems thinking’ and build a better understanding of local process and context in global health policy- and decision-making. EBM’s detailed technical procedures for evidence synthesis, however, do not necessarily fit well with conventional qualitative research paradigms and there are concerns that subjecting qualitative research to EBM’s logics and practices might fatally compromise both its epistemological integrity and political impact. This article addresses these concerns via a reflective case study of the use of qualitative evidence in the World Health Organization’s (WHO) OptimizeMNH guidelines for task shifting in maternal and newborn health programs.....”

WHO - Together on the road to evidence-informed decision-making for health in the post-pandemic era: a draft call for action


“The EVIPNet Call for Action for sustainable evidence-policy-society-systems was launched at the WHO Global Evidence-to-Policy Summit in November 2021, and received wide encouragement and support from global partners, multisectoral stakeholders and EVIPNet members. Existing EVIPNet country teams and partner organizations will provide additional support taking the Call for Action forward.”


Explores a rethinking of global and local manufacturing of medical products after COVID-19; Argues that it’s time to re-design the global public health governance for health R&D; Discusses the lessons of COVID-19 for WHO and the necessary measures that a reform of WHO would have to take.”

Other blogs and op-eds of the week

IPS - The Global Assault on Human Rights
Ben Phillips; http://www.ipsnews.net/2021/12/global-assault-human-rights/

“Human rights are under global assault. In 2021, the escalation of the worldwide siege on human rights included clampdowns on civil society organisations, attacks on minorities, the undermining of democratic institutions, and violence against journalists.”

“.... Crucially, it is not a coincidence that humanity has been simultaneously hit by a crushing of human rights and ever-increasing inequality; they are mutually causal. There is no winning strategy to be found in the approach followed by institutions like Freedom House which cleaves civil and political rights from economic and social rights, and has no answer to the inequality crisis. Organisations rooted in civil society organising have set out powerfully the interconnectedness of the human rights crisis and the inequality crisis....”

“Human rights can only be protected in their fullness – civil, political, economic and social. As Lena Simet, Komala Ramachandra and Sarah Saadoun note in Human Rights Watch’s 2021 World Report: “A rights-based recovery means governments provide access to healthcare, [and] protect labor rights, gender equality, and everyone’s access to housing, water and sanitation. It means investing in public services and social protection, and strengthening progressive fiscal policies to fund programs so everyone can fulfill their right to a decent standard of living. It means investing in neglected communities and avoiding harmful fiscal austerity, like cutting social protection programs.”

FP2P blog - Feminist Protests and Politics in a World in Crisis

“The latest issue of Gender and Development just dropped, and it’s on ‘Feminist Protests and Politics in a World in Crisis’ (Open Access). .... by Sohela Nazneen and Awino Okech. Some of the extracts that most hit home (subheadings mine):

Feminism has moved more into protest mode, and built broader alliances: ‘Protests have become the leading route through which feminist movements have organised against austerity, corruption and authoritarian regimes across Europe, the United States of America, Latin America, Africa, and Asia. .... The bad guys have noticed and started stealing Feminism’s clothes.... ....

Intergenerational Tensions Within Feminism....”
Tweets of the week

Siva Thambisetty

“Stunning to see it put this way. **There is little incentive to move to second generation vaccines so long as governments have already committed to boosters.** It’s not realistic to expect these IP monopolists to coordinate diverse technology improvements we urgently need.”

BMZ

“**Germany holds the @G7 Presidency as of January 1st. @Karl_Lauterbach will work together with #G7 partners to end #Covid19 and to strengthen #globalhealth. #G7GER**”

Global governance of health

The Challenge of Pandemic Governance for Low- and Middle-Income Countries after COVID-19


« LMICs must find better ways to cooperate against global health threats.” Excerpts:

« .... As governments look beyond COVID-19, LMICs remain dependent on multilateralism but must develop better and more diverse ways to cooperate in preparing for and responding to global health threats.”

« ... **COVID-19 teaches the harsh lesson that LMICs remain dependent on multilateralism, but LMICs are not powerless—they can change how they engage with intergovernmental institutions on global health problems.** For example, with member states unlikely to increase assessed contributions to the WHO, LMICs could pool financial resources to make voluntary contributions to the organization for programs designed to create benefits across LMICs. **LMICs also need to intensify their cooperation through other diplomatic mechanisms.** There is some interest in including global health within a rejuvenated Non-Aligned Movement (NAM) designed to prevent the geopolitical rivalry between China and the United States from manipulating and marginalizing LMICs. Similarly, COVID-19 provides incentives for LMICs to strengthen regional organizations—such as the African Union—to address health threats. NAM and regional approaches should ensure that the strategies adopted support global efforts rather than deepen parochialism in pandemic governance. **Finally, COVID-19 has highlighted that LMICs must transform how they allocate government resources for public health.** Reformed multilateral, strengthened regional, and revitalized non-aligned mechanisms will also fail if LMICs do not improve their own national public health and health-care capabilities. ...”

The Diplomat - The Gates-Kishida Talks and Japan’s New ‘Global Health Strategy’

“The Gates Foundation has consistently collaborated with Japanese business leaders for the betterment of global health.”

“The Japanese government has been working on formulating the country’s new Global Health Strategy. A midterm plan was drafted and submitted to a conference of the Cabinet on December 22, 2021. Meanwhile, on December 3, 2021, Bill Gates and Japanese Prime Minister Kishida Fumio held a teleconference during which they agreed that the Bill & Melinda Gates Foundation and the Japanese government would collaborate to cope with the COVID-19 pandemic and to support a summit on the global challenge of malnutrition in Tokyo. ... The details of the teleconference were not broadcast, but what did the billionaire philanthropist discuss with the Japanese prime minister?...”

“... In the opening speech of the [Tokyo Nutrition for Growth] summit, Kishida stated that Japan would make a financial contribution of $1 billion to the COVAX Facility, donate approximately 10 million doses of COVID-19 vaccines to Africa, and work for combating omicron, a new variant of the coronavirus. Thus, it can be observed that Kishida’s announcement for Japan’s international cooperation for the combat of COVID-19 as well as the improvement of global health and nutrition was encouraged and facilitated by international organizations, including the Gates Foundation. Given the earlier Gates-Kishida talks, it is fair to argue that Gates has been involved in the development of Japan’s global health policy. This was not the first time that Gates and the Gates Foundation had requested the Japanese government to expand its contribution to global health and nutrition issues.

“... In addition, the Gates Foundation has strenuously collaborated with Japanese business leaders for global health and handed out a request form to former Prime Minister Suga in cooperation with the Global Health Business Leader Coalition on April 27, 2021. ... Notably, the Gates Foundation has closely coordinated with these companies and business leaders and international organizations and other non-governmental organizations. Although we do not know the exact details, Japan’s further contributions to global health is likely what Gates and Kishida discussed in their teleconference. For the sake of an early recovery and sustainable growth of the world economy, the Kishida administration is expected to expand its official development assistance (ODA) for the betterment of global health conditions and formulate Japan’s new Global Health Strategy in the the COVID-19 pandemic and in preparation for the post-pandemic world....”

Devex - 5 'what-ifs' for international development in 2022

“With elections in the likes of France and Brazil, climate talks in Egypt, and one of Africa’s biggest countries, Ethiopia, at risk of coming apart, we asked global development experts for some out-of-the-box ‘what-ifs’ — good and bad — for 2022.....”

On China; Africa; climate; at the ballot box; and in global health

Quote on the last issue: “...Another focus for the ONE campaign will be the replenishment for the Global Fund to fight AIDS, Tuberculosis and Malaria in the United States in the second half of
2022. And McNair predicted a greater role for the fund in broader health security, fueled by the needs of the COVID-19 pandemic. Keep an eye out for any new donors too....”

Graduate Institute - The Sustainable Development Goals (SDGs), Quantification, and the Production of Expertise


4-pager on a recent (November) event on the issue.

Main Takeaways: “● Knowledge production in global governance has undergone five major changes: universalization, mono-disciplinarity, brokerage, datafication, marketization ● These trends respond to and reflect the increasing complexity of contemporary global issues, which poses further challenges to practitioners in international organisations ● More efforts are needed by researchers and practitioners alike to enhance the impact of knowledge ● At the same time, one should be aware of the limitations of looking at the world – and progress towards reaching the SDGs – through highly technical, complex and multiple forms of measurements. When all thinking focuses on the measurements, this hampers a deeper reflection on the problems themselves and on the assumptions that inform SDGs governance.”

World Development - Clientelism and governance


“Unlike much of the growing literature on political clientelism, this short paper contains mainly the author’s general reflections on the broad issues of governance (or mis-governance including corruption), democracy and state capacity that clientelism has an impact on. It then analyzes how its incidence changes with the process of development, and the kind of policy issues that it generates. Finally, the paper suggests some research gaps in this literature.”

Devex - USAID business forecast: Q1 2022


(gated) “The U.S. Agency for International Development plans to spend $27.5 billion in the coming years. We dig into the data and discover that nearly $19 billion will go to just one sector.”

“...The forecast does include a collection of USAID mega awards — the Next Generation Global Health Supply Chain Suite of Programs, known as NextGen, with eight opportunities worth $16.7 billion. ....”

Science – The pandemic whistleblower

Profile of Rick Bright (new boss Pandemic Prevention Institute). “Rick Bright raised the alarm about the Trump administration’s response to COVID-19. Now, he wants to build an alert system for future threats.”

Also with a good overview table of all the ‘Pandemic preventers’ in the pipeline.

“Bright’s abrupt, tumultuous exit from BARDA, where he had for 4 years overseen a $1 billion-plus research budget aimed at protecting the country from pandemics and bioweapons, marked but one more dramatic chapter in a rough-and-tumble life. **Now, in a bold gamble on his ability to make something from nothing, the Rockefeller Foundation has hired Bright to head a new bid to protect the world from future pandemics.** Rockefeller will give the Pandemic Prevention Institute (PPI) $150 million in seed money over the next 3 years to tap and quickly share pathogen surveillance data gathered by myriad sources. “We’re setting out to build an environment for sharing data around the world at all levels—not just governments—that will allow us to make smarter decisions,” Bright says....”

“As Bright begins to fill its cubicles with disease modelers, global health specialists, political scientists, epidemiologists, and health economists, he recognizes that his vision for PPI also still has many blanks to fill in—and knows he is entering an increasingly crowded and well-funded field. With backing from Germany, WHO will supplement its long-standing outbreak alert network with a hub in Berlin to analyze the incoming data and better plan responses. CDC is similarly launching a new group to aid local U.S. officials facing a spreading pathogen. “No one can do it all,” Bright says. “We have to now come together to decide how we divide and conquer this ecosystem.”....”

“...PPI now receives data from 30 partners that track diseases, including universities in several countries, the African and U.S. CDCs, large hospital systems, a livestock research institute in Kenya, a genomics center in Nigeria, and a molecular biology group in India....”

And a link:

Global Public Health - Un(ac)countable no-bodies: the politics of ignorance in global health policymaking  (by Po Han-Lee)

**UHC**

Global Health: Science and Practice - Results-Based Financing for Health: A Case Study of Knowledge and Perceptions Among Stakeholders in a Donor-Funded Program in Zambia

R Bergman et al ; [https://www.ghspjournal.org/content/9/4/936](https://www.ghspjournal.org/content/9/4/936)

“In 2015, the Zambian government and the Swedish International Development Cooperation Agency (Sida) signed an agreement in which Sida committed to funding a program for Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH). The program includes a results-based financing (RBF) model that aims to reward Zambian districts for improved district-wide results on relevant indicators with additional funding. We aimed to describe stakeholders’ knowledge of the RBF model and perceptions of the incentive structure during the first
18 months of the program's implementation. *This study illuminates the possible pitfalls of implementing an RBF scheme without giving attention to all necessary steps of the process....*

**Plos GPH** - Out-of-pocket costs near end of life in low- and middle-income countries: A systematic review

[https://journals.plos.org/globalpublichealthe/article?id=10.1371/journal.pgph.0000005](https://journals.plos.org/globalpublichealthe/article?id=10.1371/journal.pgph.0000005)

**Conclusion:** “Despite a small number of included studies and heterogeneity in methodology and reporting, it is clear that OOP costs for care near end of life in LMIC represent an important source of catastrophic health expenditures and impoverishment. This suggests a role for widespread, targeted efforts to avoid poverty traps. Financial protection policies for those suffering from incurable disease and future research on the macro- and micro- economics of palliative care delivery in LMIC are greatly needed.”

**Planetary health**

Ecological Economics - Changing the world with words? Euphemisms in climate change issues


“Words matter when talking about climate change. They influence thinking and ultimately behaviors. We contend that certain kinds of words frequently used in climate change communication, namely euphemisms, can undermine the objectives of raising climate change awareness and changing behaviors to reduce emissions. **We characterize euphemisms related to climate change issues and show how they are often manipulated to serve vested interests opposing climate change action. In particular, we highlight euphemistic names of astroturfing organizations that aim to persuade consumers or citizens.** We conclude by suggesting some practical ways to prevent or avoid detrimental consequences associated with euphemisms and draw several policy implications.”

Nature Ecology & Evolution - Biodiversity targets will not be met without debt and tax justice

[https://www.nature.com/articles/s41559-021-01619-5](https://www.nature.com/articles/s41559-021-01619-5)

“Approaches to financing biodiversity conservation tend to focus on funding gaps, but fail to address underlying political and economic drivers. **We propose two strategies — tax reform and debt justice — to supercharge public financing for biodiversity and deflate harmful financial flows, while chipping away at the causes of state austerity.”**

Link:

Globalization & Health - *Charting the evidence for climate change impacts on the global spread of malaria and dengue and adaptive responses: a scoping review of reviews*
NCDs

HP&P - Addressing Severe Chronic NCDs Across Africa: Measuring Demand for the Package of Essential Noncommunicable Disease Interventions-Plus (PEN-Plus)

Health Promotion International - Developing an alcohol harm prevention research agenda in West Africa: a mixed methods approach

Critical Public Health - The (failed) promise of multimorbidity: chronicity, biomedical categories, and public health

Sexual & Reproductive / maternal, neonatal & child health

BMJ GH - A growing disadvantage of being born in an urban area? Analysing urban–rural disparities in neonatal mortality in 21 African countries with a focus on Tanzania

by M Norris, L Benova et al.

Extra Covid section

NYT - When Three Shots Are Not Enough

NYT:

“People with compromised immune systems are getting unapproved fourth or fifth Covid-19 shots, despite uncertainty about their safety or effectiveness.”

HPW - As Europe Sees Wave of Seasonal Flu – What are the Risks for 'Flurona?’


“The world’s first case of ‘flurona‘ – a co-infection with both seasonal influenza and COVID-19 was reported in Israel last week, as the Omicron variant sweeps across the world. Since then, small numbers of people co-infected with both viruses have been identified in other European countries as well, a World Health Organization official in the European Regional Office said…..”

BMJ - With covid-19, single measures aren’t enough

https://www.bmj.com/content/375/bmj.n3157
“Single magic bullets for covid-19 do not exist, say John Middleton and Henrique Lopes.”

Population Health - The mental health crisis during the COVID-19 pandemic in older adults and the role of physical distancing interventions and social protection measures in 26 European countries (by A Mendez-Lopez, D Stuckler, M McKee et al)