

IHP news 652 : Yet another pandemic year has started (#deepsigh)

(14 Jan 2022)

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,

The year has well and truly started now, including in global health policy circles. All the better, I hear you say, with Omicron all over the planet now. This week the **Working group on strengthening WHO preparedness and response to health emergencies** got together, ahead of the **150th WHO Executive Board meeting** later this month. (A face-to-face) **Davos** meeting has been postponed again – *that is becoming one of the few nice annual “spin-offs” of this pandemic* 😊 – but the World Economic Forum’s [‘Global Risks report 2022’](#) provided again some dire reading. (PS: Wonder when the WEF itself, with its trademark ‘stakeholder capitalism’ & [multistakeholderism](#) penchant, will pop up among the risks)

While global vaccine inequity remains a dire problem now that boosters are all the rage in an increasing number of countries, and [second-generation vaccines](#) are more and more argued for, in many Northern countries [pressure on the unvaccinated is steadily increasing](#), for better or for worse. We ain’t seen nothing yet in terms of polarization, I’m afraid.

But let’s move to a slightly lighter topic. As you probably know by now, the Netflix satire [“Don't Look Up”](#) got quite some attention (and viewers) in recent weeks, among others given obvious similarities with the climate emergency. Speaking of which, a recent paper argues [“the time has come for scientists to agree to a moratorium on climate change research as a means to first expose, then renegotiate, the broken science-society contract”](#). While not the most brilliant idea, it does show in which deep shit we are, in the year 2022.

Anyway, I duly did ‘my research’ last weekend, and watched the movie. While it has its merits and drawbacks, I’m already looking forward to **“The Sequel”** on the pandemic. How about **‘Global Solidarity: But Don’t look Too Carefully!’** ? Starring among others, Ursula von der Leyen, clearly, but also other EU representatives who still think a TRIPS waiver is [“premature”](#) , two years into the pandemic (*the EC still seems in the ‘[Sit tight and assess](#)’ stage, as a furious Jennifer Lawrence put it in the movie (vs Meryl Streep)*). There wasn’t really an equivalent for the slick likes of Thomas Cueni and other Alberts in the movie, but the BASH CEO (Peter Isherwell) no doubt also rang a bell in the global health power corridors, incarnating some wicked mix of Bezos, Musk, Branson, Bloomberg and Gates, with just wonderful ‘access to power’. Still, for me, the ‘highlight’ of the whole movie was the marvellous “Global Citizen”-style fest, starring Ariana Grande and others. I’m sure you all still remember that lovely Global Citizen party (“One World: Together at home”) of a while ago, with [Lady Gaga](#) and other stars. I’m afraid that sort of thing won’t cut it anymore. It didn’t work in the 80s, in the 21st century it will so even less. Unless if you want a ‘Don’t Look Up’ ending, that is (#spoiler).

To overcome the Covid-19 crisis, we need a real **citizen's movement** as among others [Madhukar Pai](#) and [Ben Phillips](#) have argued again recently. Anything but easy in the cynical age of **Homo Neoliberalis**. But our only chance, also with a view on the planetary emergency.

So do what you can, at all levels. It really is a crucial decade.

Enjoy your reading.

Kristof Decoster

Featured Article

Attracting and retaining health workers in the Monga Rural Health District (DRC): what could work?

Jean Défi Ebadu Wa Libosonda (MD, 2021-2022 MPH student at ITM)

For more than two decades, the Democratic Republic of Congo (DRC) has been recording [a boom in the production of health professionals](#), especially doctors and nurses. This situation is directly linked to the liberalization of higher and university education which has led to the [uncontrolled proliferation of schools of medicine](#) and nursing in almost every province in the country. The overproduction of human resources contrasts with the [low absorption capacity](#) of these new competences by the main employer, the Ministry of Health. Moreover, nearly a third of qualified personnel is concentrated in urban areas, creating serious [shortages](#) in remote rural areas.

Generally speaking, workers (including health workers) avoid rural areas for several [reasons](#): difficult living and working conditions, lack of learning and career development opportunities, a meager salary, low capacity for local resource mobilization, social and physical insecurities, etc. The relative rural (vs urban) neglect is a [global](#) phenomenon, but the DRC is certainly no exception.

Let's zoom in now on the Monga rural health district in my country. Situated in the Bas-Uele Province, at the northeast border of the DRC and the Central African Republic (CAR), Monga is a young rural health district covering a population of around 120,000. Many of these are refugees having fled the protracted armed conflict in the CAR, in various waves. Most Monga district inhabitants [live on less than 1\\$ per day](#), with traditional agriculture and hunting being the main livelihood activities. From 2017 on, I had the opportunity to work in the Monga health district to provide additional support to facilitate access to health services for these [vulnerable groups of people](#). It was blatantly clear to me that the health district lacks resources, especially human resources for health. Only 25% of their staff are qualified and only 17% (!) paid by the state. This [lack of \(qualified\) personnel](#) in turn clearly affects the district health's leadership and management, the delivery of health services, the cost, the quality of care and the responsiveness to emergencies and other needs of the local population. These elements contribute to keeping communities in a precarious health state, even inducing sometimes iatrogenic poverty due to healthcare related costs. Out-of-pocket payment represents up to 70% of "healthcare revenues" in the health district. Under such conditions, [universal health coverage](#) (UHC) will continue to remain a very distant goal, that goes without saying.

Based on this experience, in this article, I will propose some measures to attract and retain qualified personnel in the Monga health district. The objective is obvious: improving availability and quality of care, in line with the UHC agenda. Most suggested measures are with the main employer, the MoH, in mind.

Tackling the Monga district's HRH predicament

Let's start by pointing out an obvious problem to address. In urban areas in the DRC, new healthcare services are frequently opened without any regulation, sometimes even by newly graduated students from medical schools in search of employment. These new practitioners engage in private practice without sufficient experience, jeopardizing the quality of care they provide to their patients. There is thus an urgent need to regulate this area in order to direct these new human resources to existing public structures, especially healthcare facilities situated in rural areas where they might benefit from supervision by more experienced practitioners.

Second, when it comes to education related measures and training/career incentives, I believe that [measures](#) such as targeted admission of students from a rural background, loan repayment schemes (paid studies in exchange for services in rural areas for a defined period of time), supportive supervision, and increased opportunities for recruitment in the civil service may all prove relevant with a view on improving the situation in the Monga health district, and similar rural health districts. Targeted scholarships for advanced training, and targeted career advancement promotion, if well designed, may also [increase the willingness](#) to work in a remote rural area.

Third, it would be beneficial for the government to suspend all recruitment of health professionals in urban areas, both in public and private sectors, and to fill vacancies based on proven skills and experience, systematically promoting (experienced) professionals from rural to urban areas. In order for this to happen, the government should organize periodic performance assessments of health workers with the clear intention to promote those who prove very skilled. This would boost staff competitiveness.

Fourth, as for wages and other advantages, employees in urban areas typically benefit from a range of advantages such as transportation fees, housing, smooth communication and so on. Similar perks should be foreseen for health professionals working in remote rural areas, while also taking into account the specific risks related to their working conditions. This should include, among others, installation and training fees, in order to encourage competent health workers to agree to work in less privileged areas. An additional motivating element could consist in building and equipping social housing for professionals in rural areas, so that they wouldn't have to start from scratch in these settings. Reducing taxes for those living in rural areas also sounds like a shoe-in.

Fifth, how about locally generated revenues? Both the [Health System Strengthening Strategy \(HSSS\), initiated by the MoH in 2006](#), and the ongoing administrative [decentralization](#) (started in 2015) offer an opportunity to rethink recruitment and retention policies of health professionals in decentralized entities. Provincial governors have the power to recruit and assign staff to entities under their jurisdiction. Support measures can encourage the local payment of certain bonuses to local health workers and professionals with the income generated within the administrative entity.

Finally, people are also going to retire. Which sorts of retirement and succession related measures could trigger the right trends? As a start, those who have accumulated solid experience in the public sector in rural areas should benefit from positive discrimination to replace those who retire in the

public sector in urban areas. Certain specific advantages could also be granted to those who can be proud of a great health services “track record” in rural areas, when retiring. Compensation could include token awards, decorations and so on. No doubt other creative measures can be conceived.

In this short article I zoomed in on the shortage of qualified health workers in the Monga Health district and proposed some measures to address this issue. I strongly believe that the measures here proposed are feasible and could encourage new graduates from the Monga health district and many others to agree to work in Monga, and move there permanently. What’s more, these measures do not necessarily require significant additional resources. If implemented, they will enhance the supply, availability and quality of care. So what exactly are we waiting for if we want to improve the health of the many vulnerable people living in the Monga district?

Highlights of the week

Working group on strengthening WHO preparedness and response to health emergencies : meeting (10–12 January)

https://apps.who.int/gb/wgpr/e/e_wgpr-6.html

The [Draft interim report to the WHO Executive Board](#) was published on 10 Jan. For review by the working group.

HPW - China Nixes Proposals to Grant WHO Rapid Access to Outbreak Sites in Critical Talks About Way Forward on Pandemic Response

<https://healthpolicy-watch.news/china-nixes-who-access/>

Coverage of the first day of the meeting of the working group.

“China wants to delete language supporting rapid World Health Organization (WHO) access to outbreak sites in future pandemics from a critical document that maps out a way forward in future pandemics, a diplomatic source has told Health Policy Watch. This emerged at Monday’s start of a three-day meeting in Geneva of the global body’s Working Group on Strengthening WHO Preparedness and Response to Health Emergencies....”

“The WHO working group is negotiating over an [interim draft report](#) summing up 131 proposals from member states, four panels and various committees on how to improve global pandemic preparedness and response. The draft report, which also zeroes in on vaccine and medicines equity, pathogen sharing, stronger “One-Health” approaches, and “adequate and sustainable financing” for WHO, is to go before the WHO Executive Board’s 150th session at the end of January. Further rounds of talks are then planned for February, March and April before a final version is submitted to the 75th World Health Assembly (WHA) in May. The final report, presuming it is approved by the WHA, would then form the backbone for future intergovernmental negotiations [on a new global pandemic accord](#). “

... The recommendations were drawn from a series of external reviews of pandemic responses conducted over the last year. ...

PS: China is also standing fast on its refusal to allow further investigation of SARS-CoV2; and equity recommendations also seem to form a lightning rod in the discussions.

In general, there was still an awful lot to discuss and agree upon: *“The reference to on-site investigations was not the only clause in dispute in the report today. Most other paragraphs in the draft report were also being red-marked extensively, with proposed additions and deletions by various member states. ...”*

Global Health Governance & financing

Coming up: 150th WHO EB meeting (24-29 Jan)

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

All documentation here. Pretty extensive agenda.

The Lancet Covid-19 Covid Commission Global Health Diplomacy and Cooperation taskforce - Global diplomacy and cooperation in pandemic times: Lessons and recommendations from COVID-19

<https://static1.squarespace.com/static/5ef3652ab722df11fcb2ba5d/t/61d73912aaab7e35a9daec40/1641494803296/GHD+Final+Note+Dec+2021.pdf>

From late last week.

Amongst others with (1) the ‘core’ **“universal values** [which] should guide states, international organizations, civil-society actors, scientific research bodies, and the private sector in preparing for and responding to future pandemics...”; (2) **lessons learned** (also with a view on the future), and (3) **a set of recommendations**.

Geneva Health Files- No Consensus Among Member States on Beefing Up WHO Finances

[Geneva Health Files](#);

See also last week’s IHP newsletter issue.

Cfr the section: **Meeting report of the Working Group on Sustainable Financing:** *“WHO member states have, for now, failed to recognize the importance of predictably and sustainably fund the organization even in the midst of a debilitating pandemic. In its deliberations in mid-December 2021, member states failed to agree on a plan to increase assessed contributions that would, to an*

extent, make WHO independent of the vagaries of donor funding. **In a report published** earlier this week, it was acknowledged that **the Working Group did not reach consensus on the recommendations on the way forward, given the limited time....”**

*“...In what is somewhat problematic, **countries instead seem to agree on considering a replenishment approach for WHO** (see text in green in the report), **while not yet agreeing on an increase of assessed contributions** that would strengthen member states’ role in governance and financing of the organization....”*

For the (abovementioned) **meeting report of the Working Group on Sustainable Financing**, see [here](#).

In short: a major disappointment, so far.... If this is how the world is going to fund Global Public Goods in the 21st century, to deal with all these super-wicked challenges, we’re in major trouble.

OECD Development matters - To recover from the crisis, tax the wealth of multimillionaires like me

<https://oecd-development-matters.org/2022/01/12/to-recover-from-the-crisis-tax-the-wealth-of-multimillionaires-like-me/>

By **Djaffar Shalchi**, Entrepreneur from Denmark and Founder of Millionaires for Humanity, a network of wealthy people who advocate for raising taxes on wealthy people.

*“As the world reels from the COVID-19 crisis, countries desperately need to finance health for all, the economic recovery, and poverty reduction. And as the world grapples with the social tensions generated by rising inequality, countries desperately need to find a way to rebuild social cohesion. **The great news for 2022 is that there is a way: tax the wealth of multimillionaires to help fund the achievement of the SDGs.** **A wealth tax will bring the kind of funding needed to tackle the world’s major challenges.** The UN has calculated that **USD 2-3 trillion** in additional investment is needed to achieve the SDGs. The figures in the latest Credit Suisse wealth report show that **a 1% wealth tax on millionaires would raise approximately USD 2 trillion.** In contrast, the OECD has calculated private philanthropy for development at just **USD 24 billion....”***

Devex - £1B of income at risk for UK NGOs

<https://www.devex.com/news/1b-of-income-at-risk-for-uk-ngos-102403>

“Cuts to U.K. and EU government funding threaten roughly one-sixth of the U.K. NGO sector’s annual income — approximately \$1.3 billion per year — according to [a new analysis](#). That stark figure has one expert warning that U.K. NGOs may “need to look at a fundamental change to their business model.”....”

FT - Wellcome Trust makes £16bn spending pledge as Covid turns endemic

<https://www.ft.com/content/5161e664-83d5-40c5-805a-fe08f8b1a7ae>

“Top UK medical charity to focus on next generation vaccines as it warns of complacency over future variants.”

“...The Wellcome Trust will boost spending on research to £16bn over the next 10 years as the UK’s largest charitable donor focuses on funding second and third generation vaccines while the world prepares for Covid-19 to become endemic. Sir Jeremy Farrar, director of Wellcome and former Sage member, said he believed there would be another coronavirus variant in 2022 after Omicron, adding that the country should not be complacent that future strains of the virus would be less severe. The UK needed to prepare for Covid-19 moving from pandemic to endemic, he said, adding that the virus was “a present for life, not for Christmas”....”

“... Wellcome would focus some of its new funding on second and third generation vaccines, he said, alongside a wide range of initiatives designed to discover and stop the spread of other viruses, such as through the Coalition for Epidemic Preparedness Innovations, a global partnership designed to develop vaccines to prevent future outbreaks. Wellcome has spent more than £9bn in the past decade to support scientists, programmes and institutions across scientific and healthcare sectors, including £1.2bn last year. Farrar said the success of Wellcome’s investment strategy has allowed the trust to raise its charitable spending to £16bn in the next 10 years. It also planned to meet global challenges such as climate change and its impact on health, and mental health....”

See also Devex (gated) - [Wellcome announces \\$22B funding strategy](#)

“Wellcome, the world's second-biggest nonprofit grant-giver, posted record investment returns, grew its portfolio to more than \$50 billion, and announced a \$22 billion funding strategy for the next decade.”

Devex Newswire: How Bridgespan advises billionaires

<https://www.devex.com/news/devex-newswire-how-bridgespan-advises-billionaires-102415>

“The Bridgespan Group has made headlines recently as the go-to adviser to billionaire philanthropists including MacKenzie Scott. Stephanie Beasley has a [must-read interview](#) with Bridgespan partner Nidhi Sahni about the consultants’ role at a moment when megadonors are under close scrutiny....”

“Known within philanthropy circles for many years, [The Bridgespan Group](#) has recently seen its profile raised after advising philanthropist MacKenzie Scott, who has given out billions of dollars in grants since the start of the [COVID-19](#) pandemic. The group provides research, such as [a recent report](#) on global giving to African NGOs, as well as consulting services to donors looking for philanthropic opportunities. Yet some philanthropy experts [have criticized](#) Bridgespan and similar firms for wielding too much influence in donors’ decision-making process and in determining which groups should receive funding. During her time with the firm, Sahni’s clients have included Azim Premji Philanthropic Initiatives, the [Ford Foundation](#), Goldman Sachs’ 10,000 Women initiative, and [The Rockefeller Foundation](#). She also has worked with donor collaboratives such as [Co-Impact](#) and The Audacious Project. ...

“We’re seeing some megadonors shift from establishing foundations to creating limited liability companies with smaller staffs. How is Bridgespan helping these kinds of nontraditional donors?”

... Asked about the **growing tendency of megadonors to establish limited liability companies instead of foundations**, Sahni says LLCs allow philanthropists to “start their learning with others while they are doing [philanthropic work], as opposed to sequencing the learning and the doing.”...

Foreign Policy - The WHO's New Pandemic Center Isn't Ready for Action

<https://foreignpolicy.com/2022/01/10/the-whos-new-pandemic-center-isnt-ready-for-action/>

State of affairs on the **WHO Hub for Pandemic and Epidemic Intelligence** in Berlin.

*“The new hub’s mission is admirably ambitious. But it’s unclear how a highly political and notoriously bureaucratic international organization will succeed in implementing what’s being billed as a startup-style project. **More than three months after the hub’s inauguration, it is hardly operational.** A handful of employees, mostly contractors, initially worked from a temporary office in Berlin, but are now working from Geneva or at their homes elsewhere in the world as they wait for their permanent office to be opened. One key piece of the new hub’s puzzle, however, has at least been found: the head of the new venture. **Chikwe Ihekweazu**, a Nigerian epidemiologist who has previously acted as the head of Nigeria’s Centre for Disease Control, **is in charge and currently lives in both Berlin and Geneva to get this ambitious project started...**”*

*“... For Ihekweazu, the **hub’s biggest challenge will likely be political**, meaning making sure the hub gets data from as many countries and agencies as possible, a key feature and problem of WHO internal dynamics.”*

*“**Johanna Hanefeld**, head of the Centre for International Health Protection at the Robert Koch Institute, Germany’s equivalent of the U.S. Centers for Disease Control and Prevention and another strategic partner, **believes using new technologies will be essential**: “I think there is a lot of potential in using AI methods for data mining because we have these large-scale data,” she said. “All these data sciences are developing rapidly. I think the computational aspects of that really have a massive potential.”...”*

“... The center hasn’t started hiring yet, and no job postings are available on the WHO’s website as of January 2022....”

With the views of **Johanna Hanefeldt, Maïke Voss** and others.

Foreign Policy - Why Germany Will Be at the Center of the Next Pandemic

<https://foreignpolicy.com/2022/01/11/why-germany-will-be-at-the-center-of-the-next-pandemic/>

Neat analysis.

*“**Berlin has been made the home of the WHO’s first pandemic center for geopolitical reasons—and financial ones.**”*

*“... **Germany was an obvious choice for the WHO, for political and technocratic reasons.** But it remains to be seen whether Berlin’s clout is going to be enough to overcome the organization’s biggest shortcomings: global rivalries spurred by China’s rise and nationalistic policies that prevent*

access to reliable information. ... **The fact that Germany managed to stay on good terms with both the United States and China made it a logical choice for a new WHO outpost. But the most obvious reason for choosing Berlin was strictly financial. The country wrote a \$100 million check as an initial investment to fund it.** There was undoubtedly a pay-to-play dynamic involved, said Maïke Voss, managing director of the German Alliance for Climate Change and Health. In February 2020, France also wrote a \$100 million check and got a new WHO Academy campus in Lyon, France. “I find very interesting that Germany criticized France for bypassing the WHO decision-making bodies, but now it’s doing it as well,” Voss said....”

“... But even as Germany has the resources to run the hub and the political will, some people question why the WHO did not choose to place its new pandemic preparedness office in a country in the global south.”

WHO chief dr Tedros raises alarm over ‘deteriorating’ humanitarian catastrophe in Tigray

[Today News Africa](#)

While I understand Tedros’ huge concern in this respect, like others I think it’d be wiser if other WHO staff brought this message at WHO media briefings...

See also **HPW - [WHO Slams Ethiopia’s “Blockade” on Health Relief to Tigray Region as ‘Catastrophic’ and ‘Unprecedented’ Even in Conflict Zones](#)**

“The leadership of the World Health Organization (WHO) has slammed Ethiopia’s “complete blockade” on health and humanitarian aid to Ethiopia’s Tigray region, saying it has been unable to deliver life-saving medications for nearly six months – in a situation that is “unprecedented” even in comparison to conflict-wracked Syria or Yemen....”

Plos Med –Political rationale, aims, and outcomes of health-related high-level meetings and special sessions at the UN General Assembly: A policy research observational study

P Rodi et al; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003873>

*“Recognising the substantial political weight of the United Nations General Assembly (UNGA), **a UN General Assembly special session (UNGASS) and high-level meetings (HLMs) have been pursued and held for 5 health-related topics thus far.** They have focused on human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS, 2001), non-communicable diseases (NCDs, 2011), antimicrobial resistance (AMR, 2016), tuberculosis (TB, 2018), and universal health coverage (UHC, 2019). **This observational study presents a comprehensive analysis of the political and policy background that prompted the events, as well as an assessment of aims, approaches, and ultimate outcomes....”***

“...thus far, the HIV/AIDS UNGASS was the only one followed by a level of commitment that has likely contributed to the reversal of the previous burden trend....”

WHO Bulletin - Building resilient health-care supply chains to manage pandemics in low- and middle-income countries

G Fernandez, D Sridhar et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.21.287177.pdf?sfvrsn=add32bfd_7

“... the root causes of production and supply chain issues that are still delaying access to vital pandemic tools must be addressed urgently...” Listing what went wrong, what went well (in the Covid pandemic), and way forward, with a number of proposals.

TRIPS waiver discussions

‘The Procession of Echternach’ is probably an understatement to describe the ongoing ‘process’. Some updates on the past weeks below:

Devex - TRIPS standoff continues in the new year

A Green; <https://www.devex.com/news/trips-standoff-continues-in-the-new-year-102446>

“A new year did nothing to ease the global standoff within the World Trade Organization over the waiver of the Trade-Related Aspects of Intellectual Property Rights, or TRIPS. European opposition to the bid to temporarily waive intellectual property on COVID-related vaccines, treatments, and products has stalled the proposal, which was first tabled by the Indian and South African delegations to the WTO in late 2020....”

“European Union officials, in a statement Monday, said it was “premature” to discuss India’s latest proposal until members had reached a consensus on the intellectual property issues. EU officials also said COVID-related issues should not be accelerated ahead of the rest of the WTO’s agenda, after November’s ministerial conference was indefinitely postponed because of COVID. On the same day, Thierry Breton, the European Commission for the Internal Market, said during a Politico Live interview that the focus should remain on vaccine sharing initiatives, such as COVAX, while the global south ramped up vaccine manufacturing capacity....”

The Hindu - India seeks emergency meeting of WTO's General Council this month to discuss COVID package

<https://www.thehindu.com/business/india-seeks-emergency-meeting-of-wtos-general-council-this-month-to-discuss-covid-package/article38103567.ece>

“India has sought an emergency meeting of the General Council of the World Trade Organization (WTO) this month in Geneva to deliberate upon the world trade body’s proposed response package, including patent waiver proposal, to deal with the pandemic amid rising coronavirus infections globally, an official said. ...“We have sought an emergency meeting of the General Council to discuss the WTO’s response package to deal with COVID-19 pandemic including patent waiver proposal. WTO will start its meetings from January 10,” the official said....”

But for now, India's call for a virtual ministerial (WTO) meeting on the pandemic response seems stalled:

See [Trade Beta blog - No agreement on India's call for WTO ministers to discuss COVID-19 waiver](#)

"India's call for an online WTO ministerial meeting to discuss the proposed intellectual property waiver for COVID-19 fell well short of consensus at an informal General Council meeting today (January 10, 2022)."

And a poignant tweet from Dimitri Eynikel:

"After blocking negotiations on a #TRIPSw waiver for over a year, the @EU_Commission deems a General Council meeting on pandemic response @wto "premature in principle and time".

For more detail on this, see HPW - [India's Call for WTO Meeting on COVID-19 Response is 'Premature', Says EU](#)

And TWN: <https://www.twn.my/title2/health.info/2022/hi220102.htm>

"... The real problem in not convening the virtual ministerial meeting on the TRIPS component seems to be the alleged attempts by the European Union and several other industrialized countries to link the TRIPS waiver to an outcome on fisheries subsidies, said several people, who asked not to be quoted. In all probability, the EU and a handful of countries, who are blocking the TRIPS waiver, may seek a virtual ministerial meeting at the end of February or early March to discuss these two issues simultaneously, said people, preferring anonymity...."

More analysis via TWN - [North blocks India's request for virtual ministerial on TRIPS waiver](#) (including on the rather "ambiguous" role played by the DG in this, apparently siding with industrialized countries re the virtual ministerial)

Pandemic Treaty/Accord

Journal of Law, Medicine and Ethics - A Global Pandemic Treaty Must Address Antimicrobial Resistance

L Wilson, S J Hoffman et al; <https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/global-pandemic-treaty-must-address-antimicrobial-resistance/A2021A9463A0C199406B0E0D61E1014C>

Read why.

COVAX

Vox – Is Covax finally going to vaccinate the world?

<https://www.vox.com/future-perfect/22872438/covax-omicron-covid-19-vaccine-global-inequity>

Neat analysis, as 2022 is kicking off. *“Could a recent surge in doses foretell a better year ahead?”*

A few excerpts:

*“... **Olly Cann, director of communications at Gavi, believes that the end-of-year surge in shipments is indeed a hopeful sign that the pace of vaccine distribution will pick up for Covax this year.** “We do have **genuine momentum** when it comes to delivering doses into the countries that we serve,” he says. “We’re now in a situation where we can now meet the demand” of the low- and middle-income countries that Covax is prioritizing. **A major reason for that optimism is in seeing positive signs in India, a major vaccine producer and the main supplier of vaccines to Covax.** The country finally resumed exports to Covax at the end of November. **Along with the WHO’s long-awaited emergency approval of the vaccine developed by US-based Novavax, whose manufacturing partner for Covax is the Serum Institute of India, and which doesn’t require the cold storage needed by mRNA vaccines from Moderna and Pfizer/BioNTech, Covax is “back in business,”** Glassman says. She expects India’s shipments to Covax to continue for the next three months at least...”*

*“... **Another problem with Covax is that it was initially developed as a procurement and shipping effort for vaccines, but not a delivery effort** — meaning actually getting shots into arms. “Waiting for a delivery is a big deal, obviously, because the longer the wait, the more disease and deaths there will be,” Glassman says. But Covax deliveries are now ramping up, as shipments from India are finally reaching recipient countries and also because the international community is finally starting to address this problem of delivery. Glassman also notes that **last month, Covax’s leadership appointed Ted Chaiban, the regional director for the Middle East and North Africa for Unicef, to serve as the organization’s global coordinator for vaccine readiness and delivery. In her view, this reflects a shift in Covax’s strategy toward actually administering vaccines in recipient countries....”***

*“... **Despite the recent good news, it’s highly unlikely that Covax will enable the WHO to reach its goal of 70 percent global vaccination by mid-year.** While supply constraints have eased, **financing is still a challenge, as high-income countries have remained unwilling to share enough funds or resources for low- and middle-income countries to acquire or make the vaccines themselves. But there are also questions about how practical that 70 percent vaccination coverage threshold is** — both for the rich nations meant to be funding Covax and the poorer countries meant to receive vaccines. Governments in lower-income countries with younger populations (who are less susceptible to hospitalization and death from Covid-19) are overwhelmed by many competing priorities, such as poverty, hunger, and other diseases like HIV/AIDS and malaria. Glassman and Cann both mentioned that the 70 percent vaccination goal may not just be out of reach, but also simply not the best allocation of limited resources....”*

“Cann also notes that Covax was never meant to be the solitary silver bullet to solve the issue of vaccine equity....”

“...countries in the Global South also may not need to keep waiting on Covax. They are already pursuing other avenues to vaccinate their populations, from pushing for a patent waiver at the World Trade Organization to encourage technology transfer, to shoring up their own domestic manufacturing capabilities (including for mRNA vaccines) to seeking out other vaccine sources. And there was one more development of note at the very end of 2021: CORBEVAX, a vaccine created by Texas Children’s Hospital Center for Vaccine Development and Baylor College of Medicine in Houston, was licensed for use without patents and had its technology transferred immediately to Biological E. Limited, an Indian pharmaceutical manufacturer. One of the key people behind the project, Dr. Peter Hotez, **claimed available CORBEVAX doses will soon surpass in number the vaccine doses donated so far by the US government or any other G7 country...”**

Politico’s Global Pulse - Seth Berkley’s tall order

<https://www.politico.com/newsletters/global-pulse/2022/01/13/seth-berkleys-tall-order-495706>

Interview with Seth Berkley. Among others on the first part of 2022; possible impact of booster campaigns, and the 70 % goal. Excerpts:

“We will, in the next week or so, announce that we’ve delivered a billion doses. We’ve allocated 1.6 billion; 1.4 billion were allocated in 2021, of which 1.2 billion were to the COVAX [Advanced Market Commitment] 91 poorest countries. Our original goal was 950 million. I’m not going to argue with anybody else that that is enough. But now, as we look at where we are in the beginning of 2022, supply is improving dramatically. We dramatically increased the number of doses going to countries. In December, we did over 300 million doses. There are between 20 and 25 countries that have been problematic on absorption, capacity and delivery. And those are getting special attention and will continue to get special attention to try to make sure that they can increase the amount of vaccine they can use and do it in a way that gets them to their own goals.”

“What is COVAX doing to make sure low- and middle-income countries across the world get more shots in arms in 2022? Lots of different vaccines are making up the supply that is coming in now. And that’s on top of the donations. So one of the things we’re trying to manage is to get countries to have the right vaccines for the right place. You might say with capital city health care workers, Pfizer is easier to use. You might say, in the periphery, you want a temperature-stable vaccine that has a long shelf life and that might be an AstraZeneca or Novavax. You might say that in a refugee area, or an area that has instability, you want to use a Johnson & Johnson as a single dose.”

“Will 70 percent of the world’s population be vaccinated by July 2022? The U.S. goal is 70 percent by September. I know the World Health Organization has a goal to do it midyear. The critical issue there is that [that number] is a kind of a global aspirational goal. The critical issue is what does each country want? At the end, we will serve what the countries want. Right now, we have supply for about 40 percent of the population. And obviously, that’ll depend upon what one wants....”

Reuters -More than 100 million COVID-19 vaccines rejected by poorer nations in Dec - UNICEF

[Reuters:](#)

This wasn't very good PR for donor countries' "generosity". **"Poorer nations last month rejected more than 100 million doses of COVID-19 vaccines distributed by the global programme COVAX, mainly due to their rapid expiry date, a UNICEF official said on Thursday."**

"More than a 100 million have been rejected just in December alone," Eteleva Kadilli, director of Supply Division at U.N. agency UNICEF told lawmakers at the European Parliament. The main reason for rejection was the delivery of doses with a short shelf-life, she said. Poorer nations have also been forced to delay supplies because they have insufficient storage facilities, Kadilli said, including a lack of fridges for vaccines."

Covid key news

With trends & key WHO messages of the week.

Cidrap News - Global COVID-19 cases continue to spike, with deaths stable

<https://www.cidrap.umn.edu/news-perspective/2022/01/global-covid-19-cases-continue-spike-deaths-stable>

"In its latest snapshot of the pandemic, the World Health Organization (WHO) yesterday said cases last week rose 55% over the previous week, up in nearly all parts of the world and highest in the region that includes India. More than 15 million cases were reported to the WHO last week, which is certainly an underestimate, WHO Director-General Tedros Adhanom Ghebreyesus, PhD, said today at a [briefing](#). Deaths have averaged 48,000 a week since October, reflecting a stable trend, he said. And while the Omicron (B.1.1.529) variant fueling the surge causes less severe disease than Delta, it is still dangerous, especially for unvaccinated people. "Almost 50,000 deaths a week is 50,000 deaths too many." Tedros said that learning to live with the virus doesn't mean accepting large fatality numbers. Though the world is making progress with vaccine rollout, large portions remain unprotected, with 85% of Africa's population yet to receive their first doses, Tedros said, adding, "We cannot end the acute phase of the pandemic unless we close this gap."

"... In its [weekly update](#), the WHO said cases are rising in all regions except Africa. Cases last week in the WHO's Southeast Asia region—which includes India—were up 418% compared with the previous week. ... The region showing the next biggest rise is the Western Pacific, where cases more than doubled...."

See also WHO Afro - [Omicron-fuelled COVID-19 surge in Africa plateaus](#)

" After a six-week surge, Africa's fourth pandemic wave driven primarily by the Omicron variant is flattening, marking the shortest-lived surge to date in the continent where cumulative cases have now exceeded 10 million...."

"... "Early indications suggest that Africa's fourth wave has been steep and brief but no less destabilizing. The crucial pandemic countermeasure badly needed in Africa still stands, and that is rapidly and significantly increasing COVID-19 vaccinations. The next wave might not be so forgiving," said Dr Matshidiso Moeti, World Health Organization (WHO) Regional Director for Africa."

Reuters - Omicron less severe than Delta but still poses danger for unvaccinated: WHO

[Reuters](#)

With more messages from Wednesday's WHO media briefing.

"The highly infectious Omicron coronavirus variant causes less severe disease than the Delta strain but it remains a "dangerous virus", particularly for those who are unvaccinated, the head of the World Health Organization (WHO) said on Wednesday."

"Speaking at a news briefing, director general Tedros Adhanom Ghebreyesus said more than 90 countries were yet to meet the target of vaccinating 40% of their populations and more than 85% of people in Africa were yet to receive a single dose...."

"...He said the majority of people hospitalized around the world with COVID-19 were unvaccinated and that if transmission was not curtailed there was greater risk of another variant emerging that could be even more transmissible, and more deadly, than Omicron...."

See also HPW – [Omicron Infection Curve 'Staggering' – While 36 Countries Have Vaccinated Less than 10% of Citizens](#)

"While the number of patients being hospitalised is increasing in most countries, it's not at the level seen in previous waves. This is possibly due to the reduced severity of Omicron as well as widespread immunity from vaccination or previous infection," said Tedros, addressing the WHO's weekly COVID-19 briefing on Wednesday."

"...WHO special advisor and COVAX representative Dr Bruce Aylward described the case increase as "absolutely staggering". "We have not, in 30 years working on infectious diseases, seen an epidemic curve like this before, certainly not with a pandemic-prone virus," he said. "In the face of a staggering upsurge in a disease, we're hearing two responses. One group is saying, 'Gosh, throw in the towel, let this thing immunise the world'. While the another group, led by Maria [van Kerkhove], is saying: wear a mask and get vaccinated. And the first response is the wrong choice.""

Reuters - WHO warns against treating Covid-19 like flu

<https://www.reuters.com/business/healthcare-pharmaceuticals/who-warns-against-treating-covid-19-like-flu-2022-01-11/>

"The World Health Organization (WHO) on Tuesday warned against treating COVID-19 as an endemic illness like flu, rather than as a pandemic, saying the spread of the Omicron variant has not yet stabilized. Spain's Prime Minister Pedro Sanchez said on Monday it may be time to change how it tracks COVID-19's evolution to instead use a method similar to how it follows the flu, because its lethality has fallen. That would imply treating the virus as an "endemic illness", rather than a pandemic. "We still have a huge amount of uncertainty and a virus that is evolving quite quickly, imposing new challenges. We are certainly not at the point where we are able to call it endemic," WHO's senior emergency officer for Europe, Catherine Smallwood, told a press briefing."

See also FT – [WHO says it is too early to treat Covid as an endemic virus](#)

*“...Smallwood, senior emergencies officer at WHO Europe, said on Tuesday that **there needed to be “stable circulation of the virus at predictable levels and potentially known and predictable waves of epidemic transmission” before Covid could be treated as endemic.** “What we’re seeing at the moment coming into 2022 is nowhere near that,” she said. “We still have a virus that is evolving quite quickly and posing quite new challenges,” added Smallwood, pointing to the current surge in infections with the Omicron variant. “We’re certainly not at the point to be able to call it endemic.”*
*..... **The WHO’s Smallwood said coronavirus might become endemic “in due course” but making that change in 2022 was “a little bit difficult”.** The move to endemic status depended largely on widespread vaccination on a globally equitable basis, but she said the world was “still a way off that” as well. About half of the WHO’s member states missed the 40 per cent Covid immunisation target for 2021, the health body has said. **Treating diseases as endemic, she added, was based on stable transmission in countries that do not rely on measures such as lockdowns and other restrictions to maintain stability....”***

Or the Telegraph - [Covid is ‘nowhere near’ endemic as virus remains unpredictable, WHO warns](#)

Reuters - WHO body says COVID-19 vaccines may need to be updated for Omicron

[Reuters](#):

PS. Cfr a (WHO) tweet: *“**This new @WHO technical advisory group has been set up to advise on #COVID19 vaccine composition & issued their first statement.** They will work with experts, agencies & manufacturers to recommend if and when vaccines need to change globally.”*

*“**A World Health Organization technical body said on Tuesday that current COVID-19 vaccines may need to be reworked to ensure they are effective against Omicron and future variants of the coronavirus.** The technical group, made up of independent experts, said it would consider a change in vaccination composition and stressed that shots needed to be more effective in protecting against infection....”*

*“**The composition of current COVID-19 vaccines may need to be updated** to ensure that COVID-19 vaccines continue to provide WHO-recommended levels of protection against infection and disease by VOCs (variants of concern), including Omicron and future variants,” the technical body, tasked with making recommendations to the WHO, said in a statement. “COVID-19 vaccines need to...elicit immune responses that are broad, strong, and long-lasting in order to reduce the need for successive booster doses,” it added. “A vaccination strategy based on repeated booster doses of the original vaccine composition is unlikely to be appropriate or sustainable.” **However, the statement stopped short of advocating an Omicron-specific vaccine at this stage, saying more research was required and urging manufacturers to share data....”***

See WHO - [Interim Statement on COVID-19 vaccines in the context of the circulation of the Omicron SARS-CoV-2 Variant from the WHO Technical Advisory Group on COVID-19 Vaccine Composition \(TAG-CO-VAC\)](#)

*“The WHO’s COVID-19 vaccine composition advisory group said **broader access to current vaccines is needed—to both primary doses and booster shots—to help curb the emergence and impact of new variants of concern...**”*

See also the Guardian - [Repeated Covid boosters not viable strategy against new variants, WHO experts warn](#)

“Experts urge development of new vaccines that protect against transmission of the virus in the first place.”

*“World Health Organization experts have **warned that repeating booster doses of the original Covid vaccines is not a viable strategy against emerging variants and called for new jabs that better protect against transmission.** “A vaccination strategy based on repeated booster doses of the original vaccine composition is unlikely to be appropriate or sustainable,” the WHO Technical Advisory Group on Covid-19 Vaccine Composition (TAG-Co-VAC) said in a statement published on Tuesday. The group of experts, who are working to assess the performance of Covid-19 vaccines, **called for the development of new vaccines** that not only protect people who contract Covid against falling seriously ill but also better prevent people from catching the virus in the first place, in order to deal with emerging Covid variants such as Omicron...”*

Covid science

Nature –Omicron thwarts some of the world’s most-used COVID vaccines

[Nature](#) ;

“ Inactivated-virus vaccines elicit few, if any, infection-blocking antibodies — but might still protect against severe disease.”

Nature - Immunity against Omicron from breakthrough infection could be a matter of timing

<https://www.nature.com/articles/d41586-022-00004-x>

“Laboratory studies hint that a longer interval between vaccination and infection is better than a shorter one.”

Reuters - T-cells from common colds can provide protection against COVID-19 - study

[Reuters](#);

*“High levels of T-cells from common cold coronaviruses can provide protection against COVID-19, an **Imperial College London study** published on Monday has found, which could inform approaches for second-generation vaccines.”*

Reuters - South African studies suggest Omicron has higher 'asymptomatic carriage'

[Reuters](#);

“Preliminary findings from two South African clinical trials suggest the Omicron coronavirus variant has a much higher rate of "asymptomatic carriage" than earlier variants, which could explain why it has spread so rapidly across the globe. The studies - one of which was carried out when Omicron infections were surging in South Africa last month and another which resampled participants around the same time - found a far greater number of people tested positive for the coronavirus but were not showing symptoms compared to previous trials....”

Reuters - BioNTech says developed method to detect high-risk variants

[Reuters](#);

“German COVID-19 vaccine maker BioNTech (22UAY.DE) said it developed a method to quickly determine whether a new virus variant is a cause for concern, collaborating with British artificial intelligence startup InstaDeep Ltd. In a joint statement on Tuesday, BioNTech and its partner said the new computational method can analyse genetic sequencing data of new coronavirus mutations found in infected people and assesses the risk they pose within days and sometimes within just minutes.”

Guardian - Covid loses 90% of ability to infect within minutes in air – study

<https://www.theguardian.com/world/2022/jan/11/covid-loses-90-of-ability-to-infect-within-five-minutes-in-air-study>

“Coronavirus loses 90% of its ability to infect us within 20 minutes of becoming airborne – with most of the loss occurring within the first five minutes, the world’s first simulations of how the virus survives in exhaled air suggest. The findings re-emphasise the importance of short-range Covid transmission, with physical distancing and mask-wearing likely to be the most effective means of preventing infection. Ventilation, though still worthwhile, is likely to have a lesser impact....”

Covid Vaccine access

Politico’s Global Pulse – African vaccine hub charts own path

<https://www.politico.com/newsletters/global-pulse/2022/01/13/seth-berkleys-tall-order-495706>

“The team at the world’s first transfer hub for mRNA coronavirus vaccine technology had reason to celebrate Friday. After failing to get Moderna on board to share its mRNA technology, the Cape Town hub went ahead, anyway. It has produced the drug product formulation in just more than six months since the initiative was announced. While the product is currently more of a “training batch” than the finished product, it’s a starting point for Afrigen — the developer behind the hub — to tinker with....”

HPW - WHO Africa Region: COVID-19 Vaccination Shifting from Supply-Side to Distribution Challenge

<https://healthpolicy-watch.news/who-african-region-covid-19-vaccination-shifting-from-supply-to-distribution-challenge/>

Neat overall analysis of current state of affairs. Excerpts:

“COVID-19 vaccination in Africa may be shifting from a supply challenge – to one of effective vaccine distribution, declared a senior World Health Organization official in the African Region on Thursday. African countries will have adequate access to COVID-19 vaccine supplies in 2022, said Dr **Abdou Salam Gueye, Director of Emergency Preparedness and Response, WHO Regional Office for Africa.** However, significant challenges remain in ensuring that available doses are administered efficiently, and vaccine hesitation is overcome, Gueye stressed. **“The problem will be though what we are doing regarding operationalizing those vaccines in the countries. From taking them from the capital cities to where they are needed including at the sub-regional level,”** Gueye told Health Policy Watch. **According to Gueye, however, there are now many vaccines within the delivery pipeline for Africa – and countries are now being offered more from various suppliers every day.** So finding the right strategy in order to provide vaccines to all the people who are demanding vaccines is now a higher priority for the continent considering several studies showed largely wide acceptance of the vaccines among Africans....”

“...Gueye stressed that treatment options now need to be reinforced, as well, in the African context. **“COVID is the first pandemic in our lifetime of this level and it has so much impact but it is not the only pandemic that existed and testing, treating were pivotal resources used to fight those diseases (HIV). I do believe also that in the third year of COVID-19, testing, caring for patients and treating them will be an important pillar to develop in all countries,”** he said.. “

“... Meanwhile, Dr Anita Graham, an internist at the University of Witwatersrand in South Africa noted that the decision to commence conversations in Africa around treatment implies failure to protect Africans against severe infection, in addition to dealing with a predominantly unvaccinated population....”

“... Nkengasong also revealed that the case fatality rate (CFR) of COVID-19 in Africa is 2.3% which is higher than the global average of 1.8%. Africa also accounts for 4.3% of deaths reported globally – disproportionate to the number of overall cases reported. Regarding testing, Africa has conducted over 91 million COVID tests with a cumulative positivity rate of 11.1%. That high positivity rate also suggests high levels of under-reporting of overall infections, experts say. “ **“... As of now, Africa CDC reports that a total of 563 million COVID-19 vaccine doses have been procured by 54 Member States out of which 340 million doses have been administered (60.4% of Africa’s total supply). So far only 10.1% of the African population has been fully vaccinated.”**

“On Thursday, the global health analytics firm Airfinity estimated that 241 million COVID-19 vaccine doses purchased by the G7 and EU will go unused and will expire by March 2022. Airfinity said its forecast is based on analysis of G7 and EU vaccine supply while accounting for doses administered, boosters for everyone over 12 years-old, vaccine hesitancy and donations. Rasmus Bech Hansen, Airfinity’s co-founder and CEO said the numbers illustrate, once more, how vaccinating the world is now largely a distribution problem, rather than a supply issue. “

IMF (blog) - Support for Africa's Vaccine Production is Good for the World

K Georgieva; <https://blogs.imf.org/2022/01/12/support-for-africas-vaccine-production-is-good-for-the-world/>

“Robust and reliable vaccine capacity in Africa is a global public good, deserving of global support.”

Excerpt: “... Africa vaccinating Africa is necessary—and it is achievable. **Vaccine manufacturing is a sophisticated enterprise that requires specialized equipment, inputs, storage facilities, and skilled labor. But anyone who tells you that this cannot be done in Africa has not been paying attention.** The work of the **Institut Pasteur in Dakar** offers a glimpse of the region’s ambitions in the global effort against disease. With financial assistance from the United States, European Union, and international foundations—along with the savvy use of some of Senegal’s recent SDR allocation—construction of a new manufacturing facility is already underway. When complete, this will be one of the first start-to-finish factories on the continent, and a potentially critical component in Africa’s COVID-19 and other vaccine supply. And **the Institut is far from the only center of excellence in the region—it is part of an impressive Africa-wide health and science community that is making an invaluable contribution to global health—including, most recently, discovering and sequencing the Omicron variant. Currently, there are 12 production facilities, either in operation or in the pipeline, across six African countries—Algeria, Egypt, Morocco, Rwanda, Senegal, and South Africa—that are expected to produce a wide range of COVID-19 vaccines.....”**

IHP - A synopsis of current global support for Africa's vaccine manufacturing roadmap

A Awosusi; <https://www.internationalhealthpolicies.org/featured-article/a-synopsis-of-current-global-support-for-africas-vaccine-manufacturing-roadmap/>

Good overview. By **Abiodun Awosusi** (Chair of the African Alliance for Health Technology Access.).

World Bank Support for Country Access to COVID-19 Vaccines

<https://www.worldbank.org/en/who-we-are/news/coronavirus-covid19/world-bank-support-for-country-access-to-covid-19-vaccines>

Resource. “As of January 7, 2021, the **World Bank approved operations to support vaccine rollout in 67 countries amounting to \$7.5 billion. See the latest project financing, project documents and procurement information [in the list below.](#) ...”**

... On June 30, 2021 **President Malpass [announced the expansion of financing available for COVID-19 “vaccine financing to \\$20 billion over the next 18 months, adding \\$8 billion to the previously announced \\$12 billion. ...”](#)**

CNBC - Pfizer CEO says omicron vaccine will be ready in March

<https://www.cnbc.com/2022/01/10/covid-vaccine-pfizer-ceo-says-omicron-vaccine-will-be-ready-in-march.html>

“Pfizer CEO Albert Bourla said an omicron vaccine will be ready in March, and the company is already manufacturing doses.Bourla said the vaccine will also target the other variants that are circulating. He said it is still not clear whether or not an omicron vaccine is needed or how it would be used, but Pfizer will have some doses ready since some countries want it ready as soon as possible....”

PS: *“... Moderna CEO Stephane Bancel told CNBC earlier Monday the company is working on a booster for this fall that targets omicron and it will enter clinical trials soon. Bancel said demand is high from governments as they prepare regular vaccination against the virus...”*

See CNBC - [Moderna working with world health leaders on Covid booster for this fall that targets omicron, CEO says](#)

“He (= Bancel) said Moderna can supply 2 billion to 3 billion booster doses this year.”

Devex – Are COVID-19 vaccine mandates the next step for African countries?

<https://www.devex.com/news/are-covid-19-vaccine-mandates-the-next-step-for-african-countries-102408>

“Though some public health experts said the measures may be necessary to increase vaccine uptake, the World Health Organization and some civil rights groups are against it. Civil rights advocates argue that mandatory vaccination is a human rights violation and that governments should instead continue to educate citizens on the benefits of vaccination....”

Also with the view of John Nkengasong, among others. *“Dr. John Nkengasong, director of the Africa Centers for Disease Control and Prevention, said governments may be forced to resort to mandates if their citizens don’t get inoculated willingly. Adding that “we should not expect governments to be indifferent if the population is not going out to get the vaccines.”....”*

Covid treatment access/diagnostics/

Reuters – Africa CDC talking to Pfizer about importing its COVID treatment pill

<https://www.reuters.com/world/africa/africa-cdc-talking-pfizer-about-importing-its-covid-treatment-pill-2022-01-13/>

“Africa's top public health body is in talks with Pfizer (PFE.N) about bringing in supplies of its antiviral Paxlovid treatment pills for COVID-19 to the continent, its director said on Thursday.”

“Nkengasong said that obtaining supplies of COVID-19 drugs was one of three key strategies for combating the pandemic in Africa in 2022, along with scaling up vaccinations and expanding

testing. Drugs for treating COVID-19 would be crucial in the eventuality of another highly transmissible variant emerging and public health systems becoming overwhelmed, he said. "The only way to relieve that will be if we have drugs like Paxlovid where people can take that drug and stay home and get relief, and that way the burden and the constraints on the health system will be limited," Nkengasong told an online news briefing...."

HPW - WHO recommends two new COVID-19 treatments – cost and availability likely barriers

<https://healthpolicy-watch.news/who-recommends-two-new-covid-19-treatments-cost-and-availability-likely-barriers/>

"Two new treatments for COVID-19 were recommended on Thursday by the World Health Organization's Guideline Development Group of international experts – one for severely ill patients and the other for those patients who are not severely ill but most likely to develop severe disease. The recommendations were announced Friday morning in the [BMJ](#). Both drugs, however, are patented and could be expensive and lack accessibility for some low- and middle-income countries, some advocates warned...."

"The first drug, [baricitinib](#) – a type of drug known as a Janus kinase (JAK) inhibitor – was "strongly recommended" for patients in severe or even critical condition from COVID-19. The second treatment that the panel recommended is a monoclonal antibody called [sotrovimab](#), which is meant for patients with non-severe COVID-19 but who are at risk for developing severe disease...."

"Médecins Sans Frontières/Doctors Without Borders (MSF) reacted to the recommendations by calling on governments to "take immediate steps to ensure that patent monopolies do not stand in the way of access to this treatment." The organization said that in many countries, generic [baricitinib](#) will not be available as the drug is under patent monopoly, including in some countries hit hard by the pandemic, such as Brazil, Russia, South Africa and Indonesia. In most cases, the patents do not expire until 2029. "[Baricitinib is another example of why the TRIPS Waiver is urgently needed,](#)" [MSF said in a statement....."](#)

FT - Novartis to seek speedy approval for Covid drug after positive trials

<https://www.ft.com/content/04693010-6cad-4d33-8ba4-fd65fce13977>

"Swiss drugmaker to license antiviral therapeutic after success in early-stage tests".

HPW - Bangladesh Produces First Generic of Pfizer's Antiviral But Indian Company Hits Snag with its Merck Generic

<https://healthpolicy-watch.news/bangladesh-produces-first-generic/>

"The first generic version of Paxlovid, the Pfizer pill that has proven highly effective in treating COVID-19, is already available in Bangladesh. However, Indian generic company Dr Reddy's, which has [started to produce the Merck antiviral, molnupiravir](#), might be in trouble after the country's

National Task Force for COVID-19 resolved on Monday that there were too many safety risks associated with the drug for it to be included in national treatment protocols, [according to the Times of India....](#)”

Covid analysis

Nature (Editorial) - COVID is here to stay: countries must decide how to adapt

<https://www.nature.com/articles/d41586-022-00057-y>

“The Omicron variant has laid bare the need to live with a disease that throws up an ever-changing set of challenges.” Excerpts:

“...For those who had hoped that 2021 would be the year that put the pandemic in the past tense, it was a harsh reminder that it is still very much present. Rather than laying plans to return to the ‘normal’ life we knew before the pandemic, **2022 is the year the world must come to terms with the fact that SARS-CoV-2 is here to stay.** Countries must decide how they will live with COVID-19 — and living with COVID-19 does not mean ignoring it. **Each region must work out how to balance the deaths, disability and disruption caused by the virus with the financial and societal costs of measures used to try to control the virus, such as mask mandates and business closures. This balance will vary from one place to another, and with time, as more therapies and vaccines become available — and as new variants emerge....**”

“... **Countries have charted a variety of courses through the latest surge.** Many with the resources have accelerated the distribution of vaccine boosters, but many others do not have this luxury. Some countries have reinstated lockdowns, whereas others are holding back, waiting to see the extent to “which climbing infection rates affect hospitals....”

“With infection rates soaring around the globe and many countries still unable to access adequate vaccine supplies, more SARS-CoV-2 variants of concern will continue to emerge. And, **as Omicron has illustrated, the ability to predict what course those variants will take becomes more difficult as the complexities of viral evolution and pre-existing immunity complicate the models that have previously been used to anticipate the course of the pandemic.** Now modellers need to factor in the effects of vaccines, previous infections, waning immunity over time, booster shots and viral variants — and, as the year progresses, they will also have to consider **the impact of emerging antiviral treatments....**”

“**But what is clear is that the hope that vaccines and prior infection could generate herd immunity to COVID-19 — an unlikely possibility from the start — has all but disappeared.** It is widely thought that SARS-CoV-2 will become endemic rather than extinct, with vaccines providing protection from severe disease and death, but not eradicating the virus.”

“... As Omicron and other variants have shown, **this only adds to the urgency with which vaccines must be distributed to countries that currently lack supplies.** Fortunately, **2022 is poised to add to our defences against the pandemic.** New vaccines — such as protein-based vaccines, which

might cost less and have less-stringent storage requirements than mRNA vaccines currently do — will become more widely available.”....”

The Conversation - South Africa has changed tack on tackling COVID: why it makes sense

S Madhi et al ; https://theconversation.com/south-africa-has-changed-tack-on-tackling-covid-why-it-makes-sense-174243?utm_source=twitter&utm_medium=bylinetwitterbutton

“In the final days of 2021 the South African government eased its COVID regulations. On December 30th the government scrapped a curfew that had been in place since March 2020. It also initially announced an easing around quarantines and contact tracing but subsequently reversed these plans. Nevertheless, **its approach sets a new trend in how countries are choosing to manage the pandemic. Shabir Madhi and colleagues reflects on the boldness – and the risks.**”

See also FT – [South Africa offers clues to life after Omicron](#)

“Decoupling of community transmission and hospital cases gives lessons for the future as fourth wave peaks.”

Reuters - Analysis: Pandemic fatigue makes the case for boosters a harder sell

Reuters;

“Some nations are already looking to a fourth vaccine dose to help contend with a huge Omicron-driven spike in COVID-19 cases, but early signs suggest repeat vaccination may be a hard sell as beleaguered populations enter their third pandemic year. ... Uptake of the first round of boosters in recent months - a third shot for most - has lagged initial vaccinations. **Disease experts say that rapidly shifting public health messaging in the face of a quickly-mutating virus has bred confusion and mistrust over the benefit of boosters.** ... Part of the frustration stems from the nature of the ever-mutating virus itself, which has forced frequent policy updates on everything from mask-wearing to quarantine requirements that have left people confused and distrustful....”

Guardian - End mass jabs and live with Covid, says ex-head of vaccine taskforce

https://www.theguardian.com/world/2022/jan/08/end-mass-jabs-and-live-with-covid-says-ex-head-of-vaccine-taskforce?CMP=Share_iOSApp_Other

A debate you hear now in a number of countries. ***“Covid should be treated as an endemic virus similar to flu, and ministers should end mass-vaccination after the **booster campaign**, the former chairman of the UK’s vaccine taskforce has said. With health chiefs and senior Tories also lobbying for a post-pandemic plan for a straining NHS, Dr **Clive Dix** called for a major rethink of the UK’s Covid strategy, in effect reversing the approach of the past two years and returning to a “new normality”. “We need to analyse whether we use the current booster campaign to ensure the vulnerable are protected, if this is seen to be necessary,” he said. “Mass population-based vaccination in the UK should now end.”....”***

Guardian - Will Covid-19 become less dangerous as it evolves?

[Guardian](#)

The one billion dollar question. *“Analysis: experts warn that viral evolution is not a one-way street and a continuing fall in virulence cannot be taken for granted.”*

WP - Omicron could have a silver lining by boosting immunity, some experts say. But don't bet on it.

[Washington Post](#):

*“... The idea that omicron has a silver lining is not a fully formed scientific theory. It's conjecture, in some cases [unspooled on Twitter threads](#) and floated in television interviews. At worst, it is “arm-waving,” to use the term that serious scientists employ as a pejorative. **And even the experts promoting the idea concede that it is an educated guess — and is contingent upon the virus itself, which has repeatedly surprised experts and may [generate new variants](#) that are more dangerous than omicron.** “Every prediction about the future has to come with the parenthesis that there could be another variant that screws this up,” said **Robert Wachter**, the chief of medicine at the University of California at San Francisco, who has used social media to share his speculation that omicron could carry long-term benefits.”*

“... Infectious-disease experts say the idea that widespread omicron infection will create immunity in a broad swath of the population, and a shield against future variants, is certainly plausible. But it's unknown how durable that immunity would be or how well it would protect against a future variant.”

PS: *“... Six medical experts who advised President Biden during the transition from the Trump administration published articles Thursday in the Journal of the American Medical Association that urged the Biden administration to shift its strategy, ending the current cycle of unending emergency and adjusting to the reality of coronavirus infections as a “new normal.” [One article](#) suggested that the administration cease tracking covid deaths independently from those caused by other potentially lethal respiratory viruses, including flu. “The ‘new normal’ requires recognizing that SARS-CoV-2 is but one of several circulating respiratory viruses that include influenza, respiratory syncytial virus (RSV), and more. COVID-19 must now be considered among the risks posed by all respiratory viral illnesses combined,” wrote Ezekiel Emanuel, Celine Gounder and Michael Osterholm, prominent disease experts who have been outspoken throughout the pandemic....”*

Telegraph - South America is now better vaccinated than the European Union

<https://www.telegraph.co.uk/global-health/science-and-disease/south-america-now-better-vaccinated-european-union/>

“The geographic region is now – on paper at least – the best vaccinated in the world.”

“According to Our World In Data, a pandemic research project at the University of Oxford, 76 per cent of South Americans are partly vaccinated, compared to 73 per cent of the population in the European Union. The success of previous inoculation campaigns, like the fight against yellow

fever and measles, explain the region's success, experts say. It meant strong vaccination infrastructure and communication strategies were already in place, according to Dr Jarbas Barbosa, the assistant director of the Pan American Health Organization...."

Telegraph - Omicron 'tsunami' as quarter of countries report record Covid infections

<https://www.telegraph.co.uk/global-health/science-and-disease/quarter-countries-report-record-covid-infections-amid-omicron/>

Great global picture. "In areas with high immunity levels, hospitals are coping, but elsewhere the 'decoupling' of cases and severe disease is less pronounced."

The Global Platform Reader on COVID-19 and Older People in Low and Middle-Income countries.

<https://corona-older.com/wp-content/uploads/2022/01/The-Global-Platform-Reader.pdf>

Over 70 papers, 25 countries represented.

Covid resources

Devex - COVID-19 in 2021 — a timeline of the coronavirus outbreak

<https://www.devex.com/news/covid-19-in-2021-a-timeline-of-the-coronavirus-outbreak-102417>

Neat resource. Also available for 2020 and 2022.

"The timeline below tracks the development of the outbreak in 2021. For other developments, visit Devex's COVID-19 timelines for [2020](#) and [2022](#)...."

Covid "collateral damage"

BMJ GH - Disruptions in maternal health service use during the COVID-19 pandemic in 2020: experiences from 37 health facilities in low-income and middle-income countries

Z Aranda et al.... on behalf of the Cross-site COVID-19 Syndromic Surveillance Working Group;
<https://gh.bmj.com/content/7/1/e007247>

"... In this paper, we assess the impact of the COVID-19 pandemic on the use of maternal health services using a time series modelling approach developed to monitor health service use during the pandemic using routinely collected health information systems data. We focus on data from 37 non-

governmental organisation-supported health facilities in Haiti, Lesotho, Liberia, Malawi, Mexico and Sierra Leone....”

UHC

WP (Op-ed) - Why is the U.S. trying to export its flawed health-care policies around the world?

R Riddell; <https://www.washingtonpost.com/opinions/2022/01/10/usaids-private-health-systems-kenya/>

The author was involved in a research project on the U.S.-backed growth of the for-profit private health sector in Kenya.

“... the U.S. government is pushing private health care around the world — including in countries that already have robust public health-care systems, such as Kenya.”

“In 2018, the [U.S. Agency for International Development](#) adopted a new [private-sector engagement](#) policy — a “call to action” to “embrace market-based approaches.” It calls for “aggressive deployment of the full breadth of USAID’s financial and nonfinancial resources” to incentivize private actors. The policy is explicitly a “mandate” to “provide opportunities for U.S. businesses” while delivering humanitarian programs. Such an approach is nominally justified by the assertion that U.S. corporate interests are aligned with those of the communities they impact, a sunny theory supported by a quote from Larry Fink, the chief executive of BlackRock, the world’s largest asset manager.”

“... Our recent [report](#), published by New York University’s [Center for Human Rights and Global Justice](#) and Kenyan human rights organization [Hakijamii](#), finds that privatizing health care has proved costly for individuals and the government, deepened inequality in access, and pushed people into poverty and crushing debt. Private actors tend to focus on the patients and services that generate the greatest revenue and neglect important but less-profitable forms of care — such as immunizations, treatment for HIV/AIDS and services for survivors of sexual abuse...”

“But these failings haven’t stopped USAID from pushing full steam ahead to privatize more health care in Kenya. In 2020, referencing the private-sector engagement policy, USAID [requested bids](#) for a multimillion-dollar project to “reshape the healthcare supply in Kenya using market-based approaches.” The project sought to “shift significant patient volumes to private-sector care.” ...”

“Kenya is no outlier. USAID has undertaken initiatives to expand the role of the private health-care sector in places such as [South Africa](#) and [Mozambique](#). In November, USAID Administrator [Samantha Power](#) [announced](#) the launch of a major fund designed to help vastly expand the agency’s work with private actors.”

“... Amid a pandemic that has highlighted the gravely unjust and counterproductive consequences of allowing corporate interests to dominate the global response, USAID should prioritize supporting strong public health systems — instead of exporting a dysfunctional approach that benefits U.S. companies but harms people and communities.”

NCDs

Guardian - Global spread of autoimmune disease blamed on western diet

<https://www.theguardian.com/science/2022/jan/08/global-spread-of-autoimmune-disease-blamed-on-western-diet>

*“More and more people around the world are suffering because their **immune systems** can no longer tell the difference between healthy cells and invading micro-organisms. Disease defences that once protected them are instead attacking their tissue and organs. **Major international research efforts are being made to fight this trend – including an initiative at London’s Francis Crick Institute**, where two world experts, James Lee and Carola Vinuesa, have set up separate research groups to help pinpoint the precise causes of autoimmune disease, as these conditions are known....”*

*“Numbers of autoimmune cases began to increase about 40 years ago in the west,” Lee told the Observer. “However, we are now seeing some emerge in countries that never had such diseases before. ... “Human genetics hasn’t altered over the past few decades,” said Lee, who was previously based at Cambridge University. “So something must be changing in the outside world in a way that is increasing our predisposition to autoimmune disease.” This idea was backed by Vinuesa, who was previously based at the Australian National University. She pointed to **changes in diet that were occurring as more and more countries adopted western-style diets and people bought more fast food....”***

Lancet Psychiatry (Comment) - The true global disease burden of mental illness: still elusive

D Vigo et al ; [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(22\)00002-5/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(22)00002-5/fulltext)

« In The Lancet Psychiatry, the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 Mental Disorders Collaborators updated their global, regional, and national burden estimates to 2019. Their analysis suggests that the proportion of global disability adjusted life-years (DALYs) attributable to mental disorders is 4.9%, and that the age-standardised DALY rate has remained basically unchanged in the past 30 years, at 1566.2 DALYs per 100 000....”¹

« ... Any statistical modelling technique has limitations, and the limitations would be acceptable if they affected all disease groups somewhat equally. But this is not the case—the GBD limitations disproportionately affect mental-health related estimates, presenting a biased picture to decision makers for two main reasons. First, the GBD methodology does not adequately capture the burden of some highly prevalent mental disorders, such as somatoform disorders and personality disorders. Second, it does not capture mortality due to mental disorders at all....” “The authors acknowledge these technical limitations, but the explanations they provide fail to capture both their adverse public health and health systems impact, and the existence of alternative models to analyse the data....”

For the new GBD study, see Lancet Psychiatry: [Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019](#)

*“ GBD 2019 showed that **mental disorders remained among the top ten leading causes of burden worldwide, with no evidence of global reduction in the burden since 1990...**”*

HPW - International summit on disability and health aims to achieve #HealthForAll

<https://healthpolicy-watch.news/international-summit-on-disability-and-health-aims-to-achieve-healthforall/>

Some info on the **Thematic Pre-Summit on Disability Inclusion in the Health Sector**, which took place virtually on **Wednesday (12 January)**. “...The pre-summit will formalize a new engagement among participants of the Global Disability Summit around the importance of inclusion within the health sector, a theme that will also feed into the larger summit taking place next month and being hosted by the governments of Norway and Ghana, and the International Disability Alliance.”

PS: The International Disability Alliance, the Government of Norway, and the Government of Ghana will host the [second Global Disability Summit on 16 and 17 February 2022 \(GDS22\)](#). The Summit will be mainly virtual.

HPW - People with Disabilities Have Been ‘Silent Sufferers’ During COVID-19 Pandemic

<https://healthpolicy-watch.news/people-with-disabilities-have-been-silent-sufferers-during-covid-19-pandemic/>

Coverage of the pre-summit.

*“...**The conversation at this pre-summit was more around making the health sector more inclusive. This is in tandem with the adoption of a landmark World Health Assembly resolution on achieving the highest attainable standard on health for persons with disabilities in January 2021. The resolution called on countries and health sector partners to move away from an exclusively medical approach to disability towards adopting a comprehensive people-centred and human rights-based approach....**”*

Planetary Health

WEF - Global Risks Report 2022

<https://www.weforum.org/reports/global-risks-report-2022/>

Key findings: <https://www.weforum.org/reports/global-risks-report-2022/digest>

Among others:

“... ‘Social cohesion erosion’, ‘livelihood crises’ and ‘mental health deterioration’ are three of the five risks seen as the most concerning threats to the world in the next two years. This societal scarring compounds the challenges of national policy-making, limiting the political capital, focus from leaders, and public support needed to strengthen international cooperation on global challenges. The health of the planet, however, remains a constant concern. Environmental risks—in particular, ‘extreme weather’ and ‘climate action failure’—appear as top risks in the short-, medium-and long-term outlooks. In the medium term, economic risks such as ‘debt crises’ and ‘asset bubble burst’ also emerge as governments struggle to balance fiscal priorities. In the longer-term horizon, geopolitical and technological risks are of concern too—including ‘geoeconomic confrontations’, ‘geopolitical resource contestation’ and ‘cybersecurity failure’....”

Coverage for example via RFI - [Unequal vaccine access could hamper climate fight: WEF](#)

“ Unequal access to Covid-19 vaccines is widening the gap between rich countries and the developing world, threatening the cooperation needed to tackle common challenges such as climate change, the World Economic Forum warned on Tuesday. ...”

“... The WEF warned that the growing gulf between rich and poor countries would create a poisonous legacy of resentment, making it harder to reach agreements on global issues such as climate change, managing migration flows and halting cyberattacks.”

CGD (blog) - A New Year’s Resolution on the US’s Climate Hypocrisy

E Ritchie; <https://www.cgdev.org/blog/new-years-resolution-us-climate-hypocrisy>

“This analysis covers US emissions compared to lower-income countries.” There’s also a similar analysis for the UK. PS: I hope this **planetary health equivalent of ‘Fat Cat day’** goes viral.

“On the first day of the year, the average American had already emitted more CO2 than the average person living in Democratic Republic of Congo, and—one week in—had surpassed annual emissions for 23 low-income countries. By Monday, the US’s average emissions will have surpassed annual emissions of Kenya, Côte d’Ivoire, and Cameroon, all (lower) middle-income countries. It may be politically difficult, but climate action should [begin at home](#)....”

How To Develop A Planetary Consciousness

<https://www.noemamaq.com/how-to-develop-a-planetary-consciousness/>

“Democracy itself will have to be reinvented in the age of planetary crises, the philosopher Achille Mbembe argues. We need a new generation of rights that do not depend on the nation-state.”

Decolonize Global Health

Devex - Opinion: Avoiding the colonization of 'health equity'

V Gupta; <https://www.devex.com/news/opinion-avoiding-the-colonization-of-health-equity-102357>

Pertinent piece. *“Interest in health equity has exploded in recent years. But while the increased focus is a welcome change, the agenda to advance health equity is seemingly being hijacked by the very same powerful forces that perpetuate disparities. Is the megaphone of large global health entities drowning out the voices of the affected people who should be at the center of this conversation? The crucial questions of who is driving the health equity agenda, who is visible, and who is being left out should be addressed....”*

... To truly make strides in advancing health equity, we should begin by putting people before profits and reorienting health care to prioritize well-being as the bottom line rather than dollars. From there, we might guarantee universal health coverage, pass legislation that decreases or puts caps on the cost of prescription drugs, improve the quality and accessibility of public health services, and privilege the needs of those in marginalized communities. Advancing health equity globally necessitates a paradigm shift in the way we view the relationship between donors and implementing countries. ... Power dynamics between the global north and global south need to shift away from a colonization paradigm to a true partnership based on the interconnectedness of everyone’s health. Otherwise, our commitment to health equity is nothing more than rhetoric.”

Link:

Devex - [UK foreign secretary urged to center localization in development strategy](#)

“U.K. Foreign Secretary Liz Truss has been urged to ensure the government’s forthcoming international development strategy includes plans for strengthening locally led development....”

Some other news of the week

Devex - 'Radical right' populists alter aid priorities in Europe, study finds

<https://www.devex.com/news/radical-right-populists-alter-aid-priorities-in-europe-study-finds-102399>

*“The rise of “populist radical right parties” in Europe has pulled aid away from climate change and multilateral cooperation in favor of greater spending on migration objectives, according to a new study from the [German Development Institute](#). The [research](#) examined the influence of both governing and opposition PRRPs, defined as combining nativism, authoritarianism, and populism. Such parties “often campaign to reduce or even to eliminate foreign aid spending,” it said. **The authors found that strengthened PRRPs “did not have a statistically significant negative impact on overall aid budgets.”** European governments have instead responded to the growing prominence of PRRPs — which have more than doubled their average electoral support on the continent since 2000 — by changing how foreign aid is spent, according to the study....”*

Stat - Pfizer to pay Beam \$300 million in gene-editing deal, amping up its mRNA ambitions

<https://www.statnews.com/2022/01/10/pfizer-to-pay-beam-300-million-in-gene-editing-deal-amping/>

“Pfizer is making a major push to leverage mRNA technology, on which its Covid-19 vaccine is based, to develop new vaccines and treatments. It will pay *Beam Therapeutics*, a start-up founded by Harvard researcher David Liu, \$300 million to spend four years developing treatments for three undisclosed rare diseases affecting the muscles, liver and nervous system. ...”

Guardian - US interest rate rise could hit vulnerable countries, IMF warns

<https://www.theguardian.com/business/2022/jan/10/us-interest-rate-rise-could-hit-vulnerable-countries-imf-warns>

“Higher US inflation could lead to a tougher than expected response from America’s central bank that would send **tremors through financial markets and put vulnerable countries at risk, the International Monetary Fund has warned....”**

Devex - Poor nations face 'hard landing' amid slower global growth: World Bank

<https://www.devex.com/news/poor-nations-face-hard-landing-amid-slower-global-growth-world-bank-102418>

“Emerging market and developing economies could face significant headwinds in 2022, with debt loads becoming increasingly burdensome at a time of rising inflation, interest rate hikes, and the withdrawal of state support, *the World Bank warned in a new report* Tuesday. The world’s lowest-income countries will have to make **some \$35 billion in debt service payments this year, with the costs likely to hurt their development. *The “Global Economic Prospects” report for 2022* said that **“vulnerable countries will find it increasingly difficult to support recovery or direct resources to health, education, social protection, and climate,”** adding that the risk of a “hard landing” is increasing....” **“The bank is urging wealthy nations to come up with new debt relief mechanisms and wants them to ensure private sector creditors are forced into the deal....”****

See also **UN News** - [COVID-19 variants, rising debt, threaten global economic growth: World Bank](#)

“Global growth will slow down over the next two years in the face of “fresh threats” from COVID-19 variants and rising inflation, debt and income inequality, the World Bank said on Tuesday in its latest report.”

FT (Big read) - China applies brakes to Africa lending

<https://www.ft.com/content/64b4bcd5-032e-4be5-aa3b-e902f5b1345e>

“Beijing has signalled a more cautious approach amid warnings that several African countries could struggle to repay debts.”

Excerpts:

*“... The controversy highlights the **challenges that African governments and Chinese banks face following a 20-year lending spree that has made Beijing the continent’s largest source of development finance.** From almost nothing, Chinese banks now make up about one-fifth of all lending to Africa, concentrated in a few strategic or resource-rich countries including Angola, Djibouti, Ethiopia, Kenya and Zambia. **Annual lending peaked at a whopping \$29.5bn in 2016, according to figures from the China-Africa Research Initiative at Johns Hopkins University, though it fell back in 2019 to a more modest, if still substantial, \$7.6bn.** Having dived headlong into the world’s poorest continent, **Chinese lenders have grown more cautious** as some nations have reached the limit of their borrowing capacity and the prospect of default looms. The IMF lists more than 20 African countries as being in, or at high risk of, debt distress...”*

*“In response, **lenders, including China Eximbank and China Development Bank, the country’s two main policy banks, have adopted increasingly hardline lending terms.** Those conditions, some of which differ markedly from other official creditors, are starting to be tested as pandemic-related economic hardship puts a strain on more indebted African countries. **Xi Jinping reinforced that caution in a video speech to the triennial Forum of China-Africa Cooperation held in Senegal in November 2021.** Over the next three years, China’s president said, the country would cut the headline amount of money it supplies to Africa by a third to \$40bn and, he implied, redirect lending away from large infrastructure towards a new emphasis on SMEs, green projects and private investment flows. **“China is moving away from this high-volume, high-risk paradigm into one where deals are struck on their own merit, at a smaller and more manageable scale than before,”** a forthcoming **analysis of China’s lending to Africa by Chatham House, a UK think-tank, will say....”***

Development Today - New global health research hub. Korea-based vaccine developer to establish branch office in Stockholm

<https://www.development-today.com/archive/dt-2022/dt-1--2022/korea-to-stockholm.-new-global-health-research-hub-to-expand-development-of-vaccines-for-neglected-disease>

*“The **international organisation IVI headquartered in Seoul, which develops vaccines for poor-country diseases, has signed a memorandum of understanding with the Swedish government on setting up a regional office in Stockholm.** The office will “help Sweden and Europe create an international hub for global health research” and IVI hopes to expand its donor base.”*

Guardian - Increased repression and violence a sign of weakness, says Human Rights Watch

<https://www.theguardian.com/global-development/2022/jan/13/increased-repression-and-violence-a-sign-of-weakness-says-human-rights-watch>

“Watchdog’s latest report argues autocrats around the world are getting desperate as opponents form coalitions to challenge them.”

Devex – In India, NGOs face funding bans, reel under 'strangling' laws

<https://www.devex.com/news/in-india-ngos-face-funding-bans-reel-under-strangling-laws-102404>

*“For India’s nonprofit sector, the new year has been a harbinger of grim news and a reminder of old struggles. Making use of a controversial law criticized by the UN Human Rights office, **the Indian government in early January stripped nearly 6,000 NGOs of their permits needed to accept funding from overseas donors....**”*

*“...Within India’s nonprofit sector, the news was received with trepidation and little surprise. Many within the sector Devex spoke to said **the revocations of funding permits are just the latest chapter in the Indian government’s continuing bid to impose a tight leash on its nonprofit sector....**”*

“...But evidence demonstrates that the Modi government’s tenure in office, which began in 2014, has coincided with a growing crackdown on the country’s NGOs....”

PS: *“...“With subgranting banned [Since September 2020], there are so many smaller NGOs which are suddenly left without funds and have been forced to shut shop,”...”*

Lancet Editorial - Theranos and the scientific community: at the bleeding edge

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00052-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00052-6/fulltext)

*“The sensational rise and fall of Theranos has spawned books, documentaries, and podcasts. Yet, for all the attention, questions remain: where was the scientific community in exposing the absence of evidence backing the claims of Theranos? **Why did it take the Wall Street Journal to uncover the scandal, and not the supposedly self-correcting culture of science?...**”*

*“...It could be a catastrophe for health if the Theranos case has a stifling effect on legitimate research, investment, and innovation. The Lancet Commission on diagnostics shows that there is a **huge unmet need for better access to affordable diagnostic services**—almost half of the global population has little to no access to diagnostics, causing serious harms to health. The Commissioners emphasise the transformative potential of innovation, especially in digitalisation, point-of-care testing, and democratisation, to help meet this need. Theranos failed to deliver, yet **the requirement remains. Much valuable work is being done in the science of diagnostics: in automated assays, biomarkers, metabolomics, and artificial intelligence. It is vital for global health that support—both intellectual and financial—continues for such efforts.** Such support, however, cannot be unconditional....”*

“...One crucial lesson of the Theranos scandal is that the scientific community needs to better hold technology companies to account for their claims, either through scrutinising evidence, or better calling out an absence of evidence altogether. ...”

Papers and reports of the week

IJHPM - Special Issue on CHS-Connect

https://www.ijhpm.com/issue_707_708.html

Great special issue.

Do start with the Editorial - [Working Towards Inclusive, Socially Accountable and Resilient Community Health Systems: An Introduction to a Special Issue](#) (by **Charles Michelo, Anna-Karin Hurtig & Helen Schneider**)

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

Lancet Offline – The incontestable moral value of health

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00049-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00049-6/fulltext)

*“In March, 2020, chief science advisers from 12 countries, including the US, the UK, and Germany, issued a call to scholarly publishers “to voluntarily agree to make their COVID-19 and coronavirus-related publications, and the available data supporting them, immediately accessible in PubMed Central and other appropriate public repositories.” That same month, over 30 publishers, including The Lancet, signed up to this request. The call reflected the urgency of the pandemic and “the associated global health crisis.” We have made all of our coronavirus-related content freely available through a COVID-19 Resource Centre. **But why stop with a pandemic? Are there not other global health crises that would benefit from immediate access to new scientific findings? Where should one draw the line in deciding what scientific information is instantly and freely available? And who should draw that line?....***

Referring to the work of Norman Daniels, Horton argues: “...this pandemic has revealed—that **health and health research have a special moral importance to society, an importance that should demand zero tolerance to any barrier limiting access to healthcare and health information.** ... The post-COVID-19 challenge for scientific editors is to address the reasoned claims that health and health research are foundational components of a just society, that health and health research occupy positions of special moral importance to that society, and that journal editors have a responsibility to advocate for the removal of all access barriers to the results of scientific research. **There is no logical or ethical basis for designating COVID-19 a special case. The argument for immediate access to new health research findings is a straightforward matter of justice, not expediency. It's time for editors to say so clearly and forcefully.**”

WHO Bulletin (January issue)

<https://www.ncbi.nlm.nih.gov/pmc/issues/397045/>

Start with one of the editorials - [Vaccine equity: there is no time to waste](#) (by a Bansal et al)

“...Although the need for such a waiver has existed for over a year, the emergence of the omicron variant has strengthened the need for the TRIPS waiver. No More Pandemics, a grassroots non-profit organization that advocates vaccine equity, is encouraging people in the United Kingdom to write to their members of parliament to persuade them to endorse the TRIPS waiver. How to best push such a waiver through is unclear. Perhaps the work of international organizations, organized advocacy from respected professional bodies or grassroots campaigning from organizations such as No More Pandemics would be the most effective. Ultimately, we all must campaign for vaccine equity and the TRIPS waiver, because until the entire world has equal access to vaccines, the pandemic will continue to threaten the lives and livelihood of people globally.”

BMJ GH (Comment) - Conflict, sanctions and the struggles of Syrians for food security in the shadow of the UN Food Systems Summit 2021

H Selimian, K Sen et al; <https://gh.bmj.com/content/7/1/e007477>

“The exclusion of conflict zones and countries under sanctions from the agenda of the UN Food Systems Summit (UNFSS) held in September is a major oversight since in the Middle East and North Africa (MENA) region alone more than 200 million civilians are affected by conflict, hunger and food insecurity, while globally the numbers are several fold greater with Syria leading the world in refugee displacement....”

Global Public Health - Evidence attack in public health: Diverse actors' experiences with translating controversial or misrepresented evidence in health policy and systems research

N Jessani et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2021.2020319>

“... . This paper describes cases of politically and socially controversial evidence presented by researchers, practitioners and journalists during the Health Systems Research Symposium 2020. These cases cut across global contexts and range from public debates on vaccination, comprehensive sexual education, and tobacco to more inward debates around performance-based financing and EIDM in refugee policy. The consequences of engaging in controversial research include threats to commercial profit, perceived assaults on moral beliefs, censorship, fear of reprisal, and infodemics. Consequences for public health include research(er) hesitancy, contribution to corruption and leakage, researcher reflexivity, and ethical concerns within the HPS research and EIDM fields. Recommendations for supporting researchers, practitioners and advocates include better training and support structures for responding to controversy, safe spaces for sharing experiences, and modifying incentive structures.”

Development Policy Review – WASH for all: A systematic review of Physiological and Sociological Characterization Framework segmentation in WASH policies, programmes, and projects

V S K Delhi et al; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.12585>

“This article reports findings of a systematic review looking at three questions: what segments of the population have been addressed in WASH policies, and programme and projects? How do the population segments vary between sectors and regions? What barriers, strategies, and benefits for providing WASH services have been identified for different population segments?...”

Blogs of the week

The Collective Blog - Ignorance and Global Health

Marine Al Dahdah ; <https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/marine-al-dahdah/ignorance-and-global-health.html>

“The Covid-19 pandemic provides a novel opportunity to study the production of knowledge and ignorance in the face of an ‘unknown but knowable’ global disease.”

*“The Covid-19 pandemic provides a new prism for studying knowledge production in the face of a (new) global disease. It questions the relevance of the global health regime in its favourite field of intervention: the so-called ‘developing countries’ of the so-called ‘Global South’, which are typically considered dependent on the ‘Global North’ and underprepared for health emergencies. Global health approaches extend and reinforce a particular relationship to the production of scientific knowledge. They can privilege specific themes and approaches to the detriment of others, maintain asymmetries in the distribution of knowledge and impose specific frameworks for thinking about the uncertainty of health issues. **The global crisis of Covid-19 sheds new light on the contours of knowledge production and its relationship to ignorance in the field of global health.** With Jean-Benoit Falisse and Grégoire Lurton, we decided to question this relationship in an article published in French and in English last month in *La Revue d’Anthropologie des Connaissances* (<http://journals.openedition.org.inshs.bib.cnrs.fr/rac/25605>). This paper explores how, in a set of African and Asian countries and between March and September 2020, the fight against Covid-19 drew on particular tools, knowledge, and intervention frameworks. It analyses the production of both ignorance and knowledge as part of Covid-19 ‘responses’. In the countries we considered, such responses occurred within frameworks that are not really, and sometimes not at all, the ones usually thought of by those who structure the global health regime....”*

Global Policy Journal - Book Review: Why Understanding the History of Donor Governments Changes the way we Think about Aid

D Green; <https://www.globalpolicyjournal.com/blog/13/01/2022/book-review-why-understanding-history-donor-governments-changes-way-we-think-about>

*“... A **new book** by [Simone Dietrich](#), an academic at the University of Geneva, delves into that question and sure enough, via an impressive combination of quantitative and qualitative research covering 23 OECD countries, finds that **what she calls ‘neoliberal’ governments’ aid programmes tend to bypass the state, while those of more statist governments are more likely to be channelled through developing country governments.** Her findings feel like another nail in the coffin of claims*

that donor policies and programmes can ever be based on pure 'evidence-based policy making'. Turns out 'history-based policy making' is pretty prevalent too....."

The book also has some implications on aid. Duncan Green lists them here.

Some tweets of the week

Sanjoy Bhattacharya

*"Woke up to news from @nisia_trindade on another platform, that **@fiocruz_en 's #COVID19 vaccine has been given regulatory approval. Based on tech transfer agreements with @AstraZeneca, this is a game changer**, as these vaccines will be produced & distributed in a public setting."*

Chris Morten

*"Interesting FT story from last week. A depressing subtextual Q here: **Are we all now so resigned to endless inaction on vaccine apartheid from Biden & other govt leaders that we're counting on one class of capitalists (institutional investors) to rein in another (pharma execs)?**"*

L Gostin

*"**Deep disconnect between what @WHO urges & governments do:** * WHO urges vaccine equity & against boosters: govts boost & hoard * WHO urges financing LMIC health systems: govts spends trillions domestically * WHO urges sustainable financing & higher assessed dues: govts refuse."*

Nithin Ramakrishnan

*"**That one moment where Ghana exposed North by saying that if you guys are going to add "voluntary" before "sharing of technology" every time, then we shall add "voluntary" before "sharing of information, pathogens and GSI etc.**", you should learn the message @WHO @wto #WGPR"*

Madhukar Pai

"Pandemics are highly profitable to some That's why ending it will not be easy Will require a citizens' movement."

Dimitri Eynikel

*"The main issue however is that **the open-ended timeframe to conclude #trips waiver negotiations is not delivering. We need a due date to conclude negotiations @wto.**"*

Richard Hatchett

*"the **UK will host the Global Pandemic Preparedness Summit in March, 2022**, in London, to raise funds for **CEPI's \$3.5 billion pandemic preparedness plan.**"*

A Twitter conversation between Devi Sridhar & Bill Gates took place this week

<https://twitter.com/BillGates/status/1480968692401782788>

Check it out.

Related tweet **Linsey McGoey**:

“It's frustrating that Devi Sridhar doesn't press harder here. I don't see a mention of a waiver. No mention of AZ or Oxford. I can understand Devi's aim for diplomacy, but this back and forth dodges important issues of power, anti-democracy and private greed.”

Jon Shaffer

“A powerful force for justice: @jeremymenchik is organizing Moderna clinical trial volunteers to demand scaling production and sharing vital mRNA technologies with the world.”

Global governance of health

Konrad Adenauer Stiftung (Brief) - On risks and side effects: Germany's commitment to global health

D Braun et al ; <https://www.kas.de/en/single-title/-/content/warum-deutschland-sein-engagement-in-globaler-gesundheit-fortsetzen-sollte>

How can Germany contribute to strengthen global health after the Corona pandemic?

*« ... In the past decade, Germany has become one of the most important players in global health. Germany's commitment is of utmost importance for improving health worldwide. Particularly with view to the COVID 19 crisis, **Germany should work to strengthen the global health architecture.** Maintaining this leadership is central to the pursuit of global health goals and is also in Germany's own interest. This should be done **through a partnership approach – involving countries of the Global South and all relevant international organisations.**....*

*.... **Germany should maintain its strong engagement in international global health organisations (especially in WHO), pushing for ambitious reforms.** › One of the priorities should be to strengthen the holistic **“One Health Approach”** at national and international levels....”*

Book - Health Security Intelligence

Edited by M Goodman et al; [Routledge](#);

*“...This edited volume is a landmark in efforts to develop a multidisciplinary, empirically informed, and policy-relevant approach to **intelligence-academia engagement in global health security** that serves both the intelligence community and scholars from a broad range of disciplines....”*

Devex - 9 emerging Asian donors give \$20B a year. Who are they?

<https://www.devex.com/news/9-emerging-asian-donors-give-20b-a-year-who-are-they-102178>

(gated) *“Japan has been a major provider of ODA for many years. But nine other Asian donors contribute almost \$20 billion a year between them. Who are they, and where are they spending?”*

CGD - The Make or Break EU-Africa Summit

M Gavvas & G Moore; <https://www.cgdev.org/blog/make-or-break-eu-africa-summit>

“On 17th February, the long-awaited summit between the African Union (AU) and the European Union (EU), delayed since 2020, will finally begin. But since the event was scheduled, the world has been ravaged by a pandemic that has stalled a decade of continuous growth and human capital improvement on the African continent. It is becoming increasingly clear that Europe’s future wellbeing will depend more and more on the future wellbeing of its closest neighbour, Africa. So, can this summit still do what it originally set out to—and what it must set a course for— and reset the EU’s relationship with Africa as a “true partnership of equals”?...”

“Over the next four weeks, CGD colleagues will present a series of commentaries and proposals for the crucial “intelligent reconstruction” window that the summit opens and how to make it a turning point in the relationship between the two continents....”

Social Europe: Not only a vaccine waiver: WTO reform is urgent

U Pagano; <https://socialeurope.eu/not-only-a-vaccine-waiver-wto-reform-is-urgent>

‘Intellectual property rights’ as the foundation of ‘free’ markets is a notion difficult, intellectually, to sustain.”

*“As Cédric Durand and Cecilia Rikap have **argued**, ‘intellectual monopoly capitalism’ represents the challenge of our time.....”*

Euractiv - Spain to allocate 0.7% of its GNP to development aid by 2030

https://www.euractiv.com/section/politics/short_news/spain-to-allocate-0-7-of-its-gnp-to-development-aid-by-2030/

“Spain plans to allocate 0.7% of its Gross National Product (GNP) to Official Development Assistance (ODA) by 2030, official sources confirmed on Tuesday...”

“On Tuesday, the left-wing Spanish government approved the draft of new Legislation on Cooperation for Sustainable Development and Global Solidarity, which includes the 0.7% target. Increasing the Spanish budget for Development Aid and Cooperation was an explicit commitment by the PSOE in its electoral manifesto for the general election two years ago....”

Inaugural Global Health Ambassadorship: World Health Organization Foundation

<https://toyinsaraki.org/blog/whofambassador/>

The **World Health Organization Foundation** has named **Toyin Saraki** their Inaugural Global Health Ambassador. She's the Founder-President of The Wellbeing Foundation Africa, and has served as a special adviser to WHO AFRO before.

TGH - Questioning NATO for Health

C Andrada et al ; <https://www.thinkglobalhealth.org/article/questioning-nato-health>

"A new model of global health security governance should prioritize unity and solidarity among nations." No brainer indeed.

UHC

Global Health: Science & Practice -Health Sector Resource Mapping in Malawi: Sharing the Collection and Use of Budget Data for Evidence-Based Decision Making

I Yoon et al; <https://www.ghspjournal.org/content/9/4/793>

"By tracking budgets for health through its annual resource mapping exercise, the Government of Malawi generated evidence for planning and budgeting, quantifying resource needs, mobilizing funds to fill financial gaps, and coordinating investments across stakeholders with different priorities toward common goals. The exercise was adapted to conduct COVID-19 resource mapping to inform planning and coordination of the national pandemic response."

Planetary health

Climate & Development -The tragedy of climate change science

B Glavovic et al ; <https://www.tandfonline.com/doi/full/10.1080/17565529.2021.2008855>

« **The science-society contract is broken.** The climate is changing. Science demonstrates why this is occurring, that it is getting worse, the implications for human well-being and social-ecological systems, and substantiates action. Governments agree that the science is settled. The tragedy of climate change science is that at the same time as compelling evidence is gathered, fresh warnings issued, and novel methodologies developed, indicators of adverse global change rise year upon year. Meanwhile, global responses to Covid-19 have shown that even emergent scientific knowledge can bolster radical government action. **We explore three options for the climate change science community.** We find that two options are untenable and one is unpalatable. **Given the urgency and criticality of climate change, we argue the time has come for scientists to agree to a moratorium on climate change research as a means to first expose, then renegotiate, the broken science-society contract.** »

Science - Lyme-carrying ticks live longer—and could spread farther—thanks to warmer winters

<https://www.science.org/content/article/lyme-carrying-ticks-live-longer-and-could-spread-farther-thanks-warmer-winters>

“Experiments suggest infection makes ticks more active in winter.”

CGD - The IMF’s Surveillance Role and Climate Change

<https://www.cgdev.org/blog/imfs-surveillance-role-and-climate-change>

“In 2021, the International Monetary Fund (IMF) completed its periodic Comprehensive Surveillance Review (CSR), which considered how the IMF should update the analysis and advice it gives member countries as part of its mandated surveillance function. In considering the review, the IMF Executive Board mandated IMF staff to incorporate a wider range of risks into its surveillance operations and craft its policy advice to address these risks on an ongoing basis. Climate change figured prominently in the discussions of new sources of risk—not only the direct impact of climate change on the global economy and individual countries, but also the macroeconomic and financial impacts of policies to mitigate climate change”.

Economist - A lot of Arctic infrastructure is threatened by rising temperatures

<https://www.economist.com/science-and-technology/a-lot-of-arctic-infrastructure-is-threatened-by-rising-temperatures/21807133>

“Russia will be particularly badly hit”. Linked to a new paper in Nature Reviews Earth and Environment.

Link: Guardian - [Global heating could lead to an increase in kidney stone disease, study finds](#)

Infectious diseases & NTDs

Science - Mapping where HIV hides its genes suggests cure strategy

<https://www.science.org/content/article/mapping-where-hiv-hides-its-genes-suggests-cure-strategy>

“Long-term antiretrovirals may corner viral genomes in inactive regions of DNA”.

HPW - Digital Scorecards Provide Citizens with Information on Neglected Tropical Diseases

<https://healthpolicy-watch.news/digital-scorecards-provide-citizens-with-information-on-neglected-tropical-diseases/>

*“In the wake of the COVID-19 pandemic, putting communities and countries at the centre in the fight against Neglected Tropical Diseases, which affect some 1.5 billion people globally, is more important than ever before. **New digital health tools can help us increase transparent reporting on progress and setbacks in achieving the NTD-related Sustainable Development Goals.**”*

*“... **The African Leaders Malaria Alliance (ALMA) Scorecard Hub**, launched this year by Kenyan President Uhuru Kenyatta, is a game-changing digital health solution that can help revolutionise how countries and national programmes can share information. The **hub is the first open-access platform dedicated to scorecards including on health-related NTDs**, allowing countries to regularly post their scorecards on the website for every citizen to have access to the latest data. It also is a knowledge platform, sharing country best practices to improve scorecard management tools for accountability and action in malaria, reproductive maternal neonatal and child health (RMNCAH), and NTDs as well as online learning material....”*

Sexual & Reproductive / maternal, neonatal & child health

Population Studies, Volume 75, Issue sup1 (2021)

<https://www.tandfonline.com/toc/rpst20/75/sup1>

Diamond anniversary special issue.

Among others, with this review article: [What’s so troubling about ‘voluntary’ family planning anyway? A feminist perspective](#)

The Conversation -Maternal and child healthcare isn’t reaching everyone in urban sub-Saharan Africa

A Abajobir et al ; <https://theconversation.com/maternal-and-child-healthcare-isnt-reaching-everyone-in-urban-sub-saharan-africa-172186>

*“...Our **recent systematic review** looked at inequalities in access to and use of maternal, newborn and child health services in the sub-Saharan African region. We focused on urban settings where access to and quality of care challenges have been growing because of the rapid increase in urban populations and urban slums....”*

IISD -The Cost of a Period: The SDGs and Period Poverty

<http://sdg.iisd.org/commentary/generation-2030/the-cost-of-a-period-the-sdgs-and-period-poverty/>

“In 2021, Scotland became the first country in the world to make period products free for anyone who needs them, and numerous developed and developing countries have eliminated the tax on

period products. These include Canada, Australia, Kenya, India, Jamaica, Nicaragua, Nigeria, Tanzania, Lebanon, Malaysia, Colombia, South Africa, Namibia, and Rwanda.”

Human resources for health

Utility of the Right to Health for Addressing Skilled Health Worker Shortages in Low- and Middle-Income Countries

K Yakubu et al; https://www.ijhpm.com/article_4195.html

*“As a fundamental human right, the right to health (RTH) can influence state actors' behaviour towards health inequities. Human rights advocates have invoked the RTH in a collective demand for improved access to essential medicines in low-and-middle-income countries (LMICs). Similarly, scholars have used the RTH as a framework for analysing health problems. However, its utility for addressing skilled health worker (SHW) shortages in LMICs has been understudied. **Realising that SHW shortages occur due to existing push-and-pull factors within and between LMICs and High-Countries (HICs), we sought to answer the question: "how, why, and under what circumstance does the RTH offer utility for addressing SHW shortages in LMICs?"***

Extra Covid section

Nature - The COVID generation: how is the pandemic affecting kids' brains?

<https://www.nature.com/articles/d41586-022-00027-4>

“Child-development researchers are asking whether the pandemic is shaping brains and behaviour.”
Worrying read.

Disasters - Crisis responses, opportunity, and public authority during Covid-19's first wave in Uganda, the Democratic Republic of Congo, and South Sudan

T Kirk et al ; <https://onlinelibrary.wiley.com/doi/full/10.1111/disa.12513#.YdLQl0Cmxc4.twitter>

*“Discussions on African responses to Covid-19 have focused on the state and its international backers. Far less is known about a wider range of public authorities, including chiefs, humanitarians, criminal gangs, and armed groups. **This paper investigates how the pandemic provided opportunities for claims to and contests over power in Uganda, the Democratic Republic of the Congo, and South Sudan.** Ethnographic research is used to contend that local forms of public authority can be akin to miniature sovereigns, able to interpret dictates, policies, and advice as required. Alongside coping with existing complex protracted emergencies, many try to advance their own agendas and secure benefits. Those they seek to govern, though, do not passively accept the new normal, instead often challenging those in positions of influence. **This paper assesses which of these actions and reactions will have lasting effects on local notions of statehood and argues for a public authorities lens in times of crisis.**”*

Cidrap News - Studies: COVID vaccines effective, with limited waning

<https://www.cidrap.umn.edu/news-perspective/2022/01/studies-covid-vaccines-effective-limited-waning>

“A trio of new studies yesterday in the New England Journal of Medicine report encouraging results on the effectiveness and durability of protection of COVID-19 vaccines against hospitalization and death, including teens....”