

# IHP news 656 : On the ‘fair share model’ we urgently need for our pre-revolutionary times

( 11 Feb 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,

Let me just list a few “highlights” of the global health week in this intro to give you a flavor of the newsletter content.

Last weekend, Africa CDC was **elevated to the Status of a Continental Public Health Agency** – well deserved given its track record in the pandemic. Slowly but irresistibly, the **[new Public Health Order](#)** is materializing.

Unfortunately, the ‘old Global Health Order’ is still going strong as well. With this telling headline from this week as a sad case in point, in a double way: “**[Pfizer set for record vaccine revenue as world’s dose-sharing initiative \[i.e. COVAX\] runs out of cash](#)**”. Global health “at its capitalist best”, in a nutshell.

Then on Wednesday, ACT-A, apparently “**[running on fumes](#)**” (cfr Bruce Aylward), **launched yet another [campaign](#) to meet the (huge) funding gap**. We’re two years into the pandemic. By now, it should be blatantly obvious for everybody that for real ‘fair share-based financing’, it’s **time to target the billionaire class**. Full stop. At the very least, let’s reclaim some of these **[easy Pharma pandemic profiteering billions](#)**. If ACT-A leaders and proponents actually did that, in their rhetoric and in concrete fundraising efforts, I bet the ‘lack of global solidarity’ (which they lament endlessly) would disappear fast. Important side benefit: **if we really targeted billionaires for financing ACT-A and Global Public Goods more in general (by taxing them in a ‘pandemic’ way), the radical-right would have a much harder time to exploit the pre-revolutionary mood in a number of countries** (due to Covid polarization, energy crisis, ...).

Sadly, that’s still too much asked from the old global health order and political leaders, many of whom have displayed in this pandemic a **mix of [bio-economy](#)** ( “a new economic development model based on biomedical innovation” ) and **geopolitical motives**, ending up with ‘**global solidarity light**’ (also known as “charity on Big Pharma terms”). True, nowadays they ‘talk the talk’ and even ‘walk a bit of the walk’ of a ‘**paradigm shift**’, with some tech transfer for the medium term as well (among others, **next week’s AU-EU summit is [expected](#) to see the launch of a €1 billion initiative to expand pharmaceutical production capacity in Africa**). But let’s not kid ourselves, that is largely thanks to the relentless activism of People’s Vaccine & Decolonize Global Health movements, as well as **[WHO and Africa CDC](#)** keeping up the pressure for a few years now. If it had been for Boris, Ursula, Thomas, Albert, Stéphane and other Charles/Jens’s only, COVAX would still be the main fig leaf.

Let’s zoom out a bit more, now, to the post-pandemic world (even if that one is not yet on the horizon). As **Unni Gopinathan and Kent Buse** pointed out in an important **[BMJ Analysis](#)**, “...In **the**

*wake of the pandemic, WHO has the opportunity to pursue a more transformative agenda on Social Determinants of Health, starting by tackling .... five fundamental barriers to effective action ...*. I agree ( *their 5<sup>th</sup> recommendation is my personal favourite: “articulate politically bold messages”*). Our times require no less. But not only WHO should be bold. Global health PPP bigwigs (*if you read this newsletter, you know their names by now* 😊) shouldn't just leave the difficult and bold messages to Winnie, John and Tedros, but join them in doing so (or make way for new leaders that will do so). Time is running out to get to a fairer world – the radical-right “Huns of our times” are warming up everywhere around the globe, to roll out their sorry ‘societal model’. As you know, in some countries, they’re already in charge, while in others they’re pushing (former) ‘centre-right’ parties in an ugly direction. So let me just say this loud and clear: **If we don’t manage to rein in the billionaire class in the coming years, “the Huns” will get the upper hand** (as the new generation of them are far more shrewd in exploiting social and equity concerns of citizens). Jeremy Farrar is certainly right in one respect: the post-Covid transition could turn out very ugly indeed.

Which brings me almost effortlessly to the messy situation in the Ukraine (*aka the “geopolitical determinants of health”* ). Too early to say how things might pan out in the coming weeks, but let me just point out this: if Putin were to invade the Ukraine, it would be fairly “awkward” to see, early Spring, **Champions League Football** feature once again **Gazprom prominently among its official sponsors**. “*The Cha-a-a-m-pions!!!*” Though arguably, it would be a great “symbol” of European energy policy till recently.

Let me end with a neat **quote from Mike Ryan**, from last week. “*My greatest fear at the moment is that countries now have a lemming syndrome & they’ll open on the basis that the country next door opened up, [even though] they don’t have the same situation, vaccine coverage, or health system...& end up opening prematurely*” “

Enjoy your reading.

Kristof Decoster

## Featured Article

### The impact of insecurity on access to care in the local health system of Djenné, Mali – and what is being done about it

**Aminata Bagayoko** (MPH 2021-2022 student, ITM Antwerp)

Since 2012, Mali has been facing a socio-political crisis due to terrorists and rebels in the north, and an inter-community conflict in the center. Illegal armed groups, both jihadist and non-jihadist ones, have been spreading terror, taking advantage of the weakness (or even absence) of state services to establish their rule at the expense of the lives of invaded communities. In addition, different ethnic communities (often harbouring quite some frustrations from their sometimes difficult cohabitation), also started exploiting the chaos to get their own revenge. The deteriorating security situation, which has intensified over the past few years, has sparked no less than three coups in Mali so far (in 2012, and more recently, in 2020 and 2021).

Against that dire backdrop, Mali is obviously quite far removed from some of the lofty goals in its constitution. According to Articles 2 and 17 of the [constitution](#) of the Republic of Mali, every individual has the right to life, liberty, **security, health**, and social protection. With that in mind, the country has set as its goal the achievement of development objectives related to human health. Over the years some strategic development plans have been put in place with the support of technical and financial partners (UNICEF, World Bank, WHO, ...). Unfortunately, the political and security crisis of the past years has jeopardized all these plans.

In this article, we will first explore the challenges in a health district which faces severe insecurity, the Djenné local health system. In a second part, we'll cover the strategies used by humanitarian actors to maintain some services nevertheless.

### **Insecurity in Djenné and impact on health services**

Djenné is situated in the [the center of Mali](#), in Mopti region. The Djenné health system covers over 300,000 inhabitants, living on 4.563 Km<sup>2</sup>. Using Mali's web-based District Health Information System ([DHIS2](#)), many challenges emerged from recent analysis of the Djenné health system.

All these challenges are obviously important, but the consequences of insecurity on access to health care should no doubt get most attention. Indeed, the conflict creates insecurity which in turn generates fear. In this disorder where terror reigns, what are the consequences on the use of health services by the population?

According to current information from the district, three out of the twelve municipalities are nowadays the epicenter of serious insecurity. There are attacks on communities by terrorists, the presence of anti-personnel mines, ... As you can imagine, the main objective of the population [in this area](#) (52.196 people of whom 2.611 are pregnant women), is therefore to survive from day to day. Health care is no longer a priority; not for pregnant women, nor for children, and even less for the elderly or those with non-communicable diseases.

In a health area where different communities normally share the same health center, people go less and less to this health facility, because they no longer trust the community relays, community health workers or even health care center providers of a different ethnic group than their own. As an example, even in case of emergency, the population now prefers to seek traditional healers in the surrounding area, rather than expose themselves to the risk of being attacked or even killed.

The minimal services offered in the community by matrons (who are involved in maternal care), relays and community health workers are under huge pressure now due to: (1) a lack of trust if these agents are not from the same ethnicity as the patients; (2) in case their stock of items runs out, travelling to replace them exposes them to the risk of attack, and/or interpersonal mines on the road; (3) in case of evacuation of a patient in serious condition, risks are similar.

As for the health care personnel who work in the health centers, they are increasingly exposed to attacks and kidnapping. Just [like in other places around the world](#), health facilities and medical personnel in the region are targeted by warring parties, in clear contradiction to international law. Fear thus explains why some health care staff assigned to this area refuse to go there to take up their duties. As a result, the few staff on the ground are easily exhausted and find it difficult to effectively provide health services to the needy. Health facilities display an [annual rate of services of less than 25%](#).

As for routine immunization in Djenné district, although a national report (pdf) points out more than 77% of children from 0 to 59 months have been vaccinated on EPI (Expanded Program for Immunization), field data show a much lower rate. Vaccination coverage has [dropped](#) from 93.8% in 2017 to below 65% in early 2021.

The quality and quantity of curative care is also decreasing. Emerging diseases may reappear. Prevention activities are no longer possible, thus failing to detect cases of malnutrition, and the community can no longer allow pregnant women to leave the security zone (this “safe zone” is the common space in which people of the same ethnicity, religion and/or culture can move safely).

### **“Creative” NGO strategies**

In this “minefield” of challenges and problems, both national and international NGOs (eg: [Norwegian Refugee Council](#), MSF) still carry out activities. Not without danger, though, and after having demonstrated transparency of the purpose of their presence and proof of their neutrality in this inter-community conflict.

NGOs usually use a community outreach strategy that proves their neutrality so that the population automatically sees the benefit of their action. The NGOs always guarantee transparency in their actions towards the state as well [and very often put forward natives of the intervention zones as official and natural leaders](#). Like [in other conflict settings](#), community health workers carry out awareness-raising activities in their villages, helping to raise awareness of local health services and restore the confidence of their users.

Some NGOs have implemented strategies such as a Decentralized Model of Care (DMC) and One-Shot, to reach their targets. The first, DMC (set up by MSF), aims to identify and train one or more community members to be able to diagnose and treat simple common diseases (malaria, malnutrition, diarrhea), while ensuring that they remain in their “safe zone”. The medical stock is renewed through the humanitarian corridor that moves from zone to zone with the agreement of the armed groups on site. The first principle of this strategy is to reduce the “medical desert” (area without health facilities). The DMC (person) is respected, accepted by the community, can read and write and is neutral with respect to the ongoing conflict. This DMC strategy aligns to some extent with a community health worker strategy.

The second strategy used is the ONE-SHOT strategy, whereby the NGO goes to communities identified in advance, which have not received any health services for several months. The medical team goes there with the necessary equipment for curative, preventive, and promotional care. In some cases, the date and place of this activity is not disclosed in advance to avoid any ambush. In other cases, an agreement is first negotiated with armed groups, before going on site. Once on site, the NGO consults sick people, pregnant and breastfeeding women and performs routine vaccination of children. Cases that cannot be diagnosed and treated on site are referred to the appropriate health centers.

A local proverb says *“The race will only be over when the last rider crosses the line”*. Clearly, there is no miraculous solution to the difficulty of access to health care by the population of Djenné (and similar health districts). The problem is complex and will certainly not be solved at local level (only). Frustrations have accumulated about the inequality in the distribution of the country's wealth, there's flagrant corruption and above all a great feeling of abandonment of the population of the center by the State. Let's hope also these issues are dealt with in the coming years.

Easier said than done, though.

## Highlights of the week

### African Union meeting (last weekend)

#### Devex - African Union calls for bolstered health emergency infrastructure

<https://www.devex.com/news/african-union-calls-for-bolstered-health-emergency-infrastructure-102545>

*“Over the weekend, African heads of states supported a bold set of efforts to strengthen and expand the structures within the continent to manage health emergencies. This includes giving more authority and autonomy to the [Africa Centres for Disease Control and Prevention](#), as well as creating a pandemic preparedness and response authority, an epidemic fund, and a health workforce task team. ...”*

*“In a [historic move](#), the heads of state endorsed a “very ambitious project to transform Africa CDC,” Nkengasong said, which would elevate what is now a specialized technical institution to a public health agency with much more autonomy. This change is significant, Nkengasong said, because it would give Africa CDC the same authority as agencies like the AU’s New Partnership for Africa’s Development. With this, the Africa CDC’s director, would become a “Director General” — giving the director more freedom to respond quickly to health emergencies. Currently, Nkengasong must write memos that are forwarded up the level of command through various levels of bureaucracy, causing delays. But with this enhanced authority, the director general can deploy people in response to an outbreak more rapidly. ... As a public health agency, the Africa CDC would continue to report to the [AU Commission](#), but now on a quarterly basis — similar to how the [World Health Organization](#) reports to the [United Nations](#). Heads of state are expected to be [part of the governance structure](#) of Africa CDC in its new form....”*

*“... Ramaphosa and the AU COVID-19 Commission proposed the **establishment of an AU Pandemic Preparedness and Response Authority**. This would empower the AU Commission and Africa CDC to better coordinate, cooperate, and collaborate efforts across the continent with an authority that is empowered by a treaty that will ensure this authority’s mandate is enforced, Nkengasong said. ... The concept is endorsed but it now needs to be turned into a treaty where more of the details would be fleshed out, Nkengasong said. ... Heads of state **also supported the establishment of an epidemic fund for the continent**, which would be an **upgrade to the current COVID-19 Response Fund**, which had raised about \$200 million to support member states to respond to the pandemic, according to Nkengasong. .... Heads of state **also supported the establishment of an AU health workforce task team**, which would evaluate the health workforce needs of the continent and set targets on how to bolster their ranks. For example, 6,000 epidemiologists are needed on the continent, but there are only 1,900, Nkengasong said....”*

- See also Reuters - [African leaders elevate Africa CDC to autonomous health agency of AU](#)

*“...It will be funded by the AU as an independent entity and the position of director will be upgraded to that of director-general who will be equitable to a Commissioner. ... **This independence means that among other things, AfricaCDC will now have the legal, institutional, and operational autonomy to, for instance, serve as a channel to mobilise financing to build the necessary capabilities and to acquire vital continental assets for disease prevention and control. ... Until***

*now, the agency was subsumed within the African Union commission operating under the commissioner for social affairs making it difficult to make decisions in case there is a need for an urgent response of deployment of resources to fight disease....”*

- And HPW - [Africa CDC is Elevated to Status of Continental Public Health Agency](#)

*“... Summit leaders also pledged their support for the full-fledged establishment of the African Medicines Agency (AMA); aggressively combating malaria and female genital mutilation; and a 2022 AU “Year of Nutrition” – which would aim to get the continent back on track towards achieving Sustainable Development Goals for nutrition – as well as for resilient agriculture. ...”*

- And Devex - [Africa CDC expects to become public health agency by July](#)

*“The Africa Centres for Disease Control and Prevention hopes to have its status upgraded from a specialized technical institution to a public health agency by July, according to Dr. John Nkengasong, the institution’s director....”*

## Coming up: AU – EU summit (17-18 Feb, Brussels)

Euractiv - Health Brief: Unequal access to vaccines takes root in EU-AU summit

<https://www.euractiv.com/section/health-consumers/news/health-brief-unequal-access-to-vaccines-takes-root-in-eu-au-summit/>

*“While health did not feature as a topic at the previous EU-African Union (AU) summit back in 2017, it certainly will do at the upcoming summit next week. The much-awaited sixth meeting of the EU’s and AU’s heads of states and governments will take place in Brussels on 17-18 February, two years after the European Commission published its blueprint for a ‘strategic partnership’ with Africa. But also two years into the COVID-19 pandemic and more than a year into vaccinating against the virus. Therefore, **this time, health is quite high on the summit agenda. Leaders from the EU and AU will discuss “health systems and vaccine production” (amongst other things) as a part of the partnership between the two continents.**”*

*“... The EU is set to offer a new programme on vaccine sharing and donations, but the exact details will not be available until later. **One thing that has been promised by Charles Michel, president of the European Council, is the greater inclusion of African perspectives in defining the content of the roundtables, including the one about “health systems and vaccine production”. “The preparation of this summit shows [a] change of model and paradigm, with the declared will to integrate African expectations of the EU and to propose concrete actions based on the solutions proposed by our partners,” Michel in an interview published in Jeune Afrique.... What is also expected at the summit is the launch of a €1 billion initiative to expand pharmaceutical production capacity in Africa, which includes regional actions to support the Partnership on Africa Vaccine Manufacturing (PAVM) and technology transfer....”***

And via Devex : [Sneak peek](#)

**“COVID-19 vaccine supply.** A new draft of the investment package, seen by Vince Chadwick, says that the EU is exploring **“facilitating earlier access” for the African Union’s African Vaccine Acquisition Trust to Johnson & Johnson doses, as well as donating remaining doses of its AstraZeneca COVID-19 vaccine bilaterally to Africa.** Team Europe’s ambition, according to the document, is to share 450 million vaccine doses by mid-2022. “

**“Vaccine manufacturing in Africa.** Jutta Urpilainen, EU commissioner for international partnerships, tells Vince that she’s **“quite optimistic” about EU-supported facilities in Senegal, South Africa, Rwanda, and Ghana for production of vaccines this year. Talks are underway with other countries, including Egypt and Kenya.**”

## Devex - Urpilainen tells EU states to step up financing ahead of Africa summit

<https://www.devex.com/news/urpilainen-tells-eu-states-to-step-up-financing-ahead-of-africa-summit-102608>

**“The European Union’s development chief says national governments need to put up more money to make the debut of Europe’s answer to the Chinese Belt and Road Initiative a success. “It’s not the team without team members,” Jutta Urpilainen, EU commissioner for international partnerships, said in an interview with Devex this week. “In order to really have a ‘Team Europe’ initiative, we need to have coordination, but we also need to get financial contributions from the member states.”** The European Commission aims to use next week’s summit between leaders from the EU and African Union to **showcase its Global Gateway scheme, intended to mobilize up to €300 billion of investment abroad, with a focus on green and digital infrastructure.** To reach that projected figure, however, Urpilainen said the commission needs EU states to supplement Brussels’ financing. **Koen Doens, the head of the international partnerships department at the commission, has been meeting with the development heads from EU national bureaucracies for more than a year to assemble a list of joint priorities — so-called Team Europe initiatives, or TEIs — covering support to small businesses, energy, migration, health, and more. There are now around 150 TEIs in various stages of completion, and a handful of “flagships” will feature in an investment package to be unveiled at next week’s summit....”**

## Other Global Health Governance & Financing news

**BMJ Analysis - How can WHO transform its approach to social determinants of health?**

U Gopinathan & K Buse; <https://www.bmj.com/content/376/bmj-2021-066172>

One of the reads of the week. **“WHO has a pivotal role in reducing health inequities but faces five fundamental constraints to progress, argue Unni Gopinathan and Kent Buse.”**

**“In the wake of the pandemic, WHO has the opportunity to pursue a more transformative agenda on SDH, starting by tackling the five fundamental barriers to effective action discussed....”**

**“...Informed by the literature at the intersection of public health policy and the fields of political science, policy studies, and public administration, we discuss these constraints and propose actions**

*for tackling them...” “Each of these constraints is amenable to change. We suggest that these should motivate a strategic shift in how WHO approaches the social determinants of health **and propose a five-point agenda** for WHO to tackle the fundamental barriers to effective action on social determinants of health....”*

**Some of the key messages:** *“The covid-19 pandemic highlighted unfair differences in health outcomes and the need to pay greater attention to the social determinants of health • WHO should demonstrate that addressing social determinants of health is critical to achieving its mission and foster leadership from other sectors in pursuit of greater equity • WHO should invest in a research programme to underpin its guidance on these determinants with a broad evidence base the WHO should promote politically bold messages more forcibly and hold member states accountable through monitoring.”*

## **France and WHO sign new agreement to reinforce health systems to combat COVID-19**

<https://www.who.int/news/item/09-02-2022-france-and-who-sign-new-agreement-to-reinforce-health-systems-to-combat-covid-19>

***“The Government of France and WHO today announced a new €50 million contribution agreement that will help countries’ health systems overcome bottlenecks in the COVID-19 response and speed up equitable access to testing, treatments and vaccines.”***

***“The agreement, disclosed on the sidelines of the ministerial conference of foreign ministers and health ministers in Lyon, France, aims to support the work of WHO and work in the Health Systems and Response Connector (HSRC) of the Access to COVID-19 Tools Accelerator (ACT-A), aligned with the WHO’s COVID-19 Strategic Preparedness and Response Plan (SPRP)....”***

## **Lyon - Joint Conference of (EU) Foreign Ministers and Health Ministers**

<https://presidence-francaise.consilium.europa.eu/en/news/press-release-joint-conference-of-foreign-ministers-and-health-ministers/>

Press statement 10 Feb.

***“On 9 February, the Foreign Ministers and the Health Ministers of the European Union met together in Lyon under the auspices of the French Presidency of the Council of the European Union and at the invitation of the High Representative of the Union for Foreign Affairs and Security Policy and Vice-President of the European Commission, Josep Borrell, the Minister for Europe and Foreign Affairs, Jean-Yves Le Drian, and the Minister for Solidarity and Health, Olivier Véran.***

***Working in close collaboration with the European Commission, the French Presidency will continue preparing the revisions to the European global health strategy together with the Member States.”***

***“... More specifically, today’s meeting has allowed us to take stock of the work that has been accomplished by the European Union and its Member States and to reflect together on four priorities: (1) Strengthening the European global health strategy by incorporating the lessons learned from the Covid-19 pandemic and with the goal of securing a position for the EU that is in line with its financial contributions to this architecture; (2) Reiterating the commitment made by the European Union and its Member States as “Team Europe” to supporting low- and middle-income***



countries in their response to the Covid-19 pandemic, via financial contributions, vaccine donations and political leadership, all of which have sped up fair access to health products worldwide; (3) **Recalling the EU's support and key role in the strengthening of the multilateral health architecture, with the WHO at its center, by more systematically integrating the "One Health" approach, including via the contributions of international initiatives such as the One Health High Level Expert Panel (OHHLEP) and PREZODE, and; (4) Hailing and leveraging the dynamism and influence of the Member States, which are home to many organizations involved in global health, a fact that demonstrates the European Union's expertise and attractiveness in this field. That is the case of Lyon, which is home to a unique global health expertise in the form of the WHO's Academy, International Health Regulations office and International Agency for Research on Cancer. This was the first time that Lyon has hosted a joint meeting bringing together the Foreign Ministers and the Health Ministers of the European Union to discuss these essential topics."**

Some people reckoned it was a 'historic' meeting. Let's see : )

- Related **tweet Outi Kuivasniemi** : **"#EU #health & #foreign ministers *signal strong support for #GlobalHealth as a strategic priority: promote health system strengthening, training skilled workforce, #UHC #innovation #OneHealth w common values #humanrights #equity #partnership #multilateralism #solidarity as basis.*"**
- See also **Euractiv** - [EU top executives: Administering COVID vaccines is now priority in Africa](#)

**" Too many doses of vaccines delivered to Africa are wasted, according to both the French EU Council presidency and the European Commission, who now want to strengthen local health systems to ensure that these doses are administered to the population. In Africa, "the problem is no longer the level of donation or production, but the absorption of doses", summarised French foreign affairs minister Jean-Yves Le Drian in Lyon on Wednesday (9 February), joined by health minister Olivier Véran and EU's health boss Stella Kyriakides. "Countries in Africa have used less than a third of the vaccines that have been delivered", Kyriakides confirmed. **The three EU leaders met at a summit organised by the French presidency to discuss a common approach of the 27 to fight the pandemic, particularly in developing countries. For Jean-Yves Le Drian, the presence of the ministry of foreign affairs is explained by the fact that "global health has become a geopolitical area marked by divergent visions. Europe must defend its own approach."**"**

## **Commonwealth and WHO to strengthen cooperation on health, including access to vaccines**

<https://www.who.int/news/item/07-02-2022-commonwealth-and-who-to-strengthen-cooperation-on-health-including-access-to-vaccines>

*"Memorandum of Understanding agreement signed today focuses on ending the COVID-19 pandemic, advancing Universal Health Coverage, addressing vaccine equity, strengthening digital health systems and working towards global health security."*

## **ORF - India, Covid-19 and the Global Health Agenda**

K S Kheng & K Srinath Reddy; <https://www.orfonline.org/expert-speak/india-covid-19-and-the-global-health-agenda/?amp>

*“India’s global ambitions come with global health duties both amidst the COVID-19 pandemic and in its aftermath ... In the third year of the COVID-19 pandemic, India must assume a greater leadership role in the global health agenda. ... To take on a greater role in the global health arena, however, India must address its own issues, primary among which is the chronic under-investment in health. ...”*

## **CGD (blog) - The Vaccine Mark-Up: Counting More in ODA than We Paid for Vaccines is Illogical, Immoral, and Unpopular**

*E Ritchie et al; <https://cgdev.org/blog/vaccine-mark-counting-more-oda-we-paid-vaccines-illogical-immoral-and-unpopular#.YqJRcc5McRY.twitter>*

ODA related blog, with focus on the UK, but also with interesting info for people from other OECD countries.

*“... Most OECD countries are now pushing to count donations of COVID-19 vaccines towards their aid, with the current proposal that each vaccine donated being counted as equivalent to \$6.72 of ODA, regardless of how much the vaccine actually costs. This figure is the average price COVAX has paid for vaccinations, including the cost of delivery. ...”*

*“...The OECD Development Assistance Committee (DAC)’s current proposal is to count vaccines at the average price paid by COVAX. They present several arguments for this, none of which are compelling....”*

*“...while the average cost of \$6.72 is based on GAVI’s “fully-loaded” estimates, including costs of shipment and syringes ([para 13](#)), the latest [proposal](#) also indicates that donors can count these ancillary costs separately. The proposal has not yet been accepted: the US and the Netherlands [continued](#) to object to the inclusion of donated vaccines in ODA. But it is likely a matter of time. Both have signaled willingness to let the proposal pass despite their misgivings....”*

## **Euractiv – Talks collapse on classifying vaccine donations as development aid**

<https://www.euractiv.com/section/development-policy/news/talks-collapse-on-classifying-vaccine-donations-as-development-aid/>

*(7 Feb) “Talks between wealthy nations on how to report donated COVID vaccines have collapsed after they failed to agree on a common rules regime. The failure by the Organisation for Economic Cooperation and Development (OECD)’s Development Assistance Committee (DAC) follows months of wrangling, as countries struggled to agree on a standard price for donated vaccines. The impasse means that donors can still report donated doses as development aid. The OECD DAC Secretariat will issue a guidance note on how excess vaccine donations should be reported, using \$6.72 as a baseline for each excess vaccine dose donated. If the EU and its member states used that price, that could lead to over \$1 billion being allocated to Official Development Assistance (ODA) for donated excess vaccine doses for 2021. However, donors could also decide to report them at another price....”*

Related: Eurodad - [CSOs across the world call on the OECD DAC to drop all plans to report the donations of excess Covid-19 vaccines as aid, as member governments fail to agree on guidelines](#)

## KFF - HIV Policy Alignment with International Standards in PEPFAR Countries

A Carbough et al; <https://www.kff.org/global-health-policy/issue-brief/hiv-policy-alignment-with-international-standards-in-pepfar-countries/>

KFF finds that PEPFAR countries have HIV-related policy environments that align more strongly with international policy standards than non-PEPFAR LMICs. (by looking at four main categories (clinical care and treatment, testing and prevention, structural, and health systems))

Related Resource: KFF [PEPFAR policy resource hub](#)

*“This hub brings together key U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) policy resources – from KFF, the U.S. government, and others...”*

Check out also: [Economic Impact of COVID-19 on PEPFAR Countries](#)

## Brookings (blog) Strategies for financing Africa’s health sector

Vera Songwe ; <https://www.brookings.edu/blog/africa-in-focus/2022/02/03/strategies-for-financing-africas-health-sector/>

*“Viewpoint from the [Foresight Africa 2022](#) report, which explores top priorities for the region in the coming year. “*

## TRIPS waiver (and other WTO discussions)

Let’s start with a [tweet by Ashleigh Furlong](#) (Politico):

*“SCOOP: [The African Union's draft text for a declaration coming out of EU-AU summit makes one thing clear — EU can't ignore TRIPS waiver proposal. AU has also rejected suggestion of an 'alliance' between the two, instead calling it a 'renewed partnership.'”](#)*

## Nature Editorial – Africa is bringing manufacturing home

[Africa is bringing vaccine manufacturing home](#) (9 Feb)

*“A major milestone was reached last week when scientists in South Africa reproduced Moderna’s COVID-19 vaccine. **COVID-19 patents must now be shared.***

*“..... [World Trade Organization \(WTO\) member states might be edging closer to an agreement to waive intellectual-property rights for COVID-19 vaccines and treatments during the pandemic.](#) This*

idea, proposed by India and South Africa, has the backing of more than 100 nations, as well as that of researchers, campaign groups, businesses and media outlets, including Nature. The European Union, Switzerland and the United Kingdom are opposed, but **WTO director-general Ngozi Okonjo-Iweala is working to resolve the differences. One possible compromise could be for the waiver to apply only in countries that lack vaccine manufacturing and research...** “Companies need to accept that the WTO talks seem to be inching towards a consensus....”

**“...African Union member states, moreover, are implementing a target announced last April for 60% of Africa’s routinely used vaccines to be made on the continent within the next two decades. The African Development Bank plans to invest up to US\$3 billion to support the pharmaceutical industry over 10 years, the bank’s vice-president for infrastructure, Solomon Quaynor, told Nature. This will include funding for transport and logistics infrastructure, and supporting Africa’s capacity for medicines regulation. Around \$100 million will be invested annually in pharmaceuticals manufacturing, including vaccines. The aim is to support two to three companies or projects each years.”**

## **Geneva Health Files: Efforts to limit the implementation of the TRIPS Waiver, proposals to exclude India & China**

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

Last week Friday’s Exclusive. **“ It appears there is increasing momentum to arrive at a resolution of the waiver proposal at the WTO, by the end of this month. But will the outcome be close to what was initially proposed?..”**

**“... A small group of WTO members deliberating on the TRIPS Waiver, are discussing suggestions to limit the geographical scope of the implementation of the waiver - plans that seek to exclude India and China, sources familiar with the process say. These discussions among the US, the EU, South Africa and India, are still fluid and are likely subject to other diplomatic considerations outside of the waiver. India has been a lead co-sponsor of the TRIPS waiver proposal along with South Africa since October 2020. While it appears that India will likely not accept such a proposal, and yet, it is not entirely clear whether such a limitation will be a clear red line for the proponents of the waiver. “**

**“...These on-going talks among these select members have been a part of the high level quadrilateral process led by the WTO DG. Such an exclusive process limited to four WTO members has reportedly been criticized by other WTO members including the UK and Switzerland, for the selective nature of engagement, Geneva-based trade sources told us. ....Sources tell us that discussions have mostly continued on the following matters: on the scope of intellectual property protection that can be waived; the scope of products that can be included in such a waiver; on the geographical scope in the implementation of the waiver and on the duration....”**

**“...Outside of these high-level discussions between select WTO members, a wider WTO response to the pandemic continues to take shape in Geneva. This month saw informal meetings of the General Council. The heat is on at WTO to forge a response to the pandemic of which IP will be a central element. ....Clearly, there is pressure on the WTO to deliver. WTO continues to be perceived as a ‘rich country’ club. “Developed countries are keen on getting the WTO to deliver. It is in their interest to do so,” a southern trade negotiator told us. .... Southern countries believe that WTO’s credibility rests on a deliverable on the TRIPS waiver. And that has become a negotiating tool now.**

*Proponents of the waiver are counting on this in order to push through commitments on the waiver, and tying it into the wider trade and health response.*

*“...The WTO DG has called for a conclusion on the discussions within the next few weeks. The next WTO General Council Meeting is scheduled for February 23. “*

## **The Wire - A McKinsey Report Paves the Way for an Internal Shake-Up at the World Trade Organisation**

R Kanth; <https://thewire.in/economy/a-mckinsey-report-paves-the-way-for-an-internal-shake-up-at-the-world-trade-organisation>

*“The full report has not been shared with the WTO members until now for inexplicable reasons. There are also doubts whether the disclosure of the full report to members could withstand a scrutiny by members.”*

## **WTO – Innovation and patenting activities of COVID-19 vaccines in WTO members: Analytical review of Medicines Patent Pool (MPP) COVID-19 Vaccines Patent Landscape (VaxPaL)**

[https://www.wto.org/english/res\\_e/reser\\_e/ersd202201\\_e.htm](https://www.wto.org/english/res_e/reser_e/ersd202201_e.htm)

*“This working paper provides a statistical analysis of 74 patent families which cover subject matter relevant to ten COVID-19 vaccines. These vaccines have accounted for 99% of the global COVID-19 vaccine production as of 31 December 2021, comprising over ten billion doses.”*

Links:

- James Love (KEI) - [TRIPS waiver, circa \(Feb 7\) 2022](#)
- TWN - [WTO: GC chair calls for "strategic pause" in WTO response to pandemic talks](#)

In general, if there'll ever be an agreement on the WTO's response to the pandemic, it will have to be based on two equally important components, **intellectual property and the trade-related elements**. And some even think it'll be part of a bigger WTO package still.

## **“Pandemic Accord” discussions**

### **HPW -More Clarity on Negotiators to Take Forward WHO Pandemic ‘Instrument’ Talks**

<https://healthpolicy-watch.news/more-clarity-on-who-pandemic-instrument-negotiators/>

***“Representatives from Brazil, Egypt, Japan, Netherlands, South Africa, and Thailand are to make up the World Health Organization (WHO) Intergovernmental Negotiating Body (INB) on a future pandemic instrument, [according to Knowledge Ecology International](#). The countries each represent a different region of the WHO, namely Africa (South Africa), the Americas, known as the Pan-American Health Organisation (Brazil), the South-East Asian Region (Thailand), Europe (Netherlands), the Eastern Mediterranean (Egypt) and the Western Pacific (Japan)....”***

***“... According to the [WHA resolution](#), the first INB meeting shall be held no later than 1 March to “elect two co-chairs, reflecting a balance of developed and developing countries, and four vice-chairs, one from each of the six WHO regions” as well as “define and agree on its working methods and timelines”. The resolution also directs the INB to “first identify the substantive elements of the instrument and to then begin the development of a working draft to be presented, on the basis of progress achieved, for the consideration of the INB at its second meeting, to be held no later than 1 August 2022”. .... The INB has until the 77th WHA next year to present a draft of the instrument, but needs to present a progress report to this year’s WHA.”***

## **Reuters - EU wants pandemic treaty to ban wildlife markets, reward virus detection**

**[Reuters](#):**

***“EU wants pandemic treaty with measures to boost prevention; Negotiators drafting text meet on Wednesday for first time; In parallel talks, U.S. seeks reform of rules on virus alerts.”***

***“The European Union is pushing for a global deal aimed at preventing new pandemics that could include a ban on wildlife markets and incentives for countries to report new viruses or variants, an EU official told Reuters. International negotiators [will] meet for the first time on Wednesday to prepare talks for a potential treaty, said the official, who is not authorised to speak to media and so declined to be named. The aim is to reach a preliminary agreement by August.***

***“... The official said incentives could include guaranteed access to medicines and vaccines developed against new viruses, which poorer nations have struggled to obtain quickly during the COVID-19 pandemic as wealthier states rushed to secure supplies. States that detect and report a new virus could also receive immediate support, which might involve shipments of medical equipment from a global stockpile....”***

## **More Global Health Security news**

**Guardian - Failure to prevent pandemics at source is ‘greatest folly’, say scientists**

**<https://www.theguardian.com/environment/2022/feb/04/failure-to-prevent-pandemics-at-source-is-greatest-folly-say-scientists>**

***“Preventing future pandemics at source would cost a small fraction of the damage already caused by viruses that jump from wildlife to people, according to scientists. Each year on average more than 3 million people die from zoonotic diseases, those that spill over from wildlife into humans, new***

analysis has calculated. **Stopping the destruction of nature, which brings humans and wildlife into greater contact and results in spillover, would cost about \$20bn a year, just 10% of the annual economic damage caused by zoonoses and 5% of the value of the lives lost.**"

**"The scientists heavily criticise approaches by global bodies and governments that focus only on preventing the spread of new viruses once they have infected humans, rather than tackling the root causes as well. "That premise is one of the greatest pieces of folly of modern times," said Prof Aaron Bernstein, of the Center for Climate, Health and the Global Environment at Harvard University, who led the new assessment. .... It details three key actions: global surveillance of viruses in wildlife, better control of hunting and trade in wildlife, and stopping the razing of forests. These actions would also pay huge dividends in fighting the climate emergency and the biodiversity crisis.**

**"...The analysis, [published in Science Advances](#), uses stark language that is unusual in a scientific journal. .... It specifically criticises the Global Preparedness Monitoring Board (GPMB), a joint initiative of the World Bank and the World Health Organization (WHO), and a G20 high-level panel on financing for pandemic preparedness, whose reports and strategies do not mention tackling spillover....."**

**Graduate Institute (Global Health Centre) – Policy brief: International sharing of pathogens and genetic sequence data under a pandemic treaty – what linkages with the Nagoya protocol and the PIP framework?**

D Piselli; <https://www.graduateinstitute.ch/sites/internet/files/2022-02/policy-brief6.pdf>

25 p.

**Global Health Centre (Policy brief) – Why and how to reflect UHC in a pandemic treaty**

Richard Gregory, Marjolaine Nicod; [https://www.graduateinstitute.ch/sites/internet/files/2022-02/policy-brief8\\_0.pdf](https://www.graduateinstitute.ch/sites/internet/files/2022-02/policy-brief8_0.pdf)

And another policy brief from the Graduate Institute's GH centre. *"...Taking these principles of solidarity and equity as its start-point, this policy brief considers objectives for UHC, public health and resilient health systems. It sets out why and how these issues contribute to the treaty's goal; existing commitments and recommendations to build on; and opportunities to address these in the negotiations...."*

**Guardian - Biosecurity 'as important as conventional defence' to head off next pandemic**

<https://www.telegraph.co.uk/global-health/terror-and-security/biosecurity-important-conventional-defence-head-next-pandemic/>

**"Report calls for strengthened international treaty on biological warfare to neutralise threat from engineered pathogens."**

*“Biosecurity is as important as conventional defence capabilities, a former UK defence secretary has said, amid calls for a beefed up international convention on biological weapons. **A report on pandemic prevention, co-authored by chemical weapons expert Hamish de Bretton-Gordon, highlights the threat posed by synthetic biology and warns of the possibility of “bad actors” developing and spreading genetically engineered pathogens that are far more virulent than Covid....”***

*“... **The report also called for a fully funded and regulated international treaty on biological weapons – similar to the Chemical Weapons Convention, which is policed by the Organisation for the Prohibition of Chemical Weapons (OPCW) and has led to the removal of many of the most harmful weapons. By contrast the Biological and Toxin Weapons Convention is poorly funded and supported at the United Nations and has no organisation to regulate it or police it. ...”***

## **Globalization & Health - An ecological study on the association between International Health Regulations (IHR) core capacity scores and the Universal Health Coverage (UHC) service coverage index**

Y Lee et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00808-6>

*“This study aimed to investigate empirically the association between IHR core capacity scores and the UHC service coverage index....”*

## **Covax & ACT-A updates**

### **GAVI - COVAX crosses milestone of 500 million donated doses shipped to 105 countries**

<https://www.gavi.org/news/media-room/covax-crosses-milestone-500-million-donated-doses-shipped-105-countries>

*“COVAX has now shipped over 500 million donated doses to 105 countries. 31 countries have contributed to the effort, which accounts for nearly half of COVAX’s total shipments of over 1.1 billion doses – of which more than a billion have been distributed to lower-income economies supported through the Gavi Advance Market Commitment (Gavi COVAX AMC)...”*

### **Reuters -Novavax underdelivers on COVID vaccine promises**

**[Reuters;](#)**

*“ **Novavax Inc (NVAX.O) has delivered just a small fraction of the 2 billion COVID-19 shots it plans to send around the world in 2022 and has delayed first-quarter shipments in Europe and lower income countries such as the Philippines, public officials involved in their government's vaccine rollouts told Reuters. Novavax said it has completed delivery of only around 10 million vaccine doses so far, but is moving as quickly as possible to ship its contracted supplies for this quarter.**”*



**“... The company has yet to deliver vaccine on its largest contract for 1.1 billion doses to COVAX - a global vaccine distribution program for poorer countries - which would make Novavax its third largest supplier, according to business data and analytics firm GlobalData Plc. Novavax did not provide a timeline but told Reuters it expects to deliver around 80 million doses in the current quarter to COVAX, less than 10%. A spokesperson for the GAVI vaccine alliance that co-runs COVAX with the WHO said it expected Novavax doses to be delivered soon....”**

**“... .... Low- and middle-income countries will feel the pinch the most if Novavax is missing planned shipments, said Stephen Morrison, the director of the global health policy at Washington D.C. research group Center for Strategic and International Studies. "It's going to be painful for COVAX and painful for its bilateral partners."...”**

## **HPW - China, not COVAX, Led Vaccine Exports to the World's Middle Income Countries in 2021**

<https://healthpolicy-watch.news/china-covax-led-vaccine-exports-lmic-2021/>

**“While China’s rigorous management of virus risks at home has received considerable attention, particularly as it hosts the 2022 winter Olympics, it’s massive vaccine effort abroad has been underreported. In fact, as of end 2021, Beijing had supplied more COVID vaccines to low- and middle-income countries than the WHO co-sponsored COVAX facility. “**

**“Against the constant press scrutiny of global rollouts of vaccines from the big name western pharma companies, like Pfizer, Moderna and Oxford/BioNTech, China’s major role in increasing COVID-19 vaccine coverage globally has been largely overlooked – by the global health community as well as donors. In fact, as of end 2021, Beijing had supplied nearly 1.3 billion doses to a broad range of lower-middle and middle-income countries – more doses than the WHO and Gavi co-sponsored COVAX global facility, which has so far relied mainly on vaccines licensed by Western countries. Moreover, manufacturing of Chinese vaccines has been further expanded through co-production partnerships with a number of middle-income countries. ... the overwhelming majority of the Chinese vaccines have been sold, not donated. And while Chinese supplies have reached a total of its 98 countries, in terms of absolute volumes, most doses have been supplied to a smaller handful of, mostly upper-middle income, countries. At the same time, while COVAX has approved procurement of two Chinese vaccines, Sinopharm and Sinovac in 2021, China has generally preferred bilateral deals. In fact, Chinese doses supplied through COVAX accounted for only about 110 million of the 1.26 billion doses that it has sold or donated abroad in 2021. So while China’s role has been critical in filling the global vaccine supply gaps, it has operated largely outside of the multilateral architecture that WHO, GAVI and other global health agencies have sought to create during the pandemic. “**

**...Our analysis considered production and export patterns for the four Chinese vaccines, which have the most extensive international footprint, based on publicly available data up until October 2021. Additionally, we found that China’s COVID-19 vaccine landscape was characterized by: Extensive Chinese partnerships in sales and manufacturing with LoMICs; Prioritization of recipient countries that are part of China’s massive Belt and Road Initiative; A nearly 50-50 split of investments by Chinese private and public sectors in the R&D initiatives that produced the vaccines. ...”**

**PS: as for donations: “In particular, China’s ‘Health Silk Road (HSR)’ initiative has prioritized members of its economic Belt and Road initiative for donated vaccine doses. For instance, in terms of total number of doses donated, the top 10 biggest recipients in 2021 were Cambodia, Bangladesh,**

Sri Lanka, Pakistan, Myanmar, Nepal, Laos, El Salvador, the Philippines, and the West Bank and Gaza.  
...

## **ACT-Accelerator calls for fair share-based financing of US\$ 23 billion to end pandemic as global emergency in 2022**

<https://www.who.int/news/item/09-02-2022-act-accelerator-calls-for-fair-share-based-financing-of-usdollar-23-billion-to-end-pandemic-as-global-emergency-in-2022>

On ACT-A's new investment case & campaign. On Wednesday, **"World leaders launch[ed] campaign to meet the US\$ 16 billion ACT-Accelerator funding gap and US\$ 6.8 billion in-country delivery costs to take vital steps towards ending the pandemic as a global emergency in 2022.** The ACT-Accelerator initiative works to overcome vast global inequities by providing low- and middle-income countries with access to COVID-19 tests, treatments, vaccines and personal protective equipment....  
.... **A diverse group of governments have agreed on a new financing framework developed in support of the ACT-Accelerator, which makes 'fair share' requests of richer countries to contribute to the global fight against COVID-19. .."**

**"... The ACT-Accelerator Facilitation Council's Finance and Resource Mobilization Working Group, comprised of countries across income groups and chaired by Norway, has agreed a new financing framework to help overcome this inequity. The framework sets out guidance on the 'fair share' of financing that richer countries should each contribute to the ACT-Accelerator's global response. 'Fair shares' are calculated based on the size of their national economy and what they would gain from a faster recovery of the global economy and trade...."**

**"ACT-A needed \$23.4bn for its programme for the year October 2021-September 2022 but only \$800m has been raised so far...."**

See also [The Telegraph](#):

**"...Under this model the European Union has been asked to contribute 24 per cent of the \$16.8bn, non-EU G7 countries – the United States, Japan, Canada, and the United Kingdom – 46 per cent, the remaining G20 countries 22 per cent, and other countries eight per cent. Last year, only six countries exceeded their fair share contribution: Canada, Germany, Kuwait, Saudi Arabia, Sweden and Norway. So far, only a fraction of the \$16.8bn has been guaranteed – \$800m, Mr Brown said...."**

More coverage via HPW - [As Global Campaign Looks for Cash, Brown Decries COVID Vaccine Inequity as 'Monumental Public Policy Failure'](#)

And for all the detail on the new financing framework: [Consolidated Financing Framework for ACT-A Agency & In-Country Needs](#)

The financing framework is calculated on the size of their national economies and what they would gain from a faster global economic and trade recovery.

## Covid key news

### AP - WHO: Global COVID-19 case counts decline 17% in latest week

<https://apnews.com/article/coronavirus-pandemic-business-health-world-health-organization-united-nations-922c5487a71c2fb310c2348c8f0c9d1e>

*“The World Health Organization says coronavirus case counts fell 17% worldwide over the last week compared to the previous week, including a 50% drop in the United States, while deaths globally declined 7%. The weekly epidemiological report from the U.N. health agency, released late Tuesday, shows that the omicron variant is increasingly dominant — making up nearly 97% of all cases tallied by the international virus-tracking platform known as GISAID. Just over 3% were of the delta variant...”*

### Cidrap News -Global COVID cases top 400 million as levels decline again

<https://www.cidrap.umn.edu/news-perspective/2022/02/global-covid-cases-top-400-million-levels-decline-again>

*“The global COVID-19 total has passed the 400 million mark early into the third year of the pandemic, with cases last week declining in the world's fourth and biggest surge, fueled by the more transmissible Omicron variant. However, deaths—known to be a lagging indicator—continue to rise, the World Health Organization (WHO) said yesterday in its latest weekly **update** on the pandemic...”*

### Reuters - WHO chief says discussed collaboration on COVID origins with Chinese premier

[Reuters:](#)

*“The head of the World Health Organization said on Saturday he had discussed with Chinese Premier Li Keqiang the need for stronger collaboration on the origins of COVID-19, a subject of controversy that has strained Beijing's relations with the West...”*

### Reuters - COVID disrupts health services in over 90% of countries -WHO

[Reuters:](#)

*“Disruptions in basic health services such as vaccination programmes and treatment of diseases like AIDS were reported in 92% of 129 countries, a World Health Organization survey on the impact of the COVID-19 pandemic showed on Monday. The survey, conducted in November-December 2021, showed services were “severely impacted” with “little or no improvement” from the previous survey in early 2021, the WHO said in a statement sent to journalists.”*

*“Emergency care, which includes ambulance and ER services, actually worsened with 36% of countries reporting disruptions versus 29% in early 2021 and 21% in the first survey in 2020. Elective operations such as hip and knee replacements were disrupted in 59% of the countries and gaps to*

*rehabilitative and palliative care were reported in about half of them. The survey's timing coincided with surging COVID-19 cases in many countries in late 2021 due to the highly transmissible Omicron variant, piling additional strain on hospitals."*

For more detail, see WHO - [Essential health services face continued disruption during COVID-19 pandemic](#)

See also HPW - [Two Years into COVID Pandemic, Most Countries Still Face Significant Health Service Disruptions](#)

*"Strikingly, health workforce issues were found to be the biggest barrier to scaling up access to COVID-19 testing, treatment and vaccination. ..."*

**Reuters - Africa COVID cases could be seven times higher than reported - WHO**

<https://www.reuters.com/world/africa/africa-covid-cases-could-be-seven-times-higher-than-reported-who-2022-02-10/>

*"The World Health Organization estimates that the number of COVID-19 infections in Africa could be seven times higher than official data suggests, while deaths from the virus could be two to three times higher, its regional head said on Thursday. "We're very much aware that our surveillance systems problems that we had on the continent, with access to testing supplies, for example, have led to an underestimation of the cases," Dr Matshidiso Moeti told a regular online media briefing...."*

See also the Guardian - [Africa transitioning out of pandemic phase of Covid, WHO says](#)

*"Moeti's comments confirm what has increasingly been suspected by a number of researchers who have been working to understand the so-called "Africa paradox" - why official reporting from African countries had failed to capture the same distribution of infections and deaths as elsewhere in the world...."*

*"According to a tally by Johns Hopkins University, recorded infections across Africa stood at more than 11 million as of 10 February and deaths at 250,000. If the WHO's estimates are correct the real figures could be nearer 70 million and 750,000 respectively...."*

*"...Africa is the latest region that the WHO has suggested may be transitioning out of the pandemic phase and moving towards a more stable situation..."*

## Covid science

**FT (Big Read) - Covid vaccines: the race for a single shot to prevent new pandemics**

<https://www.ft.com/content/fd1f1d63-d367-4d87-b003-bd334347c0aa>

*“Omicron has exposed the weakness in current vaccines and revived interest in an all-protective ‘super jab’.” A few excerpts:*

*“The US’s National Institute of Allergy and Infectious Diseases (NIAID), which Fauci directs, has given three academic institutions \$36.3mn to conduct research into vaccines against multiple coronaviruses. Cepi has earmarked \$200mn for similar research, about \$80mn of which has so far been dispersed, with more awards expected in the next few weeks. **While most research teams are still at the proof-of-concept stage in the lab, a small number have progressed to human trials....”***

*“... Cepi’s aim is to have proof of concept for a broadly-protective, variant-proof vaccine against Sars-1 and Sars-2 **“in the 2023 timeframe”**, she says. It would then take another year or two to be licensed for use. As to a truly protective vaccine against all coronaviruses of concern to humans, **“we’re really looking in the timeframe of 2024 to 2025 . . . so it is a long haul,”** she adds. Fauci is equally cautious. **“You’re not going to hit a home run the first time up, that’s for sure,”** he says. **Yet researchers will continue operating on parallel tracks, both working towards the creation of a pan-coronavirus vaccine and finding smarter ways to respond to variants as they emerge.”***

### **Stat - Study suggests Omicron-specific booster may not provide more protection**

<https://www.statnews.com/2022/02/04/animal-study-suggests-omicron-boosters-may-not-provide-a-benefit/>

***“A new study conducted in primates suggests there may not be a benefit from updating Covid-19 vaccines to target the Omicron variant at this time....”***

### **Economist Daily Chart - Where will the next coronavirus variant of concern come from? A handful of African countries are its most likely source**

<https://www.economist.com/graphic-detail/2022/02/04/where-will-the-next-coronavirus-variant-of-concern-come-from>

***“.... researchers at Airfinity, a life-sciences data firm, have tried to map where the next variant of concern is most likely to emerge.”***

***“Mutation is a random process, which is why successful new variants are more likely to come from places where lots of mutation is occurring. Airfinity’s hypothesis is that this will occur where few people have had the jab and where many suffer from weakened immune systems. .... Airfinity’s researchers concluded that Burundi, Tanzania, the Democratic Republic of the Congo, Yemen and Nigeria are most at risk of producing a new variant...”***

### **Guardian - Doubts cast over AstraZeneca jab ‘probably killed thousands’**

<https://www.theguardian.com/society/2022/feb/07/doubts-cast-over-astrazeneca-jab-probably-killed-thousands-covid-vaccine>

***“‘Bad behaviour’ by scientists and politicians blamed for damaging reputation of Covid vaccine.”***

*“Scientists and politicians “probably killed hundreds of thousands of people” by damaging the reputation of the AstraZeneca vaccine, according to an Oxford scientist who worked on the jab. Prof John Bell said: “They have damaged the reputation of the vaccine in a way that echoes around the rest of the world.”...”*

## **Nature Comment - Reboot biomedical R&D in the global public interest**

S Swaminathan, E Torreele, S Moon et al; <https://www.nature.com/articles/d41586-022-00324-y>

By a WHO's WHO of authors. *“Inequitable access to the fruits of research during the COVID-19 pandemic highlights the urgency — and feasibility — of overhauling the R&D system.”*

Here they **articulate clearly what R&D in the global public interest is**. Including a **9-item checklist**. “... that means answering three questions: why do R&D? How should it be done, and for whom?”

*“...**There are four major concerns about biomedical R&D**, despite its impressive technological advances amid profound transformations in how knowledge is generated and used. The first is the lack of medicines in areas where market incentives are inadequate to attract private investment, such as for neglected diseases of poverty, bacterial infections and emerging infectious diseases<sup>1</sup>. Second is the slow pace of progress in some areas, such as Alzheimer’s disease. Third is the risk of harm, such as adverse drug reactions. The final concern is restricted access to technologies, caused by high prices, insufficient production or inadequate supply...”*

## **Preprint – Model-based estimates of deaths averted and cost per life saved by scaling-up mRNA COVID-19 vaccination in low and lower-middle income countries in the COVID-19 Omicron variant era**

A Savinka, G S Gonsalves et al; <https://www.medrxiv.org/content/10.1101/2022.02.08.22270465v1>

*“...Global scale up of vaccination to provide two doses of mRNA vaccine to everyone in LIC/LMIC would cost \$35.5 billion and avert 1.3 million deaths from COVID-19, at a cost of \$26,900 per death averted. Scaling up vaccination to provide three doses of mRNA vaccine to everyone in LIC/LMIC would cost \$61.2 billion and avert 1.5 million deaths from COVID-19 at a cost of \$40,800 per death averted. Lower estimated infection fatality ratios, higher cost-per-dose, and lower vaccine effectiveness or uptake lead to higher cost-per-death averted estimates in the analysis.”*

## **Covid Vaccine access & tech sharing**

Emphasis is shifting more and more from vaccine supply to vaccine uptake/delivery.

## **Reuters - Africa's COVID response improving, vaccinations lag, says WHO**

[Reuters](#);

On **WHO Afro's** press briefing on Thursday.

*“Africa's response to the COVID-19 pandemic has improved over time but the continent needs to accelerate the pace of vaccination to control the pandemic, the head of the World Health Organization's Africa division said on Thursday. “We are finally able to say that if the current trends hold, there is light at the end of the tunnel. As long as we remain vigilant and we act intensively particularly on vaccination, the continent is on track for controlling the pandemic,” said Dr Matshidiso Moeti, WHO regional director for Africa. She said the response had become more effective with each new wave of the virus, noting that the first wave had lasted 29 weeks while the fourth was over in six weeks. However, Moeti said 85% of Africans had yet to receive a single dose of vaccine, and uptake needed to be significantly accelerated. “A steady supply of doses is now reaching our shores, so the focus needs to be on translating those into actual shots in people's arms,” she said.” ...”*

## **The COVID-19 Vaccine Rollout Was the Fastest in Global History, but Low-Income Countries Were Left Behind**

A Glassman et al; <https://www.cgdev.org/blog/covid-19-vaccine-rollout-was-fastest-global-history-low-income-countries-were-left-behind>

Blog related to a new CGD paper - [COVID-19 Vaccine Development and Rollout in Historical Perspective](#) : “...we release a paper that reports on the development and rollout of COVID-19 vaccines in historical perspective, and it suggests a similar pattern of unparalleled, but still deeply inequitable, progress...”

## **HPW - Report Says 35% of Already Donated Doses Have Yet To Be Administered**

<https://healthpolicy-watch.news/global-vaccine-campaign-brown/>

*“a report by the forecasting firm Airfinity, also issued on Wednesday, noted that some 35% of donated vaccine doses that have already been delivered to lower-income countries have not yet been administered...” “The assessment underlines the complexities faced on the ground in actually ensuring the uptake of COVID tools in countries and regions beset with multiple simultaneous health threats – and health services that are still facing considerable disruptions after two years of the pandemic stress...”*

## **Reuters - EU pushes to boost COVID vaccinations in poorer nations with low usage rate**

[EU pushes to boost COVID vaccinations in poorer nations with low usage rate | Reuters](#)

*“European Commission President Ursula von der Leyen said on Wednesday the EU would increase spending to boost vaccinations in African states which are lagging behind despite having received COVID-19 vaccine supplies. ... in recent months supplies have increased exponentially, and many states are facing difficulties in absorbing them, with some countries, such as Congo and Burundi, having used less than 20% of available doses, according to figures from Gavi, a nonprofit global vaccine alliance. “We have to make efforts to accelerate vaccinations, especially in African countries where vaccination rates are the lowest,” von der Leyen said at a conference in Dakar, Senegal. She said the EU would spend 125 million euros (\$143 million) to help countries train medical staff and administer doses, in addition to 300 million euros already committed for this purpose by the EU*

**and its states.** An EU official said the EU wanted now to shift its message to Africa "from vaccines to vaccination."

**"However, von der Leyen said the EU will keep sending doses to Africa, with the aim of delivering 450 million vaccines by the summer, three times higher than the volume already shared. Gavi, which co-runs the world's largest COVID-19 vaccine-sharing programme COVAX, said the usage rate of COVID-19 shots in the 91 poorest nations it supports was 67%. But some African countries were lagging much behind. Zambia, Chad, Madagascar, Djibouti, Somalia, Burkina Faso and Uganda had used only about one-third of doses that they received, Gavi said, citing data updated to late January...."**

See also FT – [EU to provide €125mn to help Covid vaccine distribution in Africa](#)

**"Donation a fraction of \$5.2bn Covax said it needs this year to pay for medical accessories."**

PS: "...**"Team Europe"**, which includes the EIB, EU and its 27 member states, Norway and Iceland, has given or lent €3.5bn to Covax since the start of the year, with the US handing over \$4bn...."

## **Devex - US global COVID-19 response shifting from vaccine supply to uptake**

<https://www.devex.com/news/us-global-covid-19-response-shifting-from-vaccine-supply-to-uptake-102584>

**"If it can secure funding from the U.S. Congress, President Joe Biden's administration is planning a major scale-up of an initiative that aims to pivot from increasing global COVID-19 vaccine supply to actually getting shots into arms. "We are trying to significantly accelerate and expand vaccine uptake, particularly in sub-Saharan Africa," a senior U.S. Agency for International Development official told Devex. .... **The amount of funding under discussion would put the Initiative for Global Vaccine Access, or Global VAX, on par with the largest U.S. global health programs. Its goal would be to draw upon the capabilities of those other U.S. programs — such as the President's Malaria Initiative and the U.S. President's Emergency Plan for AIDS Relief, or PEPFAR — while minimizing "the degree to which we need to cannibalize them" by diverting people and resources from other health priorities, the official said...."****

**"USAID Administrator Samantha Power launched Global VAX at a ministerial meeting on COVID-19 in December, with initial funding of roughly \$500 million drawn from USAID's portion of the American Rescue Plan — a nearly \$2 trillion U.S. stimulus bill passed in March. .... The official — who spoke on the condition of anonymity, citing agency policies — said that **the White House's estimate from September of a \$10 billion funding gap to achieve 70% vaccination rates in low- and middle-income countries by mid-2022 still holds up. The cost requirements are likely a bit higher now that the scientific case for adding boosters to the COVID-19 immunization schedule is stronger, the official noted. ... "What we're trying to do now is figure out both what is an appropriate U.S. government share of that, but also to work with other donors and the World Bank in order to mobilize what it will take to get that done," the senior official said.****

**"The World Bank is going to have to play a really, really critical role here as well," the official said, adding that the administration is also working to bring private sector and philanthropic partners into the mix. .... **The Global VAX initiative is led by USAID. "That's been tasked to Administrator Power,****



and she has been driving really hard on that,” the senior official said. Global VAX’s focus on increasing vaccination rates reflects the **Biden administration’s assessment that the biggest binding constraint in low- and middle-income countries has shifted from vaccine supply to vaccine uptake capacity**, the senior USAID official said....”

## Politico -Copying Moderna’s jab: The project to democratize vaccine production

<https://www.politico.eu/article/who-copy-moderna-jab-project-democratize-vaccine-production/>

With some more detail on last week’s big news.

“A lab in South Africa aims to become the developing world’s hub for sharing the know-how to produce mRNA vaccines. .... **The Cape Town hub is set for its official launch either in February or March and it's already got something to show for its efforts — the first batch of vaccine based on Moderna’s jab.** Together with academics at the University of the Witwatersrand, the team at Afrigen — whose team has nearly doubled to 40 people with the hiring of engineers, regulatory experts and manufacturing scientists — **designed the sequence, produced the vaccine and is now doing analytics on the trial run with a view to further optimizing it.** The hope is for “comparable efficacy and safety” to Moderna’s jab, said Terblanche. .... The hub produced the vaccine using information that is available in the public domain. For Moderna’s vaccine that includes the sequence of the messenger RNA that instructs cells in the human body to produce the spike protein of the SARS-CoV-2 virus, training the immune system to recognize and attack it in the case of infection, as well as the exact formula for the lipid nanoparticle that carries the mRNA into cells. **But to prove it’s the same as Moderna’s vaccine, Afrigen will likely need to repeat the trials already carried out by Moderna — that’s unless regulators allow a fast-track process. While Terblanche hopes for a speedier route, a 36-month timeline may be realistic.** “

“However, **there is still a possibility that Moderna comes on board.** The WHO’s Martin Friede, coordinating the project from Geneva, said discussions were still on with Moderna. “I can't say more than that. The communication lines are open,” he said. **If Moderna does back the venture, the timeline would be cut down to around 12 months.** ...”

PS: “... As for the [debate at the WTO](#) over a waiver of intellectual property rights, those running the hub say that **a waiver wouldn’t work for it in the long term.** “It is not in our interest and the interest of goals of this project just to have a waiver. We need to have long-term freedom to operate,” said Terblanche. That’s **because part of the strategy is to develop future vaccines, such as a second-generation coronavirus vaccine that’s better suited to low- and middle-income countries, which the hub could license from willing biotechs rather than relying on Moderna.** The aim is for a vaccine that can be stored at higher temperatures and is cheaper to make. .... **Discussions are underway with several biotech companies that are offering their technologies to the hub. The idea would be that the South African hub would then be able to license this technology to other low- and middle-income countries....”**

“So far, **three companies have been selected as the "spokes" of the South African hub** — local company Biovac, Brazil’s Bio-Manguinhos Institute of Technology on Immunobiologicals at the Oswaldo Cruz Foundation (Fiocruz), and Argentina’s Sinergium Biotech. About 10 more companies will be named as spokes in the coming weeks, Friede revealed, as well as a new workforce training hub. ...”

## MPP - Afrigen signs grant agreement with MPP to establish a technology transfer hub for COVID-19 mRNA vaccines

[MPP](#);

*“The Medicines Patent Pool (MPP) and Afrigen have signed an agreement to allow the South African biotechnology company to establish itself as the global mRNA vaccine technology transfer hub. The 39 million euros grant will cover the work from 2021 to 2026. As part of the [consortium](#), and through a hub and spoke model, the project aims to boost the vaccine manufacturing capacity of low- and middle-income countries (LMICs) to respond more equitably to COVID-19 and future pandemics....”*

See also Devex - [Without shared tech, South Africa's mRNA COVID-19 jab faces 2-year lag](#)

*“Approval of a messenger RNA [COVID-19](#) vaccine produced at a technology transfer hub in South Africa could take up to three years if companies do not share the technology around the vaccines they've produced, said Martin Friede, coordinator at the [World Health Organization's](#) Initiative for Vaccine Research, during a press conference Friday. **If an mRNA vaccine producer agrees to cooperate, the process would only take about 12 to 18 months....”***

And HPW - [Has South Africa Made Moderna's Vaccine? Scientists Are Not Yet Sure Because There Has Been No Tech Transfer to mRNA 'Hub'](#)

PS: *“The WHO sees the hub as a long-term investment to combat future pandemics and diseases endemic to Africa – and accepts that this vaccine candidate might be too late for the COVID-19 pandemic. ... .. Either way, says Friede, the primary objective of the mRNA hub is to enable other low- and middle-income countries (LMIC) to have the technology and production capacity to respond to this and future outbreaks – “and there will be future outbreaks”, he stresses....”*

*“the WHO intends to have at least one mRNA vaccine production facility in each of its six regions – and Argentina and Brazil have already been identified as the sites for the Americas, and the other regions will make announcements soon.”*

HPW – [“Even if Moderna declines, Other Pharma Partners Now Poised to Join South African mRNA Vaccine Hub Initiative”](#)

Interview with officials leading the project told *Health Policy Watch*, on the eve of a high-level WHO visit to the Afrigen Biologics & Vaccines facility (by Tedros & the Belgian Minister of Development cooperation).

## BMJ Investigation - Covid-19: WHO efforts to bring vaccine manufacturing to Africa are undermined by the drug industry, documents show

<https://www.bmj.com/content/376/bmj.o304>

*“The World Health Organization aims to help African companies make covid vaccines. **Why did BioNTech's representative tell governments that the project was doomed? Madlen Davies reports.”***

***“A foundation representing the vaccine maker BioNTech has been accused of seeking to undermine the World Health Organization’s initiative to bring covid vaccine manufacturing to the African continent, The BMJ can reveal. The kENUP Foundation, a consultancy hired by BioNTech, has claimed that WHO’s hub, which is creating a covid-19 mRNA vaccine that African companies can make, is unlikely to be successful and will infringe on patents, documents obtained by The BMJ have shown. Instead, they show kENUP promoting BioNTech’s proposal to ship mRNA factories housed in sea containers from Europe to Africa, initially staffed with BioNTech workers, and a proposed new regulatory pathway to approve the vaccines made in these factories. The novel pathway has been described as paternalistic and unworkable by some experts, as it seems to bypass local regulators. The move threatens the pan-African venture backed by WHO that seeks to scale up African production of lifesaving vaccines from 1% to 60% by 2040.1 The documents, published for the first time, reveal new details of the proposal from kENUP and BioNTech and their criticism of the WHO venture.”***

***“...The kENUP Foundation, a consultancy hired by BioNTech, has claimed that WHO’s hub, which is creating a covid-19 mRNA vaccine that African companies can make, is unlikely to be successful and will infringe on patents, documents obtained by The BMJ have shown.”***

### Reuters - Africa vaccine manufacturing drive is for long term, says CDC

<https://www.reuters.com/business/healthcare-pharmaceuticals/africa-vaccine-manufacturing-drive-is-long-term-says-cdc-2022-02-10/>

***“Africa's efforts to build up capacity to manufacture vaccines against COVID-19 are not designed to meet this year's needs but are for the longer term, the head of the continent's top public health agency said on Thursday. "The efforts that are going on on the continent now as part of the African Partnership for Vaccine Manufacturing (are) going very well, there are about 10 countries that are engaged now in the process of vaccine manufacturing or planning to do so," said John Nkengasong, director of the Africa Centres for Disease Control and Prevention (CDC). He said the leading countries involved were South Africa, Senegal, Rwanda, Algeria and Morocco....”***

### Guardian - Pfizer predicts bumper year from Covid vaccine and pill as profits double

<https://www.theguardian.com/business/2022/feb/08/pfizer-covid-vaccine-pill-profits-sales>

***“Drugmaker made \$37bn in vaccine sales last year, prompting accusations of profiteering”.***

***“Pfizer made nearly \$37bn (£27bn) in sales from its Covid-19 vaccine last year – making it one of the most lucrative products in history – and has forecast another bumper year in 2022, with a big boost coming from its Covid-19 pill Paxlovid. The US drugmaker’s overall revenues in 2021 doubled to \$81.3bn, and it expects to make record revenues of \$98bn to \$102bn this year.”***

***“... the bumper sales prompted accusations of “pandemic profiteering” from campaigners. The campaign group Global Justice Now said the annual revenue of \$81bn was more than the GDP of most countries and accused Pfizer of “ripping off public health systems”....”***

***“... According to Reuters, Pfizer has sold the vaccine to African countries at \$3 to \$10 a shot. It has indicated that a non-profit dose costs just \$6.75, or £4.98, to produce, but it has reportedly charged***

**the NHS £18 a dose for the first 100m jabs bought and £22 a dose for the next 89m, totalling £3.76bn, Global Justice Now said – amounting to an eye-watering 299% mark-up.”**

## NYT - J.&J. Pauses Production of Its Covid Vaccine Despite Persistent Need

<https://www.nytimes.com/2022/02/08/business/johnson-johnson-covid-vaccine.html>

**“A crucial Johnson & Johnson plant has stopped making its Covid vaccine, though the company says it has millions of doses in inventory.”**

**“Johnson & Johnson’s easy-to-deliver Covid-19 shot is the vaccine of choice for much of the [developing world](#). Yet the American company, which has already fallen far behind on its [deliveries to poorer countries](#), late last year quietly shut down the only plant making usable batches of the vaccine, according to people familiar with the decision. The facility, in the Dutch city of Leiden, has instead been making an experimental but potentially more profitable vaccine to protect against an unrelated virus. The halt is temporary — the Leiden plant is expected to start churning out the Covid vaccine again after a pause of a few months — and it is not clear whether it has had an impact on vaccine supplies yet, thanks to stockpiles. But over the next several months, the interruption has the potential to reduce the supply of [Johnson & Johnson’s Covid vaccine](#) by a few hundred million doses, according to one of the people familiar with the decision. Other facilities have been hired to produce the vaccine but either aren’t up and running yet or haven’t received regulatory approval to send what they’re making to be bottled....”**

**“Inside Johnson & Johnson’s executive suites, the decision to suspend production at Leiden prompted concerns that it would impair the company’s ability to deliver on its vaccine commitments to the developing world. Johnson & Johnson’s move also blindsided officials at two of the company’s most important customers: the African Union and Covax, the clearinghouse responsible for getting vaccines to poor countries. Leaders of those organizations learned of the halt in production from New York Times reporters. .... Dr. Seth Berkley, who helps run Covax as the chief executive of Gavi, said the Johnson & Johnson vaccine had been at the center of the program’s strategy for fighting Covid last year. But because of Johnson & Johnson’s delay in delivering doses, Covax has increasingly looked to other vaccine providers. “We really needed their doses in 2021, and we were counting on them,” Dr. Berkley said. “They didn’t deliver. So we had to find other doses to meet the countries’ needs.”**

**“... Plans are underway for two other facilities — one a Merck plant in North Carolina, the other run by Biological E in India — to start contributing batches of the Johnson & Johnson vaccine. But those plants are not yet producing usable vaccine substance and are not expected to do so until late spring.”**

## Reuters - AstraZeneca says COVID vaccine demand high in Lat-am, Middle East, Asia

**[Reuters](#);**

**“Astrazeneca (AZN.L) said global interest in government purchase agreements for its COVID-19 vaccine was driven by strong demand in Latin America, the Middle East and Asia, even as aggregate global demand this year will fall.”**

*“Speaking on a media call after the release of the company's fourth-quarter results, CEO Pascal Soriot said the shot, branded Vaxzevria, is receiving a “fantastic welcome” in those regions....”*

## **The Conversation - COVID vaccines: African countries need to fix their distribution chains**

**J Munemo; <https://theconversation.com/covid-vaccines-african-countries-need-to-fix-their-distribution-chains-176378>**

Excerpts: *“The World Bank’s **Logistics Performance Index**, a good proxy for transport and distribution logistics, **puts Africa at 2.5 on average**. The score ranges from 1 to 5, the highest score being an indicator of better performance. Africa’s score trails all major regions of the world in six key categories of logistics performance, including timeliness and tracking. ...”*

*“... Before COVID-19 vaccines were deployed globally, a World Health Organisation (WHO) **assessment** showed **that Africa has an average preparedness score of 33% for the COVID-19 vaccination programme**. This is far below the desired benchmark of 80% in key areas, including logistics quality and performance. **Emerging data (see graph below) appear to confirm that logistics performance quality is positively correlated with the COVID-19 vaccination rate across Africa**. It is interesting to compare vaccination rates of countries with a relatively low Logistics Performance Index (such as the DRC) with those that have a relatively higher index (such as South Africa)....”*

*“... **On the other hand, Zimbabwe, Equatorial Guinea, and Comoros have relatively better vaccination rates but lower Logistics Performance Index scores. This suggests that other factors contribute to the uptake of vaccines in Africa....”** For instance, when authorities in Zimbabwe **announced** that those who refuse COVID-19 vaccines could be denied public sector jobs and services, the vaccination rate increased significantly in big cities. It made Zimbabwe one of the African countries with the highest vaccination rates despite its poor logistics performance.*

*“... It is therefore quite **concerning that a WHO survey of 34 countries found widespread gaps in cold-chain refrigeration capacity in Africa**. About 30% of countries surveyed have gaps in cold-chain refrigeration capacity in more than half of their districts. Only 28% of health facilities in sub-Saharan Africa are estimated to have access to a reliable power supply. **Addressing these structural issues should be a development priority in the medium term....”***

## **Nature - Revealing the hidden value of vaccines**

**[Nature Portfolio](#)**;

*“Vaccines are one of the most successful public health measures ever designed. Understanding their full value could steer investment in the right direction.”*

*“... **Whether for COVID-19 vaccines, or influenza, measles, and other illnesses, the global public health community has not agreed on a standard by which to value the total economic and social benefit of vaccines**. Mark Jit, an epidemiologist at the London School of Hygiene and Tropical Medicine, says that with COVID-19, “It's very clear that the benefits of a vaccine are not purely health. They allow countries to relax some of these measures that have a big impact on the economy, but also on people's ability to live normal lives.” ... .. **Jit and other researchers worldwide are working to develop metrics that take into account the broader socioeconomic, regional and global***

**benefits of vaccination.** Given that most policy decisions involve some form of cost-benefit analysis, **revaluing vaccines could raise their priority in the global public health agenda**, and thus boost their development, distribution and uptake worldwide...”

“... **Several research groups** are now looking into alternative metrics that capture the full value of vaccines. Ferranna and her collaborator David Bloom, for example, are employing a methodology called **social welfare analysis**. “The first step is to determine the impact of vaccination on individual well-being,” says Ferranna; the researchers then pool individual results to produce “an aggregate measure of how vaccination improves the overall well-being of a society.” This entails assigning monetary value to quantitative and qualitative indicators relating to health, education, work productivity, and overall quality of life. Such an approach could help policymakers and funders to draw direct comparisons between a given vaccine and other public health measures or interventions as well as define clearer value proposition for new vaccine research. While the notion of a broader impacts assessment is decades old, Ferranna notes that “this type of approach hasn’t yet taken off from a policy-making perspective.” ...”

## Covid treatment/diagnostics/...

### Politico Global Pulse - The pandemic’s next equity fight

<https://www.politico.com/newsletters/global-pulse/2022/02/10/the-pandemics-next-equity-fight-00007390>

*“The promise of Covid-19 antiviral drugs is already prompting questions about their fair distribution worldwide, which could affect Washington’s pandemic response abroad. The antivirals, which are difficult to make and in already short supply, could significantly aid countries hit hardest by the coronavirus. But they’re also seen as a tool to prevent future variants like Omicron and control their spread in at-risk countries....”*

*“... The broader strategy can be seen in Democrats in Congress who asked the Biden administration for an additional \$17 billion in funding for international pandemic response. Two members of the group told Global Pulse they want to see antivirals — among other resources — in the package, even as the White House proposed a smaller, \$10 billion investment....”*

*“... Pfizer and Merck have agreed to license agreements to make their Covid antivirals more accessible in developing nations as they work to create a sustainable supply. The U.S. expects about 20 million doses of Pfizer’s Paxlovid by the end of the year — but that could just be the beginning of the global supply, depending on other countries’ future production. “The ability to reduce hospitalizations by about 90 percent and deaths with a pill ... it’s really remarkable, but it should be globally available — not just in rich countries,” Eric Topol, professor and executive vice president at Scripps Research Translational Institute, said....”*

### HPW - Africa Has Enough COVID Test Kits – Nkengasong

<https://healthpolicy-watch.news/africa-has-enough-covid-test-kits-nkengasong/>

*“Dr John Nkengasong, Director of the Africa Centres for Disease Control and Prevention (Africa CDC) has told Health Policy Watch that the continent is not in short supply of COVID-19 test kits. According to him, every African country that is in need of the test supplies can get it if they want. .... He argued that the **major determining factor for closing the COVID-19 testing gap in Africa is at the country level** — enjoining governments to prioritise testing as a major cornerstone of their pandemic response. ... While the continent’s testing data fluctuates from one week to another, it does not suggest that the continent is in short supply of testing kits, he added, describing the trend as a reflection of the priorities of the governments concerned....”*

## Reuters - Africa still talking to Merck, Pfizer about COVID pills -CDC

[Reuters](#);

*“Africa's top public health agency is still talking to pharmaceutical firms Merck and Pfizer about obtaining supplies of their antiviral pills to treat COVID-19, its director said on Thursday. "We are still in discussions with both Pfizer and Merck, so there's no new development that I can share. These discussions take long," said John Nkengasong, head of the Africa Centres for Disease Control and Prevention (CDC), at a regular online briefing.”*

## Livemint - Glenmark Pharma launches nasal spray for treatment of Covid patients in India

<https://www.livemint.com/science/glenmark-pharma-launches-nasal-spray-for-treatment-of-covid-patients-in-india-11644376921396.html>

Glenmark Pharma launched Nitric Oxide Nasal Spray (FabiSpray) in India for the treatment of adult patients with Covid-19 in partnership with SaNOTize.

## Covid analysis

### Lancet - Offline: Complacency threatens progress against COVID-19

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00266-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00266-5/fulltext)

Horton is no fan of Hans Kluge’s messaging on the pandemic plausible ‘endgame’, even if only focusing on the European region. “...As WHO's chief spokesperson for the 53 countries that make up his regional responsibility, Kluge was no doubt seeking to strike an optimistic and encouraging note. **But it is disappointing that he took such a narrow geographical perspective about a global pandemic. His words promote a false reassurance that could breed complacency, even conceit.”**

*“Rather than celebrating an “enduring peace”, Kluge should be urging countries to be vigilant for new (and old) SARS-CoV-2 variants, build stronger surveillance capacities, address vaccine hesitancy, expand access to antivirals, maintain clear public health messaging about protecting those most vulnerable to the virus, and be wary of animal reservoirs that could reseed human populations with the virus....”*

And: *“...new evidence is accruing about the lessons we can learn from this pandemic—lessons that should be embraced more assiduously by global health leaders. Perhaps the most striking finding came recently from the COVID-19 National Preparedness Collaborators. They found that the measures of pandemic preparedness we have relied on in the past do not explain variations in infection fatality between countries. What has been missing from understanding why some countries performed better than others was political context. Countries with low levels of trust in government suffered more. It is this political context that WHO’s leaders shrink from underlining. It is far easier to point to technical weaknesses in national and global responses. But WHO should also be more vocal in holding political leaders accountable for the fractured trust their regimes have fostered. A lack of honesty in the assessments of pandemic responses by global health leaders indicates that these lessons have not been learned. And while WHO continues to avoid these inconvenient truths, the world’s peoples remain at risk from political ineptitude and dysfunctional governance.”*

### BMJ (Editorial) - “Excess deaths” is the best metric for tracking the pandemic

N Islam; <https://www.bmj.com/content/376/bmj.o285>

« *...Recognising its importance, the World Health Organization and the UN Department of Economic and Social Affairs have established a technical advisory group to estimate the global burden of excess mortality associated with the covid-19 pandemic. Excess deaths is an essential metric in tracking the impact of the pandemic both within and between countries, and governments worldwide should publish them alongside data on covid-19 cases and deaths.*”

### Globalization & Health - Analysis of the COVID-19 pandemic: lessons towards a more effective response to public health emergencies

Y Assefa et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00805-9>

« *We have found that regions and countries with high human development index have higher cases and deaths per million population due to COVID-19. This is due to international connectedness and mobility of their population related to trade and tourism, and their vulnerability related to older populations and higher rates of non-communicable diseases. We have also identified that the burden of the pandemic is also variable among high- and middle-income countries due to differences in the governance of the pandemic, fragmentation of health systems, and socio-economic inequities....”* Check out what the authors recommend in terms of a more effective strategy to tackle public health emergencies.

### International Journal of Nursing Studies Advances - Women healthcare workers’ experiences during COVID-19 and other crises: A scoping review

R Morgan et al ;  
<https://www.sciencedirect.com/science/article/pii/S2666142X22000066?via%3Dihub>

*“...The objective of this review was to identify the gendered effects of crises on women healthcare workers’ health and wellbeing, as well as to provide guidance for decision-makers on health systems policies and programs that could better support women healthcare workers....”*



## Foreign Policy - Economists Are Fueling the War Against Public Health

L Garrett; <https://foreignpolicy.com/2022/02/08/economists-are-fueling-the-war-against-public-health/>

“A new report is being hailed by conservatives—but doesn’t stand up to scrutiny.” Focus on the US, but with broader ramifications.

## TGH - The Dangers of Confusing Vaccine Hesitancy with Vaccine Access

K Knight et al; <https://www.thinkglobalhealth.org/article/dangers-confusing-vaccine-hesitancy-vaccine-access>

“Framing “the vaccine hesitant” as a category of people is a critical error.”

## Pandem-IC - Pandemic contrasts among the BRICS

<https://pandem-ic.com/pandemic-contrasts-among-the-brics/>

“Several BRICS countries are surprisingly similar when it comes to pandemic outcomes.” Especially India, Brazil & South-Africa (in terms of excess mortality).

## BMJ GH (Commentary) – Children and adolescents in African countries should also be vaccinated for COVID-19

N A Sam-Agudu et al ; <https://gh.bmj.com/content/7/2/e008315>

*« Available evidence indicates that children and adolescents can transmit SARS-CoV-2 infection and are also vulnerable to severe disease and death. There has been recent acceleration in approvals, initiation and scale-up of COVID-19 vaccination among children under 18 years in high-, low- and middle-income countries around the world. Current data indicate that children in African countries also experience COVID-19-related morbidity and mortality, which may be worse than that of their counterparts in other regions of the world. **In this article, we outline the global status quo on scale-up of safe and effective COVID-19 vaccines for younger populations, and make an argument for why African children and adolescents should also be targeted for vaccination.**»*

## Covid resources

### Wemos - Review of initiatives for access to Covid-19 innovations

<https://covid19response.org/>

“Different public institutions have started or proposed a wide variety of initiatives to make access to Covid-19 innovations more equitable. This website provides an up-to-date overview of these initiatives and their characteristics, strengths and weaknesses....” Among others: mRNA hub, C-TAP,

TRIPS waiver, Pandemic Treaty, MPP, Covax, Covax Manufacturing taskforce, Global Health Treats Fund, Team Europe etc;..

## World Cancer Day

### WHO - World Cancer Day: closing the care gap

<https://www.who.int/news/item/03-02-2022-world-cancer-day-closing-the-care-gap>

The theme for this year's World Cancer Day was "closing the care gap".

"... [Setting Up a Cancer Centre: a WHO-IAEA Framework](#), being released by the World Health Organization and the International Atomic Energy Agency for World Cancer Day, **proposes a framework for both establishing a cancer centre and strengthening the provision of services in existing centres**. Intended for policy-makers, programme managers and health professionals, it provides details of the infrastructure, human resources and equipment required for essential services, taking into consideration local context and resources available..."

UN News - [New WHO platform promotes global cancer prevention](#)

*"With one in five people worldwide developing cancer during their lifetimes, prevention of the disease has become one of the most significant public health challenges of the 21st century. .... To mark World Cancer Day, the World Health Organization's (WHO) International Agency for Research of Cancer (IARC) launched on Friday the [World Code Against Cancer Framework](#), an online platform that will promote prevention globally and the development of Regional Codes to help fight the disease....."*

*"Based on current scientific evidence, **at least 40 per cent of all cancer cases could be prevented with effective primary prevention measures, and further mortality can be reduced through early detection of tumours. ...**"*

*"... Also on Friday, **The International Atomic Energy Agency (IAEA) announced a new initiative, called Rays of Hope**, to support Member States with diagnosis and treatment using radiation technologies, beginning with African countries most in need...."*

## Commercial determinants of health & NCDs

### BMJ GH (Commentary) - Recognising the elephant in the room: the commercial determinants of health

C de Lacy-Vawdon et al ; <https://gh.bmj.com/content/7/2/e007156>

*"The discourse and terminology of 'Commercial determinants of health' should be used in preference to other similar terminology, and should be broadly applied when examining any aspect*

of population health where there are clear links between commercial and/or corporate forces and health. **Systems of power are fundamental to and reinforce the commercial determinants of health.** These require recognition and consideration within the commercial determinants of health context, particularly where populations are exposed to risk factors, and other vectors of harm. **Commercial determinants of health should themselves be recognised as reflexive systems, and systems approaches should be prioritised in interventions seeking to improve population health.** Commercial determinants of health definition(s) should recognise potential for both harms and benefits, and the multidirectionality of commercial determinants of health as risk and protective factors. However, reducing and preventing harms should remain the primary focus.”

## IJHPM - Trust, but Verify; Comment on “Part of the Solution:” Food Corporation Strategies for Regulatory Capture and Legitimacy

Luke Allen; [https://www.ijhpm.com/article\\_4211.html](https://www.ijhpm.com/article_4211.html)

“According to Lacy-Nichols and Williams, the food industry is increasingly forestalling regulation with incremental concessions and co-option of policymaking discourses and processes; bolstering their legitimacy via partnerships with credible stakeholders; and disarming critics by amending their product portfolios whilst maintaining high sales volumes and profits. **Their assessment raises a number of fundamental philosophical questions that we must address in order to form an appropriate public health response: is it appropriate to treat every act of corporate citizenship with cynicism? If voluntary action leads to better health outcomes, does it matter whether profits are preserved? How should we balance any shortterm benefits from industry-led reforms against the longer-term risk stemming from corporate capture of policymaking networks? I argue for a nuanced approach, focused on carefully defined health outcomes; allowing corporations the benefit of the doubt, but implementing robust binding measures the moment voluntary actions fail to meet independently set objectives.**”

## NCD Alliance - A Global NCD Agenda for Resilience and recovery from Covid-19

<https://ncdalliance.org/sites/default/files/NCA%20Resilience%20and%20Recovery.pdf>

With 3 pillars and 12 recommendations.

## WHO –Food marketing exposure and power and their associations with food-related attitudes, beliefs and behaviours: a narrative review

<https://www.who.int/publications/i/item/9789240041783>

“This report presents the outcomes of a narrative review conducted to update an earlier descriptive review published by WHO in 2009 on the extent, nature and effects of food marketing. The current review was requested by the WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Policy Actions **as part of the evidence reviews to inform its formulation of an updated WHO guideline on policies to protect children from the harmful impact of food marketing....**”

## BMJ GH (blog) - Preventing tooth decay in resource-limited settings

Ifeanyi M. Nsofor et al ; <https://blogs.bmj.com/bmjgh/2022/02/07/preventing-tooth-decay-in-resource-limited-settings/>

***“For the first time since it was first published in 1977, dental medicines have been added to the World Health Organization Essential Drug List..... “***

*“Dental health inequity is **disproportionately skewed towards the Global South**. According to [WHO oral health fact sheet](#), 44% of the global population (3.5 billion people) are affected by oral diseases; and above 530 million children suffer from tooth decay of primary teeth (milk teeth). ... .. Prevention and treatment of oral health conditions in resource-poor settings is challenging due to poor availability of dental health practitioners. The [statistics](#) are grim. There is only 1 dentist per 152,721 in low-income countries; 1 per 13,810 citizens in middle-income countries; and 1 dentist per 1,708 citizens in high-income countries. ... Without intentional ways of ensuring access, adding these dental needs to the WHO list will be meaningless. **These are four interventions that should be prioritized to ensure equitable access for all....”***

## Planetary Health

### Lancet Planetary Health – February issue

[https://www.thelancet.com/journals/lanplh/issue/vol6no2/PIIS2542-5196\(22\)X0002-8](https://www.thelancet.com/journals/lanplh/issue/vol6no2/PIIS2542-5196(22)X0002-8)

Start with the Editorial - [Turning the juggernaut](#)

With this hard-hitting final paragraph: “... **What these seemingly disparate topics have in common is that, along with many others, they require deliberate, concerted international action if they are to be effectively addressed and their associated risks minimised. However, as we see with vaccine inequality, as an international community, we frequently fail to take a broad inclusive approach to addressing even pressing risks. This raises an interesting and important question. How do we affect meaningful change in the face of a seemingly unresponsive system? In general academics hope that providing more information is enough even though this information deficit approach is rarely sufficient. Perhaps there is something to learn from the recent [case of Guillermo Fernandez](#) who pressured—through hunger strike—the Swiss Federal Assembly into receiving training on climate change from IPCC scientists so that politicians would really understand the severity of the risks we all face. Reflecting on this case in a [blog, Julia Steinberger](#), an ecological economist, and activist, found much of her previous understanding of system change challenged and outlined six insights for enacting change. One stand out point being that we do not fully understand the system we seek to influence and that “it takes activism and active confrontation with systems to really understand what they are made of, how they work, and how to change them”. This needs study, please submit your research, but more importantly as Julia puts it “get out there. Interfere. Talk to people. Try like all heck to change bits and bobs of the systems that surround you. As you’ll try, you’ll learn, and as you’ll learn, your chances of success will expand extraordinarily.”**

But check out the whole issue, including this **Personal View - [The determinants of planetary health: an Indigenous consensus perspective](#)** (by N Redvers et al).

*“ A group of Indigenous scholars, practitioners, land and water defenders, respected Elders, and knowledge-holders came together to define the determinants of planetary health from an Indigenous perspective. Three overarching levels of interconnected determinants, in addition to ten individual-level determinants, were identified as being integral to the health and sustainability of the planet, Mother Earth.....”*

## **TGH - Indonesia: Why Planetary Health Needs to Be on the Menu for the G20 Chair**

R Guinto et al ; <https://www.thinkglobalhealth.org/article/indonesia-why-planetary-health-needs-be-menu-g20-chair>

*“President Joko Widodo has the opportunity to champion a "planetary health" approach.”*

## **Guardian - ‘Carbon footprint gap’ between rich and poor expanding, study finds**

[https://www.theguardian.com/environment/2022/feb/04/carbon-footprint-gap-between-rich-poor-expanding-study?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/environment/2022/feb/04/carbon-footprint-gap-between-rich-poor-expanding-study?CMP=Share_iOSApp_Other)

*“Researchers say cutting carbon footprint of world’s wealthiest may be fastest way to reach net zero”.*

*“Wealthy people have disproportionately large carbon footprints and the percentage of the world’s emissions they are responsible for is growing, a study has found. **In 2010, the most affluent 10% of households emitted 34% of global CO<sub>2</sub>, while the 50% of the global population in lower income brackets accounted for just 15%. By 2015, the richest 10% were responsible for 49% of emissions against 7% produced by the poorest half of the world’s population.** .... Aimee Ambrose, a professor of energy policy at Sheffield Hallam University and author of the **study published in the journal Science Direct, says cutting the carbon footprint of the wealthiest might be the fastest way to reach net zero....”***

## **Guardian - World’s biggest firms failing over net-zero claims, research suggests**

[https://www.theguardian.com/environment/2022/feb/06/amazon-ikea-nestle-biggest-carbon-net-zero-claims?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/environment/2022/feb/06/amazon-ikea-nestle-biggest-carbon-net-zero-claims?CMP=Share_iOSApp_Other)

*“Amazon, Ikea, Nestlé and others will fall short of promise to cut carbon by 100%, says NewClimate Institute.”*

*“Some of the world’s biggest businesses are **failing to live up to claims they will hit net-zero emissions targets, according to research that suggests they will cut their carbon emissions by only 40% rather than the 100% cuts claimed.** Household names such as Amazon, Ikea, Nestlé and Unilever are among the companies named as showing little substance to their claims that they will cut emissions drastically. Thomas Day of NewClimate Institute, who compiled the report, said that taken in aggregate, the efforts of the 25 companies studied would make little impact. “ “... **The***

*Corporate Climate Responsibility Monitor*, by NewClimate Institute and Carbon Market Watch, scored companies on criteria including their targets, how much offsetting they planned to use and the reliability of those offsets, as well as progress on reducing their own emissions, and how transparent they were in their target-setting and corporate reporting....”

## **New framework of indicators for achieving Sustainable Development Goals**

<https://www.newswise.com/articles/new-framework-of-indicators-for-achieving-sustainable-development-goals>

*“The world is not on track to achieve all the UN Sustainable Development Goals (SDGs) by 2030, and more insight into how we can get back on track is urgently needed. **An article by an international team of scientists proposes a more limited set of more easily measurable targets that can be used in scenario analysis for achieving all of the SDGs by the target date.**”*

*“The **paper** proposes a set of 36 targets, which have been defined for 2030 (the target year of the SDGs), as well as for 2050, as work on sustainable development will still need to continue beyond 2030....”*

For the paper, see: **One Earth – [Defining a sustainable development target space for 2030 and 2050](#)**

*“...The 36 targets are based on the SDGs, existing multilateral agreements, literature, and expert assessment. They include 2050 as a longer-term reference point. **This target space can guide researchers in developing new sustainable development pathways.**”*

## **The manifesto of Degrowth journal**

<https://www.degrowth.info/en/blog/the-manifesto-of-degrowth-journal>

*“After decades of research, the time has come: degrowth now has its own journal.”*

PS: *“**Let us apply the logic of commoning and create a safe ‘knowledge commons’ in order to protect our ability to study important questions, starting with imagining life beyond growth and capitalism. The journal Degrowth embodies core values of degrowth such as autonomy and solidarity: its goal is to decommodify knowledge, to go against the mass profiteering of commercial publishers and defend free access to science for the common good. This is why the journal is open access and free of charge for both readers and authors.**”*

*“...**More than a journal, Degrowth promotes a new publication culture, one that puts quality before quantity and that embraces the principles of slow science....”***

## Decolonize Global Health

### Quantitative Science Studies - Assessing the effect of article processing charges on the geographic diversity of authors using Elsevier's "Mirror Journal" system

A Smith et al; [https://direct.mit.edu/qss/article/doi/10.1162/qss\\_a\\_00157/107612/Assessing-the-effect-of-article-processing-charges#.YfzmRkp5TXY.twitter](https://direct.mit.edu/qss/article/doi/10.1162/qss_a_00157/107612/Assessing-the-effect-of-article-processing-charges#.YfzmRkp5TXY.twitter)

Conclusion: "...Our results for Elsevier's Mirror-Parent system are consistent with the hypothesis that APCs are a barrier to OA publication for scientists from the Global South."

### Forbes - Double Agents In Global Health

M Pai; <https://www.forbes.com/sites/madhukarpai/2022/02/06/double-agents-in-global-health/?sh=3de93811a2ec>

« I was once called a **'double agent'** because I grew up and trained in India, but now do global health research and teaching in Canada. I think it was meant as a compliment (I hope!) to **suggest that someone like me understood global health from both perspectives**. Of course, there are people from high-income countries (HICs) living and working in low- and middle-income countries (LMICs). Historically, and even today, every aspect of global health is dominated by individuals, institutions and funders in HICs. **In this landscape, how do double agents straddle two worlds? In what ways do they contribute? What privileges do they enjoy because of their status? What conflicts and challenges do they face and how do they try to resolve them? This time, I crowd-sourced input from 19 other double agents.;**..”

“All double agents admitted that they see themselves as **'brokers,' 'mediators,' 'translators,' 'allies,' 'ambassadors,' or 'bridge-builders.'**...”

Check out the other findings.

### The narrative of decolonization of development aid: Are non-Western alternatives the real issue?

T Khan ; <https://revistaidees.cat/en/the-narrative-of-decolonization-of-development-aid/>

In the words of the author: “A sneak peek of my magnum opus on #decolonization of #aid (officially out Feb 10).” A few excerpts:

“... aid is a system heavily influenced by and is an outcome of the end of colonialism. But it has in many ways developed an independent life of its own in terms of its modalities and functionalities. Aid is also a formal agreement made between two or more independent countries, rather than a violent ascension of control by one over the other. Granted, much of this economic assistance comes with strings attached, such as IMF conditionalities and World Bank loan repayments. But to frame the discussion of power inequalities between aid giver and receiver as a cause for decolonization is doing a dis-service to both the historical worth of decolonization, as well as to

*how we should actually be tackling the issue of aid dependency in countries of the global South. That is, not in terms of ridding ourselves of colonial influence, but rather, being in control of our own decision-making processes so that we increase our autonomy vis-à-vis our Northern counterparts. It is about asserting our independence rather than our dependence... .... To be able to critically engage with the concept of decolonization of aid —if at all— it is important to analyze not just the attitudes of the aid giver, but also of the aid receiver. There are many issues missing from this discourse which make it difficult to rationalize the use of the decolonization argument....”*

*“Decolonization is not simply about Western post-colonial powers controlling non-Western post-colonial states. Many former colonies are now themselves exhibiting colonial tendencies and exacerbating power inequalities within their own countries; for instance, by discriminating against —often through violent means— religious and ethnic minorities, by exerting feudal control, financial corruption or through political dictatorships. If we are to speak about decolonization, we cannot ignore examples of how abuse of power manifests itself outside the global North.... Likewise, South-South collaboration for development is based on the flawed premise that just because everyone belongs to a particular geographical, cultural or religious context, they will all get along with each other. That is true to the extent that countries of the South can collectively challenge Northern domination. But widespread power inequalities also exist within the regions of the global South based on geopolitical and economic variables such as history, wealth and global political status. What decolonization of aid also fails to address is the securitization of aid assistance and the military aid given to many countries by the North....”*

*“... Western narratives on the decolonization of aid are bereft of meaning if they only focus on colonial history as their springboard, taking into account that current geopolitics and the struggle for global supremacy is now far more complex than the history of colonialism. .... ....Decolonization in its truest sense, if it is to be applied in any situation, emanates not from the colonizer but from the colonized. In the case of development aid, the case is not to absolve Northern donors of their misuse of power, but rather that the push for control must come from those at the receiving end. A push that challenges the very structures of aid, its purpose, its uses and its modalities. Once that happens, then perhaps we can start talking about decolonization of aid....”*

## Health Affairs – theme issue on racism & health

<https://www.healthaffairs.org/toc/hlthaff/41/2>

New February issue.

## Access to Medicines

### Lancet World Report – Gilead and ViiV Healthcare reach settlement over HIV drug

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00269-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00269-0/fulltext)

“Gilead Sciences to pay US\$1.25 billion, and royalties, settlement to ViiV Healthcare over patent infringement of the HIV drug, dolutegravir. Nayanah Siva reports.”



*“In what is thought to be one of the largest pharmaceutical settlements, Gilead Sciences has agreed to a deal with ViiV Healthcare, over the sale of the HIV drug, Biktarvy, following a lengthy patent dispute. Gilead is due to pay 3% in royalties on US sales of Biktarvy until ViiV Healthcare’s patent expires in 2027, in addition to an upfront payment of US\$1.25 billion....”*

## **Social Science and Humanities Open - “Health for all” and the challenges for pharmaceutical policies: A critical interpretive synthesis over 40 years**

L Gautier et al ; <https://www.sciencedirect.com/science/article/pii/S2590291122000092>

*“More than 40 years after the Alma-Ata Declaration on Primary Health Care, it is time to take stock. **A look back at the evolution of pharmaceutical policies reveals the extent to which international health has transformed in the last four decades.** The imperative of equitable access to healthcare, reaffirmed in Astana in 2018, has still not been achieved in many countries across the globe, whereas recent Ebola and COVID epidemics have opened up new political spaces for pharmaceutical development. **In response to a gap in the literature with regard to the politics behind global pharmaceutical policymaking, we offer a critical interpretive synthesis of the literature on pharmaceutical policies, in English and French, from 1978 to 2018 inclusively.** ... Building upon the seminal works of K.S. Rajan, we review the literature under the following assumption: **pharmaceutical policies reflect or enact different conceptions of knowledge, political spaces, and value.** We then critically discuss our findings in light of the contemporary debates, particularly in the wake of recurring epidemics. **We thereby challenge the mainstream perspective according to which pharmaceuticals and pharmaceutical policies must be viewed as value-free, apolitical instruments.**”*

## **Other news of the week**

### **UN News - Spending on social protection rose nearly 270% with pandemic**

<https://news.un.org/en/story/2022/02/1111442>

*« The 60th session of the Commission for Social Development kicked off on Monday, in a virtual format, with **appeals to make COVID-19 a turning point for humanity, and a focus on making social protection systems universally available.** ..... from December 2020 to May 2021, total spending on social protection rose by almost 270 per cent, to \$2.9 trillion. .... Now, the Under-Secretary-General believes many of these measures must become permanent to get back on track to deliver the 2030 Agenda.”*

### **UN News - WHO highlights benefits and dangers of artificial intelligence for older people**

<https://news.un.org/en/story/2022/02/1111562>

*“Artificial intelligence (AI) technologies can improve older people’s health and well-being, but only if **ageism is eliminated from their design, implementation, and use,** said the World Health Organization (WHO) on Wednesday. In a new policy brief, **Ageism in artificial intelligence for***

*health, the agency presents legal, non-legal and technical measures that can be used to minimize the risk of exacerbating or introducing ageism through AI....”*

## Devex - Back in business: The World Bank has a new 'Doing Business' plan

<https://www.devex.com/news/back-in-business-the-world-bank-has-a-new-doing-business-plan-102648>

*“The **World Bank** has launched public consultations for its “**Business Enabling Environment Project**,” which will take over where “**Doing Business**” left off after the once-flagship publication that ranked countries’ private sectors was canned following scandal. According to a “**pre-concept note**” posted on the bank’s website, the aim is to move quickly. “**The target timeline for releasing the first report is late fall 2023**,” the note said.”*

*“... At the top of the pre-concept note, the bank pledged to abide by the “**highest possible standards**,” including “**robust data safeguards**.” The new report is further described as taking an approach that will be “**in contrast**” to “**Doing Business**,” with a more “**balanced**” approach. One example is a switch away from a focus on regulatory red tape to “**a more nuanced and potentially positive perspective on the role of governments**” in providing services. Also, there will be more reliance on hard data rather than surveys....”*

## Papers and reports of the week

### UN News - In an anxious world, time to redefine progress: new UN report

<https://news.un.org/en/story/2022/02/1111432>

*“**People’s sense of safety and security is at a low in almost every country, with six in seven worldwide plagued by feelings of insecurity, according to new data and analysis by the UN Development Programme (UNDP) published on Tuesday. Even citizens living in countries that enjoy some of the highest levels of good health, wealth, and education outcomes, are reporting even greater anxiety than a decade ago. The report, [New Threats to Human Security in the Anthropocene](#), calls for greater solidarity across borders to tackle the disconnect between development and perceived security. .... UNDP also advocates a new approach to development that it hopes will help people to live free from want, fear, anxiety, and indignity. “We need a fit-for-purpose development model that is built around the protection and restoration our of planet with new sustainable opportunities for all,” said Mr. Steiner. UNDP first introduced the concept of human security in its landmark Human Development Report, issued in 1994. “***

*“... **The authors argue that addressing these threats will require policy makers to consider protection, empowerment, and solidarity alongside one another so that human security, planetary considerations and human development, all work together and not despite each other. Asako Okai, UN Assistant Secretary-General and Director of the UNDP Crisis Bureau, said the report highlights the need to build a greater sense of global solidarity based on the idea of common security. “Common security recognises that a community can only be secure if adjacent communities are too,” she explained. “This is something we see all too clearly with the current***

*pandemic: nations are largely powerless to prevent new mutations of this coronavirus from crossing borders.”*

PS: *“The report includes a new index which reveals that between 1995 and 2017, inequality in healthcare performance worsened between countries with low and very high human development...”*

## **IJHPM - The Roles of Regional Organisations in Strengthening Health Research Systems in Africa: Activities, Gaps, and Future Perspectives**

*C Jones et al ;*

[https://www.ijhpm.com/article\\_4213.html?utm\\_source=dlvr.it&utm\\_medium=twitter](https://www.ijhpm.com/article_4213.html?utm_source=dlvr.it&utm_medium=twitter)

*“...We mapped regional organisations involved in health research across Africa and conducted 18 interviews with informants from **15 regional organisations**. We investigated the roles, challenges, and opportunities of these bodies in strengthening health research. ...”*

## **Global Health Watch 6: In the Shadow of the Pandemic**

<https://www.bloomsbury.com/ca/global-health-watch-6-9781913441265/>

You can already pre-order it.

## **WHO Bulletin – February issue (PMAC 2022 theme issue)**

<https://www.ncbi.nlm.nih.gov/pmc/issues/399608/>

*“This month’s theme issue focuses on policy and health system responses to the COVID-19 pandemic. In the editorial section, [Viroj Tangcharoensathien and Tedros Adhanom Ghebreyesus](#) explain why the timing of the pandemic’s end will be influenced by political choices. Oscar J Mujica et al. [emphasize](#) the need to address health inequity in pandemic preparedness and response plans.”*

Via the first editorial: [Ending the pandemic is not a matter of chance; it’s a matter of choice](#)

*“This theme issue of the Bulletin of the World Health Organization, launched at the Prince Mahidol Award Conference in January 2022, provides a collection of evidence and case studies on how countries are responding to the pandemic, including the use of data, the role of community health workers, how to build resilient supply chains, lessons learnt in sustaining essential health services for immunization, child nutrition, eye care, tuberculosis, maternal and child health, peritoneal dialysis and more. This issue offers valuable insights and lessons from which all countries can learn, for this pandemic and for preventing and mitigating the impact of future health crises...”*

## HP&P - On Learning About Efforts to Strengthen (and Reduce Harm to) Systems for Health

E Sarriot et al ; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czac013/6523091?redirectedFrom=fulltext>

***“We comment on two embedded case studies of systems effects of successive mid-size projects looking back over 7-10 years, published in Health Policy and Planning. The papers examine humanitarian projects in Sudan and Pakistan and development projects (integrated Community Case Management) in Ethiopia, Malawi, and Mozambique. In this commentary, we summarize the two papers and discuss the overarching substantive and methodological lessons learned. In both development and humanitarian/emergency practice, projects navigate a dynamic space between gap-filling, systems support, and systems strengthening. In this, their contribution to systems strengthening depends heavily on the eco-system of government, development partners, and donors. Systems strengthening presents great challenges in definition, implementation, and measurement. Nonetheless, project implementers can and should renew their commitment to strengthening systems for health. This comes with a fundamental requirement for learning and evaluation.”***

## Evidence & Policy - Promoting action on structural drivers of health inequity: principles for policy evaluation

A Schram et al ; <https://www.ingentaconnect.com/content/tpp/ep/pre-prints/content-evidpold2000045>

***“This paper proposes new principles for researchers to conduct health equity policy evaluation. Four key principles are presented: (1) where to evaluate – shifting from familiar to unfamiliar terrain; (2) who to evaluate – shifting from structures of vulnerability to structures of privilege; (3) what to evaluate – shifting from simple figures to complex constructs; and (4) how to evaluate – shifting from ‘gold standard’ to more appropriate ‘fit-for-purpose’ designs. These four principles translate to modifying the policy domains investigated, the populations targeted, the indicators selected, and the methods employed during health equity policy evaluation. The development and implementation of these principles over a five-year programme of work is demonstrated through case studies which reflect the principles in practice.”***

## FAO - Measuring rural poverty with a multidimensional approach: The Rural Multidimensional Poverty Index

<https://www.fao.org/documents/card/en/c/cb8269en>

***“This report presents the results of a collaboration between FAO and the Oxford Poverty and Human Development Initiative (OPHI), at the University of Oxford. The first part of the report proposes a framework for measuring multidimensional poverty in rural areas and describes the motivation for the Rural Multidimensional Poverty Index (R-MPI) proposal, which departs from the established global Multidimensional Poverty Index (global MPI), first designed in 2010 as an international measure of acute poverty covering over 100 developing countries by adding modifications in the dimensions and embedded indicators. The second part of this report presents an empirical test of the proposed R-MPI, using data from four household surveys conducted in Ethiopia, Malawi, the Niger, and Nigeria which are harmonized within the Rural Livelihoods Information System (RuLIS).”***

## Plos One - On the resilience of health systems: A methodological exploration across countries in the WHO African Region

H C Karamagi et al ; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261904>

*“The need for resilient health systems is recognized as important for the attainment of health outcomes, given the current shocks to health services. Resilience has been defined as the capacity to “prepare and effectively respond to crises; maintain core functions; and, informed by lessons learnt, reorganize if conditions require it”. There is however a recognized dichotomy between its conceptualization in literature, and its application in practice. **We propose two mutually reinforcing categories of resilience, representing resilience targeted at potentially known shocks, and the inherent health system resilience, needed to respond to unpredictable shock events.** We determined capacities for each of these categories, and explored this methodological proposition by computing country-specific scores against each capacity, for the 47 Member States of the WHO African Region....”*

## Lancet GH (Comment) - Associations between country-level macroeconomic factors and the double burden of malnutrition

D Talukdar et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00010-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00010-9/fulltext)

Comment related to a new Lancet GH study. *“Given its widespread incidence and enormous costs for health and the economy in contemporary society, the double burden of malnutrition (DBM) remains a top priority public health challenge, particularly in low-income and middle-income countries (LMICs) that have witnessed rising percentages of overweight and obesity in the past two decades while still battling the undernutrition problem. **In this issue of The Lancet Global Health, a study by Paraskevi Seferidi and colleagues provides important insights in building the relevant knowledge base that can help to better address this DBM challenge. This study analysed the nature of empirical association between household-level DBM and the degree of country-level globalisation (along economic, social, and political dimensions), after controlling for household wealth and country income....”***

See Lancet GH - [Global inequalities in the double burden of malnutrition and associations with globalisation: a multilevel analysis of Demographic and Healthy Surveys from 55 low-income and middle-income countries, 1992–2018](#)

*“... The probability of DBM was higher among richer households in poorer LMICs and poorer households in richer LMICs. Economic globalisation was associated with higher odds of DBM among the poorest households (odds ratio 1.49, 95% CI 1.20–1.86) compared with the richest households. These associations attenuated as GNI increased. Social globalisation was associated with higher odds of DBM (1.39, 95% CI 1.16–1.65), independently of household wealth or country income. No associations were identified between political globalisation and DBM. **Interpretation:** Increases in economic and social globalisation were associated with higher DBM, although the impacts of economic globalisation were mostly realised by the world's poorest. The economic patterning of DBM observed in this study calls for subpopulation-specific double-duty actions, which should further aim to mitigate the potential negative and unequal impacts of globalisation.”*

## BMJ GH Supplement – Social and ethical issues of poor quality and poor use of medical products

[https://gh.bmj.com/content/6/Suppl\\_3](https://gh.bmj.com/content/6/Suppl_3)

Including this new Commentary - [How the concept of WHO-listed authorities will change international procurement policies for medicines](#) (by C Macé, R Ravinetto et al)

*“The concept of stringent regulatory authorities (SRAs) is due to be replaced in the middle or long-term by the concept of ‘WHO-listed authority’ (WLA)...”* Publication on the new concepts of benchmarking, maturity levels, WHO-listed authorities, and how they should change in the future the international procurement policies.

## Lancet Comment – Accelerating Indigenous health and wellbeing: the Lancet Commission on Arctic and Northern Health

L V Adams et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00153-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00153-2/fulltext)

*“...there is an urgent need to address persistent health disparities in Arctic Indigenous communities...”* *“... These deep disparities reflect the destructive legacy of colonialism, forced displacement, inadequate health systems, systemic racism, and infrastructure deficits. Compounded by inter-related and broad environmental deterioration, including temperatures rising at more than twice the global average in Arctic regions, such conditions further threaten the health and wellbeing of Arctic Indigenous peoples. Despite the growing international acknowledgment of these crisis conditions, the health and wellbeing of Arctic Indigenous communities have been conspicuously absent from the global health agenda. To address this concerning situation, The Lancet has convened a Commission on Arctic and Northern Health...”*

## Blogs of the week

### LSE (blog) - What is FOCAC? Three historic stages in the China-Africa relationship

S Ze Yu; <https://blogs.lse.ac.uk/africaatlse/2022/02/03/what-is-focac-three-stages-the-new-china-africa-relationship-trade-economics/>

*“The FOCAC partnership platform between China and Africa has produced increasingly deep and complex relations between regions. Africa has benefited from significant investments and China has developed extensive soft power. In its 22nd year, Shirley Ze Yu looks at four stages in FOCAC’s evolution and how they shaped the China-Africa relationship today. ... This is the first of [two parts](#) exploring the history and purpose of the FOCAC partnership between China and Africa, and part of the [China-Africa Initiative series](#) with the [Firoz Lalji Institute for Africa](#)...”*

## The Collective Blog - Health Data as Political Artifacts

<https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/kadija-ferryman/health-data-as-political-artifacts.html>

*“Health data are not biased in a reductive and negative sense, but are political artifacts—marked by, reflecting, and shaping systems of power in society, writes Collective member **Kadija Ferryman**. ”*

*“... As the development of AI tools in health continues, **we must move away from the language of “bias,” as in biased datasets. Instead, we must realize that datasets are not biased in a reductive and negative sense, but that health data are political artifacts**—meaning that they are marked by, reflect, and shape systems of power in society. ...”*

## Tweets of the week

### Jason Hickel

*“Perhaps instead of talking about **rich people's net “worth”**, we should talk about their **net \*appropriation\*** — of human labour and our planet's resources. “*

### Ashleigh Furlong

*“**Everyone wants to get their hands on antivirals like Paxlovid** — including the EU. But the Commission's efforts to secure joint procurement deals for COVID drugs are being hampered by EU countries' bilateral deals, according to a document seen by POLITICO.”*

### Global Justice Now

*“**Pfizer will announce vaccine revenues of \$36 billion today, enough to fill the funding shortfall in #Covax 7 times over.** Big pharma has made more than enough money from this crisis. It's time to suspend patents and break vaccine monopolies.”*

### Women in Global Health

*“History in the making **#WomeninGH obtains official relations with @WHO!** One of the few NSAs dedicated solely to working on **#GenderEquality** in health!*

### Soumitra Pathare

*“**All the “high priests” of #globalhealth are academics at well endowed universities in high income countries while all the labour of #globalhealth is done by unsung heroes** working in cash strapped organizations in Africa, Asia & LatAm. **But the priests are feted as global leaders.**”*

## Anna Marriot

*“So same consultancy paid by @biontech that is calling for termination of @WHO hub is also working for the @EU\_Commission on African vaccine manufacturing, also with BioNTech. I agree with @ellenthoe that this smells bad.”*

This was a **tweet commenting on a tweet from Dimitri Eynickel (MSF):**

*“Important point, the Kenup Foundation that appears to be undermininig the mRNA hub in South Africa is heavily involved in the @EU\_Commission plans for production in Africa by BioNTech. See picture with @vonderleyen <https://panafricanvisions.com/2021/08/strong-backing-for-vaccine-production-for-africa/> “*

## Global governance of health

### IISD - Review of 247 VNRs Points to Good Practices in SDG Reporting

<http://sdg.iisd.org/news/review-of-247-vnrs-points-to-good-practices-in-sdg-reporting/>

*“A publication from DESA identifies specific good practices in Voluntary National Review reporting. It prioritizes practices that: align with the 2030 Agenda's principles for implementing the SDGs; align with the 2030 Agenda's principles for reviewing and reporting exercises; can be replicated and scaled up; and integrate economic, social, and environmental aspects of sustainable development. **Each suggested good practice is described alongside examples from countries that have used the practice in their VNRs.**”*

Link: Journal of Equity in Health - [Equity, justice, and social values in priority setting: a qualitative study of resource allocation criteria for global donor organizations working in low-income countries](#)

## Infectious diseases & NTDs

JECH (Essay) - [Tuberculosis in times of COVID-19](#) (by A J Zimmer, M Pai et al)

*“ Our team developed the ‘Swiss Cheese Model for Ending TB’ to illustrate that it is only through multisectoral collaborations that address the personal, societal and health system layers of care that we will end TB. **In this paper, we examine how COVID-19 has impacted the different layers of TB care presented in the model** and explore how we can leverage some of the lessons and outcomes of the COVID-19 pandemic to strengthen the global TB response....”*

HPW - [After Years of Opposition, Taliban Starts Vaccinating Against Polio in Afghanistan](#)



## AMR

### Cidrap News - Groups urge McDonald's to honor antibiotics commitment

<https://www.cidrap.umn.edu/news-perspective/2022/02/groups-urge-mcdonalds-honor-antibiotics-commitment>

*“A coalition of food safety, animal welfare, and environmental health groups is pushing the nation's largest fast-food chain to honor its commitment to reducing the amount of antibiotics used in its beef. Yesterday, the groups sent a petition with more than 25,000 signatures to McDonald's CEO Chris Kempczinski urging the company to fulfill its pledge to set meaningful reduction targets for the use of medically important antibiotics in its global beef and dairy supply chains. **The company made that pledge in December 2018**, when it announced it would measure medically important antibiotic use and establish reduction targets for beef suppliers in the countries that make up 85% of its beef supply chain by the end of 202...”*

## NCDs

### SS&M - Integration of perinatal mental health care into district health services in Uganda: Why is it not happening? The Four Domain Integrated Health (4DIH) explanatory framework

<https://www.sciencedirect.com/science/article/pii/S0277953620306833?dgcid=author>

By Nandini Sarkar et al.

Link: Globalization & Health - [FCTC ratification, smoking prevalence, and GDP per capita: lessons for Indonesia and the rest of the world](#)

## Sexual & Reproductive / maternal, neonatal & child health

Global Public Health - [A narrative literature review of the impact of conscientious objection by health professionals on women's access to abortion worldwide 2013–2021](#)

International Journal for Equity in Health - [Social accountability as a strategy to promote sexual and reproductive health entitlements for stigmatized issues and populations](#) (by M Schaaf et al)

Part of a supplement - Social accountability and sexual and reproductive health - Implications for Research and Practice

Lancet Infectious Diseases - [Estimating the effect of vaccination on antimicrobial-resistant typhoid fever in 73 countries supported by Gavi: a mathematical modelling study](#)

## Access to medicines

**Voluntary licensing via the Medicines Patent Pool is saving hundreds of thousands of lives**

<https://www.aidsmap.com/news/feb-2022/voluntary-licensing-medicines-patent-pool-saving-hundreds-thousands-lives>

*“Voluntary licensing via the Medicines Patent Pool, which allows generic drug companies to manufacture a drug before its patent has expired, can offer huge positive economic and health impacts, according to a modelling study in the February issue of The Lancet Public Health. It predicted that the voluntary licensing of dolutegravir in 2014 will have increased treatment uptake by 15.5 million patient-years, averted over 150,000 deaths, and saved health authorities \$3.1 billion by 2032. These findings are timely as debates around access to patented COVID-19 vaccines and medicines continue. The authors hope they will encourage policymakers and pharmaceutical companies to consider voluntary licensing via the Medicines Patent Pool as an option for increasing the availability of medicines urgently needed by low- and middle-income countries....”*

**BMJ Opinion - Can medical product development be better aligned with global needs?**

V Moorthy & G Yamey; <https://www.bmj.com/content/376/bmj.o316>

*“... at present, only a small proportion of global health R&D spending (around 2%) is on the compelling medical problems faced by LMICs. **One way to improve this alignment, so that product development meets the world’s medical needs, is for funders and companies to be guided by WHO target product profiles (TPPs). These profiles describe the desired characteristics of a product aimed at tackling a specific disease or diseases.** ... If government funders, philanthropists, and industry groups wishing to maximize the public health value of their R&D were to align their funding with WHO TPPs, they would accelerate the production and availability of technologies to curb illness and death....”*

*“... To date, no WHO TPPs have been developed outside infectious diseases. This is **despite the fact that there are many and urgent needs for medical product development for non-communicable diseases.** ...”*

**HPW - Roche Faces Prosecution for ‘Excessive Pricing’ of Breast Cancer Drug**

<https://healthpolicy-watch.news/roche-excessive-pricing/>

*“South Africa’s Competition Commission is pursuing prosecution against Swiss pharmaceutical giant Roche for “alleged excessive pricing” of its breast cancer treatment drug, Trastuzumab (marketed as Herceptin). It estimates that some 10,000 women were unable to get the treatment they needed between 2011 and 2019 because of Trastuzumab’s cost....”*

## Human resources for health

### HRH - Building global capacity for COVID-19 vaccination through interactive virtual learning

S Goldin et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00710-7>

*“To support the introduction of the COVID-19 vaccine, the World Health Organization and its partners developed an interactive virtual learning initiative through which vaccination stakeholders could receive the latest guidance, ask questions, and share their experiences. This initiative, implemented between 9 February 2021 and 15 June 2021, included virtual engagement between technical experts and participants during a 15-session interactive webinar series as well as web and text-messaging discussions in English and French. ... **The COVID-19 Vaccination: Building Global Capacity webinar series** reached participants in 179 countries or 93% of the WHO Member States; 75% of participants were from low- and middle-income countries...”*

## Miscellaneous

### Lancet World Report - Burkina Faso crisis hits health care

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00267-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00267-7/fulltext)

*“A coup on Jan 24, 2022, further risks health and health-care provision. Munyaradzi Makoni reports.”*

### A new home for the World Bank’s global poverty and inequality data

<https://blogs.worldbank.org/opendata/new-home-world-banks-global-poverty-and-inequality-data>

*“Today sees the **beta-launch of the World Bank’s new [Poverty and Inequality Platform \(PIP\)](#)**, an online analysis tool that provides global, regional, and country-level poverty estimates. PIP combines the information that can be currently accessed through [PovcalNet](#) and the [Poverty & Equity Data Portal](#). After the beta-testing phase, we anticipate that PIP will replace the existing websites in March 2022....”*

### ODI (Briefing) - Global feminist experiences of mobilising for norm change

<https://odi.org/en/publications/global-feminist-experiences-of-mobilising-for-norm-change/>

*“Feminist movements play a critical role in advancing gender justice and social equality all over the world. Those on the frontline of women’s social movements share their lessons for transformative change.”*

## Extra Covid section

**Science - A coronavirus variant once helped the global pork industry. Could one protect us?**

<https://www.science.org/content/article/coronavirus-variant-once-helped-global-pork-industry-could-one-protect-us>

*“A killer pig virus vanished when a tamer mutant evolved—a provocative, but not perfect, parallel with Omicron.”*

**Economist Daily chart - A new low for global democracy**

<https://www.economist.com/graphic-detail/2022/02/09/a-new-low-for-global-democracy>

*“More pandemic restrictions damaged democratic freedoms in 2021.”*

*“Global democracy continued its precipitous decline in 2021, according to the latest edition of the **Democracy Index** from our sister company, EIU. The annual survey, which rates the state of democracy across 167 countries on the basis of five measures—electoral process and pluralism, the functioning of government, political participation, democratic political culture and civil liberties—finds that more than a third of the world’s population live under authoritarian rule while just 6.4% enjoy a full democracy. **The global score fell from 5.37 to a new low of 5.28 out of ten.** The only equivalent drop since 2006 was in 2010 after the global financial crisis...”*

**Science Insider - COVID-19 takes serious toll on heart health—a full year after recovery**

<https://www.science.org/content/article/covid-19-takes-serious-toll-heart-health-full-year-after-recovery>

*“Giant study (in Nature) shows striking rise in long-term heart and vessel disease.”*

**Technology Review – Meet the scientist at the center of the covid lab leak controversy**

<https://www.technologyreview.com/2022/02/09/1044985/shi-zhengli-covid-lab-leak-wuhan/>

*“Shi Zhengli has spent years at the Wuhan Institute of Virology researching coronaviruses that live in bats. Her work has come under fire as the world tries to understand where covid-19 came from.”*

*Cfr tweet Amy Maxmen (Nature): “An in-depth feature on coronavirus research at Wuhan Institute of Virology. @janeqiuchina captures the science, the scientists & the politics. **Read through to the crushing end.**”*