

IHP news 657 : EU-Africa summit & mental health

(18 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,

In this week's issue, the **Africa-Europe Week** (14-18 Feb) gets a lot of attention, with the ongoing 6th **EU-Africa summit** obviously getting most of it. As Wiggins (from the ONE campaign) said in this excellent Politico [analysis](#) ahead of the summit, "...What's clear ... is that **vaccine equity will be a key barometer of the summit's success**. Ultimately, if the summit "fails to make progress on the issue of IP and technology transfer ... I think it would be a major disappointment."

[Like others](#), I have my doubts whether the "[Biontainer](#)" (the "big news" on Wednesday, which sounded a tad like 'The Terminator') really is "[what Africa wants](#)". Still, it was remarkable how much praise John Nkengasong, Michel Sidibé, Dr. Tedros or 'his brother' Kagame had for BioNTech's new tech transfer initiative, at the "cozy "vaccine equity for Africa" event organised by BioNTech - employed **kENUP**" (cfr a teasing *People's Vaccine* tweet), in Marburg. Only SA president [Ramaphosa](#) didn't feel like joining the BioNTech party for some reason. Anyway, in my – rare - more diplomatic moments, I guess there are "multiple streams", "building blocks" and "stepping stones" towards vaccine equity and "an Africa-EU partnership in global health"... (And at the very least, the *Biontainer* looks as "[innovative](#)" as 'the Terminator' in Arnold's heyday (εε).)

On Monday, a [COVID-19 Global Action Meeting](#) was convened by Anthony Blinken, in the midst of all his geopolitical worries. And as we speak, far away in **Indonesia**, there's a **G20 meeting** (of **finance ministers and central bank governors**) [ongoing](#). Let's hope we'll indeed see some decisive 'action' in all these arenas. As for that sad "other pandemic", **Gender-Based Violence**, a new [Lancet study](#) came up with some (very) dire stats. Yet another summit, the [Global Disability Summit](#) (16-17 Feb) also took place this week (virtually), aiming to create momentum towards universal disability inclusion policies.

In spite of all this pandemic, summit and other global health action, I'd argue **mental health and distress** were also a key focus of this week, with among others a **Lancet-World Psychiatric Association Commission**, [Time for united action on depression](#). We more than agree with the accompanying [Lancet Editorial](#)'s final sentence, "...**Together, the global community must decide to prioritise the emotional wellness of our species.**"

Believe it or not, this year's [Munich Security report](#) also has a somewhat similar focus, though from a different angle. The widespread perception of a "**loss of control**" (in the face of a mounting tide of crises reinforcing one another), and a longing to regain it, are key political themes of our time, the authors of the report claim, and so the report's theme this year is '**Turning the Tide – Unlearning Helplessness**'. According to the report, "**liberal democracies need to 're-learn optimism'**... Good luck with that. My humble guess is that this sense of 'Collective Helplessness' would be overcome

to quite an extent already if we actually, as a species, made some serious effort to (boldly) “**go beyond capitalism**”. Would be good for the ‘emotional wellness of our (late-capitalist) species’ as well, I reckon. Unfortunately, that’s not on the Munich Security Report “menu”, it appears.

Let’s end with other disturbing disorder news. A brand new disorder, called “[endemic delusion](#)” is apparently increasingly raging on the planet. But no worries, sooner or later Big Pharma will “deliver” and come up with a new (and obviously IP protected & overpriced) vaccine to deal with this new global health challenge as well 😊!

Enjoy your reading.

Kristof Decoster

Featured Article

A rise in collective misconduct involving COVID-19 vaccines: lessons from Brazil

Nicole Neumann (*LSE’s Behavioural Science Alumni*)

In early 2021, local media reports in Brazil uncovered that some healthcare workers were injecting people with what were termed “[wind vaccinations](#)” – empty syringes. At the time, it was unclear whether these were cases of accidental poor practice, purposeful deception because of antivax sentiment amongst health professionals, or whether vaccine jabs were being pocketed to be sold on the black market. No matter the explanation, it was clear that something was amiss and the incidence of collective misconduct increasing in Brazil with the introduction of vaccines.

Upon hearing about these stories on social media, I became interested in learning more about why this misconduct was occurring from a socio-cultural and psychological perspective. I decided to make this the area of focus for my LSE’s MSc dissertation in summer 2021. I conducted more than 30 semi-structured interviews with a range of stakeholders including Brazilian healthcare professionals, an international anti-corruption agency, a local one and international health policy professionals. After translating those interviews, I conducted a thematic analysis to try to develop an understanding of why unethical behaviours seemed to rise around vaccines in Brazilian society – what factors encouraged and enabled vaccination queue jumping, disinformation campaigns, vaccination theft and sales on the black market, and more.

While interviewees highlighted different fears of Brazilians around the vaccines – they worried the vaccines did not work, or alternatively, they worried that the systems in place would not successfully deliver vaccines they were desperate for – a common thread throughout the interviews was the deep mistrust of their government. From the onset of COVID-19, the federal government denied the seriousness of the illness and the need for the vaccine; conversely, many state governments were desperate for vaccines and wanted local vaccine production in Brazil. This mixed-messaging and

polarisation between the central and state governments deepened doubts, confusion, and mistrust in government.

Arguably, mistrust of [politicians and public officials \(as well as doubts around their capabilities\)](#) has been present in Brazilian society long before COVID-19 emerged. The country's history of [political scandals](#) reaches back six decades, and with significant class disparity and [lack of \(sufficient\) political and financial investment in healthcare systems](#), Brazilians have often been forced to take matters in their own hands and fight over resources when their government(s) failed to deliver. This has led to what some [call](#) "the Brazilian way" – individualistic behaviour aiming at providing for one's own needs, irrespective of the negative social consequences.

The COVID-19 pandemic exacerbated many of these sentiments, though. Rhetoric and the dysfunctional dynamic between [leaders](#) (with some mayors and governors on the one hand, Bolsonaro and his allies on the other hand) fuelled doubts and mistrust – particularly of the central government - to new levels. Brazil's populist President Jair Bolsonaro repeatedly claimed COVID-19 was just a hoax and spread [misinformation](#) and scepticism around vaccines. Meanwhile, federal government departments and health regulators clashed with this stance by authorising and encouraging vaccinations and social distancing policies. Against that messy backdrop, it is understandable that many Brazilian citizens may have been unsure about which authorities and what information they could trust.

Interestingly, mistrust seemed to manifest itself in very different ways in the early days of COVID-19 vaccination in Brazil – in illegal/immoral actions to get or sell the vaccine or illegal/immoral actions to prevent and dissuade vaccination. For example, instead of waiting for their turn in the vaccination queue, some affluent individuals attempted (with some success) to buy vaccines illegally from healthcare workers. Wealthier families also avoided the queue by traveling abroad to countries where vaccines were widely available such as the US and the UK, or even to other cities within Brazil with more efficient vaccine distribution. As discussed above, in some cases "wind vaccinations" were doled out so that the real vaccinations could be sold illegally, but in other instances, this was a tactic taken by professionals who did not believe the vaccines were safe and/or effective.

Obviously, incidents of vaccine misconduct were not isolated to Brazil, and indeed stories of [fake vaccination cards](#), [counterfeit vaccines](#), and stolen [inoculations](#) emerged around the world. However, Brazil's unique history of mistrust of government, combined with its mishandling of and failure to communicate clearly and accurately about the virus and the vaccine in the Covid pandemic, exacerbated mistrust and widened opportunities for individuals to "rationalise" immoral or unethical behaviour. Denialist speeches and disinformation by politicians increased the citizenry's panic, while false information about the potential health risks of the vaccines – especially in the face of surging cases and escalating death rates – encouraged irrationally risky behaviour.

When thinking about potential ways to improve vaccination conduct in Brazil for COVID-19 and future disease outbreaks, it is thus important to consider its unique culture and history. Of course, in an ideal world, government communication to the public should ensure adequate provision of high-quality, evidence-based and easily digestible information to establish trust and avoid misconduct during a crisis from the highest to the lowest levels of government. However, experiences during the COVID-19 crisis in Brazil demonstrate that this may be an unrealistic expectation in the current climate.

At a more decentralised level, simple steps may go a long way in providing reassurance to communities: accessible information without scientific jargon should be available widely in both print and online formats and in multiple languages to ensure that individuals understand what vaccines are approved, how they have been tested, and their levels of safety and effectiveness; a policy where health workers are required to demonstrate vaccine vials to the patient before and after administration may reduce the incidence of “wind vaccinations”; and improved transparency around reasons behind vaccine priority lists, rates of uptake, and delivery schedules could help individuals understand why they should wait for their turn in the queue and reassure them that they will be called upon.

While the implementation of fines and other punishments for vaccine misconduct (including queue jumping, buying/selling fake vaccine certificates, etc.) can be considered, more systemic changes must be made in order to combat the deep-seated mistrust of government in Brazil that was exposed throughout the interviews I conducted.

Acknowledgements: I'd like to thank Rebecca Forman for reviewing my research and this editorial post.

Highlights of the week

AU/EU summit : analysis ahead of the summit

We'll start first with some **analysis published ahead of the summit** (by Politico, HPW, Devex, a CGD blog series, ...).

In the section below, you'll then find some of the early announcements in the run-up to the summit, as well as early news from the summit.

Politico - Vaccine access puts EU and Africa at odds ahead of summit

<https://www.politico.eu/article/vaccine-access-eu-africa-summit-coronavirus/>

This was a must-read analysis from Monday, ahead of the summit.

“Europe pitches broad health alliance, while ignoring Africa’s call to waive vaccine patents. Europe’s refusal to share COVID-19 vaccine technology threatens to overshadow a major gathering of European and African leaders this week....”

“Europe wants to use the meeting — which has been delayed by 16 months due to the pandemic — to advance relations on several fronts, including trade and digital connectivity. But access to vaccines will be high on the agenda. The EU is keen to show the world that it understands. The bloc has pledged €1 billion towards efforts to increase manufacturing capacity, as well as donating around 145 million doses to Africa. Draft documents seen by POLITICO outlining the EU’s vision for the summit, which gets underway on Thursday, underscore the bloc’s desire to

support “full-fledged African health sovereignty, in order for the continent to respond to future public health emergencies.” ...

“...But observers are skeptical the EU’s proposals are sufficient. The proposals also largely sidestep the elephant in the room — the fact that African countries have spent months failing to convince the EU to support a request to waive intellectual property rights for coronavirus products. ...

Euractiv - EU, Africa at odds over vaccine patents ahead of summit

<https://www.euractiv.com/section/africa/news/eu-africa-at-odds-over-vaccine-patents-ahead-of-summit/>

“The EU on Monday (14 February) stood by its refusal to lift patent protections on Covid vaccines, just days ahead of a summit with African Union countries who see the issue as a priority.”

“... “We think that intellectual property should never be a brake (to vaccine production),” said **Franck Riester, the trade minister from France, which currently holds the EU’s rotating presidency.** “At the same time, we do not want to call into question a system of intellectual property that allows for innovation and that has made it possible, in particular, to have vaccines very quickly in the case of Covid-19,” he added. Riester was speaking after holding talks with his EU counterparts on the matter in the French city of Marseille in which WTO chief Ngozi Okonjo-Iweala also took part...”

“... The members of the African Union have pushed to include the demand in the conclusions of the joint EU-AU summit that starts on Thursday in Brussels. “The African Union... urges the European Union to engage constructively towards the conclusion of a targeted and time limited waiver,” said the AU proposal seen by AFP...”

“... **Okonjo-Iweala** in January said a deal at the WTO on easing restrictions to manufacturing vaccines was weeks away, possibly in time for the EU-AU summit. But **on Monday ministers said they hoped for a WTO accord no earlier than June.**”

HPW - European and African Pharma Sector Want Permanent Platform to Support African Development

<https://healthpolicy-watch.news/european-and-african-pharma-sector-want-permanent-platform/>

“The major players in the European and African pharmaceutical sectors have called on the European Union (EU) and the African Union (AU) to support the creation of a permanent “business platform” to foster the industry’s development in Africa. This emerged at a workshop hosted by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) on Monday ahead of the EU–AU Summit, which starts in Brussels on Thursday...”

“Among the business asks for this platform is that it assists to develop policies conducive to trade and “sustainable financing mechanisms models with access to low-interest capital” and appropriate incentives to encourage local, regional and international private sector investment, according to IFPMA Assistant Director-General Greg Perry. The businesses want a “stable business environment that respects business ethics and incentivises local innovation and entrepreneurship, including through intellectual property, ensure development and retention of local skilled workforces”, said

Perry, reading from the business statement. The pharmaceutical sector also wants voluntary and mutually agreed upon technology transfers and joint ventures; timely product registration, harmonisation of regulation particularly through the African Medicines Agency, and the implementation of the African Continental Free Trade Area to eliminate non-trade barriers and foster international supply chain security....”

CGD (blog) - EU-Africa Relations: Delivering on Promises Past

W G Moore et al ; <https://www.cgdev.org/blog/eu-africa-relations-delivering-promises-past>

Part of a great blog series by CGD ahead of the EU-AU summit. “... *We argue here that **the Africa-EU relationship does not need yet another reinvention. What it needs is for promises of summits-gone-by to be fulfilled....”***

CGD (blog) Decolonising EU-Africa Relations Is A Pre-Condition For A True Partnership Of Equals

S Islam; <https://www.cgdev.org/blog/decolonising-eu-africa-relations-pre-condition-true-partnership-equals#.Ygu-XdxGEVE.twitter>

Very nice analysis ahead of the summit. Recommended read.

Quote: “...*Before they can embark on a new path, Europeans and African leaders will have to discard old habits and out-of-date mindsets. That’s easier said than done, however. For example, **both Macron and Michel, in keeping with past practice, have focused most of their pre-summit diplomatic efforts on courting Francophone states, largely ignoring Anglophone African countries...***”

CGD - African Vaccine Manufacturing with EU support: Addressing Demand Uncertainties is Crucial for Success

A Glassman & P Yadav; <https://www.cgdev.org/blog/african-vaccine-manufacturing-eu-support-addressing-demand-uncertainties-crucial-success>

Mustread. “...*We look at three sources of demand-side uncertainty and call on the EU to provide significant and long-term demand-side financing that can deliver success. ...”*

Devex – The sticking points for this week’s Europe-Africa summit

<https://www.devex.com/news/devex-newswire-the-sticking-points-for-this-week-s-europe-africa-summit-102676>

Analysis ahead of the summit. On declaration, investment package, follow-up, name, vaccines, SDR, ...

Links:

- ODI - [Cooperation with European characteristics? Lessons from China for the EU–Africa summit](#)

6th AU-EU summit (17-18 Feb) (including run-up & early announcements)

We start with the run-up to the summit, more or less chronologically. Ending with the first news from the (ongoing) summit.

UNAIDS - Investments in HIV, health and pandemics are vital for economic recovery in Africa

https://www.unaids.org/en/resources/presscentre/featurestories/2022/february/20220215_investing-in-health

Coverage of a high-level virtual event from earlier this week. ***“Global health and financing leaders and experts have come together at a high-level virtual event to tackle one of the most pressing issues facing the world today—health security. The event, “Investing in health is investing in economic recovery: Financing for HIV, stronger public health systems, and pandemic preparedness and response” was held ahead of the sixth Africa - European Union (EU) Summit which is taking place on 17 and 18 February. ... While hosting 16% of the global population, and facing 26% of the global disease burden, Africa accounts for only 2% of global health spending. Despite the 2001 Abuja Commitment of governments to allocate 15% of their budget to health, the average is still only 7%....”***

“... Cosponsored by the Government of France, the event was convened by UNAIDS, the African Union, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the United Nations Development Programme, and the World Health Organization. Moderated by Dr. Donald Kaberuka, High Representative for Financing, African Union (AU), the session strived to find ways of broadening the revenue base available to African countries to increase health financing and to boost global solidarity....” ***“... The panel members also recognized the importance of domestic financing for long-term sustainability. However, the current financial constraints are overwhelming for many countries in the region. Decisive action to eradicate tax evasion and tax dodging will be critical: every year between 25 and 50 billion that could be used for the health and education of Africans are lost. Increasing domestic revenues requires brave international and national tax reforms. Possible ways forward discussed for broadening the revenue base included combating tax evasion, improving the conditions under which African countries obtain financing, debt relief and cancellation policies, and Special Drawing Rights reallocation....”***

You can re-watch the event here: <https://www.youtube.com/watch?v=B8OQeVaW6m4>

Reuters - BioNTech to ship mRNA vaccine factory kits to Africa

[Reuters:](#)

Big news on Wednesday. **“Germany's BioNTech developed a vaccine factory made from shipping containers that it plans to ship to Africa as assembly kits ... The factory prototype will be instrumental in helping the biotech firm deliver on a pledge made last year to Rwanda, South Africa, Senegal and the African Union to secure mRNA vaccine production on the continent...”**

“... Work on the first mRNA manufacturing facility in the African Union is due to begin in mid-2022 and the first container module is expected to arrive on the continent in the second half of the year, BioNTech said in a statement. ... The factory, housed in two groups of six 40-foot-containers, should kick off vaccine production about 12 months after the delivery of the assembly kit. BioNTech on Wednesday presented a prototype of one six-container module to the presidents of Senegal, Ghana and Rwanda, and other dignitaries including the WHO's Director General and the German development minister, at its main vaccine production site in Marburg, Germany. ... The facility, is dubbed Biontainer ... “...BioNTech staff will run the facility initially as the company trains local partners to take over the complex vaccine making procedure that it says involves 50,000 steps....”

See also HPW – [BioNTech To Ship Modular mRNA Vaccine Facilities in Containers to Three African Countries to Jump-start Production](#)

“The German-based BioNTech, which co-developed with Pfizer an mRNA COVID vaccine, said on Wednesday that it will set up modular “turnkey” mRNA vaccine facilities to produce the vaccine in Rwanda and Senegal in 2022 – with a fill-and-finish collaboration in Ghana as well. South Africa, which is the new hub for the WHO-supported mRNA vaccine R&D and manufacturing hub focusing on open-access products- may also join the initiative later, said the [company in a press release](#). ... The initiative was roundly welcomed by the heads of Senegal, Ghana, Rwanda and Africa CDC, who all were present at the briefing....”

“... Meanwhile, WHO's Director General Dr Tedros Adhanom Ghebreyesus expressed support for the new project – despite the criticism that had been levelled at it in a [recent BMJ investigation](#), which had portrayed it as a potential competition to the new WHO-supported mRNA vaccine manufacturing hub set up in South Africa, which aims to promote an open-license approach to vaccine manufacturing – in contrast to collaborations built around the bilateral licensing of patented products, such as Pfizer's. ... “Many colleagues have been discouraged about the success of this project,” said Tedros, in an oblique reference to the earlier criticism levelled at the notion of shipping ready-made vaccine facilities in containers to Africa. He underlined that the endorsement by African national and African Union leaders shows that the BioNTech initiative is viable....”

PS : The eventual vaccines would be used in Africa and **available at a not-for-profit price.**

See also **the Economist** - [BioNTech plans to make vaccines in shipping containers](#)

“By creating a modular approach to drug manufacturing, Ugur Sahin, BioNTech's boss, says he aims to transform medicine production around the world...” “...The firm plans to send its containerised mrna factories—which it calls Biontainers—to parts of the world which lack their own vaccine-manufacturing capabilities. The first will arrive in an African country, not yet named, towards the end of 2022....”

“...After eight months of work to get its first container factory off the ground in Marburg, BioNTech's approach will be put to the test later this year. By the end of June, Mr Sahin says, the site at its partner country in Africa will be prepared for the arrival of the containers—BioNTech is in

discussions with South Africa, Rwanda and Senegal. He expects the containers, the interiors of which will have been set up to the letter in Germany, to have arrived by the end of 2022. Each set of 12 containers will need four or five operators and be capable of producing some 40m-60m doses every year. **BioNTech hopes the facility will cost “significantly less” than a traditional vaccine manufacturing factory of equivalent output, which comes with a price tag of at least \$170m.”**

Reuters - EU, Gates Foundation to support African medicines agency -source

<https://www.reuters.com/world/africa/exclusive-eu-gates-foundation-support-african-medicines-agency-source-2022-02-11/>

*“Financial and technical support to the new agency is seen as crucial to help it to begin operations. This in turn would be a boost for the continent's vaccine and drugs industry, which needs a trusted regulator to flourish. **The European Commission, Germany, France, Belgium, and the Gates Foundation will invest more than 100 million euros (\$113.93 million) to support AMA and African national regulatory agencies, a person familiar with the plan told Reuters on Friday. The goal is to allow these agencies to achieve what the World Health Organization (WHO) defines as Maturity Level 3 for vaccine producing, which is “the minimum WHO requirement for effective regulatory oversight for quality local vaccine production,” the official said. According to an internal EU Commission document with slides, seen by Reuters, part of the money will be in grants and will also go to the European Medicines Agency.....”***

For the press release, see [EC - Ahead of EU–AU Summit, African medicines regulators receive boost of more than 100 million euros from Team Europe and the Bill & Melinda Gates Foundation](#)

And a link:

- [EU set to bin 25 million more vaccine doses than it has donated to Africa this year](#)

“According to new analysis from the People’s Vaccine Alliance, the EU will have to throw away 55 million doses of COVID vaccines by the end of February, many more than the 30 million doses they have donated to Africa so far in 2022....”

As somebody wryly put it on Twitter, *“EU set to bin 25 million more vaccine doses than it has donated to Africa this year” it's quite the backdrop to the #EUAUSummit.”*

WHO - mRNA vaccine technology transfer spokes launch event

<https://www.who.int/news-room/events/detail/2022/02/18/default-calendar/mrna-vaccine-technology-transfer-spokes-launch-event#.Yq0Z1MjESYQ.twitter>

“On 18 February, 2022, WHO along with the Presidency of the European Council, the Presidency of France and the Presidency of South Africa, [held] a press conference to announce the first recipients (the ‘spokes’) of mRNA technology on the African continent as part of the global [mRNA technology transfer hub](#) located in Cape Town, South Africa....”

WHO - A € 500 million pledge under the WHO – EIB partnership, with the support of the EU, for health systems in Africa

<https://www.who.int/news/item/17-02-2022-a-500-million-pledge-under-the-who-eib-partnership-with-the-support-of-the-eu-for-health-systems-in-africa>

*“Dr Tedros Adhanom Ghebreyesus, WHO Director-General, met today with Werner Hoyer, President of the European Investment Bank (EIB), to discuss **the WHO-EIB initiative aiming at promoting an innovative impact investment that will support health systems strengthening in Africa with a focus on Primary Health Care (PHC). [A joint statement was released.](#) WHO welcomed the new EIB commitments to support impact investing, in the context of a new tripartite initiative (WHO-EIB-European Commission), established to support countries across Africa to close the health funding gap, building resilient health systems based on a solid foundation of PHC, to help them reach health-related SDGs. The EIB President announced € 500 million made available with the aim of mobilizing € 1 billion of new investment to in this partnership supporting resilient health system strengthening based on PHC....”***

HPW - As AU-EU Summit Begins – EU Health Health Commissioner Calls for More Preparedness

<https://healthpolicy-watch.news/eu-au-summit-health/>

*“European Union President Charles Michel congratulated African countries for their efforts to stimulate more vaccine manufacturing capacity on the continent, in a upbeat opening address at the European Union-African Union Summit, which began today. **But in a more sobering note yesterday, Stella Kyriakides, the European Commissioner for Health and Food Safety, called on global health players to prioritize preparations for the next pandemic. ...”***

*PS: “... **The BioNTech announcement has been praised by leading African Union figures, including Africa CDC’s John Nkengasong and special envoy Michel Sidibé’. But not everyone may be as delighted about the flurry of activity by pharma giants like BioNTech in Africa. Although South Africa was explicitly mentioned as a third “possible” participant in a BioNTech press release – President Cyril Ramaphosa was noticeably absent from the stage of Wednesday’s launch in Marburg – which featured the heads of state of Senegal, Rwanda and Ghana – alongside WHO and Africa CDC. Entering the Brussel’s summit on Thursday, Ramaphosa told reporters that he remains interested in pushing ahead on discussions about a temporary waiver of intellectual property restrictions on COVID-19 vaccine production....”***

“While Ramaphosa acknowledged that Europe had stepped up its vaccine donations, he said that he was “not yet” convinced by the European moves....”

*“... Speaking Wednesday at the 7th EU-Africa Business Forum 2022, **Kyriakides** stressed that governments need to invest now in measures that can help prepare for future threats, which are sure to come. **The commissioner said the EU is seeking to partner further with the African Union on key challenges faced during the pandemic, including the need to reinforce global disease surveillance, and building capacity to undertake medical countermeasures.. She also pledged the union’s readiness to assist in building up preparedness by supporting the African Medicines Agency (AMA) and the African Preparedness and Response Authority (APRA). She also called for the diversification of international supply chains and the resolution of bottlenecks in addition to the expansion of global production of vaccines and therapeutics. She noted that “Team Europe” is supporting Africa in this***

regard with the launch of an more than 1 billion initiative for Africa that aims to create an enabling environment for local vaccine manufacturing, and to tackle barriers on supply and demand. She also revealed an ongoing partnership between the European Centre for Disease Prevention and Control (ECDC) and the Africa CDC. ...”

... A Summit press briefing reaffirmed the prior EU commitment to provide 700 million vaccine doses by mid-2022 to developing countries, of which at least 450 million would go to Africa....”

G20 summit of finance ministers & central banker governors (Indonesia)

Reuters - WHO calls for strengthened role as U.S. proposes new pandemic fund

[WHO calls for strengthened role as U.S. proposes new pandemic fund | Reuters](#)

“Efforts to strengthen global health security will only succeed if the role of the World Health Organization (WHO) is enhanced, the agency’s head said on Thursday, as its biggest donor, Washington, proposed a new global pandemic prevention fund.”

“Speaking via video link at a G20 meeting of finance leaders, WHO director-general Tedros Adhanom Ghebreyesus was responding to the idea of a separate global health fund tasked with delivering emergency funds, vaccines and other medical needs. “It’s clear that at the centre of this architecture, the world needs a strong and sustainably financed WHO ... with its unique mandate, unique technical expertise and unique global legitimacy,” Tedros told a panel in the Indonesian capital.”

“... ... At a separate discussion, U.S. Treasury Secretary Janet Yellen urged G20 members to back the proposed fund for pandemic prevention and preparedness. Seeking to dispel reservations raised by some among the world’s 20 biggest economies, Yellen said it would not siphon off money needed to strengthen the WHO, or create a new multilateral body. “We don’t see this as a pool of money that sits idly waiting to respond to the next pandemic,” she said, adding that the new fund would spur investment in disease detection and surveillance systems against future crises. World Bank Group President David Malpass told the same panel the agency was “working rapidly on a new financial intermediary fund ... to increase financing for pandemic preparedness and response.”

“Indonesia is the host of the G20 this year. Last week, its health minister questioned if the WHO was best placed to raise capital for a global health fund required to deliver emergency aid, including money, vaccines and diagnostics, in a future pandemic. Under the current system, said the minister, Budi Gunadi Sadikin, countries were “basically on their own” in securing vaccines and vital medical supplies...” “... Strengthening the global health architecture is one of President Joko Widodo’s priorities during Indonesia’s leadership of the G20.”

- See also **Reuters - [Indonesia to urge G20 to establish global health fund](#)** (from last week)

Health Minister “...Budi likened the health fund proposal to the creation of the World Bank and International Monetary Fund (IMF) following the Bretton Woods conference of 1944. Budi, a former banker, said he doubted the WHO would be up to the task of managing a global health fund of the scale Indonesia was proposing. “Whether the WHO is equipped to raise a trillion USD like the

IMF, to be honest, (after) 30 years in finance, I don't think so," he said. "The WHO is not built to do this job." Indonesia's WHO chapter did not immediately respond to a request for comment. **Budi said organisations like the Global Fund, an international financing organisation, or GAVI, the global Vaccine Alliance, might be better suited.** "... Indonesia would also push for a global genomic data sharing platform, harmonised global health protocols and a global manufacturing and research hub, especially for developing countries, he added."

- See also Reuters from earlier this week - [Yellen to urge G20 help for developing countries to end pandemic](#);

"U.S. Treasury Secretary Janet Yellen will urge her G20 counterparts to work towards ending the COVID-19 pandemic in developing countries and ensuring they have the resources needed to support an equitable recovery, a U.S. Treasury official said on Tuesday. ..."

"... Yellen will urge the G20 to tailor their policies to individual country circumstances to secure an inclusive recovery and to close the gap in vaccine access for poorer countries, the official said. ... This includes supporting efforts by the World Bank, the International Monetary Fund, the World Health Organization and the World Trade Organization to address global bottlenecks in the deployment of vaccines, therapeutics and diagnostics, the official said. Yellen also will urge G20 countries to support a proposed global fund housed at the World Bank to invest in pandemic prevention and preparedness, with its estimated \$75 billion cost a "bargain" compared to COVID-19's global economic and human costs. Yellen also will express confidence that momentum will be maintained among 136 countries to finalize an agreement for a 15% global minimum corporate tax this year, so that it can be put into force in 2023...."

And some more links:

- Bloomberg - [Yellen Calls for New World Bank Fund to Fight Future Pandemics](#)

"U.S. Treasury Secretary Janet Yellen urged her counterparts from leading industrialized countries to support the establishment of a new World Bank fund intended to prevent and prepare for future global health crises. A new "financial intermediary fund" under the auspices of the World Bank would help address gaps in preparedness, particularly among low-income countries...."

"...Her remarks essentially endorsed a proposal made last year by a committee created by the G-20, known as the High Level Independent Panel, to study pandemic preparedness. The panel called for governments to commit at least \$75 billion over the next five years to fighting pandemics."

- Reuters - [India asks for more multi-lateral funding for future pandemics | Reuters](#) "India on Thursday urged Group of 20 nations to make joint efforts to ensure increased multi-lateral funding by global institutions including the International Monetary Fund to prepare for future pandemics." " **Low middle-income and middle income countries don't have enough resources to deal with the pandemics and need global support**, Nirmala Sitharaman, India's finance minister said while speaking at a virtual meeting of G20 countries organised by Indonesia."
- FT (op-ed) - [Gordon Brown: finance ministers must add Covid burden-sharing to their G20 to do list](#)

“More than anyone they should appreciate that this is the most cost-effective investment they can make in 2022.”

Excerpt: “...**The inescapable truth is that the very global health organisations that we will continue to rely on to contain the pandemic are running out of money.** There is a gaping and immediate **\$16bn hole in their finances** that, even after a record 120mn Covid cases since the start of the year, no one yet seems prepared to fill. When asked how much cash Covax, the global body co-ordinating the supply of vaccines, has left, Seth Berkley, the head of GAVI, the global alliance for vaccines, replied, “None”. **GAVI alone needs \$4.4bn** — including an emergency \$545mn for syringes, transport and insurance to administer vaccines that otherwise will pass their use-by date. **The Global Fund — which urgently needs \$6.5bn — has used up its reserves to deliver \$4.1bn of tests, therapeutics and PPE to over 100 low- and middle-income countries. And the WHO is \$2.3bn short for in-country delivery of treatments and for its work co-ordinating research, advice and capacity building. These are just three of the nine agencies that form the ACT-Accelerator, the global body set up to co-ordinate the provision of therapeutics, diagnostics, vaccines and personal protective equipment (PPE). Five months into its financial year, ACT-A has received only 5 per cent — \$814mn — of the \$16.8bn that the agencies it funds urgently need. As a result, as we enter the second year of the pandemic, low-income countries have received less than 1 per cent of vaccines and only 0.4 per cent of the 5bn tests administered worldwide....”**

Other GHG/Financing/Security news

Devex CheckUp: How donated vaccines could cost aid budgets \$1.7B

<https://www.devex.com/news/devex-checkup-how-donated-vaccines-could-cost-aid-budgets-1-7b-102675>

“... **The OECD Development Assistance Committee released a statement this week that vaccine donations can be counted as in-kind aid, after negotiations on common rules and a fixed price were blocked by Hungary.** The Hungarian OECD delegation tells our colleagues Vince Chadwick and William Worley that the proposal contradicts current OECD-DAC guidelines that require using procurement prices. **Nevertheless, OECD secretariat issued guidance this month saying that member states could still use the price tag of \$6.72 per dose when counting their vaccine donations as ODA in 2021.** The price is a weighted average of donated doses to low-income countries under Gavi’s COVAX Advance Market Commitment — but it’s proved controversial. **Several NGOs expressed concerns that if countries use the DAC suggested price for reporting their vaccine donations as ODA, it could cost the aid budgets of Canada, the U.K., and the European Union and its member states a combined \$1.7 billion.**”

HPW - African Medicines Agency Host Country Could be Selected by July

<https://healthpolicy-watch.news/african-medicines-agency-could-be-set-up-by-year-end/>

“**The African Union could decide on the host country for the African Medicines Agency (AMA) as early as July, while the agency’s director-general should be appointed by the end of the year.** This is according to Margaret Ndomondo-Sigonda, Head of the African Medicines Regulatory Harmonisation Initiative at AUDA-NEPAD, the African Union’s development agency. **The AU**

Assembly had recently decided to “do an assessment of the countries that have offered to host the AMA headquarters”, she told a workshop convened by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) on Monday ahead of the EU-AU Summit which starts in Brussels on Thursday....”

Plos GPH - Country ownership in global health

A M Noor; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000113>

Important read. “... *In this piece, I share ten lessons I have learnt in the last 20 years on how to think about country ownership, if only to contribute to a more conscientious approach to supporting communities in need.”*

Lancet GH Comment - Bridging the gap between science and policy in global health governance

O Nay et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00567-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00567-2/fulltext)

« ... *we advocate the creation of a new model of multilateral governance on the basis of the experience gained in two other areas of global public goods governance—climate change and biodiversity...”*

« ... *Future global health governance reform should draw on such institutional experiences. WHO should be overhauled with the creation of a new pillar—possibly called the Intergovernmental Panel on Global Health—involving a large network of scientists from various countries and disciplines (figure). This network would be responsible for developing scientific consensus on major global health issues, which could serve as inputs to the development of the global agenda.The panel could hold consultations with civil society organisations, as science cannot be separated from societal demands, but it would work independently from governments and private sector industries. ...”*

FT - Moderna in talks to set up UK research and manufacturing

<https://www.ft.com/content/1abd1afe-5774-439e-b2e4-974caa5c0aef>

“US mRNA pioneer in late stage discussions with government over move that would boost post-Brexit life sciences strategy.”

“... Moderna, the US biotech company, is in late stage talks with the [UK] government about investing in UK research and manufacturing and collaborating with the NHS on clinical trials. The Boston-based start-up — which shot to prominence with its mRNA Covid-19 vaccine — is close to agreeing a significant investment, according to people familiar with the matter. If concluded, the deal would be a “key element” of the UK’s post-Brexit strategy to become a global hub for the life sciences, one of the people said. The company is considering sites in the so-called ‘Golden Triangle’ of London, Oxford and Cambridge, to put it in prime position to collaborate on research into new vaccines and therapeutics with top scientists, one of the people said.”

“... Before the Covid-19 pandemic, Moderna had no approved medicines and only used its manufacturing facilities, just outside Boston, to produce doses for clinical trials. The company has since massively scaled up production, partly by working with contractors such as Lonza in Europe. Now, it is creating a series of hubs around the world and has already signed deals with Australia and Canada for domestic production of mRNA vaccines. It is also planning a factory in Africa, which will be able to make up to 500m doses.....”

Inc- Bill Gates Says Covid-19 Can Be the Last Pandemic If We Do These 3 Things

<https://www.inc.com/minda-zetlin/bill-gates-covid-last-pandemic-prevent-next-pandemic.html>

*“The Covid-19 pandemic can be the last major pandemic humanity ever has to face--if we take action now to prepare for the next pathogen threat. That message comes from **Bill Gates**, who has laid out his recommendations for stopping the next deadly virus in his new book **How to Prevent the Next Pandemic**, to be published on May 3....”*

With **three recommendations**: Improve health systems everywhere; Build a global pathogen surveillance system.; Continue to innovate in detection, treatment, and prevention.

Science (Policy Forum) – Sovereignty, sanctions, and data sharing under international law

M Rourke et al; <https://www.science.org/doi/10.1126/science.abn5400>

“In September 2021, after inaugurating the Berlin-based World Health Organization (WHO) Hub for Pandemic and Epidemic Intelligence, German Health Minister Jens Spahn indicated that sanctions might be an appropriate tool to deal with WHO member states that do not cooperate on data sharing during disease outbreaks. Tedros Adhanom Ghebreyesus, director general of the WHO, affirmed this, stating that “exploring the [idea of] sanctions may be important” in cases where collaboration fails. Such comments indicate that the WHO Hub has been designed without much consideration of data sovereignty and “access and benefit sharing” (ABS) debates occurring across multiple United Nations (UN) bodies, including the WHO. Threats of sanctions do little to promote the ideals of equity and solidarity often touted as foundational to global health governance. They entrench the idea that pathogen samples and associated data are “bargaining chips” rather than vital inputs to public health research and pandemic response.”

Munich Security Report 2022: Turning the Tide – Unlearning Helplessness

<https://securityconference.org/en/publications/munich-security-report-2022/>

*“A mounting tide of crises that reinforce each other threatens to overwhelm our societies and political systems. **The Munich Security Report 2022 explores the emergence of "collective helplessness" in the face of a plethora of global challenges and stimulates the debate on how it can best be overcome.**”*

GFO – Start the Countdown for the GF’s 7th Replenishment: Preparatory Meeting for the Global Fund's Seventh Replenishment to be held 23-24 February 2022

<https://www.aidspace.org/en/c/article/5893>

“The Global Fund has just officially launched its Seventh Replenishment (‘Fight for What Counts: The Launch of the Seventh Replenishment’) with an invitation to the first Preparatory Meeting which will be held virtually towards the end of this month. It will be hosted by the Presidents of five African countries and brings the Global Fund partnership together to review its impact to date and lay the groundwork for a successful Seventh Replenishment campaign. At the same time, the Global Fund Advocates Network asks if the Investment Case “Ask” is adequate for the task in hand?

“...The Investment Case is yet to be released. Will it be fit for purpose?...” Check out the Global Fund Advocates Network’s **7 asks** for the 7th Replenishment (‘s investment case).

“The Investment Case, as GFAN notes, is a significant document since it sets the scene for the Pledging Conference in September. Importantly, it contains the “Ask” of the Global Fund, representing the amount that the Global Fund needs to address the three diseases for the next three years. ... GFAN has estimated that [\\$28.5 billion, including \\$4.5 billion for community-led responses](#), is the minimum needed by the Global Fund over the next three years and that public and private donors need to ‘step up to the plate’ if we want to improve on the 2021 Results Report. ...”

Science - Wild animals prized as delicacies in China contain a bevy of threatening viruses

<https://www.science.org/content/article/wild-animals-prized-delicacies-china-contain-bevy-threatening-viruses>

“New study spotlights pandemic risks of the exotic game trade. Wild animals sometimes found on the menu in Asian countries harbor a bewildering panoply of viruses, a new study has found—including many that can infect humans. Although none is closely related to the coronavirus that touched off the COVID-19 pandemic, the study sends a clear warning that other viral threats are lurking in the animal kingdom, scientists say.”

Coverage of a new study in [Cell](#).

Tedros’ visit to mRNA hub in South-Africa (+ analysis of the hub)

On his visit (together with the Belgian development minister, among others) from last weekend. And some more analysis of this mRNA hub.

HPW - South Africa Says ‘No Hesitation’ on Joining African Medicines Agency – WHO DG Tours Cape Town mRNA Vaccine Hub

<https://healthpolicy-watch.news/93943-2/>

*“Speaking during a tour by WHO’s Director General of Cape Town’s new mRNA vaccine R&D hub that replicated the Moderna COVID vaccine, **South Africa’s Health Minister affirms support for the continental-wide medicines regulatory authority.**”*

*“... WHO’s Director-General Dr Tedros Adhanom Ghebreyesus also appealed to African countries to join the AMA during a widely-publicized trip to Cape Town to celebrate scientists’ breakthrough there in replicating mRNA COVID vaccine technology. **“All African countries should support the rapid establishment of the African Medicines Agency,”** said the WHO DG at a press briefing after he toured Afrigen Vaccines and Biologic’s R&D facility as well as Biovac, where the first batches of the new vaccine are to be manufactured to GMP standards. **Tedros compared the evolution of the AMA to the course taken by Africa Centres for Disease Control and Prevention – an idea he says he initiated during his term as Ethiopia’s foreign minister. “When I proposed the Africa CDC in 2017 in Abuja, some people laughed at me,” he observed. “...Now I see continent-wide support to Africa CDC, but it took many years for many people to understand its benefits. “So I see the same thing with him with AMA, the same resistance and the same doubts and the same concerns....”***

See also HPW - [Tedros Celebrates WHO’s ‘Baby’, The mRNA Hub in South Africa](#)

PS: *“**Tedros shrugged off a report that a BioNTech-related company had tried to undermine the mRNA hub, instead promoting a fill-and-finish operation for the Pfizer-BioNTech vaccine involving Europe and a South African company instead. “To be honest, we need both,”** he added. “They’re partnering with countries – I think three countries who would like to start with fill and finish start production – and have increased the availability of vaccines. Is that bad? It’s not. It’s good,” but he appealed for them to also share their technology with the mRNA hub....”*

*“**Better than TRIPS waiver, says Belgium’s Minister: “... Kirir said that the hub was a “better solution than the patent waiver because you make the country self resilient, and there is a there is a formula and it is open”. When asked whether Belgian biotech companies were likely to support the mRNA hub and share their knowledge, Kirir could only name one – Universal Pharma – that had been in touch with Afrigen, adding that it was working in Senegal to share its know-how on vaccines....”***

Geneva Health Files - The Political Utility of The WHO mRNA Hub - An Analysis

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

Last week Friday’s (must-read) analysis. To subscribe to this newsletter, see <https://genevahealthfiles.substack.com/> Some excerpts:

*“**The WHO mRNA hub, has become sort of a symbol of a concerted effort to address vaccine inequities and yet, at the same time reveals the political context in which it has been shaped. It is an initiative that ticks all the right boxes on investments, diplomacy and self-sufficiency. But as always, details matter....”***

*“... While there is no dearth of heroes in this pandemic-stricken world, South African scientists who have copied Moderna’s vaccine have shown what is possible. This has several consequences. One, it **lays bare the fallacy in the narrative about limited capacities in developing countries to deal with complexity – an argument that was bandied about by CEPI, the WTO, pharma industry associations, and other key stakeholders. (CEPI is part of the COVAX Facility and of the COVAX manufacturing***

taskforce.)... *... The mRNA hub has also become a trophy for donor countries, particularly European countries, to demonstrate their support and investments in Africa. Bear in mind the upcoming EU-AU summit, and the current dynamics in the TRIPS Waiver discussions where there are proposals to limit the geographical scope of a potential waiver to African countries...."*

"... The idea is that the hub will train a select group of whetted and interested companies, who will then go on produce their vaccines. Further, any refinements made by recipients of this technology transfer can be licensed back to the hub for greater diffusion of technology, officials explained."

The analysis also delves into **IP issues and next steps for the hub.**

And do check out this absolutely fabulous paragraph on **the 'political unity of the mRNA hub':**

*"Both the enthusiasm and the cautiousness around the mRNA hub have to be seen in the varying challenges to intellectual property protection during this pandemic. At one end of the spectrum is the **TRIPS Waiver proposal** that seeks a temporary suspension of certain IP obligations under the WTO TRIPS agreement. The proposal goes beyond existing options such as compulsory licensing that are seen as political and contentious. The EU, Norway, UK, Switzerland are some of the key opponents to the proposal. At WTO, in the context of the waiver discussions, the EU speaks of its support to vaccine manufacturing in Africa including the mRNA hub, while the UK also speaks about the importance of the C-TAP. **The C-TAP**, with its principles of open and non-exclusive licensing falls in the middle of this spectrum. It has received little support from the industry and only varying levels of support from countries. **The mRNA hub, with its proposed objective of being multilateral in nature, is bound by mutually agreeable licensing terms, similar to the voluntary licensing approaches. This is a model which is the least contentious for a number of different stakeholders.** At the extreme end of the spectrum are the **voluntary licensing approaches** that have essentially shaped the response to this pandemic, where originator companies are in the driver's seat to determine how licenses on their drugs and vaccines are given out. **That there is opposition, and efforts to undermine the mRNA hub model with its non-threatening IP model, shows the reluctance of the industry. If the hub and spoke model succeeds, it could bring in significant changes that could transform the contours of manufacturing capacity in the developing world. And there is no denying the existence of such capacities. And for the donors, the mRNA hub is an instrument to justify their opposition to the TRIPS Waiver...**"*

PS: Dimitri Eynikel (on Twitter) disagreed with this *"as I think it is not so black and white. I know #TRIPSwaver supporters working in & with donor governments that support the hub both as alternative track to the waiver and because it challenges the status quo on IP."*

Devex - The road ahead for Africa's vaccine manufacturing sector

<https://www.devex.com/news/the-road-ahead-for-africa-s-vaccine-manufacturing-sector-102674#.Ygzx70QmaQI.twitter>

"Partnerships have been key in producing the first messenger RNA COVID-19 vaccine in Africa and getting the vaccine approved and into people's arms will require a similar effort. ..." **Interview with Petro Terblanche, managing director at Afrigen Biologics, during an online panel discussion on Tuesday** as part of Prescription for Progress 2022. Excerpts:

*“... **Challenges in the broader ecosystem** — such as ensuring that the vaccines are taken up in the market, that the so-called spokes or companies that have expressed interest in learning from the hub are able to “absorb the technology” and produce at set quality standards, and that they are administered to people — **will also require “significant collaboration,” according to Terblanche.** “We’ve spent so much time on the technological innovations and production of vaccines. But what really matters is that last mile to get this to people,” she added....”*

*“... **Terblanche said not receiving a tech transfer is “a blessing in disguise,”** as it allowed their scientists to innovate and learn the “basic building blocks” that would help them develop other mRNA-based vaccines....”*

*“... **The issue of sustainability was a central topic of discussion.** Frederick Kristensen, deputy CEO at Coalition for Epidemic Preparedness Innovations, said **there’s a clear need for facilities to continue functioning even during the “nonpandemic or interepidemic periods,** and being kept warm.” These facilities could produce vaccines such as for Lassa fever, or yellow fever, which is a virus endemic in tropical areas of Africa, and Central and South America. But being able to “pivot, when needed” would be important. He said **CEPI can support facilities in finding new ways of “having smaller footprint, cheaper, more efficient production facilities.”** Meanwhile, instead of building huge facilities to produce 4 billion to 5 billion doses of vaccines, Terblanche believes the continent could build seven or eight “smaller, bankable, sustainable facilities” that are able to produce 1.3 billion or 1.4 billion vaccine doses beyond COVID-19. Building the continent’s regulatory systems and clinical trial capabilities, and aligning it with the needs in the market, will also help sustain Africa’s vaccine manufacturing sector....”*

Reuters - Moderna patent application raises fears for Africa COVID vaccine hub

[Reuters:](#)

*“**Africa hub firm says patent will impede freedom to operate.** Moderna says patents will not affect vaccine distribution. Firm has pledged not to enforce mRNA patents during pandemic. **But charities fear it will, once COVID-19 is declared endemic.**”*

*“Moderna Inc has applied for patents in South Africa relating to its COVID-19 vaccine, **prompting fears the company could eventually seek to prevent a new African vaccine manufacturing hub from making its own version of the mRNA shot....**”*

*“**Moderna (MRNA.O) spokesperson Colleen Hussey confirmed it had filed for patents “related to both the COVID-19 vaccine and Moderna’s platform technology” in South Africa and elsewhere,** after a group of 60 Africa-based charities raised concerns about them, but said the move would not block vaccine distribution in Africa. She reiterated Moderna’s October 2020 pledge not to enforce its COVID-19 related patents during the coronavirus pandemic. But South Africa’s Afrigen Biologics, which used the publicly available sequence of Moderna’s vaccine to make its own version of the vaccine, said it had received no communication from the company about the patent filings....”*

*“**Responding to a query if the company would enforce patents in Africa at the end of the pandemic,** Chief Executive Stéphane Bancel told Reuters, “We have not decided yet for low- and middle-income countries.” **The charities fear it will enforce them when COVID-19 is declared endemic,** Tian Johnson, founder of the African Alliance, said in a joint statement. This “would effectively derail all work the World Health Organization and African scientists have put into building vaccine*

manufacturing capacity on the continent," he added...." The Africa vaccine hub has WHO backing, as part of a pilot project to give poor and middle-income countries the know-how to make COVID-19 vaccines... "

TRIPS waiver & other WTO discussions

Rather depressing sounds coming again from this front....

TWN - WTO's MC12 to be held in May amid lack of progress in all areas?

R Kanth; <https://twn.my/title2/wto.info/2022/ti220210.htm>

"The WTO director-general Ms Ngozi Okonjo-Iweala is considering reconvening the organization's 12th ministerial conference (MC12) in May, even as the major issues, particularly the WTO's response to the pandemic, appear to be stuck due to unbridgeable differences among members on these issues, said people familiar with the development...."

Civil society groups in South Africa call on Moderna to immediately withdraw the mRNA vaccine patents it has filed in South Africa and to provide technical expertise to the WHO mRNA Hub in South Africa

https://www.msf.org.za/news-and-resources/press-release/open-letter-moderna-ceo-and-chair?utm_source=webupdate&utm_medium=Open_Letter_Social&utm_campaign=Social+Media

Directed to Stéphan Bancel and Noubar Afeyan.

Coverage via **Common Dreams** - [African Civil Society Slams Moderna Attempt to 'Derail' Vaccine Project](#)

"A coalition of civil society groups on Monday accused Moderna of trying to use patent protections to "derail" South African scientists' nascent attempt to produce an mRNA-based coronavirus vaccine of their own, without the support of the pharmaceutical industry or rich countries...."

FT - A Covid vaccine breakthrough bypasses the stale debate on patent waivers

A Beatty; <https://www.ft.com/content/27fada1a-1dcb-492c-a5ef-9d88a1d91b49>

"Fractious World Trade Organization talks on overriding intellectual property rights look increasingly irrelevant." Don't agree with everything in this piece, but worth a read. Also on current stances (EU, India, South-Africa, US, ... vs TRIPS waiver).

Some excerpts:

"...Patents and other IP aren't irrelevant with Covid, but they aren't the main issue. To replicate

biologics such as mRNA vaccines, transferring development and manufacturing knowhow is more important. **On Wednesday the EU, the main target of criticism over its opposition to a waiver, announced a €1bn contribution to finance the German company BioNTech to set up mobile vaccine manufacturing plants in Africa assembled from kits. But whether that's the best way to boost production remains in doubt...."**

"Jamie Love of the IP and health campaign Knowledge Ecology International, one of the field's wiser and more nuanced activists, says the WTO waiver negotiations should be combined with wider government agreements on R&D and tech transfer. He himself is in favour of a targeted Trips waiver focused on reducing data secrecy and permitting exports of products made under a compulsory licence. He also notes patents are more important in the production of therapeutic drugs such as antivirals...."

"The main challenge is transferring research and manufacturing technology. There's a fairly intense debate about that too, but a much more detailed and substantive one. The pharmaceutical industry says it's doing its part, but it's clearly acting on its own terms...."

Reuters - BioNTech says it won't challenge vaccine copying in Africa

Reuters;

"CEO comments echo Moderna pledge in 2020."

"BioNTech's (22UAY.DE) co-founder and top executive said the vaccine maker has no plans to enforce its intellectual property rights should organisations in Africa strike out on their own to produce unauthorised versions of the company's shot. "Our goal is not to keep others from using our technology. Our goal is rather to actively see to it that our technology is available on all continents as safely and as widely as possible," CEO Ugur Sahin told Reuters TV on Wednesday when asked whether he would pursue breaches of patents or patents pending in Africa...."

Civil Society Open Letter to the WTO Director General (16 February 2022)

https://ourworldisnotforsale.net/2022/L_WTO_2022-02-16.pdf

"More than 200 CSOs call on @NOIweala @_AnabelG Time @wto to deliver a bold and meaningful outcome on #TRIPSWaiver that will concretely contribute to enabling production in and expanding supply options towards realizing equitable access."

"...any credible waiver outcome must also equally cover the medical products essential to control COVID-19 and especially vaccines, therapeutics and diagnostics, including their materials and components. Addressing access to therapeutics and diagnostics must not be delayed..."

Why won't Germany support a Covid-19 vaccine waiver? Anna Cavazzini answers this and more ahead of the EU-AU summit

<https://eu.boell.org/en/2022/02/16/why-wont-germany-support-covid-19-vaccine-waiver-anna-cavazzini-answers-and-more-ahead>

“4 Civil society representatives ask MEP Anna Cavazzini (Greens/EFA) about the Covid-19 vaccine patent waiver, as the wane of some countries’ Omicron winters poses a new threat to global vaccine equity..”

Quote:

“Q: Why is the new German government so reluctant to take on Big Pharma power?”

Anna Cavazzini: “To my mind, the problem is that this intellectual property model has been the dominant model in industrialized countries and there isn’t enough critical debate or alternatives being floated. “Meanwhile, the average person in Germany or the United States is thinking, ‘Of course, if I invented something, I would want patents to protect my invention.’ So despite the fact that some NGOs — especially health NGOs — are being really vocal on the waiver, it’s not a debate for the broader public, who thinks this intellectual property model protects our economy. “

Covax & ACT-A

Reuters - Short AstraZeneca shelf life complicates COVID vaccine rollout to world's poorest

[Reuters](#):

“The relatively short shelf life of AstraZeneca Plc's ([AZN.L](#)) COVID-19 vaccine is complicating the rollout to the world's poorest nations, according to officials and internal World Health Organization documents reviewed by Reuters. It is the latest headache to plague the COVAX vaccine -sharing project...”

“The problem with a short shelf life largely concerns AstraZeneca, according to COVAX data and officials. An internal WHO document reviewed by Reuters detailing vaccine stocks in several central and west African countries for the week ending Feb. 6 highlighted the problem. Most of the 19 listed African nations had expired AstraZeneca doses, compared to a handful of countries with expired doses from other manufacturers. Of the total expired doses declared by those countries in the week, about 1.3 million were AstraZeneca, 280,000 Johnson & Johnson ([JNJ.N](#)), 15,000 Moderna ([MRNA.O](#)) and 13,000 Russia's Sputnik, the document shows. ...”

*“... AstraZeneca, COVAX's second-biggest supplier after Pfizer ([PFE.N](#)), said that since the start of the global rollout, more than 250 million of its shots left factories with less than two-and-a-half months before expiry. ... A spokesperson for Anglo-Swedish AstraZeneca said vaccines had to undergo scrupulous quality checks and pointed to the fact that the company was a major player in supporting vaccination drives in poorer nations. **With donations from rich countries included, more AstraZeneca vaccines have been distributed by COVAX than any other shot. “AstraZeneca has supplied 2.6 billion vaccine doses globally, approximately two thirds of which have gone to low and lower middle-income countries,”** the spokesperson said.*

“The volumes of delivered vaccines vastly outnumber wasted doses, but the losses have been substantial thanks in part to the time pressures. This has led to AstraZeneca shots being turned down even before being shipped. ... Quality checks are conducted by all vaccine makers, but the time constraints are less of an issue for COVAX's other top suppliers. Johnson & Johnson's vaccines

last two years when frozen, Pfizer's last nine months and Moderna's seven months, according to storage instructions approved by the WHO...."

Covid key news

AP - WHO: New COVID cases drop by 19% globally, deaths stable

<https://apnews.com/article/coronavirus-pandemic-health-middle-east-pandemics-united-nations-3a33b2d7671c8b32602ed5d19ed326a9>

"The number of new coronavirus cases globally fell by 19% in the last week while the number of deaths remained stable, according to the World Health Organization. The U.N. health agency said late Tuesday in its weekly report on the pandemic that just over 16 million new COVID-19 infections and about 75,000 deaths were reported worldwide last week...."

See also Cidrap News - [Further decline in global COVID cases as deaths stabilize](#)

"COVID-19 cases across the globe declined last week for the second week in a row, with illness levels dropping in every region except the Western Pacific, the World Health Organization (WHO) said yesterday in its weekly pandemic snapshot. The WHO's update also covered the latest information on the BA.2 Omicron subvariant, which it now says makes up about 21% of sequenced global cases...."

Reuters - Lower testing rates likely reason for falling COVID-19 case reports - WHO

[Reuters](#):

"A drop in COVID-19 testing rates is likely contributing to a decline in reported cases even as deaths are rising, the World Health Organization's technical lead on COVID-19 Maria Van Kerkhove said on Wednesday. "The bigger concern right now, I think, is the still increasing number of deaths," Van Kerkhove said during a virtual panel discussion livestreamed on Twitter, Facebook and YouTube. "In the last week alone, almost 75,000 people died reported to us and we know that that is an underestimate," she said. The countries claiming that their transmission has dropped from two to six weeks ago have likely seen a drop in testing rates, said WHO's emergencies chief Mike Ryan...."

UN News - WHO lauds 'historic initiative' on vaccine equity underway in South Africa

<https://news.un.org/en/story/2022/02/1111972>

Coverage of a meeting on Monday. *"During a COVID-19 global action meeting on Monday, the UN health chief described the progress underway at the World Health Organization (WHO) mRNA vaccine technology transfer Hub in South Africa, noting that the "historic initiative comes at a critical time" in the global fight against the virus. The WHO chief warned that high vaccine coverage in*

some countries, combined with the lower severity of the Omicron variant, is driving a false narrative that the pandemic is over. At the same time, low vaccine coverage and low testing rates in other States are creating ideal conditions for new variants to emerge, he warned.

*“We can bring the pandemic under control this year – but we are at increased risk of squandering that opportunity.” Currently, 116 countries are off track to reach the global target of vaccinating 70 per cent of every country’s population by the middle of this year. “Through the [ACT](#) Accelerator and the [COVAX](#) pillar and our partnership with [UNICEF](#), we are now overcoming some of the supply and delivery constraints we faced last year, with more than one billion vaccine doses shipped”, said the WHO chief. However, he added that **in many countries, “the issues are not primarily a problem of absorptive capacity....”***

HPW - US and Africa Plan to Harness PEPFAR Networks to Increase COVID Vaccine Uptake

<https://healthpolicy-watch.news/us-intends-to-harness-pepfar-networks/>

More coverage of the GAP meeting o Monday. *“The US and Africa intend to use the well-established community networks supported by the [President’s Emergency Plan for AIDS Relief \(PEPFAR\)](#) to improve the uptake of COVID-19 vaccines in Africa. The initiative would build upon the infrastructure developed since PEPFAR entered as a major player on the African AIDS scene in 2003. ..”*

*“In addition, USAID has launched an initiative called Global VAX to support the World Health Organization (WHO) target of vaccinating 70% of the world’s population by mid-year against COVID-19, and will soon be announcing priority countries in Africa. This is according to US State official Mary Beth Goodman, who briefed African journalists on Tuesday on the **COVID-19 Global Action Meeting** convened by US Secretary of State Antony Blinken on Monday.*

“...Blinken presented a six-point COVID-19 Prioritized Global Action Plan for Enhanced Engagement (GAP) to foreign ministers and senior leaders from countries and international organizations invited to his virtual meeting....”

Reuters - WHO chief scientist: pandemic has not ended as more variants expected

[WHO chief scientist: pandemic has not ended as more variants expected | Reuters](#)

“ The World Health Organization's chief scientist, Soumya Swaminathan, said on Friday that the world was not yet at the end of the COVID-19 pandemic as there would be more coronavirus variants. “We have seen the virus evolve, mutate ... so we know there will be more variants, more variants of concern, so we are not at the end of the pandemic,” Swaminathan told reporters in South Africa, where she was visiting vaccine manufacturing facilities with WHO Director-General Tedros Adhanom Ghebreyesus....”

GPMB calls for a renewed global commitment to 'six solutions for a safer world' in 2022

<https://www.gpmb.org/news/news/item/14-02-2022-gpmb-calls-for-a-renewed-global-commitment-to-six-solutions-for-a-safer-world-in-2022>

As of 14 Feb. *"The Global Preparedness Monitoring Board (GPMB) is pleased to share the below statement ahead of several key meetings in the upcoming two weeks that aim to end the current pandemic and prepare the world for the next. In October 2021, the GPMB called for world leaders to take urgent actions to demonstrate their commitment to strengthening pandemic preparedness and response and address the profound inequities and divisions that have characterised this pandemic. The GPMB reiterates its call for renewed global commitment to six solutions for a safer world, made in our most recent 2021 report 'From Worlds Apart to a World Prepared'"*

Covid science

Mint –India's first mRNA Covid vaccine enters final clinical trials - Govt

<https://www.livemint.com/news/india/indias-first-mrna-covid-vaccine-enters-final-clinical-trials-govt-11644491791836.html>

"India's first mRNA (messenger RNA) vaccine against coronavirus is currently under the final stage of clinical trials..."

NPR - The future of the pandemic is looking clearer as we learn more about infection

<https://www.npr.org/sections/goatsandsoda/2022/02/07/1057245449/the-future-of-the-pandemic-is-looking-clearer-as-we-learn-more-about-infection?t=164464666254>

Interesting read. On several key questions people have been asking throughout the pandemic – and ones that researchers are beginning to answer.

Nature - Omicron-targeted vaccines do no better than original jabs in early tests

<https://www.nature.com/articles/d41586-022-00003-y>

"Experiments in animals show that boosters customized for the fast-spreading COVID variant offer little advantage over standard jabs."

Scientific American - The Lab-Leak Hypothesis Made It Harder for Scientists to Seek the Truth

<https://www.scientificamerican.com/article/the-lab-leak-hypothesis-made-it-harder-for-scientists-to-seek-the-truth/>

“Virus origin stories have always been prone to conspiracy theories. COVID disinformation has threatened research—and lives.”

Stat (Op-ed) - Coronaviruses are ‘clever’: Evolutionary scenarios for the future of SARS-CoV-2

D Burke; <https://www.statnews.com/2022/02/16/coronaviruses-are-clever-evolutionary-scenarios-for-the-future-of-sars-cov-2/>

*“... Some experts believe that the pandemic appears to be on an evolutionary slide toward becoming endemic, a “new normal” in which humans and the virus co-exist, as we currently do with influenza. But coronaviruses are clever. While an endemic resolution may be in sight, SARS-CoV-2 could still shock the human species with a devastating evolutionary leap. **Here are four possible scenarios, each taken directly from the known evolutionary playbook of coronaviruses....**”*

Conclusion: *“I’m not confident about how the pandemic endgame will play out. **While I do think the most likely future scenario for SARS-CoV-2 is that it will become endemic, the other more worrisome scenarios I describe here are within the realm of possibility: a mutant that produces a different disease, a new recombinant virus, or a variant that exploits immunity.** And these scenarios are not mutually exclusive. A new SARS-CoV-2 recombinant virus containing animal coronavirus genes might well cause altered disease. Some other scenarios I haven’t discussed are also worth thinking about, like ongoing back-and-forth spillover from humans to animals and back to humans, or increased transmissibility from chronically infected people with “long Covid.” ...”*

Nature -Bat coronaviruses related to SARS-CoV-2 and infectious for human cells

<https://www.nature.com/articles/s41586-022-04532-4>

Pre-print. Cfr a tweet Amy Maxmen: *“Researchers report on close cousins to SARS-CoV-2, found in cave-dwelling bats in Laos. These coronaviruses bind well to receptors on human cells, replicate in those cells & SARS2 antibodies block them.”*

Reuters - Moderna eyes COVID booster by August, not clear yet if Omicron-specific needed

[Reuters](#);

“An Omicron-specific booster could be ready by August, the CEO of U.S. biotech firm Moderna (MRNA.O) told Reuters, but the firm is still gathering clinical data to determine whether that vaccine would offer better protection than a new dose of the existing jab....”

Covid vaccine access

KFF Global COVID-19 Vaccine Coverage Tool: Current and Projected Coverage – Updated as of February 14

<https://www.kff.org/interactive/kff-global-covid-19-vaccine-coverage-tool-current-and-projected-coverage/>

Cfr tweet: “**Lower-middle-income countries** as a group are on track to hit the global #COVID19 vaccination target of 70% by mid-2022. But **low-income countries** remain far behind that target, though their vaccination pace has somewhat quickened...”

HPW - Africa CDC – Mastercard Partnership Helps Improve Vaccine Uptake – Only 0.5% of Doses Received are Wasted

<https://healthpolicy-watch.news/africa-cdc-mastercard-vaccine-uptake/>

“A partnership between Africa CDC and MasterCard Foundation, which has included visits to countries with model vaccination programmes, such as Rwanda and Morocco, is making a difference to other African countries facing challenges in getting jabs into arms. That and other measures aimed at supporting more rapid African roll out of COVID-19 vaccines are proving effective, said Dr **John Nkengasong**, Director of the Africa Centres for Disease Control and Prevention (Africa CDC) on Thursday. **Meanwhile, WHO African Regional officials said that only 0.5% of COVID-19 vaccines received on the continent had actually gone to waste** — despite the fact that another recent report suggesting that up to 35% of doses so far received are still awaiting distribution. ...”

“Addressing journalists on Thursday, Nkengasong said the [Saving Lives and Livelihoods initiative](#) — involving Africa CDC and MasterCard Foundation — have demonstrated results in at least four countries so far. “We have data from Sierra Leone, South Sudan, Cameroon and Tanzania where uptake of the vaccination really increased significantly once we sent in teams as part of the initiative,” Nkengasong said....”

Global Policy Journal - Vaccine Production in Rwanda: A step Toward Vaccine Access Equity for Africa

R Ravinetto; <https://www.globalpolicyjournal.com/blog/14/02/2022/vaccine-production-rwanda-step-toward-vaccine-access-equity-africa>

“In October 2021, Rwanda announced that it will house a vaccine manufacturing plant using the mRNA technology of the German start-up BioNTech, which co-developed the Pfizer COVID-19 vaccine. It is hoped that the construction starts no later than mid-2022. Will the plan accelerate the continent’s lackluster vaccination rate?”

Stat - Why Covid-19 vaccines are a freaking miracle

<https://www.statnews.com/2022/02/14/why-covid-19-vaccines-are-a-freaking-miracle/>

A miracle with a very big 'but', though....

“...That miracle is the development, testing, manufacturing, and global distribution of Covid vaccines.” “... Yes, the global rollout has been shamefully inequitable, with low-income countries having to wait far too long to be able to protect their citizens. Sub-Saharan African countries, in particular, still struggle to access and distribute vaccine. But **at least 55% of the people inhabiting this planet have been fully vaccinated against Covid-19.** In affluent parts of the world, anybody who believes in the protective powers of vaccines has had the opportunity to be vaccinated for months now.And it isn't just wealthy countries. Colombia, Morocco, Sri Lanka, El Salvador, Mongolia, and Tonga have fully vaccinated about the same proportion of their populations — roughly 64% — as has the United States. What has been accomplished in the 25 months since Chinese scientists first shared the genetic sequence of the newly discovered SARS-CoV-2 virus has defied the predictions of the most optimistic prognosticators. ... “

Amnesty International - Covid-19: Pharmaceutical companies' failure on equal vaccine access contributed to human rights catastrophe in 2021

<https://www.amnesty.org/en/latest/news/2022/02/covid-19-pharmaceutical-companies-failure-on-equal-vaccine-access-contributed-human-rights-catastrophe-in-2021/>

“Despite urgent calls to ensure the equal distribution of Covid-19 vaccines in 2021, pharmaceutical companies tragically failed to rise to the challenge of a once-in-a-century global health and human rights crisis. Instead, they monopolized technology, blocked and lobbied against the sharing of intellectual property, charged high prices for vaccines and prioritized supplies to wealthy countries, said Amnesty International today in a new assessment of the leading Covid-19 vaccine developers.”

“Ten billion doses of Covid-19 vaccines were produced last year, more than enough to reach the 40% target of global vaccination set by the World Health Organization (WHO) for the end of 2021. Yet **Money Calls the Shots: Pharma's response to the Covid-19 vaccine crisis** – an update on Amnesty International's September 2021 report **A double dose of inequality: Pharma companies and the Covid-19 vaccines crisis** – reveals that just over 4% of those living in low-income countries had been fully vaccinated by the end of last year. **“More than 1.2 billion people in low and lower-middle income countries could have been vaccinated by the end of 2021 if high-income countries and vaccine makers took their human rights obligations and responsibilities to heart,”** said Rajat Khosla, Amnesty International's Senior Director of Research, Advocacy and Policy.

“... In 2021, **Pfizer, BioNTech and Moderna** projected revenues of up to US\$54 billion, yet supplied less than 2% of their vaccines to low-income countries. **Chinese companies Sinovac and Sinopharm** delivered just 0.4% and 1.5% respectively of their vaccines to low-income countries. **Johnson & Johnson's and AstraZeneca's** records on distribution were better – with 50% of their stock reaching low and lower-middle-income countries (with many of these doses provided as “donations” from upper-income countries, not as part of sales agreements). However, both companies still refuse to share their technology and intellectual property through World Health Organization-coordinated initiatives and are now abandoning their not-for-profit pricing model....”

Covid treatments/diagnostics/....

WHO - WHO prequalifies first monoclonal antibody - tocilizumab – to treat COVID-19

<https://www.who.int/news/item/11-02-2022-who-prequalifies-first-monoclonal-antibody---tocilizumab-to-treat-covid-19>

From late Friday. “ Aiming to increase access to recommended treatments for COVID-19, WHO today added tocilizumab, a monoclonal antibody, to its list of prequalified treatments for COVID-19. **To date, six COVID-19 treatments have been prequalified by WHO**, including the three presentations (three vials, each with a different quantity) of the product prequalified today.”

See also Reuters - [WHO adds Roche's arthritis drug tocilizumab to COVID-19 medicines list](#)

“The World Health Organization said on Friday it had added its first monoclonal antibody tocilizumab to its so-called pre-qualification list, an official list of medicines used as a benchmark for procurement by developing countries....”

FT - Merck struggles to win European approval for Covid-19 antiviral pill

<https://www.ft.com/content/2cf0b6cc-b07b-4ff9-a833-42eb1798a576>

“EMA regulator said to be unlikely to grant marketing authorisation to molnupiravir after ‘problematic’ data.”

Devex - About one third of the world is still not genomic sequencing COVID-19

<https://www.devex.com/news/about-one-third-of-the-world-is-still-not-genomic-sequencing-covid-19-102686>

*“High costs of genomic sequencing are holding back roughly one third of the countries in the world from genomic sequencing **COVID-19**, a method which helps identify new variants of the virus, said Dr. Soumya Swaminathan, chief scientist at the [World Health Organization](#), during Devex’s Prescription for Progress event Tuesday. **Europe is, by far, the largest contributor of sequences globally, she said, whereas there are large gaps in capacity across the African continent — with many of the sequences coming from only a few countries — as well as parts of Latin America.** “*

*“While this number has increased — at the beginning of the pandemic, less than half of WHO’s member states had the capacity — the current levels are “not good enough,” she said, calling for increased capacity in low- and middle-income countries. **There are a series of partnerships working to expand access**, such as the WHO Hub for Pandemic and Epidemic Intelligence, the WHO BioHub System in Switzerland, as well as efforts by [The Rockefeller Foundation](#), [Wellcome](#), the United Kingdom’s government, and the [Bill & Melinda Gates Foundation](#), she said....”*

Covid analysis

Science insider - Is it time to live with COVID-19? Some scientists warn of 'endemic delusion'

<https://www.science.org/content/article/it-time-live-covid-19-some-scientists-warn-endemic-delusion>

"As pandemic restrictions lift, researchers stress the need to prepare for the next variant."

BMJ Open - Citation impact and social media visibility of Great Barrington and John Snow signatories for COVID-19 strategy

J P Ioannidis; <https://bmjopen.bmj.com/content/12/2/e052891>

For the 'fans', i guess.

The Conversation - What South Africa has learnt about COVID and what the next steps could be

V Ueckermann; <https://theconversation.com/what-south-africa-has-learnt-about-covid-and-what-the-next-steps-could-be-177072>

Excerpts:

"... Recent evidence shows that HIV-infected people who have a weakened immune system have a greater quantity of SARS-CoV-2 in their bodies when they get infected with it, and they can infect other people for longer. It's speculated that omicron arose in this context. Researchers are concerned that new SARS-CoV-2 variants could arise in people whose HIV has not been detected and treated adequately. This is an important consideration in South Africa, where there is a high prevalence of HIV..."

"...the need to look beyond the mortality and morbidity of acute COVID-19. Severe COVID-19 can have long-term physical, mental and financial repercussions..."

Globalization & Health - Vaccine nationalism will persist: global public goods need effective engagement of global citizens

Stuart P Peacock; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00802-y>

Important paper. *"Covid-19 presents a unique opportunity to transform democratic engagement in the governance of global public goods. In this paper, I describe a global public goods framework and how it relates to Covid-19 vaccines, and summarize some of the global responses to Covid-19. I ... propose transformative thinking to democratically engage citizens in the governance of global*

public goods. To make us more resistant and resilient to future global health crises we need transformative thinking to democratically engage global citizens. We need to lay the foundations for a 'global social contract' on global public goods."

He also provides an example of one possible approach to more effective deliberative public engagement and global public goods: a hypothetical 'mini-public' model for COVAX.

BMJ GH Analysis - COVID-19 vaccines for children and adolescents in Africa: aligning our priorities to situational realities

K Govender et al ; <https://gh.bmj.com/content/7/2/e007839>

"... In this paper, we highlight trends in SARS-CoV-2 infections among children and adolescents (CA), compare COVID-19 vaccination patterns in Africa to those in high-income countries, and discuss some of the benefits, challenges and unknowns associated with vaccinating CA for COVID-19. In light of ongoing COVID-19 vaccine supply challenges and the slow progress that the African continent is making towards vaccinating the adult population, we suggest that the immediate priority for Africa is to accelerate COVID-19 vaccinations among adults (particularly high-risk populations) and vulnerable CA (ie, those who are immunocompromised and/or living with certain medical conditions). Accelerating the roll-out of COVID-19 vaccines and rapidly achieving high levels of vaccination coverage in the adult population will free up capacity to vaccinate CA sooner rather than later. While we hope that COVID-19 vaccines will soon become available to CA throughout Africa, countries must continue to prioritise non-pharmaceutical interventions."

Pandem-ic – Data insight: COVID-19 is more severe than you think

<https://pandem-ic.com/covid-19-is-more-severe-than-you-think/>

"Perspectives on COVID-19 mortality that go beyond the official data."

*"We explore alternative estimates of the cumulative mortality toll of the pandemic and compare based on these estimates how severe COVID-19 has been relative to the leading causes of death before the pandemic. This leads us to four different perspectives on the severity of the mortality impact of the COVID-19 pandemic, which are based on the following data: Reported COVID-19 deaths as per official data sources of country health authorities; Lower-bound estimates of all-cause deaths as per the lower bound of the 90% confidence interval (2-sided) of the estimates derived from the [excess death model](#) by The Economist; **Mid-point estimates of all-cause excess deaths** as per the same confidence interval. **Upper-bound estimates of all-cause excess deaths** as per again the same confidence interval."*

Nature - Pandemics disable people — the history lesson that policymakers ignore

<https://www.nature.com/articles/d41586-022-00414-x>

*"Influenza, polio and more have shown that infections can change lives even decades later. **Why the complacency over possible long-term effects of COVID-19?**"*

TGH - After the Mandates End

C Murray et al; <https://www.thinkglobalhealth.org/article/after-mandates-end>

“Preparing for the next COVID-19 variant.”

*“... Even as the world accelerates toward post-mandate normalization, we need to take concrete actions now to mitigate the risks of future COVID-19 surges fueled by new variants. There are many actions that should continue to be pursued, such as persuading the hesitant to get vaccinated. But **there are five measures that we and our IHME colleagues think need enhanced policy and public attention....**” Improve Surveillance and Data Reporting Timelines; Scale Up Production and Global Access to Antivirals; Reinvigorate Research on Vaccines that Block Transmission; Encourage At-Risk Individuals to Protect Themselves if a New Surge Arrives; Increase Analytical Capacity.*

GFO - COVID-19: An endemic pandemic? What does that mean?

A Whiteside; <https://www.aidspace.org/en/c/article/5888>

Why we need continue to be concerned. *“Professor Alan Whiteside, who has researched and written on HIV since 1987, describes the alarming synergy between HIV and COVID-19. He notes that there is very little research looking at how the two diseases interact. He calls for more to be done in investigating the speed and extent of COVID-19’s spread and its impact and consequences regarding HIV.”*

Malaria

Telegraph - Super-mosquito drives new malaria surge across Africa

[Telegraph](#)

“The arrival of a city-dwelling mosquito from Asia could spell disaster for a region that is rapidly urbanising. “

*“... the new super-mosquito from India called **Anopheles stephensi** which had probably spread to the Horn of Africa on a cargo container from South Asia or the Arab Peninsula. Even with a microscope, an expert would struggle to tell the difference between **stephensi** and the **Anopheles gambiae**, the typical African malaria mosquito. But **there are two crucial differences between the two. The stephensi mosquito is not as effective as gambiae at carrying malaria, but it thrives in urban environments. It can breed almost anywhere – in a dirty puddle in between slum shacks, a rubbish dump or even a bit of water in an abandoned car tyre by the road. ...**”*

*“... Some African city centres are completely free of malaria transmission, and while rapid urbanisation has many downsides, it has generally been assumed that Africa's malaria burden would gradually decline with the rural to urban shift. But the **stephensi** is threatening to overturn all of this. Scientists and medics are now terrified about what could happen if the mosquito spreads to Africa's tropical megacities. One [study by researchers at the University of Oxford and the Liverpool School of Tropical Medicine](#) calculated that more than 125m people in cities across Africa*

*could be at risk. The mosquito seems to have **already spread right across the Horn of Africa**. It has been detected in Djibouti's neighbour Ethiopia and as far away as Darfur in Sudan. **Scientists also believe the mosquito could have already spread along east African trade routes into South Sudan, Uganda and northern Kenya.....***"

Polio

Science - In new setback for eradication campaign, poliovirus from Pakistan shows up in Africa

<https://www.science.org/content/article/new-setback-eradication-campaign-poliovirus-pakistan-shows-africa>

"Health officials hope to squash outbreak quickly."

*"A wild poliovirus has made a leap from Pakistan to the African continent, where it has paralyzed a 3-year-old girl in Malawi—the first wild polio case in the country since 1992. The case, **announced on 17 February** by the Malawi government, is the latest setback for the global campaign to end polio once and for all. But the Global Polio Eradication Initiative (GPEI) hopes it can limit the damage by stopping the outbreak quickly...."*

Mental health

HPW - Depression Remains Overlooked and Underfunded; Experts Call to Reduce Global Burden

<https://healthpolicy-watch.news/depression-overlooked-underfunded-global/>

Coverage of the new Lancet/World Psychiatric Commission. *"With about half of people suffering from depression in high income countries untreated or undiagnosed, with this number rising to 80-90% in low- and middle-income countries, **a Lancet and World Psychiatric Association Commission have called for a unified response against this global crisis to reduce the burden of depression.** Depression is estimated to **impact 5% of adults globally**, with its onset most frequent in young people. COVID-19 has caused **'mass trauma'** worldwide and has further worsened mental health for millions, creating additional challenges with isolation, bereavement, uncertainty, hardship, and limited access to healthcare. **To combat the crisis, the Commission's 'Time for united action on depression'** calls for a concerted and collaborative front from all – government, healthcare providers, researchers, and people living with depression, to improve care and prevention, fill knowledge gaps, and increase awareness for one of the leading causes of avoidable suffering and premature death worldwide. ;.."*

The Commission: Time for united action on depression: a Lancet–World Psychiatric Association Commission

<https://www.thelancet.com/commissions/united-action-on-depression>

*“Depression is a leading cause of avoidable suffering, globally. Yet, too few people in communities, governments, and the health sector understand or acknowledge depression as distinct from the other troubles that people face. Not enough is done to avoid and alleviate the suffering and disadvantages linked with depression, and few governments acknowledge the effect of depression on social and economic development. **This Commission synthesises evidence from diverse contexts and, in consultation with people with lived experience, generates action-oriented recommendations.** Our aim is to promote concerted and united action to reduce the burden of depression and ensure that greater attention is paid to the millions of people who live with it across the globe.”*

With 10 key messages.

Check out also the related **Lancet Editorial** – [Ensuring care for people with depression](#)

*“At the 150th WHO Executive Board meeting this January, Tedros Adhanom Ghebreyesus, the director-general, reviewed progress in mental health, including for depression. **1 billion people globally are estimated to be living with a mental disorder, 81% of whom live in low-income and middle-income countries. Among this one billion, 5% of adults have depression, making it a leading cause of disability, and a major contributor to the overall global burden of disease. By stark contrast, countries spend less than 2% of their health budgets on mental health on average.** As such, Tedros called on member states to redouble their efforts to address care and financing for depression. ...”* Enter this Commission.

*“... In sum, the Commission lays out a stark choice: to improve equitable and stigma-free access to interventions for people with depression or to continue to condone indifference to the wellbeing of the **1 billion people with mental health needs.** Governments, donors, and communities must reduce the global burden of depression through concerted action against stigma and health inequities, and increase their financial and social commitments. **Together, the global community must decide to prioritise the emotional wellness of our species.”***

Link:

- **Plos Med** – [The global gap in treatment coverage for major depressive disorder in 84 countries from 2000–2019: A systematic review and Bayesian meta-regression analysis](#)

“In this study, we observed that the treatment coverage for MDD continues to be low in many parts of the world and in particular in low- and lower middle-income countries....”

Commercial determinants of health (and NCDs)

Globalization & Health - Confronting potential food industry ‘front groups’: case study of the international food information Council’s nutrition communications using the UCSF food industry documents archive

S Steele, D Stuckler et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00806-8>

*“There are growing concerns that the public’s trust in science is eroding, including concerns that vested interests are corrupting what we know about our food. **We know the food industry funds third-party ‘front groups’ to advance its positions and profits. Here we ask whether this is the case with International Food Information Council (IFIC) and its associated Foundation**, exploring its motivations and the potential for industry influence on communications around nutritional science.....”*

Globalization & Health - Strategies to expand corporate autonomy by the tobacco, alcohol and sugar-sweetened beverage industry: a scoping review of reviews

C Hoe et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00811-x>

*“... few attempts have been made to synthesize existing evidence of the strategies used to advance corporate interests across industries. Given this, **our study seeks to answer the questions:** 1) Is there an emergent taxonomy of strategies used by the tobacco, alcohol and sugar-sweetened beverage (SSB) industries to expand corporate autonomy? 2) How are these strategies similar and how are they different?...”*

*“....**Results identified six key strategies the industries used:** 1) influencing government policy making and implementation, 2) challenging unfavorable science, 3) creating a positive image, 4) manipulating markets, 5) mounting legal challenges, and 6) anticipating future scenarios. **Despite these similarities, there are few but important differences.** Under the strategy of influencing government policy making and implementation, for example, literature showed that the alcohol and SSB industries have been “privileged with high levels of participation” within international public health organizations....”*

The Lancet Public Health Commission on gambling

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30289-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30289-9/fulltext)

*“For most of the latter part of the 20th century, gambling has been overlooked as a public health issue It is **against this backdrop that The Lancet Public Health Commission on gambling has been established.** By assembling world leaders in public health, mental health, policy, and gambling studies, and supported by an advisory group that will include those with lived experience, the Commission aims to thoroughly consider the global issues related to gambling. The Commission will focus on the political and corporate determinants of harm, the epidemiology of gambling harms, including examining inequalities, interventions to reduce harms, and critical appraisal of regulatory, political, and public health responses to gambling. **The ultimate goal of the Commission is to set a progressive agenda to guide action to reduce population-level gambling harms, to protect people from these harms, and to provide evidence-based care when needed.** To inform the work of the Commission, The Lancet Public Health would welcome submissions on these topics. ...”*

Globalization & Health -The alcohol industry’s involvement with road safety NGOs

I Stein et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00813-9>

« ...*The study showed a clear effort on behalf of the alcohol industry to partner with road safety NGOs around the world. Findings underscore the need for the road safety community to generate consensus on involvement of the alcohol industry and suggest the need for more transparency on details of partnerships involving road safety. Findings also highlight the importance of local and national government support of road safety initiatives and road safety NGOs to avoid dependence on controversial funding from the alcohol industry.* »

Global Disability Summit (16-17 Feb, virtual)

BMJ Opinion - Upcoming disability summit must be a turning point

N A Addo, dr Tedros et al; <https://www.bmj.com/content/376/bmj.o408>

“This week’s Global Disability Summit (GDS) must be a moment for inclusion, commitment, and action to ensure equitable access and services for persons with disabilities.”

“...a commitment to building a disability inclusive health sector that will facilitate the universal access to health services for persons with disabilities. Promoting such a commitment will be at the heart of The Global Disability Summit 2022. The Summit will be a powerful platform and opportunity to bring the international community together to commit to disability inclusion....”

“... As called for by its member states, WHO will launch a global report on the health of people with disability in December 2022, together with a Guide for Action to support countries in the implementation of the recommendations of the report. The implementation of the United Nations Disability Inclusion Strategy across the WHO through a three year action plan is an example of good practice worth scaling-up. ... The time to act is now. The Global Disability Summit is an excellent springboard which must be used to create momentum towards universal disability inclusion policies.”

SRHR

UN News - Redefining life-long benefits of sexual health – WHO

<https://news.un.org/en/story/2022/02/1111862>

“Ahead of Valentine’s Day, on Monday, a [new analysis](#) was published in the open-access journal PLOS ONE on the importance of including sexual pleasure and not only disease risks, when designing sexual health programmes. “Sexual health education and services have traditionally promoted safer sex practices by focusing on risk reduction and preventing disease, without acknowledging how safer sex can also promote intimacy, pleasure, consent, and wellbeing,” said Lianne Gonsalves, [WHO](#) paper co-author....”

For the paper, see Plos One - [What is the added value of incorporating pleasure in sexual health interventions? A systematic review and meta-analysis](#)

CDC - Progress Toward Rubella and Congenital Rubella Syndrome Control and Elimination — Worldwide, 2012–2020

[CDC](#);

Via [Stat News](#): “Global elimination of rubella 'in sight,' study says”

“Rubella, a contagious disease sometimes called German measles, causes rash and an illness usually milder than measles with one huge exception. During pregnancy, it can lead to miscarriage, stillbirth, or serious birth defects including hearing impairments, eye and heart defects, autism, diabetes mellitus, and thyroid dysfunction. Global efforts to eliminate rubella have improved since 2021, a new analysis from CDC and WHO reports, with 89% of countries providing vaccine coverage and 48% having ended rubella transmission. Vaccination improved in lower-income countries, but 21 countries have yet to introduce the vaccine into their immunization schedules. “...”

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

N Sarkar et al ; <https://www.sciencedirect.com/science/article/abs/pii/S0277953620306833>

Focusing on the question of integration of maternal mental health into PHC. Good idea, but not happening. Why not?

BMJ GH - A mixed-methods study of maternal health care utilisation in six referral hospitals in four sub-Saharan African countries before and during the COVID-19 pandemic

A Banke-Thoma, L Benova et al; <https://gh.bmj.com/content/7/2/e008064>

“ This study prospectively assessed the effect of the COVID-19 pandemic on maternal health service utilisation in six large referral hospitals in Guinea, Nigeria, Tanzania and Uganda during the first year of the pandemic....”

GBV

Lancet - Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02664-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02664-7/fulltext)

- Cfr the **press release**:

*“The Lancet: **More than a quarter of women have experienced intimate partner violence in their lifetimes, finds new study.** Largest study to present internationally comparable estimates of the*

prevalence of sexual and/or physical violence against women by a male intimate partner. Estimates from a global database of surveys conducted between 2000 and 2018 indicate that 27% of women aged 15-49 have experienced physical and/or sexual intimate partner violence in their lifetime, with 13% experiencing this violence within the past year. Evidence suggests intimate partner violence starts early; it is already prevalent in the youngest age groups, with 24% of women aged 15-19 having experienced violence from an intimate partner at least once since the age of 15. Authors highlight an urgent need to strengthen the public health response to intimate partner violence in post-COVID-19 reconstruction efforts. ...”

*“New research published in **The Lancet** estimates that over one in four women have experienced domestic violence within their lifetime. Using data from the **World Health Organisation Global Database on the Prevalence of Violence Against Women**, which covers 90% of women worldwide...”*

- **Linked Lancet Comment** by J Leight – [Intimate partner violence against women: a persistent and urgent challenge](#)

“Even though the Sustainable Development Goals call for the elimination of violence against women and girls by 2030, evidence from several countries suggests that the burden of intimate partner violence has actually increased during the COVID-19 pandemic....” “The negative effect of the pandemic on intimate partner violence is alarming given that its global prevalence was already high. ...”

UHC

PFM blog - COVID-19 as an Opportunity for PFM Transformation in Health

H Barroy & J Kutzin; <https://blog-pfm.imf.org/pfmblog/2022/02/-covid-19-as-an-opportunity-for-pfm-transformation-in-health-.html>

“COVID-19 has been a stress test for all Public Financing Management (PFM) systems. Most countries have temporarily relaxed PFM rules to provide greater financial flexibility while tailoring accountability mechanisms. Since the inception of the crisis, the World Health Organization (WHO) has been monitoring country PFM modalities to formulate, execute and account for COVID-19 health spending, including vaccine roll-out, in national budgets. To enhance cross-country dialog and the learning of lessons for health spending in the context of COVID-19, WHO convened virtually its 5th Conference on Fiscal Space, PFM and Health Financing between 15-19 November 2021.”

“... The event marked a milestone in the implementation of the WHO Collaborative Agenda on fiscal space, public financial management, and health financing. It brought together health and finance perspectives aligned on the need to use COVID-19 as an opportunity for a longer-term transformation of PFM. The joint vision recommends PFM rules and policies to better meet health sector requirements in terms of flexible and accountable spending modalities up to the frontline service providers, while enhancing the overall financial management capacities and processes across the health sector. The Conference offered a dynamic platform for cross-country learning on a range of PFM topics and paved the way for integrating some good practices that emerged during the COVID-19 crisis into regular budget processes....”

For more info on the conference, see [WHO](#). Including the [draft meeting report](#)

WHO (Brief) - Direct facility financing: concept and role for UHC

<https://www.who.int/publications/i/item/9789240043374>

"...The aim of this brief is to highlight how direct facility financing contributes to national health financing reforms. The brief explains both global relevance and how countries can flexibly shape implementation to the needs of their unique environments."

CGD (blog) - Why NICE's Lack of Data Transparency Undermines Priority Setting in Low- and Middle- Income Countries

S Ghosh et al; <https://www.cgdev.org/blog/why-nices-lack-data-transparency-undermines-priority-setting-low-and-middle-income-countries>

Conclusion: *"...For many years NICE has been the gold standard in the global HTA ecosystem for methods, standards, and best practices. The recommendations made by NICE inform a wide range of decisions in LMICs who rely on NICE as the primary source of evidence-based decision making. Data redaction is increasing opacity in interpreting NICE recommendations, which could harm priority setting decisions in LMICs. We ask for NICE to reconsider the permissible level of redaction in their appraisals in order to benefit LMICs and retain its standing as a respected, reference agency for LMICs to follow."*

HP&P - The Impact of Unconditional Cash Transfers on Morbidity and Health Seeking Behaviour in Africa: Evidence from Ghana, Malawi, Zambia and Zimbabwe

J Novignon et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac014/6528447?searchresult=1>

Among the findings : *« ...The results indicate positive programme impacts on health seeking when ill and health expenditures. Our findings suggest that while unconditional cash transfers can improve health seeking when ill, morbidity impacts were mixed."*

Decolonize Global Health

Lancet Offline – A lie at the heart of public health

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00312-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00312-9/fulltext)

"...the epidemiology community has deified Snow as a founding father of public health. But, as Jim Downs argues in his searching reappraisal of the origins of epidemiology, Maladies of Empire, western epidemiologists have invented a comforting myth, one that disguises the horrific reality of a discipline that grew out of colonialism, slavery, and war."

*“... Downs concludes, “I argue that part of the origin story of epidemiology has been overlooked because it resulted from studying people who suffered from war, enslavement, and imperialism—most of whom were people of color—in Africa, the Caribbean, India, and the Middle East.” “Slavery is imprinted on the DNA of epidemiology”, he writes.... Downs also seeks to turn our attention away from the great men and women of science and towards “the people whose health, suffering, and even death contributed to the development of medical knowledge”. **There are lessons for us now in the coldly controlled research papers still published in medical journals. ...”***

MSF (report)- Tackling institutional discrimination and racism within MSF

C Christou; <https://www.msf.org/tackling-institutional-discrimination-and-racism-within-msf>

In this post, Christou highlights important steps MSF has taken in that direction, the organization’s priorities moving forward and where it still has work to do.

*“...The information provided here is not an exhaustive list of all initiatives but summarises some of the main movement-wide progress based on priorities agreed by MSF’s Executive Committee. There are countless initiatives being carried out in our projects and headquarters that are not covered in this update. This should serve as a baseline for future reporting on these issues. **A longer and more detailed version of this report was made available to all MSF staff. It is very much an internal document but we are making it available publicly [here](#)**, while acknowledging that internal MSF jargon and assumed knowledge does not make it easy to read for an external audience. ...”*

LSTM - Independent report into Race Equality within LSTM

<https://www.lstmed.ac.uk/news-events/news/independent-report-into-race-equality-within-lstm>

*“**An independent report** has highlighted that some staff of colour have encountered racial discrimination within LSTM. In addition, the report raised concerns around lack of diversity in LSTM’s senior leadership team and identified a lack of proactivity in communicating about race-related issues....”*

FP2P (guest) blog - Northern Institutions Dominate International Development Research: So What?

V Amarante et al ; <https://oxfamapps.org/fp2p/northern-institutions-dominate-international-development-research-so-what/>

*“Publications in international development studies journals are overwhelmingly by scholars based in the Global North. Our **analysis of top development journals** revealed that researchers based in the South contributed to only just over a quarter of the publications. Northern scholars tend to publish in higher-ranked journals, are more often cited, and are over-represented in editorial teams. **And there is no evidence of improvement in this bias, despite growth in collaborative publications: the prevalence of northern-based authors has increased in absolute terms.** The number of researchers originating from the Global South working in policy institutions in the North may be increasing, but this “brain drain” helps perpetuate the dominance of Northern institutions....”*

BMJ GH Analysis - Positioning Africa's public health doctoral students to lead societal transformation and development

R Ndejjo et al ; <https://gh.bmj.com/content/7/2/e007996>

"... In this paper, we discuss how Africa's public health doctoral students can be better positioned for the different career pathways to provide leadership on complex health and development challenges. ..."

Science - Studies of human microbiome have ignored the developing world, potentially compromising treatments

<https://www.science.org/content/article/studies-human-microbiome-ignored-developing-world-potentially-compromising-treatments>

"Without more samples from people in diverse locales, the full picture of microbes on and in our bodies will remain incomplete, scientists warn." Based on a **new paper in Plos Biology**.

Nature (News) - Open-access publishing fees deter researchers in the global south

<https://www.nature.com/articles/d41586-022-00342-w>

"Authors in low-income countries rarely published free-to-read papers, even when they qualified for publication-fee waivers."

Planetary Health

Guardian - Drugs have dangerously polluted the world's rivers, scientists warn

<https://www.theguardian.com/environment/2022/feb/14/drugs-have-dangerously-polluted-the-worlds-rivers-scientists-warn>

*"**Humanity's drugs have polluted rivers across the entire world and pose "a global threat to environmental and human health", according to the most comprehensive study to date.** Pharmaceuticals and other biologically active compounds used by humans are known to harm wildlife and antibiotics in the environment drive up the risk of resistance to the drugs, one of the greatest threats to humanity. **The scientists measured the concentration of 61 active pharmaceutical ingredients (APIs) at more than 1,000 sites along 258 rivers and in 104 countries, covering all continents.** Only two places were unpolluted – Iceland and a Venezuelan village where the indigenous people do not use modern medicines."*

*"... **The study, published in the journal Proceedings of the National Academy of Sciences, is by far the biggest to date and represents the impact on river pollution of 470 million people.** The researchers concluded: "Pharmaceutical pollution poses a global threat to environmental and human health." **Previously, almost all the measurements had been taken in western Europe and North America but the latest research showed API pollution is often much higher elsewhere... The***

highest drug concentrations were found in low-to-middle income countries, including India and Nigeria. The researchers think this may be because people in these nations have enough income to buy pharmaceuticals, but live in places without good sewerage systems, which can remove drugs but are expensive....”

PS: the Paper in PNAS – [Pharmaceutical pollution of the world’s rivers](#)

Carbonbrief - Eradicating ‘extreme poverty’ would raise global emissions by less than 1%

[Carbonbrief](#);

“Lifting hundreds of millions of people out of “extreme poverty” – where they live on less than US\$1.90 per day – would drive a global increase in emissions of less than 1%, according to new research.”

“The study, published in [Nature Sustainability](#), highlights the global inequality in emissions between people in rich and poor countries. For example, it finds that the average carbon footprint of a person living in sub-Saharan Africa is 0.6 tonnes of carbon dioxide (tCO₂). Meanwhile, the average US citizen produces 14.5tCO₂ per year. **The authors find that the average carbon footprint in the top 1% of emitters was more than 75-times higher than that in the bottom 50%....”**

Guardian - More than 100 nations take action to save oceans from human harm

<https://www.theguardian.com/environment/2022/feb/11/more-than-100-nations-take-action-save-oceans-from-human-harm>

“Representatives from more than 100 countries have committed to measures aimed at preserving the ocean from human harm, including stepping up the fight against illegal fishing, cutting plastic pollution and better protecting international waters. The French president, Emmanuel Macron, hosting the high-level session of the One Ocean summit on Friday, said 2022 was “a decisive year, and we should take here, in Brest, clear and firm commitments.” **The 27 EU states and 16 others agreed to pursue a global agreement by the end of the year to regulate the sustainable use of the high seas – waters lying outside any one country’s jurisdiction – and preserve their biodiversity....”**

Project Syndicate - Free the Money We Need

J Gosh; [Project Syndicate](#);

“One major reason for the highly uneven global economic recovery is the huge variation in fiscal responses between rich countries and the rest of the world. **An annual issuance of special drawing rights, the International Monetary Fund’s reserve asset, could help to bring about a more equitable and climate-friendly rebound.”**

Guardian - World spends \$1.8tn a year on subsidies that harm environment, study finds

<https://www.theguardian.com/environment/2022/feb/17/world-spends-18tn-a-year-on-subsidies-that-harm-environment-study-finds-aoe>

“The world is spending at least \$1.8tn (£1.3tn) every year on subsidies driving the annihilation of wildlife and a rise in global heating, according to a new study, prompting warnings that humanity is financing its own extinction.”

*“From tax breaks for beef production in the Amazon to financial support for unsustainable groundwater pumping in the Middle East, billions of pounds of government spending and other subsidies are harming the environment, says the first cross-sector assessment for more than a decade. ... This government support, equivalent to 2% of global GDP, is directly working against the goals of [the Paris agreement](#) and draft targets on reversing biodiversity loss, **the research on explicit subsidies found**, effectively **financing water pollution, land subsidence and deforestation** with state money. **The authors, who are leading subsidies experts, say a significant portion of the \$1.8tn could be repurposed to support policies that are beneficial for nature and a transition to net zero**, amid growing political division about the cost of decarbonising the global economy.”*

“... The fossil fuel industry (\$620bn), the agricultural sector (\$520bn), water (\$320bn) and forestry (\$155bn) account for the majority of the \$1.8tn, according to the report. No estimate for mining, believed to cause billions of dollars of damage to ecosystems every year, could be derived. Lack of transparency between governments and recipients means the true figure is likely to be much higher, as is the implicit cost of harmful subsidies...”

Five years of the Circularity Gap Report

<https://www.circularity-gap.world/2022>

*“...Here is a **roadmap of 21 interventions** that shrinks global material use and extraction by 28% and cut global GHG emissions by 39%, allowing the world to achieve the Paris Agreement’s goal of limiting warming to 1.5-degrees by 2032....”*

Other news of the week

Lancet World Report - UN sanctions hamper humanitarian work

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00307-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00307-5/fulltext)

“Aid leaders have warned that unintended consequences of UN sanctions are a growing problem for humanitarian actors and have called for more proactive action. John Zarocostas reports from Geneva.”

*“Under the UN Charter, sanctions are considered a key tool of diplomatic statecraft to ensure international peace and security. However, **Jan Egeland, the secretary-general of the Norwegian Refugee Council**, told a news conference on Feb 9, 2022, that multilateral sanctions are “the biggest*

obstacle to principled humanitarian work". On Feb 7, a public debate by the UN Security Council examined sanctions and preventing unintended human-itarian consequences. **Martin Griffiths, the UN's top humanitarian official**, told the session that, "However smart, however, targeted they are, compliance with sanctions is a daily element in the work of humanitarian agencies. They impact our logistics, our finances, our ability to deliver.""

The Telegraph - Exclusive: Bird flu surge a threat to human health, experts warn

<https://www.telegraph.co.uk/global-health/science-and-disease/exclusive-bird-flu-surge-threat-human-health-experts-warn/>

"A record-breaking year for avian influenza could spell trouble for humans, by generating more opportunities for the virus to jump to people. The incidence of bird flu is spreading rapidly across the globe, posing a major threat to human health, new data has found. .."

"According to figures from the World Organisation for Animal Health (OIE), shared exclusively with The Telegraph, a record-breaking 14 million avian influenza cases were detected in 2021 – more than in the previous five years combined. In total 61.4 million birds died either from the virus or because they were culled to halt its spread.

*This represents a 462 per cent rise in cases and a 150 per cent surge in deaths compared to 2020, and follows a bumpy but general trend of increasing infections since records began in 2005 (see chart below). **Scientists say the skyrocketing incidence of avian influenza – which does not appear to be a consequence of better detection systems – could spell trouble for human health, by generating billions more opportunities for the pathogen to jump to and circulate in people. Since 2005, there have been roughly 2,500 human infections. ..."***

Cidrap News - Report highlights 'fragile and failing' antibiotic pipeline

<https://www.cidrap.umn.edu/news-perspective/2022/02/report-highlights-fragile-and-failing-antibiotic-pipeline>

"A new analysis of the pipeline for antibiotics uses an analogy that some sports fans may be familiar with to describe the relative lack of candidates in clinical development: Not enough shots on goal. The **report on antibacterial innovation from the Biotechnology Innovation Organization (BIO), released earlier this week, concludes that the breadth and the novelty of the clinical antibacterial pipeline is **insufficient to meet the growing threat of antibiotic-resistant pathogens**, with only 64 new chemical entities (NCEs) in clinical trials—44 when candidates for tuberculosis and *Clostridioides difficile* are removed...." In line with previous analyses. **The antibiotic development ecosystem is "fragile and failing."****

Social Watch – Towards a new social summit in 2025?

<https://www.socialwatch.org/node/18639>

*"How can the world organize an equitable energy transition away of fossil fuels when it can't properly organize a global vaccination campaign?" asked **Social Watch coordinator Roberto Bissio** during a consultation on the **Social Summit 2025 proposed by UN Secretary General António***

Guterres.” “...The **debate was held on February 4, 2022**, co-organized by Club of Club de Madrid (CdM) and the Southern Voice network. Read his intervention **below...**”

Some papers & reports of the week

Lancet Global Health – March issue

<https://www.thelancet.com/journals/langlo/issue/current>

Start with the **Editorial** – [Clearing our heads over alcohol](#)

Concluding: “...The (WHO) Action Plan should be endorsed in full and swiftly followed by preparations for a Framework Convention.”

Check out also the following **Comments**:

[Child and adolescent deaths: a call for strengthening mortality surveillance systems](#)

[The WHO safe childbirth checklist after 5 years: future directions for improving outcomes](#)

[Need for routine pulse oximetry and oxygen delivery systems in low-income and middle-income countries](#)

Lancet GH viewpoint - Queering global health: an urgent call for LGBT+ affirmative practices

SR Pillay et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00001-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00001-8/fulltext)

*“This Viewpoint was submitted in response to the call for papers on the theme “What is wrong with global health?”. We answer the question simply: **global health under-represents the experiences of LGBT+ people**. Queer contexts are missing from the pages of this journal—a strange exclusion given the journal's commitment to diversity and inclusion of marginalised voices. Indeed, **there is a general neglect within global health scholarship of the intersection between health inequities and LGBT+ populations in low-income and middle-income countries in Africa. This Viewpoint discusses the utility of LGBT-affirmative scholarship developed in South Africa, and its use and application in Nigeria and Cameroon.**”*

*“...We have argued, in part, that **global health under-represents the experiences of LGBT+ people and that hetero-cis-normativity is a dangerous political and social determinant of health. The Cameroonian and Nigerian stories are instructive.**”*

World Development Report 2022: Finance for an equitable recovery

<https://www.worldbank.org/en/publication/wdr2022>

“... World Development Report 2022: Finance for an Equitable Recovery examines the central role of finance in the economic recovery from the pandemic. It highlights the consequences of the crisis most likely to affect emerging economies, and advocates a set of policies to mitigate the interconnected financial risks stemming from the pandemic and steer economies toward a sustainable and equitable recovery.”

Coverage in Devex – [World Bank says debt crisis in lower-income nations is 'alarming'](#)

“ The World Bank is ringing the alarm bells louder than ever about a debt crisis in the lowest-income nations threatening the economic recovery from the COVID-19 pandemic...”

BMJ GH - Strengthening research capacity: a systematic review of manuscript writing and publishing interventions for researchers in low-income and middle-income countries

C Busse et al ; <https://gh.bmj.com/content/7/2/e008059>

« This review describes interventions for researchers in LMICs aimed at strengthening capacity for writing and publishing academic journal articles....”

HP&P - How is Inclusiveness in Health Systems Research Priority-Setting Affected When Community Organizations Lead the Process?

B Pratt et al ; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czac012/6529719?redirectedFrom=fulltext>

*“Community engagement is gaining prominence in health research. But communities rarely have a say in the agendas or conduct of the very health research projects that aim to help them. One way thought to achieve greater inclusion for communities throughout health research projects, including during priority-setting, is **for researchers to partner with community organizations (COs)**. This paper provides initial empirical evidence as to the complexities such partnerships bring to priority-setting practice....”*

Tweets of the week

Björn Amland

*“The sluggish donor response to the ACT-A appeal reflects weaknesses in the mechanism set up to tackle the global pandemic. Agencies compete for the same donor funds. Two of them – @GlobalFund & @CEPIvaccines – have **major replenishment meetings coming up** [Development Today](#).”*

Els Torreale

“When local production in Africa is done under monopoly control of Pfizer/BioNTech, how does that increase technological autonomy and resilience for African to develop and produce THEIR OWN vaccines, rather than BioNTech’s proprietary ones? @DrTedros @vonderleyen @_AfricanUnion”

Marwin Meier

“Est. #GlobalHealth commitments needed in 2022 for the next years: 1. @CEPIvaccines 2. @ACTAccelerator 3. @GlobalFund 4. @theGFF 5. #EndPolio 6. @WHO 7. New #PPR FIF proposed y US TOTAL ask this year = ??? USD?”

Answering himself: *“TOTAL including new #FIF is around USD 130-140 billion for #globalhealth initiatives to be requested by donors in 2022. In comparison: Global #ODA (Official Development AID) in 2019 was USD 150 billion.”*

UHC

International Journal for Equity in Health - Equity in health insurance schemes enrollment in low and middle-income countries: A systematic review and meta-analysis

D O Afriyie et al ; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-021-01608-x>

Systematic review.

BMJ - The European Union needs a policy and strategy to secure access to healthcare for undocumented migrants

<https://www.bmj.com/content/376/bmj.o401>

“Creating an evidence base to support policy and practice should be an urgent objective for the research and policy making communities, argues Ursula Trummer.”

Planetary health

Global Environmental change - Imperialist appropriation in the world economy: Drain from the global South through unequal exchange, 1990–2015

J Hickel et al; <https://www.sciencedirect.com/science/article/pii/S095937802200005X>

“Rich countries rely on a large net appropriation of resources from the global South. Drain from the South is worth over \$10 trillion per year, in Northern prices. The South’s losses outstrip their

aid receipts by a factor of 30. Unequal exchange is a major driver of underdevelopment and global inequality. The impact of excess resource consumption in the North is offshored to the South.”

The journal of climate change and health - Hope, Health, and the Climate Crisis

H Frumkin; <https://www.sciencedirect.com/science/article/pii/S2667278222000049?via%3Dihub>

Review. *“Hope has been viewed since ancient times as a bedrock of human thriving, and contemporary evidence suggests that hope is a determinant of health. However, the climate crisis, in addition to its many direct and indirect threats to human health, erodes hope in many people. **This article describes medical aspects of hope and hopelessness, including clinical definitions, measurement methods, and treatments. It then touches on literary and philosophical perspectives on hope, from both ancient and modern sources, emphasizing the centrality of hope to human thriving. Finally, it applies these clinical and cultural perspectives to the climate crisis, arguing that health professionals should propel hope in themselves, their patients, and the broader society, and drawing on clinical insights to propose concrete ways of doing so.”***

TGH - A New Era of Climate Action Calls for Climate Doctors

S Wheat et al; <https://www.thinkglobalhealth.org/article/new-era-climate-action-calls-climate-doctors>

*“Educating this generation of physicians in **climate resilience** is critical.”*

Ecological Economics - How social movements contribute to staying within the global carbon budget: Evidence from a qualitative meta-analysis of case studies

M A Thiri et al; <https://www.sciencedirect.com/science/article/pii/S0921800922000180>

“...For this purpose, we conduct a systematic literature review of 57 empirical cases of social movements contesting fossil fuel projects in 29 countries...”

Nature - Determinants of emissions pathways in the coupled climate–social system

[Nature](#)

*“... After partly constraining the model parameter space using observations, **we simulate 100,000 possible future policy and emissions trajectories. These fall into 5 clusters** with warming in 2100 ranging between 1.8 °C and 3.6 °C above the 1880–1910 average. **Public perceptions of climate change, the future cost and effectiveness of mitigation technologies, and the responsiveness of political institutions emerge as important in explaining variation in emissions pathways and therefore the constraints on warming over the twenty-first century...”***

Infectious diseases & NTDs

Nature (News) - Just 14 cases: Guinea worm disease nears eradication

[Nature](#);

“A scourge that once infected millions of the world’s poorest people is close to being wiped out in humans — but infections in animals complicates the picture.”

NYT- Woman Is Cured of H.I.V. Using a Novel Treatment

[NYT](#);

“She’s the third person ever to be cured. Researchers announced that the new approach holds the potential for curing more people of racially diverse backgrounds.”

NCDs

Global Health Action - Estimating non-communicable disease treatment costs using probability-based cost estimation

C Botha et al ; <https://www.tandfonline.com/doi/full/10.1080/16549716.2021.2008627>

« ...This study explores the use of probability-based cost estimation to estimate the cost of delivering NCD treatment services in South Africa, one such data-poor environment.”

Sexual & Reproductive / maternal, neonatal & child health

Royal College of Obstetricians & Gynaecologists - Understanding the Relationship Between Social Determinants of Health and Maternal Mortality

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/sip67/>

“...This paper aims to inform those involved in the care of pregnant women in the UK about the relationship between social determinants of health and the risk of maternal death....”

BMJ GH (Commentary) - Conflicts of interest are harming maternal and child health: time for scientific journals to end relationships with manufacturers of breast-milk substitutes

C Pereira-Kotze et al ; <https://gh.bmj.com/content/7/2/e008002>

“...The formula industry is large and powerful and has used various ‘medical marketing’ strategies to influence scientists and health professionals as to the purported benefit of breast-milk substitutes. The examples provided in this commentary show how a manufacturer is using a leading scientific journal to market breast-milk substitutes through paid advertisements and advertisement features....”

Access to medicines

Swiss Info - Can Novartis’s sustainability-linked bond make good on its promises?

[Swiss info](#)

“Novartis’s sustainability-linked bond launched in late 2020 was a world first for the pharmaceutical industry. But not everyone is convinced by its purported aim of making drugs more accessible to the world’s poor.”

Extra Covid section

Reuters - WHO says quarantine can be shortened in places with high COVID cases

[Reuters](#);

“ The World Health Organization said on Thursday countries struggling with surging COVID-19 infections may shorten the recommended quarantine duration of 14 days in some situations.”

*“The World Health Organization (WHO) on Thursday shortened the recommended quarantine duration for people exposed to the coronavirus, **saying those who test negative can now end quarantine after seven days instead of 14 previously...***

The Atlantic - The Seven Habits of COVID-Resilient Nations

[Atlantic](#);

“South Korea has repeatedly suppressed the spread of the virus and kept deaths to relatively low levels.”

Research

Annual Review of Public Health - Social Epidemiology: Past, Present, and Future

A V Diez-Roux; <https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-060220-042648>

*“In a context where epidemiologic research has been heavily influenced by a biomedical and individualistic approach, the naming of “social epidemiology” allowed explicit emphasis on the social production of disease as a powerful explanatory paradigm and as critically important for interventions to improve population health. **This review briefly highlights key substantive areas of focus in social epidemiology over the past 30 years, reflects on major advances and insights, and identifies challenges and possible future directions.”***

Health Policy & Systems Research - Intersectoral and multisectoral approaches to health policy: an umbrella review protocol

M Amri et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00826-1>

Study protocol. *“...The **goal of this study** is to assemble evidence from systematic approaches to reviewing the literature (e.g. scoping review, systematic review) that collate findings on facilitators/enablers and barriers to implementing various intersectoral and multisectoral approaches to health, to strengthen understanding of how to best implement health policies that work across sectors, whichever they may be....”*