

IHP news 663 : Boards for All are part and parcel of the “Path Forward”

(1 April 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,

This week's issue features **two editorials**, one by IHP correspondent **Ghislaine Ouedraogo-Ametchie** on an inclusive approach to improving health outcomes through community engagement, the other one by **Deepika Saluja** who offers her take on the report of the week (*or is it 'the decade', given how crucial democratizing global health governance is ?*), **Global Health 50/50's annual report, [Boards for All?](#)**. We already invite you to have a proper look at the '**Gender laggards**' (p. 36-... of the [report](#)) aka '**stagnating low performers** (p.35): you'll notice it's not just the 'Imam Khomeini Relief Foundation'

In other news of the week, the last word hasn't been said yet on the **TRIPS waiver Quad 'compromise'** (although Ngozi's [rationale](#) for adopting it – “no one likes it” – is certainly quite 'creative'). Meanwhile, **Seth Berkley wrote [yet another letter on COVAX](#)** (this time to the Washington Post). There was also an [encouraging Biden budget request](#) (if you make abstraction of the hefty Pentagon budget rise, and the “process” awaiting this budget proposal in Congress). And a new and rather noticed **Covid GAP report, [The Path Forward](#)**, “on a critical shift in the world's response to the pandemic from emergency crisis management to a sustainable control strategy” included, among other recommendations, this: “**Shift the immediate global vaccination goal from 70 percent population coverage to country-set targets that prioritize fully vaccinating (including boosters) high-risk populations and health and other essential workers, with the aim of quickly reaching 90 percent coverage of those most at-risk.**” Dr. Tedros, for one, didn't want to hear of it [at a media briefing](#) on Wednesday, arguing forcefully for [sticking to the 70 % target](#), while giving priority to HCWs, elderly and most vulnerable.

Anyway, the last word also hasn't been said on this. Certainly not against the backdrop of **Amnesty International's latest [annual report on the state of the world's human rights in 2021](#)** that showed that **promises to “build back better” after the Covid19 pandemic have been little more than lip service**. While I somewhat understand the rationale behind the abovementioned Covid GAP report, certainly in some countries, at this stage in the pandemic and especially given how “global solidarity” has worked out so far, I do think we should also focus on Amnesty's key dire message: “*Hopes of global cooperation withered in the face of vaccine hoarding and corporate greed.*” For a real 'Path Forward', we need to fix that too, urgently. Especially now that Albert “*Equity is our North Star*” Bourla is apparently on a [world-wide “book tour”](#). Pandemic profiteers bragging about their 'Moonshot', it doesn't get more cynical than that. Or you would have to start looking in the Kremlin.

We end this week's intro by recommending a **CGD webinar** from last Monday, [Reexamining Global Health: Global Commons, Financing Priorities, and the Role of Institutions in the Global South](#) – among others with **Olusoji Adeyi** who recently wrote the book, [Global Health in Practice : Investing](#)

[Amidst Pandemics, Denial of Evidence, and Neo-dependency](#). Warmly recommended, this webinar!

Enjoy your reading.

Kristof Decoster

Featured Articles

Informed! An intuitive and inclusive approach to improving health outcomes through community engagement.

Ghislaine Ouedraogo-Ametchie (IHP Correspondent)

Prologue

We aim for patient-centered healthcare, but the patient remains a passive recipient of care in that model. In malaria-endemic countries, lower-level facilities lack the human resources, equipment, supplies and structural arrangements needed to provide care. What if communities became stewards of their own health? What if they were actively informed about their community health profile, and were engaged to actively work collectively to improve health outcomes? In the scene below, we play out what such a community meeting might entail. Community-designated community health representatives in a given district are having their first monthly meeting with their District Health Officer and Health Center Nurse.

Scene 1

Present at this meeting are:

1. *Madame Nurse/Acting Midwife/Acting Youth Counselor (Health Facility Representative)*
 2. *Madame IAmARespectedElder (Women's Representative)*
 3. *Mr YoungMan (Youth Representative)*
 4. *Madame OverwhelmedAndLoved (Community Health Worker)*
 5. *Chief ICareAboutMyPeople (Village Chief)*
 6. *Mr ICareButAmTooBusy (District Health Officer)*
- They each take their turn making their request/report.*

Madame Nurse/Acting Midwife/Acting Youth Counselor

"Let's get straight to it. Before I let you start Madame IAmARespectedElder, this week, please share with the women in the community what you have learned about how mosquitos spread and give us malaria. Please ask them to cover or empty and flip all water receptacles. Also, please let us know how many of them need mosquito nets. Especially families with pregnant women and young children."

Madame IAmARespectedElder

“Yes, thank you for that, I have been speaking to the women one by one about this, but I will call them all to my house to discuss this so I can show them how I have done it. But the rainy season is coming and I will need you to come speak to us women again about the signs of malaria and when to come to the health center. You told me that if we come early, we can avoid serious malaria, but we don’t know when early is. Sometimes it starts with diarrhea, sometimes fever, sometimes stomach aches. We don’t know when it is malaria or when it is something small that will go away on its own. We need more information so we can help our families.”

Madame Nurse/Acting Midwife/Acting Youth Counselor

“Madame IAmARespectfulElder, this is good. I hear you. Mr ICareButAmTooBusy is here with us today. He will guide us. Madame OverwhelmedAndLoved, please remind all pregnant women to come to the health facility this week for their antimalarial treatment. If they all come together on the 15th, the doctor will be here and will check them one by one. I will try to organize a group session so we can speak about malaria, complication signs during labor and what to do when. If you bring them, I will do it. And if they want, they can even come with their husbands. I know these men are interested but sometimes feel shy. Chief ICareAboutMyPeople, if you can help us ask the husbands to come, this would be good. They can come after if they want.”

Mr Young Man

“Three girls stopped coming to school this semester because they are pregnant and ashamed of their big bellies. I want to ask someone kind and understanding from the health center to come speak to us youth in the village (boys and girls together) about how to avoid pregnancy if you are not ready to become a mother/father. Sometimes, it is an accident, but it still changes the girl’s life forever. Sometimes, her parents even chase her away. I don’t want this to happen to my sisters or any more girls in the village. We need this information. We know there is a way, but we don’t know what. And if there is something you can distribute, please come with it. If you agree and give me a date, I will make sure all the youth are together and ready to listen that day. But please, don’t come to shame us. We need information.”

Madame IAmARespectedElder

[Angrily to Mr Young Man]

“Tchrrrrrrrr.....You children today! You don’t listen! At your age we couldn’t even look at boys, and today, the girls throw themselves at boys! What more information can you possibly need!?”

Mr Young Man:

[Looks down, ashamed and annoyed.]

Madame Nurse/Acting Midwife/Acting Youth Counselor

“No Madame IAmARespectfulElder. This type of remark is what makes the youth hide and do what they want to do anyway. They need information and tools so they can make the right decision. Mr Young Man, thank you for having the courage to speak to us here about this. It is important. You are right, the youth need this information. Next Wednesday morning, please come to the health center with the youth. I will be prepared to talk to you, to share information and answer all your questions.”

Mr ICareButAmTooBusy:

“And before you leave today Madame Nurse, let me go over your pharmacy stock with you. I want to make sure you have what you need for Wednesday. I will also add condoms and birth control pills and some new pamphlets we just received. I will ask them to send you more. I know the Ministry received funding last year to work on this communication. Young man, thank you for your courage. I applaud you! We will make sure this information is always available at the health center. And to you Madame IAmARespectfulElder, we also have new bednets and new mosquito repellent soap an NGO is giving out. I’ll make sure there is enough.”

Chief ICareAboutMyPeople

This is good. This is good. Now Mr ICareButIamTooBusy, I will call you next week to make sure you were able to send us everything.

Mr Young Man, you raise a valid point. Well done! This is what we expect from you. Keep raising youth health issues, even if you think you will get scolded.

Now Mr ICareButIamTooBusy, when will we have a midwife here? Madame Nurse is doing everything all the time. She needs someone else here with her who can help with the women.

Also, as you know, in this region, we now have mines. With them came the ‘night workers’ [sex workers] so how does this affect us? There is this disease, HIV you mentioned. We also need more information about it. How do you get it, protect and treat yourself. We need to have information. We are villagers but if you give us the information, we can improve our health.

End of Scene 1.

“Global Health” Boardrooms: still a bad joke in the year 2022

Deepika Saluja (EV2016, Co-founder Women in Global Health India, and Programme Manager, The George Institute for Global Health, India)

[Women's History Month](#) ended on a rather depressing note, with [GH5050's hard-hitting 2022 report, Boards for All?](#) Through “A review of power, policy and people on the boards of organizations active in global health”, the report revealed that men from high income countries (HICs) continue to dominate and control the positions of power and decision making in global health, making a mockery of the ‘global’ in global health in the process.

Let's start with some of the report's killer stats perhaps. Just 17 (i.e.1%) of the 2033 global health governing board seats reviewed across 147 leading global health organizations, are occupied by women from low-income countries (LICs). On the other hand, 74% of total global health board seats are held by nationals of high-income countries (HICs), with 51% (!) even held by nationals of the two most dominant countries, the United States and the UK. It is not really global health we are talking about, apparently, based on these stats one would be forgiven to think that this work is about 'health in the North'!

Meanwhile, only 25% of board seats are occupied by nationals of low-and-middle income countries (LMICs), when these countries are home to ~84% of the world's population. Across the sector, women hold 40% of the total number of board seats (820/2033 seats), which is not too bad, I hear you say. But while women from LMICs make up 42% of the global population, they hold only 9% of board seats.

As a woman living in an LMIC myself (India) and involved in the Women in Global Health India chapter, I am appalled at these stats though I can't say I'm surprised. The 2019 WHO landmark report [Delivered by women, led by men](#) already highlighted that women constitute more than 70% of the global health and social care workforce but hold only 25% of the leadership positions. With many compelling narratives questioning the status quo including [a recent article by Lazenya Weekes-Richemond](#) on why she left her career in global health, [young people giving an F grade to how the world's leaders \(including the current crop of global health leaders\) are tackling the multiple crises](#), and now this damning GH5050 report, all of these seem testaments to how broken, deeply patriarchal and colonial our global health system continues to be. Transformative change in so many ways is long overdue.

Indeed, how on earth will we achieve the goals of universal health coverage and health equity when the boards of leading global health organizations do not reflect the diversity of the people they intend to serve?

Benchmarking

One way in which GH5050 has been trying to make progress in this respect, is through tracking organisations' commitment to gender equality over the years. In this benchmarking exercise, nearly 200 organizations have been tracked over the past five years. GH5050 found that 58% (80/138) organizations never had a woman CEO and 51% (70/138) organizations have not had a woman board chair in the last five years. The GH5050 [Gender and Health Index](#) (GHI) reveals that almost one-third of these organizations (32) have made little to no progress on gender equality and diversity. For the first time in global health history, these organizations have been publicly named (and shamed), as a step towards bringing transparency and accountability in global health. There are some "interesting names" among these "gender laggards", I have to say.

On a more positive note, the report shows that nearly one-fifth of the organizations reviewed (39) have continuously performed well on the GHI, with transparent policies and measures in place to advance gender equality and gender-responsive programmatic approaches. Another ~27% of the organizations (55) have displayed increasing commitment to set and strengthen gender-responsive policies. These organizations could serve as great examples and even "role models" for the laggards to pick up pace, and recommit to democratizing and diversifying their boards and policies. Similarly, we see more women being represented than ever before, increasing from 20% of board chairs in

2018 to now 35% in 2022. Among the newly appointed board chairs, there's an increase from 34% in 2020-21 to 43% in 2021-22.

While these improvements are encouraging, the report shows we are still far from achieving gender parity, however. Progress is even more slow when it comes to ensuring other measures of diversity among board chairs, think of regional diversity, race and ethnic diversity, inclusion of young people, and of people with disabilities or members of the LGBTQ+ community. Inclusion and representation from the communities we intend to serve would ensure that the decisions are rooted in the needs and community contexts of these people and not in the lobbying interests of others.

Boardrooms represent the locus of power and control over key strategic decisions and thus reflect whose voices would be heard, whose interests and needs would be served in those decisions. In light of growing evidence from across the world on countries with women leaders who have had better pandemic responses (see [here](#) and [here](#) for example) – even if ‘correlation doesn’t mean causation’ - the findings on lack of progress on democratising and diversifying global health governance are gruesome and alarming. We have failed as a global health community!

It's not just global health governance and boardrooms, of course. Do have a look at the blatant lack of women in the current ‘peace negotiations’ between Russia and Ukraine for example... But global health should set an example. It's more than time to demand transparency and accountability from global health organizations to really move from the rhetoric of gender equality and representation to real action on those lines, standing up to their commitments and publicly disclosing gender parity and diversity polices, for their governing boards, workplaces and programmatic approaches.

As the authors of the report say, it's time to claim the Boardrooms. It's time to end the mockery and go for democratic and inclusive global health governance in its true sense.

Highlights of the week

Global Health 50/50 report : Boards for All?

Boards for All? A review of power, policy and people on the Boards of organisations active in Global Health

<https://globalhealth5050.org/2022-report/>

*“The fifth annual Global Health 50/50 report, Boards for all?, presents our **first-ever analysis of the gender and geography of who governs global health**. Through an examination of the demographics of over 2,000 board members of the most influential organisations active in global health, the report warns that **global health is not living up to its name**. The report **further presents its annual review of the equality- and gender-related policies and practices of 200 global organisations**. Building on five years of evidence, it finds signs of rapid progress in building more equitable and gender-responsive global health organisations, while also revealing stagnating progress among a large subset of global health organisations. For the first time, the Index categorises all organisations by performance and presents dedicated pages for each organisation to explore and compare findings.*

Boards for all? is a call to realise a globally representative and equitable global health governance that can deliver health for all.....”

- For a quick overview of the main findings, see [Overview](#).
- **Press release:** [here](#).
- Coverage among others via **BMJ News** – [Global health boards remain dominated by men from high income countries, study finds](#)

Global health governance/financing & security

Devex - Biden’s US budget proposal boosts climate finance and Global Fund

<https://www.devex.com/news/biden-s-us-budget-proposal-boosts-climate-finance-and-global-fund-102960>

Must-read analysis of Biden’s budget proposal.

“U.S. President Joe Biden has proposed an increase for U.S. foreign assistance programs in the next fiscal year. While the White House’s \$5.8 trillion budget request, released Monday, includes noteworthy proposals on climate finance and multilateral health initiatives, some advocates said it should be the “floor” for budget negotiations this year, and others said “it doesn’t meet the moment.””

“Biden requested \$60.4 billion for the State Department and the U.S. Agency for International Development. Roughly half of the requested total — \$29.4 billion — would be administered by USAID. The budget for fiscal 2022, which was passed earlier this month, kept aid spending mostly flat. That came as an unwelcome shock for aid advocates who hoped the Biden administration and U.S. lawmakers would agree that the COVID-19 pandemic, the war in Ukraine, climate change, and other challenges should be met with major new investments in global development. In contrast, Biden’s latest budget request is “a significant and serious proposal to help protect the health, safety, and economic interests of every American family at a time of unprecedented and growing global threats,” said Liz Schroyer, the CEO at the U.S. Global Leadership Coalition. But, she added, it “must be the floor in negotiations.””

“Among the noteworthy proposals is a request for \$11 billion in international climate finance, including a \$1.6 billion contribution to the Green Climate Fund. If approved, these funds would allow the administration to meet its pledge to quadruple climate finance — one year ahead of schedule. Biden’s request also includes a \$2 billion contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is presented as part of a \$6 billion pledge over three years. The U.S. is set to host the Global Fund’s seventh replenishment conference later this year, and advocates applauded Biden’s early commitment....”

However, “ “While we applaud these contributions, in light of COVID-19 disruptions to essential health services and stalled progress across a range of global health priorities, the President’s

proposed FY23 budget disappointingly provides mostly flat funding or cuts to a range of bilateral accounts and critical multilateral agencies, like WHO [the World Health Organization] and UNICEF,” Elisha Dunn-Georgiou, the president and CEO at Global Health Council, wrote to Devex. The budget request also calls for \$6.5 billion in mandatory funding for the State Department and USAID over five years “to make transformative investments in pandemic and other biological threat preparedness globally in support of U.S. biodefense and pandemic preparedness strategies and plans.” Notably, the White House budget does not mention USAID’s Initiative for Global Vaccine Access, which was aimed at aiding in the transition from supplying lower-income countries with COVID-19 vaccines to helping those nations increase their vaccination rates. Funding for that initiative is included in a COVID-19 emergency funding package for fiscal 2022, which is “still pending” congressional approval, McKeon said.....”

- See also Nature - [Biden bids again to boost science spending — but faces long odds](#)

“The US president wants huge increases for clean energy and public health, but a divided Congress might not go along..”

“A standout in Biden’s budget proposal is the request for a mandatory \$81.7 billion over five years to prepare the United States for future pandemics and other biological threats. “This new pandemic preparedness effort is designed to address the deficiencies with our public-health system that we have witnessed” in the past few years, says Jennifer Kates, the director of global health and HIV policy at KFF, a non-profit health-policy organization headquartered in San Francisco, California. Kates, however, notes that the pitch will likely struggle for approval in Congress both because it’s a large financial ask, and because the funds would be mandatory until 2027, as opposed to being at the discretion of policymakers each year. In making the budget mandatory, the administration is hoping to avoid the cycle of panic and neglect that often follows health emergencies, Kates says.....”

Links:

- Whitehouse - [FACT SHEET: The Biden Administration’s Historic Investment in Pandemic Preparedness and Biodefense in the FY 2023 President’s Budget](#)

PS: global health watchers noticed that the 6.5 billion included quite some money for the FIF: “.... **\$4.5 billion in seed funding to establish global, regional, and local capacity through a new financial intermediary fund at the World Bank focused on global health security and pandemic preparedness.....”**

- Global Fund press statement: [President Biden Signals a \\$6 billion U.S. Pledge for the Seventh Replenishment and Offers to Match \\$1 for Every \\$2 Contributed by Other Donors](#)

And related: Devex - [The plan for Biden's global health security vision](#)

“... As the Biden administration’s global response strategy for COVID-19 shifts from vaccine donations to vaccine uptake, the White House is also looking ahead to a broader reimagining of pandemic preparedness. I recently spoke to Dr. Raj Panjabi, the newly appointed senior director for global health security and biodefense on U.S. President Joe Biden’s National Security Council. Biden’s team is waiting for lawmakers in Congress to decide if they will approve several billion dollars in emergency COVID-19 funding — but the White House is also laying the groundwork for a

major rethink of the U.S. government's global pandemic preparedness approach. "The vision is to transform global health security and pandemic preparedness," Panjabi tells me...."

"That vision includes a new financial intermediary fund at the World Bank, which was included in the Biden administration's recent budget request. It also involves coordination among 16 U.S. government agencies — including USAID, the Department of Health and Human Services, and Department of Agriculture — to construct a new national biodefense strategy for the U.S...."

Politico's Global Pulse – Pay and Policy Changes for a Platform

<https://www.politico.com/newsletters/global-pulse/2022/03/31/when-5-billion-is-not-enough-00021904>

A look ahead to Biden's Global Covid summit, in April. **"At its Global Covid-19 Summit, the White House will share the stage with other countries — at least with nations that agree to finance measures to fight the pandemic. Next month's summit, aimed at coordinating nations' efforts to fight the pandemic, will include a new plan to encourage funding pandemic programs: The White House will institute a "step-up-to-speak" strategy, Raj Panjabi, senior director of Global Health Security and Biodefense at the National Security Council, said at a Pandemic Action Network conference Tuesday. Panjabi said participants will be asked to make "significant" financial pledges to secure "speaking roles" in the summit. Financial contributions will go toward several efforts, including the new Global Health Financial Intermediary Fund at The World Bank and increased vaccine, testing and therapeutic access for countries worldwide. The asks go beyond finances, too. For low- and lower-middle-income countries to have a speaking role in the summit, they will be asked to shift their domestic pandemic policies. Shifts will include creating national plans to fully vaccinate at-risk populations, expand test-to-treat programs and bolster health systems to face future pandemics...."**

Politico - U.S. global Covid work will 'grind to a halt' without more cash

<https://www.politico.com/news/2022/03/28/global-covid-vaccines-usaid-funding-00020627>

This was far less comforting "US Congress" news from end of last week. **"With a more than \$4 billion request stalled in Congress, USAID officials are now forced to plan for the possibility that their funding will run dry in the next few months."** A few excerpts:

"With a more than \$4 billion request stalled in Congress, USAID officials are now forced to plan for the possibility that their funding will run dry in the next few months, limiting their ability to vaccinate vulnerable populations in dozens of countries ... The prospect of USAID's global vaccination campaign running out of funds is causing high levels of anxiety among some officials in the administration that the U.S. will not be able to live up to its promises not only to help poorer countries have access to life-saving shots and treatments but also to help countries distribute and administer them...."

"... Biden is expected to hold his second global vaccine summit in April and ask other countries to ramp up their vaccine and cash donations to help the effort — an event that could come before the White House and Congress reach a deal on supplemental funding."

As for **Covax**: “ Berkley said the **92 countries that are eligible to receive vaccine donations through COVAX have an overall vaccination rate of 40 percent. But low-income countries still have low vaccination rates — 14 percent of people have one dose, and 11 percent are fully vaccinated.** Over the last several months, Gavi and COVAX have worked with 34 countries that as of January had less than 10 percent of their population vaccinated. Now, **19 of those countries have rates below 10 percent. “[They are] the ones that have the biggest problems with their health systems. We’ve made some real progress there. But those countries will need very bespoke plans to work on it,”** Berkley said. “What they need is an analysis that says what are the barriers, what can help, and sometimes it’s going to be pure health care capabilities. It’s going to be transport, it may be some cold chain or supply chain, or maybe some hesitancy. It’s a range of different issues.” **Those are some of the problems USAID planned to address this year, in large part through its [Global Vaccine Access program](#), or Global VAX.** The program was set up to help bridge the vaccination gap by expanding Covid-19 assistance and increased access to vaccines worldwide, particularly in sub-Saharan Africa. **USAID is investing \$510 million in local health systems to help stand up mobile clinics and get proper freezer storage to help boost vaccination rates in 11 countries....”** “But, Konyndyk said that **money will likely run out by the middle of the year, raising questions about how USAID will be able to continue helping those 11 countries and dozens of others in Africa, including Kenya, Malawi and Cameroon.”**

PS: update (as of 31 March) via Stat - [Senate nears \\$10 billion deal to buy Covid vaccines, therapeutics](#)

“ An outstanding issue is whether any money will be allocated to help advance the global vaccination effort. Blunt, the top Republican on the Senate Appropriations Committee’s health subcommittee, said **it’s unclear whether any money for global vaccination efforts will make the final cut.....”**. Doesn’t sound good.

Reuters - G20 chair Indonesia seeks standardised health travel requirements

[Reuters](#)

“Group of 20 major economies chair Indonesia has started talks with members on standardising health protocols for travel, its health minister said on Monday, stressing the importance of harmonising rules and technology as global travel resumes.....” This happened at a G20 health meeting in Yogyakarta, where standardising requirements is being discussed.

“...the Indonesia proposal, however, is that standardisation must still adhere to COVID-19 policies of respective countries, including which vaccines, tests, or testing authorities they would recognise, he said. “The principle remains that we respect sovereignty of all nations,” he added. Budi said Indonesia had discussed harmonising protocols also with the Association of Southeast Asian Nations (ASEAN) and the European Union, for travel between both regions.....”

“.... Speaking at a separate news conference in Yogyakarta, Garrett Mehl, head of WHO's Digital Health Technology Unit, said harmonising health protocols for travel was crucial and current situation was difficult. “There is an enormous number of certificate types that are being issued and they aren't necessarily compatible with each other,” he said. A standardised system of certification “would ensure that it will be functional in another country and be trusted and be verifiable,” he said. “Right now that is a challenge.”....”

“Indonesia hosts the G20 summit later this year and Russia's invasion of Ukraine has loomed over discussions in recent weeks, with some members calling for Moscow to be barred.....”

WHO – Global Genomic Surveillance Strategy for Pathogens with Pandemic and Epidemic Potential

<https://www.who.int/initiatives/genomic-surveillance-strategy>

On Wednesday, WHO published the Global Genomic Surveillance Strategy for Pathogens with Pandemic and Epidemic Potential (2022–2032).

*“In working with countries and partners, **the Strategy has been designed** to: ● focus on the specialized role of genomics as a powerful cross-cutting public health tool. ● be pathogen agnostic – it does not focus on a specific pathogen or public health threat, as genomic surveillance is critical to prevent and control diseases and public health challenges like influenza, Ebola virus disease and antimicrobial resistance; and ● set a high-level agenda for scaling up genomic surveillance capacity for pathogens with pandemic and epidemic potential which complements initiatives that strengthen global cooperation.”*

*“**The strategy is shaped around 5 key objectives** targeting access to adequate tools and technologies, a strengthened workforce, the enhancement of data sharing and utility, adequate connections and flow of information, and the readiness for future emergencies.....”*

Press release - [WHO releases 10-year strategy for genomic surveillance of pathogens](#)

“ One in three countries do not have the capacity to use this critical tool.”

“WHO is releasing a strategy to strengthen and scale up genomic surveillance around the world.....”

UN News - UN health agency launches bid to stop a new global pandemic

<https://news.un.org/en/story/2022/03/1115172>

*““**Arboviruses**” might not be something most of us are familiar with, but for almost four billion people, they’re a deadly threat – which is why **the UN health agency on Thursday, launched a plan to prevent them from causing a new pandemic.** The most common arboviruses are in fact some of the world’s most dangerous mosquito-borne illnesses, such as **Dengue, Yellow fever, Chikungunya and Zika.** They represent an ever-present and massive health threat in tropical and sub-tropical parts of the planet, although **there are in fact a growing number of arboviral outbreaks worldwide,** according to the World Health Organization (WHO). “*

“Welcoming the move, Dr. Mike Ryan, head of the World Health Organization’s Emergency Programme, explained that the scheme would allow health authorities to tackle the “broad but related threats” posed by Dengue, Yellow fever, Chikungunya and Zika, in different parts of the world....”

For more info, see WHO - [Launch of the Global Arbovirus Initiative](#)

“...The Global Arbovirus Initiative is an integrated strategic plan to tackle emerging and re-emerging arboviruses with epidemic and pandemic potential focusing on monitoring risk, pandemic prevention, preparedness, detection and response, and building a coalition of partners. The initiative is a collaborative effort between the World Health Emergencies Programme, the Department of Control of Neglected Tropical Diseases, and the Immunization, Vaccines and Biologicals Department....”. With 6 pillars.

And more coverage, via HPW - [WHO launches Global Initiative to Tackle Deadly Insect-Borne ‘Arboviruses’](#). Also with info on the launch event on Thursday 31 March.

WHO establishes the Global Centre for Traditional Medicine in India

<https://www.who.int/news/item/25-03-2022-who-establishes-the-global-centre-for-traditional-medicine-in-india>

“The World Health Organization (WHO) and the Government of India today signed an agreement to establish the WHO Global Centre for Traditional Medicine. This global knowledge centre for traditional medicine, supported by an investment of USD 250 million from the Government of India, aims to harness the potential of traditional medicine from across the world through modern science and technology to improve the health of people and the planet....”

“... The new WHO centre will be established in Jamnagar, Gujarat, India. While Jamnagar will serve as the hub, the new centre is being designed to engage and benefit all regions of the world....”

The World Health Organization’s Disease Outbreak News: a retrospective database

Colin Carlson et al ; <https://www.medrxiv.org/content/10.1101/2022.03.22.22272790v1>

Pre-print. “The World Health Organization (WHO) notifies the global community about disease outbreaks through the **Disease Outbreak News (DON)**. These online reports tell important stories about both outbreaks themselves and the high-level decision making that governs information sharing during public health emergencies. However, they have been used only minimally in global health scholarship to date. Here, we collate all 2,789 of these reports from their first use through the start of the Covid-19 pandemic (January 1996 to December 2019), and develop **an annotated database of the subjective and often inconsistent information they contain**. We find that these reports are dominated by a mix of persistent worldwide threats (particularly influenza and cholera) and persistent epidemics (like Ebola virus disease in Africa or MERS-CoV in the Middle East), **but also document important periods in history like the anthrax bioterrorist attacks at the turn of the century, the spread of chikungunya and Zika virus to the Americas, or even recent lapses in progress towards polio elimination....”**

Guardian - ‘Africa must be self-sufficient’: John Nkengasong on learning the deadly lessons of pandemics

<https://www.theguardian.com/global-development/2022/mar/28/john-nkengasong-africa-cdc-covid-pandemic-interview>

“...Africa now had to focus on becoming “self-sufficient” to handle future crises. “Never ever should we have had to keep counting on externalities to take care of our own security needs. A key pathway for collective global security is an Africa that is self-sufficient.”

Devex - Behind AfDB's \$3B plan for African health manufacturing

<https://www.devex.com/news/behind-afdb-s-3b-plan-for-african-health-manufacturing-102870>

(gated) *“The African Development Bank Group has committed to invest \$3 billion over the next decade in vaccine and pharmaceutical manufacturing. Devex spoke with a bank official about what those investments will include.” Focus: “... **on regional hubs** working to achieve economies of scale. ...” The official: **Solomon Quaynor** — the bank’s vice president for the private sector, infrastructure, and industrialization.*

Devex - Global Fund called to account for stock shortages in Kenya, Mozambique

<https://www.devex.com/news/global-fund-called-to-account-for-stock-shortages-in-kenya-mozambique-102859>

“Recent audits of grants from the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) in [Kenya](#) and [Mozambique](#) have identified gaps in the procurement and supply chain processes in both countries, contributing to essential drugs and commodities going out of stock. Dismayed by the results, civil society groups are demanding accountability from the Global Fund....”

*“Though the audits acknowledge that the problems in both countries originate in weak local structures and inadequate political accountability, activists say that those issues have been well documented. Given its outsize role in supporting programs for patients with HIV, tuberculosis, and malaria in both Kenya and Mozambique, activists say the Global Fund has an obligation to demand immediate improvements or fund alternative delivery systems to prevent future shortages. **The Global Fund currently administers \$444 million worth of active grants in Kenya and \$927 million worth in Mozambique, according to the organization’s Office of the Inspector General, which conducted the audits.** Particularly in Mozambique, where nearly 80% of that funding goes toward procuring medicines and health products, any shortcomings can have a significant impact on programs across the country. **The Global Fund has committed to [action plans](#) to address the issues raised in the audits, but civil society groups are unconvinced....”***

HPW - Pilot Biohub Facility at Spiez Enables Fast Sharing of SARS-CoV2 Variants

<https://healthpolicy-watch.news/the-who-biohub-facilitys-pilot-test-achieves-a-turnaround-rate-of-8-75-days/>

*“The World Health Organization (WHO)’s first pilot biohub facility in Spiez, Switzerland, has been able to provide laboratories around the world with biological materials with epidemic or pandemic potential in under nine days, according to a consultative meeting convened last week. The Spiez Biohub was set up according to an [agreement between Switzerland and the WHO](#) in May 2021 to serve as a centre for the safe receipt, sequencing, storage and preparation of biological materials for distribution to other laboratories as part of global pandemic preparedness. **It is the first of a number of biohubs that the WHO intends to set up as part of a biohub system to encourage the speedy***

sharing of pathogens with epidemic or pandemic potential to characterise these and provide an informed review of the risk under the International Health Regulations....”

*“So far, Luxembourg, South Africa, and the UK have voluntarily shared different variants of the SARS-COV-2 strain with the Spiez BioHub facility, while Italy, Japan, Peru, Switzerland, Thailand, Egypt, El Salvador and Portugal have also participated in the pilot. **The BioHub system is intended to replace the current bilateral state of genome surveillance data sharing** with a facility that will enable Member States to share biological materials with and via the BioHub under pre-agreed conditions...”*

Advancing Legal Preparedness through the Global Health Security Agenda

[Cambridge press;](#)

*“ **The Global Health Security Agenda (GHSa)** is a multilateral, multisectoral partnership comprised of more than 70 countries, international organizations, foundations, and businesses to strengthen global health security. The COVID-19 pandemic and other past public health emergencies have highlighted a range of legal challenges that arise during a response, including, but not limited to, the need for emergency laws to trigger the operationalization of public health measures (e.g., quarantine, isolation, masking policies, border control measures); crisis standards of care; access to personal protective equipment (PPE); and research, development, manufacturing, procurement, and distribution of medical countermeasures. **This column will first provide an overview of the Legal Preparedness Action Package, including background and strategic objectives.** It will then discuss the priorities of the Action Package that include defining legal preparedness, identifying a methodology that will serve as a mapping strategy, the creation of a legal framework, and the legal mapping analyses across issue areas. This column concludes by reinforcing the role of law in public health emergency.....”*

For more on this, see <https://ghsagenda.org/legal-preparedness/>

ON 31 March, there was a Public Launch of the GHSa Legal Preparedness Action Package:
Developing a critical public health capacity for greater global health security.

*“**The Global Health Security Agenda (GHSa) Legal Preparedness Action Package** aims to bring key experts on legal preparedness together to build a solid foundation and common understanding of the competencies necessary for strengthening public health emergency legal preparedness by developing technical tools to guide and support countries in strengthening their capacity as well as advocating for greater global awareness about the role that legal preparedness plays in preventing, preparing for, and responding to public health emergencies.....”*

Nature - Dozens of unidentified bat species likely live in Asia — and could host new viruses

[Nature News;](#)

“Study suggests some 40% of horseshoe bats in the region have yet to be formally described.”

Pandemic Treaty & IHR reform discussions

An overview of some news & analysis of this week in this area:

Geneva Health Files ('Treaty Talks') - Curb Private Sector Participation In The Treaty-Making Process: Some Member States At WHO

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

In-depth analysis from last week on Friday. Second edition of 'Treaty Talks'. Some excerpts:

".... At the latest meeting of the Intergovernmental Negotiating Body on March 14-15, some member states have sought to limit direct private sector participation in these discussions. Our story today, looks at these important deliberations and also takes stock of other parallel processes that will come to inform and influence the INB deliberations in the coming months...."

".... Some countries fear they may lose control over the process if there is overt participation from the private sector. "The private sector cannot be at the same level as member states. We have a problem with that," a diplomat from an African country told us. A few countries reportedly reassured participants at the meeting that the private sector will not be allowed to vote. But the African diplomat added, "We seldom vote in WHO. That is not a criterion. If they are going to be participating at every stage, we cannot have the same level of participation as member states".

".... More than 60 organizations are listed under five categories of stakeholders who could potentially contribute to the treaty discussions. These are described in what the INB has called as a living document on [the proposed modalities of engagement for relevant stakeholders](#). CSOs fear that restricting engagement in the treaty making process to a small set of "relevant stakeholders" would not allow full and meaningful participation of civil society and communities...."

".... These discussions in the INB and other parallel processes in the WHO around pandemic preparedness and response that have taken off already dominating the agenda of health diplomats in Geneva. It is the beginning of the process and smaller delegations are already beginning to feel overwhelmed."

WHO: WGPR Bureau marginalises International Health Regulations Amendment Process

N Ramakrishnan & K M Gopakumar; <https://www.twn.my/title2/health.info/2022/hi220309.htm>

"The Bureau of the Member States Working Group on Strengthening WHO Preparedness and Response of Health Emergencies (WGPR) is marginalising the IHR amendment process. The Bureau's [Summary Report on the 7th Session](#) and its [draft programme of work for its 8th Session](#) meeting are clear indication of this direction...."

"....The U.S. strategy is to fast track its amendment proposals and then block proposals for the equity-related amendment proposals which may come from developing country Member States...."

“... While it is not for the WGPR Bureau to decide on the way forward, by postponing the development of a way forward for the work related to strengthening IHR 2005, to its final outcome report, the Bureau is effectively delaying the submission of proposals from developing countries to ensure equity in the IHR 2005, and prioritising the U.S. amendments instead....”

WHO - Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience: Concept note for consultation process: 24 March 2022

<https://www.who.int/publications/m/item/strengthening-the-global-architecture-for-health-emergency-preparedness-response-and-resilience#.YkU9PeNlpHo.twitter>

*“The COVID-19 pandemic has highlighted the need for a stronger and more inclusive **health emergency preparedness, response, and resilience (HEPR) architecture**. At the 150th meeting of the Executive Board in January, the Director-General committed to develop proposals, in consultation with Member States, on strengthening the architecture for HEPR, and present these to the Seventy-fifth Health Assembly. **This Concept note provides an overview of the consultation process with Member States and other key stakeholders and of the outline of the Director-General Report to the WHA, with reference to principles and priorities of a strengthened architecture for HEPR, furthermore to the framework of systems, financing and governance as key building blocks of the HEPR architecture.** A draft of the Director-General’s proposals for strengthening HEPR will be published as a **white paper for an informal consultation with Member States by 21 April**. Member States will be invited to provide their perspectives on the solutions proposed by the Director-General, and the processes to develop these solutions.”*

MIT - Hundreds of AI tools have been built to catch covid. None of them helped.

<https://www.technologyreview.com/2021/07/30/1030329/machine-learning-ai-failed-covid-hospital-diagnosis-pandemic/>

Quote: “.... **the World Health Organization is considering an emergency data-sharing contract that would kick in during international health crises.** It would let researchers move data across borders more easily, says Mateen. Before the G7 summit in the UK in June, leading scientific groups from participating nations also called for “data readiness” in preparation for future health emergencies....”

LSE (blog) - A new pandemic treaty: what the World Health Organization needs to do next

M Voss, C Wenham et al; <https://blogs.lse.ac.uk/covid19/2022/03/30/a-new-pandemic-treaty-what-the-world-health-organization-needs-to-do-next/>

Recommended. “The wishlist for a pandemic treaty is long, and there are formidable obstacles to achieving it. Maïke Voss (German Alliance on Climate Change and Health, KLUG), Clare Wenham (LSE), Mark Eccleston-Turner (Kings College London), Rithika Sangameshwaran and Bianka Detering (KLUG) look at the challenges involved.” And **propose a way forward.**

South Centre (Policy brief) - Mainstreaming Equity in the International Health Regulations and Future WHO Legal Instruments on Pandemic Preparedness and Response

N Syam; <https://www.southcentre.int/policy-brief-108-25-march-2022/>

*“The Member States of the WHO are about to commence the most significant negotiations that could set the paradigm for international legal obligations for preparedness and response to future pandemics. **These negotiations focus on amendments to the International Health Regulations (2005) (IHR) as well as the negotiation of a treaty or other legal instrument under the WHO Constitution that will complement the IHR to ensure better preparedness and response to future pandemics, drawing from the experiences of the ongoing COVID-19 pandemic. The most critical consideration for developing countries in these negotiations will be mainstreaming equity concerns,** currently missing from the existing rules and mechanisms available globally to enable developing countries to effectively prevent and respond to a pandemic outbreak. In this context, this brief suggests some elements of equity that should be pursued through specific textual proposals by developing countries through amendments to the IHR.”*

TRIPS waiver/ mRNA hub/Tech transfer....

We start this section with **Priti Patnaik** (from Geneva Health Files) who pointed out at a webinar earlier this week that **the Ukraine war has a major impact on WTO discussions (including on the TRIPS waiver)**. Meanwhile, the Ministerial Council (MC12) is less than three months away now. Some reads with updates (on the process) and analysis:

TWN - Leaked IP text presented as "take it or leave it" by WTO Secretariat
https://www.twm.my/title2/intellectual_property/info.service/2022/ip220308.htm

“The World Trade Organization's Director-General Ms. Ngozi Okonjo-Iweala is understood to be advocating for the rapid adoption of the leaked intellectual property text on the basis that "no one likes it", cautioning WTO Members that unless this is agreed to, there will be nothing else. The text has been presented as a "take it or leave it" proposal by the WTO Secretariat, according to some WTO delegates, who asked not to be quoted....”

Civil Society Letter to European Union on the reported draft text of the TRIPS Waiver negotiation

<https://keieurope.org/2022/03/30/civil-society-letter-to-european-union-on-reported-draft-text-of-the-trips-waiver-negotiation/>

“On 30 March 2022, 42 global and European civil society organizations (including KEI Europe) wrote an open letter calling on the European Union to “refrain from rushing WTO members to rapidly adopt a purported proposal on intellectual property rights and COVID-19.”....”

- Coverage also via HPW - [WTO IP Waiver ‘Compromise’ on COVID-19 Vaccines ‘Deeply Concerning’: Civil Society to European Leaders](#)

PS: *"....A final decision on the IP waiver is expected is to be taken at the 12th WTO Ministerial Conference, now set to take place during the week of 13 June in Geneva. But until then, the civil society groups said that there is a need for "further negotiations are needed to ensure an effective outcome in a multilateral manner...."*

Meanwhile, the European Commission reported the 27 EU member states are on board with the (current) proposal on IP rights. Including Germany, that is (see also a Twitter thread by [@ThiruGeneva](#)).

Reuters - No agreement yet on WTO vaccine waiver compromise, USTR's Tai says
[Reuters](#):

" There has been no agreement on the terms of a COVID-19 vaccine intellectual property waiver among four key World Trade Organization members, U.S. Trade Representative Katherine Tai said on Wednesday, casting doubt over the effort's future. Tai told U.S. lawmakers that "there has been no agreement" related to a proposed IP waiver text that was leaked to media earlier this month. She called the text the "concept" of a compromise coming from discussions facilitated by WTO Director General Ngozi Okonjo-Iweala between the United States, the European Union, India and South Africa...."

"....Tai's comments suggest that more work was needed to finalize the text amid some criticisms that the proposed compromise does not go far enough beyond a mandatory vaccine licensing regime. She reassured members of the House Ways and Means Committee that the effort to increase vaccine access to developing countries aimed to preserve American intellectual property rights...."

Meanwhile, as Dimitry Eynikel noted on Twitter, **"Also on the other side of the Atlantic; calls grow louder for the Biden administration not to adopt the leaked TRIPS text @wto"** : [Groups urge Biden to reject potential WTO 'concept' on COVID-19 vaccine barriers](#).

Lancet World Report - Mixed response to COVID-19 intellectual property waiver
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00610-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00610-9/fulltext)

Must-read. *"The global health community says the draft outcome—between the EU, the USA, India, and South Africa—falls short of expectations. John Zarocostas reports from Geneva."* Excerpts:

"Global leaders and health-access advocacy groups, while welcoming the politically important breakthrough after 18 months of gridlock in the WTO, say the proposal falls short and needs to be drastically improved to include upfront commitments on therapeutics and diagnostics. WHO says any waiver of the WTO's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) would need to include all health products to be effective. However, the agency also supports all legitimate avenues to manage intellectual property in the context of this pandemic and beyond. ..."

"... Winnie Byanyima, executive director of UNAIDS, told The Lancet, that the text "falls short of a meaningful waiver and in some areas, even takes us backwards". "We have yet to see any official proposal and I hope that South Africa, India and all co-sponsors of the TRIPS waiver will stand together and demand much more..."

“... Once the proposal is formally submitted to the WTO secretariat, members are expected to discuss its contents in the TRIPS Council, where further discussions are supposed to take place to try and make changes. Diplomatic sources, speaking on condition of anonymity, said that some delegations have already started informal talks on ways to improve the contents...”

MSF Access (Technical brief) - MSF comments on the reported draft text of the TRIPS Waiver negotiation

<https://msfaccess.org/msf-comments-reported-draft-text-trips-waiver-negotiation>

Detailed analysis.

Latin American manufacturers complete first training in mRNA technology in bid to improve regional vaccine production

<https://www.paho.org/en/news/24-3-2022-latin-american-manufacturers-complete-first-training-mrna-technology-bid-improve>

“A group of vaccine manufacturers from Argentina and Brazil have become the first to receive technology transfer training in mRNA vaccines at Afrigen, South Africa, as part of a Pan American Health Organization (PAHO) platform to advance the availability of key medical health technologies in the region.”

Medico International - TRIPS-Waiver: Too little, too late

A Jung; <https://www.medico.de/en/too-little-too-late-18564>

“Global vaccine equity? The negotiations on waiving patents could end in a lousy compromise.”

And along the same lines, but more focusing on Africa – Medico International - [The Non-Waiver](#)

“Why the compromise proposal for the patent waiver on Covid vaccines is a problem for Africa. Interview with Dr. Lauren Paremoer from Cape Town.”

Barron’s (Opinion): Advocates Poured Effort into a Proposal to Solve Vaccine Inequity. The Payoff Is Unclear.

Rachel Silverman (CGD); <https://www.marketwatch.com/articles/advocates-poured-effort-into-a-proposal-to-solve-vaccine-inequity-the-payoff-is-unclear-51648237296>

Interesting question (and piece), though debatable conclusion. Focusing on how the People’s Vaccine has focused most of its efforts on the TRIPS waiver. Some excerpts.

“Global health leaders have persistently, accurately, and urgently highlighted these enormous disparities, decrying the injustice of “[vaccine apartheid](#).” But more than two years into the pandemic—given these shocking statistics—has that moral clarity translated into sound strategic decisions to advance global vaccine access?

“The “TRIPS Waiver” is a [proposal](#) to address vaccine inequities. ... Whatever the merits of the proposal—and whether or not some compromise version ultimately passes—it is clarifying to reflect on the results for global vaccine equity after 18 months of campaigning.”

“...The advocacy community deserves credit for helping increase the general sense of pressure on industry, which no doubt helped facilitate access concessions and voluntary licensing deals. Yet the narrow focus on TRIPS was ultimately misguided. The attempt to pass a TRIPS waiver, even if it ultimately succeeds, will be a day late and a dollar short—too limited in scope to be useful, and superseded by progress that has taken place in its absence.

“We should never value money over lives, but the inverse holds true: We shouldn’t put lives at risk because of a distaste for corporate profits or hold out on moral principle instead of doing the messy work required to solve global problems. A pandemic is a bad time for profiteering. But it’s also a bad time for posturing and positioning. Sometimes the urgent global good requires a partnership with big pharma and rewards them financially; sometimes we need to hold our nose and approve [a scientifically important and potentially lifesaving health technology](#), even if (some) revenues will benefit Big Tobacco. “

PS: Let me be clear. I don’t agree with the gist of this article, nor with Rachel’s conclusion. But it’s an interesting article and question to ponder, for sure.

Nature (Editorial) - Time is running out for COVID vaccine patent waivers

<https://www.nature.com/articles/d41586-022-00878-x>

“The European Union needs to go further and faster in embracing a temporary waiver on COVID-19 intellectual property.”

“.... The need to share COVID-19-related IP remains urgent. Two years into the pandemic, fewer than 15% of people in low-income countries have had at least one dose of a vaccine, whereas in some high-income countries, people are being offered fourth doses. This has happened, in part, because the governments of wealthy nations can offer vaccine makers large sums that poor countries cannot match. A number of companies are, in turn, making large profits, so have little incentive to change their business model....”

The editorial ends by suggesting one sort of compromise: ***“..... A faster solution would be to allow vaccines to be reproduced, legally, without the need to wait for a complete list of patents as a condition to getting started. Such a document could still be drawn up, but it should not be used to hold up vaccine development and manufacturing. Agreements necessarily need compromise, especially when they involve finding a consensus between the WTO’s 164 member countries and maintaining the support of more than 100 NGOs. But there’s no benefit to a massive negotiation if the result is no extra COVID-19 drugs or vaccines. That’s why one compromise might be to focus on vaccine IP alone, rather than on all COVID-19 interventions. “***

Bloomberg - Botswana Approves Corbevax Covid Vaccine, Plans Local Output

<https://www.bloomberg.com/news/articles/2022-03-28/botswana-approves-corbevax-covid-vaccine-plans-local-output>

“Corbevax, a Covid-19 vaccine developed in Texas, has been approved for use in Botswana, according to U.S. biotech billionaire Patrick Soon-Shiong. Doses of the vaccine currently in production have been reserved for the country, he said at a ceremony on Monday in the southern African nation’s capital, Gaborone. It will ultimately be made at a local factory called Pula Corbevax, Botswanan President Mokgweetsi Masisi said. The Botswana factory is likely to open in 2026.”

See also Endpointnews - [**Peter Hotez and Maria Bottazzi's 'forgotten' vaccine approved in Botswana**](#)

“Botswana announced that it has approved the Texas-made vaccine dubbed Corbevax, becoming the first country in Africa to do so, and backing the construction of a plant in the country with the help of the biotech NantWorks. Facilities in India are already prepared to produce more than a billion doses of the vaccine. India’s government put orders in at less than \$1 a dose, putting itself in the running for the cheapest Covid-19 vaccine out there.....”

TWN - WTO: DG calls for “convergence-building” on controversial issues for MC12
R Kanth; <https://www.twn.my/title2/health.info/2022/hi220311.htm>

Includes a pretty damning assessment of Ngozi’s role in much of this. Excerpts:

“Amidst calls for adopting a “business-like” approach for the WTO’s 12th ministerial conference (MC12), tentatively scheduled for 12-15 June, the WTO director-general Ms Ngozi Okonjo-Iweala wants members “to act together and participate in convergence building” on “the most essential areas” such as “the pandemic response, fisheries subsidies, agriculture, and WTO reform.”...”

“.... Given the manner in which major decisions are seemingly being negotiated on a “take-it-or-leave-it” basis in an allegedly “opaque” negotiating process with the participation of a small set of countries, as it seems to have happened in the TRIPS waiver discussions, it seems somewhat incongruous for the DG to claim that, “we try to set an example of what it is about multilateralism that is so needed by the world.” She called for working “for the benefit of the people we are here to serve – especially during these very trying times.” However, her actions, after becoming the DG on 1 March 2021, seem to demonstrate how assiduously she is working to promote the trade-related interests of the Northern countries, whether it is on the TRIPS waiver, fisheries subsidies, WTO reforms, or agriculture, said several people, who asked not to be quoted....”

“.... Commenting on “the TRIPS Waiver,” the DG said that “we need to be able to move forward on this issue soon.” Without referring to the leaked IP text or even to the United States, the European Union, India, and South Africa, the DG said at the informal GC meeting on 28 March that “there are still a few issues to sort out with the Quad.” Even before there is a formal agreement and notification by all the four members, the DG has been canvassing vigorously with several coalitions of countries at the WTO to accept the text, which is being called a “sub-optimal” outcome by some members of the “Quad”. “But our hope is that we can move this matter forward to the TRIPS Council as soon as possible,” she said in her statement at the informal GC meeting. The DG maintained that “whatever outcome – these will all be exposed transparently to the Membership and discussed in the TRIPS Council in a manner that we can move this forward.”....”

Covax & ACT-A

As a reminder: On 8th April the @Gavi COVAX AMC Summit will be [hosted by Germany](#).

See also GAVI - [The virtual event – “2022 Gavi COVAX Advance Market Commitment \(Gavi COVAX AMC\) Summit: Break COVID Now”](#) : *“The Government of Germany will co-host a leader-level meeting aimed at helping raise at least US\$ 5.2 billion in urgent financial support for COVAX, including US\$ 3.8 billion in donor funding for lower-income countries supported by the Gavi COVAX Advance Market Commitment (Gavi COVAX AMC).*

WHO Bulletin - COVAX and equitable access to COVID-19 vaccines

K Yoo et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.21.287516.pdf?sfvrsn=2aa90fb5_5

Authors aimed to evaluate equity in the allocation and distribution of vaccines for Covid-19 to countries and territories participating in COVAX. Collaboration of researchers from the World Bank and the Johns Hopkins Bloomberg School of Public Health’s International Vaccine Access Center.

“We used publicly available data on the numbers of COVAX vaccine doses allocated and distributed to 88 countries and territories qualifying for COVAX-sponsored vaccine doses and 60 countries self-financing their vaccine doses facilitated by COVAX. We conducted a benefit–incident analysis to examine the allocation and distribution of vaccines based on countries’ gross domestic product (GDP) per capita....” Check out the findings.

See also a related **GAVI blog** - [Is the COVAX Facility ensuring equitable vaccine distribution?](#)

WP - Opinion: Covax stepped up when no one else did

Seth Berkley; [Opinion | Covax stepped up when no one else did - The Washington Post](#)

Seth Berkley’s letter, in response to the WP March 23 front-page article [“Idea’s flaws doomed Covax from beginning”](#).

*“[that article] failed to consider the most fundamental question: **If Covax had never been created, who would have taken responsibility for helping countries and people with relatively few resources get their fair share of essential vaccines?** Starting two years ago with no staff and no money but with the knowledge that no other international organization or country was prepared to step up and lead a global vaccines response, we knew our work was never going to be easy. ... **Today, we’ve delivered 1.4 billion doses of [coronavirus](#) vaccines, helping protect on average 40 percent of people in 92 lower-income countries with a two-dose course, which is beyond our initial target of protecting the most vulnerable 20 percent.** This is still not where the world needs to be, but with supply available now to help all of these countries meet and go beyond their national coverage goals, there is undeniable momentum. **The truth is the world should have had a plan in place well before the pandemic; I was among the people vociferously calling for one. But it didn’t, and so we got to work.....”***

Journal of Global Health Economics and Policy - Vaccine equity or health equity?

D Bell & E Paul; <https://joghep.scholasticahq.com/article/33666-vaccine-equity-or-health-equity>.

A bit a controversial viewpoint ending with a plea for a re-think of COVAX and mass COVID-19 vaccination in low- and middle-income populations, especially in the sub-Saharan African context. Check out their case and what they suggest.

Ukraine war

HPW - WHO Slams Both Russian and Ethiopian Forces for Turning Civilians into 'Pawns of War'

<https://healthpolicy-watch.news/tedros-slams-both-russian-ethiopian-forces-barring-civilian-access-to-health-and-humanitarian-aid/>

"In some of his most forceful remarks to date, WHO Director General Dr Tedros Adhanom Ghebreyesus and other senior WHO officials slammed both Russia's invasion of Ukraine and Ethiopia's blockade of Tigray for both withholding vital health and humanitarian aid – as well as deliberately targeting civilians or putting them in harms way...."

NYT - Public Health Catastrophe Looms in Ukraine, Experts Warn

<https://www.nytimes.com/2022/03/26/health/ukraine-health-tb-hiv.html>

"Even before the war, the country struggled with epidemics of H.I.V., tuberculosis and hepatitis. The conflict threatens to undo decades of progress."

See also **the Atlantic** - [Is Ukraine Barreling Toward a COVID Surge?](#)

WP - Ukraine invasion could be final nail in Russian vaccine hope Sputnik V

<https://www.washingtonpost.com/world/2022/03/29/sputnik-v-vaccine/>

"If Sputnik V once looked like a vital tool for the Kremlin's geopolitical ambition, it now looks like another victim of it. Following the Russian invasion of Ukraine on Feb. 24, both RDIF and Dmitriev are now under Western sanction. The U.S. Treasury said the sovereign wealth fund is widely considered "a slush fund" for Russian President Vladimir Putin and "emblematic of Russia's broader kleptocracy," while the chief executive was dubbed a "close associate" of the Kremlin leader...."

"It is still not clear what impact the sanctions are having on the supply and demand of Sputnik V. There is an exemption for [coronavirus-related supplies](#) in the U.S. sanctions on Russia. But even during a pandemic, sanctions are often a messy business — as [Iran](#) and [Cuba](#) found out earlier during the health emergency. And Andrea Taylor, a researcher at Duke University who tracks global vaccine supply, said that even before the sanctions, data about Sputnik V was spotty and unreliable."

".... Emergency use listing from either the World Health Organization and the European Medicines Agency, two key global approvals that could open up travel to those [vaccinated with Sputnik V](#) and allow the vaccine to be used by vaccine-sharing initiative Covax, seems as distant as ever."

Judy Twigg, a professor at Virginia Commonwealth University who studies Russian politics and health, said that WHO approval was likely “dead in the water.”...

ODI – The systemic impacts of the war in Ukraine: a triple shock

S Pantuliano; <https://odi.org/en/insights/the-systemic-impacts-of-the-war-in-ukraine-a-triple-shock/>

Analysis. “....The conflict is also having reverberating effects globally, in terms of rising commodity prices, energy shocks and the emerging geopolitical consequences of a conflict in the heart of Europe instigated by a nuclear-armed state and a P5 member of the UN Security Council....”

HPW - War and Drought Push Wheat Prices up by 80% in North Africa and Middle East

<https://healthpolicy-watch.news/war-and-drought-push-wheat-prices-up-80/>

*“Food price hikes, hunger and instability are predicted globally – but particularly in North Africa and the Middle East, which are already in the midst of serious droughts and heavily dependent on Russia and Ukraine for wheat. Bread is the staple food in Tunisia, Morocco and Egypt, and the [price of wheat had already increased by 70-80%](#) over the past year – even before Russia’s invasion of Ukraine – according to the **International Monetary Fund**....”*

And a link:

The Conversation - [Russia’s war with Ukraine: Five reasons why many African countries choose to be ‘neutral’](#) (by O Ajala)

Covid key news

WHO - Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022

<https://www.who.int/publications/m/item/strategic-preparedness-readiness-and-response-plan-to-end-the-global-covid-19-emergency-in-2022>

“More than two years since the first SARS-CoV-2 infections were reported, the COVID-19 pandemic remains an acute global emergency. In this Strategic Preparedness, Readiness and Response plan for 2022, WHO sets out a number of key strategic adjustments that, if implemented rapidly and consistently at national, regional, and global levels, will enable the world to end the acute phase of the pandemic.”

With **three potential scenarios** regarding viral evolution and human immunity over the next 12 months: a base case, a best case, and a worst case.

- Coverage of the media briefing on Wednesday via Reuters – [WHO's Tedros says most likely scenario COVID severity will reduce over time](#)

“The World Health Organization on Wednesday released an updated plan for COVID-19, laying out three possible scenarios for how the pandemic will evolve this year. “Based on what we know now, the most likely scenario is that the COVID-19 virus continues to evolve, but the severity of disease it causes reduces over time as immunity increases due to vaccination and infection,” Director-General Tedros Adhanom Ghebreyesus said during a briefing. The updated Strategic Preparedness, Readiness and Response Plan sets out the strategic adjustments that every country needs to make to address the drivers of SARS-CoV-2 transmission, lessen the impact of COVID, and end the global emergency.....”

- And via HPW - [Remains committed to 70% COVID vaccination target – as virus continues to evolve](#)

“In other remarks, the WHO Director General said that he remains committed to a 70% goal for vaccinating people low- and middle-income countries against COVID-19, despite current trends that reflect a sharp decline in infections and less lethal variants. This, despite an undercurrent of criticism from both countries and some donors that a strategy of vaccinating the most high-risk groups like older people and health care workers might be preferable to such a broad goal. “Even as high income countries roll out fourth doses, one third of the world’s population has yet to receive a single dose, including 83% of the population in Africa,” said Tedros.””This is not acceptable to me, and it should not be acceptable to anyone.”....”

And via UN News – [A third of the world remains totally unvaccinated against COVID: Tedros](#)

“A third of the world’s population has yet to receive a single dose of COVID-19 vaccine, including a shocking 83 per cent of all Africans, said the head of the World Health Organization (WHO) on Wednesday.”

Cidrap News - Global COVID cases ebb amid testing blind-spot worries

<https://www.cidrap.umn.edu/news-perspective/2022/03/global-covid-cases-ebb-amid-testing-blind-spot-worries>

*“After rising for 2 weeks, global cases declined again, the World Health Organization (WHO) said in its latest **weekly snapshot** of the pandemic, but it urged caution about interpreting trends, due to reduced testing in a number of countries. The world's COVID-19 cases dropped 14% last week, compared to the week before, with decreases seen across all of the WHO's regions. However, **deaths rose 45%, primarily due to changes in how some countries define COVID deaths and retrospective adjustments from others.....”***

BMJ News - Covid-19: Oxygen shortages two years into pandemic highlight pre-covid failures, says WHO

<https://www.bmj.com/content/376/bmj.o829>

“Two years into the covid-19 pandemic, access to oxygen is still a major problem in low and middle income countries, health leaders have warned. The shortages have highlighted the “abject failure” of the global community to develop and build up primary healthcare and universal health coverage over the past 20 years, said Michael Ryan, the World Health Organization’s health emergencies programme executive director. “Covid didn’t cause this, covid uncovered this. Covid laid bare, tore away the bandages from, some very, very old wounds,” Ryan told an Access to Covid-19 Tools (ACT) Accelerator briefing. “No one was interested in oxygen,” he said, despite it being vital for the treatment of patients with covid-19 in the early stages of the pandemic....”

“... But even now—a year after the ACT-Accelerator Oxygen Emergency Taskforce was launched to tackle critical oxygen gaps—supply is still a problem. Global health agency Unitaids has said 75% of patients admitted to hospital with covid-19 can be treated with oxygen alone. At the briefing, Unitaids announced it has pledged \$56m in investment to increase and enhance access to medical oxygen. The money directly supports the work of the Oxygen Taskforce by ensuring countries have access to adequate, affordable oxygen solutions such as bulk liquid oxygen, oxygen generation systems, and other important equipment. A \$1bn funding gap for the taskforce’s work remains, however. Taskforce chair and Unitaids director of programmes, Robert Matiru, said, “Many countries continue to face high rates of hospital admissions, and equitable access to medical oxygen remains critical. As we speak, more than 20 countries have surging covid-19 oxygen needs, particularly now in south Asia, and who knows what it will look like in four to five months time?....”

WHO Afro - African countries scale back on COVID-19 measures

<https://www.afro.who.int/news/african-countries-scale-back-covid-19-measures>

(24 March) “With new COVID-19 cases significantly dropping, many countries are increasingly curtailing COVID-19 surveillance and quarantine measures. While the need to reopen economies and resume social life is important, the World Health Organization (WHO) is calling for caution and consideration of the risks involved.”

Devex - Exclusive: The pushback against WHO's imminent COVID-19 excess deaths estimate

<https://www.devex.com/news/exclusive-the-pushback-against-who-s-imminent-covid-19-excess-deaths-estimate-101522>

“The World Health Organization is set to release its estimates of excess deaths caused by COVID-19 in early April, the global health body has confirmed to Devex. The excess mortality estimates will account for both direct and indirect impacts of the pandemic, and the figure is more than double the official death toll of 6 million, Devex has learned. The estimates were produced as a collaboration between the United Nations Department of Economic and Social Affairs, WHO, and a WHO technical advisory group set up for this purpose. While WHO has said the process was collaborative and member states were involved and consulted, it is bracing for pushback, especially from countries such as India. According to a TAG member who was privy to the process, the Indian government does not agree with the estimates shared by WHO which are at least four times the official figure, which currently stands at 521,101 deaths....”

Covid science

Reuters - Omicron 'stealth' COVID variant BA.2 now dominant globally

[Reuters](#)

"A sub-variant of the highly transmissible Omicron version of coronavirus known as BA.2 is now dominant worldwide, prompting surges in many countries in Europe and Asia and raising concern over the potential for a new wave in the United States."

NPR - Evidence grows that vaccines lower the risk of getting long COVID

[NPR](#);

Overview of the research so far on this issue.

Nature (News) - Can drugs reduce the risk of long COVID? What scientists know so far

<https://www.nature.com/articles/d41586-022-00823-y>

"Researchers are trying to establish whether existing COVID-19 vaccines and treatments can prevent lasting symptoms."

Reuters - Drugmakers, scientists begin the hunt for long COVID treatments

[Reuters](#);

*"After producing vaccines and treatments for acute COVID-19 in record time, **researchers and drugmakers are turning to finding a cure for long COVID, a more elusive target marked by hundreds of different symptoms afflicting millions of people.** Leading drugmakers, including those who have launched antiviral pills and monoclonal antibodies for COVID-19, **are having early discussions with researchers about how to target the disease, five scientists in the United States and UK told Reuters....**"*

*"**Companies including GlaxoSmithKline ([GSK.L](#)), Vir Biotechnology ([VIR.O](#)) and Humanigen ([HGEN.O](#)) confirmed they had spoken to researchers on trials using their current treatments against long COVID.** Others including Pfizer ([PFE.N](#)) and Roche ([ROG.S](#)) said they are interested but would not elaborate on plans.... Researchers, biotech companies and public health experts say major pharmaceutical companies are integral to getting a proven treatment for the disease, which currently afflicts more than 100 million people, according to the World Health Organization...."*

*".... **There are fewer than 20 clinical trials underway testing drugs, a handful of which have moved beyond early stages,** according to interviews with more than a dozen independent and government-backed scientists and a Reuters review of a global clinical trials database. Scientists hope their research will uncover the causes of long COVID, a major hurdle in finding targets for new drugs or identifying existing medicines that may work as treatments."*

.... **Big pharmaceutical companies are looking for disease-specific biomarkers** that would allow them to assess the value of tested medicines, experts say. **“What they’re struggling with is a case definition for long COVID,”** said Dr. Amy Proal, an expert in post-viral diseases at the PolyBio Research Foundation in Mercer Island, Washington... **Possible underlying causes** researchers are studying include damage from the original infection, lingering reservoirs of virus in the body, an autoimmune response, in which the immune system attacks its own cells, and a dysregulated immune response causing excess inflammation that damages small blood vessels or nerves. **It could be a combination of those or other factors,** they say.”...”

Cidrap News - COVID-19, flu an especially dangerous pair

<https://www.cidrap.umn.edu/news-perspective/2022/03/covid-19-flu-especially-dangerous-pair>

“Adult COVID-19 patients also infected with the flu are four times more likely to require mechanical ventilation and 2.4 times more likely to die than if they had COVID-19 alone, finds a UK study published late last week in The Lancet.....”

NYT (Op-ed) - We Study Virus Evolution. Here 's Where We Think the Coronavirus Is Going.

S Cobey et al; [NYT](#);

Authors conclude: “....**Taking all this together, we expect SARS-CoV-2 will continue to cause new epidemics, but they will increasingly be driven by the ability to skirt around the immune system.** In this sense, the future may look something like the seasonal flu, where new variants cause waves of cases each year. If this happens, which we expect it will, vaccines may need to be updated regularly similar to the flu vaccines unless we develop broader variant proof vaccines. And of course, how much all this matters for public health depends on how sick the virus makes us. That is the hardest prediction to make, because evolution selects for viruses that spread well, and whether that makes disease severity go up or down is mostly a matter of luck.....”

Nature (News) - COVID vaccines: head-to-head comparison reveals how they stack up

<https://www.nature.com/articles/d41586-022-00885-y>

“Comparison of the immune response to four prominent COVID-19 vaccines is among the most thorough so far, authors say.”

“A rare head-to-head comparison shows that the COVID-19 vaccines made by Pfizer and Moderna outperform those from Johnson & Johnson and Novavax. The data also provide a finely detailed picture of the immune protection that each vaccine offers — information that could be useful for designing future vaccines. The research was posted on the preprint server bioRxiv on 21 March. It has not yet been peer reviewed.....”

Nature - Genome data gaps could stymie search for next COVID variant

<https://www.nature.com/articles/d41586-022-00894-x>

“Sequencing SARS-CoV-2 genomes has helped researchers to track how the virus is evolving, but many countries aren’t sharing all their data.”

“Many countries sequencing SARS-CoV-2 genomes are sharing only a fraction of them on public repositories — and many sequences are missing important information, according to a global analysis of genomic surveillance. But the study also found that despite these challenges, countries have become faster at sharing sequences over the course of the pandemic....”

“... a chunk of unshared sequences are probably being held back for political reasons, including the repercussions of being the first country to report a new variant of concern....”

The Lancet Infectious Diseases: Vaccines provide extra protection for those with immunity from a previous COVID-19 infection, according to two new studies

<https://www.thelancet.com/journals/laninf/onlinefirst>

Via the press release:

“Two new studies confirm that COVID-19 vaccination provides significant additional protection among people who have already been infected with SARS-CoV-2, especially against severe disease. As populations increasingly include individuals with both vaccination- and infection-driven immunity, studies that offer insights into the protection associated with different forms of immunity can help inform global vaccine strategies. However, further research is needed to understand the impact of new variants, including omicron, and its ability to evade immunity....”

“Two new studies published in [The Lancet Infectious Diseases](#) journal confirm that COVID-19 vaccines provide additional protection for people who have already been infected with SARS-CoV-2, especially against severe disease....”

Coverage via the Guardian - [Covid vaccines give extra protection to previously infected, studies show](#)

“Together, the studies provide crucial data on vaccine effectiveness in people with a prior infection and underline the benefits of getting vaccinated regardless of whether someone has had Covid. Experts say the findings could also help inform global vaccine strategies....”

Covid vaccines

Bloomberg - World Moves From Shortages to Possible Glut of Covid-19 Vaccines

<https://www.bloomberg.com/news/articles/2022-03-28/world-moves-from-shortages-to-possible-glut-of-covid-19-vaccines>

*“After racing to build capacity and meet once seemingly insatiable orders for Covid-19 shots, **the global vaccine industry is facing waning demand as many late-to-market producers fight over a slowing market.** The trend is poised to rein in the blockbuster sales that global pharmaceutical giants from Pfizer Inc. to AstraZeneca Plc saw at the peak of the pandemic. **It also stands to create new problems for local manufacturers from India to Indonesia that built mammoth capacity to make shots but are now grappling with excess supply.** Even as boosters are likely to keep demand alive for Covid inoculations worldwide, the desperate shortages that existed for much of last year have waned. Instead, in a dramatic reversal, **the possibility of a global glut is now looking more likely. ...**”*

*“.... The number of shots needed in the coming years is expected to decline from the early days of the pandemic. Meanwhile, a growing number of manufacturers are breaking into the market. **More than 9 billion doses could be produced in 2022, but vaccine demand may decline to a rate of about 2.2 billion to 4.4 billion doses per year in 2023 and beyond,** with a clearer picture emerging over time, according to **analytics firm Airfinity Ltd.**”*

ODI (Briefing paper) - Monitoring G20 contributions to global Covid-19 vaccine equity: issues and options

<https://odi.org/en/publications/monitoring-g20-contributions-to-global-covid-19-vaccine-equity-issues-and-options/>

*“..... **This forthcoming policy brief proposes indicators covering three significant policy areas:** 1) financing, 2) excess vaccine procurement and the redistribution of any surplus, and 3) the promotion of intellectual property sharing and medical exports. ...”*

Key messages: “A focus on the systematic monitoring of G20 country policy responses to Covid-19 facilitates better understanding of the extent to which they have supported health equity globally and where they fall short and highlights actions G20 countries can take to place equity at the front and centre of recovery efforts. Any efforts to construct a composite index must consider carefully how to treat the indicators, weight indicators and dimensions, and aggregate the data; the brief outlines options and their implications. Efforts to monitor G20’s Covid-19 response are beset by limitations, not least the absence of indicators on actions no member country has taken, such as compelling pharmaceutical companies to share vaccines, knowledge and patents with poorer countries. **The available data reveals huge variation in G20 country performance, irrespective of their incomes, and between what countries have done and what they could have done to advance equity.**”

Related: Christian Aid - [Vaccine inequity down to rich countries' selfish policies](#)

*“**Christian Aid and our friends in the People’s Vaccine Alliance, today publish a Covid vaccine equity index which shows that no big, rich country is doing nearly enough to promote global vaccine equity. Our Covid vaccine inequality index ranks countries in the G20 in three areas:** how much these governments are financing vaccines globally; how far their own procurement of vaccines has helped or hindered global distribution of vaccine doses; and whether they are supportive of fundamental trade and manufacturing policies which could unlock much greater and fairer supply of vaccines globally. **Working with colleagues at the ODI, we identified relevant variables in these three areas, and used a range of publicly available data sources to develop a database and track how much each G20 country has done.** Drawing on this data, the CA and PVA index brings together the most important factors which can make or break global vaccine equity....”*

“...Of the G20 club of large economies, South Africa is at the top of a not very impressive class: their scores are barely 70% of what we might expect a fully committed government to do to support vaccine equity. Only five countries score above 50 percent; thirteen cluster between 37 and 49 percent, with South Korea a clear laggard on just 30% of the potential of an archetypal globally-minded government....”

WSJ - Pfizer, Moderna and J&J Face Shareholder Pressure to Broaden Covid-19 Vaccine Access

[WSJ](#)

“Socially conscious investors and global-health activists are turning to shareholders to press Covid-19 vaccine manufacturers [Pfizer Inc.](#), [Moderna Inc.](#) and [Johnson & Johnson](#) to make more of their shots [available to people in poorer countries](#). Groups including the antipoverty organization Oxfam have succeeded in placing proposals on shareholder proxy ballots that ask drugmakers to do more to [widen access to the Covid-19 vaccines](#), such as exploring the transfer of their technology to other manufacturers.....”

UN News - UN analysis shows link between lack of vaccine equity and widening inequalities

<https://news.un.org/en/story/2022/03/1114762>

“Only a tiny proportion of COVID-19 vaccines have been administered in developing countries, leading to a widening gap between rich and poor, says the UN Development Programme (UNDP) in a new study released this month. The overall number of vaccines administered has risen dramatically, but so has the inequality of the distribution: of the 10.7 billion doses given out worldwide, only one per cent have been administered in low-income countries....”

““[New analysis by UNDP](#) shows that most of the vulnerable countries are found in Sub-Saharan Africa, including Burundi, the Democratic Republic of the Congo, and Chad, where less than one percent of the populations are fully vaccinated. Outside of Africa, Haiti and Yemen are still to reach two percent coverage. The studies show that, if low-income countries had the same vaccination rate as high-income countries in September last year (around 54 per cent) they [would have increased their GDP by US\\$16.27 billion in 2021](#). The countries calculated to have lost most potential income during the pandemic, due to vaccine inequity, are Ethiopia, the Democratic Republic of the Congo and Uganda.....”

Nature (Comment) - Global vaccination must be swifter

T Bollyky et al; <https://www.nature.com/articles/d41586-022-00809-w>

Must-read. “Speeding up development of new vaccines won’t help much in the next pandemic, *unless world leaders work faster to roll out vaccination globally.*” Some excerpts:

“Last September, more than 100 governments attending US President Joe Biden’s virtual Global COVID-19 Summit committed to [vaccinating at least 70% of the population in every country by September 2022](#). Using national vaccination rates from mid-February, **we estimate that nearly 100 countries will fall short of that objective.** Those missing the target include four out of five African

nations, and most countries in Central America and the Middle East. In low-income nations, only one in ten people is fully vaccinated. **In fact, at current vaccination rates, it will take until 15 July for 75% of high-income nations to fully vaccinate 70% of their populations. That's 590 days (more than 1.5 years) after the UK government first authorized a COVID-19 vaccine for general use (see 'Vaccinate the world faster next time'). Getting this proportion of people fully vaccinated in three-quarters of all countries will take almost double that time — 1,173 days, or more than three years.**"

"... The US White House is convening another global COVID-19 summit in the near future. To limit further surges in hospitalizations and deaths in the current pandemic — and to prepare better for a potentially even deadlier one — attendees and world leaders must establish long-lasting adult-immunization infrastructure and vaccine-manufacturing capacity in their own countries. They must prioritize vulnerable groups for COVID-19 vaccination. And they must take steps to stem the spread of misinformation and disinformation around vaccination....." **"...For many low- and middle-income countries, all this can be achieved only with adequate support from wealthy nations....."**

"... Addressing the outstanding gaps in global vaccination coverage will require major investments across four domains — especially in the world's poorest regions. Prioritizing vulnerable groups. Adult immunization infrastructure. Vaccine misinformation and disinformation. Regional vaccine manufacturing."

PS: **" An emerging risk is that vaccine manufacturing efforts in Africa will become too heavily focused on a single platform — mRNA technology. The only approved mRNA vaccines so far are those for COVID-19; it is not yet clear whether mRNA vaccines will prove useful against diseases that must be tackled as a matter of routine in Africa, such as malaria and tuberculosis. Ultimately, however, decisions over the prioritization of manufacturing capacity and vaccine platforms are for governments in Africa and other underserved regions to make...."**

COVID GAP - The Path Forward: COVID GAP Report

<https://www.rockefellerfoundation.org/report/the-path-forward-a-post-omicron-strategy-for-the-global-covid-19-response/>

"COVID GAP urges critical shift in the world's response to the pandemic from emergency crisis management to a sustainable control strategy."

"COVID Global Accountability Platform (COVID GAP), a partnership between Duke University and COVID Collaborative, released a report today calling for an urgent shift in the global pandemic strategy in light of the rapid spread of the Omicron variant, availability of new treatments, and the humanitarian crises stemming from Russia's invasion of Ukraine...."

"... A [new report](#) from the COVID Global Accountability Platform (COVID GAP), out today, calls for an urgent shift in global pandemic response strategies to **prioritize bottom-up, country-led approaches that can help tackle some of the challenges Dr. Nkengasong outlined to durably and equitably address Covid-19. Developed in consultation with dozens of experts in low- and middle-income countries, **the report calls for the implementation of a more sustainable, long-term approach to the virus, including refocusing global vaccination goals away from vaccinating 70 percent of all adults by summer to vaccinating 90 percent of those most at-risk in each country.** The report also recommends:**

1. Supporting country-driven goals that better reflect Covid-19's impact in local contexts,

2. *Providing equitable access to oral antivirals as part of a “vaccination +” approach to Covid-19 response,*
3. *Increasing manufacturing capabilities and production in low- and middle-income countries for vaccines, therapies, tests, and other critical health products.....”*

Reuters - Analysis: Governments want COVID vaccine developers to aim higher in hunt for better shots

[Analysis: Governments want COVID vaccine developers to aim higher in hunt for better shots | Reuters](#)

“As governments prepare to live with COVID-19, some are questioning how much to rely on drugmakers to adapt vaccines to ward off future virus variants amid signs of tension between companies and regulators over the best approach, according to several sources familiar with the matter. Some vaccine experts say government agencies should fund and help develop a new generation of COVID shots, and seek innovation from smaller developers, as they did to identify current vaccines....”

“...An EMA spokesperson said the agency, along with other regulators, are encouraging companies to explore vaccines that target multiple variants....”

BMJ Feature - The world’s refugees remain last in line for covid-19 vaccines

<https://www.bmj.com/content/376/bmj.o703>

*“Neither supply nor hesitancy is a major barrier to covid-19 vaccination for the world’s displaced people, report **Sally Howard** and **Geetanjali Krishna**.” Excerpts:*

“.... In a November 2020 paper, the World Health Organization’s Strategic Advisory Group of Experts on Immunization recommended the prioritisation of “low income migrant workers, refugees, internally displaced persons, asylum seekers, populations in conflict settings or those affected by humanitarian emergencies, vulnerable migrants in irregular situations, and nomadic populations” for allocation of covid-19 vaccination by nation states. This was followed a year later when WHO announced its strategy to achieve global covid-19 vaccination by the end of 2021 and 70% total population coverage by mid-2022. The first target was not met, with 98 countries not having vaccinated 40% of their population by the year’s end. A December 2021 report by the United Nations High Commissioner for Refugees (UNHCR) found that many of the countries hosting the most refugees have made little progress towards the mid-2022 WHO target. According to UNHCR data 2 730 839 refugees and asylum seekers have been fully vaccinated out of 3.25 million in 66 countries....”

... “Refugees in many settings have faced extra challenges in accessing covid-19 vaccines,” says Jozf Bartovic of WHO. “They face challenges in access because of state entitlement, language, and financial barriers while crowded living conditions put them at higher risk of virus exposure.” He adds that for societal, geographical, and biomedical reasons, vulnerable groups are at higher risk of experiencing burdens from the covid pandemic..... With vaccine supply no longer the choke point, Burton says that structural problems such as cold chain distribution to rural areas as well as

refugee led messaging should be the focus if we want to achieve vaccine equity for the world's marginalised people."

Reuters - Ghana to start producing own Covid-19 vaccines in January 2024

<https://www.reuters.com/world/africa/ghana-start-producing-own-covid-19-vaccines-january-2024-2022-03-30/>

*"Ghana will start producing its own COVID-19 vaccines in January 2024, President Nana Akufo-Addo said on Wednesday in his State of the Nation Address in parliament. A **National Vaccine Institute would be established** to lay out a strategy for the West African country to begin the first phase of commercial production for the jabs, he said without providing further details...."*

Covid analysis

NYT (op-ed) – What Africa needs to fight Covid now

J Nkengasong; <https://www.nytimes.com/2022/03/27/opinion/africa-fight-covid.html?referringSource=articleShare>

"Now that vaccine supply is not the primary challenge, Africa must focus on better delivery."

The COVID-19 Pandemic Is Bad. Could it Have Been Even Worse?

TGH - A look at how pre-pandemic health-care trends affected COVID-19 mortality rates

D Voehler; <https://www.thinkglobalhealth.org/article/covid-19-pandemic-bad-could-it-have-been-even-worse>

Focus on the US, but also with lessons for global health:

*Conclusion: "While the analysis focused on a high-income country with reasonable access to medicines and other health services that can help control comorbidities, diabetes and hypertension are also major concerns in low- and middle-income countries (LMICs). There, challenges in access to health care, health services, and financing mean that the need for prevention and treatment of non-communicable diseases goes largely unmet. **As part of preparedness for future pandemics, organizations that support health system strengthening in LMICs have a responsibility to support improvements in the baseline health of the population, too.** As observed in these findings, **decades of investment in treatment for diabetes, hypertension, and heart disease have had a positive downstream benefit in COVID-19 mortality rates and have prevented an already devastating pandemic from becoming worse.** With the COVID-19 pandemic moving to the endemic stage, and with continuing challenges in encouraging people to wear masks, socially distance, and get vaccinated, **this model underscores the value of investing in, developing, and increasing access to innovative medical treatments that can better control chronic conditions and the mitigate the effects of future pandemics.**"*

WEF (blog) - People have lost trust in healthcare systems because of COVID. How can the damage be healed?

J Sarasohn-Kahn (Edelman); <https://www.weforum.org/agenda/2022/03/trust-health-economy-pandemic-covid19/>

“COVID-19 has resulted in more than one in two people losing confidence in the healthcare system’s ability to handle major crises. Declining levels of trust in the health ecosystem mean people are less likely to listen to experts or engage in maintaining their own health. To tackle this, healthcare companies must address issues beyond just medical care, including climate change, poverty, food prices and racial injustice.”

*“... in 2022, the [Edelman Trust Barometer Special Report: Trust and Health](#), released in March, gives us a sentinel warning that **eroding trust** has and could continue to harm individual and public health outcomes in the post-COVID-19 era. **A few of Edelman’s 2022 health-trust omens:** Sixty percent of people globally worry about another pandemic even worse than COVID-19. More than one in two people feel the pandemic has decreased their confidence that the healthcare system is well-equipped to handle major health crises. A majority of people globally are worried that medical science is being politicized. People’s confidence in their ability to find answers about healthcare questions and make informed health decisions has declined steeply over the past five years....”*

COVID-19 Beliefs: Fact Checked

<https://injectionsafetyaccess.com/50-covid-beliefs/>

“Our global health experts, led by Ed Kelley PhD, look at 50 of the most often-voiced beliefs about COVID held by much of the U.S. population and, separately, at beliefs held by many members of the global population.” At this stage of the pandemic, that is. March 25, 2022.

Guardian (Op-ed) - The ‘zero-Covid’ approach got bad press, but it worked – and it could work again

L Spinney; [Guardian](#);

No need to agree with everything, but it’s from Laura Spinney, so it’s an interesting read.

“The places that chose to pursue elimination suffered less overall. Unfortunately, few had the determination to do so.”

BMJ GH - R&D during public health emergencies: the value(s) of trust, governance and collaboration

R A Katz et al ; <https://gh.bmj.com/content/7/3/e007873>

*“...While injustices abound in the deployment and allocation of COVID-19 vaccines, therapies and diagnostics, **an area that has hitherto received inadequate ethical scrutiny concerns the upstream structures and mechanisms that govern and facilitate the research and development (R&D)***

associated with these novel therapies, vaccines and diagnostics. Much can be learnt by looking to past experiences with the rapid deployment of R&D in the context of public health emergencies. Yet, much of the ‘learning’ from past epidemics and outbreaks has largely focused on technical or technological innovations and overlooked the essential role of important normative developments; namely, the importance of fostering multiple levels of trust, strong and fair governance, and broad research collaborations. In this paper, we argue that normative lessons pertaining to the conduct of R&D during the 2014–2016 Ebola epidemic in West Africa provide important insights for how R&D ought to proceed to combat the current COVID-19 pandemic and future infectious disease threats.”

Frontiers in Health - Lessons Learnt From the Experiences of Primary Care Physicians Facing COVID-19 in Benin: A Mixed-Methods Study

Kéfiath Bello et al; [Frontiers | Lessons Learnt From the Experiences of Primary Care Physicians Facing COVID-19 in Benin: A Mixed-Methods Study | Health Services \(frontiersin.org\)](https://www.frontiersin.org/articles/10.3389/fht.2022.844444/full)

“This study analyses the experiences of PCPs facing COVID-19 in Benin and draws policy lessons....”

Amnesty International - Has the world tried to ‘build back better’ in the wake of the Covid-19 pandemic?

<https://www.amnesty.org/en/latest/research/2022/03/annual-report-202122/>

“From a human rights perspective, 2021 was largely a story of betrayal in the corridors of power.”

*“Amnesty International’s annual report on the state of the world’s human rights in 2021, published in March 2022, shows that **promises to “build back better” after the Covid-19 pandemic were little more than lip service.** Hopes of global cooperation withered in the face of vaccine hoarding and corporate greed. Governments suppressed independent and critical voices, with some even using the pandemic as a pretext to shrink further the civic space. New and unresolved conflicts erupted or persisted. Those forced to flee were subjected to a litany of abuses, including pushbacks by countries in the Global North. **But hopes for a better post-pandemic world were kept alive by courageous individuals, social movements and civil society organizations.** 2021 should have been a year of healing and recuperation. Instead, it became an incubator for greater inequality and instability. **The annual report highlights the impact of these dynamics at a global, regional and national level, as well as more broadly covering the human rights situation in 154 countries....”***

AMR

Telegraph - Could the next big outbreak be lurking in the water? Pharma pollution blamed for breeding superbugs

[Telegraph;](https://www.telegraph.co.uk/health/2022/03/24/antimicrobial-resistance-superbugs-pharma-pollution/)

“Scientists fear antimicrobial residues from factories in India have the potential to spark a new health crisis with drug-resistant bacteria.”

Sleeping sickness

ITM Welcomes BMGF & WHO

<https://www.itg.be/E/Article/international-sleeping-sickness-meeting>

The key players in the field of sleeping sickness met for the first time in Antwerp. **From 15 to 17 March the Institute of Tropical Medicine in Antwerp (ITM) organised an international meeting on sleeping sickness with the Bill and Melinda Gates Foundation, the World Health Organisation (WHO), and partners from the Democratic Republic Congo (DRC), Belgium and the rest of Europe.** The key players in the field of sleeping sickness met for the first time in Antwerp to discuss **how we can eliminate sleeping sickness once and for all by 2030.**

Commercial determinants of health

SS&M - Assessing the association between *Corporate Financial Influence* and implementation of policies to tackle commercial determinants of non-communicable diseases: A cross-sectional analysis of 172 countries

Luke Allen et al; <https://www.sciencedirect.com/science/article/pii/S0277953622001319>

*“Countries have endorsed 12 WHO policies to combat tobacco, alcohol & unhealthy diet. Global implementation is rising over time, but remains low at 42%. **Corporate financial influence explains a fifth of the variance in implementation.** Implementation is negatively associated with weak regulation of financial donations. Stronger regulation of industry donations may play help to boost implementation.”*

Links:

WHO - [Digital marketing of alcoholic beverages: what has changed? Snapshot series on alcohol control policies and practice](#)

Food Policy - [Meat, money and messaging: How the environmental and health harms of red and processed meat consumption are framed by the meat industry](#) (by K Clare et al)

Planetary Health

Science (Editorial) - To solve climate, first achieve peace

<https://www.science.org/doi/10.1126/science.abq2761>

Important editorial. Concluding: *“It’s time for US and European foreign policy to be reframed in the context of addressing climate change. People around the world must better understand that a*

healthier world where all forms of energy are appropriately utilized requires a world that focuses first on peace. Without working toward peace as the first step, international efforts to tackle global climate change and promote renewable energy and sustainable development cannot progress. Global governance becomes more fragile, and as climate change worsens, it will threaten world stability, trigger humanitarian crises, and provoke more war, in a deadly cycle. To win the climate war, we must win the climate peace.”

Guardian (“The road to Kunming”) - Biopiracy row at UN talks in Geneva threatens global deal to save nature

<https://www.theguardian.com/environment/2022/mar/30/cop15-faces-copenhagen-moment-genetic-data-dispute-aoe>

“A standoff over biopiracy is threatening to derail a global agreement to halt the loss of nature, with developing countries demanding they are paid for drug discoveries and other commercial products based on their biodiversity. During negotiations in Geneva for a Paris-style agreement on nature, which ended this week, the use of genetic data in a digital form – known as digital sequence information (DSI) – arose as a clear point of division, with African countries insisting any deal must include a financial mechanism to compensate them for discoveries using digital forms of their biodiversity. With echoes of tensions in climate talks over the failure of developed countries to meet the \$100bn-a-year climate finance target at Cop26 in Glasgow, a large group of developing countries, including Brazil, India and Gabon, also called on rich nations to pledge more than \$100bn (£75bn) a year of biodiversity finance from public and private sources at the Cop15 summit in Kunming this year, reaching \$700bn by 2030....”

“...during this week’s talks, countries from Africa, Latin America and the Caribbean warned that DSI has become a loophole for pharmaceutical companies and others to avoid sharing profits deriving from their flora, fauna and other forms of life – what has become known as biopiracy. Sharing the benefits from genetic resources is one of the three objectives of the UN convention on biological diversity (CBD), through which governments are negotiating a Paris-style agreement for nature known as the global biodiversity framework, with draft targets to protect 30% of land and sea, reduce agricultural pollution and environmentally harmful subsidies. Pierre du Plessis, a Namibian negotiator speaking for Africa, said that without a deal on DSI he would not allow the adoption of the entire agreement, warning that Cop15 in Kunming could become a “Copenhagen moment” for biodiversity, in a reference to when 2009 climate talks in the Danish capital collapsed....”

See also HPW – [Progress on Biodiversity Agreement to Conserve 30% of Planet’s Land and Oceans Painfully Slow – Decisions Postponed to June](#)

“Two weeks of negotiations in Geneva over a critical new agreement to protect and conserve some 30% of the planet’s land and oceans spaces by 2030 have yielded only halting progress – with the parties to the UN Convention on Biodiversity (CBD) agreeing to meet again in Nairobi in late June. ...”

“The Nairobi meeting, 21-26 June, will be the last, critical session before the Convention on Biological Diversity’s (CBD) 15th Conference of the Parties (COP15) in Kunming, China – where a new, landmark agreement on is supposed to be finalized, following a two year delay due to the pandemic. The new framework has been billed as the biodiversity equivalent of the 2015 Paris Climate deal, but the delay in talks and negotiations have not helped its profile. Some 91

countries and the European Union, have publicly supported **incorporating a “30×30” agreement into the CBD – as part of the “High Ambition Coalition for Nature and People”**.... But with the exception of India, **the influential BRICS bloc, including Brazil, Russia, China, and South Africa, have refrained from supporting the goal.** Nor are the BRICS among the 72 members of the **Global Ocean Alliance (GOA)**, which has publicly supported a 30×30 target for the world’s oceans. ...”

Climate Change News - Responses to Putin’s war risk impeding international cooperation on climate

<https://www.climatechangenews.com/2022/03/25/responses-to-putins-war-risk-impeding-international-cooperation-on-climate/>

“Indonesia is reluctant to exclude Russia from this years’ G20 summit, which could turn a climate forum into a political theatre.”

“Less than a month after the Russian invasion of Ukraine, the conflict which has so far caused thousands of military and civilian deaths and forced millions to flee, has already been dubbed a “climate change war”.....”

HPW - Minamata Convention: Parties Review Progress on Global Measures to Halt Mercury Poisoning

<https://healthpolicy-watch.news/delegates-meet-in-bali-to-tackle-mercury-poisoning/>

“Delegates from most of the world’s nations met in Bali this week to review progress in tackling the worldwide problem of mercury poisoning from artisinal gold mining and other environmental sources as well as in the health care industry, in line with the 2013 Minamata Convention. The parties were meeting for the fourth time since the Convention entered into force in 2017.....”

Planning Practice & Research - Supporting a Healthy Planet, Healthy People and Health Equity through Urban and Territorial Planning

M Grant et al ; <https://www.tandfonline.com/doi/full/10.1080/02697459.2021.2000144>

*“The form of human settlements impacts on planetary health, population health and health equity. Yet **goals for urban and territorial planning** are only tangentially linked to public health outcomes. **The WHO and UN-Habitat support actions to bring health to the fore in planning and design of human settlements, recently publishing ‘Integrating Health in Urban and Territorial Planning: a sourcebook’** focusing on ‘why’ action is needed, ‘how’ to initiate it; and curating several existing resources on ‘what’ to do. Recommendations for research, policy and practice include calls for rapid development of closer relationships between public health and spatial planning.”*

BMJ News - Medical schools should include climate change in their curriculum, says report

<https://www.bmj.com/content/376/bmj.o845>

« *Climate change should be embedded in medical schools' curriculums to help doctors understand the climate emergency and its health impacts, a global policy report has recommended.* »

« *The report by Public Policy Projects, an independent institute that advocates global policy reform, says that despite some good progress at the COP26 conference in 2021, the health implications of the climate crisis need to be a bigger part of the climate policy agenda and will only worsen without "swift and meaningful interventions" across the board. It argues that health professionals, including doctors, should undertake modules as part of their studies that "explain the various links between climate change and health and its health consequences." The report also urges the World Health Organization to consider revising "the narrow disease-specific definition of public health emergency of international concern (PHEIC) to include climate change."* The report says that the coronavirus pandemic has shown how public health is a global priority for every nation in the world and that similar urgency is needed to tackle the health consequences of climate change and to frame it as a health issue.... »

World Development - A sustainable livelihoods framework for the 21st century

N Natarajan et al; <https://www.sciencedirect.com/science/article/abs/pii/S0305750X22000882>

"This paper proposes a reformulation of the Sustainable Livelihoods Framework (SLF) fit for the 21st century. The article explores the rise and usage of the original SLF, highlighting how its popularity among development practitioners emerged both from its practical focus, and its depoliticization of wider shifts in the development landscape at the time. Distilling the various critiques that have emerged around the use of the SLF and sustainable livelihoods approaches, the article highlights problems of theory, method, scale, historical conceptualisation, politics, and debates on decolonising knowledge. It further explores two key shifts in the global development landscape that characterise the 21st century, namely the impacts of climate change on rural livelihoods, and the shifts wrought by globalisation, before highlighting the structural and relational turns in critical development literature. In speaking to both historical critiques and more recent debates, we present a SLF for the 21st century, foregrounding a structural, spatially-disaggregated, dynamic and ecologically-coherent approach to framing rural livelihoods. ..."

Coming up: World Health Day (7 April)

Lancet Editorial - Planetary health for the ages

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00611-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00611-0/fulltext)

On how to renew the Planetary Health agenda, started 8 years ago. *"This year's World Health Day, on April 7, has the theme "our planet, our health". It draws attention to the inextricable link between human health and environmental change, and to the limits of an ecology that cannot sustain unfettered consumption and blatant disregard for natural resources. WHO estimates that more than 13 million deaths annually are now due to avoidable environmental causes, including those related to climate change, which they call the greatest health threat to humanity. Simultaneously, an existential emergency is unfolding as the brutal Russian invasion of Ukraine becomes everyone's war—.... . War, like climate change and pandemics, is a symptom of unhealthy societies. This triplicate of crises shows a failure to see the fundamental interconnectedness of*

social, economic, environmental, and health systems. And to recognise that all species are dependent on one another for survival, prosperity, health, and sustainability....”

*“... An untapped opportunity to advance planetary health involves the role of women and gender equality, which was powerfully highlighted in a recent Lancet webinar on gender and sustainability. Experts emphasised the vulnerability of women and girls in crises, but also their resilience and effective leadership. **Recognising gender equality as a necessary foundation for a peaceful, healthy, and sustainable world—reaffirmed on March 25 by a UN Commission—will help to revitalise a planetary health agenda for the ages. The speakers called for several key changes....”***

Lancet Public Health (Editorial) - No public health without planetary health

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00068-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00068-8/fulltext)

*“April 7 marks WHO's annual World Health Day, which this year has the theme **“Our planet, our health”**. The future health of the planet and human health are inextricably linked. An estimated 13 million deaths annually are attributable to avoidable environmental causes, and that number will continue to grow unless overconsumption and reliance on fossil fuels are curbed. Coming amid the COVID-19 pandemic, global economic disquiet, and war in Europe, **this World Health Day is a timely and necessary reminder that global crises are entwined with climate change, and that we should not lose sight of the existential threat that ecological degradation poses to planetary and human health....”***

*“... In the wake of the COVID-19 pandemic and the war in Ukraine, some political leaders have called for intensification of fossil fuel extraction. Given the, now clear, evidence for the destabilising potential of climate change for health and society, **such suggestions should be recognised as self-defeating. Instead of regressing, these global crises should be the catalyst for rapid transitions to sustainable societies, that focus on achieving good health and wellbeing for all people and the planet.”***

SRHR

UN News - ‘Staggering number’ of unintended pregnancies reveals failure to uphold women’s rights

<https://news.un.org/en/story/2022/03/1115062>

*“**Nearly half of all pregnancies, totalling 121 million each year worldwide, are unintended, according to a new report published on Wednesday by the UN’s sexual and reproductive health agency, UNFPA. “***

*““This report is a wakeup call”, said UNFPA Executive Director Natalia Kanem, adding that the **“staggering number of unintended pregnancies represents a global failure to uphold women and girls’ basic human rights.”** The ground-breaking **Seeing the Unseen: The case for action in the neglected crisis of unintended pregnancy**, warns that this human rights crisis has “profound consequences for societies, women and girls and global health”. “*

“... The report outlined that gender inequality and stalled development, drive high rates of unintended pregnancies. For example, an estimated 257 million women around the world who want to avoid pregnancy are not using safe, modern methods of contraception. And where data is available, nearly a quarter of all women, feel unable to say no to demands for sex. A range of factors also contribute to unintended pregnancies, including a lack of sexual and reproductive healthcare; contraceptive that does not suit women's circumstances; harmful norms surrounding women controlling their own bodies; sexual violence and reproductive coercion; and shaming in health services.”

Coverage also via the Guardian - [Contraception myths mean nearly half of pregnancies worldwide unintended – report](#)

Quote: “With more than 250 million women estimated to be not using effective contraception despite wanting to avoid getting pregnant, the UNFPA said that lack of access to family planning was no longer a leading reason for it not being taken up. Instead, it said, while contraceptive use was increasing throughout the world, those women who were deliberately avoiding it were more likely to be doing so out of concerns about “side effects, myths, stigma and opposition from others”....”

WHO urges quality care for women and newborns in critical first weeks after childbirth

<https://www.who.int/news/item/30-03-2022-who-urges-quality-care-for-women-and-newborns-in-critical-first-weeks-after-childbirth>

“New recommendations stress urgency of both physical and mental health support in postnatal period.”

“The World Health Organization (WHO) today launched its first ever [global guidelines to support women and newborns in the postnatal period](#) – the first six weeks after birth. This is a critical time for ensuring newborn and maternal survival and for supporting healthy development of the baby as well as the mother's overall mental and physical recovery and wellbeing....

Human Resources for Health

Guardian- Trapped and destitute: how foreign nurses' UK dreams turned sour

<https://www.theguardian.com/society/2022/mar/27/trapped-and-destitute-how-foreign-nurses-uk-dreams-turned-sour>

“Lawyers and unions condemn scandal of international health workers forced to pay out if they quit their jobs early.”

*“... The **repayment clauses** – which typically last three years and can cover everything from flights and visas to initial accommodation and training – **are widespread in the NHS and private sector**, although terms differ and not all employers use them....”*

BMJ GH - Health workforce governance for compassionate and respectful care: a framework for research, policy and practice

G Cornetto et al ; <https://gh.bmj.com/content/7/3/e008007>

« The progressive realisation of universal health coverage requires that health services are not only available and accessible, but also that they are rendered to the population in an acceptable, compassionate and respectful manner to deliver quality of care. Health workers' competencies play a central role in the provision of **compassionate and respectful care (CRC)**; but health workers' behaviour is also influenced by the policy and governance environment in which they operate. The identification of relevant policy levers to enhance CRC therefore calls for actions that enable health workers to optimise their roles and fulfil their responsibilities. **This paper aims at exploring the health workforce policy and management levers to enable CRC.** Through an overview of selected country experiences, concrete examples are provided to illustrate the range of available policy options.....”

Access to Medicines

WHO - Egypt and Nigeria medicines regulators achieve high maturity level in WHO classification and WHO launches list of regulatory authorities that meet international standards

[WHO:](#)

“ Today, WHO announced that Egypt's and Nigeria's medical products regulatory agencies had reached maturity level 3. This means that these national bodies have been found to function well and that they could be eligible for inclusion into the **transitional WHO Listed Authorities**, a list that will comprise the world's regulators of reference – that is, regulatory authorities that should be globally recognized as meeting WHO and other international standards.....”

The two countries join **Ghana and Tanzania** as effective regulatory systems on the African continent.

Devex - Drones can strengthen delivery of health supplies, a new study finds

<https://www.devex.com/news/drones-can-strengthen-delivery-of-health-supplies-a-new-study-finds-102894>

“Drones have the potential to strengthen public health supply chains and improve the availability of medical products, according to a study in Ghana on the impact of **Zipline**, which uses drones to deliver medical supplies. [The independent study](#) demonstrates how the company's “instant logistics” system has addressed health supply chain challenges in the country. For example, it has increased the diversity of products stocked in the medical facilities it serves and reduced stockouts of medical products and vaccines. **The data from Ghana points to the potential for drones to deliver health products such as medicines and vaccines in other countries and areas that have weak distribution infrastructure.....”**

And a link:

Decolonize Global Health

Speaking of Medicine (blog) Why I left my career in global health

<https://speakingofmedicine.plos.org/2022/03/29/why-i-left-my-career-in-global-health/>

In this hard-hitting blog, **Lazanya Weekes-Richmond** writes about why she left her career in global health

Quote: ***"I left the sector because it is racist and has a White saviour complex. I've sat in too many boardrooms where well-meaning White middle-class individuals draw up projects that White donors have deemed to be global health priorities and then dictate how Low- and Middle-Income Countries (LMICs) should execute the project with little regard for cultural sensitivities. The racist assumption that black and brown people do not have the solutions to their problems has resulted in White individuals from the Global North at the seat of power, making decisions and speaking on behalf of black and brown people. People from the Global North are often appointed as the global health experts occupying senior positions while the real experts – those affected by and more proximal to the health issues – are side-lined....."***

Plos GPH (Opinion) - Equity in global health research: A proposal to adopt author reflexivity statements

S Saleh, S Abimbola et al (on behalf of the Equitable Authorship Consensus Statement Group)
<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000160>

"In a recent consensus statement, we—a group of journal editors (of journals in fields ranging from basic sciences to clinical medicine, and to public/global health) and researchers (from and based in LMICs)—proposed the use of structured reflexivity statements, to be submitted by authors and published alongside manuscripts, as a mechanism for the standardised, comprehensive assessment of transnational research partnerships, conduct and reporting. ..."

"We specifically call on journals that publish international work to adopt these statements by requiring that manuscripts submitted from global North-South partnerships should include such structured author reflexivity statements which should then be included in the overall assessment of manuscript suitability for publication. We call on research organisations or relevant units of universities, think tanks, NGOs, humanitarian organisations, United Nations agencies—to adopt the statement so that research submitted by their employee will include an appendix with the structured reflexivity statements even if a journal does not require it. We also call on funders to include such a requirement for international research that they support to promote equitable international North-South research partnerships. Finally, we call on individual researchers to adopt the inclusion of structured author reflexivity statements as an appendix to manuscript submissions from international North-South research partnerships, even when a journal does not require it...."

IDS - Decolonising knowledge for development: making the road by walking

P Taylor et al ; <https://www.ids.ac.uk/opinions/decolonising-knowledge-for-development-making-the-road-by-walking/>

“As we have listened to a wide array of stories and reflections on the experience of decolonisation, we have tried to identify some of the key themes, tensions, and insights on the decolonisation of knowledge for development in the context of the Covid-19 era. ...”

See also a new IDS working paper - [Decolonising Knowledge for Development in the Covid-19 Era](#)

And a link:

- Stat - [Even as medicine becomes more diverse, main authors in elite journals remain mostly white and male](#)

« A new analysis of two of the nation’s most prestigious medical journals shows that women and people of color rarely served as lead or senior authors of research articles published during the past three decades, and that gains in authorship during that time have lagged behind the increasing presence of these groups within medicine.” JAMA & NEJM, that is.

Other news of the week

Via [Devex](#) :

“The debt crisis is about to get a lot worse as central banks raise the cost of borrowing. Lower-income nations are especially exposed to downsides because they have often taken on huge debt at variable interest rates. According to a new World Bank [analysis](#), this means their rates “could rise almost as suddenly as rates on credit-card debt.” The bank expects that a dozen low-income countries will not be able to service their debt over the next year. Whether the G-20 will come up with a solution in time is, frankly, anyone’s guess. The bank itself notes that history shows the big lender countries only end up offering relief that is either “too little or too late.”

Some papers and reports of the week

Journal of Equity in Health (Commentary) - Social accountability and health systems’ change, beyond the shock of Covid-19: drawing on histories of technical and activist approaches to rethink a shared code of practice

E Nelson, P Waiswa et al ; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-022-01645-0>

“Recognition of the value of “social accountability” to improve health systems performance and to address health inequities, has increased over the last decades, with different schools of thought

engaging in robust dialogue. This article explores the tensions between health policy and systems research and practice on the one hand, and health equity-focussed activism on the other, as distinct yet interacting processes that have both been impacted by the shock effects of the Covid-19 pandemic. This extended commentary brings multidisciplinary voices seeking to look back at health systems history and fundamental social-institutional systems' behaviors in order to contextualize these current debates over how best to push social accountability efforts forward."

Part of a supplement: [Social accountability and sexual and reproductive health - Implications for Research and Practice](#)

Cochrane - Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low- and middle-income countries

F Pega et al; <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011135.pub3/full>

Aim: "To assess the effects of UCTs on health services use and health outcomes in children and adults in LMICs. Secondary objectives are to assess the effects of UCTs on social determinants of health and healthcare expenditure, and to compare the effects of UCTs versus CCTs."

Conclusions: "... This body of evidence suggests that unconditional cash transfers (UCTs) may not impact a summary measure of health service use in children and adults in LMICs. However, UCTs probably or may improve some health outcomes (i.e. the likelihood of having had any illness, the likelihood of having been food secure, and the level of dietary diversity), two social determinants of health (i.e. the likelihoods of attending school and being extremely poor), and healthcare expenditure. The evidence on the relative effectiveness of UCTs and CCTs remains very uncertain."

BMJ (Opinion) - The illusion of evidence based medicine

J Jureidini et al ; <https://www.bmj.com/content/376/bmj.o702>

"Evidence based medicine has been corrupted by corporate interests, failed regulation, and commercialisation of academia, argue these authors."

"The advent of evidence based medicine was a paradigm shift intended to provide a solid scientific foundation for medicine. The validity of this new paradigm, however, depends on reliable data from clinical trials, most of which are conducted by the pharmaceutical industry and reported in the names of senior academics. The release into the public domain of previously confidential pharmaceutical industry documents has given the medical community valuable insight into the degree to which industry sponsored clinical trials are misrepresented. Until this problem is corrected, evidence based medicine will remain an illusion...."

IJHPM - Power Dynamics Among Health Professionals in Nigeria: A Case Study of the Global Fund Policy Process

S Lassa, J Balen et al;

https://www.ijhpm.com/article_4242.html?utm_source=dlvr.it&utm_medium=twitter

“Health workers are central to health policymaking. Given health systems’ complex, dynamic and political nature, various forms of ‘hidden power’ are at play as health workers navigate health systems. This study aims to explore the dynamics of power and its sources, and how this shapes policymaking and implementation within the Nigerian health systems context.”

Findings: ***“... Medical professionals maintained dominance and professional monopoly, thereby controlling policy spaces. The structural and productive power of the biomedical discourse in policy making encourages global actors and the local government’s preference for rapid biomedical models that focus on medications, test kits, and the supply of health services, while neglecting aspects that would help us better understand the poor uptake of these services by those in need. The voices of the repressed groups (e.g non-clinical experts, patients and community based organisations) that better understand barriers to uptake of services are relegated.”***

Global Public Health - Being on top

P Saunders; <https://www.tandfonline.com/doi/full/10.1080/17441692.2021.2021266>

“...This contribution considers the different kinds of knowledge production that pertain to the field of sex work research and analyses the politics and tensions involved in these layers of knowledge production. The contribution does not intend to show that some forms of research are ‘better’ than others in regard to sex workers’ rights, though some forms undoubtedly are more effective. Rather it draws on frameworks that sex workers have developed to critique injustice, specifically whorephobia, to reveal the unwavering structure of oppression written into academia and research. The contribution upends existing ways of seeing these concerns by placing whores in a position to save researchers from academic disciplining by explicating struggles over resources (funding, employment, social capital and authority) so that our collective contributions to the production of knowledge are sincere and revolutionary.....”

Lancet Public Health - The ecosystem of health decision making: from fragmentation to synergy

H J Schünemann et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00057-3/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00057-3/fulltext)

“Clinicians, patients, policy makers, funders, programme managers, regulators, and science communities invest considerable amounts of time and energy in influencing or making decisions at various levels, using systematic reviews, health technology assessments, guideline recommendations, coverage decisions, selection of essential medicines and diagnostics, quality assurance and improvement schemes, and policy and evidence briefs. The criteria and methods that these actors use in their work differ (eg, the role economic analysis has in decision making), but these methods frequently overlap and exist together. Under the aegis of WHO, we have brought together representatives of different areas to reconcile how the evidence that influences decisions is used across multiple health system decision levels. We describe the overlap and differences in decision-making criteria between different actors in the health sector to provide bridging opportunities through a unifying broad framework that we call theory of everything. Although decision-making activities respond to system needs, processes are often poorly coordinated, both globally and on a country level. A decision made in isolation from other decisions on the same topic could cause misleading, unnecessary, or conflicted inputs to the health system and, therefore, confusion and resource waste.”

Links:

- BMJ GH - [Cost-effectiveness analysis of human-centred design for global health interventions: a quantitative framework](#)

Some blogs, op-eds of the week

Developing Economics - On the perils of embedded experiments

J Drèze; <https://developingeconomics.org/2022/03/27/on-the-perils-of-embedded-experiments/?blogsub=confirming#subscribe-blog>

« There is growing interest in ‘embedded experiments’, conducted by researchers and policymakers as a team. Aside from their potential scale, the main attraction of these experiments is that they seem to facilitate speedy translation of research into policy. **Discussing a case study from Bihar, Jean Drèze argues that this approach carries a danger of distorting both policy and research.** »

CGD (blog) – Is it Time to Renew the Development Effectiveness Agenda?

R Calleja et al; <https://www.cgdev.org/blog/it-time-renew-development-effectiveness-agenda>

Blog summarizing key messages from a new paper - [Development Effectiveness in the “New Normal”: What Do the Changing Roles and Purposes of ODA Mean for the Effectiveness Agenda?](#)

Authors assess how ODA’s changing roles & purposes affect the future of the global development effectiveness agenda. They present a survey of global development agency officials & propose options for a path forward.

Tweets of the week

M Pai

« Whether it's access to HIV meds or Covid vaccines, **this is one thing 'global health' has consistently done for decades: set a much lower bar for low/middle-income countries AND fail to achieve even the low bar** ».

Shaily Gupta

“Latest update on #TRIPSwaviver. I think it’s safe enough to say that **compromised text can’t be really attributed to ‘Quad’**. India and South Africa are still mulling over it. It’s mostly EU pushing its position on others and had even leaked text to create more hype around it.”

Ashley Furlong

*"Latest on the TRIPS waiver text: **EU seems to have completed internal negotiations on the proposed text**, according to a Geneva trade official. **But U.S., India and SA have yet to indicate that their capitals are fully on board.**"*

Progressive International

*"**The Government of Mexico @GobiernoMX publicly rejects the US-EU "compromise" TRIPS waiver on Covid-19 vaccines**, instead backing India and South Africa's comprehensive proposal in a statement from the #UnionforVaccineInternationalism."*

L Gostin

*"Congrats to **WHO's Gender Equality, Equity & HRs team, which will become a full @WHO Department** & is now seeking a Director. Today I'm joining the 1st consultative meeting in developing WHO's equity strategy. WHO's strategy is linked to the SDG framework of leaving no one behind."*

ThiruGeneva

Related to: - [UK proposes global effort to strengthen clinical trial transparency](#)

A few tweets: *"**The U.K. wants World Health Organization countries to sign off on a plan at the World Health Assembly in May to beef up their ability to carry out innovative and efficient clinical trials.**" "In a draft resolution obtained by Knowledge Ecology International, **the U.K. sets out its vision for member countries to coordinate on clinical trials** in order to avoid duplication and to ensure that trials are targeting diseases of global, regional and national importance." "However, the U.K. is still consulting on the text, with the next meeting organized in partnership with Argentina set to take place April 1. The final resolution needs to be agreed on before May's World Health Assembly."*

Yanzhong Huang

*"**Sinovac made a profit of \$14.4 billion for 2021 from Covid vaccine sales.** Each dose of the vaccine produces an average profit of \$5.28 (It is sold for \$32 per dose in China)."*

Zain Rizvi

*"**USAID originally said it needed \$19 billion for the global COVID response. Now, Congress has decided there *could* be \$1 billion available.** Penny-pinching in a pandemic will have devastating consequences for vaccinating the world, for reducing the risk of variants, for all of us."*

Global health events

Coming up soon: International Strategic Dialogue on Noncommunicable Diseases and the Sustainable Development Goals

<https://www.who.int/news-room/events/detail/2022/04/12/default-calendar/international-strategic-dialogue-on-noncommunicable-diseases-and-the-sustainable-development-goals>

Coming up on **12 April**, in **Accra, Ghana**.

*“Hosted by the Government of Ghana, Government of Norway and the World Health Organization, **the International Strategic Dialogue on NCDs and the SDGs** will take the next decisive step towards comprehensive action on NCDs and achieving SDG 3.4. **The International Strategic Dialogue seeks to:** Raise the priority accorded to the prevention and control of NCDs within the national SDG response in low- and middle-income countries; Bring together national and international actors and partners to share knowledge and ideas with key stakeholders on what would it take globally for low- and middle-income countries to achieve SDG 3 on health, with a particular focus on SDG 3.4 (NCDs) and SDG 3.8 (UHC) targets; Raise the political visibility of Heads of State and Government who are providing a strategic leadership role in the prevention and control of NCDs to a global level.*

***The Dialogue will launch:** An International NCD Compact 2022-2030 to accelerate the progress towards the NCD and SDG targets and; An (informal) International Group of Heads of State and Government on the Prevention and Control of NCDs (NCD Presidential Group) that will meet annually during the High-level general debate of the United Nations General Assembly (UNGA) in September 2022 towards 2025.”*

Geneva Health Forum 2022 – From Pandemic Response to Planetary Health

<https://healthpolicy-watch.news/geneva-health-forum-pandemic-planetary/>

A look ahead to the **Geneva Health Forum**, early May. *“**The COVID-19 pandemic has shed light on how human health and ‘planetary health’ are inextricably linked** – through deforestation, urbanization and climate change, all of which increase future disease risks. **This year’s Geneva Health Forum** explores these and other critical global health challenges, as well as emerging solutions, just ahead of the World Health Assembly. ”*

*“.... Now in its ninth edition as a biennial event, this year’s conference has a **dual theme: COVID-19 Pandemic and Environmental Emergency; Reinventing Global Health in Times of Global Changes.** The conference involves some **two dozen partner organizations** including: all of Geneva’s major multilateral health organizations such as WHO, UNAIDS, GAVI the Vaccine Alliance, and the Global Fund; leading Swiss university and hospital research centers; and major non-profit organizations, such as **Drugs for Neglected Disease Initiative (DNDi)** and **PATH.** Since this year’s theme includes ‘Planetary Health’, and related to that the ‘One Health’ relationship between the human and animal world, **other UN agencies, including the World Organization for Animal Health (OIE), the United Nations Environment Programme, and the Food and Agriculture Organization, are also playing a role.....”***

See also HPW - [Geneva Health Forum – Unique Platform for Dialogue in the World’s Global Health Hub](#)

*“As the GHF prepares for its **2022 edition, 3-5 May, Pierre Strauss**, health attaché to the Permanent Mission of Switzerland to the United Nations, spoke with Health Policy Watch about **the evolution of the Forum and its relevance to the “International Geneva” landscape.**”*

Global governance of health

HP&P - Power Across the Global Health Landscape: A Network Analysis of Development Assistance 1990—2015

C A Fergus; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac025/6554120?searchresult=1>

“.... The aims of this paper are to examine the changes in the global health actor landscape and the shifts in power using data on disbursements of development assistance for health (DAH). A typology of actors was developed from previous literature and refined through an empirical analysis of DAH. The results reflect the dramatic shift in the numbers of actors, relationships between actors, and funding dispersal over this time period. Through a combination of the massive influx of new funding sources and a decrease in public spending, the majority control of financial resources in the DAH network receded from public entities to a vast array of civil society organisations (CSOs) and public-private partnerships (PPPs). The most prominent of these were the Bill and Melinda Gates Foundation (BMGF) and the Global Fund for AIDS, TB, and Malaria (GFATM), which rose to the third and fourth most central positions within the DAH network by 2015.”

WHO & R&D Blueprint (Report) - How global research can end this pandemic & tackle future ones.

https://cdn.who.int/media/docs/default-source/blue-print/final-report-of-the-global-research-and-innovation-forum-2022.pdf?sfvrsn=4a59021f_5

“.... In the course of the pandemic, the World Health Organization (WHO) has hosted three critical forums of world experts on research and innovation that have helped shape the global research agenda for COVID-19 – including a coordinated R&D Roadmap at the very start of this emergency. The most recent of these forums (24-25 February 2022) reviewed core thematic areas of research, highlighting knowledge gaps and research priorities in the next research phase. This report captures these areas and it highlights the need to: • produce a global evidence base and world-class data for better outcomes • build global trust for global research • put equitable access at the centre of research • strengthen global research capability and invest in pandemic preparedness in the long term....”

Lancet Letter - An open letter to the Executive Board of WHO from the surgical and anaesthesia community

A N Ehsan et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00521-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00521-9/fulltext)

“... The 150th WHO Executive Board established a Standing Committee on Pandemic and Emergency Preparedness and Response to draft and negotiate the Pandemic Treaty under the sole auspices of the Member States. We urge the committee to recognise the importance of surgery as an essential part of health systems by: (1) ensuring participation of civil society, including the surgical community, as key stakeholders in the treaty negotiation process; and (2) mainstreaming surgical care into the final draft of the Pandemic Preparedness Treaty....”

Devex - Watchdog finds UK aid cuts didn't examine impact, transparency enough

<https://www.devex.com/news/watchdog-finds-uk-aid-cuts-didn-t-examine-impact-transparency-enough-102969>

“The United Kingdom’s aid cuts policy lacked transparency and consultation, and it caused “value-for-money risk,” including to the government’s reputation, according to a major new report by the country’s public finances watchdog, which also said the policy did not sufficiently consider the impact on development programs....”

And a link: **Guardian - [Britain hands billions to projects linked to labour abuse and climate damage](#)**

“UK Export Finance used £5.24bn of taxpayer money to fund overseas energy and infrastructure ventures – despite its own review raising concerns.”

UHC

JLN Knowledge Products: Produced by Countries, for Countries

<https://www.jointlearningnetwork.org/resources/jln-knowledge-products-produced-by-countries-for-countries/>

“The Joint Learning Network for Universal Health Coverage (JLN) brings together policymakers and practitioners from low- and middle-income countries for intensive learning exchanges on common technical barriers to universal health coverage (UHC). The JLN and its members have helped to fill this gap by documenting their experiences and lessons learned to help countries reach their UHC goals. Since 2010, the JLN’s members have published more than 30 knowledge products on topics critical to UHC, including service delivery, health financing and provider payment, data and information systems, and quality of care. This file provides a semi-comprehensive list of the JLN’s knowledge products, summaries thereof, and author countries.”

UNAIDS AP publishes new report – Key populations are being left behind in UHC: landscape review of health insurance schemes in the Asia-Pacific region

<https://unaids-ap.org/2022/03/29/unaids-ap-new-report-key-populations-health-insurance-schemes-in-ap/>

“UNAIDS Asia Pacific releases a new report, showing that key populations are being left behind in universal health coverage with a landscape review of health insurance schemes in the Asia-Pacific region.....”

Journal of Equity in Health - The political economy of health financing reforms in Zimbabwe: a scoping review

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-022-01646-z>

By A T Mhazo et al.

Planetary health

Guardian - Microplastics found in human blood for first time

https://www.theguardian.com/environment/2022/mar/24/microplastics-found-in-human-blood-for-first-time?CMP=Share_iOSApp_Other

“Microplastic pollution has been detected in human blood for the first time, with scientists finding the tiny particles in almost 80% of the people tested. The discovery shows the particles can travel around the body and may lodge in organs. The impact on health is as yet unknown. But researchers are concerned as microplastics cause damage to human cells in the laboratory and air pollution particles are already known to enter the body and cause millions of early deaths a year.....”

“... The new research is published in the journal Environment International”

Guardian - Climate groups say a change in coding can reduce bitcoin energy consumption by 99%

<https://www.theguardian.com/technology/2022/mar/29/bitcoin-reduce-energy-consumption-climate-groups>

“A simple switch in the way transactions are verified could reduce bitcoin’s energy-guzzling mining habits.”

BMJ Opinion - Climate emergency: how should COP27 do better for adolescents and young people?

<https://www.bmj.com/content/376/bmj.o816>

“With COP27 due to be held in November 2022, these young authors discuss why it must be more inclusive, with representation from the global south, and with young people engaged in a more meaningful way.”

Guardian - Protect Indigenous people's rights or Paris climate goals will fail, says report

<https://www.theguardian.com/world/2022/mar/31/protect-indigenous-peoples-rights-or-paris-climate-goals-will-fail-says-report>

“Paris climate agreement goals will fail unless the rights of Indigenous people who protect rainforests are honoured, according to a new report. Forest lands stewarded by Indigenous people and communities in countries such as Brazil, Colombia, Mexico and Peru sequester about twice as much carbon as other lands, according to the analysis.”

Infectious diseases & NTDs

Telegraph - Deadly haemorrhagic fever with ‘pandemic potential’ detected in England for first time since 2014

<https://www.telegraph.co.uk/global-health/science-and-disease/deadly-haemorrhagic-fever-pandemic-potential-detected-england/>

*“Woman diagnosed with **Crimean-Congo haemorrhagic fever** is being treated at a specialist secure infectious diseases unit.”*

Telegraph - ‘Vulnerable to climate change in every way’: Mumbai eyes status as south Asia’s first carbon neutral city

<https://www.telegraph.co.uk/global-health/climate-and-people/vulnerable-climate-change-every-way-mumbai-eyes-status-asias/>

“Authorities unveil detailed blueprint that could make the city carbon neutral by 2050.”

NCDs

Guardian - Global melanoma rate to increase by 50% by 2040, researchers predict

<https://www.theguardian.com/science/2022/mar/31/global-melanoma-rate-to-increase-by-50-by-2040-researchers-predict>

“New cases of melanoma are set to increase by 50% globally by 2040, with a 68% increase in deaths, according to new research. An international team of researchers have analysed the global

*burden of melanoma, which accounts for approximately one in five skin cancers. Data from the International Agency for Research on [Cancer](#) estimated that there were 325,000 new melanoma cases and 57,000 deaths in 2020. The study, **published in the journal [JAMA Dermatology](#)**, found the cumulative risk of developing melanoma was highest in Australia and New Zealand, where one in 20 men and one in 30 women were affected by 75 years of age.....”*

Link:

Plos Global Public Health - [Quality of life among patients with cancer and their family caregivers in the Sub-Saharan region: A systematic review of quantitative studies](#)

Human resources for health

Human Resources for Health - [Relevant HRH leadership during public health emergencies](#) (by P Ferrinho et al)

Miscellaneous

CGD Notes - To Flourish or Fizzle? How to make sure the IMF’s New Trust Doesn’t Miss Its Golden (and Green) Opportunity

J Hicklin; <https://www.cgdev.org/publication/flourish-or-fizzle-how-make-sure-imfs-new-trust-doesnt-miss-its-golden-and-green>

“The IMF is on track to establish its new lending vehicle—the “Resilience and Sustainability Trust (RST)” —that aims to re-channel some \$50 billion of newly allocated special drawing rights (SDRs) from rich to developing countries. But there is a catch: the proposed conditions for accessing funds could be too restrictive.”

UN News - Entrepreneurship, investment key to achieving SDGs and resilient post-pandemic recovery

<https://news.un.org/en/story/2022/03/1114942>

“A United Nations forum opened in Dubai today, spotlighting entrepreneurship, innovation, and investment in a post-pandemic recovery as vehicles to achieving Sustainable Development Goals (SDGs). Held under the aegis of Dubai Exhibition Centre at Dubai Expo 2020, it is the 4th edition of the bi-annual World Entrepreneurs Investment Forum (WEIF 2022), which is co-sponsored by the UN Industrial Development Organization (UNIDO)/Investment and Technology Promotion Offices (Bahrain). This year WEIF’s theme is Achieving the SDGs through Entrepreneurship, Innovation and Investment Post COVID 19, which is closely aligned with the theme of the AIM: “Investments in Sustainable Innovation for a Thriving Future.””

Extra Covid section

BioNTech to return €2bn to shareholders on back of Covid vaccine success

<https://www.ft.com/content/db1c6786-6707-4d22-bf43-9c7686cbe97b>

“BioNTech plans to return €2bn to shareholders through share buybacks and a special dividend following the commercial success of its Covid-19 vaccine, the company said on Wednesday. German biotech also plans to boost R&D spending by 50% as quarterly earnings beat forecasts”

Nature - Diabetes risk rises after COVID, massive study finds

[Nature;](#)

“Even mild SARS-CoV-2 infections can amplify a person’s chance of developing diabetes, especially for those already susceptible to the disease.” Based on research, published in The Lancet Diabetes & Endocrinology.

BMJ Opinion – How data from the United Kingdom has guided covid-19 vaccine policies

A Majeed et al ; <https://www.bmj.com/content/376/bmj.o839>

*“Data from the NHS is playing a key role in **guiding vaccination policies globally.**”*

Nature - Will Omicron finally overpower China’s COVID defences?

[Nature;](#)

*“The country needs to control the virus **until it has boosted vaccination rates in elderly people and reinforced the health-care system.**”*

See also the Telegraph - [Covid outbreak exposes major holes in China's pandemic strategy](#)

“A combination of limited immunity and 'disastrously low' vaccination coverage among the elderly has left the population vulnerable.”

GSK and Medicago have global plans for their Covid-19 vaccine. But WHO balks at Big Tobacco investor

<https://endpts.com/gsk-and-medicago-have-global-plans-for-their-covid-19-vaccine-but-who-balks-at-big-tobacco-investor/>

“Over the last couple years, GlaxoSmithKline lent its adjuvant technology to several experimental Covid-19 vaccines, and last month, the Canadian government finally came through with a first

approval. But will politics surrounding the tobacco industry stand in the way of a smooth global rollout?....”

SS&M - Interventions to promote physical distancing behaviour during infectious disease pandemics or epidemics: A systematic review

T Epton et al ; <https://www.sciencedirect.com/science/article/pii/S0277953622002520>

“This systematic review aimed to determine which interventions and behavior change techniques (BCTs) are effective in promoting adherence to distancing and through which potential mechanisms of action (MOAs)....”

Emerging Voices

Journal of International Humanitarian Action - The National Health Cluster in Yemen: assessing the coordination of health response during humanitarian crises

<https://jhumanitarianaction.springeropen.com/articles/10.1186/s41018-022-00117-y>

by Sameh Al-Awlaqi et al.