

# IHP news 668 : A busy global health month

( 6 May 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,

Busy days in global health land, with among others the [75th World Health Assembly](#) coming up later this month (*more or less coinciding with [Davos](#) (huh) this year*), [WTO's TRIPS Council about to discuss the IP Waiver "Compromise"](#) (today) (*with most activists [not convinced](#) this is an "outcome" worth defending, and Ngozi [probably hoping](#) her "[spin doctor](#)" will prove his/her "value for money" in the weeks to come*), lots of [working groups](#), G7 and G20 think tanks, scholars ... thinking hard about how to improve 'pandemic preparedness and response' and global health (governance) reform in general .... And in the US Senate, [Dr. John Nkengasong was \(at last\) confirmed to lead PEPFAR](#). Long awaited and happy news!

At the [Geneva Health Forum](#) meanwhile, '[One Health](#)' continued its steady rise on the global health agenda. In the light of the pandemic, it's easy to see why. It's probably time for a catchy song ( & dance) now, on Tik Tok, to raise global awareness further.

As for the **Covid pandemic**, [WHO estimated the full death toll](#) associated directly or indirectly with the COVID-19 pandemic (till 31 December 2021) at **almost 15 million** on Thursday, a horrifying figure (even if slightly more conservative than Economist/IHME estimates). With Spring in the air (at least over here), however, there's some kind of sentiment that the worst is now behind us, in many corners. While I'm personally hedging my bets on this (*you never know which nasty variant is still in store*), and there remain vast inequities to be tackled on vaccines, treatment, diagnostics, ... you name it, not to mention the massive problem China (*1.4 billion people*) currently has, I think **three reasons** (in addition to the current state of affairs on the pandemic, obviously) help explain this sentiment. Massive **pandemic fatigue** (*we're all so "done" with Covid*), but also the fact that people's minds are **again increasingly absorbed by climate breakdown** (*the reality of which is starting to sink in via daily headlines in the news*), as well as by **the new geopolitical reality** (and devastating related impact on many livelihoods all around the world). In the words of Fareed Zakaria, this is "**the end of an age**". After three decades in which it was the other way, we're witnessing once again "[the triumph of politics over economics](#)". While until recently, I would have said that's a good thing, now I'm not so sure anymore. So while the pandemic remains very important (as well as the [need to prevent future ones](#)), and the virus is [rapidly evolving](#) now, it's somewhat understandable Covid is becoming priority 2 or 3 in most corners. Even if perhaps premature. Or as this **Science editorial** puts it, "[It ain't over 'til it's over](#)".

On the raging **planetary health crisis**, two remarks perhaps. More than 1.5 billion people are being affected by blistering heat in India and Pakistan, with experts saying "[the scorching heat being felt across the subcontinent is likely a taste of things to come as global heating continues to accelerate](#)." Keep in mind: this is at (only) a 1.2 degrees rise of average global temperatures so far... On the biodiversity front, if scientists are wryly joking amongst each other like "*hey, [here's another](#)*

[Apocalypse paper](#)” while arguing for a rapid paradigm shift (to actually still try to avert this Apocalypse), and many of them also turning into hard core activists in recent months, you know that paradigm shift is more than urgent. At least for the non-suicidal types among us.

Earlier this week, **Fran Baum & colleagues** made a strong case for such a paradigm shift in a BMJ article, [Can the world become a place where the planet and all people flourish after the pandemic?](#) (in the series ‘The World We Want’). It’s a great analysis, as they assess the dire impact of Covid on five inter-related dimensions of the SDGs—planet, people, prosperity, peace, and partnership. In the process, they also **warn for the growing influence of the financial sector on global health...** And insist, correctly, that **“new economic models are needed that enable strong social security, education, and health systems and encourage participatory democracy.”**

We have to believe it’s possible, such a different world (than the one we’re facing) and global economic system. In fact, that belief, by enough people, is essential to have a chance to make this a better world. Even if the world’s current state makes that rather difficult (*with the **US Supreme Court’s intention on overturning Roe. v. Wade just the latest case in point of looming dystopia...***).

Enjoy your reading.

Kristof Decoster

## Featured Article

### Systemic exclusion of Dalits within local governance: Between dream and reality of affirmative action policies for fair representation

**Sreenidhi Sreekumar** (*IHP correspondent & EV 2020; doctoral research fellow at Sree Chitra Tirunal Institute for Medical Sciences and Technology in Kerala, India*)

Vimala (*fictitious name*) loved her role as a [gram\(a\) sevika](#) ( *i.e. a woman employed to advise and assist villagers in matters of community welfare and development - in Kerala (local language) known as ‘grama sevika’*). Whenever she had the opportunity to help poor villagers collect their welfare pensions, she felt a deep sense of satisfaction. Little did she know that her life was about to turn, when the “ward” - as we call administrative sub-units within a village in Kerala - she lived in, was reserved for a Dalit woman in the 2015 village assembly elections. Vimala’s husband, a long-time party worker and an employee at a cooperative bank, broke the news to Vimala. The party had asked him if he wanted his wife to be a candidate for the communist party in the upcoming village assembly elections. Vimala could tell that her husband didn’t really want her to take the responsibility, and just felt obliged to the party leadership. To be a ward counsellor was a tremendous responsibility, far more so than a grama sevika. And even more in her case, as she also had plenty of responsibilities at home with two school-age kids. The whole thought made her nervous, but she also felt somewhat excited about a possible new horizon in her career.

Since 2010, Kerala reserves 50% of the seats in the local body (Panchayat) elections for women. As for Dalits, the proportion reserved is in line with the village (demographic) composition. It is one of the few states in India doing so, aiming for fair representation for women and Dalits in this way.

How did the local elections in Vimala's village work out? Well, she won. Even more than that, with her party earning 11 seats and thus the majority (the panchayat council had 17 ward members in total), she got the presidential post - which also was reserved for a woman. She was unable to comprehend this series of events which felt like a rollercoaster. On one fine morning, suddenly she was dealing with the significant responsibility of "Panchayat President". Now that she had the constitutional power to act, she genuinely wished to bring development to her community and others.

She envisaged making simple but significant changes in her Panchayat. The Dalit community including herself, to a large extent, was still a downtrodden section with little progress in terms of health and livelihood. But reality soon struck (her) when she began to realize that decision-making within the village assembly was a whole different ball game. The Vice President, a non-Dalit male soon took control over the governing body, in spite of being the 'vice'. She also came to learn that the local party leadership wanted the Vice-president to informally preside over the decisions within the assembly. The reason? The party leadership felt that a candidate from a reserved seat might not be 'capable' enough to effectively handle the responsibilities of the village. The common misconception that women are gullible enough, made things even more difficult for her.

She protested vigorously, since she always yearned for the betterment/advancement of her Panchayat. Nevertheless, an indeterminate number of her ideas were rejected in all respects. A conflict gradually burgeoned between the two of them. She could not accomplish her official responsibilities partly due to this ongoing conflict and the additional burden of the household duties she had to oblige to. Vimala kept questioning the authoritative attitude of the vice-president. Most of her concerns were unaddressed, however, and she accused the Vice- President of sabotaging her. The other members at the village assembly remained silent, a reverent silence. Even though they both belonged to the same political party, the non-Dalit male member was supposed to call the shots.

Worse, the Panchayat council had indicated its approbation of all the plans proposed by the Vice President, even more to her dismay. Meanwhile, members from the opposition (Congress, BJP, ....) were blaming the problems on the "lassitude" and "poor leadership" of the "incapable Dalit President". Her husband was dissatisfied as well. In his opinion, she could not satisfy her responsibilities, both personal and political ones. Furthermore, she was accused of having extra marital affairs, which "inspired" her husband to come up with infidelity charges against her. Her husband was also threatened with removal from his own job by the party, unless he made his wife step down from her position as the president. To this day, she strongly believes this is due to the power struggle between her and the vice-president.

The continued conflict and questioning of the vice-president's undue authority ended up in her removal from both the position of President and the party itself. In her place a new (and more subservient) Dalit woman was appointed by the vice-president. Though Vimala beat a hasty retreat and pretended none of this affected her, things already went spiralling down at home as well. Vimala tried to mollify her husband but in vain. As was the common norm in Indian society, she had to face casteist and sexually charged abuses owing to her 'greed' to power. Vimala soon became a social outcast, a divorcee forced to concede. The mere reason being her candidature, which was actually imposed upon her by others.

The policies of affirmative action in decentralized administrative entities allude to the historical fault lines between multiple socio-cultural dynamics in the country. Though they present themselves as windows of equity and fairness for historically disadvantaged social groups, in reality they continue to remain sites of oppression and exclusion. As is evidenced in my (forthcoming) research, the strategic use of reserved candidates contributed to legitimised political space(s) for dominant caste men to manipulate and continue to enslave Dalits and women, and consolidate their own interests in the process. At the same time, this denied Dalit women's right to independent and empowered participation in local governance. Those who asserted their right to freely express their views in meetings were often labelled as 'outspoken'. On top of this, many Dalit women presidents stated they have faced direct obstacles while performing their duties, eg. being silenced or ignored, being denied information on Panchayat activities, harassments and threats ....

All this also implies a missed opportunity of fair representation and resolution of the real issues of Dalits within local decision-making dynamics. One that might have flown from the – commendable - idea of equal and fair representation of Dalits within politically powerful decision-making spaces at the local level.

## Highlights of the week

### Global Health Governance & financing

**Stat - Gates Foundation CEO has 'zero expectation' that Melinda French Gates will step down as co-chair after divorce**

<https://www.statnews.com/2022/05/03/gates-foundation-ceo-has-zero-expectation-that-melinda-french-gates-will-step-down-as-co-chair-after-divorce/>

(gated) *"In the most extensive public comments about the stewardship of the Bill & Melinda Gates Foundation since the founders announced their divorce a year ago, the philanthropy's chief executive said there was now "zero expectation" for Melinda French Gates to step down as co-chair after two years as they both had agreed if the partnership was not working out. CEO Mark Suzman told STAT's Rick Berke that even as they work through "the personal stuff," Bill Gates and Melinda French Gates remain "deeply, passionately committed" to the foundation. Gates and French Gates sit atop the world's largest private charitable foundation. A year ago Suzman announced a series of corporate governance steps, including that if the two couldn't work together following their divorce, Bill Gates would get full control of the foundation in two years. ...."*

**HPW - Funding and Education Are Key to Effective Implementation of 'One Health' Agenda**

<https://healthpolicy-watch.news/96246-2/>

*"More accessible funding will be required for the international community to implement a broad One Health approach, scientist Lisa Crump of the UN Environmental Program (UNEP) told Health Policy Watch on Tuesday. Speaking on the sidelines of the [Geneva Health Forum's \(GHF\) kick-off](#)*

discussion, **“One Health: is there a paradigm shift?”** Crump said that “we need ways to get funding so that it is easy to access. We have some very old ways of releasing funds and they are not reactive or responsive, and that is what we need”....”

**“... The concept of One Health is a big focus of the GHF after decades of the topic being consigned to the margins of health agendas. The COVID-19 pandemic has highlighted the importance of a holistic approach to health across species .....”**

**“... One Health was defined in December 2021 by the inter-agency One Health High-Level Expert Panel (OHHLEP) as “an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.” .... Tuesday’s GHF session marked the first time that all four lead technical focal points of the quadripartite organizations have appeared together in a public forum to discuss the changing One Health landscape.....”** They are: the World Organization for Animal Health (OIE), the Food and Agriculture Organization (FAO), the World Health Organization (WHO), and (more recently) also UNEP.

PS: **“ Common sense has come to the political arena: Ben Embarek explained that the biggest shift he has seen since COVID-19 is that now politicians and government officials are buying into One Health, too.....”**

**More links on the Geneva Health Forum:**

- HPW - [\*\*Four COVID-19 Lessons and How to Make Humanity More Resilient\*\*](#) (re the opening ceremony)
- HPW - [\*\*Breeding Superbugs – Veterinary Drugs, More than Human Ones, Drive AMR\*\*](#)

**“ Animals, not humans are the largest consumers of antimicrobial drugs – and thus the leading factor driving antimicrobial resistance. But WHO and other UN actors are still dancing around the ‘cattle, chickens and pigs’ in the room. And member states aren’t keen to track animal antibiotic use trends – even at the cost of future health risks. “ With among others, “LMIC livestock – the ticking AMR time bomb no one is tracking”.**

- HPW - [\*\*Oxygen Supplies Improved During COVID – Now Countries Need to Redeploy it to Other Conditions\*\*](#)

**“ The COVID-19 pandemic has increased the level of worldwide investment in respiratory care and now that cases are on the decline, countries need to develop long-term strategies to use oxygen, according to health experts.....”**

On the track record of the **ACT-A Oxygen Emergency Task Force** so far, among others.

**HPW - Global Fund Endorses Integrated Health Systems to Prepare for Pandemics**  
[\*\*https://healthpolicy-watch.news/96434-2/\*\*](https://healthpolicy-watch.news/96434-2/)

***“The Global Fund intends to further prioritise integrated health systems and boost people-centred approaches, it was announced at the Geneva Health Forum on Wednesday. Although urgent improvements in health and community systems only made up about 14% of its \$3.4 billion COVID-19 budget, the organisation expressed strong commitment to these themes in future. ....”***

*“... Out of The Global Fund’s [Total COVID-19 approved 2021 funding](#) of nearly \$3.4 billion, nearly \$472 million was spent on urgent improvements in health and community systems. This represented less than 14% of the total amount but Vanni revealed this would significantly improve in preparation for future pandemics....”*

## **Geneva Health Files - Member States Pull Back WHO from the Brink of Irrelevance, Reach Consensus to Pay More in Dues.**

### **[Geneva Health Files:](#)**

Priti Patnaik’s in-depth **analysis** from last week **on what an increase in Assessed Contributions for WHO could actually mean.** Do [subscribe](#) to this Geneva reporting if you haven’t done so yet!

### **A few excerpts:**

***“... In the more than 2 years since the pandemic began, this is one of the first and surest signs, that countries are indeed taking concrete lessons from the crisis to address not only health emergencies, but the overall strengthening of WHO. .... I would even say that it is as landmark a decision as the election of the first African Director-General of WHO. Symbols are significant. They communicate a shift, no matter the scale. While an increase in contributions of about US \$1.2 billion over a period of a few years, will not stop the splintering of global health governance, it might help WHO stand its ground in the medium term. (Major global health actors will collectively raise US \$50 billion this year.) ... .. In one stroke, countries might have pulled back WHO from the brink of irrelevance in a fast-evolving architecture of global health. ... But as always, the devil will be in the details. We are told big donor states will get their pound of flesh one way or another. Read our update in this edition....”***

***“... For one, management level changes are to be expected. At the cusp of the re-election of DG Tedros, a perfect opportunity is presented to powerful donors. .... Some expect that this increase will mean big donor states will push to recruit more senior officials from their own countries into WHO’s leadership roles....”***

***“... Sources suggest that in practice, however, the actual increase may be less than the 50% goal. There is more than meets the eye. Diplomats told us that, realistically, the best-case scenario will perhaps be meeting 35% of the base budget with ACs over a period of the next few years, despite the ostensible goal towards 50%. .... negotiations did not take into consideration the impact of inflation, they said. .... In addition, by tying the commitments to the base segment of the Programme budget 2022–2023, the goal of 50% is pegged to this absolute number. This means that even as the programme budget will increase 6-8 years from now, the level of assessed contribution will remain pegged to the current baseline of 2022-2023....”***

As for next steps: ***“The working group will submit its recommendations to the World Health Assembly. Given the consensus among members states, these recommendations including the***

**increase in ACs is expected to be adopted.** While the move towards an increase in ACs is being seen as a positive development across the board, **developing countries are also cautious about what this will mean in practice. It emerged during the deliberations that a reduction in voluntary contributions to WHO by big donor states is to be expected, to make up for an increase in assessed contributions. ....** “ ...DG Tedros cited the soon to be published WHO Investment Case, that calculates the benefits from investing in WHO over the next ten years. **Investment in WHO produces an economic return of 35 US dollars for every 1 US dollar invested....**”

- PS: And see a related **tweet by Ilona Kickbusch** (on this analysis by Geneva Health Files):

*“Thanks for this calculation - it shows: while politically the proposal is a breakthrough, financially it is “a drop on a hot stone” @WHO”*

### **Antara (Indonesian news agency) - G20 identifies 5 recommendations on health funding: Health Ministry**

<https://en.antaranews.com/news/227241/g20-identifies-5-recommendations-on-health-funding-health-ministry>

*“The secretary general of the Health Ministry and head of the G20 Health Working Group has said that five recommendations on health funding for pandemic prevention, preparedness, and response, have been identified by the grouping. The five recommendations are domestic funding, global funding for low- and middle-income countries, global funding for public good, global funding for dealing with pandemics, and funding from the World Health Organization (WHO)....”*

In other G20 related news, check out this **new paper**: [Accelerating COVID-19 Vaccine Deployment - Removing obstacles to increase coverage levels and protect those at high risk](#) – In this paper, the G20 outlines key priority actions for the G20 Finance Ministers and Central Bank Governors meetings. Among others: to fully fund ACT-A; advocate with political leaders to scale up COVID-19 vaccination efforts, ....

**Background of this report:** “The first meeting of G20 Finance Ministers and Central Bank Governors under the Indonesian Presidency was held on 17 and 18 February 2022. **The communique requested the WHO and WB, and implementing partners work further with countries to report on obstacles to, and accelerate, vaccine deployment strategies to get more COVID-19 shots into arms.** This report, produced to answer that request, has been prepared with the support of six international bodies involved in work to support higher levels of COVID-19 vaccination coverage and the leadership of the COVID-19 Vaccine Delivery Partnership (CoVDP) and Act-Accelerator (ACT-A) Hub. The WHO and WB worked in collaboration with the IMF and WTO as members of the Multilateral Leaders Task Force on COVID-19 as well as Gavi and UNICEF as members of the CoVDP to co-produce this report.”

### **Proposing a way forward for the G7 on global health**

**I Kickbusch;** <https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/ilona-kickbusch/proposing-a-way-forward-for-the-g7-on-global-health.html>

*“Collective member Ilona Kickbusch writes about how the Think7 process supports the German G7 presidency and urges the G7 to fulfill its existing promises in global health, adopt a long-term perspective, and restore the multilateral system’s capacities to deliver global public goods.”*

## **WEF - Ukraine, inflation and pandemics: the big issues coming up at Davos, according to historian Adam Tooze**

<https://www.weforum.org/agenda/2022/04/top-global-issues-davos-2022-economist-adam-tooze/>

We’re no fan of Davos, as you know. But this look ahead (in an **interview with Adam Tooze**) is well worth a read. On the (expected) big topics at Davos, taking place in person, in May.

Quote: *“... It isn’t, as it were, the economic impact of Ukraine, which is severe enough, or the shock to the European system. All of this is very real, but it’s also quite local. This **more general escalation of the tension between the two great nuclear superpowers** is a dramatic historical departure....”*

Also includes **his view on ‘degrowth’** (as a political strategy, among others).

## **Stat (op-ed) - Global health should not be determined by pharma investors and shareholders**

Els Torreele; <https://www.statnews.com/2022/05/03/pharma-investors-shareholders-should-not-determine-global-health/>

Els Torreele was on a roll this week. This is a must-read. Excerpts:

*“What could go wrong when pharmaceutical company shareholders and investors shape the public health response to Covid-19? Everything, of course, including perpetuating the pandemic with immense avoidable suffering and death. And that’s exactly what happened last week at the annual shareholder meetings of Moderna, Pfizer, and Johnson & Johnson. .... Ultimately though, while activists and even well-meaning environmental, social and governance investors may try to sway shareholders to do the right thing for public health, **the key issue is that pharmaceutical companies and their investors should not be the ones having the power to decide about public health issues. Fund managers, institutional investors, bankers, and most individual shareholders know little about public health or controlling epidemic outbreaks....”***

*“.... Yet even if the resolutions that would require companies to consider sharing their vaccine technology were able to garner significant support, the majority of shareholders voted against them, unmoved by Tedros and the many health advocates that stood outside company offices to demand putting people’s lives before profits. **While this outcome was hardly surprising, the significance of this decision in terms of global health governance can’t be overstated. It painfully shows, once again, how financial interests pursued by private companies, investors, asset managers, and speculators eclipse decision-making informed by public health experts, even during the biggest global health crisis of our lifetime. .... Financialization, a growing trend in the global economy that refers to creating value from purely financial transactions independent of the production of goods and services in the so-called real economy, has also captured vital areas like health. Today’s biotech and pharmaceutical sector, on which we have come to rely for lifesaving medical technologies like vaccines and medicines, is increasingly run by bankers, fund and asset managers, and speculators — not doctors***



*or scientists. They pursue opportunities for monetary return and shareholder value with little consideration of their impacts on health.....”*

She concludes: *“.... It is time to reclaim the purpose of the pharmaceutical enterprise to focus on improving people’s health globally. This will require a radical rethinking of the way medical innovation is financed and governed and taking back the public responsibility to ensure that medicines and vaccines developed to address people’s health needs are available as common goods.”*

## TGH - Global Health and the Declaration for the Future of the Internet

D Fidler; <https://www.thinkglobalhealth.org/article/global-health-and-declaration-future-internet>

« The declaration takes geopolitical and ideological stands that raise questions for global health. »

***“At the end of April, President Joe Biden released the [Declaration for the Future of the Internet](#), a statement of principles endorsed by the United States and [sixty partners](#) around the world. According to the White House, the declaration advances “a positive vision for the Internet and digital technologies.” The document constitutes a response by the United States, its democratic allies, and likeminded countries to multiplying threats that have made the internet less free, open, global, interoperable, and secure. The declaration connects its vision for the internet with policy priorities supported by the endorsing nations, including defending democracy, promoting the rule of law, expanding commerce, and protecting human rights. These priorities communicate why the internet matters to the signatory countries. In that sense, the declaration is an ideological statement about the “immense promise” of a technological capability that must be politically redeemed. The declaration does not list every policy priority supported by its vision for the internet. For example, it does not mention the effort against Russian aggression in Ukraine. It also does not reference global health, an interesting omission amid the most devastating pandemic in a century during which internet activities helped and harmed policy responses. Even so, the declaration is important for global health because it reflects an emerging perspective on international politics that will shape foreign policy approaches to global health for the foreseeable future. “***

***“In short, the declaration contains a geopolitical strategy to advance ideological preferences about the use of technologies that affect almost every human activity. .... The Declaration for the Future of the Internet draws geopolitical and ideological “lines in the sand” concerning the internet as a global technology. This approach raises the question of whether something similar should happen in global health, a field traditionally uncomfortable with power politics and ideological conflict. .... Moving global health policy in the direction of geopolitical and ideological line drawing, as the declaration does for the internet, would provoke resistance within the global health community. But the real problem with envisioning a “Declaration for the Future of Global Health” along the lines of the internet declaration is that global health provides a poor foundation for geopolitical strategy and ideological claims. “***

Fidler concludes: ***“Put bluntly, global health is not geopolitically or ideologically important in international relations. As the Declaration for the Future of the Internet demonstrates, countries believe that some issues are significant enough to draw geopolitical and ideological lines in the sand. In such a world, how governments think and act about power and ideology threatens to***

*marginalize global health in foreign policy. Perhaps that's why the declaration did not mention global health. “*

Devex – Sweden pulls \$1B in foreign aid for Ukrainian refugees at home

<https://www.devex.com/news/sweden-pulls-1b-in-foreign-aid-for-ukrainian-refugees-at-home-103164>

*“Sweden plans to use almost one-fifth of its annual aid budget to pay for the influx of refugees from Ukraine, depriving the Global Fund, Gavi, the Vaccine Alliance, and other groups of millions of dollars in expected funding. The move has thrown the country’s aid community into chaos, sparked lobbying from the likes of Peter Sands — the head of the Global Fund to Fight AIDS, Tuberculosis and Malaria — and raised fears of a knock-on effect, given Sweden’s reputation as one of the world’s most generous donors.....”*

## Pandemic treaty discussions, analysis, ...

European Union contribution to the identification of the substantive elements for a convention, agreement or other international instrument on pandemic prevention, preparedness and response

[https://www.eeas.europa.eu/delegations/un-geneva/european-union-contribution-identification-substantive-elements-convention\\_en?s=62](https://www.eeas.europa.eu/delegations/un-geneva/european-union-contribution-identification-substantive-elements-convention_en?s=62)

Title pretty much says it.

## More on Global Health security

WHO - Working group on strengthening WHO preparedness and response to health emergencies met this week (4–6 May 2022)

[https://apps.who.int/gb/wgpr/e/e\\_wgpr-9.html](https://apps.who.int/gb/wgpr/e/e_wgpr-9.html)

Preparatory documents included this [Zero draft report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the Seventy-fifth World Health Assembly](#)

With 12 recommendations to the International Negotiating Body (INB) for a new treaty or mechanism.

- Coverage via Devex - [WHO working group proposes ways to boost health emergencies response](#)

*“A working group tasked with proposing ways to strengthen the World Health Organization’s preparedness and response to health emergencies has released a draft report for consideration by the World Health Assembly. **The 56-page document includes recommendations for boosting the implementation and compliance of parties to the International Health Regulations, or IHR, and a possible timeline for amending them. It proposes that WHO member states initiate an independent evaluation of the Access to COVID-19 Tools Accelerator and discuss the sustainability and future role of WHO initiatives such as its COVID-19 Technology Access Pool and “technology transfer hub” for messenger RNA vaccines, as well as the WHO BioHub System.** To strengthen equity, the report says member states should establish and scale up national and regional manufacturing capacities for the development and delivery of vaccines, therapeutics, diagnostics, and other essential supplies during emergencies. It also asks them “to consider processes for transfer of technology and know-how, including to and among larger manufacturing hubs in each region.”....”*

*“...what’s new is its proposal of a detailed approach and timeline for amending the International Health Regulations, calling for the 75th World Health Assembly — which starts on May 22 — to **adopt any amendments** that are ready and for WHO’s director-general to convene an IHR review committee. The U.S. has already submitted its proposed IHR amendments, which include **giving state parties a 48-hour window to agree** to work with WHO to verify reports and assess a disease’s potential to spread internationally....”*

- Coverage also via TWN - [WGPR Draft Report seeks endorsement of US IHR amendment proposals](#)

## **FT - Bill Gates says a global surveillance team is needed to spot pandemic threats**

[Bill Gates says a global surveillance team is needed to spot pandemic threats](#)

*“The philanthropist urges world leaders to increase spending to improve preparedness for health threats.”*

*“.... A team of international experts ranging from epidemiologists to computer modellers should be created to quickly identify global health threats and improve co-ordination between countries, Bill Gates has said, warning that **greater investment is needed to avoid another pandemic.** The Microsoft founder and philanthropist, who in 2015 first cautioned publicly that the world was not ready for the inevitable next pandemic, said **his proposed Global Epidemic Response and Mobilization initiative should be managed by the World Health Organization....”***

*“ .... He acknowledged there were questions over whether an international consensus could be reached to increase funding for WHO, which he believed was the only body that could build and manage the **“top-notch” GERM team for which the running costs, he estimated, would be around \$1bn a year.** “The amount of money involved is very small compared to the benefit and it will be a test: can global institutions take on new responsibilities in an excellent way, even in a time period where US-China [relations are] tough, US-Russia is extremely tough?” said Gates....”*

And via MSN - [‘We haven’t even seen the worst of it’: Bill Gates warns COVID pandemic may yet see ‘more fatal’ variants](#)

*“We haven't even seen the worst of it,” he said in an interview. While not wanting to be a “voice of doom and gloom”, **the risk of a more virulent variant emerging is “way above 5%”,** the Microsoft co-founder and philanthropist told the Financial Times....”*

## **GHSP - Strategies to Promote Health System Strengthening and Global Health Security at the Subnational Level in a World Changed by COVID-19**

M Allio et al ; <https://www.ghspjournal.org/content/10/2/e2100478>

*“Achieving strong, resilient health systems that reach both global health security and universal health coverage goals requires a unified approach to how we work across the system. **We propose the following 3 key overarching approaches:** Strengthen comprehensive district planning (i.e., to be successful, district planners must understand how various public health programs come together within their communities, the range of stakeholders who have a role to play in health efforts, and how public and private funding and information systems can be leveraged at the local level to achieve their objectives). Support flexibility of district health systems to break the silos of vertical programs and take on new roles as circumstances warrant. Use the ongoing roll-out of COVID-19 interventions as an opportunity to address management, coordination, and integration challenges at the district level.”*

## **Nature (News) - Risky ‘gain-of-function’ studies need stricter guidance, say US researchers**

<https://www.nature.com/articles/d41586-022-01209-w>

*“After a delay caused by the COVID-19 pandemic, US biosecurity board revisits policies governing risky pathogen experiments.”*

*“Researchers and biosecurity specialists are calling on the US government to issue clearer guidance about experiments it might fund that would make pathogens more transmissible or deadly. They made these pleas on 27 April, during the first of a series of public listening sessions organized by the US National Science Advisory Board for Biosecurity (NSABB). The sessions are part of a months-long review, conducted by the NSABB, of US policies governing risky pathogen research....”*

## **TRIPS waiver process & analysis**

### **HPW - After Months of Deadlock, WTO’s TRIPS Council Will Finally Discuss Intellectual Property Waiver Compromise**

<https://healthpolicy-watch.news/trips-council-finally-to-discuss-waiver-compromise/>

(must-read). *“In a significant breakthrough, the World Trade Organization’s (WTO) TRIPS Council on Friday will finally discuss a compromise proposal on a waiver of intellectual property (IP) rights on COVID-19 vaccines – almost 18 months after it was first proposed by India and South Africa. Member states attending an informal meeting of the TRIPS Council on Tuesday were told that the text of an “outcome document” from the “quad” of the European Union, US, India and South Africa would be circulated to them “within hours” from WTO Director-General Ngozi Okonjo-Iweala’s office.*

*The **outcome document**, which was later posted on the WTO website, is very similar to that which was leaked in mid-March – but it **has been termed an “outcome document” rather than an agreement as there are still a couple of points of disagreement....”***

*“.... The results of the formal discussion on Friday will be reported to the General Council, which is scheduled to meet on 9 and 10 May. “*

Related **tweet James Love (KEI)**: *“This new TRIPS text from the WTO, it's generally the same as the earlier leaked text, but now with two brackets, one on the definition of eligible countries and the second one regarding requirement to list each patent in non-voluntary authorization.”*

## WTO - Quad's outcome document on IP COVID-19 response made public

[https://www.wto.org/english/news\\_e/news22\\_e/trip\\_03may22\\_e.htm?utm\\_source=dlvr.it&utm\\_medium=twitter](https://www.wto.org/english/news_e/news22_e/trip_03may22_e.htm?utm_source=dlvr.it&utm_medium=twitter)

The related WTO press release. *“WTO Director-General Ngozi Okonjo-Iweala put forward on 3 May the **outcome document** that emerged from the informal process conducted with the Quad (the European Union, India, South Africa and the United States) for an intellectual property response to COVID-19. The [proposal](#) was immediately shared by the new chair of the Council for Trade-Related Aspects of Intellectual Property Rights, Ambassador Lansana Gberie of Sierra Leone, with the full membership, **after an informal meeting of the Council held this morning** where he introduced the highlights of the text. .... The proposal will now go for consideration of the 164 WTO members....”*

- And the [new TRIPS text itself \(WTO\)](#)

*“COMMUNICATION FROM THE CHAIRPERSON The following letter was received by the Chair of Council for TRIPS on 3 May 2022 and is circulated to Members at the request of the Director-General....”*

## More coverage and analysis

Coverage also via **the Guardian & Reuters** (which, **wrongly, seemed to imply there's already an agreement among the four Quad members**):

- Guardian – [Hopes rise for Covid vaccine patent waiver after key countries agree on proposal](#)

*“The World Trade Organization’s (WTO) most powerful members said on Tuesday that they had agreed on a proposed waiver on intellectual property rights for Covid-19 vaccines in the hopes of speeding up rollouts worldwide. The proposal from the so-called Quad (the European Union, India, South Africa and the United States) will still have to go to the full council, but **China has indicated it is prepared to vote in favour.** ....”*

*““What the discussions were aiming at was coming up with something workable,” Okonjo-Iweala told Reuters, saying she hoped the WTO’s 164 members would finalise and approve the proposal by June.... The document showed that there were still unresolved areas in the draft deal, including on the duration of the waiver’s application which could be either three or five years....”*

***“Okonjo-Iweala said recent negotiations had focused on getting broader support for the deal, including from China. She said Beijing had indicated it was “favourably disposed” to being considered as a developed country in this deal and thus subject to stricter rules. The Chinese mission to the WTO in Geneva did not immediately respond to a request for comment....”***

- Reuters - [Main negotiators reach 'outcome' on COVID vaccine IP waiver, WTO says](#)

***“... All 164 members of the WTO must accept the deal by consensus for it to pass and the topic will be raised at a closed-door meeting in Geneva on Friday. One delegate said it would be critical that the main four parties vocalise strong backing publicly in order to convince others. "If not, doubts will linger and other members stay hesitant," he said. ... .... In past sessions, the United Kingdom and Switzerland - which have opposed a broad waiver on the grounds that it stifles pharmaceutical research - have complained of the lack of transparency in the four-party talks....”***

***PS: “... Medical charity MSF urged countries to reject the proposal. "It does not provide a meaningful solution to facilitate increasing people's access to needed medical tools during the pandemic ... and in fact would set a negative precedent for future global health challenges," it said.”***

See MSF Access - [MSF urges governments to reject the draft COVID-19 text tabled at WTO, that would set a negative precedent](#) “Draft text is NOT the intellectual property Waiver for COVID-19 medical tools people need”.

**Politico’s Global Pulse - A Covid vaccine waiver? WTO has a plan for that.**

<https://www.politico.com/newsletters/global-pulse/2022/05/05/trips-waiver-00030066>

Must-read analysis by Andrew Green on where things stand.

Excerpts: ***“...The WTO is moving forward with closed-door discussions, despite concerns the compromise won’t ultimately find unanimous support. The deal’s collapse would essentially revert the WTO to its deadlock over the original plan, while fueling questions about the institution’s ability to resolve IP disputes. Recognizing the stakes, WTO Director-General Ngozi Okonjo-Iweala has helped facilitate the compromise. That may not be enough to convince some members to go along with it. More than 100 countries backed the original IP waiver, and there’s the risk the compromise would leave them feeling betrayed. At the same time, a Geneva trade insider told POLITICO that the Swiss and British delegations, irked by their exclusion from the negotiations, might also continue to oppose any waiver. “This offer is trying to draw attention away from the original waiver proposal, which was quite comprehensive,” said Yousuf Vawda, an IP expert at South Africa’s University of KwaZulu-Natal. “No deal is better than a bad deal.” Access advocates have found unlikely allies in the pharmaceutical industry....”***

***The brokers of the agreement are not exactly rallying support for the deal. After the compromise was circulated, Deputy U.S. Trade Representative María Pagán issued a carefully worded statement that negotiators had sought to “facilitate discussions and bridge differences that might lead to an outcome on intellectual property that can achieve consensus.” Though President Joe Biden came out in support of a vaccine-only IP waiver a year ago, his administration remains wary of provoking pharma backers in Congress. Pagán said the administration would continue to engage members of Congress***

and other stakeholders on the text. **The South African and Indian delegations have remained silent, leaving Europe to stand alone in its public support of the agreement.....**"

## TWN - WTO Secretariat misleads on status & content of intellectual property text, perpetuates confusion

<https://wp.twnnews.net/sendpress/email/?sid=NjQ4ODA&eid=NDgzNA>

Third World Network's take on the (weird) process. "... However, **there is no agreement among these so-called "Quad" members on the proposed outcome that is widely known to be drafted by the WTO Secretariat.** The WTO DG is expected to circulate the proposed outcome on her own responsibility, in the absence of agreement among the four, said people familiar with the development. ..."

**"Quad agreement" is not agreed text:** Meanwhile, even though there is no agreement on the proposed outcome, its status has been mis-characterised as the "Quad's agreement" by the WTO Secretariat to the media and the public....."

## TWN – WTO DG's proposed solution unsuitable for global public health crisis

S Shashikant; <https://wp.twnnews.net/sendpress/email/?sid=NjQ4ODA&eid=NDgyNw>

Analysis from earlier this week. **"Non-voluntary licenses or compulsory licenses as they are commonly known, form the core of the proposed solution that is only targeted at "vaccines" and for "eligible members",** that Ngozi Okonjo-Iweala, the Director-General of the World Trade Organization (WTO), is expected to be introducing to the WTO membership in the coming days....."

## Speaking of Medicine (blog) - Vaccine equity is not for sale

E Torreele; <https://speakingofmedicine.plos.org/2022/05/03/vaccine-equity-is-not-for-sale/>

Els Torreele turned her hard-hitting Twitter thread from last week into a (must-read) blog.

A few excerpts:

**"After excruciating months of Covid-19 vaccine scarcity and highly inequitable access leading to avoidable death and unimaginable suffering of millions, we now hear there's a "vaccine glut" and that we are "drowning in vaccine."** While the apparent surplus once more shows the inadequacy of relying on market supply and demand dynamics to efficiently respond to epidemics, **those who think that this means the vaccine inequity problem is solved, or that waiving intellectual property monopolies and technology sharing no longer matters, cannot be further from the truth."** Read why.

And she concludes: "... **In addition to immediately sharing knowledge and technologies to address the Covid-19 pandemic and empower lower income countries to produce and adapt vaccines according to their needs, we must redesign our pharmaceutical ecosystem for public health purpose and govern medical innovation for the common good.** This includes directing it to truly address people's health needs and deliver affordable access, instead of prioritizing market opportunities and maximizing shareholder return. **In particular for epidemic response R&D, we**

*need an R&D system that puts timely equitable access at the centre and can flexibly adapt to the evolving health needs of an epidemic, which may include the emergence of new variants, a changing immune status of the population, and evolving public health response strategies. Vaccine equity is not a matter of volumes; it is ensuring equitable access to appropriate vaccines at the right time for optimal health impact....”*

Put differently: *“Last year’s acute vaccine supply and inequity problem cannot be solved by oversupply of first-generation vaccines a year later”.*

## WTO - DG Okonjo-Iweala: Members can deliver results at MC12 despite challenging circumstances

[https://www.wto.org/english/news\\_e/news22\\_e/tnc\\_04may22\\_e.htm?utm\\_source=dlvr.it&utm\\_medium=twitter](https://www.wto.org/english/news_e/news22_e/tnc_04may22_e.htm?utm_source=dlvr.it&utm_medium=twitter)

On the general agenda for MC 12. *“Director-General Ngozi Okonjo-Iweala on 4 May called on WTO members to push as hard as they can to bridge differences and reach agreements in time for the 12th Ministerial Conference (MC12), to be held in Geneva on 12-15 June. While recognizing that the current geopolitical context means “we may not be able to achieve everything we want,” she said members need to deliver concrete results in order to demonstrate that the WTO is fit for purpose and able to help them tackle current and future global challenges.”*

## Covax (& ACT-A)

### HPW - COVAX Tackles ‘Last Mile’ of Getting Vaccines into Arms

<https://healthpolicy-watch.news/covax-tackles-last-mile/>

*“Now that COVAX has enough stock of COVID-19 vaccines, its focus is on vaccination uptake – including encouraging countries to combine campaigns against measles and polio with COVID-19, and even helping with “campaign-style” vaccination drives. This emerged at a media briefing on vaccine delivery called by the Access to COVID-19 Tools (ACT) Accelerator, of which COVAX is the central pillar, on Thursday.”*

*PS: “.... Gavi skirted questions about whether it would buy Johnson and Johnson vaccines produced by South African generic company Aspen, following weeks of appeals from the Africa Centre for Disease Control. Aspen is likely to close its J&J production facility as it has yet to receive any orders for its vaccines despite Berkley simply said there was “more demand for mRNA vaccines”. However, he added that COVAX was “committed to making all vaccines available that are in the portfolio that meet WHO quality standards and recommendations” “The challenge we have is that some companies are going to try to particularly push their vaccines,” he added....”*



## SRHR

### Politico - Supreme Court Likely to Overturn Roe

<https://www.politico.com/news/2022/05/02/supreme-court-abortion-draft-opinion-00029473>

*““We hold that Roe and Casey must be overruled,” Justice Alito writes in an initial majority draft circulated inside the court.”* Politico published a **leaked draft** in an exclusive article.

If you read this newsletter, we reckon you know this by now... Absolute bombshell. And ripple effects are to be expected around the world, if this really materializes.

Coverage for example via:

- Reuters - [Biden blasts 'radical' draft U.S. Supreme Court ruling overturning abortion rights](#)
- Washington Post - [Leaked Supreme Court draft ignites fierce debate over future of abortion](#)

### Economist - Daily chart

<https://www.economist.com/graphic-detail/2022/05/03/a-supreme-court-leak-portends-tighter-abortion-laws-in-america>

*“A Supreme Court leak portends tighter abortion laws in America; **Yet many other countries are loosening restrictions.**”*

*“... **Yet many other countries are liberalising their abortion laws.** In late February crowds in Colombia celebrated their Supreme Court’s decision to decriminalise abortion. Similar rulings were made by the highest courts in Mexico in September 2021 and in Argentina in December 2020. Ireland and the Democratic Republic of Congo have also loosened their restrictions. **Over the past quarter of a century some 50 countries have expanded the legal right to abortions. Today, 590m women of reproductive age across the globe have the right to request one.** (Some 90m still have no access to abortions under any circumstances.) **America bucks this trend....”***

- Along the same lines, AP – [As US poised to restrict abortion, other nations ease access](#)

With quite an **extensive overview of trends in the world.**

- And via [Devex](#): **“7 million - That’s the number of women who are hospitalized each year [due to unsafe abortions](#) globally, according to the United Nations Population Fund.”**

*“**....Overturning the ruling would run counter to recent moves in U.S. aid funding.** In March, our colleague Adva Saldinger reported that several Democratic lawmakers in the House of Representatives reintroduced a bill that would repeal the so-called Helms amendment, which prohibits the use of U.S. foreign aid assistance for “abortions as a method of family planning.” But until that law is repealed, women and girls around the world — including those experiencing sexual violence in Ukraine — could see their medical funding dictated by it....”*

## **The Healthiest Goldfish - On centering reproductive health and access in the public health agenda**

Sandro Galea ; [the Healthiest Goldfish](#)

“Thoughts on the possible overturn of Roe v. Wade and public health’s responsibilities in this moment.” Galea suggests three actions.

## **Covid key news**

### **Cidrap News - Record profits, while COVID treatment often ‘out of reach’ for the poor**

<https://news.un.org/en/story/2022/05/1117512>

*“While reported COVID-19 cases and deaths continue to decline, Omicron sub-variants are driving an increase in the Americas and Africa, the head of the World Health Organization (WHO) said on Wednesday, noting the disparity between profits being made, and treatments available in the developing world. “*

*“Despite weekly fatalities being at their lowest since March 2020, WHO chief Tedros Adhanom Ghebreyesus told journalists at the weekly briefing in Geneva that “these trends, while welcome, don’t tell the full story.” ... He reiterated that the best way to save lives, protect health systems and minimize cases of “long COVID” is by vaccinating at least 70 per cent of every country’s population – and 100 per cent of most at-risk groups....”*

### **Cidrap News - Subvariants fuel COVID-19 rises in Africa and the Americas**

<https://www.cidrap.umn.edu/news-perspective/2022/05/subvariants-fuel-covid-19-rises-africa-and-americas>

*“Though global COVID-19 cases overall continue to fall, illness levels rose in Africa and the Americas for the second week in a row, led by a trio of Omicron subvariants, the World Health Organization (WHO) said today in its weekly pandemic update. .... In Africa, cases were up 31% compared to the week before, and in the Americas, case rose 13%.”*

*.... The WHO singled out three subvariants that have mutations that affect their behavior. They include BA.4 and BA.5, both of which were first identified by South African scientists, and BA.2.12.1, which was first identified in New York.....”*

### **Devex - WHO: Excess deaths from COVID-19 pandemic 3 times more than reported**

<https://www.devex.com/news/who-excess-deaths-from-covid-19-pandemic-3-times-more-than-reported-103157>

**“The [World Health Organization](#) said overall deaths caused by the [COVID-19](#) pandemic are nearly 10 million higher in the first two years after the onset of the pandemic than what was officially reported. This is nearly three times the reported deaths. Countries around the world reported 5.4 million COVID-19 deaths to WHO between January 2020 and December 2021 but the agency instead places the overall death toll — which includes deaths indirectly caused by COVID-19 — at about 14.91 million deaths. The figures, released today, were the first excess mortality figures published by WHO for all member states. This was a calculation of excess mortality — looking at the difference between a baseline rate of about 5 million deaths per month, which is based on deaths from pre-pandemic years, and the heightened deaths that occurred during the pandemic, according to Dr. William Msemburi, technical officer of the department of data and analytics at WHO.”**

Reported COVID-19 deaths were included, as well as deaths directly linked to COVID-19 that were not reported, and deaths not directly linked to the disease but due to the pandemic’s wider impacts on health systems and society.

**.... Twenty countries account for over 80% of the estimated excess mortality due to COVID-19 globally between January 2020 and December 2021: Brazil, Colombia, Egypt, Germany, India, Indonesia, Iran, Italy, Mexico, Nigeria, Pakistan, Peru, the Philippines, Poland, Russia, South Africa, the United Kingdom, Turkey, Ukraine, and the United States. Ten of these countries account for about 68% of excess deaths. Middle-income countries account for 81% of the global excess deaths and WHO’s Southeast Asia region, which includes India, leads with the largest discrepancy between reported and excess deaths — 6 million .... “**

- See also Stat – [WHO: Nearly 15 million died as a result of Covid-19 in first two years of pandemic](#).

PS: “....The WHO analysis suggests 4.74 million people in India died in the first two years of the pandemic. India itself reported only 481,000 deaths for that entire period, though on Tuesday it acknowledged there were 475,000 extra deaths in 2020 alone.....” (see also below)

- WHO Press release - [14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021](#)

**“.... The production of these estimates is a result of a global collaboration supported by the work of the [Technical Advisory Group for COVID-19 Mortality Assessment](#) and country consultations. This group, convened jointly by the WHO and the United Nations Department of Economic and Social Affairs (UN DESA), consists of many of the world’s leading experts, who developed an innovative [methodology](#) to generate comparable mortality estimates even where data are incomplete or unavailable. ....”**

- Tweet Joe Kutzin: Via [NYT](#) – **“Some experts said that the W.H.O. analysis benefited from relying more heavily than other estimates on actual data, even where it was incomplete, as opposed to statistical modeling.”**

PS: **“W.H.O. officials used the release of their calculations to plead for greater investment in death reporting, citing estimates that six of every 10 deaths globally went unregistered before the pandemic.....”**

**“Overall, the W.H.O. calculations were more conservative than separate analyses released earlier by The Economist and the Institute for Health Metrics and Evaluation.....”**

- And the **WHO methodology** - [Methods for estimating the excess mortality associated with the COVID-19 pandemic](#)

## Reuters - India releases 2020 death data ahead of WHO COVID mortality study it objects

<https://www.reuters.com/world/india/india-releases-2020-death-data-ahead-who-covid-mortality-study-it-objects-2022-05-03/>

From earlier this week. *“India registered about 475,000 more total deaths in 2020 than the previous year, government data released months ahead of schedule on Tuesday showed, as the World Health Organization readies its estimates of excess COVID-19 deaths whose methodology New Delhi has opposed. .... Some experts estimate India’s actual COVID death toll is as high as 4 million, about eight times the official figure, especially as a record wave driven by the Delta variant killed many people in April and May of last year.”*

## Vaccines still protect against new COVID-19 variants: WHO

<https://news.cgtn.com/news/2022-05-05/Vaccines-still-protect-against-new-COVID-19-variants-WHO-19MlbX3nNok/index.html>

*“Experts from the World Health Organization (WHO) emphasized on Wednesday that vaccines are still highly effective against COVID-19, even with new variants of the disease emerging in South Africa and the United States.”*

*“... van Kerkhove said it is not yet possible to confirm whether BA.4 and BA.5 have resulted in increased hospitalizations, as any rise in numbers could be due to a general spike in case numbers in South Africa. Nevertheless, she emphasized, “vaccines still work incredibly well against preventing severe disease and death.””*

- And via [Politico’s Global Pulse](#):

*“... So what does this mean for the world? That **efforts should be focused on people getting their initial vaccination course first**, said Kate O’Brien, the WHO’s vaccine boss. **Vaccination rates for health care workers and people over 60, two of the top priority groups, are still under 50 percent in some regions of the world, she said.** O’Brien also called for coordination in deciding on vaccine composition “rather than having a dispersed set of decisions that will create quite a chaotic landscape of availability of vaccines.” A WHO committee is working on that...”*

## Covid science

### Stat - More uniformly infectious, more treatable, more genetically predictable: How coronavirus is getting closer to flu

[Stat News](#):

*“...there are signs that the virus — and our relationship to it — is shifting in subtle ways that make it more like seasonal flu than it was at the start of the pandemic.”* Three in particular. Interesting read.

## **Economist - What we know—and do not know—about long covid**

<https://www.economist.com/the-economist-explains/2022/04/27/what-we-know-and-do-not-know-about-long-covid>

*“It may actually be a collection of quite different syndromes.”*

And a few links:

- **Lancet Respiratory Medicine - [Long COVID: aiming for a consensus](#)**

*“...There is an urgent need for unification of terminology for the sequelae of SARS-CoV-2 infection.....”*

- **Reuters - [Evidence mounts for need to study Pfizer's Paxlovid for long COVID - researchers say](#)**

## **WP – Covid deaths no longer overwhelmingly among the unvaccinated as toll on elderly grows**

<https://www.washingtonpost.com/health/2022/04/29/covid-deaths-unvaccinated-boosters/>

*“Experts say numbers show importance of boosters — and the risks the most vulnerable still face.”*

*“Unvaccinated people accounted for the overwhelming majority of deaths in the United States throughout much of the coronavirus pandemic. But that has changed in recent months, according to a Washington Post analysis of state and federal data. **The pandemic’s toll is no longer falling almost exclusively on those who chose not to get shots, with vaccine protection waning over time and the elderly and immunocompromised — who are at greatest risk of succumbing to covid-19, even if vaccinated — having a harder time dodging increasingly contagious strains. ....”***

## **NYT – South Africa’s latest surge is a possible preview of the pandemic’s next chapter**

<https://www.nytimes.com/2022/05/02/world/africa/south-africa-surge-variants.html?smid=url-copy>

*“Coronavirus cases are surging again in South Africa, and public health experts are monitoring the situation, eager to know what’s driving the spike, what it says about immunity from previous infections and what its implications are globally. South Africa experienced a decline in cases after hitting an Omicron-fueled, pandemic peak in December. But in the past week, cases have tripled, positivity rates are up and hospitalizations have also increased, health officials said. The surge has the country facing a possible fifth wave. The spike is linked to BA.4 And BA.5, two sub variants that are part of the Omicron family. Tulio de Oliveira, director of South Africa’s KwaZulu-Natal Research and Innovation Sequencing Platform, said that **BA.4 and BA.5 demonstrate how the virus is evolving differently as global immunity increases. ....”***

## Lancet - Remdesivir and three other drugs for hospitalised patients with COVID-19: final results of the WHO Solidarity randomised trial and updated meta-analyses

WHO Solidarity Trial Consortium; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00519-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00519-0/fulltext)

New study.

- Related Comment in the Lancet - [When and which patients should receive remdesivir?](#)
- And Coverage via BMJ News – [Covid-19: Remdesivir has “small effect” against death or progression to ventilation, WHO trial finds](#)

*“Remdesivir has no significant effect on patients with covid-19 who are already being ventilated but has a small effect against death or progression to ventilation among other patients admitted to hospital, the World Health Organization’s Solidarity trial has found. This appears to be a change from findings reported in February 2021, when preliminary trial data suggested that remdesivir “had little or no effect on patients admitted to hospital with covid-19...”*

## LA Times (op-ed) - COVID vaccines need to be evolving much faster

E Topol; <https://www.latimes.com/opinion/story/2022-05-04/covid-variants-vaccines-ineffective-omicron-ba-2-12-1-ba-4-ba-5>

*“The virus that brought us COVID-19 is now going through accelerated evolution. Our vaccines must do the same.....”*

## NEJM Editorial - Does the World Still Need New Covid-19 Vaccines?

H Nohynek et al;

[https://www.nejm.org/doi/full/10.1056/NEJMe2204695?query=featured\\_secondary](https://www.nejm.org/doi/full/10.1056/NEJMe2204695?query=featured_secondary)

*Excerpt: “...The first Covid-19 vaccines used during the pandemic may not be the best long-term solution. The next generation of Covid-19 vaccines will need to have broader epitope coverage to provide cross-immunity against SARS-CoV-2 variants, confer a longer duration of protection, and be easy to update in a timely manner for protection against any new variants. We should remain agile in fine-tuning the best use of Covid-19 vaccines for the greatest effect on global public health by acknowledging trade-offs. With more vaccine platforms available, we can possibly improve decision making regarding the selection of a vaccine, since different vaccine platforms may be more suitable for certain age groups, certain subpopulations (e.g., those with underlying immune-compromising or other medical conditions), and pregnant women. We may increasingly need to mix and match vaccines to leverage the benefits of each of these platforms. Finally, currently available vaccines have only modest effectiveness against mild infection and transmission, which is further reduced in the context of the newly emerging omicron subvariants. Hence, to slow down the circulation of the virus and to limit the speed at which further variants emerge, new vaccines that have a substantial effect on reducing mild infection and transmission are needed, even as the world attempts to learn how to live with SARS-CoV-2....”*

## NYT - The vanishing variants: Lessons from Gamma, Iota and Mu

<https://www.nytimes.com/2022/05/04/health/covid-variants-gamma-iota-mu.html>

*“For every Delta or Omicron there is a Gamma, Iota or Mu, variants that caused local surges but never swept to global dominance. **There are lessons to be learned from these lesser lineages, researchers say.** Studies of the also-rans have shed light on surveillance gaps and policy blunders — providing more evidence that America’s international travel bans were not effective — and on what makes the virus successful, suggesting that **in the early phase of the pandemic, transmissibility was more important than immune evasion. ...**”*

*“The research also highlights how much context matters; variants that make an impact in some places never gain a foothold in others. As a result, predicting which variants will surge to dominance is difficult, and staying on top of future variants and pathogens will require comprehensive, nearly real-time surveillance. “We can gain a lot by looking at the viral genomic sequence and saying, ‘This one is probably worse than another one,’” Dr. Wertheim said. “But the only way to really know is to watch it spread, because there are a whole lot of potentially dangerous variants that never took hold....”*

And a link:

- Science - [Interferon therapy shows striking results against COVID-19](#)

*“ Given early, one shot sliced hospitalization risk by half in large trial.”*

## Covid vaccines

### Plos GPH - Vaccinating the world against COVID-19 is a no-brainer

J Stiglitz; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000427>

Stiglitz nails it (as is his habit). Quotes:

*“... Given the selfishness of rich nations that’s been exposed, the only way we can be assured that low- and middle-income countries will be protected, the only way that we can make the world safe, given the selfishness, is to have the research and production capacity for making vaccines and other pharmaceutical products distributed throughout the world. Having this production and research capacity distributed throughout the world will enable a quicker and better response to the next pandemic. ...”*

*“What we saw in COVID-19 also showed that there were some further benefits. There would be a faster detection of the disease and new variants and the possibility of a faster response to these new variants. **As I think about the priorities and preparing for the next pandemic, surely, ensuring research and production capacity around the world must remain among our highest priorities.**”*

## Guardian - Covid vaccine inequity due to racism rooted in 'slavery and colonialism'

[https://www.theguardian.com/global-development/2022/apr/30/covid-vaccine-inequity-due-to-racism-rooted-in-slavery-and-colonialism?CMP=share\\_btn\\_tw](https://www.theguardian.com/global-development/2022/apr/30/covid-vaccine-inequity-due-to-racism-rooted-in-slavery-and-colonialism?CMP=share_btn_tw)

*"Global failure to redress race-based injustice has led to higher death rates and worsened discrimination, UN says."*

*"Racism rooted in slavery, colonialism and apartheid is responsible for higher Covid death rates among people of African and Asian descent, as well as Roma and Indigenous peoples, a UN body has said. That the vast majority of Covid-19 vaccines were administered in high and upper-middle-income countries replicated "slavery and colonial-era racial hierarchies", according to the committee on the elimination of racial discrimination (Cerd). The committee said a failure to redress injustices has denied basic human rights to health and worsened discrimination and exclusion. In a **strongly worded statement** released [last week] on Friday, the group said it was concerned that the pandemic's disproportionate impact "is in significant part attributed to consequences of the historic racial injustices of slavery and colonialism that remain largely unaccounted for today"...."*

PS: **"Cerd is a body of independent experts that monitors how member states implement the UN Convention on the Elimination of All Forms of Racial Discrimination, adopted in December 1965. Under the convention, member states – including the UK – are charged with eliminating all forms of racial inequity and ensuring equality without discrimination on the grounds of "race, colour, descent or national or ethnic origin"....."**

## HPW - ... as Africa Strives to Reboot Immunization Strategies for COVID and Beyond

<https://healthpolicy-watch.news/ebola-drc-africa-immunization-covid/>

From late last week. *"In DR Congo's latest Ebola outbreak, the two people with confirmed cases are dead and response is focusing on identifying and vaccinating contacts – because of insufficient doses to conduct a mass vaccination campaign in the outbreak area. **Meanwhile, public health officials are trying to reboot Africa's mainstream immunization programmes, which saw setbacks during the COVID pandemic. ..."***

*"... As of April 28, **only about 16% of the African population has been fully vaccinated** against COVID. Even though this is still far from the 70% vaccination goal, it has been an enormous task for the continent's public health stakeholders, as well as an eye-opener to the issues that influence and direct impact vaccination on the continent. ..."*

*"Delays in COVID vaccination in Africa – as rich countries hoarded vaccines – damaged overall uptake of COVID vaccines on the continent, said Professor Helen Rees, Executive Director, Wits Reproductive Health and HIV Institute, University of Witwatersrand, South Africa. Africans, having already lived through two years of the pandemic without the vaccines, are now no longer very keen on getting the shots, she observed. "The delay in accessing vaccines allowed misinformation and disinformation to come in. But it also allowed questions to be raised at the population level about "well, is this disease really as bad for us as we see in the northern hemisphere? "And people don't*



necessarily understand that we have different demographics, we have younger populations, we're going to see more asymptomatic mild infections," she said...."

**"... The perception of a reduced risk now presents a conundrum, necessitating a combination of strategies to scale up COVID-19 vaccination, Dr Benido Impouma, Director of Communicable and Noncommunicable Diseases Cluster at WHO Regional Office for Africa, said. "We are trying to diversify. In fact, our strategy is to ensure that we can first of all achieve high coverage in priority groups, and then as time goes on, we now go to the lower priority groups," he said. That has included running public service ads in social media in countries with a history of vaccine hesitancy during [African Immunization Week](#), urging the general public to speak to their health care workers about the benefits of COVID vaccination. ..."**

## **FT - Africa's top Covid vaccine plant faces uncertain future after production halted**

<https://www.ft.com/content/ffaaff95-1c1d-41df-b02e-f7c31acdcadf?list=intlhomepage>

**"The problems threaten plans to produce 60 per cent of all vaccines administered in Africa locally by 2040."**

**" Production at Africa's largest Covid-19 vaccine manufacturing plant has been halted for the past month because of a collapse in demand, putting its future in doubt and threatening to undermine efforts to build a homegrown vaccine industry on the continent. Executives at Aspen Pharmacare, a South Africa-based pharmaceutical company that has produced about 180mn doses of the Johnson & Johnson vaccine, fear they will have to permanently shut their two Covid jab production lines, unless a new order comes in shortly. Stavros Nicolaou, a senior executive at Aspen, told the Financial Times the future of production at the plant was "in doubt". .... If production stops at the Aspen facility, regional health officials fear it could undermine an African Union goal to produce 60 per cent of all vaccines administered in Africa locally by 2040, up from just 1 per cent now....."**

**"... African leaders are holding emergency talks to see if they can throw the plant a lifeline — either by pushing J&J to produce the roughly 240mn doses they owe the African Union at Aspen or by encouraging the Covax vaccine scheme to order doses of Aspenovax....."**

## **Reuters - Africa CDC urges COVID-19 vaccine buyers to order from S.Africa's Aspen**

<https://www.reuters.com/article/health-coronavirus-africa-aspen/africa-cdc-urges-covid-19-vaccine-buyers-to-order-from-s-africas-aspen-idUKS8N2UL08J>

From Thursday. **"Africa's top public health body urged all those purchasing COVID-19 vaccines for the continent to place orders with South Africa's Aspen Pharmacare , saying the market was key to developing vaccine manufacturing on the continent. The Africa Centre for Disease Control and Prevention said it was doing everything it could behind the scenes to prevent a situation where Aspen closes its facility due to a lack of orders. ..."**

And see Devex – [System 'skews' against African vaccine producers: Africa CDC deputy](#)

*“We have not received any orders as of yet for Aspenovax from any of the procurement agencies — so this is COVAX, Gavi, [the Vaccine Alliance], etc.,” Nicolaou said, adding that without these orders, the company will need to repurpose the production lines it is using for products that it can sell, such as anesthetics. “COVAX is largely the facility that is procuring for Africa at this point in time,” he said. “They knew that there was this capacity that was going to come up into Africa. We would have expected some African production would have been scheduled into the procurement cycle.”...”*

## Al Jazeera - Denmark to destroy 1.1 million excess COVID-19 vaccines

<https://www.aljazeera.com/news/2022/5/2/denmark-to-destroy-excess-soon-to-expire-covid-19-vaccines>

*“Health agency says it is difficult for Denmark and other EU countries to find recipient countries for the excess doses.”*

## Reuters - Moderna sees higher COVID vaccine sales later this year

**Reuters:**

*“Moderna Inc (MRNA.O) on Wednesday forecast higher vaccine sales for the second half of the year than in the first six months, as it expects the virus that causes COVID-19 to follow a more seasonal pattern requiring booster shots in the fall...”*

See also FT - [Moderna targets autumn release for Omicron vaccine](#)

*“US drugmaker says demand for ‘bivalent booster’ could lift jab sales in second half of 2022.”*

*“Moderna has said up to 1.7bn people at high risk from Covid-19 would benefit from annual booster shots, as it prioritises developing a jab targeting the fast-spreading Omicron variant to be released in the autumn. .... Pfizer is also pushing ahead with plans to develop an annual booster shot that can provide better protection against new variants but has acknowledged growing vaccine fatigue among the public. Pfizer chief executive Albert Bourla told analysts this week that people were “tired of the repeated booster” and it is very important to develop an annual vaccine. “It’s not technically easy to achieve,” he added. Experts remain divided over whether annual boosters targeting variants will be required to combat Covid, with some noting that existing vaccines continue to offer strong protection against severe disease and hospitalisation...”*

## Covid treatment

WTO, generic drug makers explore cooperation for increased access to therapeutics

[https://www.wto.org/english/news\\_e/news22\\_e/covid\\_03may22\\_e.htm?utm\\_source=dlvr.it&utm\\_medium=twitter](https://www.wto.org/english/news_e/news22_e/covid_03may22_e.htm?utm_source=dlvr.it&utm_medium=twitter)

*“WTO Director-General Ngozi Okonjo-Iweala and the CEO Advisory Committee of the International Generic and Biosimilar Medicines Association (IGBA) held on 2 May a virtual meeting to discuss how to promote international health equity and access to therapeutics. The meeting marked the initial step towards a continuing dialogue aimed at contributing to the fight against the pandemic and securing global public health beyond the current health crisis.”*

## **TGH - Unvaccinated in Nigeria, and Still Waiting on a Jab**

A Chan (IHME); <https://www.thinkglobalhealth.org/article/unvaccinated-nigeria-and-still-waiting-jab>

*“Scaling up COVID-19 antivirals to fight new variants is now more important than ever.”*

*“IHME projects that the percentage of Nigerian people immune to the delta and omicron variants—either through prior infection or vaccination—will not top 40 percent by June 1, 2022. To take matters into its own hands, Nigeria is working to develop its own vaccine and is among six African countries selected by the World Health Organization (WHO) to establish their own mRNA COVID-19 vaccine production centers. At this point in the pandemic, IHME director Chris Murray urges health leaders to shift focus to antivirals in order to save more lives. “We see a lot of global discourse about access to vaccination, and that’s certainly an important issue in terms of equity. Everybody who wants a vaccine should certainly be able to obtain a vaccine,” said Murray. “But in terms of preventing death from future new variants, we think that the scale-up of antivirals, particularly Paxlovid... is going to be the critical issue.” It is vital that the global scale-up of antivirals is equitable and does not go the way of vaccine distribution. ...”*

## **Covid analysis**

### **Lancet Editorial – COVID-19: the next phase and beyond**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00817-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00817-0/fulltext)

Must-read. The Editorial concludes: *“...Now is not the time to turn away from COVID-19 or rewrite history. It is time to vigorously engage, redouble efforts to end the acute phase of the pandemic in 2022 for all, and lay strong sustainable foundations for a better future with clear accountabilities and honest acceptance of uncomfortable truths.”*

### **Lancet - A global view of the pandemic: the good, bad, and ugly**

P Ball; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00779-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00779-6/fulltext)

Book review of **Devi Sridhar's** new book *Preventable: How a Pandemic Changed the World & How to Stop the Next One*.

*“... Sridhar's central message is well worth heeding: “COVID-19 put into stark relief how global politics shape our health.” No pandemic response is likely to be equitable and fair unless society is. Preventable concludes with five lessons for how we might do better when, as seems inevitable, we face the next pandemic....”*

*“... the wider issue that Preventable identifies with clarity: **we can never “science our way” out of problems with sociopolitical roots.** Another pandemic is not preventable until we are willing and able to elect competent and humane leaders and begin to address the grotesque inequalities and injustices within and between societies.”*

## **WEF - Mental health, inequality and trust: What we learned from the COVID-19 pandemic**

<https://www.weforum.org/agenda/2022/04/mental-health-inequality-trust-covid19-pandemic/>

*“Two years into unprecedented upheavals brought about by the pandemic, polling company Ipsos outlines some key things we’ve learned. Mental health has come to the fore, now seen on a more equal footing with physical health. The pandemic exacerbated existing inequalities and disparities across age, gender, ethnicity and geography. The pandemic modified birth rates - causing many to delay having children and potentially accelerating population decline. Public trust in governments seems to have increased.”*

## **Mad in America - Sense of Meaningfulness in Life Protects Against Mental Distress**

<https://www.madinamerica.com/2022/05/sense-meaningfulness-life-protects-mental-distress/>

*“A new study explores meaningfulness as a protective factor and crisis of meaning as worsening mental distress during the COVID-19 pandemic.”*

*“A new study published in BMC Psychiatry examines the role of meaning in relation to mental distress during the COVID-19 pandemic. **The researchers found that a sense of meaningfulness served as a protective factor against psychological distress, whereas a crisis of meaning, or profound existential insecurity, intensified distress.** As a result, they recommend that existential concerns be taken seriously both in therapeutic settings and in public health guidelines.....”*

## **TGH - The Economic Cost of China's Lasting Zero-COVID Strategy**

<https://www.thinkglobalhealth.org/article/economic-cost-chinas-lasting-zero-covid-strategy>

*“Refusing to buy global mRNA vaccinees risks lives and livelihoods.”*

## **IDS Bulletin: Humanitarianism and Covid-19: Structural Dilemmas, Fault Lines, and New Perspectives**

<https://www.ids.ac.uk/publications/humanitarianism-and-covid-19-structural-dilemmas-fault-lines-and-new-perspectives/>

*“The unprecedented threat posed by the Covid-19 pandemic has presented a crisis for the international humanitarian system. At a time when the number of people in need of assistance has drastically expanded, humanitarian funding has been cut as countries focus on their domestic economies. International travel bans and lockdowns have impeded humanitarian access, constraining conventional humanitarian response mechanisms and processes. Every crisis presents*

an opportunity to rethink policy, practice, and research, and [this issue of the IDS Bulletin](#) investigates how the pandemic has exposed failings but also generated new opportunities and challenges in the humanitarian system, especially within the localisation agenda. Across four major themes, the articles in this Bulletin discuss the multifaceted nature of the pandemic and its impacts. As much a socioeconomic crisis as a public health crisis, it has deepened structural inequalities and highlighted population-specific vulnerabilities....”

## NEJM (Perspective) - A Comprehensive Covid-19 Response — The Need for Economic Evaluation

G Persad et al ; [https://www.nejm.org/doi/full/10.1056/NEJMp2202828?query=featured\\_secondary](https://www.nejm.org/doi/full/10.1056/NEJMp2202828?query=featured_secondary)

Quote : « Particularly for nonpharmaceutical and social-policy interventions, economic evaluation of Covid-related policies will often involve examining the combined effects of interacting policies, rather than considering policies in isolation...”.

## TB

### Devex - WHO recommends shorter treatment for drug-resistant TB

<https://www.devex.com/news/who-recommends-shorter-treatment-for-drug-resistant-tb-103169>

**“A new recommendation from the World Health Organization has health experts hoping countries will scale up the use of shorter-treatment regimens for people with drug-resistant tuberculosis.”**

*“The aid agency on Tuesday released a rapid communication saying that patients aged 15 years and older with multidrug-resistant TB or rifampicin-resistant TB may take a six-month, all-oral regimen comprising the drugs bedaquiline, pretomanid, linezolid, and moxifloxacin, instead of a treatment regimen lasting nine months or longer. Patients with multidrug-resistant TB or rifampicin-resistant TB who have developed resistance to fluoroquinolones can also subscribe to the same six-month treatment regimen, but without moxifloxacin. ....” “...WHO added that nine-month, all-oral treatment regimens that include bedaquiline, fluoroquinolones, and linezolid are also preferred over treatment regimens that run for more than 18 months in adults and children with multidrug-resistant TB or rifampicin-resistant TB who have not previously taken second-line TB treatments, and have no resistance to fluoroquinolone.”*

**“The rapid communication came in advance of an update to WHO’s drug-resistant tuberculosis treatment guideline. It is based on data from recent studies such as TB-PRACTECAL, a clinical trial led by Médecins Sans Frontières that evaluated the BPaLM regimen; the ZeNix trial that evaluated the BPaL regimen; and with the national TB program in South Africa....”**

## UHC

### Plos GPH \_ Most common reasons for primary care visits in low- and middle-income countries: A systematic review

J Bigio et al ; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000196>

Among the findings : « .... The **top five diagnoses** were uncomplicated hypertension, upper respiratory tract infection, type 2 diabetes, malaria and health maintenance/prevention. No psychological symptoms were among the top 10 pooled RFEs ( common patient reasons for encounter) .....

### Health Financing in Africa - Towards Universal Health Coverage in Sierra Leone – An assessment using the Health Financing Progress Matrix

M A Amara et al ; <http://www.healthfinancingafrica.org/home/towards-universal-health-coverage-in-sierra-leone-an-assessment-using-the-health-financing-progress-matrix>

*“Sierra Leone is the first country globally to publish its Health Financing Progress Matrix report. Compiled by a group of in-country health financing experts, the assessment shows that Sierra Leone’s two areas with the biggest need for improvement are pooling and purchasing. Both can be addressed with ongoing reform efforts focusing on establishing a social health insurance scheme with the main objectives to improve equity and efficiency, while rationalizing and better implementing the Free Health Care scheme currently in place. A series of recent reforms in public financial management seem to pay off – Sierra Leone scored best in that area, while work remains to be done on benefits design, health policy, revenue raising and public health functions.”*

## Commercial determinants of health

### BMJ op-ed - The pollution of health discourse and the need for effective counter-framing

N Maani, K Buse et al; <https://www.bmj.com/content/377/bmj.o1128>

*“...There is ... a pressing need to not only acknowledge the significance of framing when communicating on the drivers of ill health, but to counteract the active pollution created by misleading framings from powerful stakeholders with conflicts of interest and no competence in public health. We suggest three ways forward....”*

# Planetary Health

## BMJ Analysis - Can the world become a place where the planet and all people flourish after the pandemic?

<https://www.bmj.com/content/377/bmj-2021-067872>

*“Covid-19 has impeded achievement of the sustainable development goals and a radical rethink of the global economy is required to meet them argue **Fran Baum and colleagues.**”*

*“... We examine the effect of covid-19 on progress across the five inter-related dimensions of the SDGs—planet, people, prosperity, peace, and partnership—and discuss the political, social, and economic transformations required to meet them. Although creating new challenges for the SDGs, covid-19 has shown that governments can change policy rapidly when they want to. Similar rapid changes are now needed to advance progress towards achieving the SDGs, including radical reforms to fiscal and economic systems to reduce inequities and devise policies that confront the interests of elite groups.”*

**Among the key messages:** *“The UN sustainable development goals were intended to create a sustainable planet and a world in which all people could flourish by 2030; **The covid-19 pandemic has set back the achievement of the SDGs; It has worsened social determinants of health, increased socioeconomic inequities, and restricted civil society activism;** New economic models are needed that enable strong social security, education, and health systems and encourage participatory democracy.”*

## Science overruled - How vested interests rewrote the IPCC’s latest report

<https://climateandcapitalism.com/2022/04/28/how-vested-interests-rewrote-the-ipccs-latest-report/>

*“Corporations and politicians edited the Policy Summary to omit the scientists’ most powerful conclusions.”*

Cfr tweet Jayathi Ghosh: *“IPCC scientists recommended that all coal and gas plants must be shut down within a decade - but this was removed from the Summary for Policy Makers, by vested interests. Humanity and the planet will pay the horrific costs.”*

## Science - Use of ‘too hot’ climate models exaggerates impacts of global warming

<https://www.science.org/content/article/use-too-hot-climate-models-exaggerates-impacts-global-warming>

*“U.N. report authors say researchers should avoid suspect models.”*

*“... Scientists need to get much choosier in how they use model results, a group of climate scientists argues in **a commentary published today in Nature.** Researchers should no longer simply use the average of all the climate model projections, which can result in global temperatures by 2100*

up to 0.7°C warmer than an estimate from the Intergovernmental Panel on Climate Change (IPCC). “We need to use a slightly different approach,” says Zeke Hausfather, climate research lead at payment services company Stripe and lead author of the commentary. **“We must move away from the naïve idea of model democracy.” Instead, he and his colleagues call for a model meritocracy, prioritizing, at times, results from models known to have more realistic warming rates.....”**

## J Med Ethics - Environmental sustainability and the carbon emissions of pharmaceuticals

C Richie; <https://pubmed.ncbi.nlm.nih.gov/33853877/>

*“The US healthcare industry emits an estimated 479 million tonnes of carbon dioxide each year; nearly 8% of the country’s total emissions. When assessed by sector, hospital care, clinical services, medical structures, and pharmaceuticals are the top emitters. For 15 years, research has been dedicated to the medical structures and equipment that contribute to carbon emissions. More recently, hospital care and clinical services have been examined. However, **the carbon of pharmaceuticals is understudied. This article will focus on the carbon emissions of pharmaceuticals since they are consistently calculated to be among the top contributors to healthcare carbon and assess the factors that contribute to pharmaceutical carbon emissions.** Specifically, overprescription, pharmaceutical waste, antibiotic resistance, routine prescriptions, non-adherence, drug dependency, lifestyle prescriptions, and drugs given due to a lack of preventive healthcare will be identified. Prescribing practices have environmental ramifications. ...”*

## Children’s health and wellbeing

### Child Health and Well Being Dashboard

<https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/child-health-and-well-being-dashboard>

New global dashboard for children's health and wellbeing, launched on Wednesday.

*“...This **dashboard, developed by WHO, UNICEF and CAP 2030**, allows policymakers, governments and organisations to easily monitor and compare a selection of indicators by region, country, age group, domain and income. It has been developed in support of the Convention of the Rights of the Child....”*

### Lancet Comment - Child health and wellbeing dashboards: accountability for children's rights

Jennifer Requejo et al ( on behalf of the *Children in All Policies, Data and Learning Working Group*); [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00738-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00738-3/fulltext)

With all the background on this new global dashboard. Excerpt:



*“... WHO and UNICEF led a consultative process to create a simple, innovative dashboard that built on existing frameworks from related initiatives, such as the [scorecards of the African Leaders Malaria Alliance](#) (ALMA), the [Countdown to 2030](#) for Women's, Children's, and Adolescents' Health, the [Global Strategy for Women's, Children's, and Adolescents' Health](#), the Integrated Global Action Plan for Prevention and Control of Pneumonia and Diarrhoea, the WHO-UNICEF Child Health Redesign, and the [Nurturing Care Framework](#)....”*

*“... In parallel with the consultation process, WHO and UNICEF worked with a design team to develop dashboard prototypes that were refined through a series of iterations informed by feedback from the CAP2030 Working Group and WHO and UNICEF regional colleagues. The online dashboards are interactive and include a pop-up function that shows the meta-data (eg, definition, data source and year, and information on threshold categories and targets) when users hover over any indicator ([appendix](#)). **The Child Health and Wellbeing Dashboards were launched on May 4, 2022 and will undergo user testing with key audiences to ensure they fit the purpose of equipping country decision makers, donors, and civil society members with the evidence needed to better target resources for realising children's fundamental rights....”***

## Human resources for health

**WHO Bulletin - Burnout among primary health-care professionals in low- and middle-income countries: systematic review and meta-analysis**

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.22.288300.pdf?sfvrsn=69fea7fe\\_1](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.22.288300.pdf?sfvrsn=69fea7fe_1)

By T Wright et al. Check out the findings.

**The Conversation - Workers, not warriors: 4 lessons from health worker protests during COVID-19 that could help avert a looming workforce crisis**

V Sreeram et al; [The Conversation](#);

The authors' research team systematically analyzed 6,589 health worker protests that took place between March 2020 and March 2021. Check out the **four lessons**.

## Other news of the week

**UN News - Better prevention and targeting of root causes needed to combat food crises**

<https://news.un.org/en/story/2022/05/1117482>

*“The number of people facing acute food insecurity, requiring urgent life-saving food assistance and livelihood support, continues to grow at an alarming rate, according to a joint UN report*

*released on Wednesday. “Acute hunger is soaring to unprecedented levels and the global situation just keeps on getting worse,” said David Beasley, Executive Director of the World Food Programme (WFP). **The annual report from the [Global Network Against Food Crises \(GNAFC\)](#) – an international alliance of the UN, European Union (EU), governmental and non-governmental agencies – **shines a light on the urgency of tackling root causes rather than just responding to emergencies after the fact.....”*****

*“ .... **“Conflict, the climate crisis, COVID-19 and surging food and fuel costs have created a perfect storm,”** said Mr. Beasley. .... The report’s findings demonstrate the need for a greater prioritization of smallholder agriculture as a frontline humanitarian response. Furthermore, it advocates for promoting structural changes to current external financing, to reduce humanitarian assistance over time through longer-term development investments, which can help tackle the root causes of hunger. In parallel, humanitarian assistance must be provided more efficiently and sustainably. **“The situation calls out for at-scale action to move towards integrated approaches to prevention, anticipation, and better targeting to sustainably address the root causes of food crises, including structural rural poverty, marginalization, population growth and fragile food systems,”** said the Global Network founding members, in a joint statement with the US Agency for International Development (USAID) and the World Bank....”*

See also Devex – [A grim new forecast on the state of the world’s food crises](#)

## FfD Forum Proposes Strategies to Scale Up Financing for SDGs

<http://sdg.iisd.org/news/ffd-forum-proposes-strategies-to-scale-up-financing-for-sdgs/>

“Forum leaders proposed solutions to ensure an “inclusive, resilient and sustainable recovery,” including expanding investments in health and social protection, boosting private investment, and addressing climate change and the digital divide. **Finland, Norway, and the UNDP launched the Tax for SDGs Initiative** to support developing countries in increasing domestic resource mobilization and achieving the Goals. **The UN and partners launched the Integrated National Financing Frameworks Facility** to mobilize new resources and partnerships to help deliver INFFs.”

See also a **Eurodad brief** - [Undue INFFluence? The risk of the United Nation’s growing emphasis on Integrated National Financing Frameworks](#)

*“ Recent outcomes from the UN Financing for Development process have failed to reach consensus on global-level solutions commensurate with the most fundamental structural challenges, from tax to debt to trade. In contrast, one area that has seen rapid momentum is the development of new approaches to work on financing at country level, known as Integrated National Financing Frameworks – INFFs. This briefing sets out briefly what INFFs involve and highlights some key areas of concern for the Civil Society Financing for Development Group (CS FfD Group).”*

## Reuters - U.N. chief calls for debt relief, post-COVID investment on West Africa trip

<https://www.reuters.com/world/africa/un-chief-calls-debt-relief-post-covid-investment-w-africa-trip-2022-05-01/>

“U.N. Secretary-General Antonio Guterres on Sunday **urged debt relief for African countries** and more investment to help their economies recover from the COVID-19 pandemic and weather the impacts of the Ukraine war.....”

## Some papers & reports of the week

### Health Research Policy & Systems - Successes and challenges of health systems governance towards universal health coverage and global health security: a narrative review and synthesis of the literature

A Debie, Y Assefa et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00858-7>

This study aims to synthesize the evidence and identify successes and challenges of HSG (health systems governance) towards UHC and health security.

### ILO (flagship report) Social Dialogue Report 2022: Collective bargaining for an inclusive, sustainable and resilient recovery

[https://www.ilo.org/global/publications/books/forthcoming-publications/WCMS\\_843947/lang--en/index.htm?shared\\_from=shr-tls](https://www.ilo.org/global/publications/books/forthcoming-publications/WCMS_843947/lang--en/index.htm?shared_from=shr-tls)

“This first edition of this new ILO flagship report **focuses on collective bargaining.**”

### WHO Bulletin (May issue)

<https://www.ncbi.nlm.nih.gov/pmc/issues/406286/>

Including an editorial - [Antimicrobial resistance and the COVID-19 pandemic](#)

“ *The pandemic has generated opportunities that should be seized to harness positive effects on the management of antimicrobial resistance. At least **five such opportunities exist....***”

## Some blogs of the week

### FP2P blog - Political Gambles on Development

<https://oxfamapps.org/fp2p/political-gambles-on-development/>

“*Stefan Dercon introduces his new book, published today in the UK.*”

“... The book is **Gambling on Development: why some countries win and others lose**, based on studying development for the last 30 years, but also full of stories of my experience working in the UK government, initially as chief economist at DFID. .... **The thesis of the book is that, to get progress in development, a fundamental condition is to have an elite bargain that is sufficiently focused on growth and development.** The ‘elite’ are those with power and influence within a country – politicians, senior bureaucrats, business leaders, maybe the military and civil society.”

## CGD (blog) – What's Happening to Global Inequality? Maybe Not What You Think

R Kanbur, A Sumner et al ; <https://www.cgdev.org/blog/whats-happening-global-inequality-maybe-not-what-you-think>

“... *in our recent work*, we argue that the undoubted decline in global inequality over the last decades has spurred a ‘sunshine’ narrative of falling global inequality that has been rather oversold, in the sense that it is likely to be temporary. **We argue that the decline in global inequality will reverse in the coming years due to a turnaround in the between-country component of inequality.** We find there is a potentially startling **global inequality ‘boomerang’, possibly in the mid-to-late 2020s, which would have happened even if there were no pandemic, and that the pandemic is likely to bring forward the global inequality boomerang....”**

## Tweets of the week

### PEPFAR

**“Dr. John Nkengasong has been confirmed today by the U.S. Senate to be the next U.S. Ambassador-at-Large, Coordinator of the United States Government Activities to Combat HIV/AIDS Globally.”**

### Philip Schellekens

**“The bulk of excess mortality has happened in developing countries! Lower-middle-income countries have really borne the brunt of the impact: 7.8 million....”**

See also M Pai: **“WHO report on excess deaths today dispels the popular myth that rich countries have had the most deaths (a justification for vaccine hoarding) Reality: lower-middle income countries have accounted for nearly 8M of the 15M excess deaths so far.”**

### Balasubramaniam

**“The WGPR acknowledged the essential role of ACT-A during the COVID-19 pandemic in particular its contribution to equity and COVID-19 response; it was a crisis response to an unprecedented situation.” “The discussion also touched upon the possibility of expanding its [ACTA's] scope beyond COVID-19. Member States discussed further on how the ACT-A should be enhanced to address these challenges in order to be future-ready and address Disease X.”**

## Ashley Furlong

*“WTO will today formally present TRIPS waiver text to wider membership. That's **despite only EU publically endorsing text**. At informal TRIPS Council, attended by WTO DG Okonjo-Iweala, the chair said text will be discussed at Friday's TRIPS Council meeting.”*

## Dimitri Eynikel

*“Painful to watch main media outlets as @Reuters & @guardian being mislead that there is an agreement to waive vaccine patents @wto. There is no such agreement, just a text proposed by the DG after consulting 4 out 164 WTO members. **Only EU supports the text.**”*

*“@BillGates with his influence on ministers & heads of state, global health organizations incl. @WHO, pharma companies & media, **preached against a #TRIPSwavier for 1,5 years, now says waiver will come too late...** [and still ignores its + impact on lifesaving #covid19 treatments].”*

In response to sbd's tweet: *“Bill Gates has a new book out - How to Prevent the Next Pandemic - These are his **unvarnished views on intellectual property.**”*

## Nina Schwalbe (twitter thread)

*“If you are following the global pandemic preparedness and response (PPR) discussions, there were 4 notable takeaways over the past two weeks. ...”*

*“The Working Group on Sustainable Financing reached a consensus following tough negotiations which will be discussed at #WHA75. The proposal is to increase member states' Assessed Contributions to 50% of the WHO's programmes budget with increases tied to concrete reforms.”*

*“The G20 has given its official backing to a Financial Intermediary Fund for PPR, to be hosted at the World Bank.”*

*“The US proposed IHR amendments to increase WHO's authority to enforce certain provisions, especially around non-compliance. There is some excitement that the US putting its weight behind more authority for WHO. There are also reservations that this may be a treaty workaround.”*

*“The Intergovernmental Negotiating Body (INB) conducted public hearings on 12-13 April on substantive elements of a potential pandemic treaty/instrument. There has been no news on the discussions since. The INB is set to meet again in early June.”*

## Geneva Health Files

*“Smoke and mirrors on the status of the Quad outcome text. @wto #TRIPSwavier Media being played with misinformation. There is no consensus between key members. **This could suggest efforts to straitjacket a consensus on the waiver, with barely 6 weeks to go till WTO Ministerial.**”*

Katri Bertram

*“Following #G7 engagement group summits these weeks, I share the concern of #globalhealth advocates: we’re seeing a decrease in critical funding. A sign we are spreading our \$ thin, across too many mechanisms. Time for radical changes to the #globalhealth architecture & financing model.”*

## Global governance of health

Global Resilience Council

<https://globalchallenges.org/global-resilience-council/>

*“About the **Global Resilience Council partnership: The Global Resilience Council (GRC) proposal envisions a new representative multilateral body, in the UN framework that would address non-military threats to human security, including the climate crisis, pandemics, food insecurity, etc., in a similarly authoritative way as the UN Security Council is supposed to address traditional threats to peace and security. .... An important element of the GRC proposal is the close involvement of constituencies of non-state actors like scientists, civil society groups, the private sector, local authorities in the deliberations of the envisioned GRC and the broader UN system, to increase the content, legitimacy and implementability of decisions that the GRC would make. This is part of the broader UN2100 Initiative of FOGGS that works towards renewing the UN so that it can remain relevant and effective till the age of 100 at least (we celebrated the UN's 75th anniversary in 2020)....”***

Devex - Why Lithuania wants to join the OECD aid donor club

<https://www.devex.com/news/why-lithuania-wants-to-join-the-oecd-aid-donor-club-103072>

*“It would be the first of the Baltic states to join and the first new member since Hungary in 2016.”*

World Development - IMF fairness: Calibrating the policies of the International Monetary Fund based on distributive justice

A Daoud et al ; <https://www.sciencedirect.com/science/article/abs/pii/S0305750X22001140>

*“A review of the literature shows that IMF programs affect children adversely. **Distribute justice provides a foundation for theorizing on trade-offs between macroeconomics and population health.** A combination of sufficientarianism and causal inference formalizes the trade-off between macroeconomics and population health. **Five principles define IMF fairness.** A simulation exemplifies how IMF fairness can be measured.”*

Devex - Devex Newswire: USAID’s \$4.1B localization litmus test

<https://www.devex.com/news/devex-newswire-usaid-s-4-1b-localization-litmus-test-103172>

*“As the U.S. Agency for International Development prepares one of the largest projects in its history, will it find ways to crowd in new partners through innovation and transparency? A review by procurement specialists raises some doubts.”*

*“USAID’s Next Generation Global Health Supply Chain Suite of Programs, known as NextGen, will be worth a total of about \$17 billion. This collection of contracts will structure the agency’s procurement and distribution of global health commodities to dozens of countries — it’s among the biggest things that USAID does. Because of that, it’s also a big litmus test for whether USAID will be able to put its money where its mouth is when it comes to expanding the number and type of organizational partners it works with. Those who want to see USAID make it easier for new partners to break into its contracting ranks are keeping a close eye on NextGen to see how the individual contracts that comprise the massive effort are taking shape — and how approachable they are for groups that haven’t worked extensively with USAID in the past. .... My colleague David Ainsworth, who is also closely watching this contracting process, reports that **Unlock Aid, a coalition pushing for aid reform, has commissioned procurement specialists to analyze a \$4.1 billion chunk of funding that will be one of the largest contracts USAID has ever issued.** The resulting review of the contract language finds some reasons for optimism, alongside a fair amount of business as usual...”*

## Planetary health

### Climate Change News - Global hub launched to help countries slash methane emissions

<https://www.climatechangenews.com/2022/04/05/global-hub-launched-to-help-countries-slash-methane-emissions/>

From early April. *“Chilean ex-minister Marcelo Mena will lead the hub, urging governments to tackle methane from fossil fuel, waste and farming sectors in updated national plans.”*

*“A global hub to slash methane emissions was launched this week as leading scientists advised that reducing the short-lived gas is essential to limit dangerous levels of warming.”*

*“Set up with \$340 million of philanthropic funding, the Global Methane Hub will offer grants and technical support to implement the Global Methane Pledge. Launched by the US and EU at Cop26 climate talks in November, 110 countries have signed up to the pledge to date, committing to collectively reduce their methane emissions by 30% between 2020 and 2030.....”*

### Climate Change News - Sweden set to be world’s first country to target consumption-based emission cuts

<https://www.climatechangenews.com/2022/04/08/sweden-set-to-be-worlds-first-country-to-target-consumption-based-emission-cuts/>

Also from early April. *“A deal between Sweden’s political parties positions the country to take responsibility for the carbon footprint of imported goods. .... Sweden’s political parties agreed on*

*Thursday to include consumption-based emissions within its climate targets, making it the first country in the world to make the leap into the complex realm of overseas emissions reporting....”*

## Lancet World Report - Healing the Amazon

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00820-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00820-0/fulltext)

*“In the heart of the Amazon, a medical NGO is using health care to protect the world's biggest rainforest. Jonathan Watts reports.”*

*“The beiradeiros—as these riverside dwellers are known—are here to see a travelling medical team organised by the **Health in Harmony (HIH) non-governmental organisation (NGO)** and the municipal government of Altamira, a city in the Brazilian state of Pará. .... The medical team is here for just 1 day, before they move on to the next community. This is part of a new operation, which schedules two trips per year to traditional communities in three vast harvesting reserves—protected areas of forest where inhabitants (usually beiradeiros) have the right to hunt and cultivate smallholdings—along the Iriri and Xingu Rivers. **The aim is to fill a gap in Brazil's public health system and to give forest communities one less reason to cut down trees.** “Where there are still trees standing in the Amazon is where there are still traditional peoples,” says Marcelo Salazar, the executive coordinator of HIH. **“If we give them what they want, they will look after the forest.** If we provide health care to them in their homes, they won't need to go to the city so their presence can stop invasions of loggers or miners.” .... **Conservationists say traditional communities are essential in maintaining the health of the Amazon....”***

## Infectious diseases & NTDs

### AJTMH (Editorial) - Cooperation in Countering Artemisinin Resistance in Africa: Learning from COVID-19

<https://www.ajtmh.org/view/journals/tpmd/aop/article-10.4269-ajtmh.22-0148/article-10.4269-ajtmh.22-0148.xml>

By P J Rosenthal et al.

### Plos GPH - Potential implementation strategies, acceptability, and feasibility of new and repurposed TB vaccines

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000076>

By P T Pelzer et al.



## Lancet Infectious Diseases - A call for loiasis to be added to the WHO list of neglected tropical diseases

K H Jacobsen et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00064-0/fulltext?dgcid=raven\\_jbs\\_aip\\_email](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00064-0/fulltext?dgcid=raven_jbs_aip_email)

« *Loiasis, also called African eye worm, is not currently on WHO's list of priority neglected tropical diseases, even though the risk that individuals with high Loa loa microfilarial densities will develop potentially fatal encephalopathy when they take ivermectin has complicated efforts to use mass drug administration for onchocerciasis (river blindness) and lymphatic filariasis control in co-endemic areas. At least 10 million residents of central and west Africa are thought to have loiasis, which causes painful and itchy subcutaneous oedema, arthralgia, and discomfort when adult helminths that are 3–7 cm in length are present under the conjunctiva of the eye. High levels of microfilaraemia are associated with renal, cardiac, neurological, and other sequelae, and an increased risk of death. The public health burden of loiasis could be greatly reduced with expanded use of diagnostic tests, anthelmintic treatment, and control of the Chrysops spp (tabanid flies) vectors that transmit the parasite. Loiasis should be added to the next revision of the WHO neglected tropical disease priority list, not merely because its inclusion will support the elimination of other skin and subcutaneous neglected tropical diseases, but also because of the complications caused by loiasis itself.* »

## NCDs

### Working paper - « A novel tobacco market diversification: unsmoking rich countries while smoking LMICs “

<http://pvmarquez.com/tobaccostrategy2022>

by P Marquez. “*In this working paper, an exploration of available data and information is conducted and findings presented, to support the view that the dichotomous business model and related harm reduction narrative promoted nowadays by the tobacco industry, merits scrutiny by the international community.....*”

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

Global Health: Science & Practice - [Context Matters: Strategies to Improve Maternal and Newborn Health Services in Sub-Saharan Africa](#)

BMJ GH - [Health service utilisation during the COVID-19 pandemic in sub-Saharan Africa in 2020: a multicountry empirical assessment with a focus on maternal, newborn and child health services](#)

BMJ GH - [Effect of adolescent pregnancy on child mortality in 46 countries](#)

Global Health Action - [Strategies to increase rural maternal utilization of skilled health personnel for childbirth delivery in low- and middle-income countries: a narrative review](#)

## Access to medicines

European Medicines Agency - Facilitating global access to diabetes treatments for non-EU patients

<https://www.ema.europa.eu/en/news/facilitating-global-access-diabetes-treatments-non-eu-patients>

“MA’s human medicines committee (CHMP) has given a recommendation for two diabetes mellitus treatments, Actrapid and Insulatard, for use outside the European Union (EU).”

“EMA is committed to supporting global regulatory capacity building and contributing to the protection and promotion of public health beyond the EU by assessing medicines for countries with limited regulatory resources. **The two diabetes medicines were submitted to EMA under a regulatory procedure (Article 58 of Regulation (EC) No 726/2004) known as EU Medicines for all (EU-M4All)....”**

Excerpt: “ .... Actrapid and Insulatard are human insulins that have been centrally authorised in the EU since 2002. **According to the EU marketing authorisation, unopened insulin products must be stored in a refrigerator (2–8°C). These strict storage conditions are difficult to adhere to when temperature conditions are challenging and access to refrigeration is limited, for example in countries experiencing conflict or a humanitarian emergency situation. This adds an extra burden to the care of diabetes patients who live under these conditions. The company applied for an assessment of these two medicines with changed storage time, to include storage without refrigeration when used in countries outside the EU. Following the evaluation of stability data submitted by the company in support of their request, the CHMP concluded to allow storing the two insulin products at temperatures up to 30°C for a maximum of four weeks before they are taken into use or carried as a spare. This positive opinion by the CHMP paves the way towards increased access to treatment for diabetes patients worldwide....”**

## Human resources for health

Global Health: Science and Practice - Community Health Workers in Pandemics: Evidence and Investment Implications

M Ballard et al ; <https://www.ghspjournal.org/content/10/2/e2100648>

“Community health workers have long played a critical role in preventing, detecting, and responding to pandemics across the globe. To expand, improve, and institutionalize these services, changes in the approach to bi/multilateral aid and private philanthropic investments in low- and middle-income countries are required.”

## Extra Covid section

### Scientific American – Nose Spray Vaccines Could Quash COVID Virus Variants

[Scientific American](#)

“Three nasal spritzes, now in advanced trials, **could trigger stronger immunity than shots in the arm.**”

*“Eight vaccines that fight COVID-19 on the front line of infection — in the nose — are in clinical development. Developers hope to give us [more protection from infection by harnessing the mucosal immune system](#): disease-fighting cells that inhabit the mucus-rich lining of our airways and gut. But it is not easy to develop a safe and effective vaccine that takes this unfamiliar route into the body. “While the human immune system is a black box, the mucosal immune system is probably the blackest of the black boxes,” says epidemiologist Wayne Koff....”*

## Research

BMJ GH – [Approaches to prioritising primary health research: a scoping review](#) (by R Fadlallah et al)

BMJ GH - [Developing an integrated multilevel model of uncertainty in health care: a qualitative systematic review and thematic synthesis](#)