

IHP news 669 : Biden's 2nd Global Covid summit

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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,

It's been yet another eventful week in the world, including for "global health". Sri Lanka was the first domino to fall among the ["perfect storm countries"](#) the UN has been warning for and it won't be the last. On Tuesday, **Dr Tedros pointed out that China's zero-Covid policy is [not sustainable](#)**, a public statement [quite remarkable in itself](#) - and clearly, the Chinese government [thought so too](#). Bill Gates tested positive for Covid, in the same week North-Korea at last [spotted](#) Covid. And by now only Tony Blair and Klaus Schwab haven't showed up in Kiev, it seems.

Yesterday (on May 12), Joe Biden hosted his **second Global COVID-19 Summit**. More or less coming [empty-handed](#) to his own summit, it remains just remarkable how easy it seems to let defense billions flow (*even the US Congress then magically becomes sort of a 'harmonious society' - well except [Rand Paul](#) perhaps*), whereas the opposite seems true when it comes to dealing with a global pandemic and financing global public goods. Then, talk of ["Covid fatigue"](#) (*here: funding related*) is suddenly all over the place. Make no mistake, I'm all in favour of aid (including, and very much so, military aid) to Ukraine in the current circumstances, and I don't think NATO has made too big mistakes in the past months, but still, the remarkable [difference](#) (including in terms of pace) does say something on mankind's priorities. Yes, there were some encouraging [commitments](#) (including on US sharing of vaccine technology) and some new billions pledged at the summit, mostly from other countries, but as far as I can tell, [the math still doesn't add up](#), neither for ACT-A nor the FIF. Or as this [Devex analysis](#) put it, **"COVID-19 summit a 'win against complacency,' but still falls short"**. By the way, there are some similarities too, between defense and the "global Covid response": after filling Big Pharma's deep pockets in the pandemic (*not over yet, as far as I can tell*), it's now time for the defense industry to harvest 'ever more billions'. And like Albert, Stéphane and co, these guys tend to think in terms of tens of billions, not just billions.

As for the ongoing horror in Ukraine, I hope global diplomats (including global health diplomats) will also have a say in the coming months. But that, of course, will also depend to a great extent on the belligerent war criminal residing in the Kremlin. We've all misread him, and can't afford to do that again. Easier said than done (*and not just for "living room strategists" like me*). But I guess we can all at least agree on one thing: hoping for a Kremlin coup doesn't really qualify as a 'strategy'. In the meantime, WHO and others are doing great humanitarian work in Ukraine, in very difficult circumstances.

In Geneva, meanwhile, everybody is gearing up for the **75th World Health Assembly** (*while trying to ignore (coinciding) Davos; I personally just don't want to know what global health "big shots" will come up with "in a Davos bar" this year ...*). As for **WTO**, apparently ["no one wants to own the Covid patent waiver"](#) (proposal), according to the FT, which tells you a lot. After all these months,

Ngozi must feel about the WTO “process” like Lewis Hamilton (or his team boss, rather) [on his car for the ongoing F1 season](#) – “...even after five races *mastering the car remain[s] a dark art*; “*There is potential in the car and she is fast but we just don’t understand how to unlock the potential.*” By now Hamilton knows his car is anything but fast (*among others*) and certainly not “fit for the new season”. Whether the WTO is ‘fit for today’s world’, you tell me. On a brighter note: according to her supporters, Ngozi is “[playing the long game](#)”. Well, that’s the least you can say.

Finally, this week, a **Global Fund Board meeting** took place, and we also already want to flag here an **upcoming G7 health ministers meeting on May 19/20** in Berlin. From what we hear, there’s increasing coordination between G7 & G20 processes, which sounds encouraging (in these times).

Enjoy your reading.

Kristof Decoster

Featured Article

The social lives of (public health) research methods

John De Maesschalck (ITM)

Global health is a numbers game. [Metrics have become ever more central](#) to tackle global health issues and to build the so-called evidence base. Performance, effectiveness, impact: in order to count on the global health agenda, you’d better be countable. Nothing new under the sun. French philosopher [Michel Foucault](#) is probably among the most renown to explain how measurement practices became a central mode of governing, of ordering society and ultimately of (bio)power. Criticisms on the dominance of this quantitative evidence base, often posited by critical medical anthropologists, are equally not new. [Peeters Grietens and colleagues](#) for instance speak of “misdirection, as it applies in magic” to scrutinize how standardized measurement approaches are locked into a “tunnel vision” that fails to account for contextual variability. This critique might resonate to many, and admittedly, mixed method research is for a big part of the public health research community common practice nowadays.

The issue I want to raise here however stretches beyond this – simply put – objectivist-subjectivist divide and deals with what [Law and colleagues](#) have come to term “the double social life of methods”. As researchers, we often tend to look at methods as a kind of toolbox: “That is what they are. End of story. [...] Juxtaposed and differentiated both from theory and from substantive courses, these tell us about techniques for knowing the world”. Nothing wrong with that, they argue, research of course needs methods. Yet, if we look at methods in this instrumental way, we ignore that methods are as much part of that social world they help us to study. Research methods (whether quantitative or qualitative) serve a “[purpose](#)” and have “[advocates](#)”. This first version of methods’ social life thus aligns with the debate on global health metrics we briefly described before.

Research methods are however also *performative*: they do not only document or describe social reality, they also bring it into being (while at the same time possibly obscuring others). In other words they enact a social reality we suppose them to depict. Enter the social life of methods, part two.

The term performativity was first coined by language philosopher J.L. Austin in his [How to Do Things With Words](#). Words do not only serve descriptive purposes, Austin explains, but have the potential to very much create a (previously non existing) social reality, hence they perform. “I now declare you husband and wife” is probably the most cited example of this. In a similar vein science sociologist [John Law](#) argues then that research methods cannot be considered as mere descriptive, technical tools as they actively co-construct their object of investigation.

What this could mean for public health research is clearly demonstrated by [Wickström and Zeiler](#) in their study on the performativity of the Health Behaviour in School-aged Children Survey (HBSC) in Sweden. The HBSC survey documents every four years the wellbeing, health and health behaviours of adolescents, including socio-economic variables. Building on the work of [Law](#), the authors explain how the survey does however more than simply longitudinally describe adolescents’ health: at the same time it enacts how Swedish adolescents come to see and understand themselves and their health and ideas about what healthy adolescence should entail. Not that any normative questions were included in the survey, it is about what the survey *does*.

Seen from this perspective, research methods are thus more than just technical instruments that help us describe social reality or build the evidence base. As non-human entities, methods (and by extension diagnostic tools, guidelines, etc.) posit agency in the same way as humans (researchers, policy makers, communities, etc.) do. It is through this [“heterogenous assemblage”](#) of human and non-human actors that scientific facts are thus not discovered, but socially constructed. [Prussing](#) demonstrates for instance how the “technoscientific” apparatus of mainstream epidemiology can render invisible indigenous (understandings of) health.

Looking at research methods as *performative* [lifts evidence in other words out of the epistemological into the ontological realm](#). It is, in the words of health philosopher Annemarie Mol, a matter of [“ontological politics”](#). For public health this implies that interventions are continuous [“matters of becoming: evidencing makes intervention at the same time as intervening makes evidence”](#).

Highlights of the week

Coming soon: the 75th World Health Assembly – analysis ahead of #75WHA, WHO results report, WHO tracker, G2H2 policy debates....

UN Foundation – What’s ahead at the 75th WHA

N D’Autive; https://unfoundation.org/blog/post/whats-ahead-at-the-75th-world-health-assembly/?utm_source=Twitter&utm_medium=Organic&utm_campaign=UNF_Blog

Short analysis ahead of WHA75. This article lists **three key issues**. The DG's vision for WHO's future, sustainable financing for WHO, and preparing for and responding to future health emergencies.

PS: on the latter: "... WHO will put forward its own vision for strengthening these capacities through the **Director-General's report, Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR)**, which intends to provide a new overarching integrated framework for all the health emergency reforms and processes underway and the role of WHO...."

HPW - WHO and Member States Set Out Initial Positions on Health Emergencies Reform – Real Direction Remains Wide Open

<https://healthpolicy-watch.news/96541-2/>

Must-read analysis ahead of the WHA, on a key agenda issue.

"A new WHO [White Paper](#) on strengthening Health Emergency Preparedness and Response supports the creation of a "Global Health Emergency Council" under WHO auspices and some "targeted amendments" to existing International Health Regulations governing emergencies. However, the new White Paper, issued under the name of WHO Director General Dr Tedros Adhanom Ghebreyesus, also avoids taking a clear position on specific elements of reforms to the IHR rules – batting the issue back to member states."

"...Reform to the IHR rules, which the White Paper describes as "still too slow" to be effective in pandemics, appears to be shaping up as a key issue for debate at the upcoming World Health Assembly, which meets at the end of the month. The IHR reforms are seen as the most immediate answer to some of the failures of the COVID-19 pandemic – pending the negotiation and adoption of a new Pandemic treaty, convention or other legal instrument, which will take at least two years, followed by a ratification process. The United States is [pushing for rapid adoption by the WHA](#) of a proposal for a series of targeted IHR amendments, introducing more time-bound requirements for reporting outbreaks, and greater transparency. The US proposal for amended IHR rules would set tight, clear timelines for member states to report suspicious pathogen outbreaks to WHO, and for WHO to report those onwards to other member states and the public. However, it's unlikely that China and Russia will readily agree to the US proposal – due to the threats they perceive to their sovereignty."

PS: ".... **The proposal for a Global Health Emergency Council under WHO auspices, complemented by a World Health Assembly Emergency Committee, is another key element of the Director-General's White Paper Plan. It's clearly intended to head off the creation of a similar body under the UN General Assembly Secretariat and/or G7 auspices, as had been proposed last year by [The Independent Panel report](#) and in some other fora. "Several panels have proposed the establishment of a high-level council on global health emergencies, comprising heads of state and other international leaders," states the Director General's White Paper. "WHO supports this concept and proposes the establishment of a Global Health Emergency Council, linked to and aligned with the constitution and governance of WHO, rather than creating a parallel structure, which could lead to further fragmentation of the global architecture of HEPR." Unlike IHR reform, the WHO White Paper clearly "puts the WHO foot down" against the creation of other additional structures outside of the Organization that have at times been proposed, one diplomatic observer told Health**

Policy Watch. The WHO White Paper does, however, support the creation of a joint WHO and World Bank-managed Financial Intermediary Fund (FIF) that would be a standing mechanism for funding countries' pandemic preparedness and response needs...."

The White paper has 10 proposals.

In a related piece, do read **Horton's Offline – [Offline: Bill Gates and the fate of WHO](#)**

Horton starts with a dickhead remark of Bill Gates (on WHO); then zooms in on the White paper on strengthening the Global Architecture for Health Emergency Preparedness, Response, and Resilience. Argues that neither WHO nor Bill Gates seem to understand the nature or true scale of this pandemic.

And ends with a clear warning: ***"One final warning. Do not assume that governments will be willing to invest in preparedness, despite the catastrophe we have endured. Countries are already resisting calls to invest in the next replenishment round for the Global Fund to Fight AIDS, Tuberculosis and Malaria. If governments are unwilling to support an initiative with one of the best track records in global health, it is questionable whether they will make speculative investments to prevent a future pandemic. The disagreeable truth is that we are living at a very dangerous moment, one in which careless self-satisfaction is the reward we have given ourselves for this illusory triumph."***

WHO results report

<https://www.who.int/about/accountability/results/who-results-report-2020-2021>

"...This results report for the biennium 2020–2021 presents the progress towards the triple billion targets, outcomes and outputs, based on the GPW 13 results framework and indicators."

For example: ***"Universal health coverage: The billion target will not be reached by 2023, and progress is less than one quarter of that needed to reach the Sustainable Development Goals by 2030. Current estimates suggest that without course correction, we will fall short by 730 million people of reaching 1 billion more people with universal health coverage in 2023."***

HPW - World Health Assembly Offers Opportunity to Integrate NCDs into Pandemic Responses

<https://healthpolicy-watch.news/world-health-assembly-offers-opportunity-to-integrate-ncds-into-pandemic-responses/>

"The upcoming World Health Assembly (WHA) has the biggest focus on non-communicable diseases (NCDs) in a decade – and offers an opportunity to ensure that NCDs are integrated into future responses to pandemics and other health emergencies. This is according to Katie Dain, CEO of the NCD Alliance, who urged attendees at a high-level NCD briefing before the WHA on 22 May, to highlight solutions in order to encourage countries that it is possible to address NCDs...."

"... Dain said that the current negotiations in Geneva on an instrument to address future pandemics offered the opportunity to "link NCDs to health security and pandemic preparedness".

She called for a **broader definition of health security** that took into account the underlying burdens caused by NCDs.....”

WHO tracker

<https://who-track.phmovement.org/wha75>

With PHM comments on a number of agenda items. Not yet complete.

But check out for example already:

- Eg PHM’s view on Item 14.1 [Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases](#)
- [WHO must work towards fair and equitable benefit sharing as well as timely sharing of biological materials and sequence data](#)
- [Polio eradication recedes into the future: WHO faces financial uncertainty as GPEI funding dries up](#)

“WHA75 will consider several reports regarding the progress and challenges of polio eradication and the exit strategy of the Global Polio Eradication Initiative....”

People’s realities, determinants of health, democratic governance: Connecting dots outside the doors of the World Health Assembly. Series of G2H2 hosted policy debates, 16-20 May 2022

Programme: <https://g2h2.org/posts/may2022/>

To register: https://us02web.zoom.us/webinar/register/WN_6LUAYJVbStK2IPrVLmS_xw

Warmly recommended, this series of debates!

Biden’s 2nd Global Covid summit (12 May): analysis & advocacy *ahead* of the summit

The White House briefing (ahead of the summit) listed [4 key objectives](#):

*“...Recommitting Intensity to Global Response. The pandemic is not over, and now is the time to prepare for the next one. The Summit will focus on securing new resources and policy commitments to control COVID-19 in 2022. **Vaccinating the World.** Vaccination remains the most important lifesaving tool in this pandemic. It is also the most effective means to fight emerging variants. This is true for the broad population, and particularly true for the most vulnerable. And it means focusing on*

both the quantity of vaccinations, but also the quality – including providing effective boosters. **Protecting the Most Vulnerable.** The Summit will focus on getting vaccines, tests, and treatments to those at highest risk, like the elderly, the immunocompromised and frontline and health workers. **Preventing future catastrophes.** By investing now to secure political commitment for pandemic preparedness globally. The Summit will focus on expanding and financing country capacity, health workers, disease surveillance, and medical countermeasures, including through the new pandemic preparedness and global health security fund at the World Bank. ...“

We start with some **analyses and advocacy ahead of the summit**, and then zoom in on **the summit itself** (see next section).

Politico - U.S. to ask world for more on global Covid fight as its own cash dwindles

<https://www.politico.com/news/2022/05/09/global-covid-summit-funding-00030868>

Analysis ahead of the Summit. **“Without additional funds, it will be difficult for U.S. vaccine programs abroad to continue.”**

“... Officials in the administration have acknowledged that lack of additional money weakens the government’s ability to ask countries to do more to fight the pandemic. It’s possible the administration promotes previously [committed funding and programming](#), for example, through the Development Finance Corp. for increased vaccine production. The administration could also lay out the U.S. [investment plan](#) for the Global Health [Financial Intermediary Fund](#), a World Bank fund to help with pandemic preparedness. **There are multiple commitments for each theme of the summit, the official said. Those themes are the same as last year’s summit — “Vaccinate the World,” “Save Lives Now” and “Build Better Health Security” — though the policy goals within those themes were updated to meet new needs....”**

PS: **“.... The updated policy goals did not, however, include shifting to vaccinating and boosting 90 percent of vulnerable populations before moving onto the goal of vaccinating 70 percent of all countries, a target for which some global health experts [have argued](#).** “We have not created a target separate from the 70 [percent],” one of the senior administration officials said, noting that vaccinating high-risk groups early has been part of the U.S. strategy....”

Devex - Opinion: The Global COVID-19 Summit must tackle the vaccine demand gap

R Trasher; <https://www.devex.com/news/opinion-the-global-covid-19-summit-must-tackle-the-vaccine-demand-gap-103121>

More neat analysis (and advocacy) ahead of the second Global Covid-19 summit.

“.... On May 12, the Group of 7 leading industrial nations and the larger Group of 20 countries will [gather virtually for the second Global COVID-19 Summit](#), where leaders must recognize that the business-as-usual approach will not only [fail to address severe vaccine inequity](#) now, but will potentially exacerbate existing health inequity for future pandemics. ... **more than two years into the pandemic, at least one of those goals — vaccinating the world — is [still far out of reach](#). While the United States and the European Union [sought to vaccinate 70%](#) of every country by September**

2022, low-income countries, on average, are only 12% fully vaccinated, and lower-middle income countries hovering above 50%....”

“... One obstacle that has gained a lot of attention in recent weeks is the problem of waning demand for vaccines — especially in African countries. Some blame African vaccine hesitancy, rooted in public misinformation, government mistrust, or the sense that other health threats trump COVID-19 in imminence or severity. Others blame the lack of infrastructure and health care workers to deliver and administer vaccines, or point to inconsistent and delayed deliveries of donated doses, making it impossible for countries to adequately plan vaccination campaigns. ... **The international response to COVID-19 faces a glaring pitfall: by donating more vaccine doses, and not addressing low demand, wealthy countries are undermining their own goals of building up local and regional infrastructure for pharmaceutical manufacturing by out-competing those industries.** Put simply, companies such as Aspen shouldn't be in competition with foreign firms, but enabled to fully enter the supply chain and fill vaccine gaps....

“As we witness yet another surge in cases around the world, **this new summit must be different. First, G-7 and G-20 country leaders must consider how their commitments interact with each other, taking steps to mitigate the interference....”**

NYT - Former Heads of State Urge U.S. to Commit \$5 Billion to Global Covid Fight

<https://www.nytimes.com/2022/05/09/us/politics/biden-covid-aid.html>

“...A group of former heads of state and Nobel laureates are calling on the United States to immediately commit \$5 billion to combat the global coronavirus pandemic, and activists are pressing President Biden to take a more forceful leadership role in the response as he convenes world leaders for a Covid-19 summit on Thursday.

“I want America to recognize that the disease is not over anywhere until it's over everywhere,” **Gordon Brown**, a former British prime minister **who is leading the push for funding**, said in an interview Monday. He added, “We must not sleepwalk into the next variant.” But **Mr. Biden conceded Monday afternoon that “much-needed funding” for the Covid-19 response is not coming anytime soon.** In a statement issued by the White House, the president said congressional leaders in both parties had informed him that including the funding in a new aid package for Ukraine would “slow down action on the urgently needed Ukrainian aid,” so he was resigned to having the two packages move separately. “However, let me be clear: As vital as it is to help Ukraine combat Russian aggression, it is equally vital to help Americans combat Covid,” Mr. Biden wrote, adding that both the domestic and the global response would suffer if the funding is not approved....”

“Mr. Brown, now the World Health Organization's ambassador for global health financing, said he was **also encouraging leaders of other wealthy nations to make funding commitments.** He is the lead author on a letter to the president whose signatories also include Mary Robinson, a former president of Ireland; Helen Clark, a former prime minister of New Zealand; and Joseph Stiglitz, a Nobel Prize-winning economist.”

“... **Global health officials are increasingly concerned about what many are calling “Covid fatigue,” as world leaders deal with crises like the war in Ukraine, or turn to other pressing health concerns.** ... “Donors are predominantly saying, ‘Oh, we want to get back to, you know, whatever it was that they prefer funding like maternal child health, H.I.V., T.B., whatever it is, and they're saying that

there's a reduced appetite for Covid," said Fiza A. Rahman, an adviser to ACT-Accelerator, the consortium backed by the W.H.O. that is leading the global response...."

"The summit is a follow-up to [one Mr. Biden convened in September](#); he will use the gathering to ask wealthy nations to step up their financial contributions for vaccines, tests and treatments. **Specifically, he will call on developed nations to donate \$2 billion to purchase Covid treatments and \$1 billion to purchase oxygen supplies for low- and middle-income countries, according to a senior administration official involved with the planning.**"

Biden's Global COVID Summit Comes Amid Omicron Surge and Constrained Access to Antivirals

<https://healthpolicy-watch.news/bidens-covid-summit-comes-as-omicron-surges-and-antivirals/>

Coverage of **how WHO framed the (stakes of the) global Covid summit**, on Tuesday (media briefing).

"The Global COVID-19 Summit hosted by US President Joe Biden on Thursday comes amid a surge in the virus in 50 countries, constrained access to antiviral treatments, and no agreement on a patent waiver on COVID vaccines, according to the World Health Organization (WHO). [Omicron lineage BA.2](#) is driving most of the global surge, while sublineages BA.4 and BA.5 are driving cases in South Africa, WHO Secretary-General Dr Tedros Adhanom Ghebreyesus told a media briefing on Tuesday. ... He also called for leaders attending the global summit to "agree to end the stalemate at the World Trade Organisation on the temporary waiver of intellectual property on COVID-19 tools". "

"... Dr Mike Ryan, WHO Executive Director of Health Emergencies, said that the summit was aimed at fixing all the problems in the supply chain system relating to COVID-10 vaccines, treatment and tests."

"... The WHO and partners including Gavi, CEPI and UNICEF, issued an appeal on Tuesday for more funding for the ACT-Accelerator, which has only raised just over 10% its our financing needs."

See WHO - [World leaders urged to make firm commitments at Second Global COVID-19 Summit by ACT-Accelerator agency leads](#)

CGD - Second COVID-19 Summit: Another Chance At Global Solidarity?

J Estes et al; <https://www.cgdev.org/blog/second-covid-19-summit-another-chance-global-solidarity>

« In the lead up to the long-awaited second summit, we look at the trajectory of the US international response since the fall—including progress toward the [1st] summit pledges—take stock of some of the challenges ahead and offer recommendations for what should come next and where the US is well-placed to contribute. We focus on the US response, but recognize that other funders and governments, especially in low- and middle-income countries have been on the forefront of this fight..."

Global Pulse - 4 things to watch at the White House Covid summit

<https://www.politico.com/newsletters/global-pulse/2022/05/12/summit-gp-00031881>

Re money, drugs, pandemic preparedness & Trips.

On the money: “...No significant amounts of money are expected from the U.S for the global fight against the virus. The Biden administration has failed to convince Congress to add \$5 billion into the global response as poor countries struggle to deliver the glut of Covid vaccines they’ve received because of a lack of infrastructure and demand. But **others are committing \$3.1 billion in new money**, one senior administration official said Wednesday. “That would not have happened without U.S. leadership,” the official said. The timing of those commitments is not yet known. **The global pandemic response needs almost \$17 billion this year, according to the World Health Organization – but only about \$2 billion has been raised toward that target.**”

And a link:

- [COVID GAP Accountability report](#) (led by Duke University & Covid Collaborative)

“Through this and future Accountability Reports, the COVID Global Accountability Platform (COVID GAP) will highlight and analyze recent developments, track progress toward national, regional, and global targets, and identify high-priority recommendations for a more effective, efficient, and equitable pandemic response and preparedness. Over the past six months, COVID GAP has been gathering and analyzing data to inform insights and recommendations. Drawing on data across many sources, our team tracks important measures of progress on commitments and remaining gaps, helping to hold leaders and organizations to account on these actions....”

“...The First Global COVID-19 Summit in September 2021, convened by US President Biden, produced multiple commitments as well as a list of targets and actions for global leaders in both the public and private sector. The table ... tracks progress toward several of those targets...”

Biden’s 2nd Global Covid summit: Announcements & commitments

White House Fact sheet: The Biden-Harris Administration Global Health Worker Initiative

<https://www.whitehouse.gov/briefing-room/statements-releases/2022/05/11/fact-sheet-the-biden-harris-administration-global-health-worker-initiative/>

This announcement came just ahead of the summit. Biden asked his Administration **to develop a “global health workforce** plan, to accelerate our contributions to the Sustainable Development Agenda and investments in health and care workers.”

*“... Currently, U.S. Government programs such as the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the U.S. President’s Malaria Initiative (PMI), and U.S. bilateral global health security partnerships in support of the Global Health Security Agenda, **contribute approximately \$1.56 billion annually to support the health workforce across the globe.** Further, the President’s Fiscal Year (FY) 2023 Budget prioritizes advancing investments across health programs to strengthen health systems and the global health workforce and support. Notably, **the President’s Budget includes an additional***

\$1 billion for this new Global Health Worker Initiative to support and protect the global health workforce as part of the Administration's increased prioritization and investments in health workforce. This funding, if provided by Congress, would be directed through the U.S. Department of State and the United States Agency for International Development (USAID) and coordinated with others in the U.S. government. ..."

Read about the **4 pillars**. "protecting health workers, expanding the workforce, advancing equity in the workforce, and investing in tech and digital health."

The Pan American Health Organization, the African Union and France are part of the initiative, among others.

WHO and MPP announce agreement with NIH for COVID-19 health technologies

<https://medicinespatentpool.org/news-publications-post/who-and-mpp-announce-agreement-with-nih-for-covid-19-health-technologies#.Yn0PQwffzTI.twitter>

"WHO's COVID-19 Technology Access Pool (C-TAP) and the Medicines Patent Pool (MPP) today finalised a licensing agreement with the United States National Institutes of Health (NIH) for the development of several innovative therapeutics, early-stage vaccines and diagnostic tools for COVID-19. The licences, which are transparent, global and non-exclusive, will allow manufacturers from around the world to work with MPP and C-TAP to make these technologies accessible to people living in low- and middle-income countries and help put an end to the pandemic...."

See also WHO - [WHO and MPP announce agreement with NIH for COVID-19 health technologies](#)

"...The 11 COVID-19 technologies offered under two licences include the stabilized spike protein used in currently available COVID-19 vaccines, research tools for vaccine, therapeutic and diagnostic development as well as early-stage vaccine candidates and diagnostics...."

White House - 2nd Global COVID-19 Summit Commitments

<https://www.whitehouse.gov/briefing-room/statements-releases/2022/05/12/2nd-global-covid-19-summit-commitments/>

"... The Summit garnered new financial commitments totaling more than \$3 billion in new funding, not yet announced, above and beyond pledges made to date in 2022. This includes over \$2 billion for immediate COVID-19 response and \$962 million in commitments toward a new pandemic preparedness and global health security fund at the World Bank."

With detailed overview of all commitments from Government, other partners and entities.

See also [HPW](#) coverage:

On the \$960 million in commitments from the US and other developed countries toward the creation of a new **Pandemic Preparedness and Health Security Fund** to be housed by the World Bank: *"... The pledges should provide the seed money needed to formally create the new Financial Intermediary Fund (FIF), said World Bank President David Malpass, speaking at the*

summit. *“I’m hopeful that this will be enough to give us critical mass and we can work with the G-20 and get the steps done to take the FIF to our board in June,” he said. But the World Trade Organization’s Director General Dr Ngozi Okonjo-Iweala said more would be needed to really operationalize the finance facility effectively. “Today’s commitments are good but they are just a down payment on the \$10 billion a year needed to seed this fund,” she said “So we hope to see more commitments coming, while now the task remains to operationalize the FIF.”*

*“...the African Union, as well as 16 **low-and-middle income countries** individually, also said they would invest more domestic resources in health systems, pandemic preparedness and COVID vaccine campaigns – along with new product R&D and manufacturing. The pledges included one by Africa’s most populous nation, Nigeria, to train 10,000 more frontline healthcare workers by December 2022 on basic infection prevention and control along with supporting more laboratory capacity for genomic sequencing, and a 70% COVID vaccination goal....”*

- And see also **NYT coverage** of the summit - [As Congress blocks US Covid aid, other nations pledge billions to bolster the global response.](#)
- And a link: Global Fund - [Global Fund, United States and Unitaaid Launch “Test-and-Treat” Programs at Second Global COVID-19 Summit](#)

“The Global Fund, the United States and Unitaaid, together with FIND and other ACT-Accelerator partners, are launching over US\$120 million in support to countries for test-and-treat programs to prevent hospitalizations and deaths from COVID-19 for those most at risk in low- and middle-income countries. The announcement was made at the Second Global COVID-19 Summit...”

Devex - COVID-19 summit a ‘win against complacency,’ but still falls short

<https://www.devex.com/news/covid-19-summit-a-win-against-complacency-but-still-falls-short-103235>

Nice summary.

“Global leaders committed about \$3.1 billion in new funding to the global COVID-19 pandemic response on Thursday, among other commitments related to licensing agreements and a generic agreement to lower the price of oral antiviral treatment. This includes over \$2 billion in funding for the immediate response, and \$962 million for the new pandemic preparedness and global health security fund at the World Bank. About \$2.5 billion came from over 35 governments, and approximately \$700 million from the private sector, foundations, and other nongovernmental entities.”

“The outcomes of the summit were better than expected and could help revive the global COVID-19 response, Carolyn Reynolds, the co-founder of Pandemic Action Network, told Devex. “It certainly was a win against complacency, which we’ve seen too much of. It provided a much-needed shot in the arm for both the global COVID response but also importantly, to begin to prepare the world for the next pandemic,” she said. Still, the funding committed fell far short of the goal set for the conference — which included \$10 billion to support access to vaccinations, and \$3 billion for access to therapeutics and oxygen....”

PS: “ At the summit, the Clinton Health Access Initiative announced agreements to make generic versions of this drug “available to low- and middle-income countries at under US\$25 per treatment course for treatment of COVID-19 in high-risk patients.” “... the companies will guarantee production of an affordable generic version of the drug and dedicate capacity for 4.5 million treatment courses per month for low- and middle-income countries covered under their licensing agreements with the Medicines Patents Pool (MPP), pending provision of demand forecasts,” according to the initiative....”

DFC financing up to US\$ 1 billion for Gavi COVID-19 vaccine and ancillary supply purchase and delivery

<https://www.gavi.org/news/media-room/dfc-financing-us-1-billion-gavi-covid-19-vaccine-ancillary-supply-purchases-delivery>

“The White House today announced that US International Development Finance Corporation (DFC) and Gavi, the Vaccine Alliance have partnered to create the COVAX Rapid Financing Facility, which will provide up to US\$ 1 billion to accelerate COVID-19 vaccine and ancillary supply purchase and delivery on behalf of developing countries participating in the COVAX Advance Market Commitment (COVAX AMC). The aim of this new innovative financing instrument is to allow Gavi to monetize sovereign and private sector pledges to the COVAX AMC and consequently maximize impact by minimizing waiting time for the funding. This tool will give the COVAX AMC additional liquidity to support the availability of COVID-19 vaccines, including variant-adapted doses, in response to risks and shocks, and it will enable COVAX to act quickly to secure access to extra doses....”

TRIPS waiver discussions/negotiations

On 6 May, WTO members discussed the ‘outcome text’ at a formal meeting of the TRIPS Council. A General Council meeting of the WTO took place **on 9-10 May**. Bilateral meetings and small group meetings will still take place in the coming days and weeks, all working towards **MC 12 (on 12-15 June)**. Text-based negotiations are beginning.

See [WTO](#): **“Honduran Ambassador Dacio Castillo, in his capacity as the General Council Chair's Facilitator, urged delegations to streamline texts and merge them wherever possible so members can start negotiating on a single COVID-19 IP waiver text from 16 May.”**

Via [HPW](#): **[At the Biden Summit] Ngozi Iweala expressed hopes that the WTO would finally be ready to present a compromise draft proposal for a “TRIPS” waiver on intellectual property for COVID vaccines to the Ministerial Council (MC-12) when it convenes in June. “We hope to have a workable compromise, that is being debated right now, and we hope it will be ready in June,” she told the Summit.**

Below **some reads, analysis & coverage of the past week.** (You might want to scan this section fast.)

WTO - TRIPS Council hears initial reactions to Quad's outcome document on IP COVID-19 response

WTO press statement on the meeting of 6 May. ***“At a meeting of the Council for Trade-Related Aspects of Intellectual Property Rights (TRIPS) on 6 May, WTO members discussed the outcome document that has recently emerged from the informal process conducted with the Quad (the European Union, India, South Africa and the United States) for an intellectual property (IP) response to COVID-19. Members also adopted the oral status report that will be submitted by the chair of the TRIPS Council, Ambassador Lansana Gberie of Sierra Leone, to the General Council scheduled for 9-10 May.”***

“... Most delegations stated that they need more time for internal discussions and noted further elements of the text that need further consideration, such as on eligibility and the issuing of a single authorization for eligible members to use the subject matter of multiple patents necessary for the production or supply of a COVID-19 vaccine. Consultations will continue until the 12th WTO Ministerial Conference in June....”

TWN - WTO DG's "TRIPS COVID-19" text goes into uncharted waters

R Kanth; <https://twn.my/title2/wto.info/2022/ti220507.htm>

(Critical) TWN analysis & coverage of the meeting. ***“ Amidst sharply divergent views on the draft “TRIPS COVID-19” text circulated by the World Trade Organization’s Director-General on 3 May, China has rejected one particular condition in the text on systemic grounds, as it uses the criterion of export share to define eligible members, said people familiar with the development. At a formal WTO TRIPS Council meeting on 6 May, discussions on the text circulated by the DG, Ms Ngozi Okonjo-Iweala, went into uncharted waters as many developing countries raised sharp concerns that the text did not address several core issues, including access to diagnostics and therapeutics, said people familiar with the proceedings....”***

FT - WTO Covid patent waiver that no one wants to own

<https://www.ft.com/content/15c09842-4d0d-425e-b2ab-923b55b51f07>

FT analysis (see also this week's intro). ***“US, South Africa and India are failing to back the proposal that they themselves negotiated.”***

“... now, it seems, most of the governments that were negotiating it don't want to take ownership of it. The text was discussed by ambassadors at the WTO on Friday and elicited a lot of questions but no enthusiastic agreement or outright opposition as yet. Like all the best WTO proposals it was punted off to another meeting. Along with India and South Africa, which have run into opposition themselves for letting their original proposal be heavily watered down, the US has now got itself into the rather feeble position of letting a text go forward for general discussion among all WTO members without explicitly backing it. The situation has put WTO director-general Ngozi Okonjo-Iweala in the awkward position of having to put her name to it instead....”

“... The US publicly met the waiver proposal last week with a painfully non-committal response, a stance it also took in Friday's meeting of ambassadors, where it said it was consulting domestically.

*But Washington looks weak if it doesn't ultimately back it. If the US really objected they should have killed it at a much earlier stage in talks before it was leaked. So what happens now? **If the WTO members find some accommodation for China and make a few tweaks, there's a reasonable chance it gets adopted.** That would be a rare success for the WTO as an institution, or at least for its management. **But it wouldn't speak much for the courage or competence of the likes of the US in getting there....."***

Geneva Health Files - WTO DG Serves Up New Proposed Text on the TRIPS Waiver to a Divided House, Tense Negotiations Expected

P Patnaik; [Geneva Health Files](#)

GHF's in-depth analysis from last Friday. *"...This month WTO members are taking back control on the TRIPS waiver discussions, that have been, for the past 6 months or so, been debated mostly among key members, brokered by top WTO officials. **Our edition this week takes a look at recent developments that explain the pressure and politics at the WTO...."***

A few excerpts:

*"... **Sources say that this so-called outcome text has struggled to get endorsement and ownership from the US, India and South Africa. The EU has supported the text.** In the meantime, even as these three countries have not completed internal consultations on the text, as has been suggested, **pressure continued to build on the DG to make the text public, albeit without the endorsement of all the members of the Quad. ..."***

The analysis also has sections on the eligibility of countries & the **push for the inclusion of therapeutics and diagnostics.**

On the latter:

*" On the inclusion of therapeutics and diagnostics in the scope of a potential waiver, the current text says, "No later than six months from the date of this Decision, Members will decide on its extension to cover the production and distribution of COVID-19 diagnostics and therapeutics." **Sources indicated to us that developing countries will push for an inclusion of therapeutics and diagnostics in the current negotiations.** "It does not make sense to put off a decision on the applicability of the waiver to other products later in the year," a diplomatic source from a developing country told us."*

*"**It is also understood that given the delay in the decision on the waiver, the goalposts have now shifted. The evolving epidemiology of the disease suggests that COVID-19 will become endemic in many parts of the world. "While vaccines have been incredibly helpful, the world now needs access to therapeutics.** Vaccination continues to be very low in Africa, and diagnostic capacities across the developing world are inadequate," a developing country diplomat said underscoring the need to expand the product scope in any outcome on a potential waiver...."*

PS: *"... **Sources familiar with the process indicated that the DG has been under pressure to introduce the text to the wider membership. It is understood that the US was keen that an official text be brought to the membership in order to begin formal consultations on the text. ... Efforts to suggest that an alleged agreement between the Quad has been reached, could indicate the pressure***

to reach a consensus on these highly sensitive and political discussions. **In less than 6 weeks, trade ministers will gather for a ministerial conference, after nearly five years. ...**"

Bloomberg – China Rejects Its Exclusion From WTO Vaccine Waiver Proposal

<https://news.bloomberglaw.com/ip-law/china-rejects-its-exclusion-from-wto-vaccine-waiver-proposal>

"China says WTO proposal has unreasonable eligibility rules; U.K., Switzerland also have concerns with the waiver proposal."

"China objected to a key provision of a World Trade Organization proposal to waive intellectual-property rights for Covid-19 vaccines that Beijing said would discourage shipments of doses to poorer nations. "Li Chenggang, China's ambassador to the WTO, said the country could not accept some of the fine print that excludes developing members which exported more than 10% of global vaccine doses from the waiver....."

PS: ***"China wasn't the only member that had difficulties with the proposed WTO text. Indonesia, Pakistan, Nigeria and Malaysia all expressed their concerns about the text's proposed eligibility requirement"***.

WTO - Members welcome Quad document as basis for text-based negotiations on pandemic IP response

https://www.wto.org/english/news_e/news22_e/gc_10may22_e.htm?utm_source=dlvr.it&utm_medium=twitter

"At a General Council meeting on 10 May, WTO members agreed that the outcome document emerging from the informal process conducted with the Quad (European Union, India, South Africa and the United States) opens the prospect for text-based negotiations on an intellectual property response to COVID-19. Members welcomed the proposal as a positive development and thanked Director-General Ngozi Okonjo-Iweala and Deputy Director-General Anabel González, as well as the four members of the Quad, for their efforts in trying to find a way forward on this long-standing issue."

PS: ***"....China announced at the meeting that it will not avail itself of the flexibilities under the Quad waiver text provided that language is used opening benefits of the waiver to all developing members while encouraging those with capacity to export vaccines to opt out. China and several other members rejected a second option in the text that would restrict waiver eligibility to those developing countries that exported more than 10 per cent of the world's vaccine doses in 2021. Several delegations took the floor to praise China for showing leadership in this process. The DG also thanked China for its announcement. "China has made a bold move today and we should recognize it," she said. "I think it really opens up the spirit of constructiveness which I hope will be forthcoming from our members to get a workable proposal out of this.""***

Guardian - Affordable Covid drugs kept out of reach by sluggish WTO

<https://www.theguardian.com/global-development/2022/may/09/affordable-covid-drugs-wto-pharma-giants-intellectual-property>

“Analysis: EU and US pharma giants’ intellectual property rights stop poorer countries accessing vital medication – despite WTO claims of progress.” Excerpts:

“... Health and anti-poverty campaigners say WTO boss Ngozi Okonjo-Iweala, elected last year amid a fanfare of hope and expectation, appears to have provided cover for big pharma rather than pushing for wider access, as she promised. Ngozi’s supporters say she is playing a long game, though Covid-19 may be a distant memory – and Pfizer shareholders even richer than they are today – by the time this long game plays out. She is understood to be in favour of a full waiver, but progress towards a breakthrough remains elusive, despite official claims to the contrary. Max Lawson said the WTO continues to place corporate interests over the needs of global health....”

PS: *“... Why would the EU and US play hardball? Moderna and Pfizer, which uses the German firm Biontech’s IP, will have new vaccines on the market by the autumn – known as “bivalent” vaccines, that address Omicron as well as the other previous incarnations of Covid-19. German firm CureVac has partnered with Britain’s GSK to make their own version. Lots of other pharma companies are in the hunt. This means that once again there will soon be new, better drugs for the rich countries, with developing nations at the back of the queue – and still paying top dollar for earlier vaccines less tailored to viral variants and mutations.”*

Devex - TRIPS waiver compromise tabled at WTO finds few takers

<https://www.devex.com/news/trips-waiver-compromise-tabled-at-wto-finds-few-takers-103239>

Analysis by **Andrew Green**. *“Discussions began last week within the World Trade Organization over a proposal to temporarily waive patent protections on COVID-19 vaccines. Even as WTO officials press for a resolution ahead of a long-delayed ministerial conference in June, the halting reactions of members to the document signal that reaching consensus in a month — or at all — will not be easy....”*

Quote: *“...several members signaled that they need more time to consider the text, according to a Geneva-based trade insider. That included the Tanzanian delegation, speaking on behalf of the WTO’s Africa group, which has signed on as a co-sponsor of the original waiver proposal. In Friday’s discussions, Tanzania called attention to the importance of therapeutics and diagnostics, as well as technology transfers. Meanwhile, Switzerland and the United Kingdom seemed to signal that they may extend their ongoing opposition to the TRIPS waiver to the compromise. While neither delegation voiced opposition in the preliminary discussions last week, the insider said that both delegations defended the architecture of the current IP framework.... Even the brokers of the agreement only expressed tepid enthusiasm for it....”*

Links:

- Cambridge University Press – [The legality of a TRIPS waiver for Covid-19 vaccines under international investment law](#) (by B Mercurio et al)

“...This article assesses the arguments and challenges that are likely to arise should investors file an investor–State dispute settlement (ISDS) claim over measures taken in response to a waiver of obligations relating to intellectual property rights (IPRs) under the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement)...”

More on Global Health Governance/Security & Financing

TGH - The Domestic Sources of U.S. Foreign Policy on Global Health

D Fidler; <https://www.thinkglobalhealth.org/article/domestic-sources-us-foreign-policy-global-health>

“The transformation of American politics threatens foreign policy engagement on global health.”

Excerpts:

“... The turmoil in the United States during COVID-19 potentially signals a deterioration in domestic support for U.S. engagement with global health. It also suggests that the domestic sources of U.S. foreign policy on global health before the pandemic were more superficial than substantive...”

“... domestic support for U.S. engagement on global health in the post-Cold War period did not protect Americans against the apex threat—a pandemic. In addition, such engagement failed to produce any geopolitical or ideological benefits for U.S. foreign policy while rival states undermined U.S. power and damaged democracy worldwide. Overall, the alignment of domestic and foreign policy on public health seen in the first decade of this century proved astonishingly ineffective at home and abroad...”

“... The toxic politics of public health suggest that rebuilding domestic sources for U.S. foreign policy on global health will prove difficult. A similar story of divisive U.S. politics appears across other policy areas, including reproductive rights, education, environmental protection, immigration, race relations, and the treatment of LGBTQ+ persons...”

“... the response to Russian aggression is unlikely to spill over into post-pandemic domestic politics and foreign policy on public and global health. Instead, the geopolitical and ideological threats created by the war have marginalized COVID-19 and post-pandemic needs in U.S. politics and foreign policy. In this context, a devastating pandemic might not produce the synergy needed between domestic politics and foreign policy that would transform how the United States approaches public and global health in the years to come.”

Devex -US Senate confirms Dr. John Nkengasong to lead PEPFAR

<https://www.devex.com/news/us-senate-confirms-dr-john-nkengasong-to-lead-pepfar-103186>

Merry news from last week on Friday. ***“The U.S. Senate has confirmed Dr. John Nkengasong as the U.S. global AIDS coordinator, which will include leadership of the [U.S. President's Emergency Plan for AIDS Relief](#) — the U.S. global HIV initiative. The Cameroonian virologist is the first person born on the African continent to take on the role. He currently serves as the director of the [Africa Centres for Disease Control and Prevention](#). U.S. President Joe Biden [nominated him](#) for the role last September. There has been a gap in permanent leadership since Dr. Deborah Birx left in 2020. Dr. Angeli Achrekar served as interim director.....”***

“... Before leading Africa CDC, Nkengasong worked at PEPFAR on strengthening laboratory capacity across Africa. His program was the largest and most funded program within the [U.S. Centers for Disease Control and Prevention](#)'s HIV division. PEPFAR, which has an [annual budget of \\$6 billion](#) and has programming in over 50 countries, was launched in 2003 by U.S. President George W. Bush.”

“... A source familiar with the matter told Devex that **in the interim before a director general is chosen to lead Africa CDC, the deputy director Dr. Ahmed Ogwel Ouma will head the agency.....”**

See also HPW - **[‘Our Loss is World’s Gain’; African Leaders on Nkengasong’s Confirmation to Head PEPFAR](#)**

“African leaders have applauded the US move to appoint John Nkengasong as head of the U.S. President’s Emergency Plan for AIDS Reliefs (PEPFAR) – saying he’ll reinvigorate the programme that has been a flagship for the global battle against the AIDS pandemic for nearly decades. **But they also said the loss of Nkengasong as head of the African Union’s Centers for Disease Control (Africa CDC), would be a blow to the Organization** that he built from a virtual unknown into a full-fledged AU health agency during his five-year tenure. “

““The reward for good work is more work. Our ‘loss’ is the ‘world’s’ gain,” said Ifedayo Adetifa, Director-General of the Nigeria Centre for Disease Control (NCDC), reacting to Nkengasong’s Senate confirmation. **During the pandemic, Nkengasong became the public face of Africa’s response to a wave of crisis on the continent** – beginning with woefully inadequate access to basic PPE for doctors and nurses to be followed by the dire shortage of vaccines on the continent – the most severe anywhere – in the initial months of vaccine rollout. **Now, as the focus shifts to the longer-term tasks associated with rebuilding health systems and routine services, Nkengasong’s departure will leave a gap, his colleagues acknowledge, that will be difficult to fill. The search for his replacement is expected to take several months.”**

Independent External Review of CEPI’s COVID-19 Vaccine Development Agreements Published

https://cepi.net/news_cepi/independent-external-review-of-cepis-covid-19-vaccine-development-agreements-published/

“....Following advice from the CEPI Board’s Equitable Access Committee (EAC), which provides the Secretariat with strategic guidance on access, **CEPI commissioned an independent external review of how equitable access has been achieved through our COVID-19 vaccine development agreements.** The review was carried out by the University of Georgetown’s O’Neill Institute for National & Global Health Law and aimed to generate learnings about how CEPI performed against its mission on equitable access; and how these learnings can contribute to enhancing

CEPI's agreements in future. We are publishing the **review's final report** so that our stakeholders, investors and partners can review the findings and recommendations."

Among key findings:

"CEPI's most visible and measurable success, other than its leadership in establishing COVAX, is its role in facilitating global access to ChAdOx1 nCoV-19 (the "Oxford/ AstraZeneca" vaccine, "Vaxzevria", "Covishield", AZD1222, among other trade and regulatory classifications). That vaccine has reached more people, and saved more lives, than any other. "

"With respect to its COVID-19 vaccine development, scale-up of manufacturing, and vaccine supply agreements, CEPI enjoyed the most favorable equitable access terms with newer and smaller biotechnology companies, including manufacturers, and universities...."

Lancet Comment - Closing the global vaccine equity gap: equitably distributed manufacturing

V Dzau et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00793-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00793-0/fulltext)

"... The world cannot afford a protracted pandemic with ongoing damage to economic productivity and global health security. A collaborative public–private effort to direct and inform an equitably distributed vaccinated manufacturing capacity is a decisive step towards pandemic resilience. The World Economic Forum in collaboration with the US National Academy of Medicine and the Coalition for Epidemic Preparedness Innovations is spearheading such an effort: the Collaborative on Equitable Vaccine Manufacturing Capacity, which will be launched later in May, 2022. ..."

Economist - Bill Gates explains "How to Prevent the Next Pandemic"

<https://www.economist.com/culture/bill-gates-explains-how-to-prevent-the-next-pandemic/21809103>

On his new book. "[How to Prevent the Next Pandemic](#)".

Among others:

*"...He suggests creating a global "fire brigade" of 3,000 experts scattered around the world, recruited for skills ranging from epidemiology and genetics, through drug and vaccine development and computer modelling, to diplomacy. This outfit, which would probably work under the auspices of the World Health Organisation, would remain on permanent standby, ready to respond to any detected outbreak. Mr Gates tentatively proposes that it be called **germ (Global Epidemic Response and Mobilisation)**. The pr department might not like the name, but the idea is worth exploring. He estimates **germ itself would cost about \$1bn a year**. While waiting for the call, its staff would be employed in beefing up the world's anti-pandemic infrastructure—this is where the diplomacy would come in—by chivvying governments into the necessary spending on detecting, monitoring and suppressing potential outbreaks. And in running drills...."*

The article also lists some of his (trademark **techno-optimist**) ideas in the book.

- For another review of his book (by Laura Spinney), see the New Statesman - [Bill Gates on the pandemic: a misplaced faith in innovation](#)

“The tech billionaire believes business can shield us from future diseases – but the market is part of the problem.”

“...Gates’s proposals are wise, and his goals should be our goals. But how do we achieve them? Unsurprisingly, given how the Microsoft co-founder made his fortune, he puts his faith in private-sector innovation supported by governments and philanthropy – the status quo, in other words. But another thing this pandemic has taught us is that, while markets and technology can solve a lot, they can’t solve everything. And, as things stand, the private sector is as much a part of the problem as of the solution.”

Global Fund (Thematic Report) – Pandemic Preparedness and response

https://www.theglobalfund.org/media/11986/thematic_pandemic-preparedness-response_report_en.pdf

“...As the largest multilateral provider of grants in global health and the only multilateral agency specifically created to fight pandemics, the Global Fund partnership is uniquely placed to collaborate with partners to support countries to prevent, prepare for and respond to pandemics....”

“... the swiftest and surest way to defeat today’s infectious diseases as well as prevent, prepare for, and respond to future pandemics is by building strong, inclusive formal and community health systems.....”

CGD Notes - Rapid and Equitable Access to Medical Countermeasures: Lessons, Landscape, and Near-Term Recommendations

A Glassman et al; <https://www.cgdev.org/publication/rapid-and-equitable-access-medical-countermeasures-lessons-landscape-and-near-term>

“Rapid, equitable access to medical countermeasures (MCM) is essential to mitigate the health and economic consequences of future pandemic risks, which are driven by the length of time it takes to equip the world with the diagnostics, vaccines, and therapeutics to identify and combat transmission. This note takes a quick look at the lessons learned and the existing landscape of MCM manufacturing in the context of the current pandemic response and suggests eight areas for action along with near-term recommendations to the global community to both prepare and respond to future pandemic risks. “

CGD - Establishing a Financing Mechanism for Global Health Security and Pandemic Preparedness: Where Are We Now and What Comes Next?

A Glassman et al; <https://www.cgdev.org/blog/establishing-financing-mechanism-global-health-security-and-pandemic-preparedness-where-are-we>

The title pretty much nails it (in terms of providing the gist of this blog).

“...The pandemic preparedness and response fund is gaining traction. We put together a [concept note](#) on what the FIF should do, how it should be operationalized, and why the World Bank is the right place for the financing mechanism....”

For the **concept note** - [A Fund for Global Health Security and Pandemic Preparedness](#)

WHO -Launch of WHO GIS Centre for Health

<https://www.who.int/news-room/events/detail/2022/05/09/default-calendar/launch-of-who-gis-centre-for-health/>

The [WHO GIS Centre for Health](#) was launched on 9 May 2022 in conjunction with the [GIS for a Sustainable World Conference](#) 10-11 May 2022.

“Geospatial technology in the form of Geographic Information Systems (GIS) enables spatial representation of data to support better public health planning and decision-making. The global health and medical applications of GIS are numerous and many countries currently lack the benefits of GIS to strengthen their health information system. By connecting maps, apps, data and people the WHO GIS Centre is dedicated to support countries and partners to make informed public health decisions faster and to extend the reach of geospatial information across the organization. By continuing to expand its collaboration with partners the WHO GIS Centre aims at bridging inequalities within and across countries....”

Devex - Feminist groups need additional \$6B in philanthropic support: Report

<https://www.devex.com/news/feminist-groups-need-additional-6b-in-philanthropic-support-report-103171>

“Philanthropists should invest about \$1.5 billion annually in women’s rights organizations if they want to support feminist movements worldwide, according to a [new report](#) from nonprofit advisory firm [The Bridgespan Group](#) and [Shake the Table](#), a group that connects donors to organizations focused on social and economic justice....”

PS : *“Bridgespan is well known in the philanthropy world for advising nonprofits, philanthropists, and impact investors. Billionaire MacKenzie Scott is among its high-profile philanthropy clients. Approximately [60% of the recipients](#) in Scott’s latest multibillion-dollar round of grant distributions are women-led organizations. Bridgespan also [has received funding](#) from the [Bill & Melinda Gates Foundation](#), which last year [pledged \\$2.1 billion](#) to promote gender equality globally over five years. The Gates Foundation and a philanthropic investment company created by one of the foundation’s co-chairs — Melinda French Gates’ Pivotal Ventures — are among the funders of the report....”*

Devex - Q&A: The critical role of WHO's new country connector

<https://www.devex.com/news/sponsored/q-a-the-critical-role-of-who-s-new-country-connector-103162>

*“During the initial phases of the [COVID-19](#) pandemic, countries that had previously worked closely with the private sector did a lot better than the ones who hadn't, said **David Clarke, acting unit head of the health systems governance team at the [World Health Organization](#)**. “It was very difficult for the ones who hadn't to bring themselves up to speed on how to engage in the middle of an emergency situation,” he said. “It was clear that there was this governance gap when it came to countries' capacity to work constructively with the private sector.” Enter the [Country Connector on Private Sector and Health](#). In December 2021, **WHO launched a new platform that was designed to be an extension of the WHO's strategy on private health service delivery sector through governance in mixed health systems**, aimed at supporting efforts to build stronger health systems amid and beyond COVID-19...”*

*“...In an **interview with Devex**, Clarke explained why working with the private sector post-pandemic is crucial, how the country connector will support such efforts, and how it could be a “game changer” for maternal health...”*

Wellcome's ambitions for 2022 and beyond

<https://wellcome.org/news/wellcomes-ambitions-2022-and-beyond>

*“Cheryl Moore, Director of Research Programmes, shares **how Wellcome plans to spend £16 billion over the next ten years to advance scientific discovery and take on the world's most pressing health issues**.”*

*“Wellcome supports science to solve the urgent health challenges facing everyone. **Within that vision are four interlinked programmes: Discovery Research, Infectious Disease, Mental Health, and Climate and Health**. At the start of 2022, we announced that Wellcome plans to spend £16 billion over the next ten years on this work. It is a significant increase and we have bold plans for it: advancing scientific discovery and taking on the world's most pressing health issues. **Here, I provide a high-level update on how we intend to use our resources – financial and otherwise – to achieve ambitious goals in each area of our work.....**”*

COVAX (& ACT-A)

Devex - COVID-19 vaccine delivery and demand 'slowing down'

<https://www.devex.com/news/covid-19-vaccine-delivery-and-demand-slowing-down-103187>

From last week Thursday. **“COVAX now has enough supply of [COVID-19](#) vaccine doses to meet country needs, but multiple challenges remain on delivery and demand**. COVAX has delivered more than [1.4 billion doses of COVID-19 vaccines](#) to 145 countries and territories, and [1.2 billion of those doses](#) have gone to countries under the [COVAX Advance Market Commitment](#). Almost half a billion of

those doses have gone to 51 countries in Africa, said Eva Kadilli, [UNICEF's](#) supply division director, during an **Access to COVID-19 Tools Accelerator media briefing [last week] on Thursday.**

“COVAX has access to enough supply to enable countries to meet their national vaccination targets,” said Seth Berkley, CEO at [Gavi, the Vaccine Alliance](#). **COVAX can also now give countries six months' visibility on vaccine supply, and launched a Pandemic Vaccine Pool** to ensure access to additional and variant-adapted vaccines in case the need arises in the future. **But while supply is no longer an issue, the challenge is on delivery and demand.** The omicron variant has changed people's risk perception of COVID-19, and there remain pockets of hesitancy and low confidence in the vaccines, factors that could be driving the challenges around COVID-19 vaccine delivery and uptake, according to Rosemary Mburu, executive director of WACI Health, an African regional advocacy organization. **Another challenge is matching what vaccine countries want and the vaccine supplies coming from COVAX's advanced purchase agreements and donations from high-income countries....** “The challenge is **we try to give countries their first choice of vaccine**, and that's important because early on in the days they didn't have a choice and we gave them whatever we had,” Berkley said. “And that makes the matchmaking more complicated across both the advanced purchase agreement doses as well as the donations coming in.” **Priority seems to have shifted to [messenger RNA vaccines](#), he added. That makes it hard to also get countries to take up new vaccines, such as the one developed by [Novavax](#), despite the vaccine's long shelf life and good temperature portfolio at 2 to 8 degrees Celsius making it a good candidate in rural settings unable to meet ultra cold chain requirements....”**

“... **And with regard to the COVAX Humanitarian Buffer**, a mechanism meant to act as a “last resort” to ensure [vaccine access to populations in humanitarian settings](#), to date it has only been used to deliver vaccine doses in Iran and Uganda.....”....”

Stat (op-ed) Strengthening Gavi is a way forward for global vaccine equity

Nina Schwalbe; <https://www.statnews.com/2022/05/09/strengthening-gavi-is-a-way-forward-for-global-vaccine-equity/>

Nice one. “Nina Schwalbe of the United Nations University International Institute for Global Health writes in a STAT First Opinion. “This is not the first time that a global effort to reach people equitably with vaccines has required a new way of doing business. A transformation that occurred more than 20 years ago gives hope that it can happen again.” **Read her ideas for how Gavi, the Vaccine Alliance, which was created to solve stagnating childhood immunization coverage, can get global Covid vaccination back on track....”**

She argues for a new contract with the pharmaceutical industry; Doubling down on vaccine delivery; Giving more weight to voices from low-income countries and the Global South.

Reuters - WHO, Gavi not planning COVID vaccine buys from South Africa's Aspen

[Reuters](#);

“The World Health Organization (WHO) and its COVID-19 vaccine partner Gavi have **no immediate plans to buy shots made by Aspen Pharmacare (APNJ.J)**, the two bodies said, dealing a blow to Africa's efforts to develop its own vaccine production capacity.” Given that **“Supplies are already secured”....**

Related:

- [GAVI Must Commit to Buy Africa Manufactured Vaccines or the Africa Vaccine Manufacturing Plan will Fail – Dr Githinji Gitahi, Group CEO, Amref Health Africa](#)

Op-ed from 8 April, but still very pertinent.

“ The Africa Union through Africa CDC-s Partnerships for African Vaccine Manufacturing must demand a purchasing plan through the Advance Market Commitment instrument from GAVI before all African manufacturing efforts collapse as is inevitable without such a plan.....”

Covid key news

Cidrap News - WHO: Subvariants fueling COVID rises in more than 50 countries

<https://www.cidrap.umn.edu/news-perspective/2022/05/who-subvariants-fueling-covid-rises-more-50-countries>

“The head of the World Health Organization (WHO) today warned that rising COVID-19 cases are creating a volatile situation, posing the most risk for countries with low vaccination coverage. At a [briefing](#) today, Tedros Adhanom Ghebreyesus, PhD, the WHO's director-general, said the Omicron BA.4 and BA.5 subvariants are driving South Africa's surge, with the BA.2 subvariant dominant across the world and COVID-19 cases rising in more than 50 nations. Relatively high population immunity from vaccination or previous infection are so far keeping hospitalizations and deaths at a lower levels than previous surges. "But this is not guaranteed for places where vaccination coverage is low."....”

Cidrap News - COVID-19 cases continue to rise in Africa, Americas

<https://www.cidrap.umn.edu/news-perspective/2022/05/covid-19-cases-continue-rise-africa-america>

“Though COVID-19 cases continue to decline globally, they rose last week for the third week in a row in Africa and the Americas, the World Health Organization (WHO) said today in its latest [weekly pandemic update](#). ... Overall, global cases declined 12% compared with the previous with, with deaths down 25%. Both levels have been dropping since the end of March.... The WHO said more than 3.5 million cases were reported last week, along with more than 12,000 deaths. The WHO has urged caution, however, in interpreting COVID-19 patterns due to decreased testing as many countries ease back on their COVID-19 testing and surveillance....”

Guardian - China's zero-Covid policy is not sustainable, WHO director general says

<https://www.theguardian.com/world/2022/may/10/china-zero-covid-policy-world-health-organization>

“The head of the World Health Organization has voiced concerns over China’s effort to eliminate the Covid virus, in a rare rebuke to Xi Jinping’s pledge to achieve “dynamic zero-Covid”.”

“The WHO’s director general, Dr Tedros Adhanom Ghebreyesus, told a media briefing on Tuesday that his organisation does not think China’s Covid policy is “sustainable considering the behaviour of the virus”. “We have discussed about this issue with Chinese experts and we indicated that the approach will not be sustainable ... I think a shift would be very important,” he said. Mike Ryan, the WHO’s emergencies director, added that the impact of a “zero Covid” policy on human rights needed to be taken into consideration alongside its economic effect....”

“... Experts say China is in a dilemma over how to handle Covid. On Tuesday, new modelling by scientists in China and the US showed that the country risks more than 1.5 million Covid deaths if it drops its current policy without any safeguards, such as ramping up vaccination and access to treatments. The researchers said such a death toll could be much reduced if there was a focus on vaccination – only about 50% of over-80s in China are vaccinated – as well as providing antivirals while maintaining some restrictions....”

- For the study in Nature, see [Modeling transmission of SARS-CoV-2 Omicron in China](#)

See also [FT](#) - *“... modelling projections by researchers at Shanghai’s Fudan University estimated that an unchecked surge of the Omicron coronavirus variant could result in 112mn symptomatic infections, 2.7mn intensive care admissions and almost 1.6mn fatalities between May and July. The study, published in the scientific journal Nature, underscored fears that China would be hit hard by a large Omicron wave if restrictions were eased, because of its low vaccine uptake among older groups and reliance on less effective jabs....”*

- As for China’s (swift) reaction:

Washington Post - [WHO chief calls for end of ‘zero covid’ in China, so Beijing censors him](#)

“When the head of the World Health Organization described China’s hard-line “zero covid” policy as not “sustainable,” the reaction in China on Wednesday was swift — his comments were censored, and he was branded “irresponsible.”...”

Covid science

Guardian - Vaccine to stop Covid transmission should now be top priority, says leading UK scientist

<https://www.theguardian.com/business/2022/may/07/vaccine-to-stop-covid-transmission-should-now-be-top-priority-says-leading-uk-scientist>

“Oxford University’s Sir John Bell says sharp fall in death rate due to existing vaccines allows for a change in priorities. “ First-generation shots have largely done their job at preventing deaths... it’s time for something else.

Nature - Are COVID surges becoming more predictable? New Omicron variants offer a hint

<https://www.nature.com/articles/d41586-022-01240-x>

“Omicron relatives called BA.4 and BA.5 are behind a fresh wave of COVID-19 in South Africa, and could be signs of a more predictable future for SARS-CoV-2.” Excerpts:

“... Moreover, the rise of BA.4 and BA.5 — as well as that of another Omicron offshoot in North America — could mean that SARS-CoV-2 waves are beginning to settle into predictable patterns, with new waves periodically emerging from circulating strains (see ‘Omicron’s new identities’). “These are the first signs that the virus is evolving differently,” compared with the first two years of the pandemic when variants seemed to appear out of nowhere, says Tulio de Oliveira, a bioinformatician at Stellenbosch University in South Africa, who led one of the studies.”

“... The emergence of these strains suggests that the Omicron lineage is continuing to make gains by eroding immunity, says Ho. “It’s pretty clear that there are a few holes in Omicron that are gradually being filled up by these new sub-variants.” If SARS-CoV-2 continues along this path, its evolution could come to resemble that of other respiratory infections, such as influenza. In this scenario, immune-evading mutations in circulating variants, such as Omicron, could combine with dips in population-wide immunity to become the key drivers of periodic waves of infection. “It is probably what we should expect to see more and more of in the future,” says Moore..... Previous variants, including Alpha, Delta and Omicron, differed substantially from their immediate predecessors, and all emerged, instead, from distant branches on the SARS-CoV-2 family tree.”

“... Wenseleers and other scientists say we shouldn’t rule out more such surprises from SARS-CoV-2. For instance, Delta hasn’t completely vanished and, as global immunity to Omicron and its expanding family increases, a Delta descendant could mount a comeback. Whatever their source, new variants seem to emerge roughly every six months, notes Wenseleers, and he wonders whether this is the structure that COVID-19 epidemics will settle into.....”

Science - New versions of Omicron are masters of immune evasion

<https://www.science.org/content/article/new-versions-omicron-are-masters-immune-evasion>

“Vaccines and prior infection still prevent severe disease from new SARS-CoV-2 strains”

PS: ***“... Omicron’s rapid evolution creates difficult decisions for vaccine- and policymakers about whether to shift to a new set of vaccines or stick with the current formulations, which are based on the virus that emerged in Wuhan, China, more than ¹_{SEP}2 years ago. Moderna has tested two versions of its mRNA vaccine, containing the ancestral strain and either the Beta variant—which spread in South Africa for a while in 2021 but is now gone—or the Omicron BA.1 variant. The company has not yet reported data on how well they might protect against the new subvariants.....”***

WEF - COVID-19: Why are there so many new Omicron sub-variants?

S Duchene; <https://www.weforum.org/agenda/2022/05/covid-19-future-variants/>

“All viruses mutate, but Omicron’s swift spread has given it more opportunities to do so. This is why so many sub-variants are emerging, with BA.4 and BA.5 particularly effective at reinfecting people. There are concerns that these sub-variants may infect people who have been vaccinated.....”

PS: *“... You’d think SARS-CoV-2 is a super-speedy front-runner when it comes to mutations. But the virus actually mutates relatively slowly. Influenza viruses, for example, mutate at least four times faster. SARS-CoV-2 does, however, have “mutational sprints” for short periods of time, our research shows. During one of these sprints, the virus can mutate four-fold faster than normal for a few weeks.....”*

Covid vaccines (access)

Africa CDC Releases New Country Research On Scale-Up of Covid Vaccines

https://allafrica.com/stories/202205110012.html?utm_campaign=allafrica%3Aeditor&utm_medium=social&utm_source=twitter&utm_content=promote%3Aaans%3Acblp

“A newly released analysis finds that scale-up speed, a focus on at-risk populations and the choice of COVID-19 vaccine brands are critical to structuring successful programs in the African context.”

*“The Africa Centres for Disease Control and Prevention today released the results of a new 27-country analysis on the health and economic impact of COVID-19 vaccination. The retrospective study on the roll-out of COVID-19 vaccine programmes demonstrated that **earlier start dates and rapid scale-up delivered greater health benefits** - measured in terms of hospitalizations and deaths averted - and **were more cost-effective when compared with programs that started later and scaled more slowly**. Furthermore, the benefits of COVID-19 vaccines **vary widely depending on the pace of roll-out, the population targeted, and the type of vaccines used in the campaigns**. The analysis also drew on research from Kenya, Nigeria, Ethiopia and South Africa. **The analysis demonstrated that vaccine programs deliver the best value for money when focused on the most vulnerable, including the elderly, pregnant women, health workers and those with comorbidities**. This is especially true in countries with a low overall risk of severe outcomes from COVID-19, such as nations with younger populations or that have already had significant exposure to the virus.*

Full report via [Africa CDC](#).

PS: *“...The **analysis was conducted by a broad coalition of local and international research groups**. The Kenya Medical Research Institute - Wellcome Trust, University of Nigeria; Ethiopian Public Health Institute and the University of Warwick all contributed to the country-specific case studies; while the London School of Hygiene and Tropical Medicine prepared the regional analysis, with inputs from the Center for Global Development and the international Decision Support Initiative (iDSI). “*

Bloomberg - Untapped Global Vaccine Stash Raises Risks of New Covid Variants

<https://www.bloomberg.com/news/articles/2022-05-11/untapped-global-vaccine-stash-raises-risks-of-new-covid-variants>

*“Previous goal of vaccinating 70% of each country out of reach; **Focus is now on boosting demand in lower-income countries.**”*

The Conversation -Making COVID vaccines in Africa: advances and sustainability issues

B Kagina; <https://theconversation.com/making-covid-vaccines-in-africa-advances-and-sustainability-issues-182683>

*“... A pertinent issue is the sustainability of the facilities. **Demand and market for locally produced vaccines will be critical for the sustainability of the 15 COVID vaccines manufacturing facilities in Africa....**”*

Kagina concludes: “... While the problem of establishing COVID vaccines manufacturing capacity appears to have been partly resolved, a bigger problem lies ahead – sustaining the facilities on the continent.”

Reuters - COVID vaccine makers shift focus to boosters

[Reuters](#);

*“ **COVID-19 vaccine makers are shifting gears and planning for a smaller, more competitive booster shot market after delivering as many doses as fast as they could over the last 18 months....**”*

WSJ - Moderna Seeks to Dismiss Covid-19 Vaccine Patent Lawsuit

<https://www.wsj.com/articles/moderna-seeks-to-dismiss-covid-19-vaccine-patent-lawsuit-11651871569>

“Vaccine maker says federal patent law protects it as a government contractor”.

*“**Moderna Inc. is trying to fend off rival companies’ claims that its Covid-19 vaccine infringes their patents, arguing that the companies may only pursue their claims seeking royalties from the federal government.** Moderna on Friday filed a motion to dismiss some of the patent-infringement claims in the lawsuit, which was filed in February by two small biotechnology companies, [Arbutus Biopharma Corp.](#) and [Genevant Sciences GmbH](#), in federal court in Delaware. It is the latest move in the high-stakes legal battles that are breaking out among companies and the government over [patents surrounding Covid-19 vaccines....](#)”*

*“... **Moderna said in the new court filing that even if it had infringed the patents, federal patent law protects government contractors from certain patent-infringement lawsuits.** A section of the law requires that a patent holder must file a claim against the U.S. in the U.S. Court of Federal Claims if the patent holder believes that a product manufactured for the government by a contractor infringes the patent. The provision usually applies to defense contractors and not pharmaceutical companies, since the U.S. government isn’t typically the sole, direct purchaser of drugs and vaccines. But during the Covid-19 pandemic, the federal government has been the only U.S. purchaser of doses*

of Moderna's Covid-19 vaccine for use in the U.S., and has distributed them at no cost to vaccine recipients since late 2020. In 2021, Moderna delivered 332 million vaccine doses to the government for distribution and recorded \$5.4 billion in U.S. revenue....."

See also KEI – [Moderna Claims Compulsory License from U.S. Government to Use Third Party Patents in its Covid-19 Vaccine](#)

Reuters – Novavax 2022 COVID vaccine deliveries off to slow start, shares drop

<https://www.reuters.com/business/healthcare-pharmaceuticals/novavax-posts-drop-covid-research-funding-slow-start-2022-vaccine-delivery-2022-05-09/>

"Novavax Inc (NVAX.O) on Monday revealed a sharp drop in first-quarter COVID-19 research funding and said it shipped less than a fourth of the total vaccine deliveries slated for 2022, dragging shares of the company down nearly 16% after hours."

Covid treatment/diagnostics/....

Reuters - Generic drugmakers to sell Pfizer's Paxlovid for \$25 or less in low-income countries

https://www.reuters.com/business/healthcare-pharmaceuticals/generic-drugmakers-sell-pfizers-paxlovid-25-or-less-low-income-countries-2022-05-12/?taid=627d166d0f12fc00015f3751&utm_campaign=trueanthem&utm_medium=trueanthem&utm_source=twitter

"Several generic drugmakers that will produce versions of Pfizer's (PFE.N) COVID-19 antiviral treatment Paxlovid have agreed to sell the medicine in low- and middle-income countries for \$25 a course or less, the Clinton Health Access Initiative (CHAI) said on Thursday."

NYT - As poor nations seek Covid pills, officials fear repeat of AIDS crisis

<https://www.nytimes.com/2022/05/08/us/politics/covid-pills-global-aids-hiv.html>

Recommended analysis from last weekend. Some quotes & chunks:

....This week, president Biden will emphasize "global test to treat" at his second international Covid-19 summit. The global effort faces some of the same obstacles and inequities that existed two decades ago." "Global health agencies [i.e. ACT-A] do not have the money to buy the antivirals or tests, which are crucial because the medication needs to be started early in the course of infection." "Drug companies, trying to protect their patents, are limiting the supply of generic alternatives in many middle-income countries, including an entire swath of Latin America."

Poor nations need Covid antivirals. The **US & rich nations have gobbled up the supply**. Drug companies are limiting supply of generics & keeping prices secret. **WHO scolds Pfizer for "lack of transparency**.

Covid analysis

Lancet (Letter) - Counting the global COVID-19 dead

P Jha et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00845-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00845-5/fulltext)

« **WHO has estimated that 14·9 million excess deaths** (uncertainty range 13·3 million–16·6 million) from COVID-19 occurred globally in 2020–21. **WHO's global estimates are lower than the 18·2 million deaths (17·1 million–19·6 million) reported by the Institute for Health Metrics and Evaluation (IHME) and the 17·7 million deaths (13·9 million–21·1 million) estimated by The Economist** for the same time period. By contrast, **government counts of global deaths** from COVID-19 in 2020–21, captured on Coronavirus App, **suggest the figure is below 6 million**. The difference of 3 million deaths across the three models is far from trivial. However, given that WHO imprimatur carries substantial influence on countries, a more relevant question is whether WHO estimates are credible....”

« ... **That at least 9 million COVID-19 deaths were missed by official reports** raises a few key issues... “

The authors conclude: **“Estimates for deaths from the 1918–19 influenza pandemic range widely, from 40 million to 100 million. A century later, a modern effort to count the global COVID-19 dead should be a priority. Mortality data not only meet our moral duty to those who died and their families but are also of enormous practical use to explain the widespread variation in COVID-19 infection that preliminary data have revealed, and its consequences. Mortality data would help evaluate vaccination and other public health efforts. Counting the global COVID-19 dead will help the living.”**

Pandem-ic - The global expansion of excess mortality

<https://pandem-ic.com/the-global-expansion-of-excess-mortality/>

“New estimates by WHO point to a dramatic intensification and broadening of excess mortality driven by developing countries.”

This blog focuses on the global expansion of excess mortality across the world's age cohorts.

Pandem-ic - A triple inequality in excess mortality

<https://pandem-ic.com/a-triple-inequality-in-excess-mortality/>

“The sex imbalance in excess mortality rates is most pronounced among the most elderly in the poorest countries.”

National Geographic - COVID-19's hidden, heartbreaking toll: millions of orphaned children

<https://www.nationalgeographic.com/science/article/covid-19-hidden-heartbreaking-toll-millions-of-orphaned-children>

“An estimated 10.4 million children have lost a parent or caregiver, putting them at higher risk for poverty and every major cause of death—but it doesn’t have to end in catastrophe.”

LSE blog - The biggest mistakes governments made during COVID – and what the future could hold

<https://blogs.lse.ac.uk/covid19/2022/05/03/the-biggest-mistakes-governments-made-during-covid-and-what-the-future-could-hold/>

“Christopher Murray (University of Washington) looks at the mistakes made during the pandemic and how its ramifications will play out in the coming years.”

PS: *“... I fear we may see a backlash against public health. After two years of on-off lockdowns, trust in government is declining, and an emerging narrative claims that the public were misled about the dangers of COVID, the promise of vaccination and the efficacy of masks....”*

HP&P - Foregone healthcare during the COVID-19 pandemic: early survey estimates from 39 low- and middle-income countries

J J Kakietek et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czac024/6546909?searchresult=1>

Among the findings: *“...In the sample, 18.8% (95% CI 17.8–19.8%) of households reported not being able to access healthcare when needed. Financial barriers were the most-commonly self-reported reason for foregoing care, cited by 31.4% (28.6–34.3%) of households. More households in wealthier countries reported foregoing care for reasons related to COVID-19 [27.2% (22.5–31.8%) in upper-middle-income countries compared to 8.0% (4.7–11.3%) in low-income countries]; more households in poorer countries reported foregoing care due to financial reasons [65.6% (59.9–71.2%)] compared to 17.4% (13.1–21.6%) in upper-middle-income countries. **A substantial proportion of households in LMICs had to forgo healthcare in the early months of the pandemic. While in richer countries this was largely due to fear of contracting COVID-19 or lockdowns, in poorer countries foregone care was due to financial constraints.**”*

Links:

- Bloomberg - [South Africa Cuts Back Covid Vaccine Drive Amid Citizen Apathy](#)

“Low take-up of shots makes running mass sites unsustainable; Country may be forced to destroy many doses due to expiry.”

- Telegraph - [‘Covid’s not the real problem’: Why Ghana’s vaccination drive is stagnating](#)
- [Factors associated with COVID-19 vaccine hesitancy in Senegal: a mixed study](#)

SRHR

HPW - Global Anti-Abortionists Will be Boosted by US Ban – But Bans Have Never Stopped Abortions

<https://healthpolicy-watch.news/global-anti-abortionists-will-be-boosted-by-us-ban-but-bans-have-never-stopped-abortions/>

*“The global anti-abortion movement will get a boost if the US supreme court dismantles the 1973 landmark court case, **Roe v Wade**, that legalised abortion – but bans are ineffective in stopping abortions, succeeding only in making them unsafe. “Any regression in protection of the right to abortion would not only stand to damage the global perception of the United States; it would also set a terrible example that other governments and anti-rights groups could seize upon around the world in a bid to deny the rights of women, girls and other people who can become pregnant,” said Agnès Callamard, Amnesty International’s Secretary-General.....”*

“... Nearly half of all pregnancies, totalling 121 million each year, are unintended, according to the State of World Population 2022 report, released last month by UNFPA, the United Nations sexual and reproductive health agency. Over 60% of unintended pregnancies end in abortion and an estimated 45% of all abortions are unsafe, accounting for five to 13% of all maternal deaths recorded, according to the report. ...”

“... the removal of abortion rights in one of the biggest democracies in the world is already galvanising right-wing groups opposed to abortion who are poised to enjoy their biggest victory in decades.....”

Lancet Editorial – Why Roe v. Wade must be defended

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00870-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00870-4/fulltext)

“...That a Court is about to force through a health policy supported by only 39% of Americans is dysfunctional. Indeed, if the Court denies women the right to safe abortion, it will be a judicial endorsement of state control over women—a breathtaking setback for the health and rights of women, one that will have global reverberations.”

Lancet World Report - Health organizations fear effects of US abortion ruling

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00871-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00871-6/fulltext)

“Health and human rights groups are concerned about women's health and rights as many states would outlaw abortion if the Supreme Court topples Roe v Wade. Susan Jaffe reports.” Focus on the US here.

Nature (Editorial) - The US Supreme Court is wrong to disregard evidence on the harm of banning abortion

<https://www.nature.com/articles/d41586-022-01249-2>

“Fifty years of research shows that abortion access is crucial for health care and important for equality.”

KFF - Assessing PEPFAR’s Impact: Analysis of Maternal and Child Health Spillover Effects in PEPFAR Countries

<https://www.kff.org/global-health-policy/issue-brief/assessing-pepfars-impact-analysis-of-maternal-and-child-health-spillover-effects-in-pepfar-countries/>

*“In our [recent analysis](#), which looked over the full course of the program, we found that PEPFAR was associated with large, significant declines in overall mortality in countries that received its support, suggesting a positive spillover effect of the program beyond HIV. Here, we look at seven maternal and child health measures to further assess this relationship. PEPFAR’s potential impact in this area is plausible, given its investment in the health workforce, laboratory services, and other aspects of health systems strengthening, estimated to total more than \$1 billion per year, and its increased emphasis on reaching women where they receive prenatal care and seek immunizations and other services for their children. **We analyze the change in these measures in 90 PEPFAR recipient countries between 2004-2018 compared to similar low- and middle-income countries. Our main findings are as follows....”** Check them out. Quite some spill-over effect, it appears.*

SRHM - Rights-based knowledge creation in SRH – an introductory guide

https://srhm2-cdn-1.s3.eu-west-2.amazonaws.com/wp-content/uploads/2022/05/05115807/Rights-based-knowledge-creation_SRHM2022.pdf

*by **B. Subha Sri**. “... This guide has been produced as resource material for the mentoring programme on rights-based knowledge creation in sexual and reproductive health, conducted by the South Asia Hub of SRHM. It is meant to provide an introduction for researchers, practitioners and activists on how to use a human rights-based approach to knowledge creation in the area of sexual and reproductive health....”*

Ukraine war

Reuters - World Health Organization members pass resolution against Russia

<https://www.reuters.com/world/europe/ukraine-death-toll-thousands-higher-than-reported-un-rights-official-2022-05-10/>

*“Members of the **World Health Organization's European region** passed a resolution on Tuesday that could result in the closure of Russia's regional office and the suspension of meetings in the country in response to its invasion of Ukraine.”*

HPW - WHO European Member States Denounce Russia Over Ukraine Invasion, Impact on Health Services

<https://healthpolicy-watch.news/who-european-member-states-denounce-russia-over-ukraine-invasion-impact-on-health-services/>

*“By an overwhelming vote of 43 to three with just two abstentions, **WHO's European member states approved a resolution condemning Russia for its invasion of Ukraine.** [The resolution](#), approved Tuesday in a special session of the **WHO Regional Committee of member states**, is a prelude to the tough global debate that can be expected at the World Health Assembly convening on 22-28 May in Geneva.”*

*“The resolution, co-sponsored by some 36 WHO European member states including the European Union, “condemns in the strongest terms Russia’s military aggression against Ukraine, including attacks on health care facilities in Ukraine.” **The resolution also calls on the WHO office to consider relocating the European Office for Noncommunicable Diseases (NCDs) out of Russia.....”***

And via [Reuters](#):

*“... Some have criticised the WHO resolution, saying it does not go far enough. **Diplomats told Reuters they had dropped efforts to suspend Russia from the WHO executive board due to legal technicalities, although members could seek to freeze Russia's voting rights at a major meeting later this month.**”*

TGH - U.S. War Aims, Health, and the Armed Conflict in Ukraine

D Fidler; <https://www.thinkglobalhealth.org/article/us-war-aims-health-and-armed-conflict-ukraine>

“Ambitious U.S. objectives in the war will affect health on Ukrainian battlefields and in nations beyond”.

A few quotes: *“The resolute response of Ukraine, the United States, and NATO members to Russian aggression—combined with Moscow's military mistakes and political miscalculations—**has changed the crisis from a desperate, rearguard action into an opportunity for the allied coalition to take the fight to Russia.** This shift has generated questions about the coalition's objectives in the conflict. As Council on Foreign Relations President Richard Haass asked, “What does the West want in Ukraine?” **In late April, U.S. policymakers began identifying their ambitious war aims.** Secretary of Defense Lloyd Austin captured the new strategy, stating that **the United States wants “Russia weakened to the degree that it can't do the kinds of things it has done in invading Ukraine.” This approach means defeating the Russian military in Ukraine and damaging Russia's ability to act as a great power....”***

“The war in Ukraine has already downgraded COVID-19 and future pandemic preparedness as political and diplomatic priorities...”

Lancet Comment - Responding to the Ukraine refugee health crisis in the EU

P Spiegel; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00841-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00841-8/fulltext)

*“... This European refugee crisis allows a glimpse of how the UN and INGOs might react in future humanitarian emergencies where competent and well resourced governments with functioning and resilient systems lead the response. This approach is what was envisaged in the 2016 Humanitarian Summit that called for increased localisation, where local actors, particularly those in the Global South, would have the capacity and funds to lead and coordinate responses. **The perception, influence, and role of UN agencies and INGOs are different in the EU than in many low-income and middle-income countries. Furthermore, most funding for this crisis will come from the EU directly to countries, and not through the UN.** The UN agencies and INGOs recognised early in the response to the Ukraine refugee crisis that their roles would be unlike that in most other humanitarian responses; they would have to be more technical and advisory, and less operational. **Future UN-dominated coordination models in similar conflict and forced displacement settings will need to be lighter and flexible, with a recognition that the UN and INGOs will not be as dominant and as operational in these contexts.** No matter which UN coordination model is used in future humanitarian contexts, **the UN and INGOs need to plan for the future envisaged at the 2016 Humanitarian Summit, whereby governments and local NGOs are in charge and lead the response....”***

Lancet Comment - Prevention of conflict-related sexual violence in Ukraine and globally

L Stark, D Mukwege et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00840-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00840-6/fulltext)

“... This mounting crisis suggests, not for the first time, that conflict-related sexual violence requires urgent action. Scholarship on the impacts of conflict-related sexual violence provides lessons that can inform and guide prevention. the complexity of such sexual violence demands a multisectoral response....”

*“... **Unfortunately, Ukraine is only one crisis marked by such atrocities.** Thousands of Ethiopian, Rohingya, Colombian, and Congolese survivors of sexual violence also need protection and support, and many others remain at risk. **Establishing international best practices for a coordinated, multisectoral response that includes early medical and psychological care, ethical documentation practices, survivor-centred referral mechanisms and justice systems, and interventions that promote survivor resilience and recovery must be a global health and security priority....”***

The Conversation - The war in Ukraine: Africa risks paying a heavy price for neutrality

N Westcott; <https://theconversation.com/the-war-in-ukraine-africa-risks-paying-a-heavy-price-for-neutrality-182608>

Interesting and balanced analysis (both for Africa & EU/"the West").

Planetary health

Guardian - Climate limit of 1.5C close to being broken, scientists warn

<https://www.theguardian.com/environment/2022/may/09/climate-limit-of-1-5-c-close-to-being-broken-scientists-warn>

"The year the world breaches for the first time the 1.5C global heating limit set by international governments is fast approaching, a new forecast shows. The probability of one of the next five years surpassing the limit is now 50%, scientists led by the UK Met Office found. As recently as 2015, there was zero chance of this happening in the following five years. But this surged to 20% in 2020 and 40% in 2021. The global average temperature was 1.1C above pre-industrial levels in 2021...."

Nature (Comment) - Want to prevent pandemics? Stop spillovers

<https://www.nature.com/articles/d41586-022-01312-y>

*"Decision-makers discussing landmark agreements on health and biodiversity **must include four actions** to reduce the risk of animals and people exchanging viruses."*

"... for around US\$20 billion per year, the likelihood of spillover could be greatly reduced. This is the amount needed to halve global deforestation in hotspots for emerging infectious diseases; drastically curtail and regulate trade in wildlife; and greatly improve the ability to detect and control infectious diseases in farmed animals...."

"We urge the decision-makers currently developing three landmark international endeavours to make the prevention of spillover central to each...."

And suggest four actions.

New Scientist - It worked with cigarettes. Let's ban ads for climate-wrecking products

<https://www.newscientist.com/article/mg25433851-200-it-worked-with-cigarettes-lets-ban-ads-for-climate-wrecking-products/#ixzz7SV9vrMS2>

*"Outlawing adverts that push high-carbon products such as SUVs would be a simple win for regulators looking to take climate action, says **Andrew Simms**"*

"... Advertising wouldn't be the multibillion industry it is if it didn't work. One recent estimate looking at the degree to which global car and airline advertising increased demand suggests that it could have been responsible for between 202 million and 606 million tonnes of greenhouse gas emissions in 2019 – an order of magnitude ranging from between the Netherlands' entire emissions that year to

almost twice those of Spain. **To a large degree, the advertising of high-carbon products has taken the place of once-common tobacco advertising, which ended in the UK in 2003 for health reasons. Now, with a climate crisis and an estimated 8.7 million premature deaths a year from burning fossil fuels, ads from big polluters should go the same way....**"

Science (Policy Forum)- Investor-state disputes threaten the global green energy transition

<https://www.science.org/doi/10.1126/science.abo4637#.YnjC8obivJZ.twitter>

"Global action on climate change could generate upward of \$340 billion in legal claims from oil and gas investors."

Guardian - Revealed: the 'carbon bombs' set to trigger catastrophic climate breakdown

<https://www.theguardian.com/environment/ng-interactive/2022/may/11/fossil-fuel-carbon-bombs-climate-breakdown-oil-gas>

"Oil and gas majors are planning scores of vast projects that threaten to shatter the 1.5C climate goal. If governments do not act, these firms will continue to cash in as the world burns."

"...The fossil fuel industry's short-term expansion plans involve the start of oil and gas projects that will produce greenhouse gases equivalent to a decade of CO2 emissions from China, the world's biggest polluter. These plans include 195 carbon bombs, gigantic oil and gas projects that would each result in at least a billion tonnes of CO2 emissions over their lifetimes, in total equivalent to about 18 years of current global CO2 emissions. About 60% of these have already started pumping. The dozen biggest oil companies are on track to spend \$103m a day for the rest of the decade exploiting new fields of oil and gas that cannot be burned if global heating is to be limited to well under 2C. The Middle East and Russia often attract the most attention in relation to future oil and gas production but the US, Canada and Australia are among the countries with the biggest expansion plans and the highest number of carbon bombs. The US, Canada and Australia also give some of the world's biggest subsidies for fossil fuels per capita."

Lancet Planetary Health – May issue

[Walking the talk?](#)

Very rich issue.

- Start with the Editorial – [https://www.thelancet.com/journals/lanph/article/PIIS2542-5196\(22\)00099-7/fulltext](https://www.thelancet.com/journals/lanph/article/PIIS2542-5196(22)00099-7/fulltext)
- **Comment: [Prevent pandemics and halt climate change? Strengthen land rights for Indigenous peoples](#)**

- [Stockholm+50: what does it mean for global health?](#)

*“As the **Stockholm Declaration on the Human Environment turns 50**, the role of the health stakeholder community in forward-looking environmental agendas is more important than ever.”*

- [Complex interlinkages, key objectives, and nexuses among the Sustainable Development Goals and climate change: a network analysis](#)
- [Reassessing the health impacts of trade and investment agreements: a systematic review of quantitative studies, 2016–20](#) P Barlow et al;

Ebola DRC

Lancet World Report -Ebola outbreak in DR Congo

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00819-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00819-4/fulltext)

*“A new outbreak in Équateur Province is **the sixth in 5 years**. **Why are they becoming more frequent, and what can be done to stop them?** Munyaradzi Makoni reports.”*

“...It's looking like DRC and especially the area of Équateur and even Ituri are becoming endemic for Ebola virus disease, which can explain its increasing occurrence”, says Yap Boum, regional representative for Epicenter Africa, the research arm of Doctors Without Borders.

*DR Congo is home to the second largest rainforest in the world after the Amazon, making the country a hotbed for Ebola virus. **The virus needs to move from its vector—most likely bats or monkeys—to a human being for the outbreak to occur, explains Boum. The closer the two get, the higher the risk of an outbreak. “This can be due to human incursion of host habitats or when the host habitat is destroyed, pushing the host to find a new habitat”, he says. This new habitat is often close to where people live, increasing the risk of Ebola virus spillover. Many parts of the forests of DRC are being destroyed as trees are felled to provide land for farming through so-called slash-and-burn clearances. “In this area, people are eating more bats and monkeys than in the past, which can also lead to virus transmission”, Boum told The Lancet. In an effort to curb the destruction, authorities have allocated areas of forest to indigenous people where sustainable hunting can be practised and unnecessary felling of trees prevented....”***

UHC

WB Policy Research report - Improving Effective Coverage in Health: Do Financial Incentives Work?

<https://www.worldbank.org/en/research/publication/improving-effective-coverage-in-health>

Report of the week, I guess. *“Since the late 2000s, more than US\$2.5 billion has been invested in Performance-Based Financing (PBF) projects in primary health service delivery in low-income*

*countries, a significant departure from previous financing models, which had little link to outcomes and results. A new Policy Research Report draws on evidence accumulated over 15 years in nearly 40 countries to examine the results of PBF. PBF projects produced gains in health outcomes compared to business-as-usual, but these gains did not necessarily result from the specific financial incentives and associated monitoring components of projects. Instead, **impactful health financing reform may mean pivoting from performance pay while retaining other important aspects of PBF projects—like transparency, accountability, and decentralized frontline financing.***

BMJ GH - Health insurance coverage in low-income and middle-income countries: progress made to date and related changes in private and public health expenditure

B Hooley et al ; <https://gh.bmj.com/content/7/5/e008722>

*“... there is little information regarding the population coverage of health insurance schemes in LMICs and on the relationship between coverage and health expenditure. **This study used open-access data to assess the level of health insurance coverage in LMICs and its relationship with health expenditure.....**”*

Findings: *“... We found health insurance data for 100 LMICs and combined this with overall health expenditure data for 99 countries and household health expenditure data for 89 countries. Mean health insurance coverage was 31.1% (range: 0%–98.7%), with wide variations across country-income groups. Average health insurance coverage was 7.9% in low-income countries, 27.3% in lower middle-income countries and 52.5% in upper middle-income countries. We did not find any association between health insurance coverage and health expenditure overall, though coverage was positively associated with public health spending. Additionally, health insurance coverage was not associated with levels of or reductions in catastrophic household health expenditure or impoverishment due to health expenditure.....”*

Plos GPH – Burden of treatment as a measure of healthcare quality: An innovative approach to addressing global inequities in multimorbidity

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000484>

Opinion by A Gaspar & J J Miranda.

Human Resources for Health

BMJ Family Medicine & Community Health - Putting health workers at the centre of health system investments in COVID-19 and beyond

R Deussom, A Lal et al ; <https://fmch.bmj.com/content/10/2/e001449>

“The COVID-19 pandemic highlights the implications of chronic underinvestment in health workforce development, particularly in resource-constrained health systems. Inadequate health workforce

diversity, insufficient training and remuneration, and limited support and protection reduce health system capacity to equitably maintain health service delivery while meeting urgent health emergency demands. **Applying the Health Worker Life Cycle Approach provides a useful conceptual framework that adapts a health labour market approach to outline key areas and recommendations for health workforce investment—building, managing and optimising—to systematically meet the needs of health workers and the systems they support.** It also emphasises the importance of protecting the workforce as a cross-cutting investment, which is especially important in a health crisis like COVID-19.....”

Decolonize Global Health

Guardian - Studies on nature’s mental health benefits show ‘massive’ western bias

<https://www.theguardian.com/world/2022/may/06/studies-on-natures-mental-health-benefits-show-massive-western-bias>

“Spending time in the great outdoors is good for your mental health, according to a growing body of research. For example, getting out and about in forests and parks has been shown to increase happiness and alleviate symptoms of depression and anxiety. But are the benefits universal? **A review paper notes that most studies in this field look at rich, white, western populations, and scientists say this results in an incomplete picture of the health benefits. ... Carlos Andres Gallegos-Riofrío, of the University of Vermont’s Gund Institute for Environment, whose findings have been published in *Current Research in Environmental Sustainability*, says indigenous populations like those he studies in South America have different relationships with nature to other people. He says it is important to learn how their mental health is affected by this different rapport.”**

“... The study builds on the **concept of “Weird psychology”**, a term coined by the evolutionary biologist Joseph Henrich. The acronym refers to how experiments that focus mainly on college students from western, educated, industrialised, rich and democratic (Weird) parts of the world cannot allow scientists to draw universal conclusions about human behaviour. **“This research strikingly demonstrates a massive bias in the sampling of global populations towards those that are Weird,”** said Henrich, who was not involved in the study. **“This limits our ability to generalise about the phenomenon under investigation.”** Henrich said it would be useful to expand research to include more diverse populations and use culturally sensitive tools adapted to the people being studied....”

BMJ GH - Questioning the ethics of international research on formula milk supplementation in low-income African countries

T Doherty et al ; <https://gh.bmj.com/content/7/5/e009181>

“The increase in funding for priority public health issues largely affecting low/middle-income countries (LMICs) has led to the growth in international research involving researchers or research sponsors from a high-income country conducting research in LMICs. Several ethical guidelines specifically addressing international research have been published, yet we still find examples of research undertaken by high-income country principal investigators and funders with no benefit and large potential for harm, being undertaken in LMICs. In this commentary, we provide an example

from a trial of formula milk supplementation in Uganda and Guinea-Bissau and outline ways in which this trial violates basic ethical principles and human rights and has zero potential for scale-up within the research settings. Appropriate, safe and scalable alternatives to formula milk supplementation of low birthweight newborns should be prioritised including zero separation of mothers and newborns, lactation support and human milk banks. We challenge LMIC institutional review boards, research funders, clinicians, scientists and governments to carefully consider potential maleficence, especially if an intervention is not scalable locally, and exercise their responsibility to protect their citizens from unethical international health research.”

Stat - Building scientific talent in the Global South can help prevent future public health crises

M Pate et al ; <https://www.statnews.com/2022/05/08/build-scientific-talent-global-south-prevent-future-public-health-crisis/>

“...Now is the time to accelerate that work by bringing together the private, public, and academic sectors to invest more aggressively in training talent and scaling infrastructure across Africa, South Asia, and Latin America. To be clear, nations in the Global South also need to step up their own investments, as Christian T. Happi, director of the African Centre of Excellence for Genomics of Infectious Diseases, and John N. Nkengasong, director of the Africa CDC, pointed out in a recent article in Nature. Twenty years ago, countries across Africa pledged to dedicate at least 15% of their annual budgets to the health sector, and high-income countries pledged to allocate 0.7% of their gross national incomes to international aid. Both pledges have fallen woefully short. Today, no nation in Africa spends more than 2% of its gross domestic product on health and very few high-income countries are close to their 0.7% targets. That needs to change. The scientific and public health communities cannot rely solely on government spending to drive innovation, however. Jeremy Farrar, director of the Wellcome charitable foundation, eloquently highlighted the role of philanthropy in a recent interview, calling it a “catalytic disruptor” that takes risks the commercial sector and governments won’t take. Academia can be another such catalyst. That’s why we believe private-public-academic partnerships are so essential. It will take all sectors, working together, to activate the full power and potential of scientific talent worldwide....”

PS: That might be true, but the private sector is better not ‘in the lead’, as we have learnt in these pandemic profiteering times....

Development Policy Review - Beyond rich and poor: Identifying global development constellations

C Hackenesh et al; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.12628>

“The COVID-19 pandemic is the most recent instance of global development problems being liable to occur anywhere, challenging the assumption of a world divided into “developed” and “developing” countries. Recent scholarship has increasingly opted for the term “global development” to capture this changing geography of development problems. Our article contributes to these debates by proposing a novel empirical approach to localize global development problems in country contexts worldwide....”

Commercial determinants of health

WHO highlights glaring gaps in regulation of alcohol marketing across borders

<https://www.who.int/news/item/10-05-2022-who-highlights-glaring-gaps-in-regulation-of-alcohol-marketing-across-borders>

“A new report from the World Health Organization highlights the increasing use of sophisticated online marketing techniques for alcohol and the need for more effective regulation. It shows that young people and heavy drinkers are increasingly targeted by alcohol advertising, often to the detriment of their health. [Reducing the harm from alcohol – by regulating cross-border alcohol marketing, advertising and promotion](#) is the first report from WHO to detail the full extent of the way that alcohol is today being marketed across national borders – often by digital means – and in many cases regardless of the social, economic or cultural environment in receiving countries...”

Coverage UN News – [WHO calls for greater regulation of cross-border alcohol marketing](#)

IJHPM Editorial -Corporations and Health: The Need to Combine Forces to Improve Population Health

M Mialon et al ; https://www.ijhpm.com/article_4260.html

« The recent concerns raised about commercial determinants of health are not new. Numerous organizations around the world are working on these issues. These groups have emerged in response to specific issues and contexts and bring with them a diversity of interests, worldviews and strategies for change. In creating the ‘Governance, Ethics and Conflicts of Interest in Public Health’ network in 2018, our hope was to broaden our engagement with other actors advocating for change and strengthen our collective efforts. For academics, this requires moving further beyond the collective comfort zone of peerreviewed publications, working with the media and those with political expertise, and learning from and supporting other stakeholders with a common vision. »

Talking Trash: Behind the Tobacco Industry’s “Green” Public Relations

<https://exposetobacco.org/resource/talking-trash-tobacco-sustainability/>

“Major tobacco companies have been praised for their commitment to sustainability, despite the fact that every step of cigarette production has a detrimental impact on the environment. So how are companies able to portray themselves as environmental stewards? Read the brief to learn about greenwashing, the disinformation tactic used by organizations to present an environmentally responsible image.”

More on NCDs

Cancer in sub-Saharan Africa: a *Lancet Oncology* Commission

<https://www.thelancet.com/commissions/cancer-in-sub-Saharan-Africa>

*“The Lancet Oncology Commission on cancer in sub-Saharan Africa highlights the rapidly escalating cancer burden in this resource-poor area of the world. Long affected by infectious diseases and malnutrition, the population of this region is now increasingly afflicted by non-communicable diseases, including cancer. However, **the fragile health systems in the 46 sub-Saharan African nations are poorly equipped to tackle this looming health crisis**, with many problems including incomplete cancer data registries, poor availability of and access to screening, diagnostics, and treatment, insufficient provision of palliative care, and a huge shortfall of trained medical personnel compounding the deteriorating situation. **In this Commission, the authors describe these challenges in detail, and propose actions that must be taken urgently to address the escalating catastrophe.** Ultimately, political will and effective collaboration between multiple stakeholders is needed to reach the achievable goal of improved cancer care in sub-Saharan Africa.”*

“The cancer incidence in sub-Saharan Africa is estimated to have doubled in the past 30 years and, without effective intervention, the number of cancer deaths in the region is expected to exceed 1 million per year by 2030.....”

Other news of the week

Cidrap News - Unexplained hepatitis cases in kids rise to 348 in 20 nations

<https://www.cidrap.umn.edu/news-perspective/2022/05/unexplained-hepatitis-cases-kids-rise-348-20-nations>

*“At a World Health Organization (WHO) media telebriefing today on a variety of global health issues, **officials said 348 probable cases of hepatitis in children, potentially linked to adenovirus, have been reported from 20 countries across five global regions....”***

“... Over the past week, a team led by scientists from the United Kingdom has refined its hypotheses, with the leading one still suggesting adenovirus as a cause but also including a COVID-19 infection cofactor.”

Science - New funding effort will deploy a corps of scientist ‘scouts’ to spot innovative ideas

<https://www.science.org/content/article/new-funding-effort-will-deploy-corps-scientist-scouts-spot-innovative-ideas>

“Hypothesis Fund will seek out promising projects in health and climate change that need seed funding.”

*“...the **Hypothesis Fund, a nonprofit launched today** that has an intriguing approach to funding climate change and health studies. Instead of inviting scientists to submit proposals, **the fund will find recipients through 17 scouts**—scientists, including Prather, chosen for their curiosity, creativity, diversity, and interest in the work of others. Each will get 12 months to award a total of \$300,000 to fellow researchers with promising early-stage ideas. “We’re setting up a network of incredible scientists and empowering them to look for really bold ideas,” says Hypothesis Fund’s founder and CEO, Seattle entrepreneur David Sanford. **After raising funds from donors such as Hoffman and Bill Gates**, Sanford’s board and scientific advisers recruited the first class of scouts....”*

Science - Wrestling with bird flu, Europe considers once-taboo vaccines

<https://www.science.org/content/article/wrestling-bird-flu-europe-considers-once-taboo-vaccines>

“Overwhelmed by the toll of culling, some countries launch vaccine trials in poultry despite trade implications and public health risks “

Global Policy - UN Financing for Development Forum 2022

<https://www.globalpolicy.org/en/news/2022-05-10/un-financing-development-forum-2022>

“The debate on financing for development in times of multiple crises”.

Analysis of the FfD of a few weeks ago. Some excerpts.

*“After two years of virtual WhatsApp diplomacy, the United Nations **Financing for Development (FfD) Forum** was held again this year in-person and in the presence of the public at UN Headquarters in New York. The stakes were high. While the world’s countries are slowly and unevenly recovering from the COVID-19 crisis, new challenges have emerged, such as interest rate shocks and massive price increases for energy and food, which are having a particularly devastating impact in countries of the global South. **In the run-up to the forum, the UN's new Financing for Sustainable Development Report had already made it clear that developing countries do not have sufficient fiscal space to respond adequately to the permanent crises while implementing the 2030 Agenda for Sustainable Development. As a result, they have been set far back in their development. The number of the extreme poor has also increased.** The forum addressed many relevant issues but made few tangible decisions. **Pressure is growing to convene a new world conference on financing for development at the level of heads of state and government....”***

*“.... Realization remains the big problem of the FfD process. This year's FfD Forum again addressed many relevant issues, but made few concrete decisions. Pressure is therefore growing to convene a new International Conference on Financing for Development at the level of heads of state and government. In the **draft outcome document**, 2024 was explicitly entered as the date for "FfD4." **Twenty years after the FfD process** began at the Monterrey Summit, it would be the fourth World Conference on Financing for Development....”*

UN News - Africa: COVID has ‘pushed back’ democracy, Ukraine war further raises risks

<https://news.un.org/en/story/2022/05/1117702>

“Already reeling from COVID-19, the fighting in Ukraine has introduced significant and worrying new risks likely to heavily impact Africa, UN development experts warned on Friday.”

*“...At a media briefing in Geneva on the impacts on Africa of the war in Ukraine, Ahunna Eziakonwa, Director of the UN Development Programme’s (UNDP) Africa bureau, said that **the COVID-19 pandemic had already created “immense discontent” across the continent. COVID has pushed tens of millions of people into poverty and “pushed back” democracy in parts of Africa, she added.**”*

*“... UNDP’s senior Africa economist Raymond Gilpin, noted that the continent’s dependence on imports of food, fuel, medicines and consumer goods made it **particularly vulnerable to rising global inflation**. Describing the situation as an **“an unprecedented crisis for the continent**, he explained that **Africa is facing a trifecta of “ongoing effects of COVID...newly felt effects of the Russia-Ukraine war and...climate related challenges and pressures”**.*

- And via [Devex](#):

“The World Bank will raise the international poverty line later this year, moving the needle [from \\$1.9 to \\$2.15](#). My colleague Shabtai Gold tells me this is [not due to any drastic improvements in development](#) — actually, the pandemic years have seen reversals and tens of millions of people were [pushed deeper into poverty](#) — but rather this **reflects an economic measure of the “real” value of goods**. As the bank says: “The real value of the international poverty line is virtually unchanged — it is simply expressed in different prices now.” **The new figure is based on 2017’s purchasing power parity, an effective exchange rate measuring relative prices**. The previous poverty line was based on calculations from 2011. Notably, the update does not take into account the stunning inflation of last year. The most immediate effect of the change will be in **how countries measure extreme poverty rates**, with governments having to make adjustments to existing metrics.....”

Some papers & reports of the week

Lancet Global Health (June issue)

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

With the Editorial - [Infertility—why the silence?](#)

*“... **The most common story of the state of reproductive health in many low- and middle-income countries is one of high rates of fertility, limited access to and low use of contraception, and high unmet need for family planning information and services**. Indeed, the evidence on these issues is clear, as shown in many research articles and comments published in this journal. **But there’s one aspect of reproductive health that’s conspicuously side-lined from global health research and policy today—infertility**. Though recent data on infertility globally are lacking, it has been estimated that 48 million couples and 186 million individuals worldwide live with infertility. **Infertility hasn’t always been a neglected global health problem.”***

The editorial concludes: “... **In this era of leaving no-one behind, it is time to bring infertility out of the shadows of reproductive health research and policy**. There is a pressing need to shine light on the lived experiences and psychosocial realities of infertility for individuals and couples in resource-

poor settings who are particularly vulnerable to abuse and exploitation. As a first step, culturally sensitive awareness campaigns could help reduce the stigma and open dialogues on safe, effective, and affordable ways to attain parenthood for those who seek to.....”

Lancet GH Series - Urban design, transport, and health

<https://www.thelancet.com/series/urban-design-2022>

“Good city planning produces co-benefits for individual and planetary health and wellbeing. In 2016, the Lancet Series on urban design, transport, and health drew attention to the importance of integrated upstream city planning policies as a pathway to creating healthy and sustainable cities, and proposed a set of city planning indicators that could be used to benchmark and monitor progress. In this follow-up series, the authors show how the indicators can guide decisions about what must change in order to create healthy and sustainable cities and how research can be used to guide urban policy to achieve urban and population health. They provide tools that other cities can use to replicate the indicators, and explore “where to next” to create healthy and sustainable cities, particularly in light of the COVID-19 pandemic and climate change.”

You might want to start with the **Introductory Comment** - [Creating healthy and sustainable cities: what gets measured, gets done](#) (by B Gilles-Corti et al)

Health Research Policy & Systems - How to work with intangible software in public health systems: some experiences from India

S Ramani et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00848-9>

“This commentary focuses on “intangible software”, defined as the range of ideas, norms, values and issues of power or trust that affect the performance of health systems. While the need to work with intangible software within health systems is increasingly being recognized, the practical hows of doing so have been given less attention. In this commentary, we, a team of researchers and implementers from India, have tried to deliberate on these hows through a practice lens. We engage with four questions of current relevance to intangible software in the field of health policy and systems research (HPSR): (1) Is it possible to rewire intangible software in health systems? (2) What approaches have been attempted in the Indian public health system to rewire intangibles? (3) Have such approaches been evaluated? (4) What practical lessons can we offer from our experience on rewiring intangibles? From our perspective, approaches to rewiring intangible software recognize that people in health systems are capable of visioning, thinking, adapting to and leading change....”

Lancet Diabetes & Endocrinology - Menopause: a turning point for women's health

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(22\)00142-5/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(22)00142-5/fulltext)

“In the June issue of The Lancet Diabetes & Endocrinology, we publish a two-paper [Series on menopause](#). The papers discuss the [cardiometabolic changes](#) that occur during the menopause transition and [management approaches](#) for menopause with a view to preventing cardiometabolic diseases. The overarching theme of the [Series](#) is that the menopause transition is a time of

accelerating cardiometabolic disease risk. As such, it presents an important opportunity to raise awareness of the symptoms and downstream health consequences, adopt healthy behaviours and institute early management of traditional cardiovascular disease risk factors, and implement screening and preventive strategies to reduce the risk of chronic cardiometabolic diseases that can occur in later life. **For too long, women's health-care needs at menopause have been under-recognised and underserved by the health-care profession.....”**

WHO launches first ever global report on Infection Prevention and Control

<https://www.who.int/news/item/06-05-2022-who-launches-first-ever-global-report-on-infection-prevention-and-control>

From late last week. **“Reveals that good IPC programmes can reduce health care infections by 70%”.**

*“The COVID-19 pandemic and other recent large disease outbreaks have highlighted the extent to which health care settings can contribute to the spread of infections, harming patients, health workers and visitors, if insufficient attention is paid to infection prevention and control (IPC). **But a new report from the World Health Organization (WHO) shows that where good hand hygiene and other cost-effective practices are followed, 70% of those infections can be prevented.** ... Today, on the eve of World Hand Hygiene Day, WHO is previewing the first ever Global Report on Infection Prevention and Control which brings together evidence from scientific literature and various reports, and new data from WHO studies....”*

Some blogs of the week

FP2P blog - How do we identify, support and/or build Champions in Development?

D Green; <https://oxfamapps.org/fp2p/how-do-we-identify-support-and-or-build-champions-in-development/>

“... here’s a summary and a few thoughts on ITAD’s report for the Gates Foundation on Champions: How to identify, support, and evaluate advocates for social change”

“The ITAD research identified four categories of champions: 1) Technical/Issue experts; 2) Political insiders; 3) High level influencers; and 4) Influencer communicators. Within these 4 broad groups there are some subtypes...”

See also a first **ITAD blog** (in a series of 4) on this: [Champion building for advocacy: what is it and when to use it?](#)

Some tweets of the week

Katri Bertram

“A risk I see in current discussions is that we are becoming fearful of setting ourselves up for failure: ambitious targets are being lowered, or dropped. In #globalhealth & with a #pandemic half/symbolic measures won't deliver or keep us all safe. Showcasing past commitments neither.”

Seth Berkley

“Diversifying global vaccine manufacturing is crucial for overcoming this pandemic & preparing for future pandemics. Manufacturers like @aspenpharma are among those leading this important charge.”

*“It's important for this pandemic & future pandemics that the world has diversified supply. #COVAX has a role to play however when it comes to #COVID19 vaccines, **we first have to tackle reduced demand**. We won't be safe anywhere until we're safe everywhere:”*

L Gostin

“4 vital steps @WHO must take on #Ukraine at WHA 1) Suspend Russia's WHA voting privileges 2) Pass resolutions condemning Russian attacks on healthcare & blocking humanitarian aid 3) Invite Ukrainian doctors & HRs NGOs to speak at WHA 4) Reform Surv Sys for Attacks on Healthcare”

Kate Elder

“And watch as global health PPPs position themselves to take the cake on whatever comes of the Pandemic Preparedness & Response process. Already seen the papers talking about how they'll 'partner' with the African Union etc while they position themselves to hold the purse strings.”

Arush Lal

*“I noticed an interesting pattern during the #GlobalCOVIDSummit: HIC donors often pledged traditional health security solutions (vaccines, surveillance). LMICs often noted gaps in health systems (CHWs, services, equity). Both are urgently needed, but are we ***really*** listening? https”*

Global governance of health

Foreign Policy - Biden's Foreign Aid Is Funding the Washington Bubble

C Kenny; <https://foreignpolicy.com/2022/05/06/us-foreign-aid-biden-build-back-better-world-development/>

“As usual, U.S. assistance pays everyone except governments actually providing services to the world's poor.”

*“In recent weeks, U.S. President Joe Biden made good on the promise he made at last year’s G-7 summit in Cornwall, England, to launch a set of infrastructure investments in developing countries under the banner of **Build Back Better World (B3W)**. His administration has rolled out new initiatives on **digital connectivity, child care infrastructure, and health facility electrification**, three areas that are surely important to global development progress. But, sadly consistent with every major U.S. aid initiative of the past 20 years, B3W appears to channel virtually all its funds through a Washington bubble of agencies, contractors, and nongovernmental organizations, providing hardly a cent of bilateral aid to developing-country governments. Whether you are a softhearted advocate for development or a hardened hawk aiming to contain China, that’s a huge mistake.”*

*“...The United States, the world’s largest aid donor, directs its spending to just about everybody except the governments of developing countries. It pays the U.S. military to provide emergency relief services; subsidizes private firms to invest in infrastructure projects; funds NGOs to deliver aid in the health, education, and humanitarian sectors; and pays billions of dollars to private consulting firms within spitting distance of the White House to provide so-called technical assistance. According to our calculations, of the \$51 billion in U.S. aid tracked by [ForeignAssistance.gov](https://www.foreignassistance.gov) in fiscal 2020, about 40 percent was spent by the U.S. government itself to buy goods and pay salaries, for example. Another 20 percent was administered by U.S.-based firms and nonprofits. A little more than 30 percent went to international organizations—the United Nations and other multilateral bodies—and international NGOs. Of the small remainder, foreign firms and nonprofits, mostly based in recipient countries, received just above 5 percent. **That leaves partner country governments in the developing world the recipients of just 3.9 percent of U.S. aid spending.....”***

Link:

- [AMREF CEO appointed to global body tasked with preventing pandemics](#)

Dr **Githinji Gitahi** is ... appointed to the Board and Scientific Advisory of Coalition for Epidemic Preparedness Innovations (CEPI).

Planetary health

Guardian - ‘Record after record’: Brazil’s Amazon deforestation hits April high, nearly double previous peak

<https://www.theguardian.com/world/2022/may/07/record-after-record-brazils-amazon-deforestation-hits-april-high-nearly-double-previous-peak>

“Climate analysts are astounded by such a high reading during the rainy season, and is the third monthly record this year.”

Scientific American - Air-Conditioning Should Be a Human Right in the Climate Crisis

[Scientific American:](#)

“We need to protect vulnerable people from killer heat without destroying the environment.”

They conclude: “Cooling does not have to blow the carbon budget. In fact, if leveraged correctly, it could be a driver of equity, economic growth and the transition to clean energy.”

UN News - World ‘at a crossroads’ as droughts increase nearly a third in a generation

<https://news.un.org/en/story/2022/05/1118142>

*“Humanity is “at a crossroads” when it comes to managing drought and accelerating ways of slowing it down must happen “urgently, using every tool we can”, said the head of the **UN Convention to Combat Desertification (UNCCD)** on Thursday, calling for a global commitment to support drought preparedness and resilience.”*

Infectious diseases & NTDs

Telegraph - Families’ ‘conniving with polio teams to fake immunity’ are stalling Pakistan’s vaccination campaign

[Telegraph](#);

“Official claims door-to-door health workers are marking children as having had drops when, in reality, parents have refused a polio vaccine.”

SRHR

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

Human resources for health

CGD (Policy Paper) - COVID-19, Long-Term Care, and Migration in Asia

A Sato et al ; <https://www.cgdev.org/publication/covid-19-long-term-care-and-migration-asia>

“This report explores the impact of these three dynamics—LTC, migration, and COVID-19—on the current and future LTC workforce in the Asian region....”

Plos GPH - Rethinking human resources and capacity building needs for malaria control and elimination in Africa

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000210>

By H Mwenesi et al.

Link:

- Human Resources for Health - [An overview of health workforce education and accreditation in Africa: implications for scaling-up capacity and quality](#)

Miscellaneous

CGD (blog) - How to Beat the Odds: Reflections on Stefan Dercon's "Gambling on Development"

<https://www.cgdev.org/blog/how-beat-odds-reflections-stefan-dercons-gambling-development>

By R Dissanayake.

Human Resources for Health - WHO competency framework for health authorities and institutions to manage infodemics: its development and features

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00733-0>

By S Rubinelli et al.

Extra Covid section

Economist – China's zero-covid industrial complex

<https://www.economist.com/business/2022/05/13/chinas-zero-covid-industrial-complex>

"The biggest corporate winners from the country's draconian pandemic strategy."

*« The market value of Dian Diagnostics Group, a maker of pcr tests, soared by more than 10% after the Polit buro's pledge. Daan Gene, another big test-maker, and Yiling Pharmaceutical, which produces traditional Chinese medicine that has been heavily promoted as a covid treatment since 2020, also made gains. **Prospects for this zero-covid industrial complex indeed look bright...**»*

TGH - Just How Do Deaths Due to COVID-19 Stack Up?

<https://www.thinkglobalhealth.org/article/just-how-do-deaths-due-covid-19-stack>

*"Despite a likely undercount in many places, COVID-19 is the **leading killer in most of Latin America and Western Europe.**"*