

IHP news 676 : Summits, conferences and Board meetings in an age of global megacrises

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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,

Plenty of summits, conferences and Board meetings in the weeks before summer kicks in (*in this part of the world, at least*), let's hope they manage to do something substantial about "**the age of global megacrises**" [the UN](#) (and many others) discern. In the words of the UN: "*Mega crises are growing at a speed and scale that threaten to undo decades of hard-won progress in development, governance and social protection*". Bet you can all relate to this bleak assessment.

Nevertheless, to get in the proper mood and shape for all these virtual and F2F meetings, summits and conferences, **International Yoga Day** ([21 June](#)) was celebrated on Tuesday. Being just a bit older than Beckham, I didn't feel like bending much this year, but I'm sure somewhere in the Multiverse, a version of myself was flexing muscles diligently.

Over to global health security then. In Indonesia, a **G20 Health Ministers meeting** and the **1st Joint Finance and Health Ministers Meeting** took place. With among others, the **Financial Intermediary Fund (FIF)** (sky)-high on the agenda. In the words of Katri Bertram (on Twitter): "*Worth following #pandemic #FIF messaging from various #globalhealth stakeholders today. **Some very explicit ownership and territorial claims** being laid in today's tweets.*". (among others, the WB & WHO bosses made statements)

Ahead of next week's **G7 Summit in Elmau**, Germany, China organized a [\(virtual\) BRICS summit](#) on 23 June. As you know, the geopolitical winds are blowing rather fiercely. While apparently India and China don't see much problem in striking "cost-effective" deals with Putin's Russia these days, Mohammed bin Salman is once again being seen as "our thug". Correction: "one of our thugs". 'A World United' after all (*in wheeling and dealing with thugs*), I hear you say 🤔.

In Kigali, the **26th Commonwealth Heads of Government Meeting** [took place this week](#). Presumably, "*Commonwealth member states share core values of democracy, rule of law, good governance, human rights, and freedom of expression.*" Rwanda, a beacon of democracy, hosted the meeting. On the sidelines of the meeting, the [Kigali Summit on Malaria and NTDs](#) was held, with among others the launch of the **Kigali Declaration**.

In Brussels, the [European Development Days](#) took place on Tuesday and Wednesday, themed '**Global Gateway: building sustainable partnerships for a connected world**'. Check out the [speech by our queen \(and SDG advocate\) Mathilde](#). We also managed to follow (online) the **start of the consultation on the (new) EU Global Health Strategy** (introduced by **Peter Piot**). Among others, the intervention from **Anders Nordström** (on behalf of Sweden) rang a bell (with me at least). Quite

some CSOs flagged that SRHR will be a tough sell in the European Council, but are crucial. **The consultation will run till end of September.** My five cents: I'm all for a genuine (and mutually beneficial) partnership with actors in Africa, but I'm a bit less convinced about "partnerships" with the private sector, especially after the sorry spectacle we've seen in this pandemic. So I hope the updated EU Global Health strategy will also take into account the current polarization in our societies, a sign of our times, and capitalize on the activism (especially from younger generations) who want a different world (*as compared to the 'status quo' far too often sold as 'partnerships'*). Partnerships can be good, but in some (most?) cases you have to go 'beyond partnerships' to get to transformative change.

By the way, now that **European countries in the NATO** all plan to scale up their defense budgets (to 2 % of GDP), I think the obvious thing for global health advocates to ask for, is for the Pentagon to do the reverse, and bring down its defense budget to 2 % of GDP (*If the Americans still want to be 'exceptional', I could even live with 3 % ☺*) That would free up a lot of money for global public goods - to deal with all these global megacrises.

I won't go here into the **French legislative elections of last weekend**, but at least from my perspective it was good to see Jupiter finally arriving "back on earth".

Last but not least, in this newsletter, while a **GAVI Board meeting** is ongoing, we'll also pay quite some attention to coverage & key analysis of the '**Geneva Package**' reached at the **12th WTO's Ministerial conference** last week, including the rather underwhelming "TRIPS waiver deal". Perhaps some of the [credibility of WTO as a global institution is back](#), but when it comes to the 'waiver' deal, ***"It is both too little and too late."***

The headlines were telling enough. See for example "[Why the WTO's vaccine deal is a nothingburger for global health](#)" (Politico), or "[The Trips provisions have been watered down to almost homeopathic levels from the original proposal of a broad waiver of all IP covering all Covid treatments made in 2020 by South Africa and India](#)". (Alan Beattie, in the FT)

So let me end by agreeing with **Anna Marriott** (from the **People's Vaccine coalition**), on Twitter: *"Do not let the repulsive spin of rich countries and those carrying water for Big pharma detract from those who are truly to blame for the unforgivable vaccine inequality witnessed over the last 2 years."*

I'm sure you know their names by now. They include a fair amount of "global health leaders".

Enjoy your reading.

Kristof Decoster

Featured Article

The need for integration of value-based health and social care, and social innovation in health to address health disparities in Latin America and the Caribbean.

Cesar Vargas (MD; Master in Epidemiology student at CES University, Medellín; EV2020 alumnus, Colombia).

Before COVID-19 hit, Latin American and Caribbean (LAC) countries already displayed plenty of health inequalities rooted in the Social Determinants of Health (SDH), the conditions in the social environment - where people live, learn, work, and play - that affect health outcomes. Typically, this includes income, education, occupation, and social support, among others. In the journey to transform the health systems of the region and make them fit for the 'post-Covid-19' reality, possible solutions should aim to overcome these inequalities and integrate broader perspectives into health (care). In this article, I offer some suggestions.

Some of the LAC inequalities at a glance

Whether based on household survey data or combined data sources, several LAC countries have some of the [highest levels of income inequality](#) in the world, and this already for decades. True, till Covid hit the world, income inequality was slowly going down in the region, except for a few countries (Brazil, Colombia, Argentina, Honduras) where inequality actually deteriorated. When Covid hit LAC, extreme poverty [increased](#) from 81 million to 86 million between 2020 and 2021, a 27-year setback. Also, inequality increased breaking with the (overall) downward trend described above, with women, rural and indigenous people, and children being affected most.

As for occupation, by May 2020 around 16.6 percent of adults had permanently lost their jobs across 13 countries in LAC, with those in the Andean subregion (such as Colombia, Ecuador, and Peru) being the most affected. More than 70 percent of households had seen their incomes decline in these Andean countries according to a recent (2020) WB report, '[The cost of staying healthy](#)'.

Furthermore, '[one of the world's largest migration flows](#)' takes place in the region (and beyond). An estimated 4.3 million of Venezuelan refugees and migrants live in other countries in LAC. Many of them have experienced the loss of employment and resulting inability to access healthcare services. Some of the receiving countries face(d) the challenge of addressing the needs of this - often vulnerable - population, amid a major public health crisis like COVID-19 (which isn't over yet). The [lockdown worsened the mental health status of Venezuelan migrants](#) disproportionately, compared to the general population. Anxiety and depression disorders occurred more frequently among migrants and refugees facing difficulties to obtain food and employment - particularly for women. And of course, there are many other migrants in the region, amongst others the ones trying to make their way to Mexico and the US.

This is just a glimpse of the many (structural) SDH challenges in LAC. As noted above, the Covid pandemic further worsened an already dire situation in many countries in the region. And also in the health care system, the (nature of the) pandemic played a pernicious role (see below).

A syndemic also wreaking havoc in the health care system

Indeed, speaking of Covid, with just a tenth of the world's population, [LAC countries account \(so far\) for almost half of the cases and more than half of the deaths](#) from COVID-19. The [syndemic character of COVID 19](#) has been acknowledged around the world, but perhaps nowhere this was more clear than in this region. A 'syndemic' refers to an infectious disease interacting with [non-communicable diseases & injuries](#) (NCDIs) within vulnerable and socio-economically disadvantaged groups'. Therefore, it yields worse health and social outcomes than each of them could produce separately.

COVID-19 also unveiled that our health systems' financial viability, particularly the one of health care providers, [relies on sick people and the volume of treatments](#) (and health care services in general), rather than on the real "health" status of people, obtained through prevention of NCDIs by different actors. The amount of people with NCDIs looking for health care services fell drastically during the lockdowns, with the profitability of health care providers following shortly after.

The SDH situation in LAC, coupled with the impact of Covid, including in the health care system, shows the urgent need for reimagining our health and social systems towards (more) social justice and equity.

Some possible ways forward

In this call to transform the health systems of the region some emerging solutions look promising. Value-based payment (VBP) and other alternative payment models, healthcare integrated networks, [digital transformation in health, primary healthcare strengthening among others](#), all look like ways forward. Many of these are even 'essential'.

However, some caution is needed when translating these approaches to our context. Some of them may actually [exacerbate health and social inequalities](#), if not done in a careful way. Take value-based health care (and payment), for example. VBP is a payment approach that aims to promote enhanced population health management, which should in turn result in the improvement of health and/or global cost containment. A VBP model offers financial incentives to doctors, hospitals and other providers, by aiming for better health outcomes for patients to lower medical costs. Unlike in a fee-for-service payment model, the medical practice gets a financial bonus when health care costs go down because the patient is healthier and goes to the doctor or hospital less frequently. At least, that's the theory. However, getting better health outcomes at a lower health care cost, as VBP aims to do, might be challenging for providers when the people they need to see don't have access to '[sufficient, safe and nutritious food](#)' at all times (to meet their dietary needs), or when their feelings of isolation prevent them from proper self-care, for example.

As a result, health providers won't embrace VBP models in settings where SDH boost adverse health outcomes, or - even worse - could trigger practices such as the adverse selection of the higher-risk, migrant or poorer populations by insurers and/or healthcare providers, thus reproducing and

deepening social and health inequalities. In addition to this (necessary) shift from a fee-for-service payment system, two other (and complementary) approaches thus seem necessary.

Socio-sanitary coordination and social innovation in health

Indeed, we need to take a broader approach in order to get to more effective integration of social needs into health delivery care models, overcoming the forces of “market health” through *value-based health and social care services*, not just “value-based payments” proposals. *“Paying for healthcare” approaches should incentivize the inclusion of social care in health care delivery in our inequitable contexts.*

To be successful, [this socio-sanitary integration should also rely on health information technology innovations and a diverse workforce](#), which should include social workers, community health workers, gerontologists, social care workers, and not only health and care workers. For healthcare organizations, this perspective implies a well thought-out design that implements an integrated care system by engaging a wide variety of stakeholders and establishing linkages and communication pathways between health care and social services providers.

At the health system level, this approach supposes the use of collaboration models, shared information, and technology solutions which manage to capitalize on key stakeholders on the ground, rooted in their communities. Indeed, communities and people want to be more than just “objects”, they are “[subjects](#)” when it comes to their own health, and should be treated as such. We need to overcome the (currently far too common) practices in which the actors who influence the so-called “structural determinants” (SDH) do not listen to, nor co-design solutions with those who work to address the ‘intermediary determinants’ (like food availability, behaviours and psychosocial factors, for instance).

In addition, it is just common sense for targeted interventions to involve the people of communities, where lived experiences and engaging knowledge reside. Put differently, we also need a social innovation in health approach. Social innovation in health, [“as a community-engaged process that links social change and health improvement, drawing on the diverse strengths of local individuals and institutions”](#), fits the demands of health and social care transformation. After all, health and social systems are complex and adaptive systems and innovation is more effective when it emerges bottom-up. In the intersectional dialogue that social innovation fosters between governments, academic, social and health organizations, and communities, more fruitful (and frugal) solutions can emerge to address the unmet social and health needs of our disadvantaged communities. Indeed, [solutions that take into account affordability, inclusiveness, and cost-efficiency come natural in the social innovation in health movement](#).

In conclusion, if we want to achieve better health and social outcomes for our (very) unequal Latin-American and Caribbean communities, which means tackling the causes of NCDs, as well as the long-term impact of COVID-19, we can’t only come up with innovative biomedical technologies or solutions. The integration of value-based health and social care, and social innovation in health share a clear focus on outcomes, so perhaps together they can lead to more sustainable, equitable and fairer health solutions. Hopefully, these solutions can also balance the conflicts that arise between the necessary reform of our health systems and the inequitable social contexts in which they take place, while new

government voices in the region are introducing, as expected, more structural changes in the social determination of health. In Colombia, my own country, for example.

Highlights of the week

Monkeypox

While waiting for a PHEIC decision by WHO (expected later today normally), some reads:

UN News - Monkeypox: Amid uncertainty, global situation 'cannot be ignored' says WHO chief

<https://news.un.org/en/story/2022/06/1121212>

"Addressing the first meeting of the World Health Organization's Emergency Committee on Thursday over the global Monkeypox outbreak, the WHO chief told members that person-to-person transmission was ongoing, and "likely underestimated". Members of the committee could announce their decision on whether or not the outbreak constitutes a public health emergency of international concern, as early as Friday, but meanwhile Tedros Adhanom Ghebreyesus said the spread of the disease both in non-endemic and endemic countries, "cannot be ignored"...."

See also HPW - [WHO Considers if Monkeypox Constitutes a Global Health Emergency](#)

"A World Health Organization emergency committee met Thursday to determine if the monkeypox outbreak spreading in non-endemic countries constitutes a Public Health Emergency of International Concern (PHEIC). The closed door meeting, including 16 committee members and eight advisors, will make a recommendation to WHO Director-General Dr Tedros Adhanom Ghebreyesus, who will decide whether to designate it a public health emergency...."

And Reuters - [Monkeypox case count rises to more than 3,200 globally - WHO](#)

Cidrap News - WHO focuses less on endemicity as global monkeypox cases top 2,500

<https://www.cidrap.umn.edu/news-perspective/2022/06/who-focuses-less-endemicity-global-monkeypox-cases-top-2500>

*"As global monkeypox cases top 2,500, the World Health Organization (WHO) posted a monkeypox **update** and removed the distinction between endemic and non-endemic nations to reflect a "unified response." Today Our World in Data **reported** 2,580 confirmed global cases through Jun 19. The WHO report notes 2,103 confirmed cases worldwide, including 1 death, and 1 probable case through Jun 15. Cases have been reported in 42 countries in five global regions, but 84% have been in the WHO European Region...."*

Science - Why the monkeypox outbreak is mostly affecting men who have sex with men

<https://www.science.org/content/article/monkeypox-outbreak-mostly-affecting-men-sex-men>

*"The virus did not spread well between people in the past but **may have found a new niche in tightly connected sexual networks.**"*

Reuters - WHO eyes decision on monkeypox 'emergency', Africa says it's long overdue

<https://www.reuters.com/world/africa/monkeypox-emergency-decision-due-who-sparks-african-criticism-2022-06-23/>

*"The World Health Organization [will] decide on Thursday whether to declare monkeypox a global health emergency, **stirring criticism from leading African scientists who say it has been a crisis in their region for years.**" "The deliberations and scrutiny of the WHO's response to the outbreak follows concerns over how the United Nations agency and governments worldwide handled COVID-19 in early 2020."*

*"... **"When a disease affects developing countries, it is not an emergency. It only becomes an emergency when developed countries are affected,"** said Professor Emmanuel Nakoune, acting director of the Institut Pasteur in Bangui, Central African Republic, who is running a trial of a monkeypox treatment. **Most experts agree monkeypox technically meets the criteria for the WHO definition of an emergency. It is a sudden and unusual event spreading internationally, and requires cross-country cooperation.**"*

"But the WHO is in a precarious position after COVID, according to Clare Wenham, a global health assistant professor at the London School of Economics. If the WHO declares an emergency and countries do not act, it could undermine the agency's role in controlling global disease, she said. "They're damned if they do, and damned if they don't," she added...."

Politico's Global Pulse - The hunt for more monkeypox antiviral

<https://www.politico.com/newsletters/global-pulse/2022/06/23/the-hunt-for-more-of-a-monkeypox-antiviral-00041539>

"The maker of an antiviral drug that's shown promise for treating monkeypox is discussing with the U.S. government how to ramp up its production as dozens of countries now seek orders — and as, this morning, it announced \$13 million in new orders. As the WHO meets today to discuss whether monkeypox rises to the level of being a public health emergency of international concern, vaccines and treatments — including antivirals — could see even higher demand and take on greater importance around the world than usual...."

"Siga, the small company that makes the antiviral tecovirimat, has been talking with Biden administration officials about expanding manufacturing capacities, including possibly opening a second manufacturing site, CEO Phillip Gomez told Global Pulse...."

“... The drug’s global supply is relatively small at this point and only known to be stockpiled in two countries: the U.S. and Canada. The U.S. signed a contract with Siga years ago to maintain 1.7 million courses in its reserves, and the Department of Defense recently [purchased \\$7.5 million](#) of the drug. Canada planned to store 50,000 courses in its stockpile when it was first set up in 2019....”

Nature News - Monkeypox in Africa: the science the world ignored

<https://www.nature.com/articles/d41586-022-01686-z>

“African researchers have been warning about monkeypox outbreaks for years. As vaccines are deployed globally, they worry they will be left behind.”

- And a Link: The Conversation - [At what point is a disease deemed to be a global threat? Here’s the answer](#) (by C Raina McIntyre et al)

G20 Health Ministers & Joint Finance & Health Ministers meeting (20-21 June, Indonesia)

As mentioned in the intro, crunch time for the FIF, among others.

Reuters - G20 targets raising \$1.5 billion for global pandemic fund, says host Indonesia

<https://www.reuters.com/world/g20-targets-raising-15-bln-global-pandemic-fund-says-host-indonesia-2022-06-17/>

Cfr an interview from last week. *“The Group of 20 (G20) major economies aims to raise \$1.5 billion this year for a fund set up to better prepare for future pandemics, the health minister of current G20 president Indonesia said [last week] on Friday.”*

*“Indonesian Health Minister Budi Gunadi Sadikin said in an interview the **United States, European Union, Indonesia, Singapore and Germany have pledged about \$1.1 billion to the fund so far.** “If we can get by the end of this year \$1.5 billion of fresh funding, we will be very, very happy,” he told Reuters, adding he hopes the group can raise another \$1.5 billion next year. **Indonesia will host the G20 leaders summit in Bali in November.**”*

*“..... The World Bank, which will house the fund, and the World Health Organization (WHO), which is advising on the facility, estimated in a report that the annual funding gap for pandemic preparedness is \$10.5 billion. **Budi said he will start discussing contributions to the fund with countries like Japan and Britain at a G20 health ministers meeting in Indonesia [this] week.....”***

G20 Health Ministers press release

<https://g20.org/yogyakarta-taman-sari-water-castle-manifestation-of-global-health-system/>

For the ones among you who like a nice metaphor. ***“Minister of Health of the Republic of Indonesia, Budi Gunadi Sadikin opened the 1st G20 Health Ministers Meeting in Yogyakarta on Monday, June 20. The meeting’s agenda was “Strengthening the Global Health Architecture”. He likened the philosophy of global health system to the Yogyakarta Taman Sari Water Castle.”***

“The G20 Health Ministers Meeting was held near the water castle which was built in the 18th century. The castle was first built to serve as a park complex for the Sultan to work, meditate, and rest. Taman Sari also functioned as a castle for the sultanate family to hide, go into seclusion, and defend themselves during critical times. Minister Budi said that Taman Sari’s history serves as an inspiration in the formation of global health system. “The history and philosophy of Taman Sari inspired us, global health leaders to build a global health system that is resilient in a crisis and alert in normal times,” Minister Budi said in Yogyakarta on Monday....” With also some info on the sessions and focal areas.

“Indonesia has hosted two Health Working Group Meetings in Yogyakarta and Lombok wherein priority issues of ‘Harmonizing Global Health Protocol Standards’ and ‘Building Global Health System Resilience’ were discussed and deliberated upon,”

WHO Director-General's remarks at G20 Health Ministers Meeting – 20 June 2022

<https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-g20-health-ministers-meeting---20-june-2022>

Well worth a read. Among others on **how Tedros sees the preferred ‘governance’ structure of the FIF** (i.e. the Financial Intermediary Fund, to be housed at the WB).

“WHO proposes that the FIF would be overseen by a board that makes decisions about funding allocations, supported by a technical advisory panel, both in turn supported by a joint World Bank-WHO Secretariat, based at the Bank’s headquarters. Both the Bank and WHO would act as implementing entities, along with other global health partners with relevant expertise, including the Global Fund, Gavi, FIND, CEPI and others. WHO and the World Bank would be non-voting Members of the FIF’s governing board.....”

Joint Finance and Health Ministers’ meeting (21 June)

To start, as a reminder: [The Joint Finance and Health Ministers’ Meeting](#)

“The Joint Finance and Health Task Force (JFHTF) is a task force consisting of finance and health officials, aim to enhance dialogue and global cooperation on issues relating to pandemic prevention, preparedness, and response (PPR), promoting the exchange of experiences and best practices, developing coordination arrangements between Finance and Health Ministries, promoting collective action, assessing and addressing health emergencies with cross-border impact, and encouraging effective stewardship of resources for pandemic PPR, while adopting a One Health approach.....”

G20 Finance Ministers and Health Ministers Agree to Support Financial Intermediary Fund for Pandemic PPR

<https://g20.org/g20-finance-ministers-and-health-ministers-agree-to-support-financial-intermediary-fund-for-pandemic-ppr/>

“The Ministry of Health and the Ministry of Finance of the Republic of Indonesia held the 1st G20 Joint Finance and Health Ministers’ Meeting (JFHMM) under the Indonesian G20 Presidency on a hybrid basis on June 21st, 2022. Minister of Health H.E. Budi Gunadi Sadikin and Minister of Finance H.E. Sri Mulyani Indrawati chaired the Meeting’s session.”

“Attended by G20 members, invitees, and international organizations (IOs), JFHMM aimed to seek guidance from the G20 Finance and Health Ministers on some progress achieved by the Joint Finance and Health Task Force (JFHTF), among others: i) A Financial Intermediary Fund (FIF) for Pandemic Preparedness, Prevention, and Response (PPR); and ii) Developing Finance and Health coordination arrangements for pandemic preparedness, prevention, and response (PPR). The result from the JFHMM discussion today will serve as a basis for discussions at the next Finance Ministers and Central Bank Governors’ (FMCBG) Meeting next month and to be followed up at the next JFHTF meeting. On the new financing mechanism, most Finance and Health Ministers agreed on the need for a new multilateral financing mechanism dedicated to addressing pandemic PPR financing gaps. Members welcomed the recent progress in establishing a Financial Intermediary Fund (FIF) housed at the World Bank, and will continue to discuss the governance and operational arrangement of the FIF ahead of the G20 Leaders potentially endorsing the FIF at their Summit in November....”

- Via Reuters - [G20 president Indonesia: Pandemic fund may start June, needs World Bank nod](#)

“A G20 fund to better prepare for future pandemics may be operational at the end of June, if an approval is given by the board of the World Bank, which houses it, the finance minister of current G20 president Indonesia said late on Tuesday. G20 countries have provisionally agreed to set up the multi-billion dollar fund, which health officials have said will finance efforts like surveillance, research, and better access to vaccinations for lower-to-middle income countries, among others. Over \$1.1 billion has been pledged to the fund by the United States, the European Union, Germany and Singapore, among others, health minister Budi Gunadi Sadikin said a news conference....”

- [Remarks by World Bank Group President David Malpass to the G20 Joint Finance and Health Ministers’ Meeting](#)

Among others, on ***“Six key principles that will underpin the FIF’s design”***

...At the end of June, we will be taking this proposal to the World Bank’s Board for approval. After that, we expect to work closely with donors, the WHO, and other stakeholders to develop the detailed scope and design of the FIF. The goal is to launch the FIF in the third quarter of 2022....”

More on the FIF (i.e. Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response)

Politico (Pro) - Top global health organizations to be eligible for pandemic preparedness money

<https://subscriber.politicopro.com/article/2022/06/top-global-health-organizations-to-be-eligible-for-pandemic-preparedness-money-00040949?source=email>

“Three major global health organizations will be able to seek funding for pandemic preparedness from an international fund being established at the World Bank, [according to a document obtained by POLITICO](#). The Global Fund to Fight AIDS, Tuberculosis and Malaria; Gavi, the Vaccine Alliance; and the Coalition for Epidemic Preparedness Innovations were initially [left out of the list of organizations eligible for funding](#). But feedback from the Australian and U.S. governments and many other entities [responding to a World Bank consultation](#) asked for the three organizations to be included, as they have shown results in helping poor countries fight diseases and increase their capacity to be prepared for outbreaks. The organizations will require a waiver to be able to seek money from the **World Bank’s Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response, which is expected to be established at a World Bank board meeting on June 30**. The World Bank will do the review process for the waiver before the **FIF launches in the fall, according to the document**, which was sent to the board Friday....”

(must-read) Twitter thread Felix Stein

<https://twitter.com/felixundstein/status/1538802479013445632>

“The @WorldBank 's controversial suggestion for a new Pandemic Preparedness & Response (PPR) Fund shows what's at stake in global health financing....”

Including: ***“...The suggested fund has four spheres of governance (financing, governing board, secretariat, implementation) & the Bank puts itself on all four of them. @WHO is relegated to mere "technical advisory".”***

“Big donors will definitely have executive roles on the fund's governing board; recipient countries maybe (the Bank fears their "real or perceived conflicts of interest"...), @WHO likely not.”

KFF - Civil Society Inclusion in a New Financial Intermediary Fund: Lessons from Current Multilateral Initiatives

J Kates et al; <https://www.kff.org/global-health-policy/issue-brief/civil-society-inclusion-in-a-new-financial-intermediary-fund-lessons-from-current-multilateral-initiatives/>

“Global leaders appear poised to approve the creation of a new financing mechanism for pandemic preparedness and response (PPR) activities. Despite this momentum, however, many questions remain about a new FIF including its governance and operations and the extent to which civil society will be formally included. A [white paper](#) on the FIF, recently released by the World Bank, contains a brief mention of civil society as potential observers to a FIF governing board, though

some have critiqued that as insufficient. **To help inform ongoing discussions, we sought to examine and draw lessons from existing institutions on how they engage with civil society formally, as part of their governance, as well as through other avenues. We analyzed 14 major multilateral global health and related institutions to assess how civil society, including from the global South, has been engaged in their governance, implementation/programming, and monitoring. We examined the following metrics of civil society inclusion to assess more formal engagement: board representation; voting rights; global South representation required; formal representation on committees; support for participation in governance; and requirements to fund civil society as part of program implementation. For those institutions that included formal board representation, we also looked at the share of seats reserved for civil society.....”**

Check out **key findings**.

Devex - Opinion: We need to audit development banks' role in pandemic response

S Akali et al; <https://www.devex.com/news/opinion-we-need-to-audit-development-banks-role-in-pandemic-response-103420>

Important piece. **“This month the World Bank’s board is set to approve the recently released [white paper](#) for a proposed Financial Intermediary Fund, or FIF, for pandemic prevention, preparedness, and response, or PPPR, in order to have it up and running by the end of the year. ... The proposal envisions a **key role for multilateral development banks** based on the logic that these institutions — and especially the [World Bank](#) — are the largest source of external financing for PPPR in low- and middle-income countries, and are well suited to steward this financing going forward. **However, several grassroots groups, social movements, and civil society organizations around the world are [questioning](#) whether MDBs should have a role in financing PPPR, and if so under what conditions.**”**

“[“Missing Receipts”](#) — a report highlighting key trends identified by more than 20 organizations documenting COVID-19 relief financed by MDBs in 16 countries — finds that development banks ended up replicating old mistakes and exacerbating structural problems, such as lack of transparency, inequality, and rising debt. The proposed FIF favoring MDBs — and hosted in the World Bank — risks replicating mistakes from the past and leaving the most vulnerable groups behind. **We need an independent audit of MDB spending during COVID-19, and what impact it had on the ground before they are given a role in the recovery of future pandemics.”**

“... The international community needs to have a critical reflection on what more effective and inclusive crisis response could look like. PPPR funds must be spent in a democratic and accountable manner, and embrace a human rights-based approach.....”

Coming up: G7 (Elmau) summit, (26-28 June, Germany)

(online) Booklet – G7 Germany: the 2022 Elmau summit

[G7](#)

Preparatory reading for the G7 Leaders' summit next week. Including a global health section. Among others, with **Ilona Kickbusch** on the need for networked, inclusive and rules-based multilateralism in global health (and the key role of G7 in this).

On another note: I count exactly one female leader on the opening page, amidst a sea of male leaders....

Policy priorities for Germany's G7 Presidency in 2022 – Towards a more sustainable and inclusive global economy: Statement by the WHO Council on the Economics of Health for All

<https://www.who.int/publications/m/item/policy-priorities-for-germany-s-g7-presidency-in-2022---towards-a-more-sustainable-and-inclusive-global-economy>

“.... Specifically, the G7 should recognize and address three key challenges: The catastrophic public health impacts of climate change, and the enormous economic savings and health and well-being benefits that will result from climate action. The overwhelming challenges to fiscal space in low- and middle-income countries – exacerbated by the International Monetary Fund (IMF) austerity policies and unsustainable debt – threaten countries' capacity to mount credible pandemic preparedness and response (PPR) and ensure progress on climate action and the Sustainable Development Goals (SDGs). ... The ongoing lack of meaningful multilateral cooperation on monitoring and responding to global health threats demands more inclusively governed PPR response mechanisms and action to address the major structural flaws in the current governance of health innovation.”

The WHO Council on the Economics of Health for All then **lists three imperatives**: Highlight the massive public health benefits of climate action; Create fiscal space for the economic recovery of low- and middle-income countries; Achieve real multilateral cooperation and collaboration on global health threats and response.

CGD (blog) - Global Health at the G7: Finance the Whole Package in a Time of Crisis

<https://www.cgdev.org/blog/global-health-g7-finance-whole-package-time-crisis>

“..... there is an opportunity to develop a comprehensive and articulate G7 response on global health including pandemic preparedness and response. While some note the multiple asks circulating from ACT-A, the Global Fund, WHO, the new pandemic financial intermediary fund, and others, the reality is that there are relatively few multilateral global health entities of scale at more than \$10 million per year, and each has a distinct mission and comparative advantage. In a [new brief](#), we look at the organizations' financing requests holistically and propose a high-level outline for a package of reforms and replenishments in global health financing. Based on the organizations' requests, a modest 33 percent increase above pre-COVID-19 G7 global health spending could address the backlog in vaccination and virus surveillance, recoup losses in other infectious disease threats like polio and HIV, and drive the basic investments in and progress on collective global health security that all agree are urgent and necessary.....”

“....Taken together, we estimate that a 33 percent increase on top of existing global health aid spend—which was [estimated at about \\$40 billion in 2019](#)—is needed....”

Politico (Op- ed) - Financing new global health emergency framework is within reach

By A Küçük & A Donnelly (G20 Health and Development Partnership)

<https://www.politico.eu/sponsored-content/financing-new-global-health-emergency-framework-is-within-reach/amp/>

Op-ed on the **need to align G20 & G7** on global health emergency governance. **“G20 health and finance ministers and G7 heads of government asked to align agendas as they gather to discuss global pandemic preparedness and response.”**

“This week in Indonesia the G20 health and finance ministers [will] consider critical issues related to health system resilience, pandemic preparedness and the future financing of the global response mechanism to defend the world against the next pandemic. At the end of this month, heads of government of the G7 will have to address broadly the same issues. At the core of these discussions is the urgent establishment of a new Financial Intermediary Fund (FIF) for pandemic preparedness and response to close the annual additional \$10.5 billion gap in pandemic preparedness and response (PPR) globally....”

“.... Given the significant and demonstrable return on investment and value in health systems strengthening and PPR, **what should be the concrete outcomes of the June 2022 round of G20 and G7 meetings? G20 leaders must institutionalize the health, finance ministers and central bank governors’ dialogue, through the creation of the equivalent of the FSB.** This is the only way that accurate data sharing, meaningful coordination and rapid response to prevent the next crisis can be achieved. **The G20 Joint Finance and Health Taskforce can be taken to the next level, with a transparent, inclusive governance structure and secretariat and can quickly evolve into the Finance and Health Stability Board (FHSB).** The G20 and G7 must ensure that the **governance and financing issues associated with the FIF are resolved immediately.** The fund should be located at the World Bank, but the fund’s technical and operational aspects require the WHO to play a central role. Many low- to middle-income countries and low-income countries are facing debt default in the coming months, because they have had to borrow during the COVID-19 crisis. **G20 and G7 leaders must recognize that the instruments deployed by the FIF will be of little value if they simply add to the sovereign indebtedness of fragile economies. The International Monetary Fund, the World Bank and the Paris Club must bring in a package of measures that conditionally assist vulnerable countries to take advantage of the Financial Intermediary Fund, while restructuring the sovereign debt burden** so many are tackling today. **Finally, the G20 and G7 leaders need to agree a new common taxonomy on defining and measuring the value and outcomes of investments in health system strengthening.** The EU is establishing such a regime for climate change disclosures — it is essential a similar regime is established for the One Health Approach, to give confidence that these investments are producing demonstrable and measurable improvements....” **“The G20 health and finance ministers must also promote common investment metrics which can show clearly what the return on that investment is to the economy and the health of citizens.”**

Links:

- Devex - [G-7 ministers to gather for global food security conference in Berlin](#)

“Foreign, agriculture, and development ministers from the G-7 group of major industrial nations are set to gather in Berlin on Friday for a ministerial conference, under the theme “Uniting for Global Food Security,” to tackle the food and fertilizer crisis caused by Russia's war in Ukraine.”

Will take place 2 days before the Leaders (annual) summit.

Regional World Health Summit Rome (15-17 June, Rome)

Check out the (M8 Alliance) Declaration on crucial global health topics like #vaccines, #healthcare, chronic diseases, personalized medicine [here](#).

With a number of recommendations.

PS: on 'to recognize that climate change is a "health crisis" concept for health systems to address'. If you think that'll be enough to deal with the climate emergency, I'm booking my ticket for the 'Multiverse'.

European Development Days (21-22 June, Brussels)

<https://eudevdays.eu/>

See also this week's intro. Probably good to (re-)watch some sessions.

Via [Devex](#) : *"This year's theme #was] the "Global Gateway" — the European Commission-created brand for its investments around the world over the next several years. "Green" and "digital" are the watchwords, as a quick glance at the sprawling two-day program will tell you. But if you aren't sure what it all adds up to in practice, you are not alone — there is not much fresh money beyond the commission's 2021-2027 budget for now....."*

More on Global Health Governance & financing

HPW - The Fuss Over Who Should Declare Public Health Emergencies in Africa

<https://healthpolicy-watch.news/public-health-emergencies-in-africa/>

Must-read. *"Africa CDC wants to be able to declare public health emergencies of continental security but the WHO warns this could be a risky move that could isolate African countries and create confusion regarding response."*

Some excerpts:

"The World Health Organization's African Regional Office (WHO AFRO) has found itself [explaining](#) its disapproval of the Africa CDC's quest for a mandate allowing it to be able to declare a "Public Health Emergency of Continental Security." In a [statement](#), WHO's African Region (AFRO) called for the assessment of the proposed policy's benefits and risks to member states. It noted that while the policy change could reduce Africa's dependence on others, it could also trigger more

travel and trade restrictions and isolate the continent as occurred with the [travel bans imposed by many countries in southern Africa](#) after scientists there identified the emergence of the Omicron variant of the SARS CoV2 virus. Speaking with Health Policy Watch **Dr Abdou Salam Gueye, WHO AFRO's Regional Emergency Director, added that creating a new type of emergency declaration at continental level, under the administration of Africa CDC rather than WHO, also could lead to confusion. And this he said could delay, rather than speeding up, countermeasures.**"

"... Explaining why Africa CDC needs the mandate, Ahmed Ogwell Ouma, Africa CDC's Acting Director, noted that African Union emergency response procedures – from recruiting response teams to medicines and vaccines procurement – cannot be activated without some kind of formal declaration of a public health emergency. Currently, WHO is only empowered under its [International Health Regulations](#) to declare public health emergencies at the global level and not at regional level. ... Another problem with WHO's alert system is that within the global health agency, responsibility for Africa is actually split between two WHO regional bodies – the AFRO region, which coordinates responses in sub-Saharan Africa and the Eastern Mediterranean Regional Office (EMRO). "

"... Dr Matshidiso Moeti, WHO AFRO's Regional Director, told Health Policy Watch that WHO is not lobbying against the move among African ministers of health, who must render a decision. But rather WHO aims to help them understand the pros and cons of outbreak declarations by different organizations and at different levels. "

WHO Afro - WHO supports the leadership role of a strong Africa Centre for Disease Control and Prevention

<https://www.afro.who.int/news/who-supports-leadership-role-strong-africa-centre-disease-control-and-prevention>

Official reaction to the Devex [coverage](#) from last week.

The Global Fund Joins Partners in Committing to Address Large Shortfalls in Oxygen

<https://www.theglobalfund.org/en/updates/2022/2022-06-21-the-global-fund-joins-partners-in-committing-to-address-large-shortfalls-in-oxygen/>

"Today the Global Fund joined a total of five donor countries, multilateral organizations and foundations that announced examples of their collective contributions to address the large shortfalls in access to oxygen for patients, including those hospitalized with COVID-19, in low- and lower middle-income countries (LMICs) around the world."

" During the pandemic, donors around the world have mobilized more than US\$800 million in grant financing to help LMICs avert oxygen shortages. These investments have already helped millions of patients and will be vital components of systems needed to respond to future health emergencies. But they are not enough. An additional US\$1 billion is needed to prevent further oxygen shortages in LMICs in the next year alone. People sick with severe COVID-19 or other conditions must not be left to die simply due to a lack of oxygen in medical facilities. Donors

making announcements include the Global Fund, government of Germany, the Skoll Foundation, Unitaid, and the U.S. Agency for International Development.”

Chatham House (Expert Comment) - New approaches needed to unlock global health funding

C Butler et al; <https://www.chathamhouse.org/2022/06/new-approaches-needed-unlock-global-health-funding>

« Addressing the lessons of the COVID-19 response means a fundamental rethink of what the international community must fund and how the effort is organized.”

“At their latest meeting in May, G7 finance ministers clearly acknowledged the need for additional funding to fight the pandemic and to close financing gaps in pandemic preparedness and response. But they appeared to push responsibility forward to the G20 Summit at the end of October, noting that ‘more efforts by all members of the international community, including the G20, are required’. This is certainly in line with the G20’s declared role as the ‘premier global economic forum’ and reflects the reality that G20 members outside the G7 will also share substantially in the benefits of suppressing COVID-19, and reducing the risk of future pandemics, as well as having considerable economic and financial capabilities of their own. But in the present circumstances it also significantly raises the risk the financing gap will not be closed in 2022. Russia’s attack on Ukraine has seriously damaged the G20 as a global coordination and decision-making body as Western countries balk at working in a group where a leading member is undermining the entire international governance system. But other major economies are not prepared to expel or suspend Russia from G20.”

“.... it is becoming increasingly clear that the approach to official funding of international health priorities, and particularly those that serve to protect the entire world population, needs a fundamental rethink. This rethink needs to take account of the context in which the ultimate decision-makers – such as finance ministries and political leaders – make decisions and prioritize the available finance between vitally important but competing priorities. ”

“Ongoing research at Chatham House has highlighted three factors which should lie at the heart of this rethink.... ” Check out what they are.

Lancet World Report - Nominees to lead PAHO announced

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01132-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01132-1/fulltext)

“Amy Booth spoke with the candidates about their priorities and their vision for the future of the Pan American Health Organization.”

“The Pan American Health Organization (PAHO) will elect a new Director at the Pan American Sanitary Conference in late September. Speaking to The Lancet, the six nominees expressed a common desire for equitable access to health care, especially COVID-19 vaccines, action on the growing burden of non-communicable diseases, and a PAHO that is more attentive to the needs of smaller member states....”

*"... The next director of PAHO will be chosen by member states in a secret ballot, and **will take office on Feb 1, 2023.**"*

People's Dispatch - IMF loans continue to undermine health in Africa

<https://peoplesdispatch.org/2022/06/23/imf-loans-continue-to-undermine-health-in-africa/>

*"**The International Monetary Fund** has a long history of insisting on loan conditionalities which are harmful to public services. This practice did not change even during the pandemic, with African countries being some of the worst affected."*

Covax (& ACT-A)

Reuters - COVID-19 vaccine scheme for world's poorest pushes for delivery slowdown

[Reuters](#);

"Leaders of the global scheme aiming to get COVID-19 vaccines to the world's poorest are pushing manufacturers including Pfizer (PFE.N) and Moderna (MRNA.O) to cut or slow deliveries of about half a billion shots so doses are not wasted. COVAX, the World Health Organization-led scheme, wants between 400 and 600 million fewer vaccines doses than initially contracted from six pharmaceutical companies, according to internal documents seen by Reuters."

*"While at first the initiative struggled for shots as wealthy nations snapped up limited supply, donations from those same countries later in 2021, as well as improved output from manufacturers - alongside delivery challenges and vaccine hesitancy in a number of countries - has led to **a glut of vaccine in 2022.** ".... Gavi wants manufacturers to either reduce the size of the initial orders or at least "re-phase" them, meaning they are delivered at a later date that is more aligned with when countries need them. Future negotiations might also include getting the variant-specific vaccines currently being tested by manufacturers including Moderna and Pfizer."*

"While Gavi is close to an agreement with some manufacturers, contract negotiations with other companies are not as advanced, according to sources close to the talks. No deals have yet been agreed. The biggest orders are with Moderna and Pfizer, alongside the Serum Institute of India, Novavax (NVAX.O), Johnson & Johnson (JNJ.N) and Clover Biopharmaceuticals (2197.HK)."

"... In total, COVAX has delivered more than 1.5 billion doses in the last 18 months. However, its initial aims of contributing towards the goal of vaccinating 70% of the population of every country in the world by this month have now effectively taken a back seat to protecting 100% of the most vulnerable - namely, health workers and the elderly. While 66.3% of the world's population has now had at least one COVID-19 vaccine dose, the proportion falls to 17.8% in low-income countries, according to Our World In Data. "What is critical for the global pandemic response now is not a high volume of doses, but tailored supply and support to lower-income countries," said Gavi. Documents ahead of the organization's board meeting this week, reviewed by Reuters, also show COVAX is considering extending its work to "leverage dose donations" from high-income countries

to provide COVID-19 vaccines for children, as well as adults, in some of the countries the scheme supports.

Politico's Global Pulse – Keeping global health on the G-7 Agenda

<https://www.politico.com/newsletters/global-pulse/2022/06/23/the-hunt-for-more-of-a-monkeypox-antiviral-00041539>

"... Bruce Aylward, senior adviser to the World Health Organization director-general, hopes the G-7 members that haven't yet done their fair share in the pandemic response — all except Canada and Germany — will promise to up funding for the global response, which would help increase Covid testing and vaccination rates. The Access to Covid-19 Tools (ACT) Accelerator still needs \$13 billion this year, mostly for buying tests.

"The Global Fund has not been able to take any new [Covid tests] orders since last November or even earlier than that because they simply haven't gotten the financing," Aylward told Global Pulse. As a result, testing rates have dropped by 70 to 90 percent in low- and middle-income countries, from what was already a low level, he said...."

- Link: [ACT-Accelerator: Quarterly Update Q1: 1 January – 31 March 2022](#)

More on Global Health Security

Devex - Drought reaches top WHO health emergency status for the first time

<https://www.devex.com/news/drought-reaches-top-who-health-emergency-status-for-the-first-time-103478>

"The [World Health Organization](#) has classified the drought in the Horn of Africa as a grade three health emergency — the agency's highest crisis ranking. This is the first time in the history of WHO emergencies program and this grading system where a drought and food insecurity crisis have reached this level of emergency, a spokesperson for WHO told Devex....."

"When WHO triggers this level of emergency, it means it will mobilize teams from all levels of the organization to respond. "Emergency funding will be allocated from WHO internal contingency resources to jump-start the response and meet immediate needs in countries. Further resources will need to be raised to respond to this pressing crisis. We are putting together a strategic response plan, which will guide our activities across the three levels," the spokesperson said. WHO made this declaration on May 20, and it applies to Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan, and Uganda....."

PS: "Other preexisting crises globally considered grade 3 emergencies include the [COVID-19](#) pandemic, and the following countries that are experiencing conflict: northern Ethiopia, Afghanistan, Ukraine, Syria, the Democratic Republic of Congo, Somalia, Yemen, and South Sudan."

Devex - How to get vaccines to poorer countries quicker in the next pandemic

[How to get vaccines to poorer countries quicker in the next pandemic](#)

(gated) ***“The biggest factor determining when countries received COVID-19 vaccines was when they placed their orders. Order timing accounted for up to 75% of vaccine delays — in most cases, the earlier an order was placed, the sooner it arrived. That gave high-income countries a major head start over lower-income countries that did not immediately have the resources or partnerships in place to get those contracts signed, according to a pair of researchers at the World Bank and the International Monetary Fund. To even the playing field, Ruchir Agarwal from IMF and Tristan Reed from the World Bank propose [establishing a new advance commitment mechanism](#) with access to a credit line on “day zero,” Shabtai Gold reports.....”***

“... The idea isn’t entirely new. An advance market commitment has been used before: More than a decade ago, donors gave \$1.5 billion for a pneumococcal vaccine. The idea was to help de-risk and incentivize the investment in developing markets by assuring producers that the vaccine would be purchased. But there are differences with COVID-19, World Bank officials say. And if the lender had directly funded purchases of vaccines, it would have competed with the international cooperative program COVAX. Higher-income countries also didn’t want COVAX competing with them for COVID-19 vaccines — so they may be hesitant to create an advance commitment fund that would do so in a future health crisis.....”

Globalization & Health (Debate) – “No Regrets” Purchasing in a pandemic: making the most of advance purchase agreements

I Thornton et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00851-3>

“No regrets” buying – using Advance Purchase Agreements (APAs) – has characterized the response to recent pandemics such as Avian flu, Zika Virus, and now COVID-19. APAs are used to reduce demand uncertainty for product developers and manufacturers; to hedge against R&D and manufacturing risks; and to secure availability of products in the face of spiking demand. Evidence on the use of APAs to buy vaccines, medicines, diagnostics, and personal protective equipment during recent pandemics illustrates how these contracts can achieve their intended objectives for buyers. ***But, transferring risk from suppliers to buyers - as APAs do - can have consequences, including overbuying and overpaying. Furthermore, the widespread use of APAs by high-income countries has contributed to the striking inequities that have characterized the Swine flu and COVID-19 responses, delaying access to vaccines and other supplies for low- and middle-income countries (L&MICs).”***

“We identify seven ways to address some of the risks and disadvantages of APAs, including adoption of a global framework governing how countries enter into APAs and share any resulting supplies; voluntary pooling through joint or coordinated APAs; a concessional-capital-backed facility to allow international buyers and L&MICs to place options on products as an alternative to full purchase commitments; greater collection and sharing of market information to help buyers place smarter APAs; support for a resale market; building in mechanisms for donation from the outset; and transitioning away from APAs as markets mature.”

Guardian - Spread of 'free-range' farming may raise risk of animal-borne pandemics – study

<https://www.theguardian.com/environment/2022/jun/23/free-range-extensive-farming-may-risk-more-animal-borne-pandemics-than-intensive-factory-farming-study>

*"If we can't dramatically cut meat consumption **then intensive 'factory farming' may be comparatively less risky**, say authors."*

WTO's 12th Ministerial Conference (MC 12) - overall analysis

In **this section**, we come back on MC12, first with some **overall analysis of the 12th Ministerial conference of last week**.

In **the next section**, we then focus on **analysis and reactions on the "TRIPS waiver" deal** (with the original waiver turned into sort of a 'nothingburger').

But first, **all WTO (MC) outcome documents**:

https://www.wto.org/english/thewto_e/minist_e/mc12_e/documents_e.htm

Borderlex - The WTO's new 'Geneva Package': What's been agreed?

[Borderlex](#):

*"WTO trade ministers have brought the institution's 12th ministerial to a successful conclusion with a **compromise deal on a package of measures on a TRIPS waiver, agriculture, fisheries and WTO reform**. The deal, which has been christened the '**Geneva Package**' by diplomats, also includes a **2-year extension of the existing moratorium on duties on e-commerce.....**"*

PS: *"**Non-binding pledge to keep markets open if pandemic strikes again: Separately from the TRIPS waiver, ministers have also agreed a 29-point statement on the WTO response to the COVID-19 pandemic and preparedness for future pandemics**". This includes a commitment to ensure that any future emergency trade measures designed to tackle a pandemic situation, where these are deemed necessary, are "targeted, proportionate, transparent, temporary, and do not create unnecessary barriers to trade or unnecessary disruptions in supply chains".....* "Members have also pledged to "exercise due restraint" in imposing bans on exports of healthcare products – something which was a feature of the initial stages of the current pandemic."

FT - The WTO's marathon exercise in staying alive

A Beattie; <https://www.ft.com/content/ae5599ef-2710-43f3-bf08-9d2799f1b884?sharetype=blocked>

Analysis by WTO-watcher Alan Beattie. *"**The symbolism of striking deals at this week's ministerial comfortably outweighed their substance.**"*

Some quotes:

“.... Let’s be honest: it’s not a great historical pivot point in global governance. The package of deals addresses massive issues — the intellectual property behind Covid vaccines, cutting fishing subsidies to stop the oceans being emptied of life, helping to prevent a global food crisis — but doesn’t do much about them. Its main achievement is actually to show that the institution’s negotiating function is just about intact. Given the disruption from Covid and the political divisiveness of the Ukraine war, this is not trivial. But building on it will require far more effort from governments themselves. The main two deals, creating flexibilities in the WTO’s “Trips” agreement on IP and restricting fishing subsidies, were progressively weakened over the course of the talks. The Trips provisions have been watered down to almost homeopathic levels from the original proposal of a broad waiver of all IP covering all Covid treatments made in 2020 by South Africa and India. What has emerged isn’t really a waiver at all: it’s a clarification of existing flexibilities for overriding vaccine patents in case of a health emergency, with some extra bureaucracy added.....”

“.... The role of the WTO’s own leadership in this is simultaneously impressive and dispiriting, the quality of management input far outshining the substance of the resulting deal. In Ngozi Okonjo-Iweala, the Nigerian former finance minister who took over last year, the WTO has one of the most politically connected directors-general in its history. She has spent months reminding governments of the importance of compromise and keeping the system alive.....” In spite of all this, *“.... The modest results must now surely have exhausted the idea that the management of the WTO and the conduct of the talks is the problem. As long as big members such as the US and India are unconstructive, you could install any diplomatic genius you choose from history as director-general — Talleyrand, Metternich, Benjamin Franklin, Maharaja Ranjit Singh, Kublai Khan, whoever — and it wouldn’t fix the issue. The US remains heavily under-engaged at the WTO. It got a lot of domestic credit for supporting the Trips waiver but then sat back and let other governments make the running. India, as is now traditional at ministerials, made a series of disruptive (and on this occasion increasingly baroque) interventions to posture as a leader of the developing world. The highlight was an aria by commerce minister Piyush Goyal on fishing subsidies, in which he lectured baffled delegates about the role of fish in Indian mythology, religion and culture and mused that “the traditional fishers’ life in India has intertwined with the oceans and seas since times immemorial”.....”*

Reuters - No monologues allowed and dancing to 'I Will Survive': how the WTO's 'Geneva Package' was won

<https://www.reuters.com/world/no-monologues-allowed-dancing-i-will-survive-how-wtos-geneva-package-was-won-2022-06-17/>

As for the role of Ngozi in all this, it’s clear she has both fans & (fierce) critics. *“Since Ngozi Okonjo-Iweala took over as head of the World Trade Organization last year, one of her main bugbears has been the negotiating style of member countries, which she says is ineffective, inflexible and needs to change. The WTO, a global organisation that regulates international trade, is often accused of being outdated and unproductive, criticisms Okonjo-Iweala has sought to address directly since taking the helm as its director-general.....”*

“.... some diplomats credited Okonjo-Iweala for there being deals at all. At several points, negotiations looked hopeless or were on the verge of collapse due to intransigence by India and protests over a fishing text that did not go as far as many coastal and island nations wanted.....”

“...Her supporters say she has reenergised the office of the Director-General - a role that does not have many formal powers - although some members have criticised her for processes they say are opaque and exclusive.....”

Analysis of (and main reactions to) the “partial TRIPS waiver”/“nothingburger”

With an overview of key coverage & analysis, and then the main reactions.

Devex - WTO finally agrees on a TRIPS deal. But not everyone is happy

A Green; <https://www.devex.com/news/wto-finally-agrees-on-a-trips-deal-but-not-everyone-is-happy-103476>

Must-read analysis.

“After its four-day ministerial conference spilled over into a sixth day, the World Trade Organization finally arrived at an agreement on the controversial TRIPS waiver on Friday morning. After heavily contested negotiations, member states agreed on a deal that temporarily removes intellectual property barriers around patents for COVID-19 vaccines, and postpone the discussions on extending the waiver to treatments and tests by six months.”

“... While the final deal is at best a distant cousin of that earlier proposal, the question is: Does it deliver on any of the goals of the original proposal?”

“WTO Director-General Ngozi Okonjo-Iweala believes it will: “On the TRIPS waiver, now we have something in hand,” she said during the closing press conference. “It’s really exciting now to go to those factories that are starting to set up all over the developing world and start to work with them about how this will actually be made real.” Civil society groups are not convinced....”

“... It allows low- and middle-income countries to temporarily waive protections on those patents to produce the shots, either to use domestically or to send abroad. It pushes a decision on treatments and tests off by six months, though Shashikant noted that WTO is notoriously bad at sticking to its deadlines. It also wiped away the original proposal’s calls to temporarily waive protections on trade secrets, copyrights, and industrial designs.....”

“... The new deal actually offers little that is different from exemptions already available to WTO members under existing rules, aside from a few distinctions, including simplifying some of the notification requirements.”

“...The biggest change — and one of the most contentious points of discussion at the ministerial conference — according to observers, was the limit the new deal imposed on eligibility. Any country was able to take advantage of existing WTO flexibilities. But under the deal, export eligibility is limited to LMICs. There is also specific language, pushed by the United States, that appears to exclude China from taking advantage of the waiver. Beijing had already made clear it would not

take advantage of the agreement, so there is no immediate impact. But **Shashikant said, “it sets a very harmful precedent. If you have a decision and the objective is production and supply, you want all the countries that can produce and export to be encouraged to use the decision.”** The text also includes other conditions that further narrow its already limited scope, including a prohibition on reexporting vaccines acquired under the waiver, except for humanitarian purposes.

PS: “**....Even the negotiations to arrive at today’s decision — which were conducted largely in secret meetings among small groups of delegates — were contentious.** Though this is a traditional method of negotiation within WTO, civil society groups said delegates from the global north were disproportionately represented and their perspectives were given outsized attention.....”

PS: the analysis also has the **reaction of IFPMA** – i.e. Thomas Cueni and his band of greedy pharma brothers. They also aren’t very pleased with the deal.

HPW - WTO Agrees on Limited IP Waiver for COVID-19 Vaccines and Package to Reduce Harmful Fishing Subsidies

<https://healthpolicy-watch.news/wto-negotiators-agree-on-package-to-reduce-harmful-fishing-subsidies-and-limited-ip-waiver-on-covid-19-vaccines/>

This coverage sees a ray of light: **“Limited IP waiver text says WTO members “will decide” on inclusion of COVID-19 tests and treatments within six months. “**

“.... In a tactical victory for medicines access advocates, WTO members agreed to insert a clause in the final text on the IP waiver for COVID-19 vaccines stating that “no later than six months from the date of this decision, members will decide on its extension to cover the production and supply of COVID-19 diagnostics and therapeutics.” While there is now a global surplus of vaccines making the IP waiver for the jabs almost meaningless, any future decision to extend the IP waiver to COVID-19 tests and treatments — which are much easier to produce and also still in very short supply in many countries — could be far more meaningful. “

Geneva Health Files - Trade Won, Health Did Not. A Sliver of a Waiver at the WTO.

P Patnaik; https://genevahealthfiles.substack.com/p/trade-won-health-did-not-a-sliver?utm_source=email

Also a must-read analysis.

“...The performance of multilateralism at the 12th ministerial conference in Geneva was for the survival of international and domestic elites and failed the world's poorest, Hyo Yoon Kang, a scholar of intellectual property law tweeted, hours after the ministerial. For months, Kang and others, have highlighted the politics of the intellectual property legal regime and have shed light on the importance of waiving intellectual property provisions in the TRIPS Agreement to fight the pandemic. But voices like Kang’s have been too distant at the WTO that has been all too keen to preserve prevailing IP regimes even in the face of the worst health emergency in 100 years....”

“This week the WTO adopted a weak text that essentially, only partially waived a single provision of the TRIPS agreement. In fact, so far is this text from the original TRIPS waiver proposal led by

*South Africa and India, that activists tried hard, and failed, in persuading WTO members to reject the text. **The dust will eventually settle down in Geneva, after 20 months of intense and divided debate on the TRIPS waiver. But observers say, a dent has been made. And the efforts to make intellectual property rules accountable to public health interests, will undoubtedly continue.***

"This story tries to capture the **final hours of negotiations around the TRIPS waiver discussions** at the ministerial conference. We also try to understand **what this will mean for the future.** "

Some quotes & excerpts:

*"... **It is also politically expeditious, for both, the WTO and developed countries to refer to this as the waiver text.** While semantics matter, in the light and sound that the ministerial has generated, this nuance has already been lost."*

*".... **Medicines Law and Policy**, a group of legal experts, clarified in an analysis, **"This Decision is no longer a TRIPS waiver** in the sense it was proposed by South Africa and India in October 2020, which was a more comprehensive waiver of TRIPS obligations to be able to produce and access Covid-19 countermeasures. **The broad waiver characteristics were lost when the EU's counter-proposal from October 2021, which was centred around using the existing TRIPS flexibility of compulsory licensing, became the core of the draft** that was put in front of the ministers to work with this week." ..."*

PS: **on the Process:** *"Apart from the weakness in the substantive elements of the text, **what also caused consternation among developing countries, not only ahead of the ministerial, but also during the proceedings, was the lack of transparency and opportunity.** Sources familiar with the discussions indicated that **there was not enough room or time for the majority of the delegations to fully understand the implications of the final text...."***

Priti Patnaik also featured the official reactions from a number of key countries (like US, India, EU, ...)

And we certainly also recommend the **final section of this analysis, 'dissecting the negotiations'**.

KEI analysis - The June 17, 2022 WTO Ministerial Decision on the TRIPS Agreement

James Love; <https://www.keionline.org/37830>

His overall assessment: *".... There were several changes since the June 10 version. The agreement is a limited and disappointing outcome overall that is most accurately described as **a narrow and temporary exception to an export restriction, not a waiver.**"*

Excerpt of his in-depth legal analysis:

*"... **The new Ministerial Decision on the TRIPS Agreement:** The new Ministerial Decision on the TRIPS Agreement **provides an exception to 31.f export restrictions** that is temporary, applies only to vaccines and only to COVID 19, limits which countries and import or export, and contains notification and anti-diversion obligations...."*

*"... **Commentary:** The Ministerial Decision text will be tied with 31bis as one of the worst ways to allow exports under a compulsory license. Articles 31.k, 30 and 40 all will dominate. (More on the alternatives [here](#)). The big pharma industry can be pleased with the precedents on notifications and anti-diversion, which are important to them, as well as the exclusion of most vaccine manufacturers and the 5 year duration.... **It is hard to imagine anything with fewer benefits than this, as a response to a global health emergency (other than the earlier negotiating texts for this***

Decision). The fact that the exception is limited to vaccines, has a five year duration and does not address WTO rules on trade secrets makes it particularly unlikely to provide expanded access to COVID 19 countermeasures. The pressure this week was to reach consensus in order to make multilateralism look like it works, which seems to have been the main justification for producing this decision....”

Nevertheless, “ While the text is not expected to impact COVID 19 vaccine equity much or at all, **there are some silver linings.....”**. Check out what these are.

People’s vaccine - It is a technocratic fudge aimed at saving reputations, not lives.

<https://peoplesvaccine.org/resources/media-releases/wto-reaction-2022/>

The official reaction from the People’s Vaccine. Mincing no words.

MSF is disappointed with the inadequate outcome after nearly two years of discussions at the WTO

<https://msfsouthasia.org/msf-is-disappointed-in-the-inadequate-outcome-after-nearly-two-years-of-discussions-at-the-wto/>

*“ We acknowledge that a few changes were made to the agreement that mitigated some of the most worrisome elements of the earlier text presented in May 2022, but overall, we are disappointed that a true intellectual property waiver, proposed in October 2020 covering all COVID-19 medical tools and including all countries, could not be agreed, even during a pandemic that has claimed more than 15 million people’s lives. This agreement fails overall to offer an effective and meaningful solution to help increase people’s access to needed medical tools during the pandemic, as it does not adequately waive intellectual property on all essential COVID-19 medical tools, and it does not apply to all countries. The measures outlined in the decision will not address pharmaceutical monopolies or ensure affordable access to lifesaving medical tools and will set a negative precedent for future global health crises and pandemics.” “....The **decision text [only]** contains a set of clarifications of the existing public health safeguards and a limited exception for the procedure of using compulsory licensing for the export of COVID vaccines by eligible countries, for five years.....”*

PS: “Without true global solution @wto, @MSF now urges governments to consider using all available legal and policy options at national level to overcome IP barriers and address ongoing access challenges.....”

- Related **tweet from Dimitri Eynikel (MSF)**:

“European Commission and Uk govt statements are clear the adopted decision does not waive intellectual property rights on COVID-19 vaccines. The decision only waives a procedural obligation in TRIPS. “

- Along the same lines: **South Centre** statement – [TRIPS waiver: an insufficient multilateral response. TRIPS-consistent national actions are called for](#)

“.... The process leading to the Decision confirms the need to fully use the TRIPS flexibilities to address emergency and other situations where public health and other public interests are at stake, and to review the current international IP regime (including article 31bis of the TRIPS Agreement) to accelerate the sharing of technology, including know-how.”

Opinion - New WTO deal is a slap in the face for poorer countries

Yousuf Vawda, Fatima Hassan and Tian Johnson; <https://www.news24.com/fin24/opinion/opinion-new-wto-deal-is-a-slap-in-the-face-for-poorer-countries-20220618>

South-African activists felt betrayed by their president C Ramaphosa.

“For the past two years, President Cyril Ramaphosa has championed the call for a full TRIPS Waiver on all Covid-19 related health products. This agreement would enable Africa and countries in the global South to take meaningful control of the response to this pandemic and the next. On 17 June 2022, in Geneva, countries rich and poor, including South Africa, betrayed his call and muddled his legacy, a slap in the face of hundreds of world leaders and millions of activists who stood by the President's call since 2020. They signed a bad deal in our name, not a waiver. A bad deal. Thanks to a spectacular failure in leadership, South Africa has succumbed to the bullying of rich countries, aided and abetted by World Trade Organisation (WTO) director-general Ngozi Okonjo-Iweala....”

PS: ***“.... In sum, this is what the decision means: there is no waiver, only a narrow and temporary exception to a restriction on the quantities that may be exported under a compulsory licence; such compulsory licences may be granted only for vaccines, not diagnostics or treatments; additional conditions on notifications, anti-diversification measures, and restrictions on which countries may export that are not currently required by the TRIPS Agreement; it can be used only to respond to the Covid-19 virus and not for other pandemics or health crises; no waiver of trade secrets and manufacturing know-how, without which the ability of the mRNA Tech Hub in SA to commercially produce such vaccines will be hobbled. It will also apply for only five years, leaving little time after the vaccine has been developed for it to be commercially viable for a new manufacturer to enter the market.”***

Global Justice Now - WTO on last legs after ‘sham’ Covid vaccine deal

<https://www.globaljustice.org.uk/news/wto-on-last-legs-after-sham-covid-vaccine-deal/>

“UK condemned for ‘deliberate wrecking tactics’ on behalf of big pharma corporations; TRIPS waiver proposal ‘hasn’t just been watered down, it’s been washed away’.”

Global health campaigners have reacted angrily to the news that the WTO has failed to suspend Covid-19 intellectual property rights at its 12th ministerial conference in Geneva. Campaigners from Global Justice Now say the failure to agree a meaningful suspension of monopoly rights in an unprecedented global health emergency leaves the World Trade Organization itself “on its last legs”.....”

ACT-A civil society - Statement on World Trade Organization's 12th Ministerial Conference (June 2022)

<https://covid19advocacy.org/wp-content/uploads/2022/06/Statement-on-WTO-MC12-June-2022.pdf>

"As the Platform for Civil Society and Communities on the @ACTAccelerator, we express our deep disappointment at the outcomes from the @WTO 12th Ministerial Conference."

Politico (op-ed) - The coronavirus stain on Merkel's legacy

V Krishnan; <https://www.politico.eu/article/coronavirus-stain-on-angela-merkel-legacy-vaccine-equity-wto-trips-waiver/>

Hard-hitting op-ed. "Decisions made regarding vaccines have inflicted incalculable misery, shaping how the German leader will be remembered." A few excerpts:

*".... After former United States President Donald Trump was elected, the New York Times even saw fit to give her [the title](#), "Leader of the Free World." But **Merkel's position on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver for vaccines was an acid test of her commitment to human rights and social justice.** And heading into the third year of a pandemic that's claimed over 15 million lives, **it's debatable if she deserves this title.**"*

*"... **From the viewpoint of India — and the postcolonial nations of Asia, Africa and Latin America — Merkel looks like a deeply flawed leader, and one who contributed mightily to leaving the vulnerable unprotected.** This is the moral crime of our generation — not too different from denial of salve to the African-American sharecroppers enrolled in the Tuskegee syphilis study, repeated again in the 1990s during the HIV epidemic when African nations, at the epicenter of the crisis, were the last to receive antiretrovirals. **Decisions by Western powers — especially Germany, which had the influence to break the vaccine gridlock — have inflicted incalculable misery on Black and Brown nations. This is Merkel's lasting legacy.**"*

Finally, some bits & pieces:

- We recommend this **Twitter thread by Nina Schwalbe** : <https://twitter.com/nschwalbe/status/1537689301839802370>
- Ashleigh Furlong (Politico) **"One party is happy — the WTO.** Chief Ngozi Okonjo-Iweala said the package of deals served to "reinforce and reinvigorate the institution." Some countries are also painting the agreement as a win, with USTR's Katherine Tai saying it was a "concrete and meaningful outcome...."

Covid key news

Reuters - WHO panel backs use of Omicron-adapted vaccine as booster dose

[Reuters](#);

“A modified coronavirus vaccine that targets the Omicron variant can be administered as a booster dose to broaden immunity, a technical advisory group set up the World Health Organization said [last week] on Friday. Such a variant-adapted vaccine may benefit those who have already received the primary series of shots, the agency's panel on COVID-19 Vaccine Composition said, citing available data. The vaccines could be considered for use globally by the agency once they get emergency use authorization or an approval by a stringent national regulatory authority.....”

Related: WHO – [Interim statement on the composition of current COVID-19 vaccines](#)

Cidrap News - COVID-19 immunization in young kids begins following CDC nod

<https://www.cidrap.umn.edu/news-perspective/2022/06/covid-19-immunization-young-kids-begins-following-cdc-nod>

“The Centers for Disease Control and Prevention (CDC) vaccine advisory group on Saturday unanimously recommended Moderna and Pfizer-BioNTech COVID-19 vaccines for children as young as 6 months old, which was quickly accepted by the CDC.....”

Covid science

Lancet Infectious Diseases - Global impact of the first year of COVID-19 vaccination: a mathematical modelling study

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00320-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00320-6/fulltext)

Cfr the press release:

“The Lancet Infectious Diseases: COVID-19 vaccines are estimated to have prevented 20 million deaths worldwide in the first year of the vaccine programme, modelling study finds. First modelling study to quantify the impact of COVID-19 vaccines on a global scale estimates that 19.8 million out of a potential 31.4 million deaths were prevented in the first year after vaccines were introduced (8 December 2020 - 8 December 2021). High and upper-middle income countries accounted for the greatest number of prevented deaths (12.2 million/ 19.8 million), highlighting inequalities in access to vaccines around the world. A further 599,300 deaths could have been averted if the World Health Organisation’s target of vaccinating 40% of the population in every country by the end of 2021 had been met. Study is based on data from 185 countries and territories and is the first to assess deaths averted directly and indirectly as a result of COVID-19 vaccination, using COVID-19 death records and total excess deaths from each country (or estimates where official data was not available). ... “ “ COVID-19 vaccines reduced the potential global death toll during the pandemic by more than half in the year following their implementation, a mathematical modelling study published today in The Lancet Infectious Diseases estimates.....”

“.... Of the almost 20 million deaths estimated to have been prevented in the first year after vaccines were introduced, almost 7.5 million deaths were prevented in countries covered by the COVID-19 Vaccine Access initiative (COVAX). This initiative was set up because it was clear early on that global vaccine equity would be the only way out of the pandemic. Our findings show that

millions of lives have likely been saved by making vaccines available to people everywhere, regardless of their wealth. However, more could have been done. If the targets set out by the WHO had been achieved, we estimate that roughly 1 in 5 of the estimated lives lost due to COVID-19 in low-income countries could have been prevented.....”

Coverage for example via Devex – [COVID vaccines averted 19.8M deaths, but fewer than 1% in LICs: Study](#)

And Stat News – [Covid-19 vaccines prevented nearly 20 million deaths in a year, study estimates](#)

“.... The researchers also evaluated two additional scenarios. The first is what would have happened if all the countries covered by the COVID-19 Vaccine Access initiative’s Advance Market Commitment — a plan incentivizing manufacturers to deliver donor-funded Covid vaccines to 92 low and middle income countries — were able to vaccinate at least 20% of their populations. The other estimated the 40% vaccine coverage for all countries, which is the goal the WHO set forth. They found that 41 countries failed to meet the COVAX target and 96 countries failed to meet the WHO threshold. Koum Besson said those findings underscore the need to examine who is responsible for the shortcomings in global vaccine access — and who has the power to change them. However, that’s challenging to examine given how little data is available from certain parts of the world.....”

Covid vaccines (including tech transfer)

HPW - Biotech Companies’ Agreement Paves Way for First African-Owned COVID-19 Vaccine

<https://healthpolicy-watch.news/biotech-companies-agreement-paves-way-for-first-african-owned-covid-19-vaccine/>

“One year since the establishment of the [mRNA Vaccine Technology Transfer Hub](#), a collaboration between two leading biotech companies – [Afrigen Biologics](#) and the [Univercells group](#) – was announced on Tuesday, paving the way for the development of the first-ever African-owned COVID-19 vaccine through open-access intellectual property. Using intellectual property from partners, the collaboration between the South Africa-based Afrigen and the Belgium-based Univercells will focus on the development of a novel mRNA vaccine. The companies intend to collectively tackle two major challenges that have hampered COVID-19 vaccine rollout in Africa and other low- and middle-income countries (LMICs): lack of local cost-effective production, and the need for cold- or super-cold chains. “

“.... The collaboration will be hosted by Afrigen in [Cape Town, South Africa](#). Afrigen hosts the World Health Organization’s (WHO) Global mRNA Vaccine Technology Transfer Hub and is working to facilitate the production of mRNA vaccines at over 15 designated manufacturing sites in LMICs globally. In addition to developing a novel vaccine, the collaboration intends to pioneer a new model of manufacturing for mRNA vaccines.....”

Reuters - EU to boost investment in Latin American vaccine, drug production

[Reuters](#):

“ The European Union wants to boost production of vaccines and drugs in Latin America by investing more in the region and by sharing technologies and regulatory practices, the head of the European Commission said on Wednesday.....”

*"The health partnership we are launching today will create stronger, more resilient health systems in Latin America," Ursula von der Leyen said. **The partnership would entail more funding to the Latin American pharmaceutical industry, in addition to 890 million euros (\$942.4 million) the EU and its countries are already investing in health projects in the region together with partners such as the Inter-American Development Bank. ... "More will come. We are currently defining our financial support to the biotech sector in Cuba and Mexico," von der Leyen said, adding that the Commission was exploring possible investments also in Chile, Costa Rica, Uruguay and Colombia. **She said the bloc was also committed to sharing health technologies with Latin American countries, to conducting research together and to cooperating on strengthening the regulatory environment.**"***

Reuters - Moderna CEO: COVID variant vaccine to be ready for shipping in August

[Reuters](#);

“Moderna's COVID-19 variant vaccine will be ready to ship in August as the company has been making shots ahead of approval, Chief Executive Stephane Bancel told Reuters on Wednesday, adding that the only bottleneck to supply was a regulatory one. "Our goal is as early as August given we're going to file all the data in June, by the end of June... hopefully in the August timeframe, the vaccine is authorised," Bancel said in an interview. "We can start shipping in the August timeframe. Some countries might be September, but that will really be a regulatory decision. Because what is (the) bottleneck now is regulatory. From a manufacturing standpoint, we are making the vaccine."....”

GAVI (white paper) – A new era of vaccine manufacturing in Africa

<https://www.gavi.org/sites/default/files/white-paper/new-era-vaccine-manufacturing-in-africa-wp.pdf>

This GAVI White paper sets out the **proactive role that Gavi intends to play in helping to develop long-term and sustainable vaccine manufacturing in Africa.**

BioNTainer – A Manufacturing Solution for Africa or Circumventing Capacity?

U Belsel; <https://www.medizinethnologie.net/biontainer-a-manufacturing-solution-for-africa-or-circumventing-capacity/>

BioNTainer is about to start in Rwanda. Cfr Twitter: *“The groundbreaking for the construction of an mRNA vaccine factory by German biotechnology firm BioNTech was held in Rwanda's Kigali Special Economic Zone. It is expected the facility will start with producing Covid-19, malaria and tuberculosis vaccines.”*

This analysis provides some context.

“So, what kind of future do mobile mRNA vaccine container-factories promise? In this piece I suggested that the mobile technology might – in the end – benefit BioNTech most by opening up new markets on the African continent for a variety of mRNA products. And what about vaccine equity, ending the pandemic and capacity building on the African continent? Sadly secondary.”

GAVI Discussion paper - Taking stock of humanitarian access to pandemic vaccines

<https://www.gavi.org/sites/default/files/covid/covax/taking-stock-of-humanitarian-access-to-pandemic-vaccines-dp.pdf>

re the Covax humanitarian buffer.

Covid treatment and diagnostics

Pfizer sued for patent infringement over COVID-19 drug Paxlovid

<https://www.reuters.com/legal/government/pfizer-sued-patent-infringement-over-covid-19-drug-paxlovid-2022-06-21/>

“Pfizer Inc's blockbuster COVID-19 treatment Paxlovid violates an Enanta Pharmaceuticals Inc patent for its COVID drug still in development, according to a lawsuit filed Tuesday in Boston federal court. Watertown, Massachusetts-based Enanta told the court it received the patent for its antiviral medication last week based on applications dating from July 2020. The company said it began human testing for its once-daily, oral COVID treatment in February, and that the Food and Drug Administration fast-tracked its review in March. ... Enanta requested an unspecified amount of money damages from Pfizer, including royalties. It also said in a statement that it was not asking the court to block Pfizer from selling Paxlovid.....”

HPW - How Scientists in Botswana Discovered Omicron: A Look at Diagnostics in LMICs

<https://healthpolicy-watch.news/how-scientists-in-botswana-discovered-omicron-a-look-at-diagnostics-in-lmics/>

“The Global Health Matters podcast with host Garry Aslanyan.”

“... Garry has two guests with a deep understanding of diagnostics and their application worldwide: Sikhulile Moyo, the research laboratory director at the Botswana Harvard AIDS Institute Partnership; and Bill Rodriguez, the CEO of FIND, the global alliance for diagnostics, and the founder of his own diagnostics company, Daktari Diagnostics.”

“...The COVID-19 pandemic has brought a new global awareness of the need for accessibility to diagnostics in order to protect people. In this episode, the guests help Aslanyan answer questions such as “how available are essential diagnostics in low- and middle-income countries (LMICs)?” They

also help listeners better understand the state of diagnostic testing in LMICs and how to achieve equity in access to testing in all countries.”

Covid analysis

Nature - How COVID has deepened inequality — in six stark graphics

<https://www.nature.com/immersive/d41586-022-01647-6/index.html>

“Troubling data show how the pandemic has exacted an unequal toll, pushing tens of millions into poverty and having the greatest effects on already-disadvantaged groups.”

Kigali Summit on Malaria and Neglected Tropical Diseases (23 June)

Allafrica - Africa Leads Ground-Breaking Commitments to End Malaria and Neglected Tropical Diseases By 2030

https://allafrica.com/stories/202206240008.html?utm_campaign=allafrica%3Aeditor&utm_medium=social&utm_source=twitter&utm_content=promote%3Aaans%3Acblp

*“Global leaders led by African Heads of State have today announced the first in a series of pledges to accelerate progress against Malaria and Neglected Tropical Diseases (NTDs) at the historic Kigali Summit on Malaria and NTDs. Hosted by His Excellency Paul Kagame, President of the Republic of Rwanda, the Kigali Summit featured **commitments totalling more than \$US 4 billion** including funding from governments, international organisations, philanthropists, and private sector support. **In addition, 18 billion tablets have been donated by pharmaceutical companies for preventing and treating NTDs.** This was the first ever joint Malaria and NTDs summit with Heads of State hosted on the African continent...”*

“....Malaria and NTD affected countries committed over USD 2.2 billion in domestic resources towards ending these diseases.....”

HPW - Kigali Summit Calls for Renewed Investment to End Neglected Tropical Diseases

<https://healthpolicy-watch.news/kigali-summit-calls-for-renewed-investment-to-end-neglected-tropical-diseases/>

*“The **Kigali Summit** has called for the renewal of commitments in the fight against neglected tropical diseases (NTDs) through the adoption of the **Kigali Declaration** on NTDs. Sponsored by the government of Rwanda, the Kigali Declaration on NTD is the **successor to the ground-breaking London Declaration of 2012**, which was a pledge made by governments, donors, pharma, research institutions, NGOs, and other stakeholders to collaborate in their efforts to stop NTDs. “**The new***

Kigali Declaration aims to mobilize political will and secure commitments to achieve the Sustainable Development Goal target on NTDs and to deliver the targets set out in the [World Health Organization's Tropical Disease Roadmap \(2021 – 2030\)](#).

“The summit, hosted on Thursday by President Paul Kagame of Rwanda and co-convened by The RBM Partnership to End Malaria and Uniting to Combat NTDs, builds on progress made in the last two decades, and even more so since the London Declaration, to galvanize action to end malaria and NTDs. The summit is also a critical moment to highlight how investments in fighting both malaria and NTDs have a much broader impact, and increased investments will strengthen health systems and protect against future pandemics. In conjunction with the summit, Swiss pharmaceutical company [Novartis](#) has endorsed the new declaration and has announced a \$250 m five-year commitment in the fight against NTDs.....”

Reuters - GSK, Novartis pledge funds for diseases that mostly affect the poor

[Reuters:](#)

“- GSK ([GSK.L](#)) and Novartis ([NOVN.S](#)) reinforced commitments on Thursday to tackle neglected tropical diseases, as world leaders and health experts gather in Rwanda to discuss ways to better combat illnesses affecting more than a billion people, mostly in impoverished communities. The intention is to spur a renewed effort to address some 20 diseases that have been eradicated in the developed world - ranging from leprosy to rabies - after the work in these areas was disrupted by the economic toll of the pandemic.”

“GSK pledged to spend 1 billion pounds (\$1.23 billion) over the next decade on developing medicines and vaccines to tackle neglected tropical diseases (NTDs), as well as infectious diseases such as malaria, tuberculosis and HIV, which disproportionately affect lower-income countries. The London-based company, which pioneered the first malaria vaccine, has carved out, and will invest in, a specific global health unit that will not generate a profit for GSK.”

“..... Swiss drugmaker Novartis has vowed to spend \$250 million over the next five years to develop interventions to tackle NTDs and malaria. Of that, \$100 million has been earmarked for Chagas disease, leishmaniasis, dengue and cryptosporidiosis. The rest has been designated for malaria, which killed more than half a million people in 2020, mostly children younger than five in Africa's poorest areas. ...”

“.... Separately, U.S. drugmaker Pfizer has also extended its commitment to donate Zithromax, an antibiotic for trachoma, the world's leading cause of preventable blindness, to countries fighting the disease through 2030.....”

Devex - Gates Foundation: Time to regroup on malaria and NTDs

<https://www.devex.com/news/gates-foundation-time-to-regroup-on-malaria-and-ntds-103479>

“Following the upheaval to public health programs caused by the [COVID-19](#) pandemic, now is the time to regroup and get back on track to reach targets on reducing malaria and so-called neglected tropical diseases, according to Trevor Mundel, the president of global health at the [Bill &](#)

Melinda Gates Foundation. Devex spoke to Mundel in the lead-up to the Kigali Summit on Malaria and Neglected Tropical Diseases in Rwanda, set for Thursday.

With a state of affairs re the battle against malaria.

Among others: “... while there is a new generation of tools, including the new vaccine, drugs, and insecticide-treated bed nets, they do come at a higher cost than previous control measures. “We need that extra funding to go into some of these transformative tools that we may initially have to pay a slight premium,” he said.”

As for NTDs, **“Progress on NTDs has stalled, and funding is precarious**, Mundel said. Stakeholders in the fight against NTDs are expected to sign a declaration in Kigali on Thursday that aims to ensure the diseases are eradicated, eliminated, or controlled by 2030. ... Mundel said that with this new declaration, pharmaceutical companies will reaffirm commitments around drug donations and other partners will commit to delivery of these drugs to “finish the job” on targets around NTDs....”

Planetary Health

Guardian - UN climate talks end in stalemate and ‘hypocrisy’ allegation

<https://www.theguardian.com/environment/2022/jun/17/un-climate-talks-stalemate-hypocrisy-allegation-european>

“European governments have been accused of seeking to exploit the fossil fuel reserves of the developing world, while failing to help them tackle the climate crisis. Campaigners made the charge as the latest round of UN climate negotiations ended in stalemate on Thursday night in Bonn, Germany....”

“... finance and help for poor countries to adapt to the impacts of climate breakdown are still lacking. The Bonn conference, known as an intersessional to the annual conference of the party meetings under the UNFCCC, parent treaty to the 2015 Paris agreement, **was intended to provide a bridge between Cop26 and this year’s Cop27 in Sharm el-Sheikh, Egypt....”**

- See also **Alternet** - [International climate summit ends in 'unconscionable' failure as rich nations abandon poor countries](#)

“As international delegates left Germany Friday following the Bonn Climate Change Conference, climate campaigners called the talks, which lasted 10 days this month, an “utter failure” for neglecting to establish plans to support the Global South in adapting to the planetary crisis—months after developing countries demanded aid at the United Nations Climate Change Conference in Scotland. “It is unconscionable that developed countries continue to kick the issue of financing for loss and damage down the road—first COP26, now Bonn,” said Jeni Miller, executive director of the Global Climate and Health Alliance....”

Guardian - Montreal to host delayed Cop15 summit to halt 'alarming' global biodiversity loss

<https://www.theguardian.com/environment/2022/jun/21/montreal-to-host-delayed-cop15-summit-to-halt-alarming-global-biodiversity-loss>

"Experts warn ambitious targets for nature must be agreed at UN meeting, moved from China to Canada after two-year wait."

*"The date for a key UN nature summit has finally been confirmed after more than two years of delays and amid fears momentum to halt biodiversity loss across the globe has been lost. Ahead of the latest round of negotiations in Nairobi this week, **the UN convention on biological diversity confirmed that the Cop15 biodiversity conference will now take place in Montreal, Canada, from 5 to 17 December**, after it became clear China would not be able to host the event in Kunming due to the country's zero-Covid policy. **It comes after several pandemic-related delays to the meeting, which was meant to take place in October 2020**, and amid intense frustration with Beijing, who are holding the presidency for a major UN environmental agreement for the first time...."*

Science (Policy Forum) – Strengthen climate adaptation research globally

<https://www.science.org/doi/10.1126/science.abq0737>

"More international incentives and coordination are needed."

"The window of opportunity for climate adaptation action is closing fast because of warming and development trends. Yet efforts toward enhancing adaptation policy, implementation, and finance are not considered at adequate scale globally. Scaling up such efforts requires substantial international investment, which we argue should include support for transdisciplinary adaptation research to enhance scientific foundations to feed into more effective policy engagement and funding for implementation. Here, we identify opportunities associated with three scientific frontiers: understand the potential for effective climate risk reduction (including understanding maladaptation, residual risk, and adaptation limits); assess systemic, cascading, and transboundary risks; and track adaptation progress."

UHC

The Times - Case for a truly universal health system has never been stronger

J Kikwete & Helen Clark; <https://www.thetimes.co.uk/article/c88263e0-f23f-11ec-b7b8-d1bfbe7f1c7e?shareToken=c49e0ee5130c9846537a89350d1b02ca>

"....we launch this week a new Commission on Universal Health with Chatham House...."

"... as a major conflict rages in Ukraine, triggering its own cascading refugee, food, energy and cost of living crises, it is easy to say: "is this really the right time to ask governments for big increases in

public financing?” Well, we say the case for a truly universal health system where everyone gets the health services they need (including public health services to prevent future pandemics) has never been stronger and this is the perfect time.....”

International Social Security Review - Universal Health Coverage and Social Health Protection: Policy relevance to health system financing reforms

Dorjsuren Bayarsaikhan et al ; <https://onlinelibrary.wiley.com/doi/abs/10.1111/issr.12295>

“Universal Health Coverage (UHC) and Social Health Protection (SHP) are key policy foci that cut across all dimensions of the 2030 Sustainable Development Goals agenda. Understanding of these two concepts, their fundamentals and relations would improve health policy development and implementation to attain UHC and effectively protect the health of people and save lives and livelihoods. The COVID-19 pandemic has provided useful lessons to improve multi-sector activities to strengthen and finance health and social protection systems. The aim of this article is to provide conceptual clarity on the contribution of the global frameworks on SHP to the policy goal of UHC. In doing so, the article contributes to health financing and social security related policy discussions and advocates for much needed integrated policy actions at global as well as country levels. It discusses the origins of the two concepts and the relevance of SHP to health systems financing for UHC. Although country situations differ, the main findings, especially for low- and middle-income countries, are highlighted and summarized.”

Plos GPH - Conceptualizing monetary benchmarks for health investments toward poverty reduction in low- and lower middle-income countries

A Chakrabarti et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000487>

« We aim to conceptualize monetary benchmarks for health sector investments oriented towards poverty alleviation in low- and lower middle-income countries. These benchmarks are meant to indicate the approximate range of health sector costs incurred to avert a single case of poverty across countries. Such conceptualizations could help identify the health interventions that are worthwhile investing in from financial risk protection and social welfare standpoints.”

Check out the findings.

WHO - How to make budgets work for health?

H Barroy et al; <https://www.who.int/publications/i/item/9789240049666>

« A practical guide to designing, managing and monitoring programme budgets in the health sector.”

“Reforms in budget formulation that transition to programme-based budgeting can be beneficial to health spending. Such reforms can support better alignment with health sector priorities, provide greater flexibility in the use of funds, and improve transparency and accountability towards outputs. These changes can, in turn, support progress towards universal health coverage by using general

*budget revenues flexibly to purchase health services. However, evidence from country implementation shows that this transformation does not take place automatically. **The primary purpose of this guidance book is to provide key health stakeholders with a better understanding of the design, implementation and monitoring of programme-based budgets in the health sector in low- and middle-income countries (LMICs).** The work emerged from a rewarding collaboration between the WHO Department of Health Systems Governance and Financing and regional and country colleagues, independent experts, and the OECD, the World Bank Group and the International Budget Partnership, all of whom contributed extensively to the book's development."*

Children's health

HPW - Gavi Launches \$100m Initiative to Reach Unvaccinated Children

<https://healthpolicy-watch.news/gavi-initiative-zero-dose-children/>

"A new \$100 million initiative to identify and reach zero-dose children – those who have not received a single routine vaccine shot – has been launched today by [Gavi, The Vaccine Alliance](#) in partnership with the [International Rescue Committee \(IRC\)](#) and [World Vision \(WV\)](#). "

*"The Zero-Dose Immunization Programme (ZIP) will be led by the International Rescue Committee in the Horn of Africa, and World Vision in the Sahel regions respectively, reaching 11 countries. As of 2020, there were over four million zero-dose children living across these targeted countries. **Gavi's Equity Accelerator Fund is dedicated to reducing zero-dose burden in lower-income countries by investing in targeted initiatives.** While \$100 million will be provided to ZIP, the remaining \$400 million will go directly to Gavi-supported countries to identify where zero-dose children are and to sustainably reach them with a full range of vaccines."*

- See also the GAVI press release: [Gavi launches new partnership to reach "zero-dose" children across marginalised communities](#)

PS: *"...**At least 12.4 million children worldwide are categorised as "zero-dose"**, living in missed communities that cannot access many essential services, including health care..."*

Save the Children (report) – Weapon of War: Sexual violence against children in conflict

<https://resourcecentre.savethechildren.net/document/weapon-war-sexual-violence-against-children-conflict/>

Was published ahead of the International Day for the Elimination of Sexual violence in conflict (19 June).

*"Globally, 426 million children live in conflict zones today. We estimate that a staggering 72 million of them, or one in six, live 50 kilometres or closer to conflicts where armed groups or forces have perpetrated sexual violence against children during the last year. **This report presents the very first quantitative analysis of the risk of sexual violence against children in conflict for the period 1990-***

2019.... Our analysis shows that **the number of children at risk of sexual violence committed by conflict actors is ten times higher today than in 1990**. The number of children at risk fluctuates from one year to another, but the upward trend is very clear. In the most recent years we also see that a bigger share of armed actors who commit sexual violence in conflict also perpetrate it against children. **The countries with the highest share of children living in conflict zones with reports of sexual violence perpetrated by conflict actors against children** include Colombia (with 24% of all children in the country facing this risk), Iraq (with 49% of all children at risk), Somalia (56%), South Sudan (19%), Syria (48%) and Yemen (83%).....”

UN News –Global hunger crisis pushing one child per minute, into severe malnutrition

<https://news.un.org/en/story/2022/06/1121172>

“Because of the global hunger crisis, every single minute, one child is pushed into life-threatening, severe malnutrition. That’s the alarming message on Thursday from UN Children’s Fund UNICEF, which issued the alert for 15 countries in crisis where the situation is worsening. The UN agency warning comes as world leaders prepare to gather for the G7 summit of leading industrialized economies in Germany, in the coming days.”

“UNICEF has called for \$1.2 billion to meet urgent needs of eight million children at risk of death from severe wasting, in 15 mainly African nations, such as Burkina Faso, Chad, Kenya, Somalia and Sudan, but also Afghanistan and Haiti....”

Access to Medicines

Stat - European researchers seek greater stake in drug development in bid to improve access

<https://www.statnews.com/2022/06/21/european-researchers-seek-greater-stake-in-drug-development-in-bid-to-improve-access/>

(gated) **“As the price of new medicines weighs on health payers in Europe, universities are seeking a greater stake in how their research is used and trying to attach conditions on the use of intellectual property to ensure access and affordability of the final product. But getting this done, universities and other advocates are learning, isn’t easy. At the forefront of this movement are groups such as Universities Allied for Essential Medicines ”**

“.... a growing number of European academics and activists are hoping to change that paradigm by trying to negotiate greater control into their licensing agreements with pharma. As Jessica Davis Plüss reports for STAT, they face significant headwinds: European universities increasingly want licensing deals that can fund operations, university tech transfer offices are often staffed with traditional biotech and business development professionals, and often the licensed tech is simply too early stage to know whether it will ever have value.....”

Decolonize Global Health

Harvard Public Health - How COVID-19 changed African R&D

<https://harvardpublichealth.org/how-covid-19-changed-african-rd/>

“African scientists broke new ground during the pandemic. More advances are coming.” Some excerpts:

“Sam-Agudu, who is originally from Ghana, suspects *travel restrictions and the global health emergency led to fewer researchers from high-income countries working in Africa—a vacuum filled by African scientists who found unparalleled “creative freedom” to lead their own studies during COVID.* “These factors perhaps serendipitously contributed to African researchers asserting more local leadership,” she says.”

“... Another boon of the pandemic is a *huge influx of support for African biotechnology, in particular vaccine manufacturing, in* response to the problems the continent had securing COVID vaccine supply and other medical equipment. “The amount of funding into biotech capacity in the last year in South Africa has been more than in the previous 10 years combined,” says Petro Terblanche, managing director of Afrigen, a South African biologics and vaccines company. And it’s not just South Africa that has benefited, she says, pointing to 11 technology transfer initiatives that are bringing vaccine technologies to Africa.”

“... *The pandemic has also improved access to financing for technical health investments in developing countries,* says Sarah Sceery from Build Health International, a Massachusetts-based nonprofit that develops health care infrastructure in Africa, Latin America, and the Caribbean. *The organization is currently restoring 30 nonfunctional oxygen production plants, most of them in Africa, to supply medical oxygen that was lacking at the start of the pandemic. Boosting medical infrastructure budgets is “critical,”* Sceery says. *Will Africa’s COVID investment bonanza last?....*”

Plos GPH - Challenging the “old boys club” in academia: Gender and geographic representation in editorial boards of journals publishing in environmental sciences and public health

S Dada et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000541>

“In light of global environmental crises and the need for sustainable development, the fields of public health and environmental sciences have become increasingly interrelated..... Previous research has demonstrated a lack of diversity in the gender and geographic representation of editors across scientific disciplines. *This study aimed to explore the diversity of journal editorial boards publishing in environmental science and public health.*”

Among the **findings:** **“....None of the editors-in-chief and only 27 editors in total were women based in low-income countries. “**

Concluding: ***“Through the examination of journal editorial boards, this study exposes the glaring lack of diversity in editorial boards in environmental science and public health, explores the power dynamics affecting the creation and dissemination of knowledge, and proposes concrete actions to remedy these structural inequities in order to inform more equitable, just and impactful knowledge creation.”***

The Rotten Roots of the IMF and the World Bank

J Martin et al; <https://www.cadtm.org/The-Rotten-Roots-of-the-IMF-and-the-World-Bank>

“A conversation with Jamie Martin about the imperial origins of the world’s economic governance, imagining an alternative to these institutions, and his new book, The Meddlers.”

.... in his ***new book, The Meddlers: Sovereignty, Empire, and the Birth of Global Governance***, Jamie Martin challenges this standard narrative. Martin, soon to be an assistant professor of history and social studies at Harvard University, ***argues that if we truly want to understand the disastrous consequences of the IMF’s and the World Bank’s interference in the domestic policies of sovereign states, it is necessary to understand the first international institutions of economic governance, such as the League of Nations and the Bank for International Settlement, which emerged in the wake of World War I.*** These institutions gave civil servants, bankers, and colonial authorities from Europe and the United States the extraordinary power to enforce austerity, oversee development programs, and regulate commodity prices. Many of them had civilizational, paternalistic, and white supremacist assumptions, which they used to justify meddling in the economies of other states. ***Martin argues that these institutions were, in fact, repackaging 19th-century practices of financial imperialism in a new, more sanitized form, given the decline of the European empires and the rising claims to self-determination. In making this analysis, Martin offers an alternative perspective on the crisis of global economic governance today, showing how the interventionist powers of the IMF and the World Bank have all along been rooted in empire and colonialism. I spoke with Martin about his thinking on the relationship between empire and contemporary global economic governance, why the Bretton Woods system is misinterpreted, his definition of neoliberalism, and what he sees as an attractive economic alternative to “the meddlers.”***

And a few links:

- Nature Correspondence - [IPCC decolonization call — policymakers must listen](#)

“...Colonialism is also frequently embedded in current schemes to mitigate climate change....”

- Guardian - [Racism in aid sector is a hangover of colonialism, says scathing report by \[UK\] MPs](#)

“Senior roles still dominated by white people while appeals depict countries as inferior to UK, says international development committee.”

HIV/AIDS

UNAIDS - Performance report demonstrates how the UN Joint Programme on HIV and AIDS has helped save lives

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/june/20220618_Performance_Monitoring_PPF

*"This year's **UNAIDS performance report** demonstrates how the UN Joint Programme on HIV and AIDS has critically contributed to key areas of the global HIV response and to saving lives, even in the face of the severe challenges and disruptions caused by the COVID-19 pandemic and financial shortfalls impacting the global HIV response and UNAIDS. **The report outlines progress, across the 6 regions covered by the Joint Programme in 8 strategy result areas and 5 functions**, in ensuring effective and well-coordinated support to countries and communities, resource mobilization, strategic partnerships, strategic information, and effective governance and accountability...."*

Lancet HIV series - Alignment of Mental Health and HIV Services

<https://www.thelancet.com/series/mental-health-and-HIV>

*"**HIV and mental ill health are syndemic conditions**: poor mental health can contribute to HIV risk and affect outcomes of HIV care; and living with HIV or risk of HIV can contribute to poor mental health. For some populations at particular risk of HIV and with specific mental health needs, there is an opportunity to align services and maximise the positive outcomes of health-care contacts. **In this unique Series of papers published in three Lancet journals, papers address the syndemic of HIV and mental ill health and summarise opportunities for integrated care for three key populations: adolescents, substance users, and men who have sex with men.**"*

Science - Long-lasting HIV prevention drug too slow to reach Africa, activists say

A Green; <https://www.science.org/content/article/hiv-prevention-drugs-too-slow-reach-africa-activists-say>

"An injectable antiviral [CAB-LA] was tested in seven African countries. But it's unclear when they'll have access to it."

*".... But even though a trial in Uganda and six other sub-Saharan African countries provided data key for FDA's approval, Africa, still the part of the world hardest hit by HIV, may face a long wait to get the drug at an affordable price. **On 27 May, CAB-LA's developer, Viiv Healthcare, made a formal commitment to issue a voluntary license for the drug, an injectable form of pre-exposure prophylaxis (PrEP), to the Geneva-based Medicines Patent Pool (MPP). If the two reach an agreement, MPP could broker deals with generic manufacturers to produce cheap versions of CAB-LA for low- and middle-income countries. But it may take years before those generics become available, and activists accuse Viiv of dragging its feet**, which the company denies. **Zambian HIV activist Kenly Sikwese, who coordinates the African Community Advisory Board, says equitable access in sub-Saharan Africa should have been guaranteed before people from the region were recruited for clinical trials...."***

Some other news of the week

Devex - The best and worst countries for ensuring the right to health

<https://www.devex.com/news/the-best-and-worst-countries-for-ensuring-the-right-to-health-103485>

*“Burundi has the lowest income per capita of any country measured by the World Bank. But according to a rights measurement tracker, it’s doing its best to meet its population’s health needs. **Burundi scored 100% in ensuring its people’s right to health in the Human Rights Measurement Initiative’s latest update to its Rights Tracker**, launched Wednesday. It’s the only country out of 144 to achieve this perfect score, despite having one of the lowest per capita incomes globally. Its 2020 per capita income was \$731, measured in 2017 dollars with adjustments for inflation and purchasing power. But that doesn’t mean everyone in the country is enjoying this right, according to experts behind the initiative. “It’s the best we’ve seen at that per capita income level on the right to health historically over the past 25 years. ... Does that mean that everybody in the country enjoys rights? Absolutely not.” said Susan Randolph, a co-founder of the initiative and co-director of the research program on economic and social rights at the University of Connecticut’s Human Rights Institute. **“That [score] is simply telling you that with the resources that it has, it’s doing as best as might be expected.** ... But its resources are so bad that a lot of people, tons of people, don’t enjoy that right,” she told Devex....”*

UN News - UN brainstorms how to strengthen aid delivery amid ‘megacrises’

<https://news.un.org/en/story/2022/06/1120952>

*“Global cooperation is critical to confront the surge in suffering due to conflict, climate disruption, hunger, the rising cost of living, and the COVID-19 pandemic. senior UN officials said on Tuesday at a meeting organized by the Economic and Social Council (ECOSOC) to strengthen delivery of humanitarian assistance. The **three-day ECOSOC Humanitarian Affairs Segment (HAS)** brings together UN agencies, diplomats, aid workers, the private sector and other partners, to discuss current and emerging challenges, as well as priorities, and to share experiences and lessons learned. ...”*

*“.... UN humanitarian affairs chief Martin Griffiths warned that the “global megacrises” today are growing at a speed and scale that threaten to undo decades of hard-won progress in development, governance and social protection. More than 300 million people across the planet require humanitarian assistance, a figure that has never been higher, while the number of displaced people and refugees has topped 100 million, another “historic marker”. **Collectively, UN humanitarian appeals this year total \$46 billion.** “We usually receive just over half of that,” he said.”*

Economist - Unhappiness is soaring around the world, laments Jon Clifton

<https://www.economist.com/by-invitation/2022/06/17/unhappiness-is-soaring-around-the-world-laments-jon-clifton>

“The head of Gallup says the problem began long before the pandemic.”

"... Each year Gallup asks roughly 150,000 people in over 140 countries about the emotions they experience. ... "

*"... Many things can make people unhappy, but the rise of global unhappiness has five main causes according to Gallup's research: **poverty, broken communities, hunger, loneliness and the scarcity of good work.....**"*

*"... Policymakers must respond to record misery. They cannot pretend that the problem relates only to the past two years and that the end of covid-19 lockdowns will sort it. If politicians want to curb global unhappiness, **they can start by monitoring systematically how people feel.** More governments should **report regular measures of national contentment, just as they now publish figures for GDP, mortality and unemployment.**"*

Economist - Alphabet is spending billions to become a force in health care

<https://www.economist.com/business/2022/06/20/alphabet-is-spending-billions-to-become-a-force-in-health-care>

"In 2021 America's five tech behemoths collectively spent more than \$3bn on speculative health-care bets (see chart)—and may have invested more in undisclosed deals. Some of their earlier health-related investments are starting to pay off. Yet it is Alphabet, Google's corporate parent, whose health-care ambitions seem to be the most vaulting. Between 2019 and 2021 Alphabet's venture-capital arms, Google Ventures and Gradient Ventures, and its private-equity unit, CapitalG, made about 100 deals, a quarter of Alphabet's combined total, in life sciences and health care. So far this year it has injected \$1.7bn into futuristic health ideas, according to cb Insights, a data provider, leaving its fellow tech giants, which spent around \$100m all told, in the dust. "

"Today Alphabet's health adventures can be divided into four broad categories. These are, in rough order of ambition: [wearables](#), health records, health-related artificial intelligence (ai) and the ultimate challenge of extending human longevity....."

Science – Poliovirus in London sewage sparks alarm

<https://www.science.org/content/article/poliovirus-in-london-sewage-sparks-alarm>

"A person who was given the oral polio vaccine, which contains a live but weakened poliovirus, is the likely explanation."

Some papers and reports of the week

Book - Health Taxes: Policy and Practice

*"The book **Health Taxes: Policy and Practice** aims to enumerate key health taxes of interest, explore their positive and negative effects, and how these effects are influenced by the design of these taxes and the context in which they are applied. We ask how and where they can be implemented. Critically, the book builds an argument for why policymakers across government should care about*

health taxes. **Health Taxes: Policy and Practice** has been authored by Imperial's Centre for Health Economics & Policy Innovation (CHEPI) and the World Health Organization (WHO).....”

Launched today (Friday). See [WHO](#)

WB (book) Revisiting Targeting in Social Assistance : A New Look at Old Dilemmas

G Margaret et al; <https://openknowledge.worldbank.org/handle/10986/37228>

*“**Targeting** is a commonly used, but much debated, policy within global social assistance practice. **This book examines the well- known dilemmas in light of the growing body of experience, new implementation capacities, and the potential to bring new data and data science to bear.”***

HP&P - What are the Tools Available for the Job? Coordination Instruments at Uganda’s Central Government Level and Their Implications for Multisectoral Action for Health

A Ssenyonjo, B Criel et al ; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czac047/6609564?redirectedFrom=fulltext>

“....This research explores the nature of coordination instruments for MSA at the national level in Uganda and the complexities of how these tools play out in implementation.....”

Health Research Policy & Systems - Strategies to adapt and implement health system guidelines and recommendations: a scoping review

S Breneol et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00865-8>

*“Evidence-based health system guidelines are pivotal tools to help outline the important financial, policy and service components recommended to achieve a sustainable and resilient health system. However, **not all guidelines are readily translatable into practice and/or policy** without effective and tailored implementation and adaptation techniques. **This scoping review mapped the evidence related to the adaptation and implementation of health system guidelines in low- and middle-income countries.....”***

SS&M - Doing more with less - How frugal innovations can contribute to improving healthcare systems

S Sarkar et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953622004336>

*“.... **Frugal innovation**, as a way to produce efficacious and affordable products using fewer resources to reach the underserved customers, has received increasing attention in the social sciences literature. Although frugal innovation is commonly associated with emerging economies, there is now a rising interest from healthcare providers in developed countries, to find and apply effective, and lower-cost solutions. Nonetheless, knowledge on frugal innovation and its role in healthcare is dispersed across different literatures which hampers researchers and practitioners to*

access a fuller, and integrated picture of the phenomenon. In this study, by synthesizing extant knowledge, we tackle the fragmentation of the phenomenon. We elucidate on who the actors are, what is being done, how are such innovations being developed, and what the outcomes are, providing a framework that lays out the underlying mechanisms of frugal innovation in healthcare (FIH). The midrange theory that we develop, provides a conceptual framework for researchers to undertake empirical observation and models to guide managerial practices....”.

Health Systems & Reform (special issue) - Making Progress on Strategic Health Purchasing in Africa

<https://www.tandfonline.com/toc/khsr20/8/2>

This week, the paper [Public Financial Management as an Enabler for Health Financing Reform: Evidence from Free Health Care Policies Implemented in Burkina Faso, Burundi, and Niger](#) (by H Barroy et al) was added.

Nature Sustainability - Scientific evidence on the political impact of the Sustainable Development Goals

F Biermann et al; <https://www.nature.com/articles/s41893-022-00909-5>

“In 2015, the United Nations agreed on 17 SDGs as the central normative framework for sustainable development worldwide. The effectiveness of governing by such broad global goals, however, remains uncertain, and we lack comprehensive meta-studies that assess the political impact of the goals across countries and globally. We present here condensed evidence from an analysis of over 3,000 scientific studies on the Sustainable Development Goals published between 2016 and April 2021. Our findings suggests that the goals have had some political impact on institutions and policies, from local to global governance. This impact has been largely discursive, affecting the way actors understand and communicate about sustainable development. More profound normative and institutional impact, from legislative action to changing resource allocation, remains rare. We conclude that the scientific evidence suggests only limited transformative political impact of the Sustainable Development Goals thus far.”

See also the Conversation – [UN sustainable development goals failing to have meaningful impact, our research warns](#)

Plos GPH –Time for a new global roadmap for supporting evidence into action

T Kuchenmüller, S Swaminathan et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000677>

“.... To assess different institutional responses in terms of the evidence-policy-society nexus and to learn lessons on how to build equity-centred, agile and responsive evidence-informed decision-making mechanisms, WHO convened its first Global Evidence-to-Policy Summit in late 2021. The Summit, organized by the newly created Evidence to Policy Unit at WHO headquarters in collaboration with the corresponding teams in WHO regional offices, brought together more than 2,500 policy-makers, knowledge brokers, health actors, civil society representatives and researchers from around the world.... “ “..... The Summit culminated in the launch of the EVIPNet Call for

Action, developed through iterative, participatory processes with EVIPNet members, and the announcement of a new Coalition of Partners for sustainable evidence-to-policy/society systems. The Call, aligned with the Cochrane Convenes and the Global Commission on Evidence to Address Societal Challenges, urges governments, intergovernmental organizations such as United Nations agencies, international financial institutions and other key stakeholders to join forces and **commit to 16 concrete steps towards better, equity-centered evidence-informed decision-making.** “ With four strategic sections.

Lancet Editorial – Cancer care: widening the scope of innovation

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01134-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01134-5/fulltext)

Concluding: “*...The burden of cancer in low-income and middle-income countries is set to double over the next two decades (from 12 million cases per year to 20 million cases per year by 2040, representing more than 75% of global cancer cases). The world is not on track to achieve universal health coverage goals. How can oncology best serve the many and not the few? A research agenda driven by the priorities of industry must change. Existing programmes to strengthen global cancer care—by the likes of ASCO, ESMO, the World Bank, WHO, and non-governmental organisations—have been fragmented. They need to be expanded and better coordinated, with a broader range of collaborators, from governments to civil society. The new WHO–ASCO programme is promising—it must be judged on its outcomes. But the issue it seeks to address is long standing: drugs and technologies are important but will make little difference in a health system insensitive to the needs of individuals and communities. The balance between the two has long been out of kilter in oncology. It's time for a radical reset in cancer research, one that takes the context of care more seriously and insists that equity is as important as survival.*”

Tweets of the week

Anna Marriott

“My first @WTO ministerial. Extraordinary levels of inequality. A select number of countries get to examine and tweak text for days with huge teams in support. Many others only get to see text in the early hours this morning, perhaps for hour at best + huge pressure to green light.”

Mona Paulsen

“Interesting to see the WTO DG deliver special Twitter shout outs to the US, EU/MS, and China. Perhaps the plan is to thank all members. But, so far, it's those three.”

Priti Krishtel

*« In support of a real waiver: 100+ WTO member countries (the vast majority) 100+ Nobel prizewinners 70+ former world leaders WHO Director General The Pope Advocates for equitable access-to-meds **Against:** Drugmakers, their lobbyists, & the wealthiest countries.”*

Carlo Martuscelli

“COVID Committee chair @kvanbrempt has big ambitions. According to a document seen by POLITICO, she aims to get the CEOs of BioNTech, Pfizer, Moderna, CureVac, AstraZeneca and GSK in front of the panel. Also on her list: the directors of the WHO and WTO.”

Global governance of health

Devex - Not so Ensemble

<https://www.devex.com/news/devex-newswire-what-gates-conspiracies-can-tell-us-about-public-trust-103482>

*“France won plaudits for its **new development law last year**, under which it must “strive to reach” spending of 0.7% of gross national income on official development assistance by 2025. But how much it spends before 2025 is still subject to a vote in the National Assembly — a body that looks very different after Sunday’s legislative election.”*

*“... Maé Kurkjian, senior policy and advocacy manager at ONE France, told Devex Monday that this election could **change everything when it comes to French development policy**. “Long story short: all the progress made in the law will have to [be] approved again by the new [members of Parliament] to ensure it gets proper buy-in.” She noted that the current law “needs to be completed with the financial trajectory for the core ODA spending” before the end of 2022, and that **the finance committee chair will likely be from a left-wing party, which traditionally supports “ambitious” development spending.**”*

Lancet Offline – The UK, a knave among nations

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01131-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01131-X/fulltext)

*“In 2015, the All-Party Parliamentary Group (APPG) on Global Health published an admiring report, The UK's Contribution to Health Globally—Benefiting the Country and the World. They identified four sectors where Britain added important value..... That **hard-won reputation has been dismantled in recent years**. It is fair to say that the UK is now more pitied than respected, a source of regret rather than a friend to welcome and applaud. Where did it all go so badly wrong?...*

*....What voice the UK has left, and it is far diminished, has been corrupted. **Not Global Britain, but Dismal Britain.....**”*

And he concludes: *“**Fortunately, many of the strengths identified in the APPG's 2015 report remain—our universities, funders, non-governmental organisations, and life science industries.** The contributions made by the UK to therapeutics and vaccine science during the pandemic were exemplary. But what do we do now in the face of the UK's surprising reversal of fortunes? **The decline and fall in the UK's global standing will not be permanent. Like the USA after Trump, we will return.** Meanwhile, our medical and scientific communities have a crucial role in protecting and nurturing values of cooperation, multilateralism, and globalism until there is a renaissance in the country's vision. We must avoid silence, collusion, and betrayal. Science is self-correcting, and a national self-correction will dawn. Until then: we must struggle.”*

Devex - Calls grow louder for US aid rethink in Indo-Pacific

<https://www.devex.com/news/calls-grow-louder-for-us-aid-rethink-in-indo-pacific-103503>

“Two U.S. lawmakers introduced legislation on Wednesday that aims to shift more U.S. foreign aid funding to the Indo-Pacific region in response to what one described as “China’s bid for hegemony” in the region....”

“... The legislation reflects growing concern that America’s current development efforts are losing in a battle for influence in a region that is home to nearly 60% of the world’s population but accounts for only 11% of U.S. President Joe Biden’s fiscal year 2023 budget request for U.S. foreign assistance....”

ODI (report) - The Grand Bargain in 2021: an independent review

<https://odi.org/en/publications/the-grand-bargain-in-2021-an-independent-review/>

“The Grand Bargain was first agreed in May 2016, bringing together representatives of 19 donor countries and 16 international aid organisations from the United Nations, international non-governmental organisations and the Red Cross and Red Crescent Movement, with a goal of realising more efficient and effective humanitarian action. Five years later, 2021 brought a strategic shift as the Grand Bargain and its signatories adopted a narrower set of objectives and related adjustments to structures and ways of working.”

“This year’s annual independent review analyses the progress achieved and challenges faced by signatories towards the commitments during 2021. These are summarised in the infographic below..... “

And a link:

Devex - [US House budget bill includes 15% increase for foreign affairs](#)

UHC

Global Health Action - Growing debt burden in low- and middle-income countries during COVID-19 may constrain health financing

F Fedderspiel et al ; <https://www.tandfonline.com/doi/full/10.1080/16549716.2022.2072461?src=>

“Debt burdens are growing steadily in LMICs, compounded by the COVID-19 economic recession, threatening to crowd out essential health spending. In 2019, 54 LMICs spent more on servicing their debt to foreign creditors than on financing their health services. While development loans may have positive effects on population health, the ensuing debt servicing requirements may have detrimental effects on health through constrained fiscal space for government health spending. However, the existing evidence is inadequate for an understanding of whether, and if so how and under what circumstances, debt may constrain government health spending. We call for more r

research on the impacts of debt on health financing and call on creditors and borrowers to carefully consider the potential impacts of lending on borrower countries' ability to finance their health services."

UHC 2030 – The Joint Learning Agenda - Empowering civil society and communities to have a say on public spending on health

<https://www.uhc2030.org/blog-news-events/uhc2030-news/empowering-civil-society-and-communities-to-have-a-say-on-public-spending-on-health-555647/>

"Civil society organisations (CSOs) play a critical role in building a strong, equity-focused and people-led movement for universal health coverage (UHC). Although civil society engagement in health financing advocacy and accountability has increased over the years, civil society and communities still lack opportunities to participate in government-led planning, progress reviews or implementation towards universal health coverage. At the same time, the COVID-19 pandemic has exacerbated global- and country-level challenges, diverting resources from key health programmes, jeopardising hard-won gains in specific communicable diseases and basic health services outcomes, and straining already fragile health systems. It has therefore become more important than ever that civil society organisations rooted in local communities get involved in the planning process and influence national spending priorities for health services to respond to people's needs."

*"... To address these challenges and strengthen understanding and knowledge of key health financing concepts, **The Global Financing Facility (GFF), The Global Fund, The Partnership for Maternal, Newborn & Child Health (PMNCH), Gavi, and UHC2030** are working together with regional partners **Impact Santé Afrique** and **WACI Health** to develop and deliver the **Joint Learning Agenda on Health Financing and Universal Health Coverage**...."*

Global Public Health - Conditional cash transfers to improve health-focused outcomes: a global scoping review

S Rezaei et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2022.2092186>

*"This scoping review assesses the use of conditional cash transfer (CCT) interventions – direct distribution of money to individuals conditional on their compliance to certain requirements – in randomised controlled trials, quasi-experimental studies and large community-based randomised trials **with health-focused outcomes**...."*

"...Although CCTs remain controversial, a growing evidence base is emerging for their potential impact in specific health conditions."

Conflict & Health - Primary Healthcare Quality in Conflict and Fragility: a subnational analysis of disparities using Population Health surveys

M Ramadan et al; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-022-00466-w>

*“This study addresses this measurement gap by examining disparities in the quality of primary healthcare services in four conflict-affected fragile states using proxy indicators.” “A secondary analysis of publicly available data sources was performed in **four conflict-affected fragile states: Cameroon, the Democratic Republic of Congo, Mali, and Nigeria**. Two main databases were utilized: the Demographic Health Survey and the Uppsala Conflict Data Program for information on components of care and conflict events, respectively.”*

AMR

WHO - Lack of innovation set to undermine antibiotic performance and health gains

<https://www.who.int/news/item/22-06-2022-22-06-2022-lack-of-innovation-set-to-undermine-antibiotic-performance-and-health-gains>

“Development of new antibacterial treatments is inadequate to address the mounting threat of antibiotic resistance, according to the annual pipeline report by the World Health Organization. The 2021 [report](#) describes the antibacterial clinical and preclinical pipeline as stagnant and far from meeting global needs. Since 2017 only 12 antibiotics have been approved, 10 of which belong to existing classes with established mechanisms of antimicrobial resistance (AMR).”

“... According to WHO annual analyses, in 2021 there were only 27 new antibiotics in clinical development against [priority pathogens](#), down from 31 products in 2017. In the preclinical stage - before clinical trials can start - the number of products has remained relatively constant over the last 3 years. ... More broadly the report describes that, of the 77 anti-bacterial agents in clinical development, 45 are ‘traditional’ direct-acting small molecules and 32 are ‘non-traditional’ agents. Examples of the latter are monoclonal antibodies and bacteriophages, which are viruses that can destroy bacteria. Since antibiotics now have a limited lifespan before drug resistance emerges, non-traditional approaches offer new opportunities to tackle infections from antimicrobial resistant bacteria from different angles as they can be used complementarily and synergistically or as alternatives to established therapies....”

Cidrap News – Study documents rise of antibiotic-resistant typhoid

<https://www.cidrap.umn.edu/news-perspective/2022/06/study-documents-rise-antibiotic-resistant-typhoid>

*“A new study by an international team of scientists reveals a new understanding of how antibiotic-resistant strains of typhoid fever have quickly emerged and spread from South Asia to other parts of the world. The authors of the study, published this week in *The Lancet Microbe*, say the findings highlight the **need to consider drug-resistant typhoid fever as a global—rather than a local—problem**, and to rapidly expand prevention measures.;...”*

NCDs

Journal of Multimorbidity and comorbidity - Multimorbidity matters in low and middle-income countries

A B-Abreu et al ; <https://journals.sagepub.com/doi/10.1177/26335565221106074>

« ... The burden of multimorbidity is remarkable in low- and middle-income countries (LMICs) given the many existing challenges in these settings. Investigating multimorbidity in LMICs poses many challenges including the different conditions studied, and the restriction of data sources to relatively few countries, limiting comparability and representativeness. This has led to a paucity of evidence on multimorbidity prevalence and trends, disease clusters, and health outcomes, particularly longitudinal outcomes. **In this paper, based on our experience of investigating multimorbidity in LMICs contexts, we discuss how the structure of the health system does not favor addressing multimorbidity, and how this is amplified by social and economic disparities and, more recently, by the COVID-19 pandemic. We argue that generating epidemiologic data around multimorbidity with similar methods and definition is essential to improve comparability, guide clinical decision-making and inform policies, research priorities, and local responses. We call for action on policy to refinance and prioritize primary care and integrated care as the center of multimorbidity.** »

Sexual & Reproductive / maternal, neonatal & child health

BMJ GH (Commentary) - Beyond safety: the 2022 WHO abortion guidelines and the future of abortion safety measurement

C Gerdt et al ; <https://gh.bmj.com/content/7/6/e009557>

“.... This commentary discusses limitations of the current approach to the measurement of abortion safety, highlights the required reclassification of self-managed abortion as ‘safe’, and calls for a new paradigm to emerge for the measurement and understanding of global abortion experiences that is centred in a rights-based conceptualisation of quality care for all abortion experiences.”

WHO Bulletin - Reclassifying contraceptives as over-the-counter medicines to improve access

A Ammerdorffer et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.21.287561.pdf?sfvrsn=6bfee9f7_3

“Self-care interventions include over-the-counter contraceptives, which enable individuals to make informed, autonomous decisions about fertility management. As there is a substantial unmet need for contraception in many countries, increasing access by establishing sound, affordable and effective regulation of over-the-counter contraceptives could help reduce unintended pregnancies and improve maternal health. **We performed a review of 30 globally diverse countries:** (i) to assess national regulatory procedures for changing oral contraceptives, emergency contraceptives and

injectable contraceptives from prescription-only to over-the-counter products; and (ii) to determine whether national lists of over-the-counter medicines included contraceptives.”

Links:

- Plos GPH - [Global sex differences in hygiene norms and their relation to sex equality](#)
- Plos GPH – [Marital rape and its impact on the mental health of women in India: A systematic review](#)

Access to medicines

WHO Bulletin - Controlled-temperature chain for vaccination in low and middle-income countries: a realist evidence synthesis

https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.21.287696.pdf?sfvrsn=bd8a8584_3

Authors *“evaluate the evidence describing how the controlled temperature chain approach for vaccination could lead to improved equitable immunization coverage in low- and middle-income countries. They “created a theory of change construct from the Controlled temperature chain: strategic roadmap for priority vaccines 2017–2020, containing four domains: (i) uptake and demand for the approach; (ii) compliance and safe use of the approach; (iii) programmatic efficiency gains from the approach; and (iv) improved equitable immunization coverage. To verify and improve the theory of change, we applied a realist review method to analyse published descriptions of controlled temperature chain or closely related experiences.”*

Extra Covid section

CGD - COVID-19 Vaccine Development and Rollout in Historical Perspective

A Glassman et al; <https://www.cgdev.org/sites/default/files/covid-19-vaccine-development-and-rollout-in-historical-perspective-paper.pdf>

Update of the paper from February.

*“In mid-2022, profound inequities in the pace and level of coverage of COVID-19 vaccination persist, especially in the world’s poorest countries. Yet **despite this inequity, we find that global COVID-19 vaccine development and diffusion has been the most rapid in history, everywhere. This paper explores the historical record in the development and deployment of vaccines globally, and puts the COVID-19 vaccine rollout in that context. Although far more can and should be done to drive***

higher coverage in the lowest-income countries, it is worth noting the revolutionary speed of both the vaccine development and diffusion process, and the potential good news that this signals for the future of pandemic preparedness and response.”

FT - UK signs £1bn deal with Moderna for new vaccine centre

<https://www.ft.com/content/aab5de46-6a30-44fb-9e9d-08b915059b6f>

“The UK government is collaborating with Boston-based Moderna to build the country’s first manufacturing centre for messenger RNA vaccines in a deal worth £1bn as it seeks a lead in responding to the current and future pandemics. The government is aiming to secure homegrown supplies of a technology that has proved a crucial weapon in the fight against Covid-19 and offers the prospect of transforming treatment for other conditions such as cancer.....”

Nature - How common is long COVID? Why studies give different answers

<https://www.nature.com/articles/d41586-022-01702-2>

“Enormous databases do not necessarily allow scientists to solve long COVID mysteries, such as how well vaccination protects against the condition.”

“.... How frequent is long COVID? And how much protection do vaccines give against it? Why the public and policymakers are grappling with disparate answers to these basic questions....”