

# The Know-Do Gap in Global and Public Health:

how communication, advocacy and diplomacy can help

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**McGill**

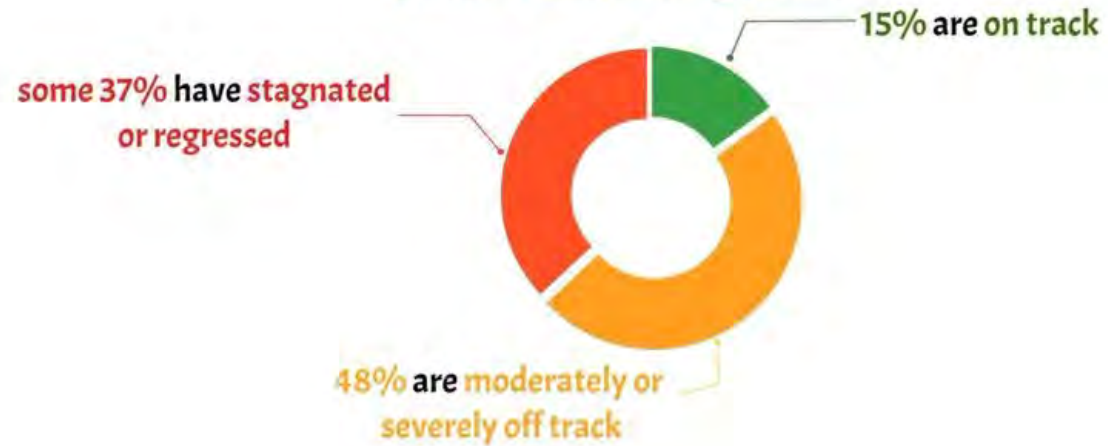
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# Know-do gap: the sad story of global health



## The latest assessment of the SDG targets paints a concerning picture:



# Covid-19: failure to deliver on vaccine equity

## EDITORIAL

### Vax the world

Earlier this month, while the United Nations (UN) Climate Change Conference convened in Glasgow, countries also gathered at the Global Conference on Health and Climate Change to recognize the climate crisis as a global health crisis—a consequence of increased poverty, food and water insecurity, and infectious disease transmission, among other dangers. Unsurprisingly, both crises are worse in lower-income countries. These countries are also experiencing the greatest number of deaths and collateral damage from COVID-19.

Both climate change and pandemics require countries and people to act as global citizens and go beyond nationalism. If countries cannot share resources to end COVID-19 everywhere, it does not bode well for the world's ability to deal with the broad impacts of climate change. However, if nations can show global solidarity and vaccinate the world against COVID-19, it will give everyone much needed optimism to tackle climate change together.

Over 5 million people have died from COVID-19 so far, but the true death toll is probably three-fold higher. As severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) continues to rapidly spread, vaccine inequity is the biggest threat to conquering the pandemic. Whereas 66% of the people in high-income countries are fully

immunized are now being utilized for COVID-19 vaccinations. Data suggest that global routine immunization rates in 2020 dropped to levels last seen in 2005. This could well derail global efforts to eliminate polio and result in a resurgence of measles.

Health services for the continuing threats of tuberculosis (TB), malaria, and HIV have been severely disrupted by the pandemic as well. According to a recent World Health Organization (WHO) TB report, 1.3 million fewer people with TB were treated in 2020 than in 2019. According to the Global Fund, HIV testing declined by 22% in 2020. Progress against malaria has stalled as there was no year-on-year growth in provision of malaria services. People with noncommunicable diseases (NCDs) such as obesity, diabetes, and heart disease are more likely to have poor outcomes after COVID-19 infection. Disruption of health services has also adversely affected the treatment of many common NCDs, including cancer and mental health conditions.

Despite the devastating direct and collateral damage from COVID-19, world leaders have failed to ensure rapid and equitable distribution of diagnostics, vaccines, and therapeutics (e.g., monoclonal antibodies). Even as rich nations are administering booster shots, more than 3.5 billion people are waiting for their first dose. Last month, the G20 Rome Leader's Declaration endorsed the WHO plan to vaccinate

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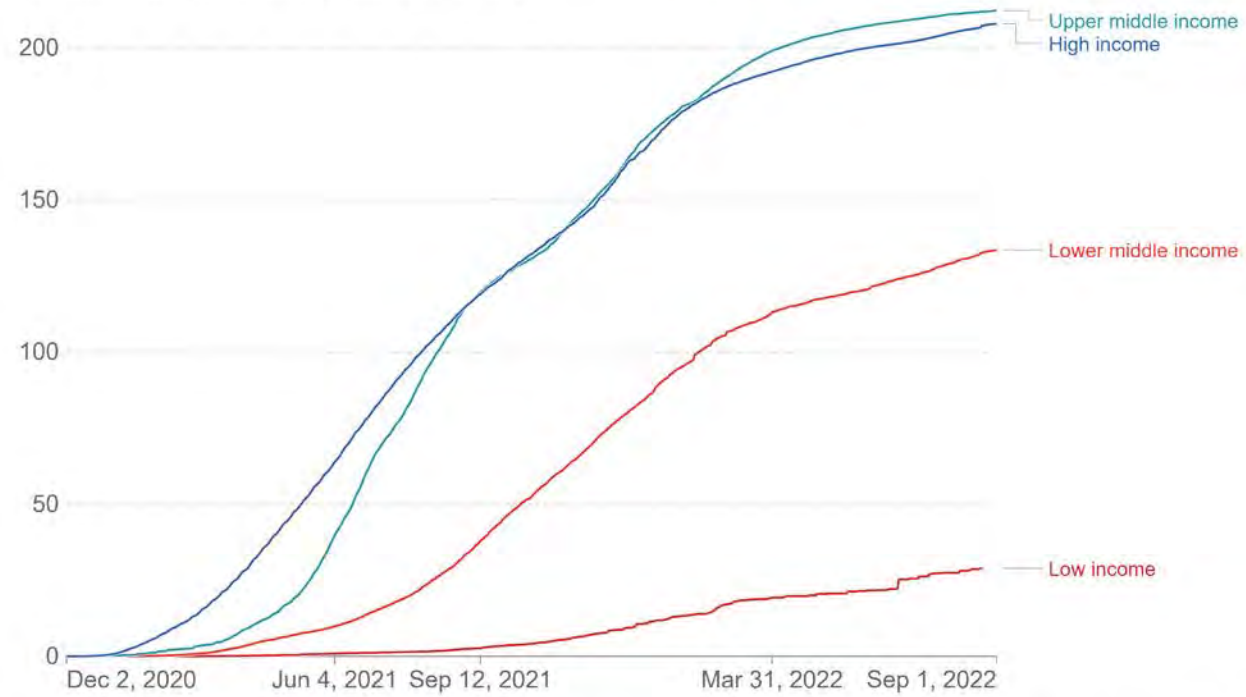
“...ending the pandemic will... prepare us to face the ultimate test—climate crisis.”



Downloaded from https://www.science.org

## COVID-19 vaccine doses administered per 100 people, by income group

All doses, including boosters, are counted individually



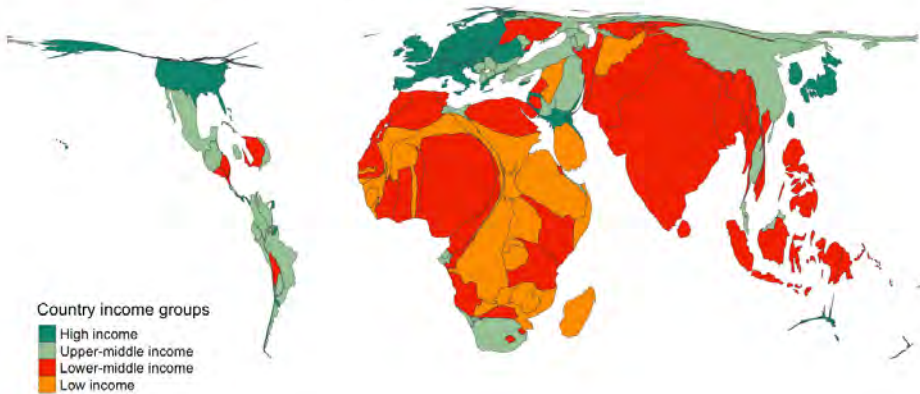
Source: Official data collated by Our World in Data, World Bank  
Note: Country income groups are based on the World Bank classification.

[OurWorldInData.org/covid-vaccinations](https://OurWorldInData.org/covid-vaccinations) • CC BY

# Covid-19, MPOX, Ebola, HIV, TB.... Inequities & failures are everywhere in global health

## Our unvaccinated world

Land mass = number of completely unvaccinated people



NEW: The U.S. holds nearly 80 percent of the global monkeypox vaccine supply. MPX has been reported in 99 countries. Many have no access at all, or are on the verge of running out of doses. Will the U.S. share its shots to stop the global outbreak?

[citizen.org/article/monkey...](https://citizen.org/article/monkey...)



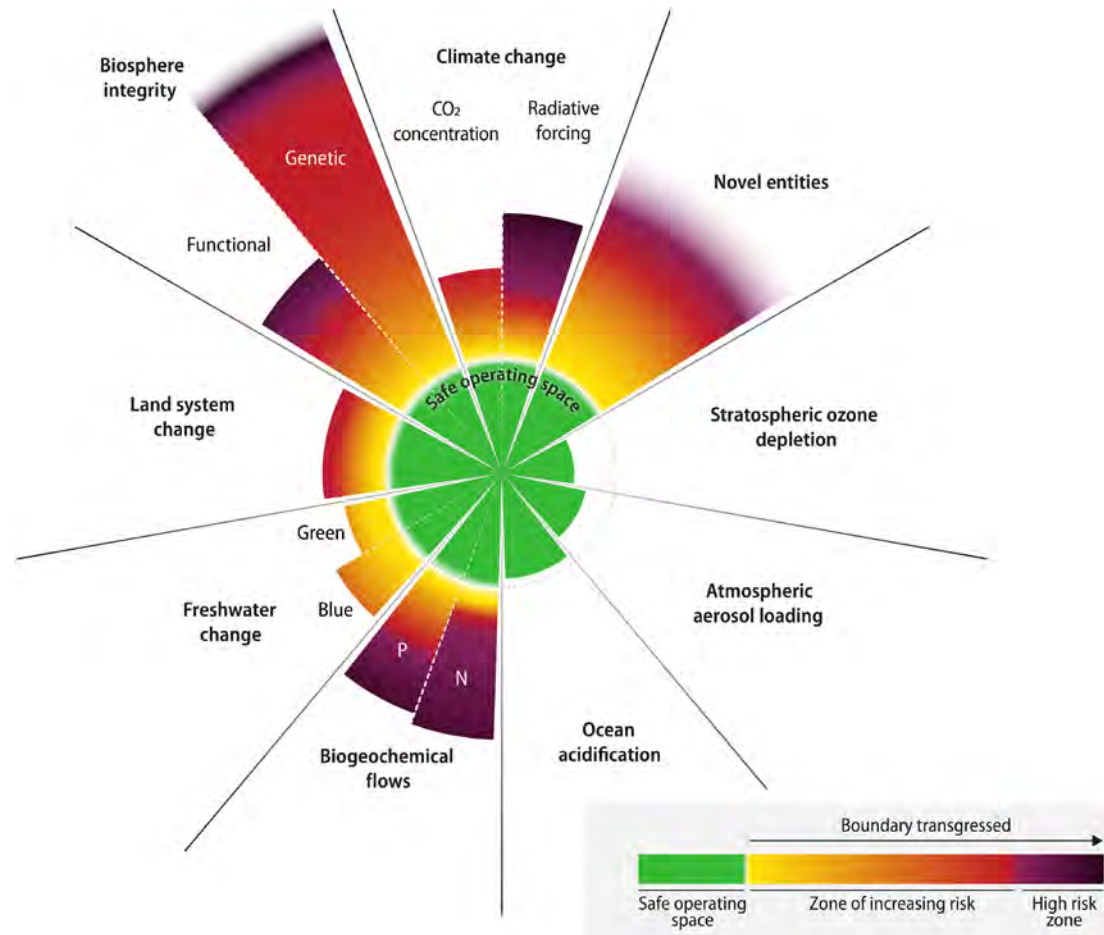
PROPUBLICA



**How a Big Pharma Company Stalled a Potentially Lifesaving Vaccine in Pursuit of Bigger Profits**

by Anna Maria Barry Stein

# We are not acting fast enough on climate crisis



"Earth is now well outside of the safe operating space for humanity"

6 of the 9 planetary boundaries are transgressed

# Oil, gas and coal interests swarm global climate summit in Dubai

More than 2,400 people with ties to the fossil fuel industry are registered to attend COP28, according to a review of U.N. data by an advocacy coalition



By [Timothy Puko](#)

Updated December 5, 2023 at 12:01 a.m. EST | Published December 5, 2023 at 12:00 a.m. EST



AIR
DEPARTING
POINTE FROM 58
PARIS FROM 85
ABIDJA FROM 14

\*View condition

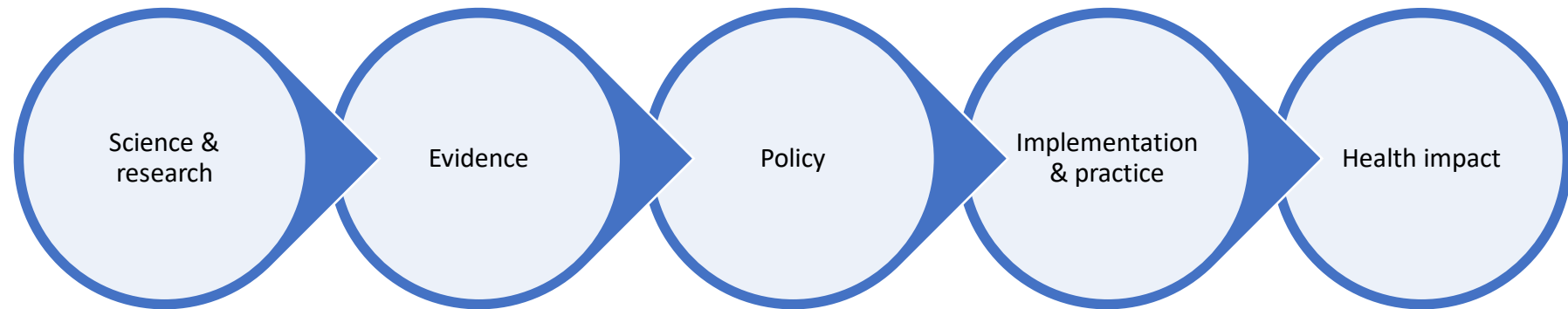
# Cop28 president says there is 'no science' behind demands for phase-out of fossil fuels

**Exclusive: UAE's Sultan Al Jaber says phase-out of coal, oil and gas would take world 'back into caves'**

[Cop28 live - latest updates](#)



# The ideal model of knowledge production & translation



In reality, it is a long, broken, messy path...



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from science to evidence



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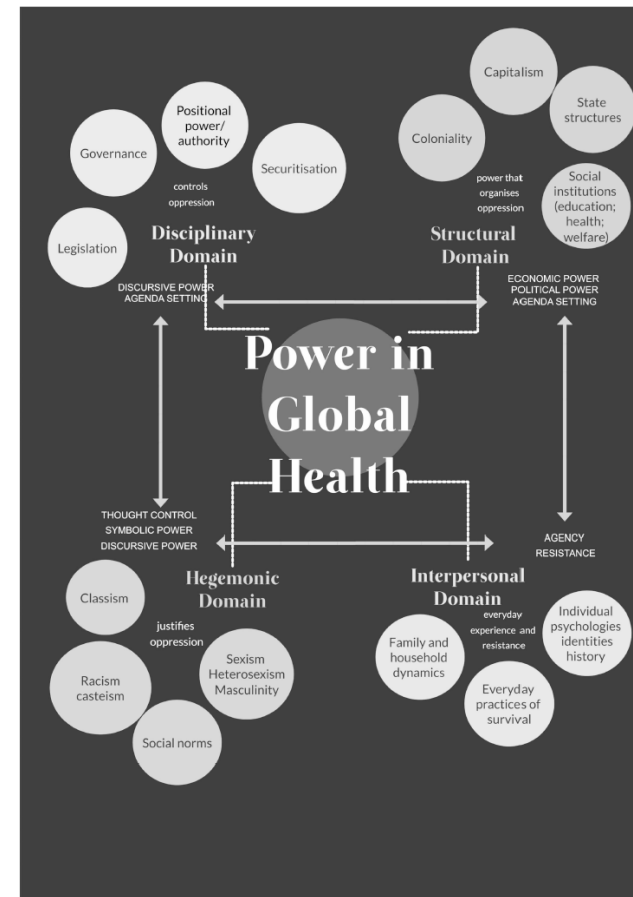
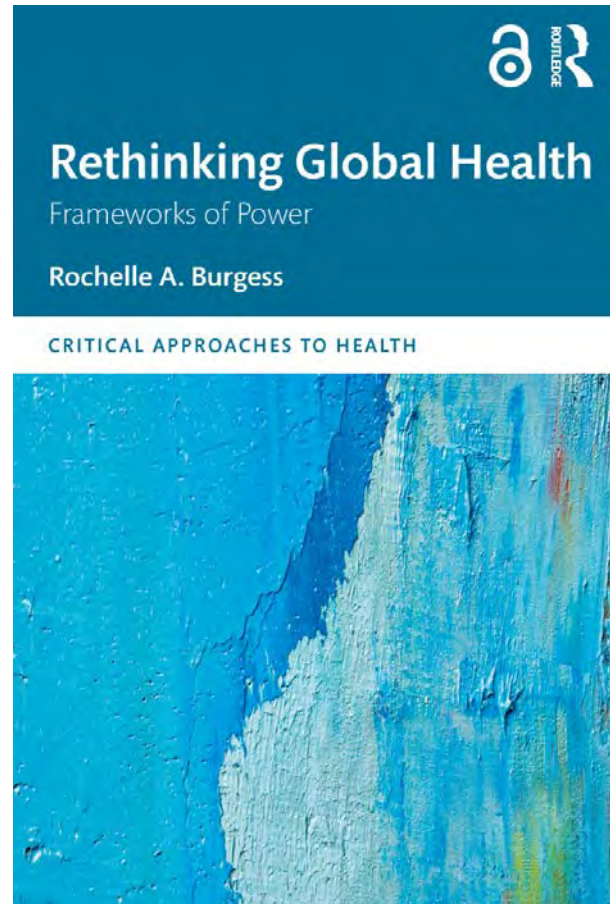
from evidence to policy



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from policy to practice

# Many reasons for the gaps, but power & politics are key



# USA: 1.1+ million Covid deaths

## Why? Politics

### HOW THE PANDEMIC DEFEATED AMERICA

A virus has brought the world's most powerful country to its knees.

By Ed Yong

#### How COVID, Inequality and Politics Make a Vicious Syndemic

Overlapping diseases and social conditions in the U.S. continue to dictate who is hurt most badly by the novel coronavirus

NEWS FEATURE | 04 August 2020

### Two decades of pandemic war games failed to account for Donald Trump

The scenarios foresaw leaky travel bans, a scramble for vaccines and disputes between state and federal leaders, but none could anticipate the current levels of dysfunction in the United States.

#### U.S. life expectancy falls to its lowest level since 1996

Overall life expectancy at birth in years

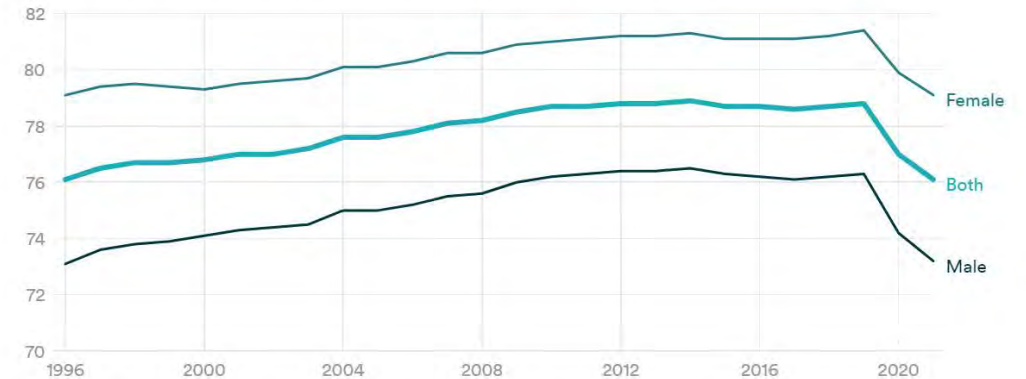


Chart: J. Emory Parker/STAT • Source: National Center for Health Statistics, National Vital Statistics System, Mortality

### Inside the Fall of the CDC

How the world's greatest public health organization was brought to its knees by a virus, the president and the capitulation of its own leaders, causing damage that could last much longer than the coronavirus.

by James Bandler, Patricia Callahan, Sebastian Rotella and Kirsten Berg, Oct. 15, 2020, 1:12 p.m. EDT



# Politics & populism trumped all concerns during Covid

Original Article



BJPIR

## COVID-19 vaccine apartheid and the failure of global cooperation

Stephen Brown<sup>1,2</sup>   
and Morgane Rosier<sup>3</sup> 

### Abstract

The equitable distribution of COVID-19 vaccines is one of the most important tests of global cooperation that the world has faced in recent decades. Collectively, global leaders failed that crucible abysmally, creating a 'vaccine apartheid' that divided the world according to income into countries with widespread access and those without. Why, given that leaders were fully aware of the risks and injustice of vaccine inequity, did governments of wealthy countries hoard doses, impede the expansion of vaccine manufacturing and otherwise prevent equitable access to vaccines? We argue that their decisions to act selfishly are best explained by governments' accountability to domestic constituencies, their lack of leadership and commitment to multilateralism and their adoption of short-term perspectives, as well as their unwillingness to curb the influence of profit-oriented global pharmaceutical companies and, to a certain extent, of an additional private actor, the Bill and Melinda Gates Foundation.

The British Journal of Politics and  
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RESEARCH ARTICLE



## Vaccine politics: Law and inequality in the pandemic response to COVID-19

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### Abstract

International mechanisms failed to achieve equitable distribution of COVID-19 vaccines—prolonging and deepening the pandemic. To understand why, we conduct process tracing of the first year of international policymaking on vaccine equity. We find that, in the absence of a single venue for global negotiation, two competing law and policy paradigms emerged. One focused on demand and voluntary action by states and firms, while the alternative focused on opening knowledge and expanding production through national and international law. While these could have been complementary, power inequalities between key actors kept the second paradigm from gaining traction on the global agenda. The failure of the prevailing policy paradigm to secure equity is explained, not by unforeseen technical and financing challenges as some suggest, but by a fundamental misalignment with the political environment. While norm entrepreneurs encouraged sharing, political incentives pushed governments towards securing and hoarding doses. Firms responded to the latter. Mechanisms like COVAX proved incapable of countering these predictable international and domestic political forces. Earlier funding would not likely have changed the behaviour of states or firms in the absence of legal commitment. Barring significant geopolitical changes, a shift to include open/supply-focused policies will be necessary to achieve equity in future pandemics.

# Africa was left behind, yet again

PLOS GLOBAL PUBLIC HEALTH

OPINION

From vaccine to visa apartheid, how anti-Blackness persists in global health

Catherine Kyobutungi<sup>1\*</sup>, Githinji Gitahi<sup>2</sup>, Marie-Claire Wangari<sup>3</sup>, Patterson Siema<sup>1</sup>, Evelyn Gitau<sup>1</sup>, Florence Sipalla<sup>1</sup>, Madhukar Pai<sup>4</sup>, Samuel Oji Oti<sup>5</sup>

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“The Covid-19 pandemic offers a stunning recent example of anti-Blackness. No continent is less vaccinated and boosted than the African continent... This pattern of discrimination is not new. More than 30 years ago, when anti-retrovirals (ARV) became available, they were considered too expensive to roll-out in the African region”

# Elected autocrats, their pandemic responses

In the U.S., India and Brazil, messianic populism, polarisation and insularity have made the pandemic that much worse



PATRICK HELLER

A year and counting into the greatest health crisis the world has faced in over a century we can identify one overwhelming factor that separates the countries that have done relatively well from those that have been complete disasters: elected autocrats. By any measure the most dismal performers in the democratic world have been the United States, Brazil and India. Despite its vast wealth and resources and its low population density, the U.S. has one of the highest per capita death tolls in the world. Brazil has taken denialism to new levels and the novel coronavirus pandemic has been allowed to range so fiercely that the country has become a petri dish for new mutations. India's first wave numbers were relatively mild (even accounting for underreporting) but the current wave is probably the worst and deadliest the world has seen.

## The reactions

In all three cases it did not have to be this bad. Former U.S. President Donald Trump took the pandemic as a personal affront, initially refused to come to terms with the threat and wilfully downplayed the gravity of the pandemic. When Washington finally decided to take action, the response was crippled by policy incoherence, partisan attacks on Democratic Governors and open hostility to the scientific community.

Mr. Trump even provided a definition of his autocratic writ declaring in April 2020 that "when so-

mebody's the President of the United States, the authority is total, and that's the way it has got to be."

Brazil's right-wing populist President, Jair Bolsonaro, who came to office on a platform of being tough on crime and the politically correct, has been called the tropical Trump. He dismissed the pandemic as a "little cold", boasted that real men had nothing to worry about, attacked public health officials as promoting a hoax and fired health ministers who defied him. Measures to combat the pandemic that have been taken in Brazil have come from governors and mayors and have been met with fierce opposition and public mockery from Mr. Bolsonaro.

Narendra Modi was never an outright COVID denier, and his government did take decisive measures, imposing a nation-wide lockdown in March 2020. But having failed to consult with experts or any of the Chief Ministers that govern India's federal States, the welfare consequences of the lockdown were severe as tens of millions of urban migrants were forced into a mass exodus back to their villages. The pandemic subsided for some time, but even as experts warned of a second wave driven by new variants, the government celebrated its national triumph over the virus, dragged its feet on vaccinations and forged ahead with large-scale election campaign events and religious festivals even as the second wave surged. But of all the policy failures that have led to calls for the government to resign, none is more egregious or more revealing of Mr. Modi's indifference than the Government's decision to stay within its Budget allocations and charge States for vaccines. At the current rate, it will take the world's largest producer of vac-



GETTY IMAGES/ISTOCKPHOTO

cines more than a year to vaccinate its population.

As elected autocrats, Mr. Trump, Mr. Bolsonaro and Mr. Modi have three things in common.

First, they came to power as classic right-wing populists who branded themselves as incarnations of the people and peddled their personal virtues of strength and fortitude as substitutes for deliberation and policy making. Rulers powered by messianic faith have little patience for experts and science. All three have surrounded themselves with yes-men and ruled from the gut, peddling triumphalism (all three prematurely declared the pandemic vanquished), quack remedies (injecting disinfectants, the waters of the Ganga) and sheer macho bombast, as when Mr. Trump and Mr. Bolsonaro took a lap for surviving infection even as they received the best care in the world.

## The line of nationalism

Second, autocrats feed on polarisation. All three have championed a virtuously nationalism – rooted alternatively in evangelism in Brazil and the U.S., or Hindutva in India – animated and weaponised by the demoralisation of the other. Ethnically nationalism works by demoting the "other" – Muslims, Blacks, immigrants, gays, secularists and all those who subscribe to ideals of civic nationalism – to

the status of the undeserving and the morally deficient. Membership in the community of the nation is essentialised. Mr. Trump demonised immigrants, channelled white supremacy and stoked fears of Blacks invading suburbs. Mr. Bolsonaro routinely smears his opponents as *banditos* or communists and has a long track record of making homophobic and misogynistic remarks. Mr. Modi has a long record of debasing India's 200 million Muslims, and when re-elected in 2019, doubled down on his party's platform of making India a Hindutva project, first by turning Kashmir (India's only Muslim majority State) into a militarised colony of the central government and then pursuing laws that are perceived by Muslims as according them second class citizenship status. In diverse societies, ethno-nationalism can only fuel social polarisation, and a polarised society is a society that cannot mobilise the trust and solidarity that responding to a pandemic calls for.

The pandemic itself was shamelessly used to inflame identities, with Mr. Trump denouncing the 'Kung Flu', Mr. Modi's minions raising the spectre of 'corona jihad', and Mr. Bolsonaro hurling homophobic slurs at mask wearers. More than anything else, this explains why the most common sensical public health measures – wearing masks, restricting social interaction, testing and getting vaccinated – all became so politicised in the U.S., India and Brazil.

Third, once in power, the autocrats quickly personalised, centralised and insulated their power. All three have attacked the Constitution (literally in Mr. Trump's case), demanded fealty from independent institutions, over-ridden the authority of expert institutions, tampered with data, assaulted the independence of the me-

dia, and elevated loyalty to the leader as the highest principle of service. This autocratisation explains the dismal failures of governance. The core tasks of a government in times of a pandemic – coordination across levels of government, clear and consistent communication of basic policies and health measures, support for frontline workers and maybe, most importantly, rallying all citizens to stand together – have all been subverted by the autocrats' will to power.

## A pushback

In the U.S., India and Brazil, this toxic combination of messianic populism, social polarisation, insularity and centralisation has made the pandemic that much worse and poisoned the waters of democracy. But democracies are not just about their leaders. Throughout the crisis, health-care workers and civil society organisations have stepped up where their leaders have failed, and democratic institutions have pushed back. Mr. Trump has been exposed by the media and shown the exit by the voters. The Brazilian Senate has launched a very public investigation into Mr. Bolsonaro's handling of the pandemic and his poll numbers have plummeted. Mr. Modi has just been repudiated in State-level elections and the Indian Supreme Court has called out the incoherence of the government's vaccine policy. But to take comfort in the hope that democracies will demand accountability, we must first remember, as the pandemic continues to ravage India and Brazil, that it is not only the virus, but also the hubris of autocrats, that kills.

Patrick Heller is Professor of Sociology and International Affairs, Brown University, U.S.

- Right-wing populists
- Feed on polarization & othering
- Science & pandemic denial
- Sidelining of experts
- Data suppression
- Promotion of quackery
- Will do anything to retain power

GOATS AND SODA

## Brazil's Main COVID Strategy Is A Cocktail Of Unproven Drugs

JUNE 15, 2021 · 11:40 AM ET

By Kiratiana Freelon, Shanna Hanbury

FROM **UNDARK**



Brazilian President Jair Bolsonaro holds up a box of chloroquine, an antimalarial medicine that his administration endorsed as part of an "early treatment" strategy for COVID-19. There is no evidence the drug can prevent the coronavirus or reduce the severity of symptoms.

Andressa Anholeta/Getty Images

## *Brazilian Leader Accused of Crimes Against Humanity in Pandemic Response*

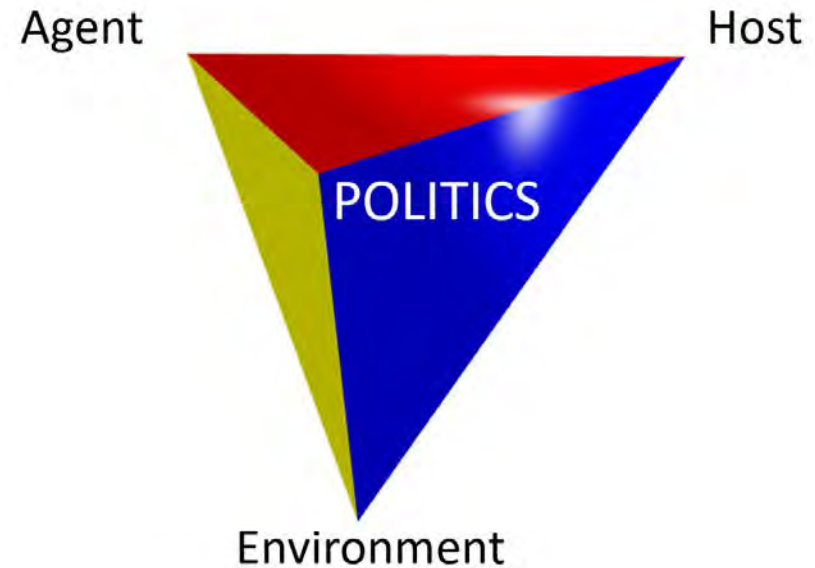
A report from lawmakers initially said Jair Bolsonaro should be charged with mass homicide and genocide, accusing him of letting Covid-19 spread in a failed bid for herd immunity.

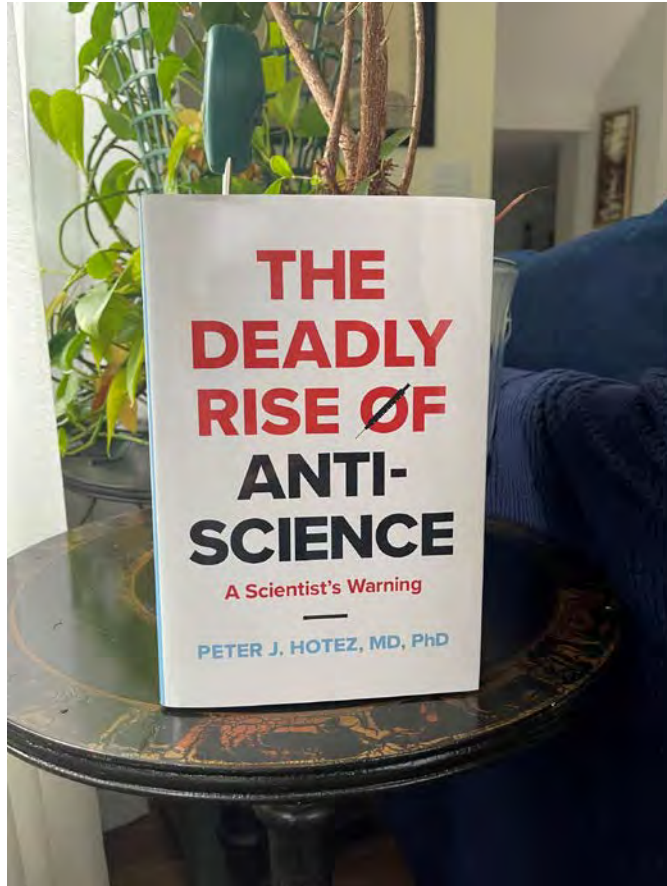
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# Politicians cannot think beyond

- the next elections
- their voting base
- short-term gains
- populism
- staying in power
- those who fund them (e.g. fossil fuel or gun or pharma lobby)





“Misinformation makes it sound like it’s random junk that appears out of nowhere on the Internet. It’s not: it’s an organized, well-financed, politically motivated campaign that’s meant to tear down the fabric of science. And we have to frame it as ‘anti-science aggression’”

**Peter Hotez**

“Globally, anti-science is a key part of the far-right, autocratic, populist playbook. Hotez’s terrifying but profoundly important book shows how deep the anti-science rabbit hole goes, who is thriving on chaos, and why anti-science is surging everywhere. The book is an eye-opening exposé of the catastrophic consequences of anti-science.”

**MADHUKAR PAI, MD, PHD**, Professor of Epidemiology  
and Global Health, McGill University



## COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades

**WHO and UNICEF sound the alarm as new data shows global vaccination coverage continued to decline in 2021, with 25 million infants missing out on lifesaving vaccines**

15 July 2022 | Joint News Release | Geneva/New York | Reading time: 6 min (1581 words)

The largest sustained decline in childhood vaccinations in approximately 30 years has been recorded in official data published today by WHO and UNICEF.

The percentage of children who received three doses of the vaccine against diphtheria, tetanus and pertussis (DTP3) – a marker for immunization coverage within and across countries – fell 5 percentage points between 2019 and 2021 to 81 per cent.

As a result, 25 million children missed out on one or more doses of DTP through routine immunization services in 2021 alone. This is 2 million more than those who missed out in 2020 and 6 million more than in 2019, highlighting the growing number of children at risk from devastating but preventable diseases. The decline was due to many factors including an increased number of children living in conflict and fragile settings where immunization access is often challenging, increased misinformation and COVID-19 related issues such as service and supply chain disruptions, resource diversion to response efforts, and containment measures that limited immunization service access and availability.

Not just Covid,  
every aspect  
of health is  
political

## Tedros Ghebreyesus: Health is a political choice

July 12, 2019

*Today's challenges lie in non-communicable diseases—a development that calls for political commitment at the highest level*



[The World Health Organization](#) was founded in 1948 with a simple but bold vision: the highest attainable standard of health for all people.

Importantly, the writers of [WHO's constitution](#) affirmed that health is not merely a luxury to which states should aspire, but “one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

For more than 70 years, WHO, its member states, and partners have worked towards that goal. There are considerable achievements to be proud of: global life expectancy has increased by 25 years; maternal and childhood mortality has plummeted; smallpox has been eradicated and polio is on the brink; we have turned the tide on the HIV/AIDS epidemic; deaths from malaria have dropped dramatically; and new vaccines have made once feared diseases easily preventable.

While they cannot solve all problems, comms, advocacy and diplomacy can help bridge some know-do gaps



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from evidence to policy



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from policy to practice

3 topics we cover in this course



# Why communication matters

## Why You Should Not Use Ivermectin to Treat or Prevent COVID-19

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# What is health communication?

Health communication is the **science and art** of using communication to advance the **health and well-being of people and populations.**



- Who do we communicate to?
  - Other scientists
  - Public
  - Media
  - Policy makers

CORONAVIRUS

# How the CDC's communication failures during Covid tarnished the agency

Frustrations still run high at the CDC, but staffers remain hopeful that the agency will regain its credibility with the public.



## CDC is criticized for failing to communicate, promises to do better

JANUARY 7, 2022 · 8:00 PM ET

HEARD ON ALL THINGS CONSIDERED

 Selena Simmons-Duffin

 5-Minute Listen [+ PLAYLIST](#)   



# Why the WHO took two years to say COVID is airborne

Early in the pandemic, the World Health Organization stated that SARS-CoV-2 was not transmitted through the air. That mistake and the prolonged process of correcting it sowed confusion and raises questions about what will happen in the next pandemic.

By [Dyani Lewis](#)



# Our Early Confusion About Airborne COVID-19 Transmission Still Haunts Us



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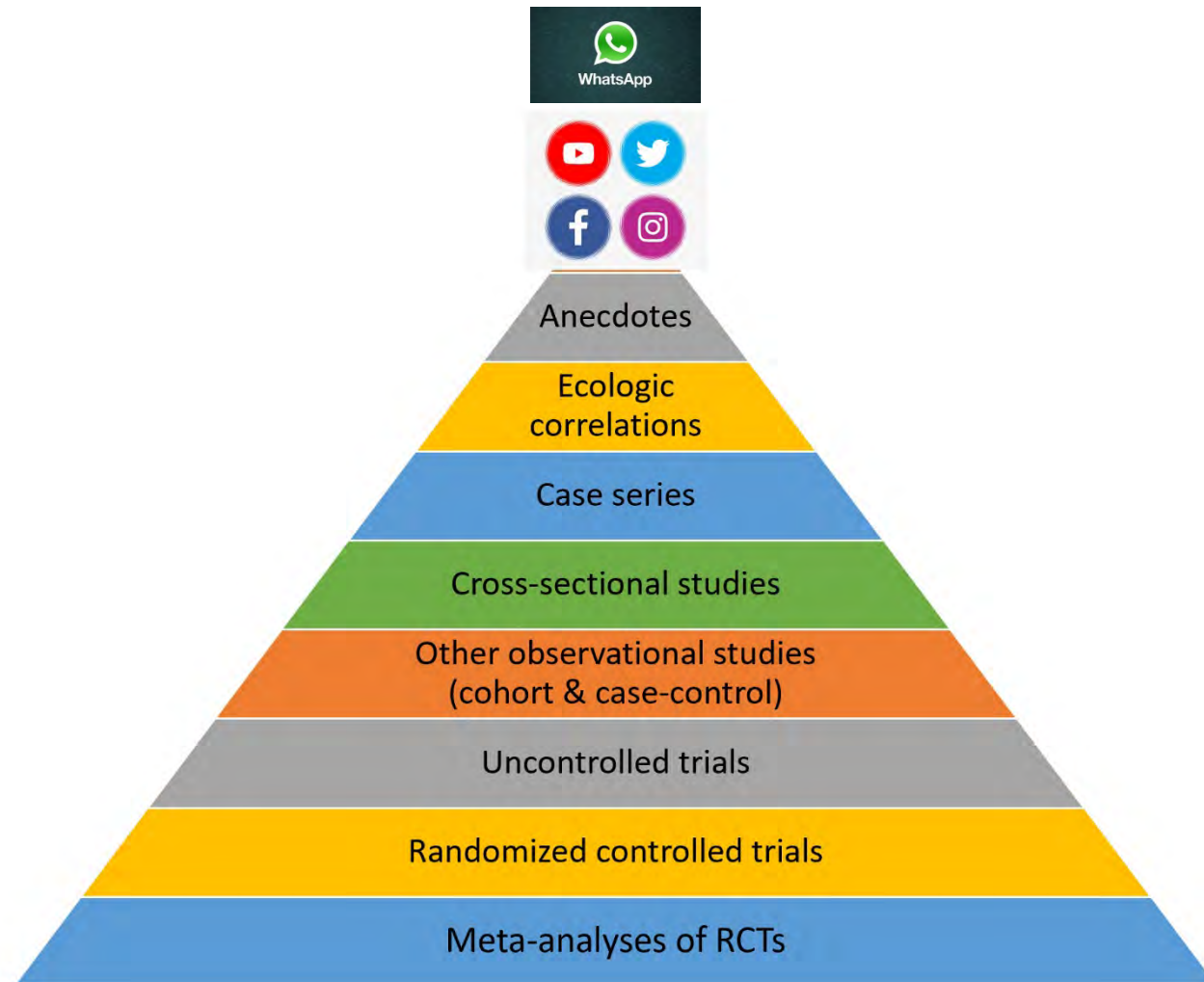


#### U.S.

New York City Could Get Its First Significant Snowfall in Nearly Two Years This...



During Covid, people were trusting Whatsapp more than WHO!



## INDIA'S EPIDEMIC OF FALSE COVID-19 INFORMATION

*As patients and families frantically seek treatment, elected officials—and some physicians—have fuelled denialism and specious talk of miracle cures.*

By Rahul Bhatia  
May 10, 2021

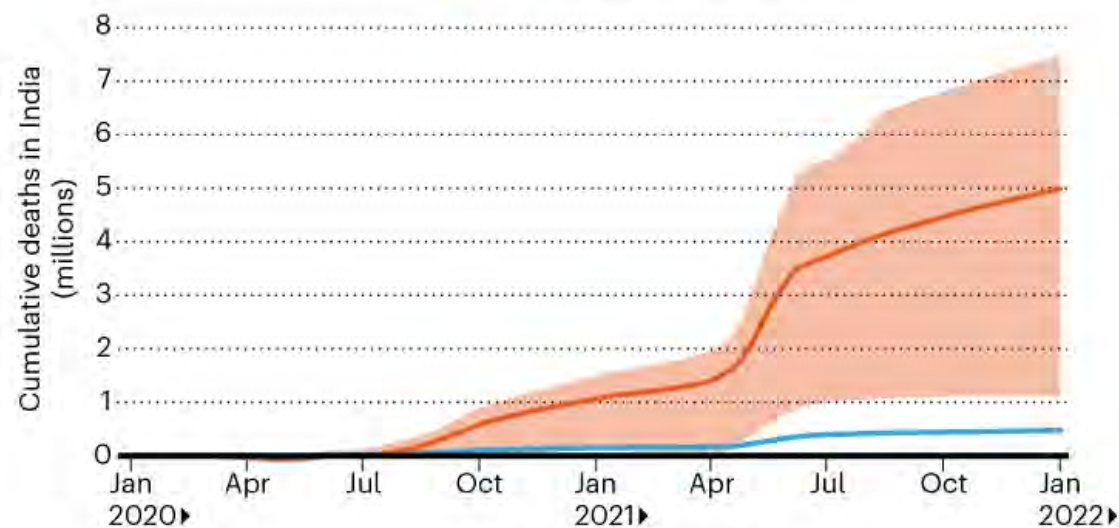


*The coronavirus's second wave in India has been accompanied by packed hospital wards, oxygen shortages, and viral videos of purported cures.* Photograph by Parveen Kumar / Hindustan Times / Getty

## MILLIONS OF MISSING DEATHS

India has reported fewer than 500,000 COVID-19 deaths — but both *The Economist's* model and household surveys suggest that real pandemic toll is in the millions.

— Confirmed COVID-19 deaths — *The Economist* excess-deaths estimate  
95% confidence interval



©nature

The Institute for Health Metrics and Evaluation's model not shown, for clarity: it gives similar, overlapping, results.



# Tips for Managing COVID-19 (Coronavirus) at Home for Adults

[Version 5, April 25, 2021]



## If you have COVID-19 symptoms

CONSULT WITH A DOCTOR & GET TESTED

\*Symptoms: fever, sore throat, cough, breathing difficulty, headache, body aches, loss of smell or taste



Check oxygen level (with pulse oximeter) 3-4 times/day



Wear a mask and have your family wear a mask to protect everyone



Open windows for ventilation



Stay (Isolate) at home and rest



Stay hydrated



Fever medicines (Paracetamol, Acetaminophen)

## If oxygen level is 92% or more



Fever medicines (Paracetamol, Acetaminophen)



Stay hydrated



Lie on your stomach as tolerated, to improve lung oxygenation



Inhaled budesonide (steroid) - two puffs, twice daily (1600 mcg/day in total), until symptoms improve\*

## If oxygen level is less than 92%

CONSULT WITH A DOCTOR & **SEEK HOSPITAL CARE**

The following are proven treatments recommended under medical supervision



Lie on your stomach



Use oxygen



Monitor oxygen level 4-6 times/day



Dexamethasone\* (steroid) 6mg orally or IV, once daily, for 5-10 days

\*If Dexamethasone unavailable, one of these:

- Hydrocortisone 50 mg orally or IV, three times daily, for 5-10 days
- Methylprednisolone 32 mg orally or IV, once daily, for 5-10 days
- Prednisolone 40 mg orally, once daily, for 5-10 days
- Prednisone 40 mg orally, once daily, for 5-10 days

**Steroid can be stopped at 5 days if oxygen is no longer needed**

**Credits:** Dr. Zain Chagla, Dr. Krutika Kuppalli, Dr. Madhukar Pai, Dr. Priya Sampathkumar, Dr. Nitika Pant Pai, Dr. Celine Gounder, Dr. Kartik Cherabuddi, Dr. Lancelot Pinto, Dr. Joel Clinton, Dr. CS Pramesh  
Contact: [krutika1113@gmail.com](mailto:krutika1113@gmail.com)

**Disclaimer:** This tip sheet is intended to be educational in nature and is not a substitute for clinical decision making by professionals

<https://www.indiacovidsos.org>

<b>Remdesivir</b>	May shorten duration of symptoms <b>but does not decrease the risk of death from COVID-19</b> . Should only be given with physician supervision, early in patients with low blood oxygen level.
<b>Tocilizumab</b>	Should <b>only</b> be given with physician supervision in severely ill patients (rapidly increasing oxygen requirements) admitted to the hospital on steroids.
<b>Treatments that are NOT routinely advised*</b>	Ivermectin, Hydroxychloroquine, Convalescent Plasma, Vitamin C & D, Zinc, Baricitinib, Itolizumab, Bevacizumab, Lopinavir-Ritonavir, Favipiravir, Fluvoxamine, Interferon alpha-2b, Azithromycin, Doxycycline or other antibiotics

\* [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(21\)00160-0/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00160-0/fulltext)

\* <https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2021.1> and <https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-1>

# විවිධ ජාතික කොවිඩ් 19 වැඩිදියුණු වීමට උපදෙස් :

බවට කොවිඩ් 19 රෝග ලක්ෂණ ඇතිවීම වනාහි වෛද්‍යවරයකු හමුවී පරීක්ෂණ වලට යොමුවන්න.

**මක්සිම මට්ටම (Pulse oximeter) ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.**

ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.

ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.

**මක්සිම මට්ටම (Pulse oximeter) ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.**

ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.

ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.

**මක්සිම මට්ටම (Pulse oximeter) ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.**

ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.

ඔබගේ අතේ ඇඳීමට 3-4 වැරක් පරීක්ෂා කරන්න.

<b>Remdesivir</b>	කර්මය ලක්ෂණ වලට කෙරුණු කොවිඩ් 19 රෝගීන්ගේ ජීවිතයට හානි සිදුවීම අවම කිරීමට උපයෝජනය කිරීමට භාවිත කරනු ලබන ඖෂධයකි.
<b>Tocilizumab</b>	කොවිඩ් 19 රෝගීන්ගේ ජීවිතයට හානි සිදුවීම අවම කිරීමට භාවිත කරනු ලබන ඖෂධයකි.
<b>නිවැරදි ලබා ගැනීමේදී භාවිත කළ යුතුය</b>	Ivermectin, Hydroxychloroquine, Convalescent Plasma, විටමින් C & D, Zinc, Baricitinib, Iloprost, Bevacizumab, Lopinavir-Ritonavir, Favipiravir, Fluvoxamine, Interferon alpha-2b, Azithromycin, Doxycycline යන ඖෂධ භාවිත කළ යුතුය.

\* <https://www.thelancet.com/journal/2020/10163/article/S0140673620312036>  
 \* <https://www.who.int/publications/item/WHO-2019-nCoV-19-2021-01>

# වයස්කෝට් කේ ලිඛිත උපාය (කොරොනාවයරස්) කේ ප්‍රබන්ධ කේ උපාය

ඔබට ඔබගේ COVID-19 කේ ලක්ෂණ තිබේ නම් ඔබගේ වෛද්‍යවරයා සමඟ ඔබගේ උපාය සාකච්ඡා කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

දින 3-4 වාර ඔබගේ වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

<b>රෝගීන්ගේ</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.
<b>ටොසිලිසුමාබ්</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.
<b>නිවැරදි ලබා ගැනීමේදී භාවිත කළ යුතුය</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

\* <https://www.thelancet.com/journal/2020/10163/article/S0140673620312036>  
 \* <https://www.who.int/publications/item/WHO-2019-nCoV-19-2021-01>

# COVID-19 ජීවිතයට හානි සිදුවීමට උපදෙස් (කොරොනාවයරස්) වැඩිදියුණු වීමට උපදෙස්

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

<b>Remdesivir</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.
<b>Tocilizumab</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.
<b>නිවැරදි ලබා ගැනීමේදී භාවිත කළ යුතුය</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

\* <https://www.thelancet.com/journal/2020/10163/article/S0140673620312036>  
 \* <https://www.who.int/publications/item/WHO-2019-nCoV-19-2021-01>

# වයස්කෝට් කේ ලිඛිත උපාය (කොරොනාවයරස්) වැඩිදියුණු වීමට උපදෙස්

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

**වයස්කෝට් කේ ලිඛිත උපාය**

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

<b>රෝගීන්ගේ</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.
<b>ටොසිලිසුමාබ්</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.
<b>නිවැරදි ලබා ගැනීමේදී භාවිත කළ යුතුය</b>	වයස්කෝට් කේ ලිඛිත උපාය කරන්න.

\* <https://www.thelancet.com/journal/2020/10163/article/S0140673620312036>  
 \* <https://www.who.int/publications/item/WHO-2019-nCoV-19-2021-01>

# Low quality studies got media attention

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## Correlation between universal BCG vaccination policy and reduced morbidity and mortality for COVID-19: an epidemiological study

Aaron Miller, Mac Josh Reandelar, Kimberly Fasciglione, Violeta Roumenova, Yan Li, Gonzalo H Otazu

doi: <https://doi.org/10.1101/2020.03.24.20042937>

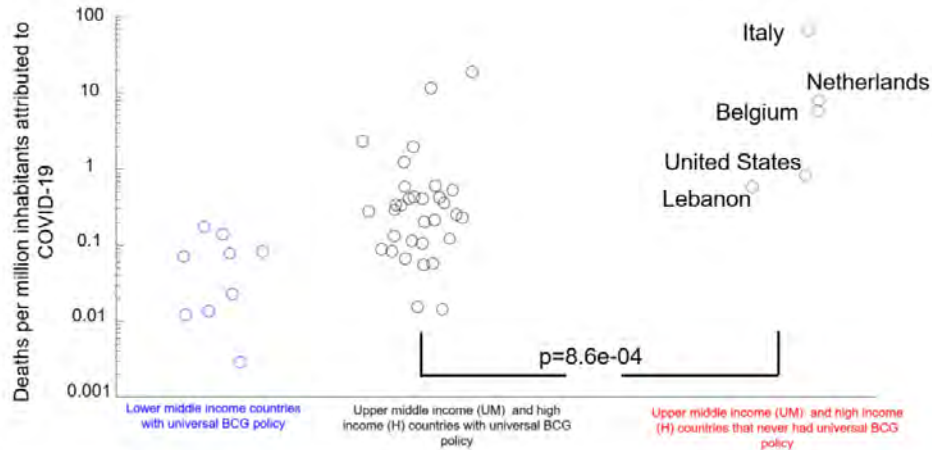


Figure 1: Higher death rates were presented in countries that never implemented a universal BCG vaccination policy.

Neuroscientist Gonzalo Otazu, Ph.D., leverages his electrical engineering expertise to study the computational problems solved by the animal's brain in order for the animal to survive in its natural environment. This includes how the brain identifies and processes new odors and how this process is affected in neurodevelopmental disorders like autism spectrum disorder (ASD).

## Tuberculosis vaccine 'potential game-changer' in Covid-19 fight

Countries with high BCG vaccination rates have fewer coronavirus deaths, study shows

## Coronavirus: Is TB vaccines a silver bullet in fight against COVID-19

# BCG Against Coronavirus: Less Hype And More Evidence, Please



**Madhukar Pai** Contributor   
Healthcare

*I write about global health, infectious diseases, and equity*



Close up of reaction of Bacillus Calmette Guerin or BCG vaccination infants. GETTY

<https://www.forbes.com/sites/madhukarpai/2020/04/12/bcg-against-coronavirus-less-hype-and-more-evidence-please/?sh=1ee9eed6b4f>

# A Skeptic's Guide To Ecologic Studies During A Pandemic



**Madhukar Pai** Contributor   
Healthcare



*I write about global health, infectious diseases, and equity*



24 January 2020, Bavaria, Munich: A face mask and protective goggles are displayed in front of a map ... [+] DPA/PICTURE ALLIANCE VIA GETTY IMAGES

<https://www.forbes.com/sites/madhukarpai/2020/04/22/a-skeptics-guide-to-ecologic-studies-during-a-pandemic/?sh=25aa8a868941>

## Bacillus Calmette-Guérin vaccine for prevention of COVID-19 and other respiratory tract infections in older adults with comorbidities: a randomized controlled trial

Eva L. Koekenbier   • Konstantin Fohse • Josephine S. van de Maat • Jan Jelrik Oosterheert • Cees van Nieuwkoop • Jacobien J. Hoogerwerf • Martin P. Grobusch • Maurice A.A.J. van den Bosch • Janneke H.H. van de Wijgert • Mihai G. Netea • Frits R. Rosendaal • Marc J.M. Bonten • C.H. (Henri) van Werkhoven • on behalf of the BCG-PRIME study group <sup>†</sup> • [Show less](#) • [Show footnotes](#)

## Report

## BCG vaccination provides protection against IAV but not SARS-CoV-2

Eva Kaufmann,<sup>1,10</sup> Nargis Khan,<sup>1,10</sup> Kim A. Tran,<sup>1</sup> Antigona Uldreaj,<sup>2</sup> Erwan Pernet,<sup>1</sup> Ghislaine Fontes,<sup>1</sup> Andréanne Lupien,<sup>1</sup> Patrice Desmeules,<sup>3</sup> Fiona McIntosh,<sup>1</sup> Amina Abow,<sup>2</sup> Simone J.C.F.M. Moorlag,<sup>4</sup> Priya Debisarun,<sup>4</sup> Karen Mossman,<sup>5</sup> Arinjay Banerjee,<sup>5,7</sup> Danielle Karo-Atar,<sup>1</sup> Mina Sadeghi,<sup>1</sup> Samira Mubareka,<sup>6</sup> Donald C. Vinh,<sup>1</sup> Irah L. King,<sup>1</sup> Clinton S. Robbins,<sup>2</sup> Marcel A. Behr,<sup>1</sup> Mihai G. Netea,<sup>4,9</sup> Philippe Joubert,<sup>3,\*</sup> and Maziar Divangahi<sup>1,11,\*</sup>

<sup>1</sup>Department of Medicine, Department of Pathology, Department of Microbiology & Immunology, McGill University Health Centre, McGill International TB Centre, Meakins-Christie Laboratories, McGill University, Montreal, QC H4A 3J1, Canada

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<sup>4</sup>Department of Internal Medicine and Radboud Centre of Infectious Diseases (RCI), Radboud University Medical Centre, 6525 GA Nijmegen, Netherlands

<sup>5</sup>Department of Medicine, Michael G. DeGroot Institute for Infectious Disease Research, McMaster Immunology Research Centre, McMaster University, Hamilton, ON L8N 3Z5, Canada

<sup>6</sup>Vaccine and Infectious Disease Organization, Department of Veterinary Microbiology, University of Saskatchewan, Saskatoon, SK 7N 5B4, Canada

<sup>7</sup>Department of Biology, University of Waterloo, Waterloo, ON N2L 3G1, Canada


<sup>8</sup>Sunnybrook Research Institute, Toronto, ON M4N 3M5, Canada

<sup>9</sup>Department for Genomics & Immunoregulation, Life and Medical Sciences Institute (LIMES), University of Bonn, 53115 Bonn, Germany

## Randomized Trial of BCG Vaccine to Protect against Covid-19 in Health Care Workers

Laure F. Pittet, Ph.D., Nicole L. Messina, Ph.D., Francesca Orsini, M.Sc., Cecilia L. Moore, Ph.D., Veronica Abruzzo, M.Clin.Epi., Simone Barry, Ph.D., Rhian Bonnici, B.Sc., Marc Bonten, Ph.D., John Campbell, M.D., Julio Croda, Ph.D., Margareth Dalcolmo, Ph.D., Kaya Gardiner, M.P.H., Grace Gell, B.Sc., Susie Germano, B.Sc., Adriano Gomes-Silva, Ph.D., Casey Goodall, B.Eng., Amanda Gwee, Ph.D., Tenaya Jamieson, M.Sc., Bruno Jardim, M.Sc., Tobias R. Kollmann, Ph.D., Marcus V.G. Lacerda, Ph.D., Katherine J. Lee, Ph.D., Michaela Lucas, M.D., David J. Lynn, Ph.D., Laurens Manning, Ph.D., Helen S. Marshall, M.D., Ellie McDonald, Ph.D., Craig F. Munns, Ph.D., Suellen Nicholson, B.Sc., Abby O'Connell, Ph.D., Roberto D. de Oliveira, Ph.D., Susan Perlen, Ph.D., Kirsten P. Perrett, Ph.D., Cristina Prat-Aymerich, Ph.D., Peter C. Richmond, M.B., B.S., Jesus Rodriguez-Baño, Ph.D., Glauce dos Santos, M.Sc., Patricia V. da Silva, Ph.D., Jia Wei Teo, B.Sc., Paola Villanueva, B.Med.Sc., Adilia Warris, Ph.D., Nicholas J. Wood, Ph.D., Andrew Davidson, M.D., and Nigel Curtis, Ph.D. for the BRACE Trial Consortium Group\*

## Safety and efficacy of BCG re-vaccination in relation to COVID-19 morbidity in healthcare workers: A double-blind, randomised, controlled, phase 3 trial

Caryn M. Upton   • Rob C. van Wijk • Laurynas Mockeliunas • Ulrika S.H. Simonsson • Kirsten McHarry • Gerben van den Hoogen • Chantal Muller • Arne von Delft • Helene-Mari van der Westhuizen • Reinout van Crevel • Gerhard Walzl • Pedro M. Baptista • Jonathan Peter <sup>1</sup> • Andreas H. Diacon <sup>1</sup> • The BCG CORONA Consortium • [Show less](#) • [Show footnotes](#)

Oct 30, 2020, 02:39pm EDT

# Pandemic Experts Need A Dose Of Humility And Self-Awareness



**Madhukar Pai** Contributor   
Healthcare

*I write about global health, infectious diseases, and equity*



“Epistemic trespassing” is used to label situations where someone with competence or expertise in ...

[+] GETTY

“Epistemic trespassers are thinkers who have competence or expertise to make good judgments in one field, but move to another field where they lack competence—and pass judgment, nevertheless.”

Nathan Ballantyne

## Epidemiology for Health Journalists

Webinar series for health journalists




### Description

Webinar series on epidemiology for health journalists presented by Dr. Madhukar Pai

- Session 1 – Epidemiology: the big picture [Slides] [Video]
- Session 2 – Causality & causal inference [Slides] [Video]
- Session 3 – Epidemiologic study designs [Slides] [Video]
- Session 4 – Measuring disease occurrence and association [Slides] [Video]
- Session 5 – Bias in epidemiological studies: the big picture [Slides] [Video]
- Session 6 – Selection bias in epidemiological studies [Slides] [Video]
- Session 7 – Information bias in epidemiological studies [Slides] [Video]
- Session 8 – Confounding in epidemiological studies [Slides] [Video]
- Session 9 – Randomized controlled trials [Slides] [Video]
- Session 10 – Cohort studies [Slides] [Video]
- Session 11 – Case-control studies [Slides] [Video]
- Session 12 – Cross sectional studies [Slides] [Video]
- Session 13 – Ecologic studies [Slides] [Video]
- Session 14 – Diagnostic studies [Slides] [Video]
- Session 15 – Systematic reviews & meta-analysis [Slides] [Video]
- Session 16 – Mathematical modeling [Slides] [Video]

<https://www.teachepi.org/courses/epidemiology-for-health-journalists/>

# Journalists Need To Get It Right: Epidemiology Training Can Help


**Madhukar Pai** Contributor 

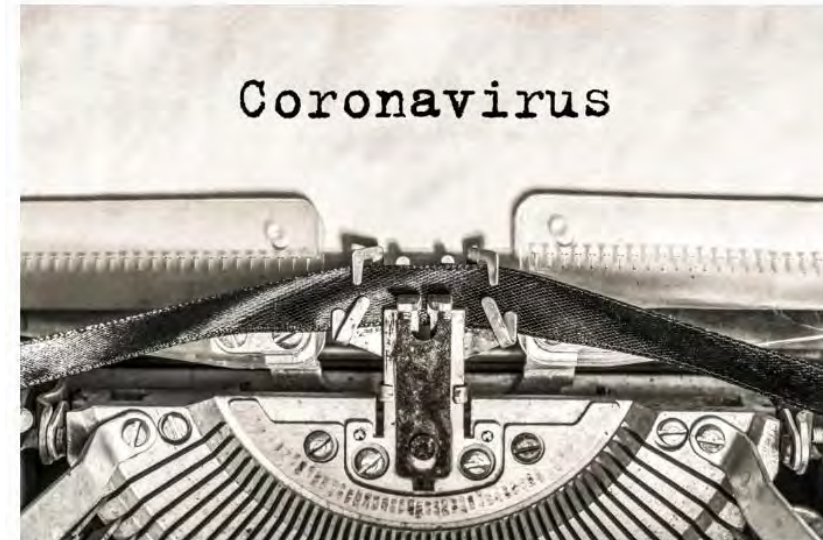
*I write about global health, infectious diseases, and equity*

[Follow](#)



Aug 9, 2020, 07:38am EDT

 This article is more than 3 years old.



Coronavirus on a typewriter type text on old vintage paper. Epidemic virus GETTY

<https://www.forbes.com/sites/madhukarpai/2020/08/09/journalists-need-to-get-it-right-epidemiology-training-can-help/?sh=5a33dc8466a2>



Tedros Adhanom Ghebreyesus

@DrTedros

It pains me that shows of racism like this still plague the challenges facing the world today.

Caricaturing people crammed in a boat bringing a virus to Europe is disgusting.

We can only advance, as one 🌍 community, by promoting solidarity, not stigma.



Larry Madowo @LarryMadowo · Dec 5, 2021

The Spanish newspaper that published this Omicron cartoon apologized, sort of.

“Both Javi Salado and La @TribunaAlbacete would like to apologise to any readers who may have felt annoyed or offended by the aforementioned ...

[Show more](#)



DO NO HARM

## 10 best practices for equitable global health journalism

If journalists want to help make global health more inclusive, they can start with these guidelines



Photo: John Moore (Getty Images)

By Madhukar Pai and Annalisa Merelli

Published December 7, 2022



<https://qz.com/10-best-practices-for-equitable-global-health-journalis-1849861581>

It is not just misinformation, but **disinformation**, with groups profiteering

### How ivermectin became the new focus of the anti-vaccine movement

SEPTEMBER 19, 2021 · 9:00 AM ET

Pien Huang

4-Minute Listen + PLAYLIST



'What Price Was My Father's Life Worth?' Right-Wing Doctors Are Still Peddling Dubious COVID Drugs



Members of the American Frontline Doctors give a press conference at Capitol Hill in Washington D.C. on July 27, 2020. (USA TODAY/PHOTOGRAPH BY AP/WIDEWORLD)

#### YOU MAY ALSO LIKE

- HEALTH** The New RSV Drug Keeps Babies Out of the Hospital
- HEALTH** U.S. Women Are Stocking Up on Abortion Pills
- HEALTH** The Most Exciting New Advancements in Managing and Treating Lupus
- IDEAS** The Paradox of How We Treat Diabetes

### How Joe Rogan Became a Cheerleader for Ivermectin

The popular podcast host who loves to "just ask questions" can't stop talking about his favorite anti-parasitic drug

BY EJ DICKSON

SEPTEMBER 2, 2021



### FAR-RIGHT HEALTH CARE COMPANIES MADE MILLIONS PRESCRIBING UNPROVEN COVID REMEDIES

Hacked data shows the lucrative operation promoted by a prominent far-right organization.

IN Intercepted October 12, 2021 8:41 am

# Poison Control Centers Are Fielding A Surge Of Ivermectin Overdose Calls

SEPTEMBER 4, 2021 · 7:01 AM ET

 Vanessa Romo



Health experts and medical groups are pushing to stamp out the growing use of ivermectin, an anti-parasite drug, to treat COVID-19, amid warnings that it can cause harmful side effects and that there's little evidence it helps.

Denis Farrell/AP

# Hydroxychloroquine could have caused 17,000 deaths during Covid, study finds

Former US President Donald Trump said: 'What do you have to lose? Take it.'



Former U.S. President Donald Trump considered hydroxychloroquine something of a "miracle cure" | George Frey/AFP via Getty Images

## Louisiana moves to make ivermectin available over the counter

BY GREG LAROSE · APRIL 3, 2024 10:20 AM



## New Hampshire's GOP Is Taking a Stand—Against the Polio Vaccine

*The Granite State could be the first to ditch polio and measles requirements for childcare.*



**JULIA MÉTRAUX**

Fellow

[Bio](#)



Centers for Disease Control and Prevention



# Why Advocacy Matters





2018 UN High Level Meeting on TB



Dr. Madhukar Pai  
Professor & Director of Global Health, McGill University

**THE BLOG**

# We Need To Science The Shit Out Of Tuberculosis

For too long, TB patients and care providers have been fighting a protracted battle with antiquated, inefficient tools, diagnostics, vaccines and drug regimens.

06/07/2018 14:31 EDT | Updated 06/07/2018 14:31 EDT



WADE HOWARD, INTERACTIVE RESEARCH AND DEVELOPMENT SOUTH AFRICA (IRD), USED WITH PERMISSION OF THE PHOTOGRAPHER AND THOSE IN THE IMAGE

We simply cannot end the TB epidemic with our current tools and approaches. We need to invest in science, develop new tools, and implement the best tools we have today. To ensure impact, the TB research agenda must be led by those who are most affected.

### HEALTH

## The Pandemic Is Following a Very Predictable and Depressing Pattern

As with diseases such as malaria and HIV, rich countries are "moving on" from COVID while poor ones continue to get ravaged.

By Nadia A. Sam-Agudu, Boghuma Kabisen Titanji, Fredros Okumu, and Madhukar Pai



## The Sunday Magazine with Piya Chattopadhyay



Will Omicron finally spur wealthy nations to back vaccine equity?

▶ Play Segment

21:24

◀ Share Segment

As the Omicron COVID-19 variant overwhelms people and health care systems in Canada, Dr. Madhukar Pai is pleading with elected officials to look beyond borders and boosters to focus on true global health equity as the key to ending the pandemic. The Canada Research Chair in Epidemiology and Global Health at McGill University in Montreal joins Piya Chattopadhyay to discuss what must be done to share vaccines, treatments and other tools that are vital in the fight against COVID-19.

Aired: Jan. 9, 2022

## Opinion: India's covid-19 crisis is a dire warning for all countries



A relative of a person who died of covid-19 is consoled by another during cremation in Jammu, India, on April 25. (Channi Anand/AP)

Opinion by **Madhukar Pai** and **Manu Prakash**

🔖 Add to list

April 30, 2021 at 2:50 p.m. EDT

“ COMMENT

## We are playing whack-a-mole with variants – and the virus is winning

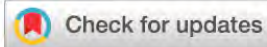
If we do not vaccinate the world, the pandemic won't end. More variants will emerge, millions more lives will be lost

**MADHUKAR PAI** | **MANU PRAKASH**

4 January 2022 · 3:42pm

“Canada hoarded vaccines during the most critical phase of the pandemic, while not supporting measures intended to increase global supply”

ANALYSIS



## ACCOUNTABILITY FOR CANADA'S COVID-19 RESPONSE

### Canada's role in covid-19 global vaccine equity failures

**Adam R Houston and colleagues** argue that Canada needs to reverse its track record from covid-19 and prioritise public need over profits in its domestic investments and global leadership for health

Adam R Houston,<sup>1</sup> Joanne Liu,<sup>2</sup> Roojin Habibi,<sup>3,4</sup> Srinivas Murthy,<sup>5</sup> Madhukar Pai<sup>2</sup>

Inequitable access to covid-19 vaccines<sup>1</sup>—as well as tests, treatments, and other tools— has cost millions of lives, prolonged the pandemic, and highlighted tensions between countries' domestic responses and their collective global responsibilities. Resolving such tensions has continued implications, including for

expiry by late 2022.<sup>9</sup> Meanwhile, over two years after vaccination began in Canada, not a single dose had been manufactured domestically, a shortcoming that directly affected the government's actions both at home and abroad regarding measures to increase vaccine supply.

<sup>1</sup> Human Rights Research and Education Centre, University of Ottawa, Ottawa, Ontario, Canada

<sup>2</sup> School of Population and Global Health, McGill University, Montreal, Quebec, Canada

<sup>3</sup> Faculty of Law (Common Law Section), University of Ottawa, Ottawa, Ontario, Canada

<sup>4</sup> Global Strategy Lab, York University, Toronto, Ontario, Canada

<sup>5</sup> Faculty of Medicine, University of British Columbia, Vancouver, British Columbia, Canada



<https://parlvu.parl.gc.ca/Harmony/en/PowerBrowser/PowerBrowserV2/00010101/-1/37044?Embedded=true&globalstreamid=20&viewMode=3>

Advocacy is necessary, because things rarely happen on their own



# What I have learnt...

- Research rarely gets translated into policy or practice without effort
- Policy change required prolonged, persistent work with stakeholders
  - Human touch and relationships matter (diplomacy!)
- Data, analytics and studies are often helpful, but not sufficient
  - Evidence needs to be simplified & communicated well
  - Engagement of stakeholders is key to socialize ideas & get buy-in
  - Local ownership of data & local leadership is key
- Advocacy & diplomacy is often critical
  - People, Patients, civil society, celebs, media, politicians – can be powerful allies
- A champion is often necessary: if internal, that is ideal

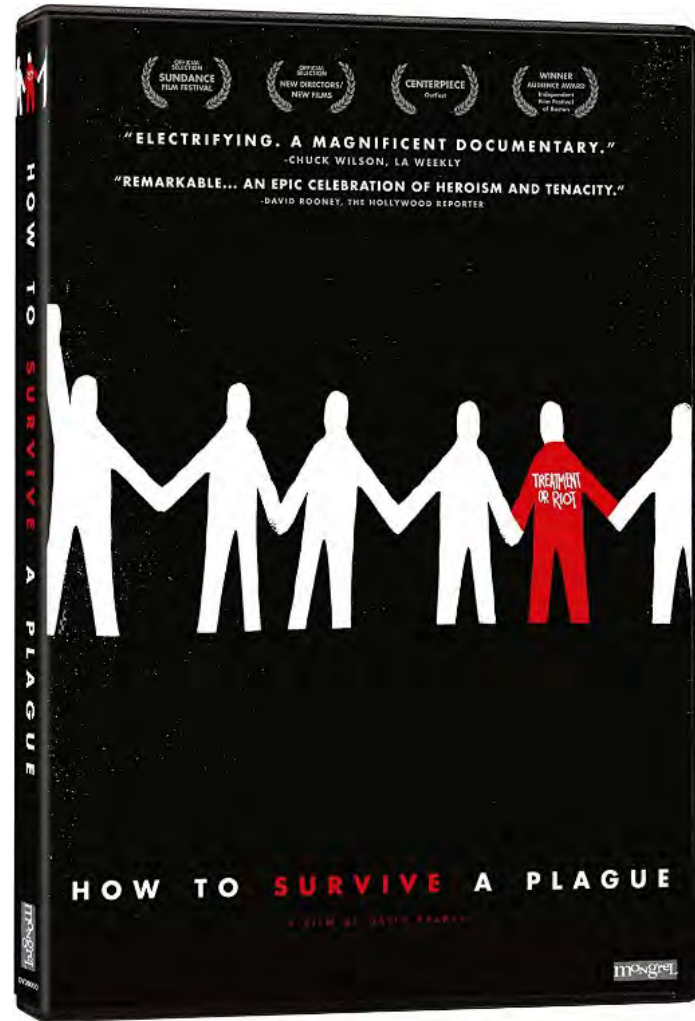
"Breathtakingly important. . . . David France managed to simultaneously break my heart and rekindle my anger." —Steven Patrow, *The Washington Post*

# HOW TO SURVIVE A PLAGUE

THE STORY OF HOW ACTIVISTS AND SCIENTISTS TAMED AIDS



DAVID FRANCE



# AIDS Activism, A Playbook For Global Health Advocacy



Madhukar Pai Contributor @ Healthcare

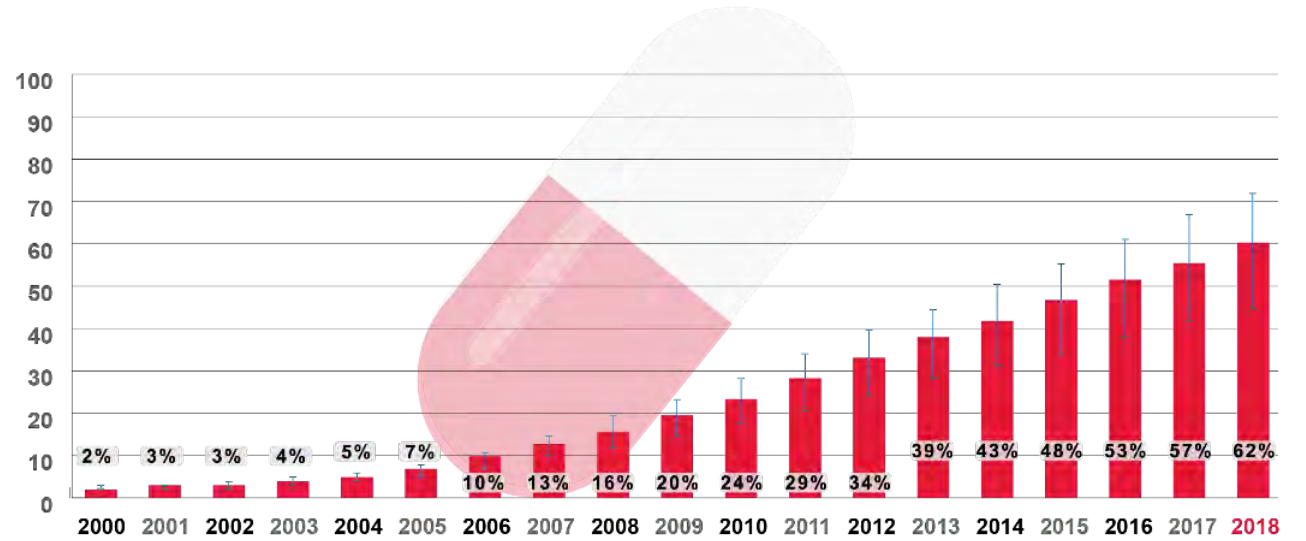
I write about global health, infectious diseases, and equity

f  
t  
in



NEW YORK CITY AIDS MEMORIAL, NEW YORK, UNITED STATES - 2017/03/30: Hundreds gathered on a rally at ...

[+] LIGHTROCKET VIA GETTY IMAGES

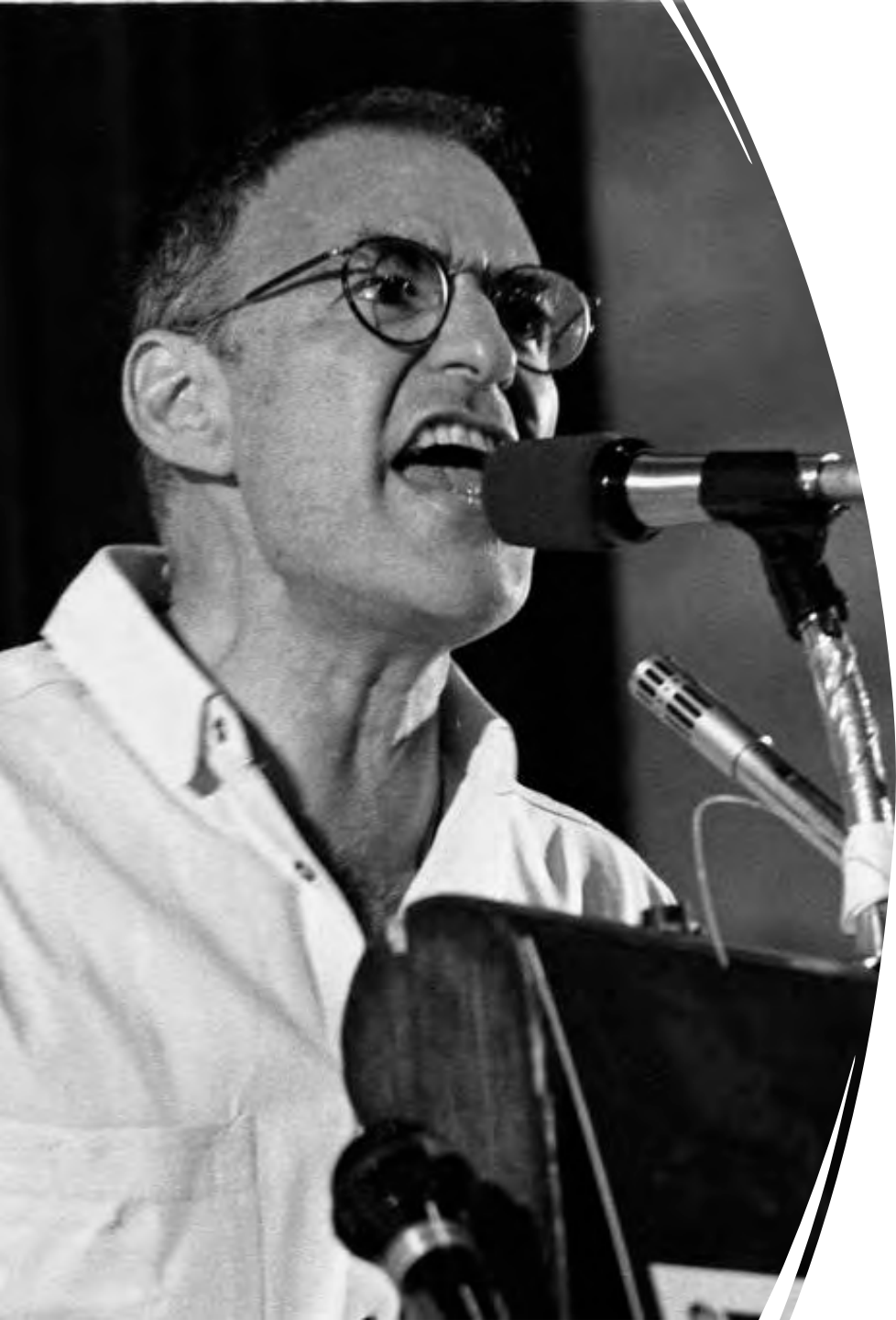


<https://www.forbes.com/sites/madhukarpai/2019/11/30/aids-activism-a-playbook-for-global-health-advocacy/#289c014840a1>

# AIDS activists built on other movements

- Gay rights
- Civil rights
- Anti-apartheid...





# They channeled the fear and outrage

- “What makes activism work is [patients’] anger and fear...somehow you have to be able to capture that, put it in a bottle and bottle it and use it.”
- Larry Kramer

They  
mobilized and  
organized



They played  
good  
cop/bad cop



# A NATIONAL AIDS TREATMENT RESEARCH AGENDA

V International Conference on AIDS  
Montreal, June 1989

REVISED: SEPTEMBER, 1989

**ACT UP**

**AIDS Coalition to Unleash Power / New York**

ACT UP is a diverse, non-partisan group of individuals united in anger and committed to direct action to end the AIDS crisis.



They knew their stuff & got involved with R&D,  
funding, trials, regulation, and pricing/access

# While AIDS offers a good playbook, single-issue advocacy has its perils

PLOS GLOBAL PUBLIC HEALTH

---

OPINION

## Single-issue advocacy in global health: Possibilities and perils


Katri Bertram<sup>1</sup>, Madhukar Pai<sup>2\*</sup>

<sup>1</sup> Partners of Impact, Berlin, Germany, <sup>2</sup> McGill School of Population and Global Health, McGill University, Montreal, Quebec, Canada



we must advocate for UHC, stronger health systems, and greater investments in issues that affect health outcomes overall, in addition to advocating for whatever we are most passionate about


# Why Diplomacy Matters

SERIES | POLITICAL SCIENCE AND HEALTH | VOLUME 399, ISSUE 10341, P2156-2166, JUNE 04, 2022

 Download Full Issue

## Global health diplomacy—reconstructing power and governance

Ilona Kickbusch, PhD   • Austin Liu, MA

Published: May 17, 2022 • DOI: [https://doi.org/10.1016/S0140-6736\(22\)00583-9](https://doi.org/10.1016/S0140-6736(22)00583-9) •  Check for updates

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00583-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00583-9/fulltext)

### Panel 1: Seven dimensions of global health diplomacy

#### Negotiating to promote health in the face of other interests

Upholding health interests in the face of geopolitical, ideological, or national interests, which might stand in the way of solutions that benefit all countries, especially in terms of global health diplomacy at WHO, which sets global norms and standards

#### Establishing new governance mechanisms in support of health

Creating new organisations (eg, UNAIDS, Global Fund, and Gavi, the Vaccine Alliance) in response to health challenges, or new governance models within intergovernmental organisations (eg, changing the modalities for the election of the Director-General of WHO, or establishment of the WHO Health Emergencies Programme)

#### Creating alliances in support of health outcomes

Forming alliances for mutual benefits or to achieve some common purpose, including political alliances (eg, Alliance for Multilateralism and the Non-Aligned Movement) using a system of bloc politics, or coming together as a regional group (eg, the EU and the Caribbean Community and Common Market), within which there is consensus on defending a common position in negotiations or votes

#### Building and managing donor and stakeholder relations

Global health diplomacy increasingly requires establishing and maintaining relationships with a wide array of actors in the global health arena, including a special relationship with key donors, which might be countries, private foundations, or other organisations or individuals

#### Responding to public health crises

As global interdependence and integration increase, health diplomacy is used increasingly often in dealing with public health crises in times of heightened threat and uncertainty

#### Improving relations between countries through health

Supporting health programmes, notably the US President's Emergency Plan for AIDS Relief or the engagement in medical diplomacy from China and Cuba, has been one common way to increase political reputation, improve relations with other states and actors, and help build alliances

#### Contributing to peace and security

Efforts to mitigate the effects of armed conflict on health, such as negotiating ceasefires to allow immunisation campaigns or other health interventions to take place

# Why the world's first pandemic treaty may never happen

With less than six months to go, countries are still not really negotiating, say diplomats.



The pandemic treaty was conceived as a chance for countries to work together to monitor and prepare for disease threats and prevent the rampant inequity | Chip Somodevilla/Getty Images

BY ASHLEIGH FURLONG

JANUARY 3, 2024 | 6:00 AM CET | 6 MINUTES READ



GLOBAL AFFAIRS | HEALTH

## A coherent global health strategy would help Canada lead in the world

Canada must urgently redefine its foreign policy in an increasingly polarized world, and global health needs to be central to the discussions.



by Erica Di Ruggiero, Garry Aslanyan, Ophelia Michaelides

November 23, 2023

<https://policyoptions.irpp.org/magazines/november-2023/global-health-strategy/?s=09>



# Do universities care about such work?

McGillREPORTER

## Reaching beyond the hallowed halls of academe

*The whats, hows and whys of working with media. Some thoughts and tips  
from Prof. Madhukar Pai*

By  
Madhukar Pai, Canada Research Chair of Epidemiology & Global Health

JANUARY 7, 2020



Comment on this article



Professor Madhukar Pai, winner on the 2018 Principal's Prize for Public Engagement through Media, flanked by Dean Eidelman of the Faculty of Medicine and Principal Suzanne Fortier.

Neale McDevitt

<https://reporter.mcgill.ca/reaching-beyond-the-hallowed-halls-of-academe/>

# This course is NOT about theory!

- You will learn **practical** skills on how to:
  - Engage with media
  - Write op-eds
  - Write for journals
  - Write media releases
  - Write policy briefs
  - Develop advocacy materials
  - Do TV interviews
  - Podcasts
  - Launch an advocacy campaign
  - Give a short, impactful speech

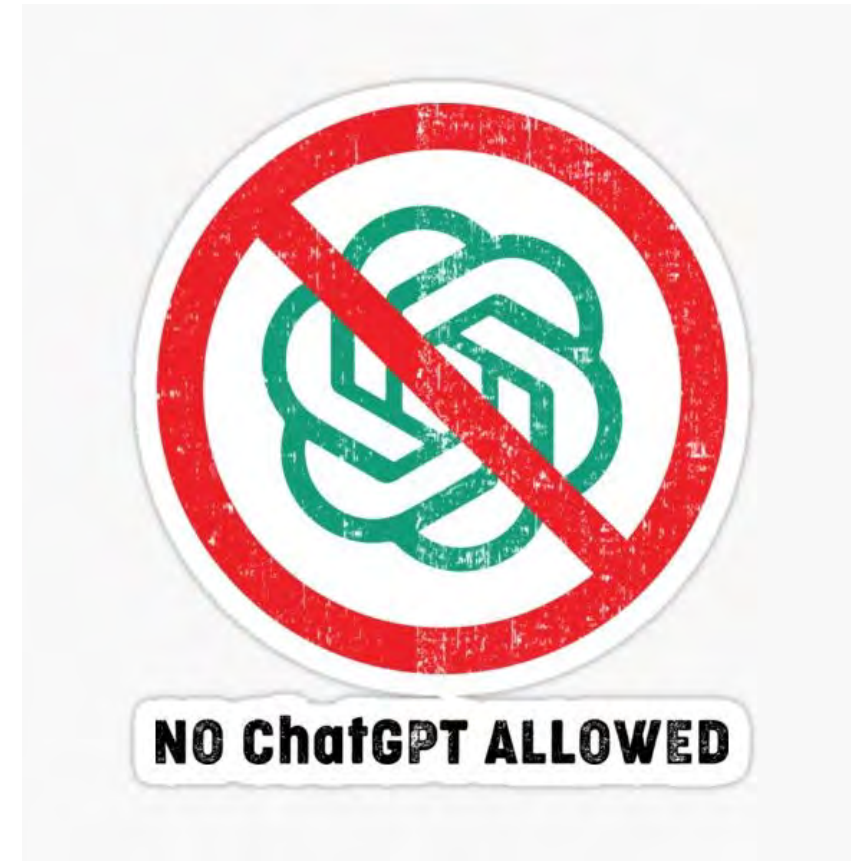
# Faculty line-up

Date	Topic	Speaker
Jan 9	<ul style="list-style-type: none"> <li>The Know-Do Gap in Global and Public Health: how communication, advocacy and diplomacy can help</li> <li>Health communication in the era of disinformation</li> </ul>	Madhu Pai <a href="#">Gabby Stern</a>
Jan 16	<ul style="list-style-type: none"> <li>How to write for science journals</li> <li>How to write a media or press release</li> </ul>	<a href="#">Julia Robinson</a> Jason Clement
Jan 23	<ul style="list-style-type: none"> <li>Op-ed writing workshop</li> </ul>	<a href="#">Roxanne Khamsi</a>
Jan 30	<ul style="list-style-type: none"> <li>How to prepare a policy brief for policy makers</li> <li>How to co-create research with communities &amp; stakeholders</li> </ul>	<a href="#">Cate Hankins</a> & <a href="#">Andrew Bresnahan</a>
Feb 6	<ul style="list-style-type: none"> <li>How to give TV interviews</li> </ul>	<a href="#">Chris Labos</a>
Feb 13	<ul style="list-style-type: none"> <li>The global trust crisis in public health and how to mitigate it</li> </ul>	<a href="#">Robert Steiner</a>
Feb 20	<ul style="list-style-type: none"> <li>How policy makers and politicians think and what is necessary to convince them</li> <li>Importance of advocacy in global and public health</li> </ul>	<a href="#">Elise Legault</a>
Feb 27	<ul style="list-style-type: none"> <li>How to organize an advocacy campaign</li> </ul>	<a href="#">Erica Lessem</a>
March 12	<ul style="list-style-type: none"> <li>How to effectively use podcasts for public health</li> <li>Why You Should Care About Global Health Diplomacy</li> </ul>	<a href="#">Garry Aslanyan</a>
March 19	<ul style="list-style-type: none"> <li>Journalist roundtable</li> </ul>	<a href="#">Annalisa Merelli</a> <a href="#">Stephanie Nolen</a>
March 26	<ul style="list-style-type: none"> <li>How to deliver a public speech</li> <li>Narrative strategy and storytelling</li> </ul>	Madhu Pai <a href="#">Maryn McKenna</a>
April 2	<ul style="list-style-type: none"> <li>How to communicate scientific uncertainty, and confront misinformation</li> <li>Student presentations</li> </ul>	<a href="#">Amy Maxmen</a>
April 9	<ul style="list-style-type: none"> <li>Health diplomacy</li> <li>Student presentations</li> </ul>	<a href="#">Peter Singer</a>

# All of you will be graded on

---

1. a policy brief
2. a media/press release
3. an op-ed or blog post
4. an intervention/speech at the UN/WHO
5. a public health campaign poster/graphic



# You can find me at

- Twitter: @paimadhu
- Forbes column: <https://www.forbes.com/sites/madhukarpai/?sh=117f37645aff>
- Nature blog: <https://communities.springernature.com/users/20892-madhukar-pai>
- Journal: <https://journals.plos.org/globalpublichealth/>

**Thank you! Merci!**