

## The Global Stories

Whether you are speaking with members of Congress, hosting an outreach event, or looking for some inspiration, use the links below to find stories to help when advocating for a healthier future for all mothers and children, regardless of where they are born, and for increased investments in research, prevention, and treatment of diseases of poverty.

### Nutrition

- [Breastfed Right: How Shrirampur's Babies Escape Malnutrition](#)  
In India, breastfeeding support enables mothers to breastfeed and prevent malnutrition in their newborns.
- [These Micronutrients Have a Mighty Impact](#)  
Supplemental vitamins and minerals are improving nutrition for children in Uganda

### COVID-19 threatens progress on global health

- [Slowing the Coronavirus Is Speeding the Spread of Other Diseases](#)  
Many mass immunization efforts worldwide were halted this spring to prevent spread of the virus at crowded inoculation sites. The consequences have been alarming.
- [The coronavirus pandemic is developing in the shadow of famine.](#)  
If those who require life-saving assistance cannot be reached, the World Food Program estimates that 300,000 could starve to death every single day over a 3-month period.
- [Living through a pandemic when your access to water is difficult](#)  
Access to clean water is dramatically uneven across the world. About a third of Nigeria's population — 60 million people — must leave home to find it.

### Stepping up the fight against infectious diseases

- [The Edge of Elimination: Racing Drug Resistance in the Mekong](#)  
Drug resistant strains of malaria are emerging in the greater Mekong region of Southeast Asia. The Global Fund is working to eradicate these strains before they can spread to other regions and end millions of lives
- [Facing the World's Most Deadly Disease](#)  
Dedicated volunteers and community health workers spread awareness in their communities and provide support to people infected with TB.
- [Breaking the Chains of HIV in West Africa](#)  
In West Africa, peer groups, faith-based coalitions, and community clinics work to reduce the stigma of HIV and encourage people to seek and adhere to treatment.

# Slowing the Coronavirus Is Speeding the Spread of Other Diseases

By Jan Hoffman and Ruth Maclean

The New York Times, June 14, 2020

[Available online here](#)

As poor countries around the world struggle to beat back the coronavirus, they are unintentionally contributing to fresh explosions of illness and death from other diseases — ones that are readily prevented by vaccines.

This spring, after the World Health Organization and [UNICEF](#) warned that the pandemic could spread swiftly when children gathered for shots, many countries suspended their inoculation programs. Even in countries that tried to keep them going, cargo flights with vaccine supplies were halted by the pandemic and health workers diverted to fight it.

Now, diphtheria is appearing in Pakistan, Bangladesh and Nepal.

Cholera is in South Sudan, Cameroon, Mozambique, Yemen and Bangladesh.

A mutated strain of [poliovirus](#) has been reported in more than 30 countries.

And measles is flaring around the globe, including in Bangladesh, Brazil, Cambodia, Central African Republic, Iraq, Kazakhstan, Nepal, Nigeria and Uzbekistan.

Of 29 countries that have currently suspended measles campaigns because of the pandemic, 18 are reporting outbreaks. An additional 13 countries are considering postponement. According to the [Measles and Rubella Initiative](#), 178 million people are at risk of missing measles shots in 2020.

The risk now is “an epidemic in a few months’ time that will kill more children than Covid,” said Chibuzo Okonta, the president of Doctors Without Borders in West and Central Africa.

As the pandemic lingers, the W.H.O. and other international public health groups are now urging countries to carefully resume vaccination while contending with the coronavirus.

At stake is the future of a hard-fought, 20-year collaboration that has prevented 35 million deaths in 98 countries from [vaccine-preventable diseases](#), and reduced mortality from them in children by 44 percent, according to a [2019 study by the Vaccine Impact Modeling Consortium](#), a group of public health scholars.

“Immunization is one of the most powerful and fundamental disease prevention tools in the history of public health,” said Dr. Tedros Adhanom Ghebreyesus, [director general of the W.H.O.](#), in a statement. “Disruption to immunization programs from the Covid-19 pandemic threatens to unwind decades of progress against vaccine-preventable diseases like measles.”

But the obstacles to restarting are considerable. Vaccine supplies are still hard to come by. Health care workers are increasingly working full time on Covid-19, the infection caused by the coronavirus. And a new wave of vaccine hesitancy is keeping parents from clinics.

Many countries have yet to be hit with the full force of the pandemic itself, which will further weaken their capabilities to handle outbreaks of other diseases.

“We will have countries trying to recover from Covid and then facing measles. It would stretch their health systems further and have serious economic and humanitarian consequences,” said Dr. Robin Nandy, chief of immunization for UNICEF, which supplies vaccines to 100 countries, reaching 45 percent of children under 5.

The breakdown of vaccine delivery also has stark implications for protecting against the coronavirus itself.

At a global summit earlier this month, [Gavi, the Vaccine Alliance](#), a health partnership founded by the Bill and Melinda Gates Foundation, announced it had received pledges of [\\$8.8 billion](#) for basic vaccines to children in poor and middle-income countries, and was beginning a [drive to deliver Covid-19 vaccines](#), once they’re available.

But as services collapse under the pandemic, “they are the same ones that will be needed to send out a Covid vaccine,” warned Dr. Katherine O’Brien, the W.H.O.’s director of immunization, vaccines and biologicals, during a recent webinar on immunization challenges.

### **Battling measles in Congo**

Three health care workers with coolers full of vaccines and a support team of town criers and note-takers recently stepped into a motorized wooden canoe to set off down the wide Tshopo River in the Democratic Republic of Congo.

Although measles was breaking out in all of the country’s 26 provinces, the pandemic had shut down many inoculation programs weeks earlier.

The crew in the canoe needed to strike a balance between preventing the transmission of a new virus that is just starting to hit Africa hard and stopping an old, known killer. But when the long, narrow canoe pulled in at riverside communities, the crew’s biggest challenge turned out not to be the mechanics of vaccinating children while observing the pandemic’s new safety strictures. Instead, the crew found themselves working hard just to persuade villagers to allow their children to be immunized at all.

Many parents were convinced that the team was lying about the vaccine — that it was not for measles but, secretly, an experimental coronavirus vaccine, for which they would be unwitting guinea pigs.

In April, French-speaking Africa had been outraged by a [French television interview in which two researchers](#) said coronavirus vaccines should be tested in Africa — a remark that reignited memories of a long history of such abuses. And in Congo, the virologist in charge of the coronavirus response said that the country had indeed agreed to take part in clinical vaccine trials this summer. Later, he clarified that any vaccine would not be tested in Congo until it had been tested elsewhere. But pernicious rumors had already spread.

The team cajoled parents as best they could. Although vaccinators throughout Tshopo ultimately immunized 16,000 children, 2,000 others eluded them.

This had been the year that Congo, the second-largest country in Africa, was to launch a national immunization program. The urgency could not have been greater. The measles epidemic in the country, which started in 2018, has run on and on: Since this January alone, there have been more than 60,000 cases and 800 deaths. Now, Ebola has again flared, in addition to tuberculosis and cholera, which regularly strike the country.

Vaccines exist for all these diseases, although they are not always available. In late 2018, the country began an immunization initiative in nine provinces. It was a feat of coordination and initiative, and in 2019, the first full year, the percentage of fully immunized children jumped from 42 to 62 percent in Kinshasa, the capital.

This spring, as the program was being readied for its nationwide rollout, the coronavirus struck. Mass vaccination campaigns, which often mean summoning hundreds of children to sit close together in schoolyards and markets, seemed guaranteed to spread coronavirus. Even routine immunization, which typically occurs in clinics, became untenable in many areas.

The country's health authorities decided to allow vaccinations to continue in areas with measles but no coronavirus cases. But the pandemic froze international flights that would bring medical supplies, and several provinces began running out of vaccines for polio, measles and tuberculosis.

When immunization supplies finally arrived in Kinshasa, they could not be moved around the country. Domestic flights had been suspended. Ground transport was not viable because of shoddy roads. Eventually, a United Nations peacekeeping mission ferried supplies on its planes.

Still, health workers, who had no masks, gloves or sanitizing gel, worried about getting infected; many stopped working. Others were diverted to be trained for Covid.

The cumulative impact has been particularly dire for polio eradication — around 85,000 Congolese children have not received that vaccine.

But the disease that public health officials are most concerned about erupting is measles.

### **More contagious than Covid**

Measles virus spreads easily by aerosol — tiny particles or droplets suspended in the air — [and is far more contagious](#) than the coronavirus, according to experts at the Centers for Disease Control and Prevention.

“If people walk into a room where a person with measles had been two hours ago and no one has been immunized, 100 percent of those people will get infected,” said [Dr. Yvonne Maldonado](#), a pediatric infectious disease expert at Stanford University.

In poorer countries, the measles mortality rate for children under 5 ranges between 3 and 6 percent; conditions like malnutrition or an overcrowded refugee camp can increase the fatality rate. Children may succumb to complications such as pneumonia, encephalitis and severe diarrhea.

In 2018, the most recent year for which data worldwide has been compiled, there were nearly 10 million estimated cases of measles and 142,300 related deaths. And global immunization programs were more robust then.

Before the coronavirus pandemic in Ethiopia, 91 percent of children in the capital, Addis Ababa, received their first measles vaccination during routine visits, while 29 percent in rural regions got them. (To prevent an outbreak of a highly infectious disease like measles, the optimum coverage is 95 percent or higher, with two doses of vaccine.) When the pandemic struck, the country suspended its April measles campaign. But the government continues to report many new cases.

“Outbreak pathogens don’t recognize borders,” said Dr. O’Brien of the W.H.O. “Especially measles: Measles anywhere is measles everywhere.”

[Wealthier countries’](#) immunization [rates have also been plunging](#) during the pandemic. Some American states report drops as steep as 70 percent below the same period a year earlier, for measles and other diseases.

Once people start traveling again, the risk of infection will surge. “It keeps me up at night,” said [Dr. Stephen L. Cochi](#), a senior adviser at the global immunization division at the C.D.C. “These vaccine-preventable diseases are just one plane ride away.”

### **Starting again**

After the W.H.O. and its vaccine partners released the results of a survey last month showing that [80 million babies under a year old](#) were at risk of missing routine immunizations, some countries, including Ethiopia, the Central African Republic and Nepal, began trying to restart their programs.

Uganda is now supplying health workers with motorbikes. In Brazil, some pharmacies are offering drive-by immunization services. In the Indian state of Bihar, a 50-year-old health care worker learned to ride a bicycle in three days so she could take vaccines to far-flung families. UNICEF chartered a flight to deliver vaccines to seven African countries.

Dr. Cochi of the C.D.C., which provides technical and program support to more than 40 countries, said that whether such campaigns can be conducted during the pandemic is an open question. “It will be fraught with limitations. We’re talking low-income countries where social distancing is not a reality, not possible,” he said, citing Brazilian favelas and migrant caravans.

He hopes that [polio](#) campaigns will resume swiftly, fearing that the pandemic could set back a global, decades-long effort to eradicate the disease.

Dr. Cochi is particularly worried about Pakistan and Afghanistan, where 61 cases of wild poliovirus Type 1 have been reported this year, and about Chad, Ghana, Ethiopia and Pakistan, where cases of Type 2 poliovirus, [mutated from the oral vaccine, have appeared](#).

[Thabani Maphosa](#), a managing director at Gavi, which partners with 73 countries to purchase vaccines, said that at least a half dozen of those countries say they cannot afford their usual share of vaccine costs because of the economic toll of the pandemic.

If the pandemic cleared within three months, Mr. Maphosa said, he believed the international community could catch up with immunizations over the next year and a half.

“But our scenarios are not telling us that will happen,” he added.

# The Coronavirus Pandemic is Developing in the Shadow of Famine

By Michael Gerson

The Washington Post, May 18, 2020

[Available online here](#)

One of the hard lessons of the [covid-19 crisis](#) has been that nations tend to learn pandemic preparedness through hard lessons.

East Asian countries such as South Korea and Singapore successfully applied their experience combating [H1N1 in 2009](#) to the current challenge. Many African nations were able to implement effective measures they learned in the context of the [Ebola](#) outbreak of [2013-2016](#). Hopefully Americans have gained a store of social knowledge about hygiene and social distancing that will allow economic reopening with greater safety and will help fight a [second wave](#) of covid-19.

But the world now faces a trial for which there is no recent precedent. Waiting for the accumulation of hard experience in this case would result in a vast human tragedy. In parts of the developing world, the covid-19 pandemic is developing in tandem with famine. And the combination would be a much more ambitious and efficient killer than covid-19 alone.

Speaking before the U.N. Security Council, World Food Program (WFP) Executive Director David Beasley [recently described](#) “the worst humanitarian crisis since World War II.” He made his case through grim mathematics. There are 135 million people facing crisis levels of hunger or worse. The WFP estimates that covid-19 will push an additional 130 million people to the brink of starvation. That would leave 265 million people on famine’s edge. Yet on any given day, the WFP helps feed about 100 million people. The gap between need and capacity is an unfolding disaster.

“If we can’t reach these people with the life-saving assistance they need,” said Beasley, “our analysis shows that 300,000 people could starve to death every single day over a three-month period.”

Consider that potential death count — hundreds of thousands of people each day. “In a worst-case scenario,” Beasley continued, “we could be looking at famine in about three dozen countries, and in fact, in 10 of these countries we already have more than 1 million people per country who are on the verge of starvation. . . . We could be facing multiple famines of biblical proportions within a short few months.”

The adjective “biblical” applies, assuming you are consulting the more implacable portions of Exodus. Locusts do figure in. [Ten nations](#) in Africa and the Middle East are suffering the worst swarms of [desert locusts](#) in decades, endangering the food security of 25 million people. One recent swarm in [Kenya](#) was reportedly the size of Luxembourg.

This adds to a tangle of complicating factors [cited by Beasley](#). Lockdowns and resulting economic recessions in the developing world have pushed many of the working poor toward hunger. Nearly 370 million children are missing out on school meals. The level of remittances has fallen along with economic activity. Tourism — which accounts for a large portion of national income in many African

countries — has collapsed. Oil-rich countries such as South Sudan and Nigeria have seen [oil prices](#) dramatically decline. And most destructively, more than 45 million people [worldwide](#) have been driven from their homes by violent conflict, leaving them particularly vulnerable to hunger and disease.

Many African countries seemed successful in their initial efforts to [contain covid-19](#) (though the general lack of testing may conceal a larger problem). But there are now [hot spots](#) in Somalia, Tanzania and Nigeria. The last is particularly disturbing. A roaring pandemic in Nigeria would soon engulf all of West Africa. And because many African health systems are fragile to begin with, even a moderate strain could break them. This would put other health gains — on diseases such as malaria, polio and HIV — at risk.

What would an adequate response look like? Increasing resources for [the WFP](#) should be on the agenda. WFP planes and trucks provide the logistical backbone for global humanitarian relief. The WFP is also the rare U.N. program that does [precisely](#) what it was designed to do.

It will be important for the United States and other nations to push for humanitarian access in conflict zones. It takes strong, consistent, outside effort to ensure that refugees and displaced people are not beyond the reach of help.

Given Trump administration concerns, bulking up the World Health Organization is not on the table. But as the American covid-19 crisis moves to the downside of its [curve](#), President Trump will have an extraordinary opportunity to reduce suffering and silence his critics. Were he to put together a large bilateral, pandemic/famine response on the model of the [President's Emergency Plan for AIDS Relief](#), or PEPFAR, he might find some things he generally lacks: bipartisan support, global approval and historical credit.

# Living through a pandemic when your access to water is difficult

By Yagazie Emezi and Danielle Paquette

The Washington Post, May 21, 2020

[Available online here](#)

LAGOS, Nigeria — The most basic ingredient for mankind's survival is also a critical weapon against the novel coronavirus. Wash your hands with soap and water for 30 seconds, scientists say. Drink eight glasses of water a day. Stay hydrated and hygienic.

But access to clean water is dramatically uneven across the world. About a third of Nigeria's population — 60 million people — must leave home to find it, according to aid groups and government statistics.

In this pandemic, venturing out to the nearest pump has meant risking exposure to the virus or a clash with police. Officers and soldiers enforcing lockdowns killed 18 Nigerians over a two-week period this spring, the country's independent National Human Rights Commission [reported in April](#).

As of Wednesday, 200 people had died of covid-19, the disease caused by the novel coronavirus, but doctors worry that the true number could be much higher. Some areas, such as [Kano state](#), have recorded far more deaths than usual.

Africa's most populous country [eased restrictions](#) earlier this month, allowing citizens to go outside with masks — a move to revive the sputtering economy, the president said. Some vow to stay indoors because cases are spiking. (Nigeria's count this week surpassed 6,600.)

Others don't have that choice.

*The following interviews have been condensed and lightly edited for clarity.*

## **Mayowa Duntoye**

### **39, ACTRESS IN THE IYANA-IPAJA NEIGHBORHOOD OF LAGOS**

I live in a compound with three other families. Each family has a room, and they share the bathroom and kitchen space. I live in one with my 14-year-old daughter.

We don't have tap water, so we have someone who fetches water for us. We pay 300 naira for 10 jerrycans. Sometimes, we get it twice a week. We keep the water in the containers outside.

I'm very scared of that coronavirus. The hunger and the sickness. Everyone is broke: no food, no money. We don't want to die.

Rice used to be 250 naira (\$0.64). Now it's 500 (\$1.28). Can you imagine?

After we come from the market, we bring the water from our containers, and I shower right there. I remove my clothes and wash them.

We have spent everything that we have. There is no income. I'm really broke now. The government should just provide for the people. We need security because there are a lot of robberies around. We even need soldiers.



Whenever there is power, I turn on my TV. I have some Christian cassettes. I play Christian music on my phone. We are in God's hands.

**Victor Ehikhamenor**

**50, ARTIST AND WRITER IN THE IKOYI SECTION OF LAGOS**

Before you enter the compound, the guard gives you hand sanitizer. When you get inside, there's hand sanitizer. Everywhere, hand sanitizer.

If we order food from outside, we treat it like a biohazard.

The house is mine. It is my first home. Two years ago, I used an estate agent to find it. It took us 10 or 11 months to gut the entire thing and redesign it. Create space for my art collection.

There are five bedrooms. Every room has a bathroom. I live there with my wife and two kids — a 15-year-old boy and 14-year-old girl. I think that is what has actually seen me through all this. I can't imagine if I was holed up somewhere else, wondering how they are faring. Are they in a state of anxiety? Are they safe?

We buy drinking water from stores and stocked up before the lockdown. For bathing and cleaning and all that, we have a pump from the ground.

Between the house and the studio, I spend between \$100 and \$150 (up to 58,000 naira) on water each month.

I'm able to hold down the fort for my family, but Lagos is a big city where most people are living day-to-day.

I'm still paying my staff. My driver is getting paid. The studio manager and assistants are getting paid. Not many people have that opportunity. A large percentage are receiving nothing right now. The crime rate is rising.

I can't blame the government for loosening things up a little bit — for lifting parts of the lockdown — but we are not out of the woods yet.

We have not even entered the woods yet fully. The cases are still rising.

**Aisha Owolabi**

**24, DIGITAL CONTENT MARKETER AT A FINANCIAL TECHNOLOGY FIRM IN YABA**

I have bottled water under my bed and around my room. It should last me about three weeks. I store water and hope the power doesn't go out. The last time that happened was a couple months ago — before everything got really serious.

My roommate and I didn't have water for three days straight. We had to look for people selling it on the roads. We bought 10 kegs for 1,000 naira each (\$2.50).

I've become 10 times more paranoid about being around people. In the apartment, we've agreed to only see each other. Nobody else is coming in.

If the water stopped today, I'd wear my mask and dress in protective gear before going out to find a vendor.

Lots of houses don't have water. Landlords and developers, they really just do whatever they like or whatever they can afford. There is no standard that says: Every home must have this.

You go to the borehole. You go to a tank. You come in contact with objects and surfaces and people.

It wouldn't be hard to find someone selling water in my neighborhood. They stay within a few blocks and avoid the main roads, where they are more likely to be apprehended by police during the lockdown.

I'm separated from my family right now. My honest feeling about that is, I actually prefer it that way because there is so much anxiety about work. I have to maintain a certain output.

It has really been a roller coaster of emotions. This morning, I logged on for work and got a message from a friend. He just lost his job.

Now I'm wondering about my situation. The situations of everyone around me.

That leaves me on edge at all times.

**Adun Okupe**

### **34, BUSINESS CONSULTANT IN VICTORIA ISLAND**

I live in Victoria Island. It's meant to be one of the nicest places, but guess what? We don't have state-provided water.

Even in this area of affluence, you still have to go out and purchase water.

Down the street, there are people who are squatting in abandoned government buildings. It used to be a prime beachfront area. Then those offices moved to Abuja, the city of political power, and decay followed.

The people staying there have to go out looking for water with jerrycans during this pandemic. They're dealing with poverty, hunger, thirst — and now they have to worry about this thing no one can see?

It's impossible.

Even the people with money have to struggle for water when we're all supposed to be staying inside and washing our hands.

My building has four units, and we share the cost of buying water. They sent me a text today: It's your turn to buy water. We're spending so much money on it. About \$100 (39,000 naira) a month, on average.

With the lockdown, the tankers selling water have hiked up prices. They don't always come when you need them.

I worry about it. You never know when the sink is going to stop working.

Right now, we have five tanks. Some of them store up to 7,500 liters. We need a refill every 10 days or so.

In Nigeria, you just adapt to it. I have my own buckets of water just in case. The constant just-in-caseness is painful. Sometimes, I feel guilty, like, oh my God, I'm using all this water on my plants.

I'm lucky to be a researcher, to be able to talk to my clients on the phone. My dining table is now my workstation. My hand-washing game is strong.

My mind-set has always been: Achieve, achieve, achieve.

My goal for 2020 is to be alive at the end of it.