



COVID-19

Health Evidence Summary No.20

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This daily COVID-19 Health Evidence Summary is to signpost DFID and other UK government departments to the latest relevant evidence and discourse on COVID-19 to inform and support their response. It is a result of 3 hours of work and is not intended to be a comprehensive summary of evidence.

Sarah Gilbert: carving a path towards a COVID-19 vaccine

Lane R | The Lancet | 18 April 2020 | Perspectives

[https://doi.org/10.1016/S0140-6736\(20\)30796-0](https://doi.org/10.1016/S0140-6736(20)30796-0)

Prof Gilbert and her team was able to move quickly as they “had recently started thinking about an appropriate response to Diseases X; how could we mobilise and focus our resources to go more quickly than we had ever gone before. And then Disease X arrived”. Previous work on recombinant viral vector vaccines at the Jenner Institute in Oxford, which has progressed work on many vaccines, including those for influenza and Zika virus, and early stage trials for a MERS vaccine provided a helpful template for the work on a COVID-19 vaccine. Once the genome sequence of SARS-CoV-2 became available in mid-January, Prof Gilbert and her team began work on 10 January on designing a vaccine using recombinant DNA techniques to create a SARS-CoV-2 antigen within a primate adenovirus vector. Since awarded a £2.2 million grant from the UK’s NIHR and the UKRI in March a **clinical trial in healthy humans** is underway with hopes to have vaccinated 500 volunteers by mid-May; followed by an extension of the maximum age of trial volunteers from 55 to 70 years, later moving on to the over-70 age group. Phase 3 expansion is expected to involve 5000 volunteers with an efficacy result and the ability to manufacture large amounts of the vaccine by the autumn of 2020. These are best-case timeframes, highly ambitious and could change. How grants have been awarded to different strategic aspects of the project is enabling important parallel work. For example, Sandy Douglas has received funding for a **vaccine manufacturing scaling-up project** at the same time as vaccine development trials.

As outcomes are uncertain, pick no-regret policies

Dercon, S | Center for Global Development | 17 April 2020 | Blog

<https://www.cgdev.org/blog/as-outcomes-are-uncertain-pick-no-regret-policies>

“Following the science” is good advice but when the evidence base is thin, such uncertainty in terms of health, social and economic outcomes makes policymaking hard and it helps to focus on

decisions that that no one will regret later irrespective of what happens next e.g. whether the crisis is short or long, the recession deep or shallow. It is clear that **exit from this crisis** will involve large-scale deployment of a vaccine. No one will regret funding the Coalition for Epidemic Preparedness Innovations (CEPI) researching and developing a vaccine and organisations like GAVI getting the resources to help countries to build up the capacity to deliver vaccines. It is worth spending public money now to derisk the required large-scale **manufacturing**, even if that means destroying vaccines that prove not to be effective, as this is still good value for money and boosts the chances to have the required numbers of doses of a working vaccine earlier than usual. No one will regret investing in the reach and quality of community healthcare and the protection of health workers. “Community healthcare workers will be key to making sure that the collateral health damage from the measures to stop the spread of COVID-19 are kept to an absolute minimum”.

Investing in data is key during such huge uncertainty – required for better policymaking. Decision-making will have to be highly adaptive as data becomes available with politicians needing to be authoritative communicators, explaining in a clear narrative why decisions are taken and may need to be reversed.

No-regret policies for the COVID-19 crisis in developing countries

Dercon, S | Center for Global Development | 17 April 2020 | CDG Notes

<https://www.cgdev.org/publication/no-regret-policies-covid-19-crisis-developing-countries>

In this short note, Dercon discusses no-regret policies for developing countries and international agencies in three areas: health, vaccine development, and economic rescue. This note identifies nine interrelated actions in three areas where developing countries could be proactive: in public health, specifically linking to community health care; in vaccine development, production and distribution (and other medical supplies essential for the exit and recovery); and in preparing now for a better recovery for economies, firms and families. Resources spent here will not be wasted or regretted in any scenario. Three lessons for low-regret decision making under extreme uncertainty are (1) collect data now to reduce uncertainty; (2) change and adapt decisions if the data require it; and (3) focus on trust and communication.

COVID-19: Global ceasefire would be a gamechanger for 250 million children living in conflict-affected areas

UNICEF Executive Director Henrietta Fore | 17 April 2020 | Statement

<https://www.unicef.org/press-releases/covid-19-global-ceasefire-would-be-gamechanger-250-million-children-living-conflict>

Today there are 250 million children around the world living in areas under conflict that need warring parties to respond to the call a month ago from the UN Secretary General for a global ceasefire to confront the COVID-19 pandemic. Yet violent conflict continues in parts of Afghanistan, Burkina Faso, Libya, Mali, Syria, Ukraine and Yemen, among others. There has been some response with parties to conflicts in 11 countries committing to a cessation of hostilities during the pandemic – but ceasefire agreements should be made that last beyond the end of the pandemic and lay groundwork for a durable and lasting peace. This statement lists immediate actions beyond a ceasefire that need to be done to make a meaningful difference to children. Authorities and groups controlling territory should facilitate open access for humanitarian

personnel to enable reach to children and their families with essential services and the repair and rebuild of key infrastructure, so populations are better protected from the spread of COVID-19. Armed forces and groups must not impede delivery of relief supplies or prevent those in need accessing services. Parties to conflicts should release any children being held in detention in relation to armed conflict or national security and release children from within their ranks.

Strengthening accountability of the global health metrics enterprise

Shiffman, J & Shawa YR | The Lancet | 16 April 2020 | Viewpoint

[https://doi.org/10.1016/S0140-6736\(20\)30416-5](https://doi.org/10.1016/S0140-6736(20)30416-5)

Authors contend that there are strong reasons to accept global health metrics as a public good. For example, credible epidemiological data are vital for addressing COVID-19. However, many valid concerns of critics are overlooked. In this Viewpoint these criticisms are discussed, and authors offer ideas for strengthening accountability of the global health metrics enterprise.

Habitat fragmentation, livelihood behaviors, and contact between people and nonhuman primates in Africa

Bloomfield, L et al | Landscape Ecology | 1 April 2020 | Article

<https://link.springer.com/article/10.1007/s10980-020-00995-w>

This study has suggested that deforestation of forests into fragmented patches could lead to a rise in the occurrence of zoonotic or animal-to-human diseases like COVID-19. Analysis of geographic factors and behavioural traits revealed how the loss of tropical forests in western Uganda led to increased physical interactions between humans and wild nonhuman primates and a greater risk of exposure to the viruses they carry. Large, healthy diverse habitats with fewer borders on human populations would help and economic development so that families would not have to take over forest land for subsistence farming.

Tracking the World Bank's response to COVID-19

Duggan, J & Sandefur, J | Center for Global Development | 14 April 2020 | Blog

<https://www.cgdev.org/blog/tracking-world-banks-response-covid-19>

Millions of people who will be hit hardest by the global economic downturn due to COVID-19 live in countries with little or no social safety net, and limited capacity for a fiscal response. The World Bank announced on 2 April that \$160 billion in funds will be made available for strengthening developing country responses to COVID-19 over the next 15 months. This blog goes on to discuss where will these funds go and under what terms; how quickly the World Bank will respond; and is \$160 billion enough. To track the World Bank's response, authors have built an interactive tool to display how much each country has received to date and what is waiting for approval.

COVID-19 in humanitarian settings and lessons learned from past epidemics

San Lau et al | Nature | 8 April 2020 | Blog

<https://www.nature.com/articles/s41591-020-0851-2>

Noting that displaced populations may suffer more from covid-19 due to overcrowding and lack of access to healthcare and hygiene facilities, as well as being affected by restrictions on movement, the blog shows lessons from past outbreaks. These lessons include maintaining essential health services (e.g. ' Possible approaches include alternative treatment-delivery methods, supply-chain management and the provision of extended medication supplies for conditions including HIV, tuberculosis and non-communicable diseases, as well as modern contraceptive methods' and helping health workers continue to work); ensuring access to infection control measures for displaced populations; and community engagement.

REINFORCE, REINFORCE, REINFORCE: Localization in the COVID-19 Global Humanitarian Response

International Council of Voluntary Agencies | 30 March 2020 | Report

https://www.icvanetwork.org/system/files/versions/ICVA_Localization_COVID19.pdf

Noting that humanitarian responses will have to become more localised due to Covid-19 travel restrictions, the report seeks to highlight best practice in localisation. It is structured around seven areas: Partnerships, Leadership, Coordination and Complementarity, Participation, Policy Influence and Advocacy, Capacity, and Funding.

U-Report

<http://ureport.mw/opinion/4090/>

U-Report is a free mobile-based opinion polling service for young people giving youth an opportunity to share their views. Here are the latest polls on COVID-19 which can be selected by country.

Online learning and events

Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control

WHO | Free | 3 hours duration

<https://openwho.org/courses/introduction-to-ncov>

A general introduction to enable you to describe the fundamental principles of emerging respiratory viruses, including novel coronaviruses, and how to effectively respond to an outbreak. Intended for public health professionals, incident managers and personnel working for the UN, international organisations and NGOs.

Responding to COVID-19: Real-time training for the coronavirus disease outbreak

WHO | Available now | multiple self-paced courses

<https://openwho.org/channels/covid-19>

Note that courses are available in English and other languages including French, Portuguese and Spanish.

COVID-19: Tackling the Novel Coronavirus

LSHTM | FutureLearn course | Starts 25 May 2020 | 3 weeks | 4 hours weekly study | Free

<https://www.futurelearn.com/courses/covid19-novel-coronavirus>

Unfacilitated access to this course remains. An updated version of this course will though be run from 25 May 2020. On this course you will learn what is known about the outbreak of COVID-19 (week 1); what the practical implications for responding to COVID-19 are (week 2); and what we need to find out about COVID-19 (week 3).

COVID-19 Diagnostics and Testing

FIND, LSHTM & ASLM | FutureLearn course | Starts 20 April 2020 | 3 weeks | 3 hours weekly study | Free

<https://www.futurelearn.com/courses/covid-19-diagnostics-and-testing>

This course is designed for professionals involved in the testing and diagnosis of COVID-19, with a focus on low- and middle-income settings. You will learn the latest recommendations on COVID-19 testing, get up to date information on the performance of tests and how best to deploy them.

COVID-19 Critical Care: Understanding and Application

University of Edinburgh & Royal College of Physicians of Edinburgh | FutureLearn course | Starts 6 April 2020 | 5 weeks | 1 hour weekly study | Free

<https://www.futurelearn.com/courses/covid-19-critical-care-education-resource>

Designed for frontline clinical staff to learn the principles and practice of critical care to treat and care for critically ill patients during the COVID-19 pandemic. You will learn (1) how to apply the current and evolving principles of PPE in the care of COVID-19; (2) apply evidence-based principles of advanced organ support and monitoring to the COVID-19 critically ill patients; (3) apply evidence-based daily practices to care of the critically ill patient; and (4) develop a range of specialised self-caring practices.

Note that this resource has been created in response to the COVID-19 emergency and does not correspond to the classic structure of a FutureLearn course. You do not have to follow the week by week approach and can select the materials most relevant to your work.

Tracking Dashboards

Global

[WHO sitreps](#)

[Johns Hopkins University](#)

[WEF](#)

[Vaccine Centre LSHTM](#)

	Our World in Data
	Global 5050
	Humanitarian Data Exchange
	Information is Beautiful
	The Commons Project
Regional	WHO Africa
	African Arguments
	European CDC
Country	Ghana
	Indonesia
	Sierra Leone
	Singapore
	UK
	US

Guidelines

Global	WHO
	IASC
Regional	Africa CDC
Country	Nigeria CDC
	UK Government
	UK ONS
	NICE UK
	US CDC

Resource Hubs

Multilaterals	WHO
	WHO risk communication
	WHO Q&A
	WHO Global research
	COVID-19 Solidarity Response Fund
	UN
	UN Women
	UNOCHA
	UNHCR
	UNICEF
	UNESCO
	UN WFP
	World Bank
	Regional & Country
	African Union

Academic journals	The Lancet NEJM Elsevier BMJ Cell PLoS Cochrane reviews
Global Health Institutes	LSTM LSHTM Johns Hopkins University ICL MRC Centre for Global Infectious Disease Analysis ODI Norwegian Institute of Public Health Rings HSG Resyst Reach Wellcome
Ethics	US NIH registered clinical trials
Clinical trials	
Funding bodies	UKRI Wellcome
Demographics	WorldPop
Global Impact Surveys	Premise COVID-19 Global Impact Study GeoPoll: SSA
TB	Stop TB Partnership
Disability	IDA Disability and inclusion Coregroup IDDC
SDGs	Global Partnership for Sustainable Development Data
Humanitarian	Reliefweb Humanitarian OpenStreetMap Team SSHAP
Narratives	David Nabarro, WHO DG Special Envoy on COVID-19

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