



# COVID-19

## Health Evidence Summary No.8

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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 2-2.5 hours of work and is not intended to be a comprehensive summary of evidence.*

### **The need to avoid COVID-19 stigma: lessons from TB response**

Ro, C. | Forbes | 1 April 2020 | Blog

Stigma against TB excludes people and makes them less likely to approach healthcare reducing prevention measures and increasing possible spread. Stigma against COVID-19 has already shown with terms like “Chinese flu” and “super spreaders”. People with TB are vulnerable to COVID-19 with similar initial symptoms. There are opportunities for treating and preventing both of these respiratory diseases. Reducing poverty and overcrowding and increasing hygiene will reduce the spread of both infections and simultaneous testing for both diseases in countries with high TB rates may become available. Stigma discrimination must be stopped early.

### **From PREDICT to prevention, one pandemic later**

Carlson, C.J. | The Lancet Microbe | 31 March 2020 | Comment

[https://doi.org/10.1016/S2666-5247\(20\)30002-1](https://doi.org/10.1016/S2666-5247(20)30002-1)

To prevent future pandemics and build on the US\$207 million foundation of PREDICT, the last-standing USAID Emerging Pandemic Threats funding programme which supported a decade of virology, ecology, and epidemiology around the world and which ended only a few weeks before the SARS-CoV-2 pandemic, collaboration is needed among disease ecologists, wildlife virologists, and data scientists to develop models that integrate new data streams and more complex virological data to develop the next generation of zoonotic risk assessment tools that might first identify and highlight future threats before the first human infection.

### **Urgent call for an exit plan: the economic and social consequences of responses to COVID-19 pandemic**

Sullivan, R and Chalkidou, K | Center for Global Development | 31 March 2020 | Blog

<https://www.cgdev.org/blog/urgent-call-exit-plan-economic-and-social-consequences-responses-covid-19-pandemic>

Authors call for the following recommendations and policy changes (1) rapid scale up of testing for SARS-CoV-2 and antibodies to symptomatic population and healthcare workers; (2) re-evaluation of **communication strategy**; (3) rethink of critical planning for pandemics; and (4) development of an urgent exit plan. Lessons should have been learnt from over 20 epidemics and pandemics over the last decade to have been better prepared. Consequences of responding to COVID-19, including social distancing and lockdown policies, will go beyond just health outcomes. The **World Bank** estimate that nearly 24 million fewer people will escape poverty across developing East Asia Pacific in 2020 than would have in the absence of the pandemic. The **Economic Commission for Africa** have warned that COVID-19 could lead to Africa's export revenues from fuels falling, remittances and tourism affected, job losses, price increase and availability decrease of pharmaceuticals largely imported from Europe and an impact on food availability and food security given nearly two-thirds of African countries being net importers of basic food. The intra-African market could help mitigate some of these effects by taking advantage of trading with the African Continental Free Trade Area when it commences, limiting dependence on external partners.

### **Financing and scaling innovation for the COVID fight: a closer look at demand-side incentives for a vaccine**

Silverman, R et al. | Center for Global Development | 31 March 2020 | Notes

<https://www.cgdev.org/sites/default/files/Silverman-Krubiner-Chalkidou-Towse-R%26D-COVID.pdf>

This note calls for consideration of demand-side options for de-risking the market, to put in place appropriate, coordinated advance funding that can incentivise private sector development and delivery at scale of high-quality vaccines against COVID-19 while ensuring that access of populations from LICs through commitments on price, investment in additional manufacturing capacity and funding to support procurement. Whilst this note focusses on COVID-19, authors offer this opportunity for governments to think about other emerging and yet unknown pathogens, including novel viruses and drug resistant bacteria, to put in place responsive, resilient, fit-for purpose systems for high-value innovation and scale-up. Additionally, how LMIC governments can use demand side incentives to proactively tackle current health challenges including TB and HIV.

### **Ensuring global access to COVID-19 vaccines**

Yamey et al | The Lancet | 31 March 2020 | Comment

[https://doi.org/10.1016/S0140-6736\(20\)30763-7](https://doi.org/10.1016/S0140-6736(20)30763-7)

This Comment warns against high-income countries monopolising the supply of COVID-19 vaccines. This has been **learnt** from the 2009 influenza A/H1N1 pandemic where rich countries negotiated large advance orders for the vaccine, crowding out poor countries. Whilst there is a global need for COVID-19 vaccines, albeit differentially across populations, there must be the opportunity of initially scarce resources to be prioritised for healthcare workers and people at greatest risk of severe illness and death irrespective of country income. The authors suggest a solution - for governments to ensure there is a globally fair allocation system. This system, using existing instruments and institutions, would require a global purchasing agent or agents, a

substantial but limited-term advanced purchase commitment, and access through the system to financial instruments such as concessional loans or grants and indemnification from liability to offset the risks taken by participating private sector partners. Vaccines purchased should be free at the point of care for prioritised populations anywhere.

### **Refugee and migrant health in the COVID-19 response**

Kluge et al. | The Lancet | 31 March 2020 | Comment

[https://doi.org/10.1016/S0140-6736\(20\)30791-1](https://doi.org/10.1016/S0140-6736(20)30791-1)

Preparedness plans should consider refugees and migrants in camps and in the wider community. Their needs must be included in national public health systems, with no risk of financial or legal consequences for them. Refugees and migrants are potentially at increased risk of contracting diseases, including COVID-19, for multiple reasons including overcrowded conditions, lack of access to basic sanitation, poor access to healthcare services including health information and typically face administrative, financial, legal and language barriers to access the health system. In camps, basic public health measures will be difficult to implement. Site-specific epidemiological COVID-19 risk assessments must be done, case management protocols and rapid deployment of outbreak response teams if needed. International migrant workers and refugees can be affected by income loss, healthcare insecurity and consequences of postponement of decisions on their legal status. COVID-19 pandemic emergency and lockdowns have affected volunteer community service provision for refugees and migrants. Furthermore, stigmatisation and discrimination against this population for spreading disease risks wider public health outcomes, including for host populations, since they could be fearful to seek treatment or disclose symptoms.

### **LSHTM teams up with UK Government and Unilever to reach a billion people in global handwashing campaign**

LSHTM | 30 March 2020 | News

<https://www.lshtm.ac.uk/newsevents/news/2020/lshtm-teams-uk-government-and-unilever-reach-billion-people-global-handwashing>

This programme will reach up to a billion people globally aiming to raise awareness and change behaviour to ensure people are washing their hands with soap regularly. Also, the programme will provide more than 20 million hygiene products in developing countries, including in areas where there is little or no sanitation.

### **Ethical standards for research during public health emergencies: Distilling existing guidance to support COVID-19 R&D**

WHO | 2020 | Brief

<https://www.who.int/blueprint/priority-diseases/key-action/liverecovery-save-of-ethical-standards-for-research-during-public-health-emergencies.pdf?ua=1>

This brief summarises key universal ethical standards to be applied to research during public health emergencies.

# 1. Tracking COVID-19 cases

## Global

### WHO COVID-19 daily situation reports

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

### An interactive web-based dashboard to track COVID-19 in real time

<https://www.nice.org.uk/covid-19>

### Live data tracker: sex-disaggregated COVID-19 data from the 25 most-affected countries

<http://globalhealth5050.org/covid19>

## Africa

### Coronavirus in Africa Tracker: How many covid-19 cases & where?

<https://africanarguments.org/2020/03/23/coronavirus-in-africa-tracker-how-many-cases-and-where-latest/>

## UK

### COVID-19: PHE track coronavirus cases in the UK

<https://www.gov.uk/government/publications/covid-19-track-coronavirus-cases>

### UK case tracing infographic

<https://www.arcgis.com/apps/opsdashboard/index.html#/f94c3c90da5b4e9f9a0b19484dd4bb14>

# 2. Online course

### 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 23 March 2020 | 3 weeks | 4 hours weekly study | Free

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

A reminder that this course is currently running. 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).

### **3. Resource Hubs**

#### **COVID-19: Research ethics**

<https://ethicsresource.ringsgenderresearch.org/covid-19-resources/>

#### **LSTM: COVID-19**

<https://www.lstmed.ac.uk/covid-19>

#### **LSHTM: COVID-19**

<https://www.lshtm.ac.uk/research/research-action/covid-19>

#### **International Disability Alliance: COVID 19 and the disability movement**

<http://www.internationaldisabilityalliance.org/content/covid-19-and-disability-movement>

#### **Africa Centres for Disease Control and Prevention (Africa CDC)**

<https://africacdc.org/covid-19/>

#### **UNICEF: Latest news and updates on coronavirus disease 2019 (COVID-19)**

<https://www.unicef.org/coronavirus/covid-19>

#### **Coronavirus: the science explained**

<https://coronavirusexplained.ukri.org/en/>

#### **Social Science in Humanitarian Action: Updates on the novel COVID-19 outbreak**

<https://www.socialscienceinaction.org/update-novel-covid-19-outbreak/>

#### **Special Collection: Coronavirus (COVID-19): evidence relevant to critical care**

<https://www.cochrane.org/news/special-collection-coronavirus-covid-19-evidence-relevant-critical-care>

**NICE UK: Rapid guidelines and evidence reviews**

<https://www.nice.org.uk/covid-19>

**Imperial College London MRC Centre for Global Infectious Disease Analysis COVID-19 reports**

<https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/news--wuhan-coronavirus/>

**Global research on COVID-19**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>

**WHO R&D Blueprint**

<https://www.who.int/blueprint/priority-diseases/key-action/novel-coronavirus/en/>

**WHO: Coronavirus disease (COVID-19) outbreak resources**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

**Latest information and advice from the UK Government**

<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

**CDC COVID-19 Resources**

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>The Global Health Network Coronavirus outbreak knowledge hub

**The Lancet COVID-19 Resource Centre**

<https://www.thelancet.com/coronavirus>

**Elsevier's Novel Coronavirus Information Center**

<https://www.elsevier.com/connect/coronavirus-information-center>

**Cell Press Coronavirus Resource Hub**

<https://www.cell.com/2019-nCoV>

**Cochrane Special Collections - COVID-19: infection control and prevention measures**

<https://www.cochranelibrary.com/collections/doi/SC000040/full>

## The BMJ Coronavirus (covid-19): Latest news and resources

[https://www.bmj.com/coronavirus?int\\_source=wisepops&int\\_medium=wisepops&int\\_campaign=DAA\\_CoronaVirus\\_Jan24](https://www.bmj.com/coronavirus?int_source=wisepops&int_medium=wisepops&int_campaign=DAA_CoronaVirus_Jan24)

## Johns Hopkins Coronavirus Resource Centre

<https://coronavirus.jhu.edu>

## Global Partnership for Sustainable Development – COVID-19 resources

<http://www.data4sdgs.org/resources/covid-19-resources>

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