



# COVID-19

## Health Evidence Summary No.10

Kerry Millington

Liverpool School of Tropical Medicine (LSTM)

3 April 2020

*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.*

### **Global coalition to accelerate COVID-19 clinical research in resource-limited settings**

COVID-19 Clinical Research Coalition | The Lancet | 2 April | Comment

[https://doi.org/10.1016/S0140-6736\(20\)30798-4](https://doi.org/10.1016/S0140-6736(20)30798-4)

Of the 332 COVID-19 related clinical trials (as of 24 March 2020), 188 are open for recruitment and 146 trials are preparing to recruit. Most of these trials will be in the countries most affected by COVID-19 in the past 2 months, with very few clinical trials planned in Africa, south and southeast Asia and central and South America. Low numbers of COVID-19 cases in resource-poor settings are expected to rise substantially and quickly surge past the capacity of weak healthcare systems to manage patients resulting in high direct and indirect mortality. COVID-19 trials need to be large and well designed to generate evidence and priority should be given to interventions that reflect specific needs of countries and are readily implementable, equitable and affordable. To address these challenges, accelerate and facilitate research needed in resource-poor settings, the international **COVID-19 Clinical Research Coalition** comprised of scientists, physicians, funders and policy makers, proposes to bring together existing multinational, multidisciplinary expertise and clinical trial capacity; synergise with existing initiatives e.g. CEPI; and use existing research capabilities to support, promote, and accelerate multicentre trials of the safety, efficacy and effectiveness of interventions against COVID-19 in resource-limited settings. With partners, the coalition has four goals (1) facilitate rapid and joint protocol reviews by ethics committees and national regulatory agencies; (2) facilitate approvals for the importation of study medicines and materials through agreed coordinated fast-track mechanisms; (3) ensure standardised and simple collection of key data, sufficient for robust analysis of efficacy and safety of the tested interventions; and (4) provide a governance framework to share outcomes before publication.

### **Why inequality could spread COVID-19**

Ahmed et al. | The Lancet Public Health | 2 April 2020 | Comment

[https://doi.org/10.1016/S2468-2667\(20\)30085-2](https://doi.org/10.1016/S2468-2667(20)30085-2)

This Comment calls for scarce resources and funding allocation decisions to aim to reduce inequities and not exacerbate them.

### **Does one size fit all? Realistic alternatives for COVID-19 response in low-income countries**

Glassman, A, Chalkidou, K & Sullivan, R | Center for Global Development | 2 April 2020 | Blog

<https://www.cgdev.org/blog/does-one-size-fit-all-realistic-alternatives-covid-19-response-low-income-countries#.XoZrHcd8AS0.twitter>

Caution is expressed about the feasibility of lockdowns and isolation in LMICs, and the cost-effectiveness of putting large-scale resources into upscaled hospital care. Authors propose three suggestions to focus on the broader protection of life in the immediate term that are different in scale from existing guidance (1) scale up low-tech clean water and handwashing interventions and more toilet facilities; (2) protect other essential healthcare services and supply chains; and (3) scale up cash transfers to stay home. Consistent with existing guidance authors recommend some changes to prioritisation in LMICs (1) protect the health workforce; (2) target tests; (3) use real world national and subnational data to inform modelling forecasts; and (4) develop triage protocols for ventilation. As LMICs prepare for the COVID-19 wave there is an urgent need for more tailored guidance in LMICs and perhaps a different emphasis in spending than in HICs.

### **Safeguard research in the time of COVID-19**

Nature Medicine | 2 April 2020 | Editorial

<https://doi.org/10.1038/s41591-020-0852-1>

Many researchers have refocused their work including stepping in to assist the population by developing, scaling up and performing diagnostic tests, understanding the biology of the disease, testing whether existing drugs can be repurposed to treat patients, developing models to aid in understanding how the pandemic is evolving, how to reduce its impact and how to test the impact of non-pharmaceutical interventions. “First responders, doctors, nurses and health professionals are at the frontlines of the fight against the virus – but scientists remain at the core of the solution”. Government, funders, universities and institutions must support scientists and ensure the healthy future of research.

### **COVID-19: WHO issues interim guidance for implementation of NTD programmes**

WHO | 1 April 2020 | Interim guidelines

[https://www.who.int/neglected\\_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/](https://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/)

Consistent with COVID-19 public health measures, WHO recommends that community-based surveys, active case-finding activities and mass treatment campaigns for neglected tropical diseases be postponed until further notice. Care for those presenting to healthcare facilities and essential vector control measures should continue as normal. WHO encourages local health authorities to use existing NTD platforms, surveillance mechanisms and WASH/health education

opportunities to support implementation of COVID-19 measures where appropriate. Note that these guidelines are interim and more detailed guidance will be issued in due course.

### **Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing**

Ferretti L. & Wymant C et al. | Science | 31 March 2020 | Article

<https://doi.org/10.1126/science.abb6936>

This study suggests SARS-CoV-2 transmission could be contained better if contact tracing became digital instead of manual due to the speed of viral spread. Intelligent physical distancing via digital contact tracing could speed up contact tracing, be more efficient and happen at scale. A contact-tracing App which builds a memory of proximity contacts and immediately notifies contacts of positive cases can achieve epidemic control if used by enough people and recommendations could be to only those at risk offering an alternative to mass quarantines. Authors discuss ethical requirements for such an intervention.

### **WHO urges countries to ensure the continuity of malaria services in the context of the COVID-19 pandemic: Safety of front-line health workers a primary concern**

WHO | 25 March | News

<https://www.who.int/news-room/detail/25-03-2020-who-urges-countries-to-ensure-the-continuity-of-malaria-services-in-the-context-of-the-covid-19-pandemic>

WHO underlines the importance of sustaining and *not* scaling back efforts to prevent, detect and treat malaria. Continuing access to core malaria prevention measures (vector control and chemoprevention for pregnant women and young children) is an important strategy for reducing the strain on health systems. WHO will provide guidance for countries to safely maintain essential health services in the context of the COVID-19 response.

## **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://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

#### **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/opstdashboard/index.html#/f94c3c90da5b4e9f9a0b19484dd4bb14>

## Online learning

### COVID-19 and Disability

ARISE | Monday 6 April 1100-1230 BST | Twitter chat

<http://www.ariseconsortium.org/disability-and-covid-19-twitter-chat-disabilityc19/>

Use the hashtag #DisabilityC19 to join in.

### 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).

## Resource Hubs

### **COVID-19 Research Project Tracker by UKCDR & GloPID-R**

<https://www.ukcdr.org.uk/funding-landscape/covid-19-research-project-tracker/>

A live database of funded research projects across the world related to COVID-19 mapped against the priorities identified in the [WHO Coordination Global Research Roadmap: 2019 Novel Coronavirus](#).

### **WHO Q&A on COVID-19**

<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

Note that this resource includes Q&A on COVID-19; COVID-19, pregnancy, childbirth and breastfeeding; COVID-19, HIV and antiretrovirals; similarities and differences COVID-19 and influenza; mass gatherings and COVID-19; IPC for healthcare workers; COVID-19 and food and agriculture; smoking and COVID-19; malaria and COVID-19.

### **COVID-19: Resources and research on epidemics and pandemics**

<https://steps-centre.org/covid-19-coronavirus-resources-research-epidemics-pandemics/>

### **Stop TB Partnership TB and COVID-19**

<http://www.stoptb.org/covid19.asp>

### **EPI-WIN: WHO information network for epidemics: COVID-19 public health emergency**

<https://www.who.int/teams/risk-communication>

### **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>

### **Suggested citation**

Millington, K.A. (2020). *COVID-19 Health Evidence Summary No.10*. K4D Evidence Summary. Brighton, UK: Institute of Development Studies.

## About this report

*This daily COVID-19 health evidence summary is based on 3 hours of desk-based research. K4D services are provided by a consortium of leading organisations working in international development, led by the Institute of Development Studies (IDS), with Education Development Trust, Itad, University of Leeds Nuffield Centre for International Health and Development, Liverpool School of Tropical Medicine (LSTM), University of Birmingham International Development Department (IDD) and the University of Manchester Humanitarian and Conflict Response Institute (HCRI).*

*This evidence summary was prepared for the UK Government's Department for International Development (DFID) and its partners in support of pro-poor programmes. It is licensed for non-commercial purposes only. K4D cannot be held responsible for errors, omissions or any consequences arising from the use of information contained in this health evidence summary. Any views and opinions expressed do not necessarily reflect those of DFID, K4D or any other contributing organisation.*



© DFID - Crown copyright 2020.