



COVID-19

Health Evidence Summary No.17

Kerry Millington

Liverpool School of Tropical Medicine (LSTM)

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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.

How many are at increased risk of severe COVID-19 disease? Rapid global, regional and national estimates for 2020

Clark et al | CMMID LSHTM | 14 April 2020 | Study not yet peer reviewed

https://cmmid.github.io/topics/covid19/severity/Global_risk_factors.html

There is a need to understand how the number of individuals at risk of severe COVID-19 illness varies between countries to inform the design of possible strategies to shield those at highest risk. Based on current guidelines and prevalence data from GBD, this study estimates that 1.7 (1.0 to 2.4) billion individuals (22% [15 to 28%] of the global population) are at increased risk of severe COVID-19 disease. This ranges from 16% of the population in Africa to 31% in Europe. Chronic kidney disease, cardiovascular disease, diabetes and chronic respiratory disease were the most prevalent conditions in males and females. African countries with a high prevalence of HIV/AIDS have a high share of the population at increased risk. For many of these individuals, the underlying condition will be undiagnosed and the increase in risk maybe quite modest. Analyses of the risks associated with different underlying conditions is needed to enable countries to be able to identify the highest risk groups to develop targeted shielding policies.

Three lessons for the COVID-19 response from pandemic HIV

Hargreaves, J. & Davey, C. | The Lancet HIV | 13 April 2020 | Comment

[https://doi.org/10.1016/S2352-3018\(20\)30110-7](https://doi.org/10.1016/S2352-3018(20)30110-7)

Three critical lessons from the HIV pandemic can be applied to the COVID-19 pandemic. (1) anticipate health inequalities – the global burden of COVID-19 will likely hit older people and vulnerable groups in LMICs yet we must aim to leave no one behind. We must track the socioeconomic status and gender of those affected and track economic impacts. (2) Create an enabling environment to support behaviour change. In the short-term pragmatic responses will be needed such as rapid mass distribution of soap, sanitiser and PPE where there is scarcity of clean water. Building social capital, trust and community cohesion and supporting local leadership will

have greater health messaging impact, avoid unintended social consequences (e.g. stigma) and address social upheaval. (3) The response must be multidisciplinary from epidemiological models predicting the dynamics of the pandemic to implementation of healthcare and social delivery.

COVID-19 Therapeutics Accelerator

<https://www.therapeuticsaccelerator.org>

A philanthropic initiative designed to coordinate R&D efforts, develop and bring effective treatments to market quickly and accessibly.

COVID-19: Gavi steps up response to the pandemic

GAVI | 9 April 2020 | News

<https://www.gavi.org/news/media-room/covid-19-gavi-steps-response-pandemic>

Includes an infographic on Gavi funding for the COVID-19 response so far.

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
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 UN UN Women UNOCHA UNICEF UNESCO UN WFP World Bank
Regional & Country Academic journals	Africa CDC 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

Ethics	Norwegian Institute of Public Health Rings HSG Resyst Reach Wellcome
Clinical trials	US NIH registered 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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