



## HIFA discussion on Coronavirus (COVID-19)

**Discussion 1: Jan – Apr 2020**

**→ First 400 messages**

Addressing the information needs, accuracy, and gaps during an unprecedented global pandemic.

**FULL COMPILATION**

*Note from HIFA member (Rakshith Gangireddy):*

*The following encompasses the full text of the first 400 messages on the discussion of the novel coronavirus (COVID-19, SARS-Cov-2) pandemic. This full compilation is part of a broader project that aims to identify emerging themes on the information needs and gaps, as well as misinformation, arising across the world during this unprecedented time. As you know, there have already been more than 500 substantive messages on coronavirus on the main HIFA (English) forum. This is more than double the previous record for a HIFA discussion (Traditional birth attendants). A follow-up full compilation will be created for the remaining messages on this topic. The next steps will involve a long edit of the messages, a short edit identifying large themes, a qualitative analysis, an informal article of the findings, and potentially a peer-reviewed publication. [24 May 2020]*

## **WHO: Outbreak of novel coronavirus (2019-nCoV)**

24 January, 2020

WHO: Statement on the meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)

Extracts below. Read online:

[https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting...\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting...(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

The Emergency Committee was convened today by the WHO Director-General under the International Health Regulations regarding the outbreak of novel coronavirus 2019. The committee advised that the event did not constitute a Public Health Emergency of International Concern (PHEIC), they agreed on the urgency of the situation and suggested that the Committee should be reconvened in a matter of days to examine the situation further.

23 January 2020 Statement Geneva, Switzerland

... Chinese authorities presented new epidemiological information that revealed an increase in the number of cases, of suspected cases, of affected provinces, and the proportion of deaths in currently reported cases of 4% (17 of 557). They reported fourth-generation cases in Wuhan and second-generation cases outside Wuhan, as well as some clusters outside Hubei province. They explained that strong containment measures (closure of public-transportation systems are in place in Wuhan City, as well as other nearby cities). After this presentation, the EC was informed about the evolution in Japan, Republic of Korea, and Thailand, and that one new possible case had been identified in Singapore.

The Committee welcomed the efforts made by China to investigate and contain the current outbreak.

The following elements were considered as critical:

Human-to-human transmission is occurring and a preliminary R0 estimate of 1.4-2.5 was presented. Amplification has occurred in one health care facility. Of confirmed cases, 25% are reported to be severe. The source is still unknown (most likely an animal reservoir) and the extent of human-to-human transmission is still not clear.

Several members considered that it is still too early to declare a PHEIC, given its restrictive and binary nature.

Based on these divergent views, the EC formulates the following advice [...]

Technical advice is available here. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> Countries should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread and contributing to the international response through multi-sectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research. Countries should also follow travel advice from WHO...

[Advice for the public here:] <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-f...>

WHO's standard recommendations for the general public to reduce exposure to and transmission of a range of illnesses are as follows, which include hand and respiratory hygiene, and safe food practices:

- Frequently clean hands by using alcohol-based hand rub or soap and water;
- When coughing and sneezing cover mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands;
- Avoid close contact with anyone who has fever and cough;
- If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider;
- When visiting live markets in areas currently experiencing cases of novel coronavirus, avoid direct unprotected contact with live animals and surfaces in contact with animals;
- The consumption of raw or undercooked animal products should be avoided. Raw meat, milk or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare In

formation For All - [www.hifa.org](http://www.hifa.org) ), a global community with almost 20,000 members in 180 countries, interacting on six global forums in four languages (English, French, Spanish, Portuguese). Twitter:

@hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **WHO: Outbreak of novel coronavirus (2019-nCoV) (2)**

25 January, 2020

[quote] ..... given its restrictive and binary nature [unquote]

a Public Health Emergency of International Concern (PHEIC) as formulated by the WHO Emergency Committee is a binary term and as i see it at the heart of the IHRs. So, one would expect preliminary R0s' and case fatality to be interpreted conclusively by the EC. It is hard to imagine that this is not an emergency of international concern, regardless of members...considering that it is 'still too early'. I believe this statement by the DG is ambiguous on its own or perhaps a consensus but not a 'binary' because of politics around the 'restrictive' nature of a PHEIC. The statement seems also semantic between emergency no .. urgency yes. Safeguarding public health should include addressing 'wildlife markets' in China and the Greater Mekong region and curbing the illegal wildlife trade in Asia and the

world; since SARS this is a continuing blindspot right in the open causing new outbreaks with people falling ill, transmitting and sadly dying. Days before the statement from Geneva, the Chinese CDC had provided the below information regarding the outbreak of this novel coronavirus in Wuhan that links 2019-nCoV directly to wildlife trade and highlights the severity of illness and an alarming rate of spread with a fatality of 17/639 (one week ago). As of now acc to real time Lilac garden data ( <https://3g.dxy.cn/newh5/view/pneumonia?from=timeline&isappinstalled=0> ) 1355 cases are diagnosed nationwide (China); with 1983 suspected cases; 38 cases cured and 38 cases died, fatality 38/1355. Spread doubled in one week (confirmed cases), number of suspects is increasing exponentially with a fatality rate stable between 2.6% - 2.8%. These numbers are predictive for more deaths to follow in and outside China. Good enough the EC will reconvene in a matter of days!

best regards

pascal verhoeven

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China's CDC says coronavirus linked to illegal wildlife trade

<https://www.sustainability-times.com/environmental-protection/chinas-cdc...>

By Laureen Fagan on January 22, 2020

China's illegal wildlife trade has been the source of untold suffering for both animals and people attached to trafficking operations, but now it is implicated in the evolving coronavirus threat that has sealed off the city of Wuhan and spread to other nations.

George Fu Gao, the director general for China's Center for Disease Control and Prevention, said Wednesday that the new 2019-nCoV virus originated from wild animals illegally sold at a seafood market in the city of some 11 million people. The market is less than a kilometer from Wuhan's high-speed railwayway station, a high-traffic area in and out of a city that is now effectively quarantined as many of its citizens seek health care.

There's much to learn about the outbreak, and the World Health Organization delayed a decision on whether to designate a Public Health Emergency of International Concern (PHEIC) while gathering more information. Yet a new research paper from five Chinese scientists, published rapidly by the Journal of Medical Virology in light of the emergency, points to a specific species.

'Many patients were potentially exposed to wildlife animals at the Huanan Seafood Wholesale Market, where poultry, snake, bats, and other farm animals were also sold,' the scientists said. 'Our findings suggest that snake is the most probable wildlife animal reservoir for the 2019' nCoV,' they added, basing results on an isolated glycoprotein they believe is a pathway in the animal-to-human transmission.

It's similar to the link with bats that was implicated in the 2003 SARS coronavirus epidemic, which spread to 26 countries and involved more than 8,000 cases once it progressed to human-to-human transmission. A second paper suggests a potential bat origin for this new virus too.

While public health authorities think that 2019-nCoV is not yet as serious as SARS was, Gao warned that the virus was adapting and mutating, making it harder to control. The severity of illness and rate of spread are alarming: A real-time reporting site from Lilac Garden, a forum for Chinese medical professionals, listed 639 confirmed cases and another 422 suspected cases as of 12 a.m. local time on Friday, with 17 fatalities.

Most of the cases are in the interior Hubei province but others are spread across China's populated east, the coastal cities including Beijing and Shanghai, and the adjacent Macau, Hong Kong and Taiwan.

What's even more sobering to global health officials is the spread to other nations. Thailand and Japan were the first to confirm cases originating in Wuhan. The United States and South Korea were next. Singapore has a new one. Russia, Brazil, Scotland, France and the Philippines are investigating cases. Mexico says it is monitoring the case of a 57-year-old university biotechnology researcher who returned from Wuhan some 12 days ago.

Those nations without reported cases, from South Africa to the United Kingdom, are taking precautions. The European Union's Center for Disease Prevention and Control issued an updated assessment on Wednesday, warning that the potential for impacts from 2019-nCoV remains high and further spread of the virus is likely.

'The original source of the outbreak remains unknown and therefore further cases and deaths are expected in Wuhan, and in China,' the EU said. Travel patterns may mean cases in EU nations, though 'there are considerable uncertainties in assessing the risk of this event, due to lack of detailed epidemiological analyses.'

As the world waits to learn more, the Wuhan coronavirus outbreak already serves as a breathtaking example of how connected the world has become, and how the well-being of humans and animals is so clearly intertwined. China is by no means the only nation that has failed to get a handle on an illegal wildlife trade that officials believe is at the root of the problem. It's also not the only nation affected by the consequences.

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HIFA profile: Pascal Verhoeven is a Dutch pharmacist (1990) with a Masters in Public Health from the LSHTM (UK, 2010). He has worked in over 20 countries as an independent consultant in manufacturing, procurement and supply chain management and regulation (registration) of medicines and diagnostics, HIV, TB and Malaria control program proposals, implementation and reviews, Global Fund grant management, and audits. He has worked in East Africa and currently lives in Lao PDR where he worked with the Ministry of Health/GFATM office as technical advisor from 2010 to 2018. verhoeven.pascal AT gmail.com

## **NLM Offerings on 2019 Novel Coronavirus, Wuhan**

27 January, 2020

IMPROVING ACCESS TO DISASTER HEALTH INFORMATION

Disaster Information Management Research Center

National Library of Medicine | National Institutes of Health

Having trouble viewing this email? View it as a Web page. <https://content.govdelivery.com/accounts/USNLMDIMRC/bulletins/2785949>

The WHO International Health Regulations (IHR) Emergency Committee met last week and determined [<https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting...> (2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)] that the Novel Coronavirus (2019-nCoV) outbreak did not constitute a Public Health Emergency of International Concern (PHEIC) at that time. They continue to closely monitor the situation and may meet again soon. In recognition that people are interested in learning what is currently known about the virus and outbreak, we have gathered the following information:

Disaster Lit

Resources [https://disasterinfo.nlm.nih.gov/search/?q=\(coronavirus%20AND%20novel\)%20OR%20Wuhan](https://disasterinfo.nlm.nih.gov/search/?q=(coronavirus%20AND%20novel)%20OR%20Wuhan)

PubMed citations <https://pubmed.ncbi.nlm.nih.gov/?term=2019-nCoV>

Coronavirus Infections (including 2019-nCoV, MERS-CoV and SARS) Information Guide [https://disasterinfo.nlm.nih.gov/emerging-diseases#Coronavirus\\_Infections](https://disasterinfo.nlm.nih.gov/emerging-diseases#Coronavirus_Infections) (including\_2019-nCoV,\_MERS-CoV\_and\_SARS)

Annotated genome sequence of the 2019 novel coronavirus in GenBank <https://www.ncbi.nlm.nih.gov/nuccore/MN908947> (Read More) <https://ncbiinsights.ncbi.nlm.nih.gov/2020/01/13/novel-coronavirus/>

Medline Plus Consumer Level Information on Coronavirus Infections, <https://medlineplus.gov/coronavirusinfections.html> In Spanish Infecciones por coronavirus <https://medlineplus.gov/spanish/coronavirusinfections.html>

New MeSH Supplementary Concept Record for the 2019 Novel Coronavirus, Wuhan, China, Read More [https://www.nlm.nih.gov/pubs/techbull/jf20/brief/jf20\\_mesh\\_novel\\_coronav...](https://www.nlm.nih.gov/pubs/techbull/jf20/brief/jf20_mesh_novel_coronav...)

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**Elsevier Corona Virus Resource Center**

27 January, 2020

Dear colleagues,

I would like to share the newly launched Corona Virus Resource Center which features scientific and medical journals and textbooks, educational products and many other resources. The content is curated by our global health experts, is freely available and will be continuously updated.

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

Best regards, Ylann Schemm, Director, Elsevier Foundation

HIFA profile: Ylann Schemm serves as the Elsevier Foundation Program Director which, provides partnership grants to advance global health, research and sustainability in developing countries and promote diversity in science. She is also the chair of the communications team for Research4Life, a unique UN-pan publisher partnership to provide free or low cost access to researchers in the developing world. Ylann is based in Amsterdam. Y.Schemm AT elsevier.com

### **GPs Given China Coronavirus Guidance - UK GOV**

30 January, 2020

Courtesy of MEDSCAPE we share this important UK Government Advisory on Coronavirus ( WN-COV)

GPs Given China Coronavirus Guidance [Read online: <https://www.medscape.com/viewarticle/924206>]

Tim Locke January 24, 2020

Acute Respiratory Distress Syndrome (ARDS)

GPs in England have been issued with guidance on dealing with suspected cases of Wuhan novel coronavirus infection (WN-CoV).

Assessments were made in a number of potential UK cases but all were negative.

Downing Street called a meeting of COBRA, the Cabinet Office briefing room emergency committee, to discuss the outbreak. The meeting was chaired by the Health Secretary Matt Hancock. He said the risk to the UK from the virus remained low.

However, Professor Paul Cosford, emeritus medical director of Public Health England (PHE), told BBC News earlier: "I think it's highly likely that we will have cases in the UK."

He continued: "We do have a whole range of plans ready to go when that is the case and these are being implemented now."

The World Health Organisation (WHO) has said the outbreak is an emergency for China. However, it hasn't yet declared it an epidemic of international concern.

Commenting through the Science Media Centre, Peter Piot, professor of global health and director, London School of Hygiene & Tropical Medicine, said: "We are at a critical phase in this outbreak. Regardless of the decision not to declare this a Public Health Emergency of International Concern, intensified international collaboration and more resources will be crucial to stopping this outbreak in its

tracks. National authorities and the World Health Organisation will need to continue to monitor developments very closely.

"There are still many missing pieces in the jigsaw puzzle to fully understanding this new virus which is spreading rapidly across China, and most probably around the world. Over the coming days and weeks we will know much more, but there cannot be any complacency as to the need for global action.

"The good news is that the data to date suggest that this virus may have a lower mortality than SARS, we have a diagnostic test and there is greater transparency than decades gone by. And that is essential because you cannot deal with a potential pandemic in one country alone."

#### NHS Guidance

PHE gave the current criteria for possible WN-CoV infection as:

Travel to Wuhan, Hubei Province, China in the 14 days before the onset of illness or contact with a confirmed case of WN-CoV

Severe acute respiratory infection requiring hospital admission with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome OR acute respiratory infection of any degree of severity (including at least one of the following: shortness of breath, cough or sore throat)

However, it said atypical presentation is possible in immunocompromised patients.

It said the principles for primary care included:

Identifying potential cases as soon as possible, including through recent history of travel to China when booking patients in or by phone

Preventing transmission of infection to staff and patients

Telling potential cases to avoid using public transport or taxis to get to hospital

Avoiding direct physical contact during examination or exposures to respiratory secretions

Isolate suspected cases in a room away from other patients and inform local Health Protection Teams (HPT)

If a potential case is identified during a consultation, leave the room, wash hands, and prevent others entering the room. Continue the consultation by phone. Do not allow the patient to use shared toilets

If transfer to hospital is required, tell the ambulance control of potential WN-CoV infection. Do not allow further use of the isolation room until HPT advice is received

Editor's Note: 27th January 2020: This article was updated to remove out of date statistics."

Joseph Ana



AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Implementing Organisation: PACK Nigeria Programme for PHC

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HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicem & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **BBC: China coronavirus - Misinformation spreads online about origin and scale**

31 January, 2020

Extracts below. Full text here: <https://www.bbc.co.uk/news/blogs-trending-51271037>

'At least 170 people have died as a result of the outbreak of a new coronavirus,

The number of confirmed cases of the virus in China has risen to 7,711 and infections have been reported in at least 15 other countries.

But not only has the virus spread, so too has misinformation.

Numerous conspiracies have appeared since the outbreak - not to mention dubious health advice...

One such claim - shared 16,000 times on Facebook - advises users in the Philippines to "keep your throat moist", avoid spicy food and "load up on vitamin C" in order to prevent the disease.

The information is said to be from the country's Department of Health but it does not match the advice on the DOH website or its official press releases on the outbreak...

Another unsubstantiated claim shared online suggests avoiding cold or preserved food and drinks, such as ice cream and milkshakes, for "at least 90 days"...

As the United States reported its first case of the coronavirus last week, several patent documents started to circulate on Twitter and Facebook that at first glance appear to suggest experts have been aware of the virus for years.

One of the first users to float these allegations was conspiracy theorist and YouTuber Jordan Sather... Sather used the fact that the Bill & Melinda Gates Foundation is a donor to both Pirbright and vaccine development to suggest that the current outbreak virus has somehow been deliberately manufactured to attract funding for the development of a vaccine...

Another baseless claim that has gone viral online suggests the virus was part of China's "covert biological weapons programme" and may have leaked from the Wuhan Institute of Virology...

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Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children

<http://www.hifa.org/projects/citizens-parents-and-children>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **BMJ provides free coronavirus resources to support healthcare workers**

31 January, 2020

for HIFA forum:

BMJ provides free coronavirus resources to support healthcare workers <https://www.bmj.com/coronavirus>

BMJ is offering a range of free online resources to support researchers, doctors, nurses, and other healthcare professionals to understand and respond to the global health emergency caused by the novel coronavirus (2019-nCoV).

The free online resources are aimed at healthcare professionals located in China and across the world, to help keep them updated with the latest developments and guidance. This includes our clinical decision support resource BMJ Best Practice [<https://bestpractice.bmj.com/topics/en-gb/3000165/>] providing diagnosis, treatment and management advice for 2019-nCoV in six languages including Mandarin [<https://bestpractice.bmj.com/topics/zh-cn/3000165/>], Spanish [<https://bestpractice.bmj.com/topics/es-es/3000165/>], Russian [<https://bestpractice.bmj.com/topics/ru-ru/3000165/>], and Portuguese [<https://bestpractice.bmj.com/topics/pt-br/3000165/>].

Along with other organisations, BMJ is committed to ensuring that research findings and data relevant to this outbreak are shared rapidly and openly to inform the public health response and help save lives.

The collection of resources will be continuously updated as new information comes to light. Go to [bmj.com/coronavirus](http://bmj.com/coronavirus)

thanks,

Ruth

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Head of Corporate Marketing

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### **Nature article: China coronavirus: how many papers have been published?**

31 January, 2020

Dear Neil & colleagues,

Researchers and others who are following developments relating to the current coronavirus outbreak may be interested in this short article in Nature by Emma Stoye:

[https://www.nature.com/articles/d41586-020-00253-8?utm\\_source=fbk\\_nnc&ut...](https://www.nature.com/articles/d41586-020-00253-8?utm_source=fbk_nnc&ut...)

A quote from the article: "More than 50 research papers have been published on the new Chinese coronavirus in the past 20 days, as scientists rush to understand the pathogen and how it spreads."

Best wishes

Julie

HIFA Profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

### **Global Health Network: Coronavirus Outbreak Knowledge Hub**

1 February, 2020

From The Global Health Network. Read online: <https://coronavirus.tghn.org/>

Text below, followed by a comment from me.

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This is a 'pop-up' area on The Global Health Network in response to requests for a knowledge hub and access to guidance on the new Novel Coronavirus outbreak; 2019-nCoV.

The Global Health Network is an open source platform that provides trusted knowledge, guidance, tools and resources to support the generation of more and better health research data. During emerging outbreaks it is vital to learn as much as possible to generate evidence on best practice for prevention, diagnosis and treatment and to facilitate effective preparedness and response for future outbreaks.

This pop-up space for 2019 Novel Coronavirus (2019-nCoV) supports evidence generation by pooling protocols, tools, guidance, templates, and research standards generated by researchers and networks working on the response to this outbreak. Findings from previous outbreaks, largely obtained during MERS and SARS, are also available. This all aims to make research faster and easier and to enable standardised, quality data to be collected and prepared for sharing.

Latest updates will be provided on transmission as well as recommendations for healthcare professionals on transmission, disease management, and care.

Please check back here for more information as we collate latest resources on this in real time.

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Comment (Neil PW): This is welcome but it raises the wider question of multiple information sources on coronavirus from different organisations. The gold standard general information source for coronavirus is probably that provided by WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> Clearly, different information services have different remits and audiences, and it is unlikely that a single service will meet everyone's needs, but there is perhaps room for greater collaboration and less duplication? This in turn is part of the bigger issue about signposting people to reliable information and protecting them from misinformation about coronavirus (which, as we have read on HIFA, is already a big and dangerous problem that is made worse by social media).

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Press release: Sharing research data and findings relevant to the novel coronavirus (nCoV) outbreak**

1 February, 2020

This press release is signed by a growing list of publishers, large and small, as well as funding agencies, WHO Bulletin, The BMJ, The Lancet, bilateral agencies, NGOs, pharmaceutical companies, research councils... Please also read my comment below.

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The outbreak of the novel coronavirus in China (2019-nCoV) represents a significant and urgent threat to global health.

We call on researchers, journals and funders to ensure that research findings and data relevant to this outbreak are shared rapidly and openly to inform the public health response and help save lives.

We affirm the commitment to the principles set out in the 2016 Statement on data sharing in public health emergencies, and will seek to ensure that the World Health Organization (WHO) has rapid access to emerging findings that could aid the global response.

Specifically, we commit to work together to help ensure:

- all peer-reviewed research publications relevant to the outbreak are made immediately open access, or freely available at least for the duration of the outbreak
- research findings relevant to the outbreak are shared immediately with the WHO upon journal submission, by the journal and with author knowledge
- research findings are made available via preprint servers before journal publication, or via platforms that make papers openly accessible before peer review, with clear statements regarding the availability of underlying data
- researchers share interim and final research data relating to the outbreak, together with protocols and standards used to collect the data, as rapidly and widely as possible - including with public health and research communities and the WHO
- authors are clear that data or preprints shared ahead of submission will not pre-empt its publication in these journals

We intend to apply the principles of this statement to similar outbreaks in the future where there is a significant public health benefit to ensuring data is shared widely and rapidly.

We urge others to make the same commitments. If your organisation is committed to supporting these principles, please contact us ([d.carr@wellcome.ac.uk](mailto:d.carr@wellcome.ac.uk)) and we will add your organisation to the list of signatories

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Comment (Neil PW): This solidarity on making information available about coronavirus is welcome. It implies that it is unethical to withhold such information. I support this 100%. But it raises a broader question: why is it unethical to withhold information on coronavirus, while continuing to withhold information on all other causes of death and human suffering? For me, this press release confirms the ethical imperative of healthcare information for all and our collective responsibility to achieve it.

Specifically, I invite HIFA members to commit to work together progressively to help ensure:

- all peer-reviewed research publications relevant to \*human health\* are made immediately open access
- research findings relevant to \*human health\* are shared immediately with the WHO upon journal submission, by the journal and with author knowledge
- research findings are made available via preprint servers before journal publication, or via platforms that make papers openly accessible before peer review, with clear statements regarding the availability of underlying data
- researchers share interim and final research data relating to \*human health\*, together with protocols and standards used to collect the data, as rapidly and widely as possible - including with public health and research communities and the WHO

- authors are clear that data or preprints shared ahead of submission will not pre-empt its publication in these journals.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Press release: Sharing research data and findings relevant to the novel coronavirus (nCoV) outbreak (2)**

2 February, 2020

Dear All,

I wholeheartedly support Neil's opinion and hereby give my full commitment to the statement of HIFA demands on Open Access as listed. What is good for one infection is good for the other.

I also welcome the Press Release by the distinguished and eminent collaborators.

Joseph Ana

HIFA Profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com)

Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **Global Health Network: Coronavirus Outbreak Knowledge Hub (2)**

3 February, 2020

And how much of all this (mis)informacion is in other languages apart from English? Could you share any link to professional organizations or social media? This would also help to Global Healthcare.

Carmen Valero Garcés

HIFA profile: Carmen Valero-Garces is Professor of Translation and Interpreting at the University of Alcala, Madrid, Spain. Professional interests: Healthcare for minorities; Medical Interpreting and Translation; migration and healthcare; mediation; patient navigator. carmen.valero AT uah.es

### **BBC: Coronavirus - China wildlife trade ban should be permanent (2)**

4 February, 2020

Fully endorsed

In fact medicines made from wild animals should be strictly banned the world over

Sandeep Saluja

HIFA profile: Sandeep Saluja is an Internist at Saran Ashram Hospital, Dayalbagh, Agra, India. He is also a Rheumatologist and was earlier with the All India Institute of Medical Sciences. He has volunteered to work in remote inaccessible parts of India for no personal or commercial reasons. He is a member of the HIFA working group on Information for Prescribers and Users of Medicines. [www.hifa.org/projects/prescribers-and-users-medicines](http://www.hifa.org/projects/prescribers-and-users-medicines)

<http://www.hifa.org/support/members/sandeep>

Twitter @doctorsaluja doctorsaluja AT gmail.com

### **BBC: Coronavirus - China wildlife trade ban should be permanent**

4 February, 2020

Extracts and a comment from me below. Full text here: <https://www.bbc.co.uk/news/science-environment-51310786>

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Campaigners have urged China to apply a permanent ban on the wildlife trade following the coronavirus outbreak.

Markets selling live animals are considered a potential source of diseases that are new to humans...

Campaigners say that China's demand for wildlife products, which find uses in traditional medicine, or as exotic foods, is driving a global trade in endangered species...

China is the biggest market for both legal and illegal wildlife products. "We are suddenly exposing ourselves to totally new viruses we have never been in contact with in the past...

"This health crisis must serve as a wake-up call for the need to end the unsustainable use of endangered animals and their parts, as exotic pets, for food consumption and for their perceived medicinal value," WWF said in a statement.

--

Comment (Neil PW): It would be ironic and tragic if Chinese medicine turns out to have been the driver for the current coronavirus outbreak. We shall hopefully learn more over the coming days.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Dispelling the myths around the new coronavirus outbreak**

7 February, 2020

Dear HIFA colleagues,

Extracts below from the news site Aljazeera and a comment from me. Full text here: <https://www.aljazeera.com/amp/news/2020/02/dispelling-myths-coronavirus-...>

--

### **Dispelling the myths around the new coronavirus outbreak**

Spread of new type of coronavirus from China accompanied by misinformation and fake claims online.

On Thursday, the World Health Organization (WHO) declared the virus epidemic in China a public health emergency of international concern. But Tedros Adhanom Ghebreyesus, the agency's director-general, said the main reason for the designation was not "because of what is happening in China" but "the

potential for this virus to spread to other countries with weaker health systems which are ill-prepared to deal with it".

The rapid spread of 2019-nCoV has been accompanied by misinformation and hoaxes online, including false claims about its source, its spread and how to treat it - a dangerous development, according to doctors and health experts.

Here are four myths the global health agency has busted on the current outbreak.

1. Myth: Antibiotics are effective in treating the new coronavirus

Administering antibiotics does not help because they only work against bacteria, not viruses.

2019-nCoV is a virus...

2. Myth: Herbal remedies and other drugs can help treat the new virus

There is no specific medicine recommended to treat the new virus, according to WHO...

3. Myth: New coronavirus only affects older people

People of all ages can be infected by the virus.

4. Myth: Pets can spread the new coronavirus

There is no evidence at present to suggest that pets such as dogs and cats can be infected with the new virus...

--

Comment (Neil PW): A few minutes ago I sent a message about the death of Wuhan doctor Li Wenliang, who had been vilified by the authorities for 'spreading rumours' when he expressed concern about cases in December that subsequently proved to be due to coronavirus. If the authorities had acted in the interest of public health, perhaps the outcome might have been different. Perhaps coronavirus would have been contained and not become a public health emergency of international concern.

At the same time, myths such as those described above are making the national and global situation substantially more dangerous. As we are seeing on HIFA, we can now consider such myths as being inevitable in every disease outbreak, due largely to misinformation through social media channels.

The time has come where all stakeholders need urgently to declare their commitment to support universal access to essential healthcare information, which would include (inter alia) a collective response to address health misinformation. More than 400 organisations have already declared their support for the HIFA vision (A world where every person will have access to the healthcare information they need to protect their own health and the health of those for whom they are responsible). However, our capacity for collective advocacy is limited, not least because HIFA has only one professional staff member. We need urgently to strengthen our global advocacy and I invite your comments and suggestions.

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **BBC: Coronavirus - Li Wenliang: Death of Wuhan doctor sparks outpouring of anger**

7 February, 2020

Extracts below. Full text here: <https://www.bbc.co.uk/news/world-asia-china-51409801>

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Li Wenliang: Death of Wuhan doctor sparks outpouring of anger

The death of a Chinese doctor who tried to warn about the coronavirus outbreak has sparked an unprecedented level of public anger and grief in China.

Li Wenliang died after contracting the virus while treating patients in Wuhan.

Last December he sent a message to fellow medics warning of a virus he thought looked like Sars - another deadly coronavirus.

But he was told by police to "stop making false comments" and was investigated for "spreading rumours"...

Chinese social media has been flooded with anger - it is hard to recall an event in recent years that has triggered as much grief, rage and mistrust against the government...

"Do not forget how you feel now. Do not forget this anger. We must not let this happen again," said one comment on Weibo.

"The truth will always be treated as a rumour. How long are you going to lie? What else do you have to hide?" another said...

Dr Li, an ophthalmologist, posted his story on Weibo from a hospital bed a month after sending out his initial warning.

He had noticed seven cases of a virus that he thought looked like Sars - the virus that led to a global epidemic in 2003.

On 30 December he sent a message to fellow doctors in a chat group warning them to wear protective clothing to avoid infection.

Four days later he was summoned to the Public Security Bureau where he was told to sign a letter.

In the letter he was accused of "making false comments" that had "severely disturbed the social order". Local authorities later apologised to Dr Li.

In his Weibo post he describes how on 10 January he started coughing, the next day he had a fever and two days later he was in hospital. He was diagnosed with the coronavirus on 30 January...

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **WHO: Coronavirus advice for the public - Myth busters**

7 February, 2020

From the WHO website. Read in full here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-f...>

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Is it safe to receive a letter or a package from China?

Yes, it is safe...

Can pets at home spread the new coronavirus (2019-nCoV)?

At present, there is no evidence that companion animals/pets such as dogs or cats can be infected with the new coronavirus. However, it is always a good idea to wash your hands with soap and water after contact with pets. This protects you against various common bacteria such as E.coli and Salmonella that can pass between pets and humans...

Do vaccines against pneumonia protect you against the new coronavirus?

No. Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenza type B (Hib) vaccine, do not provide protection against the new coronavirus...

Can regularly rinsing your nose with saline help prevent infection with the new coronavirus?

No. There is no evidence that regularly rinsing the nose with saline has protected people from infection with the new coronavirus...

Can gargling mouthwash protect you from infection with the new coronavirus?

No. There is no evidence that using mouthwash will protect you from infection with the new coronavirus...

Can eating garlic help prevent infection with the new coronavirus?

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus...

Does putting on sesame oil block the new coronavirus from entering the body?

No. Sesame oil does not kill the new coronavirus...

Does the new coronavirus affect older people, or are younger people also susceptible?

People of all ages can be infected by the new coronavirus (2019-nCoV). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus...

Are antibiotics effective in preventing and treating the new coronavirus?

No, antibiotics do not work against viruses, only bacteria...

Are there any specific medicines to prevent or treat the new coronavirus?

To date, there is no specific medicine recommended to prevent or treat the new coronavirus (2019-nCoV). However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation, and will be tested through clinical trials...

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Ready or not? Africa and the coronavirus**

7 February, 2020

Extracts below from The New Humanitarian. Full text

here: <https://www.thenewhumanitarian.org/analysis/2020/02/06/Coronavirus-Kenya...>

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Africa has so far escaped the spread of the coronavirus, which first appeared in the Chinese city of Wuhan on 31 December, and has now gone on to infect more than 28,000 people and kill over 560 people, the vast majority in China.

That surge in cases is causing deep unease in countries like Kenya, which have strong commercial ties to China, but, like many other developing nations, have only limited health and surveillance systems...

At the moment, Kenyan hospitals would be unable to confirm whether someone has been infected as they do not have the “reagent kits” necessary to identify the coronavirus, officially designated 2019-nCoV.

An example of that dilemma was when a Kenyan student arrived on 28 January at Jomo Kenyatta International Airport from Wuhan on board a Kenya Airways flight displaying flu-like symptoms.

Suspecting the coronavirus, he was immediately quarantined in an isolation ward at Kenyatta National Hospital – setting off a social media-fuelled panic...

Twenty-four hours passed – no news. Then two days passed. Kenyans wondered online why test kits for other viruses could yield results in hours, while a single case from Kenya was taking days to confirm and needed to be flown to South Africa?

Only on the third day, 31 January, did Kariuki emerge with the news that the sample had tested negative for 2019-nCoV.

By then Kenyans’ dismay at the lack of transparency in the testing process had turned into a much larger question: if testing one single suspected case takes so long, what are the implications if the country suffers a major coronavirus outbreak?...

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Evidence Aid Coronavirus Resource**

7 February, 2020

Dear all,

Just a short note to say that all of us at Evidence Aid have been watching the progression of the Coronavirus. Because this outbreak is leading to a rapidly expanding and evolving literature, we have curated a page of entry points to a rapidly expanding and evolving literature which you can see here: <https://www.evidenceaid.org/coronavirus-resources/>. We hope it is helpful – please do share with anyone you think might find it useful.

If you have any suggestions for other resources that we might consider linking to, please let us know.

With many thanks for your ongoing support,

Claire

Claire Allen

Operations Manager

Evidence Aid: Championing evidence-based humanitarian action.

Support our activities by donating here.

Read our practitioners' guide on the use of evidence in humanitarian decision making (available in English, French and Spanish)!

Email: [callen@evidenceaid.org](mailto:callen@evidenceaid.org) | Skype: claireallencochrane | Website: [www.evidenceaid.org](http://www.evidenceaid.org) | Twitter: @EvidenceAid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

## **WHO: Coronavirus advice for the public - Myth busters (2) Clinical guidance for health workers**

7 February, 2020

It may be a good idea to have a group from within HIFA to take on queries from health care workers across the globe

There is plenty of information on the virus and its clinical management available online free of cost.

However from the perspective of a health care worker or doctor confronted with a clinical issue what is important is to be able to get a direct response to his or her query.

This can be done by bringing together a panel of experts who have direct personal experience in various facets of management and have it moderated by a group to make it meaningful.

Can some members of HIFA form a group which takes the lead in this direction?

HIFA profile: Sandeep Saluja is an Internist at Saran Ashram Hospital, Dayalbagh, Agra, India. He is also a Rheumatologist and was earlier with the All India Institute of Medical Sciences. He has volunteered to work in remote inaccessible parts of India for no personal or commercial reasons. He is a member of the HIFA working group on Information for Prescribers and Users of Medicines. [www.hifa.org/projects/prescribers-and-users-medicines](http://www.hifa.org/projects/prescribers-and-users-medicines)

<http://www.hifa.org/support/members/sandeep>

Twitter @doctorsaluja doctorsaluja AT gmail.com

### **The Lancet: What next for the coronavirus response?**

7 February, 2020

Below are citation and selected extracts from a report in this week's Lancet (8 February).

CITATION: World report | volume 395, issue 10222, p401, february 08, 2020

What next for the coronavirus response?

John Zarocostas

The Lancet

Published: February 08, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30292-0](https://doi.org/10.1016/S0140-6736(20)30292-0)

Among the recommendations in seven key areas, Dr Tedros underscored “first, there is no reason for measures that unnecessarily interfere with international travel and trade. WHO does not recommend limiting trade and movement” ... Other recommendations are to support countries with weaker health systems; accelerate the development of vaccines, therapeutics, and diagnostics; \*combat the spread of rumours and misinformation\* [my emphasis]; review preparedness plans; identify gaps and evaluate the resources needed to identify, isolate, and care for cases, and prevent transmission; share data, knowledge, and experience; and for countries to work together in a spirit of solidarity and cooperation...

Rebecca Katz, director of the Center for Global Health Science and Security at Georgetown University, told The Lancet that the global community will also look to WHO to “provide a single source of validated information on the outbreak”.

--



Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (2)**

8 February, 2020

Are there really very few Children being reported with corona virus? Is this true outside China? and what is the current situation in Africa?

Sue Vernon

Dr Sue Vernon

Hon lecturer,

University of Newcastle upon Tyne

HIFA profile: Sue Vernon is a Paediatric Nurse Consultant at United Newcastles Trust, UK. Her professional interests include Child Health in Africa particularly West Africa. Part of the United Newcastle Hospitals Trust has a THET link with Ghana. s.j.vernon AT newcastle.ac.uk

## **Novel coronavirus**

8 February, 2020

Dear all

I'm remembering Swine Flu in 2009. When the flu started in Mexico and expanded into the US. On the 8th of May in 2009, WHO reported the fatal cases as 46 in 2,500. So, the fatality rate was 1.8%. However, the CDC showed the fatality rate was 0.09% (2/2,254) in the US. Finally, it became one of the seasonal flu subtypes.

The book "America's forgotten pandemic The Influenza of 1918" by A.W. Crosby is also very suggestive when we get ready to fight against this infection.

What is the novel Coronavirus?

Japan has the second-highest number of patients with this infection after China. In China, there are 31,161 cases by the morning of the 14th Friday of February in 2020. And the number of fatal cases was 636. So, the fatality rate is 2.0%.

However, the symptoms outside China are not so serious. (including the cases in Japan). In Japan, the excessive (elderly) death caused by seasonal flu is about 2,000-5,000 every year.

My impression of this viral infection is similar to Swine Flu. It is relatively contagious but is not so severe under standard medical service. However, the worldwide epidemic stage is pandemic.

What do you think?

Kind regards,

Hajime

--

A dream you dream alone is only a dream.

A dream you dream together is reality.

Guest Researcher

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Prof. Hajime Takeuchi, MD (Paediatrician)

School of Social Welfare

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HIFA profile: Hajime Takeuchi is a professor at the Bukkyo University in Japan. Professional interests: child health, child poverty, child wellbeing. [takechanespid@gmail.com](mailto:takechanespid@gmail.com) He is a CHIFA Country

Representative for Japan and a member of the CHIFA Steering Group (child health and rights) <http://www.hifa.org/support/members/hajime> takechanespid AT gmail.com

### **Novel Coronavirus (3)**

8 February, 2020

[The message below is forwarded from our global child health forum CHIFA, in response to Dr. Takeuchi's message to CHIFA and HIFA.

Join CHIFA: <http://www.hifa.org/joinchifa>

Neil PW]

Dear Dr. Takeuchi

Thank you for raising a important issue.

While Novel Coronavirus has been a great public health problem, there are several deferences on measures for nCoV among relevant countries.

In particular, as Japan is the second largest number of nCoV patients, many come to pay attention to Japan where has great dense of population in big cities and fabricated transporting system such as trains, buses and airplanes.

To contain virus outbreak, there are two main measures, broader screening or travel restriction to contain patients and proper measures for patients in each outbreak country.

I am worried about proper measures for patients in Japan because there was a kind of PANIC for 2009 Swine Flu outbreak. Mild cases rushed into big hospitals to play main roles to care for serious cases so that the functions of hospitals could not work efficiently. In the end, overflowed patients have come to go to general practitioners, spreading virus eventually.

It is my opinion that countries like Japan having dense population should be ready for nCoV outbreak inside country to provide proper roles of medical facilities for patients and enlighten people to acknowledge about the disease, clarifying seriousness of nCoV.

It have already been time to be ready.

Best regards,

Mitsunobu Kaneko

CHIFA profile: Mitsunobu Kaneko is a general practitioner, Pediatrician at the Japan Pediatric Society, Japan Medical Association. kanekomk AT sea.plala.or.jp

### **Novel coronavirus (5) CDC information for laboratories**

10 February, 2020

This week CDC has posted information for laboratories about procedures for testing for Novel coronavirus. Testing kits are being distributed to key African reference labs. See the information below:

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html>

Jean

--

Jean C. Sack

Global Health Informationist and Medical Informatics

2117 Bellvale Road

Fallston, MD 21047 443-299-6251 [jeansack2004@yahoo.com](mailto:jeansack2004@yahoo.com)

HIFA profile: Jean C Sack is a Public Health Informationist at Jhpiego - an affiliate of Johns Hopkins University, Baltimore, MD, USA. Jean.sack AT jhpiego.org

#### **Novel coronavirus (4)**

10 February, 2020

Dear Dr Sue and all (Sue Vernon, UK)

This review article is helpful.

<https://link.springer.com/article/10.1007/s12519-020-00343-7?fbclid=IwAR...>

In China, there are 28 cases under 18 years old by the 30th of January.

Most cases of children have mild clinical manifestations.

Kind regards,

Hajime

--

=====

A dream you dream alone is only a dream.

A dream you dream together is reality.

Guest Researcher

Epidemiology and Global Health (EpiGH)

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HIFA profile: Hajime Takeuchi is a Professor at the Bukkyo University in Japan. Professional interests: child public health, child poverty. takechanespid AT gmail.com He is a HIFA Country Representative [www.hifa.org/support/members/hajime](http://www.hifa.org/support/members/hajime)

### **Novel coronavirus (3)**

10 February, 2020

Interesting take on the Corona Virus. (Hajime Takeuchi, Japan)

As to the number of positive cases in Japan there appears to be a typo, in writing the date.

On a lighter note, today is February 8th, I am in Pacific west coast.

Totally appreciate the fact that sun rises early in the east, yet February 14th is still nearly a week away!

Also talking about severity of symptoms, maybe we are not seeing acute cases as most new cases have been detected in China, not sure if the cases detected in Japan are the ones who have traveled from China or if there was person to person transmission in Japan itself.

Corona Virus having being detected only very recently will require more research to through more light on it's pathogenicity, symptoms and prognosis.

Sincerely,

Shabina

Shabina Hussain, MBBS, DPH, MPH

Independent global health policy advocate

Mountlake Terrace, WA 98043

USA

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. [hussain.shabina@gmail.com](mailto:hussain.shabina@gmail.com)

### **Novel coronavirus (8)**

11 February, 2020

Thank you for this very helpful and encouraging statement regarding paediatric novel coronavirus infection which was published on February 7th. I will check that this has been received by my health authority, Oxfordhealth, and disseminated appropriately.

Neil, does HIFA know where this statement has been distributed to? Is PHE aware of it? [\*see notes below]

best wishes,

Alison Nicholls RN

HIFA profile: Alison Nicholls works at Trinity College, Oxford, UK. [alison.nicholls@trinity.ox.ac.uk](mailto:alison.nicholls@trinity.ox.ac.uk)

[\*Notes from HIFA moderator (Neil PW):

1. Alison refers to the review highlighted by Hajime Takeuchi, Japan: <https://link.springer.com/article/10.1007/s12519-020-00343-7?fbclid=IwAR...>
2. Anne Brice of Public Health England is a member of HIFA and I shall forward this to her.]

### **Novel coronavirus (7) MEDBOX**

11 February, 2020

The MEDBOX team has also compiled a collection of the most important guidelines and resources, situation reports, communication tools, laboratory guidance, etc. These are integrated into the RAPID RESPONSE TOOLBOX [www.rapidresponsebox.org](http://www.rapidresponsebox.org) and can be downloaded there in different chapters related to novel coronavirus. You will also find other important documents in this toolbox that are important for Infection & Prevention Control IPC, risk communication or Prevention & Preparedness.

HIFA profile: Sieglinde Mauder is Librarian at the Medical Mission Institute, Würzburg, Germany. She collects and distributes resources on HIV/AIDS, tropical diseases, humanitarian aid, health service management, e-learning for partners in developing countries. [sieglinde.mauder AT medmissio.de](mailto:sieglinde.mauder@medmissio.de)

### **BBC: Coronavirus - China wildlife trade ban should be permanent (3)**

11 February, 2020

For the interest of the members the needle now seems to be pointing at pangolins, an endangered species used in Chinese medicine [see note below]

HIFA profile: Sandeep Saluja is an Internist at Saran Ashram Hospital, Dayalbagh, Agra, India. He is also a Rheumatologist and was earlier with the All India Institute of Medical Sciences. He has volunteered to work in remote inaccessible parts of India for no personal or commercial reasons. He is a member of the HIFA working group on Information for Prescribers and Users of Medicines. [www.hifa.org/projects/prescribers-and-users-medicines](http://www.hifa.org/projects/prescribers-and-users-medicines)

<http://www.hifa.org/support/members/sandeep>

Twitter @doctorsaluja doctorsaluja AT gmail.com

[\*Note from HIFA moderator (Neil PW): This link has been suggested but is not confirmed. See, for example, this news report in Nature:

<https://www.nature.com/articles/d41586-020-00364-2> ]

### **Novel coronavirus (6)**

11 February, 2020

Thank you [Hajime Takeuchi, Japan]

It's interesting in the context of the H1N1 outbreak a few years ago when we were inundated with very sick children there appear to be so few children affected

Sue

Dr Sue Vernon

Hon lecturer,

University of Newcastle upon Tyne

HIFA profile: Sue Vernon is a Paediatric Nurse Consultant at United Newcastle Trust, UK. Her professional interests include Child Health in Africa particularly West Africa. Part of the United Newcastle Hospitals Trust has a THET link with Ghana. s.j.vernon AT newcastle.ac.uk

### **Novel coronavirus (10) Serious issues concerning dissemination of information on coronavirus (2)**

11 February, 2020

To respond to the Novel Coronavirus epidemic, an international emergency plan must be launched, piloted by the international health organization and must include the following action programs:

- Create an international website speaking with the majority of languages, containing all the information on the virus, preventive measures, news of its spread and means, international efforts to fight against;
- Coordinate the international control and experimental efforts of the developed laboratories essays and researches;
- Create crisis commissions in each country, chaired by doctors of respiratory medicine,
- Show brotherhood with victims via interweb communication on an international scale,
- Create networks for sharing information on the displacement of victims by monitoring their displacement by plane, by land transports and by sea;
- Launch awareness-raising campaigns to prevent contact with the sick, especially stop their circulation in supermarkets, cultural, religious or sports gatherings;
- Others efficient measures;

HASSANI Mohsen: Information management Consultant from Tunisia

HIFA profile: Mohsen Hassani is President of AHALINA Association, Tunisia. Professional interests: International and community development. Provision of socioeconomic information in rural areas. Giving a voice to citizens. Conduct research concerning the socio-economic situation in Skhira region (eastern south of Tunisia). ahalina.kenitra AT gmail.com

### **Novel coronavirus (9) Serious issues concerning dissemination of information on coronavirus**

11 February, 2020

Dear HIFA Community,



I live in Japan, and I've been checking news about the novel coronavirus on various official government websites every day. I noticed several serious issues concerning information dissemination via the internet. Sorry it's so long but I thought that these issues were worth sharing, as they need to be resolved urgently.

1. As some of you may be aware, the number of foreigners living in Japan has been increasing in recent years. In order to help such foreigners, many government websites started to use an automatic translation service so residents can access information about living in Japan in different languages (English, Traditional Chinese, Simplified Chinese and Korean). The Ministry of Health, Labour and Welfare also uses this system. In theory, you should be able to access the Ministry's coronavirus information page below by clicking this system at the top left corner of this page:

[https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708\\_00001.html](https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708_00001.html)

2. When you select a language option, a box appears with a brief warning: "Note that the machine translation system doesn't guarantee 100% correctness." However, the actual translation is so poor that it's difficult to even make sense of the language. It is almost not worth using this computer translation because of the risk of misinforming the reader. I tried using Google translate, which resulted in a much better translation but still not perfect.

3. The Ministry's website guides the reader to other websites for further information, but these are not necessarily available in the other languages. So it wastes the reader's time.

4. Even worse is when the government office has actually gone to the trouble to make original web pages in English/Chinese/Korean but they don't reflect the Japanese website, so you can't follow the links. For example, a page on the Prime Minister and Cabinet office website lists the prefectural office webpages (where you can find out who to contact if you have a suspected infection), but if you click on English at the top of this page, it takes you to the top of the site which doesn't even mention the virus: [https://www.kantei.go.jp/jp/pages/corona\\_news.html](https://www.kantei.go.jp/jp/pages/corona_news.html)

5. There are also a) broken links; and b) outdated links.

6. Perhaps the most serious issue is the lack of cross-referencing between webpages. For example, tourists who want information about medical facilities are directed to the Japan National Tourism Organization (JNTO) website on "Guide for when you are feeling ill", but this page has no information about coronavirus; in fact the advice on this page contradicts the advice on the Health Ministry's page.

[https://www.jnto.go.jp/emergency/eng/mi\\_guide.html](https://www.jnto.go.jp/emergency/eng/mi_guide.html)

On the other hand, I saw that the JNTO recently issued a press release about a coronavirus hotline for tourists (see below), but I don't see it publicized on the Ministry of Health's pages:

<https://www.mlit.go.jp/kankocho/content/001327287.pdf>

I appreciate that every health agency is under pressure at this moment, but if you consider that a major containment strategy is to monitor infections among returnees and people visiting from China, then you see the problem with not having good language translation (especially Chinese in this case!).

I would be grateful if someone could pass the above information to the Ministry of Health, Labour and Welfare. I made a comparative table showing the differences between Japanese-English translations if anyone wants to have a look (although I noticed that it is already out of date). I can also help with future translations if they need help. My email is [yamamoto.jenny@gmail.com](mailto:yamamoto.jenny@gmail.com). Thank you and apologies for such a long post.

Jenny

HIFA profile: Jenny Yamamoto is a Doctoral student at Hiroshima University, Japan. She previously worked on transport issues at the United Nations Economic and Social Commission for Asia and the Pacific, Bangkok. Currently, she is interested in mobility and access to health services in rural areas in both developed (Japan) and developing countries (South Asia). As part of her research, she will also consider the ways in which communication technologies and mapping of health information can contribute to better health outcomes. [yamamoto.jenny@gmail.com](mailto:yamamoto.jenny@gmail.com).

### **Novel coronavirus (12) Journal of Infection in Developing Countries**

11 February, 2020

Have a look to the new issue of the Journal of Infection in Developing Countries [www.jidc.org](http://www.jidc.org)

An editorial and an article are on the novel coronavirus

Best regards

Salvatore Rubino, editor in Chief JIDC

HIFA profile: Salvatore Rubino is Editor in Chief of the Journal of Infection in Developing Countries in Italy. Professional interests: Microbiology, Medical Journal. [srubino AT jidc.org](mailto:srubino@jidc.org)

### **Novel coronavirus (11) Serious issues concerning dissemination of information on coronavirus (3)**

11 February, 2020

<https://www.worldometers.info/coronavirus/> [\*see notes below]

HIFA profile: David Cawthorpe is Adjunct Assistant Professor at the University of Calgary, Canada. His professional interests include: Human Development, Developmental Psychopathology, and Delivery of low bandwidth medical education curriculum. [cawthord AT ucalgary.ca](mailto:cawthord@ucalgary.ca)

[\*Notes from HIFA moderator (Neil PW):

1. The message above is in response to Jenny Yamamoto, Japan
2. 'Worldometer shows estimated current numbers based on statistics and projections from the most reputable official organizations. Our sources include the United Nations Population Division, World

Health Organization (WHO), Food and Agriculture Organization (FAO), International Monetary Fund (IMF), and World Bank.' <https://www.worldometers.info/faq/> ]

**Novel coronavirus (14) Serious issues concerning dissemination of information on coronavirus (4)**

12 February, 2020

Dear Jenny

This automatic translation system is actually not so practical.

I'll send your email to my friend paediatrician who worked at the Ministry until December.

Now he is a core member of the Olympic Organising Committee.

Kind regards,

Hajime

--

A dream you dream alone is only a dream.

A dream you dream together is reality.

Guest Researcher

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HIFA profile: Hajime Takeuchi is a Professor at the Bukkyo University in Japan. Professional interests: child public health, child poverty. [takechanespid@gmail.com](mailto:takechanespid@gmail.com) He is a HIFA Country Representative [www.hifa.org/support/members/hajime](http://www.hifa.org/support/members/hajime)

### **Novel coronavirus (13) MEDBOX (2)**

12 February, 2020

Thanks for sharing Sieglinde, this is the reason HIFA is such a forum to belong to. Members are forever sharing such immensely useful materials, free!

Joseph Ana.

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

**Does the coronavirus outbreak highlight the importance of timely access to quality health information? What role can HIFA & its members play?**

12 February, 2020

Dear Neil & colleagues,

Yesterday, Dr Ghebreyesus, Director General of WHO, was quoted as saying "To defeat this outbreak, we need open and equitable sharing, according to the principles of fairness and equity."

[\[https://www.who.int/dg/speeches/detail/research-and-innovation-forum-on-...](https://www.who.int/dg/speeches/detail/research-and-innovation-forum-on-...)

To me these words seem to align closely with HIFA's aims in relation to health information.

With regard to Coronavirus 2019 (Covid-19) (and other similar situations), my own view is that there are at least four main levels at which timely and free access to reliable health information is vital:

- Clinicians/healthcare workers need to have easy access to latest guidelines on diagnosis, treatment/management for patients, and access to advice they need to give to their patients - those affected and those unaffected - on prevention/transmission/prognosis. They also need clear guidance on how to protect themselves.
- Researchers need to have free and easy access to latest research; they also need to have easy ways to share their findings (i.e. not pay for publication).
- The public - in areas affected and unaffected - need to have access to clear and up-to-date information on the disease, its transmission etc.

In these days of social media my personal observation is that people want something that they can share with friends and family. In an absence of easy-to-share visuals or short animations, it seems that people resort to sending what they can find, and often that can lead to misinformation. (In general, the public also need guidance on how to distinguish reliable and non reliable sources of information.)

Also, what role can journalists play?

- Healthcare information providers need to know how to access these different sources of information.

What are your views? Have I left anything out?

What has been your experience?

What role can HIFA play?

Best wishes

Julie

HIFA Profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

## **Novel coronavirus (15) Serious issues concerning dissemination of information on coronavirus (5)**

12 February, 2020

I note Mohsen Hassani's comments that to respond to the Nevel Coronnavirus epidemic, an international emergency plan must be launched, piloted by the international health organization.

<http://www.hifa.org/dgroups-rss/novel-coronavirus-10-serious-issues-conc...>

He suggests that an international website should be created speaking with the majority of languages, containing all the information on the virus, preventive measures, news of its spread and means, international efforts to fight against.

Please note that Evidence Aid has put together a website (<https://www.evidenceaid.org/coronavirus-resources/>) of reliable sources of information which also links to various languages. We are updating it daily, so if you find that your website is not included, please do let me know.

We have not included single article posts simply because the website would become unwieldy. Instead we have suggested the authors of such articles could write a blog that we would publish in our blog series. We published the first one in the evening (GMT) of 11 February and it can be found here: <https://www.evidenceaid.org/how-worried-should-we-be-about-the-novel-cor....> If you are the author of such material, please do let us know if you would like to write a blog post.

With best wishes,

Claire

Claire Allen

Operations Manager

Evidence Aid: Championing evidence-based humanitarian action.

Support our activities by donating here.

Read our practitioners' guide on the use of evidence in humanitarian decision making (available in English, French and Spanish)!

Email: [callen@evidenceaid.org](mailto:callen@evidenceaid.org) | Skype: claireallencochrane | Website: [www.evidenceaid.org](http://www.evidenceaid.org) | Twitter: @EvidenceAid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

### **Novel coronavirus (16) At least 500 Wuhan medical staff infected with coronavirus**

12 February, 2020

Read in full (from South China Morning Post): <https://www.scmp.com/news/china/society/article/3050077/least-500-wuhan-...>

At least 500 Wuhan medical staff infected with coronavirus

- Medical sources in the city confirm rate of infection, but say they have been told not to release the full picture to the public

- So far three deaths among medical workers have been confirmed, including that of Li Wenliang, but higher rate of infection risks hampering fight to curb disease

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **BBC: Coronavirus - China wildlife trade ban should be permanent (4)**

12 February, 2020

Thank you Sandeep for raising the possibility that illegal trade in pangolins could be responsible for the coronavirus outbreak.

Below is an extract from a news article on Medical News Today. Full text here: <https://www.medicalnewstoday.com/articles/coronavirus-pangolins-may-have...>

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How could pangolins have spread the virus?

Pangolins — a relative of the armadillo and anteaters — are scaly mammals that feed on burrowing insects, such as termites and ants.

Pangolins are also an endangered species, and previous research has shown that the coronavirus is likely responsible for killing a large number of Malayan Pangolins.

In China, the country's law protects the animals, and selling Pangolins can lead to 10 years in prison. However, the animal is a victim of illegal trafficking — in fact, researchers describe it as “the most poached and trafficked mammal in the world.”

The Chinese use the animal's scales to treat conditions such as arthritis, menstrual pain, and skin conditions. People also sell the animal's meat and consider it a delicacy.

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Does the coronavirus outbreak highlight the importance of timely access to quality health information? What role can HIFA & its members play? (2)**

12 February, 2020

Dear Julie,

Thank you for your thoughts. You asked: "What are your views? Have I left anything out? What has been your experience? What role can HIFA play?"

You are right to highlight the information needs of different user groups: Clinicians/healthcare workers; Researchers; The public; Healthcare information providers. I would just add the information needs of policymakers as an important group to include.

I think the example of coronavirus highlights the importance of timely access to quality health information more broadly. The WHO Director General Dr Tedros has stated: "People must have access to accurate information to protect themselves and others." This echoes the HIFA vision: 'A world where every person will have access to the healthcare information they need to protect their own health and the health of those for whom they are responsible'.

"What role can HIFA play?" The exchange of ideas and experience on HIFA in the past few weeks has been impressive, thanks to all. I'm sorry we have not yet heard from our colleagues in China, which continues to be underrepresented on HIFA (we have just 34 members in China, as compared with 1585 in Nigeria and 1382 in the US).



In general, HIFA's primary role is to raise awareness of the healthcare information needs of people worldwide, especially in LMICs where the needs are greatest, and to explore ways to improve the availability and use of information. As we have seen with Ebola, lots of issues relating to healthcare information are emerging in relation to coronavirus, including misinformation, transparency, trust... As I mentioned in a recent post, HIFA and WHO are already working together closely to improve the availability and use of healthcare information, including in different languages (HIFA-French, -Portuguese, -Spanish). There is a lot more we could be doing, although we are limited by our capacity (one professional staff).

If we can identify low-level funding (\$6k), HIFA would be ready to start a specific new HIFA project on the information needs of people (public; health workers; researchers; policymakers) in infectious disease outbreaks. This could coordinate with other related HIFA projects such as our HIFA Multilingualism and HIFA Access to Health Research projects ( <http://www.hifa.org/projects> ).

When we ask "What role can HIFA play?" we need to think also in terms of "What role can each of us, as representatives of health organisations, play?" HIFA can help as a platform for sharing and making connections. It can even sometimes help with dissemination of information. But it is the actions of the 3,000 organisations represented on HIFA (not to mention those who have not yet heard of us) that will individually and collectively make the difference.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **CABI has made coronavirus records available for free**

13 February, 2020

Dear colleagues,

### **17,000 RELEVANT RECORDS ON CORONAVIRUS FREE TO ACCESS FOR 3 MONTHS**

CABI has made 17,000 relevant records on coronavirus from Global Health database and CAB Abstracts database free to access for three months. The coronavirus content including research on epidemiology, prevention, and control of SARS and MERS, and research on animal coronaviruses, has been made open access as a way of contributing to the response to the outbreak which as of 10th February had more than 40,500 confirmed cases and over 900 deaths in China.

China is one of our 48 member countries and CABI is pleased to play its part in assisting them and other countries.

To gain the access visit the Global Health website ([www.cabdirect.org/globalhealth](http://www.cabdirect.org/globalhealth)), go to 'login' and follow the registration instructions and copy and paste voucher code CV10YLTW42E3 into 'redeem a voucher' section.

Best wishes

Wendie

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CABI improves people's lives worldwide by providing information and applying scientific expertise to solve problems in agriculture, health and the environment

HIFA profile: Wendie Norris is Editor of the Global Health & Tropical Diseases Bulletin, at CAB International, UK. CABI improves people's lives worldwide by providing information and applying scientific expertise to solve problems in agriculture and the environment. [www.cabi.org](http://www.cabi.org) Wendie has a background as a research scientist in developmental biology. She is a member of the HIFA Steering group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

<http://www.hifa.org/support/members/wendie>

w.norris AT cabi.org

## **Novel coronavirus (17) Supercourse Lecture: 2019-nCoV: Facts & Misconceptions**

13 February, 2020

Here is the material we have been sending out. Please share this with your friends, your students, lists as soon as possible. The interest in coronaviruses is waning. There likely will be a mild spike when a cluster of cases comes to the US

Dear Coronavirus Friends,

Over the past 20 years our supercourse has been developing Just in Time lectures where within a day after major disasters we have world renown scientists creating lectures. We just have done this for Coronavirus. This lecture has been distributed to over 200,000 people world wide, and then "snowballed" to many others. It is available in 104 languages. We are updating it every week until it burns itself out.

We were wondering if you might want to make this available.. The lecture is open source so please share it with others.

Professor Ronald LaPorte

'The Coronavirus Outbreak Is a Petri Dish for Conspiracy Theories'

Dmystifying conspiracy theory "pop-ups" with Just in Time Lectures

Ellis <https://www.wired.com/story/coronavirus-conspiracy-theories/>

- Eating bat soup causes Coronavirus
- Coronavirus was bioengineered in Canada and the weaponized in Wuhan for population control
- Drinking bleach will cure Coronavirus
- AIDS causes Coronavirus
- A deep state in the world engineered this outbreak in the 1970s
- Space aliens landed in Wuhan bringing this virus

It is amazing in such a short period of time how rapidly the incidence of conspiracy theories has grown. We are working to help stamp out these theories with fast-acting JIT lectures.

Just in Time Coronavirus lecture - 2019-novel Coronavirus (2019-nCoV): Facts & Misconceptions

<http://www.pitt.edu/~super1/lecture/lec56501/index.htm>

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". (WHO)

Ronald LaPorte, Ph.D.

Professor Emeritus, former WHO Collaborating Centre

Department of Epidemiology

Graduate School of Public Health

130 Desoto Street

University of Pittsburgh

Pittsburgh, PA 15261

USA

Telephone home 724 934 9023 Mobile 724 759 3283

Global Health, So Near, So Far

Supercourse Project - [www.pitt.edu/~super1](http://www.pitt.edu/~super1)

Science Supercourse - [ssc.bibalex.org](http://ssc.bibalex.org)

Research Methods Library of Alexandria - <http://ssc.bibalex.org/helpdesk/introduction.jsf>

Bibliotheca Alexandrina (BA) African Networks - <http://afn.bibalex.org/GeneralPortal.aspx>

BA Euclid Statistical Matrix - <http://www.pitt.edu/~super1/ResearchMethods/StatisticsMatrix.htm>

Central Asian Journal of Global Health - [cajgh.pitt.edu/](http://cajgh.pitt.edu/)

HIFA profile: Ronald Laporte is a professor emeritus at the University of Pittsburgh in the USA.

Professional interests: Global Health, research methods diabetes. ronaldlaporte AT gmail.com

### **Novel coronavirus (19) "False rumours on coronavirus could cost lives, say researchers"**

14 February, 2020

Hi Neil & Colleagues,

Another article that may interest colleagues.

False rumours on coronavirus could cost lives, say researchers

<https://www.theguardian.com/world/2020/feb/14/coronavirus-false-rumours-...>

Some quotes from the Guardian article:

"Study finds people who believe online scare stories are more likely to ignore health advice"

"Misinformation and fake news on social media during infectious disease outbreaks, including the current novel coronavirus epidemic, can cost lives, according to researchers."

"It [their study] found that people who believed them [scare stories etc] were less likely to behave in a way that would protect themselves and others, such as washing their hands frequently and keeping away from other people if they have any symptoms."

"Misinformation means that bad advice can circulate very quickly – and it can change human behaviour to take greater risks."

"The researchers looked at the effect of two strategies for combating the fake news. One was to reduce the amount of misinformation on social media. The other was to educate people to recognise false information when they saw it – something they call “immunising” people against it."

This might be the study referred to in the article, or another study by the same authors: <https://ueaeprints.uea.ac.uk/id/eprint/72490/>

Best wishes

Julie

HIFA Profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

**Novel coronavirus (18) "I do not know where to turn for information anymore"**

14 February, 2020

From The New Humanitarian. Extracts below. Full text here: <https://www.thenewhumanitarian.org/China-coronavirus-COVID19-nCoV-2019-o...>

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Red tape, quarantines slow citizen aid on China's coronavirus front lines

'We had to assure people that we were reaching out to the hospitals directly.'

Volunteer efforts to deliver badly needed medical supplies to hospitals at the epicentre of China's coronavirus outbreak are being slowed by government red tape and city-wide lockdowns, organisers say...

Roughly three quarters of confirmed infections are found in Wuhan, where coronavirus cases were first reported in December. In January, more than 20 Wuhan hospitals posted open letters calling for supplies on social media – an unusual step that bypassed government-designated charity channels.

There is an urgent need for supplies like masks, protective suits, and safety goggles, Chinese authorities said on 4 February. One NGO, US-based Project Hope, said hospitals in Wuhan alone are going through more than 110,000 face masks every day.

Local media have also reported examples of frontline staff working without proper supplies, including medical staff in one hospital resorting to wearing raincoats instead of protective suits...

Some roads and intersections have been blocked off by debris or manned checkpoints, residents said. Only hospital vehicles carrying the sick and government vehicles with permits are allowed to pass...

Psychological stress is another big problem as the outbreak continues, said Li Wei, a 25-year-old Wuhan resident. "The panic in Wuhan is extremely high right now, and there is a feeling of loneliness and helplessness".

It's made worse as online rumours circulate unchecked among residents holed up in their homes: in recent days, there have been false rumours that supermarkets would close, or that the army would move in to Wuhan.

"I do not know where to turn for information anymore," she said.

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Novel coronavirus (20) Rumours, crackdowns, and tackling the coronavirus 'infodemic'**

14 February, 2020

News item in The New Humanitarian. Read

online: <https://www.thenewhumanitarian.org/news/2020/02/14/coronavirus-claims-ji...>

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A glut of information – some of it misleading or false – is fuelling an “infodemic” around the coronavirus outbreak, the World Health Organisation says. But some governments are responding with heavy-handed measures, using controversial “fake news” laws to crack down on misinformation. ASEAN Parliamentarians for Human Rights, or APHR, says some Southeast Asian nations are pursuing excessive prosecutions against citizens accused of spreading false information about the virus, which has sickened at least 63,000 people, mainly in China, and spread to at least two dozen countries. In some cases, prosecutions hinge on laws that could be used to censure anti-government critics. APHR is calling on governments to boost emergency health campaigns and media literacy instead. In many at-risk countries, local Red Cross societies have prioritised public communications campaigns meant to stave off rumours and panic. But in Wuhan, the Chinese city at the centre of the outbreak, quarantined residents still sift through rumours to find the facts: “I do not know where to turn for information anymore,” one resident told TNH. Read more on why Chinese volunteers are sidestepping official aid channels.

--

Best wishes, Neil

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HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (21)**

15 February, 2020

Dear HIFA members,

The national news broadcaster NHK announced this evening that the number of infections in Japan has passed 330. This includes about 220 people from the Diamond Princess (but I'm not sure of the exact number as of today). I'm not sure if it includes people who have already recovered. [https://www3.nhk.or.jp/nhkworld/en/news/20200215\\_29/](https://www3.nhk.or.jp/nhkworld/en/news/20200215_29/)

In this regard, it was announced that the Japanese Government and Line (social media company) had distributed about 2000 smartphones to the passengers on the Diamond Princess. The phones are pre-loaded with health safety videos. Instructions on how to use the phones were also distributed in both Japanese and English (because many passengers are older and may not have used these phones before)

<http://engnews24h.com/coronavirus-over-2000-iphones-for-diamond-princess...>

Line also announced that it set up an official health ministry account using AI to respond to people's questions and precautionary measures. Users can consult doctors through this app.

[https://www3.nhk.or.jp/nhkworld/en/news/20200215\\_22/](https://www3.nhk.or.jp/nhkworld/en/news/20200215_22/)

I think more information on these and other measures will be coming in the next few days.

Jenny

HIFA profile: Jenny Yamamoto is a Doctoral student at Hiroshima University, Japan. She previously worked on transport issues at the United Nations Economic and Social Commission for Asia and the Pacific, Bangkok. Currently, she is interested in mobility and access to health services in rural areas in both developed (Japan) and developing countries (South Asia). As part of her research, she will also consider the ways in which communication technologies and mapping of health information can contribute to better health outcomes. yamamoto.jenny AT gmail.com

### **Novel coronavirus (22) SBC Resources for Coronavirus - New Compass Trending Topic**

15 February, 2020

New Trending Topic offers 36 hand-picked articles, tools, and project examples for social and behavior change. Link - <https://www.thecompassforsbc.org/trending-topics/coronavirus>. If you have materials to add to this list, please contact Susan Leibtag, [susan.leibtag@jhu.edu](mailto:susan.leibtag@jhu.edu).

Best regards,

Susan Leibtag

Susan Leibtag, MLS

Curator, The Compass

Assistant Community Manager, Springboard

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[www.breakthroughactionandresearch.org](http://www.breakthroughactionandresearch.org)



HIFA profile: Susan Leibtag is Health COMpass Curator, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP), Health Communication Capacity Collaborative (HC3), Baltimore, Maryland, USA. [www.healthcommcapacity.org](http://www.healthcommcapacity.org) [www.thehealthcompass.org](http://www.thehealthcompass.org) sleibtag AT jhsph.edu

## **Novel coronavirus (24) Facebook, Amazon, Google and more met with WHO to figure out how to stop coronavirus misinformation**

16 February, 2020

Extracts below from CNBC News and a comment from me below. Full text here: <https://www.cnbc.com/2020/02/14/facebook-google-amazon-met-with-who-to-t...>

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- The World Health Organization hosted a meeting at Facebook with some of the largest tech companies to discuss how to tamp down on misinformation about the coronavirus.
- About a dozen tech companies attended, including Google, Amazon and YouTube.
- The group is planning to meet every few months.

WHO shared information with the group about its response to the coronavirus and attendees detailed their own ideas to address the outbreak. Each company was given a few minutes to present. They all agreed not to share each other's internal efforts publicly because many of them are competitors...

The major topic of discussion was how the companies are working down to tamp down the spread of misinformation. WHO's Andy Pattison, who flew to Silicon Valley for the event, said the "tone is changing," as Big Tech is now starting to step up to combat fake news about the coronavirus. Pattison said he offered at the meeting to help the companies fact check information they or their users post, rather than relying on third parties...

As people continue to seek out information about the coronavirus, bad actors have taken advantage of the curiosity and see a money-making opportunity. Books have popped up on Amazon that stoke fear about the virus, and fake news stories are continuing to spread on Facebook and other social media platforms. Vitamin C also pops up via searches on the largest retailers, including Amazon, because of false reports that it can cure the coronavirus.

"Twitter and YouTube and other social media sites are still awash with misinformation," said Pattison, who refers to the problem as an "infodemic."

Some of the priorities that tech companies have outlined in recent weeks include efforts to work with third-party fact checkers and public health organizations...

The companies agreed by the end of the day of meetings to work on collaborative tools, better content and a call center where people can ask questions or get advice.

“One of the reasons why there’s a lot of fake information is because \*there’s a content gap\*,” said Pattison... [my emphasis - NPW]

Several of the companies like Facebook and Amazon offered to share ad space or provide volunteers to help quell the spread of misinformation, said Pattison.

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Comment (Neil PW): A silver lining to the current coronavirus outbreak is that WHO and big tech companies are now addressing health misinformation with increased urgency. This promises to have positive impacts not only on coronavirus misinformation, but on all forms of health misinformation. As WHO's Dr Tedros said a few days ago, "People must have access to accurate information to protect themselves and others". Please pass this email to your networks and invite others to join us: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa) We need engagement by all stakeholders to accelerate progress towards the HIFA vision 'A world where every person will have access to the healthcare information they need to protect their own health and the health of others'.

Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children (sponsorship opportunity)

<http://www.hifa.org/projects/citizens-parents-and-children>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (23) What librarians and libraries can do in public health emergencies - tweetchat 18 Feb**

16 February, 2020

Dear HIFA colleagues,

HIFA member Caroline De Brún of Public Health England, will tackle the topical question of what librarians and libraries can do in the field of public health emergencies. Join for a tweetchat at 8-9pm UK time on Tuesday 18th February, and use the hashtag #ukmedlibs

<https://ukmedlibs.wordpress.com/2020/02/07/coronavirus-and-other-public-...>

Retweet: <https://twitter.com/DeBrun/status/1227226608525811715>

Hope you will join me in this discussion! Coronavirus, and other public health emergencies: the librarian’s role #ukmedlibs February chat, 8pm UK time, Tuesday 18th

February <https://ukmedlibs.wordpress.com/2020/02/07/coronavirus-and-other-public-...> #E4GDH

@hifa\_org @CILIPSLG @CILIPMLG @CILIPHLG

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Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services

<http://www.hifa.org/projects/library-and-information-services>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (26) Facebook, Amazon, Google and more met with WHO to figure out how to stop coronavirus misinformation (3)**

17 February, 2020

Dear Colleagues

This is a great example where the new WHO is now performing in taking its mandated leadership as the global public health agency in coordinating global public health information, education and communication and BCC to public and health workers towards high standard KAP in priority public health issues. What is required is more global investment into WHO to be able to sustain high performance in Global and Country Health Promotion

Dr. Shiva Murugasampillay

Public Health Physician & Disease Control and Elimination Specialist

Global Public Health (Freedom from Disease and Health for All)

Mobile Tel: +41 792 546 824

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Skype : shivapublichealth

HIFA profile: Shiva Murugasampillay is the Director at Global Public Health in Switzerland. Professional interests: Global Public Health, Disease control, elimination and eradication, Primary Health Care, and District Health Systems. shivapublichealth AT gmail.com

### **Novel coronavirus (26) BBC: Fake flyers in Los Angeles tell people to avoid Asian-American businesses**

17 February, 2020

Extracts below. Read online: <https://www.bbc.co.uk/news/world-us-canada-51506732>

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Fake flyers telling diners to avoid Asian-American restaurants because of the coronavirus are among a spate of recent racist incidents linked to the outbreak, say California authorities.

Coronavirus fears have spread even though the US has seen just 15 cases...

This week in Los Angeles bullies accused an Asian-American student of having the virus and badly beat him...

Anxiety and misinformation related to the virus have fuelled anti-Asian prejudice, Los Angeles authorities said at a press conference...

A Los Angeles Asian-American schoolboy accused by bullies of having the virus was taken to the hospital after being beaten.

... flyers with counterfeit seals for the World Health Organization (WHO) have been posted. They advised residents to avoid Asian-American businesses like Panda Express because of the coronavirus...

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Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (25) Facebook, Amazon, Google and more met with WHO to figure out how to stop coronavirus misinformation (2)**

17 February, 2020

This is definitely a giant leapfrogging in the right direction by WHO.

[\[http://www.hifa.org/dgroups-rss/novel-coronavirus-24-facebook-amazon-goo...](http://www.hifa.org/dgroups-rss/novel-coronavirus-24-facebook-amazon-goo...)

I will disseminate to my networks.

Regards

Halima

HIFA profile: Halima Salisu-Kabara is Section Head/Coordinator at the Aminu Kano Teaching Hospital in Nigeria. Professional interests: Workforce development, Sepsis Research training and education, Infection Prevention and Control. sdysalisu AT gmail.com

### **Novel coronavirus (28) Multilingual Health Crisis Information Website**

17 February, 2020

Dear all,

I have been reflecting on Mohsen Hassani's suggestion to "Create an international website speaking with the majority of languages, containing all the information on the virus, preventive measures, news of its spread and means, international efforts to fight against" (Feb.11). [\[http://www.hifa.org/dgroups-rss/novel-coronavirus-10-serious-issues-conc...](http://www.hifa.org/dgroups-rss/novel-coronavirus-10-serious-issues-conc...) I have also read with interest the various exchanges on multilingual resources, such as MEDBOX from Sieglinde Mauder (Feb.11); EvidenceAid from Claire Allen (Feb.12); Translators without Borders; KABP and so on. I am not an expert, but in my opinion it would be feasible to create such a website.

At the UN, the interpreters/translators usually worked from English - so in meetings, a verbal statement by a government official speaking in Russian, for example, would first be translated into English, and then based on the English version, the Chinese and French interpreters would interpret into their languages. So you don't need multilingual people (polyglots) - you need people who can translate from/to their language into English.

As the global health organisation, the WHO should play the role of language manager. It already offers all information in the official languages (Arabic, Chinese, French, Russian, Spanish). As far as I know it doesn't have a mandate to do other languages, and that is probably because everyone thinks it would be hugely costly.

But it doesn't have to be so expensive if a different model was tried. The reason the quality of UN translations is so good is because they have really excellent language staff with thorough checking systems. That costs money. However, it could be done more cheaply if national governments took responsibility for translations for their own languages. Or you could have a standing body made up of a variety of members, such as UN country office staff, health associations, NGOs, or citizen volunteers, who are called up to help with translations when the need arises. It just requires a secure system with an appropriate level of checks.

There are several important issues which would need to be thought through, with proper protocols and lines of communication established (a kind of "supply chain" or "blockchain" of information). The system

has to be accurate, credible, accountable, and timely. As Julie Reza pointed out (Feb.12), there also needs to be clarification about who the information is for (purpose of the information). But it can definitely be done.

Jenny

HIFA profile: Jenny Yamamoto is a Doctoral student at Hiroshima University, Japan. She previously worked on transport issues at the United Nations Economic and Social Commission for Asia and the Pacific, Bangkok. Currently, she is interested in mobility and access to health services in rural areas in both developed (Japan) and developing countries (South Asia). As part of her research, she will also consider the ways in which communication technologies and mapping of health information can contribute to better health outcomes. yamamoto.jenny AT gmail.com

### **Novel coronavirus (29) Reuters: Fake news makes disease outbreaks worse**

17 February, 2020

Extracts below. Full text here: <https://www.thejakartapost.com/life/2020/02/14/fake-news-makes-disease-o...>

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The rise of "fake news" - including misinformation and inaccurate advice on social media - could make disease outbreaks such as the COVID-19 coronavirus epidemic currently spreading in China worse, according to research published on Friday.

In an analysis of how the spread of misinformation affects the spread of disease, scientists at Britain's East Anglia University (UEA) said any successful efforts to stop people sharing fake news could help save lives.

"When it comes to COVID-19 [coronavirus], there has been a lot of speculation, misinformation and fake news circulating on the internet – about how the virus originated, what causes it and how it is spread," said Paul Hunter, a UEA professor of medicine who co-led the study... "worryingly, people are more likely to share bad advice on social media than good advice from trusted sources".

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Here are the citation and abstract of one of the papers:

CITATION: Misinformation making a disease outbreak worse: outcomes compared for influenza, monkeypox, and norovirus. Simulation journal.

Julii Brainard, Paul R Hunter

First Published November 12, 2019

<https://doi.org/10.1177/0037549719885021>

## ABSTRACT

Health misinformation can exacerbate infectious disease outbreaks. Especially pernicious advice could be classified as “fake news”: manufactured with no respect for accuracy and often integrated with emotive or conspiracy-framed narratives. We built an agent-based model that simulated separate but linked circulating contagious disease and sharing of health advice (classified as useful or harmful). Such advice has potential to influence human risk-taking behavior and therefore the risk of acquiring infection, especially as people are more likely in observed social networks to share bad advice. We test strategies proposed in the recent literature for countering misinformation. Reducing harmful advice from 50% to 40% of circulating information, or making at least 20% of the population unable to share or believe harmful advice, mitigated the influence of bad advice in the disease outbreak outcomes. How feasible it is to try to make people “immune” to misinformation or control spread of harmful advice should be explored.

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Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Does the coronavirus outbreak highlight the importance of timely access to quality health information? What role can HIFA & its members play? (3)**

19 February, 2020

Excellent points Neil and I totally agree. [<http://www.hifa.org/dgroups-rss/does-coronavirus-outbreak-highlight-impo...>] In my opinion the situation with Covid-19 coronavirus has certainly highlighted the importance of timely access to quality health information.

You're quite right to highlight the information needs of policymakers as well - thanks.

The idea of HIFA Projects on the information needs of different audiences is one I support, but I agree that lack of funds and manpower limits what HIFA can do. I would request that our HIFA members and supporting organisations consider what they can do to support HIFA's efforts.

Regarding ""What role can HIFA play?" - I agree again.

Perhaps you or other members can also remind me - following a previous disease outbreak (?MERS ?SARS) I vaguely recall medical journals allowing greater access to related articles (I've forgotten what they did - perhaps removed paywalls?) Do you know if any similar agreement has been made for Covid-19, and if not, is there a case for HIFA (members) to campaign for this? [\*see note below]

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

[\*Note from HIFA moderator (Neil PW): Thanks Julie. Yes, The Lancet, The BMJ and others have made research on coronavirus available free of charge. Last night on a Tweetchat with Caroline De Brun and #ukmedlibs, I learned that Public Health England is compiling a useful directory of resources (which includes journal collections) here: <https://phelibrary.koha-ptfs.co.uk/coronavirusinformation/> The first stop for information globally is the WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> ]

### **Novel coronavirus (30) BBC: How a misleading map went global**

19 February, 2020

Below is an example of how researchers can inadvertently contribute to misinformation. Read online: <https://www.bbc.co.uk/news/world-51504512>

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As scientists work hard to track and contain the coronavirus outbreak, misleading information about the global spread of the virus continues to flourish on the internet.

Here's how a decade-old map showing global air travel was used incorrectly by news websites across the world, leading to headlines such as "New map reveals no country safe from coronavirus tentacles" and "Terrifying map reveals how thousands of Wuhan travellers could have spread coronavirus to 400 cities worldwide."

How did it start?

Earlier this month, the World Population Project, at the University of Southampton, published research



predicting where people from Wuhan, where the virus originated, had travelled to in the two weeks before the city went into quarantine lockdown.

Researchers looked at air travel and mobile phone data of Wuhan residents from previous years.

The study estimated nearly 60,000 people might have travelled to almost 400 cities worldwide before the Wuhan authorities had imposed a ban on travel.

The researchers posted a series of messages about their work on Twitter, including one with a map illustrating global air travel.

But the post did not explain the map was not part of the study...

What happened next?

The map seems to have first been picked up by several Australian news outlets. It has also appeared in the online editions of the Sun, Daily Mail and Metro.

The Australian TV outlet 7News used the map in a discussion and posted a social-media video featuring it that has now been viewed more than seven million times.

The report says the map predicts the spread of the global outbreak.

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Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (31) BBC: How a misleading map went global (2)**

19 February, 2020

Sad to see how very innocent use of an old map could have boosted misinformation. There is a lot of lessons for us to learn from this. Asking about how HIFA can help curtail misinformation about coronavirus, I believe that one way is for all 20,000 of us HIFA members to share this information in our other online forums.

Joseph Ana

Africa Centre for Clinical Governance Research & Patient Safety

National Implementing Organisation:12-Pillar Clinical Governance

National Implementing Organisation: PACKNigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar

Tel: +234 (0) 8063600642

Website: [www.hriwestafrica.com](http://www.hriwestafrica.com)

Email: [jneana@yahoo.co.uk](mailto:jneana@yahoo.co.uk); [hriwestafrica@gmail.com](mailto:hriwestafrica@gmail.com)

HIFA Profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007.

Website: [www.hriwestafrica.com](http://www.hriwestafrica.com)

Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

**Does the coronavirus outbreak highlight the importance of timely access to quality health information? What role can HIFA & its members play? (4)**

20 February, 2020

Dear all,

Misinformation has played a major role in worsening the situation across the world in its rapid response to the Covid-19 creating a state of widespread panic especially with readily available access to social

media as compared to a decade ago. Although this could be beneficial in many ways, it is being misused time and again to spread conspiracy theories and other forms of misinformation about the Covid-19.

It is of utmost importance to keep ourselves updated with information from trusted resources. FYI, the Imperial College London, is offering a Beginner's Level course titled:

Science Matters- Let's Talk about the Covid-19, with insights into the current status of the epidemic directly from experts.

Some of the small ways each of us could individually contribute to the spread of misinformation are:

- 1) Call out/report any posts on social media spreading misinformation
- 2) Encourage discussion forums and dialogues with younger generations (especially students) in your host institutions/organisations- since members of HIFA are placed in senior positions all around the world
- 3) Make information as simple and accessible by the lay public to be interpreted within your locality

Best wishes,

Stuti

HIFA Profile: Stuti Chakraborty is a 4th year student at Christian Medical College, Vellore. She is a member of the United Nations Major Group for Children and Youth for the SDG 3 working group, a member of the Commonwealth Youth Health Network, and a young peacebuilder at Youth for Peace International. She has also been a UN volunteer and contributed on various projects centred around WASH, Menstrual Health Awareness and Vocational provision for victims of gender abuse. Her areas of interest include: 1) Disability Prevention 2) Youth engagement in NCDs 3) Neurosciences 4) Community Based Rehabilitation 5) Youth SRHR 6) Gender inequality and disability.

Email: stutibb AT gmail.com

### **Novel coronavirus (32) What can HIFA do to address health misinformation?**

20 February, 2020

Citation, extracts and a comment from me below.

CITATION: Statement in support of the scientists, public health professionals, and medical professionals of China combatting COVID-19

Charles Calisher et al.

The Lancet 2020

Published: February 19, 2020 DOI: [https://doi.org/10.1016/S0140-6736\(20\)30418-9](https://doi.org/10.1016/S0140-6736(20)30418-9)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30418-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30418-9/fulltext)

#### EXTRACTS:

We are public health scientists who have closely followed the emergence of 2019 novel coronavirus disease (COVID-19) and are deeply concerned about its impact on global health and wellbeing...

The rapid, open, and transparent sharing of data on this outbreak is now being threatened by rumours and misinformation around its origins. We stand together to strongly condemn conspiracy theories suggesting that COVID-19 does not have a natural origin... Conspiracy theories do nothing but create fear, rumours, and prejudice that jeopardise our global collaboration in the fight against this virus. We support the call from the Director-General of WHO to promote scientific evidence and unity over misinformation and conjecture. We want you, the science and health professionals of China, to know that we stand with you in your fight against this virus.

We invite others to join us in supporting the scientists, public health professionals, and medical professionals of Wuhan and across China. Stand with our colleagues on the frontline!

We speak in one voice. To add your support for this statement, sign our letter online. LM is editor of ProMED-mail. We declare no competing interests.

COMMENT (Neil PW): Health misinformation is, in my view, a growing cancer that requires urgent treatment. The more that humanity is connected, the more easily the cancer spreads and mutates. We heard a few days ago that WHO has met with big tech companies about the issue. This is a start but concerted and collective action is badly needed as well, engaging all stakeholders who uphold the value of reliable health information as a fundamental premise for global health. I invite suggestions on what we - HIFA members - specifically could do, individually and collectively to address this pervasive threat.

Here is an extract from a New York Times article (17 Feb) that shows how false and dangerous beliefs can take hold, even among politicians and people of influence:

'The rumor appeared shortly after the new coronavirus struck China and spread almost as quickly: that the outbreak now afflicting people around the world had been manufactured by the Chinese government.

The conspiracy theory lacks evidence and has been dismissed by scientists. But it has gained an audience with the help of well-connected critics of the Chinese government such as Stephen K. Bannon, President Trump's former chief strategist. And on Sunday, it got its biggest public boost yet.

Speaking on Fox News, Senator Tom Cotton, Republican of Arkansas, raised the possibility that the virus had originated in a high-security biochemical lab in Wuhan, the Chinese city at the center of the outbreak.'

<https://www.nytimes.com/2020/02/17/business/media/coronavirus-tom-cotton...>

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (34) More resources from WHO**

20 February, 2020

1. 'Why to avoid close contact with anyone who is coughing, sneezing or has a fever?

Maintain at least 1 metre (3 feet) distance between yourself and other people, particularly those who are coughing, sneezing and have a fever.'

[https://www.youtube.com/watch?time\\_continue=1&v=6Ooz1GZsQ70&feature=emb\\_...](https://www.youtube.com/watch?time_continue=1&v=6Ooz1GZsQ70&feature=emb_...)

2. 'Updated Q&A on the novel coronavirus disease

As we learn more about the new coronavirus, we have updated our online Q&A to keep you informed. Head over to our website to find out the answers to some of the most frequently asked questions.'

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

3. 'Global research database

WHO is gathering the latest scientific findings and knowledge on coronavirus disease (COVID-19) and compiling it in an easy-to-search database. The list of entries is hand-picked and updated daily.'

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

You can subscribe to the WHO e-newsletter

here: <https://www.who.int/mediacentre/multimedia/newsletter/en/>

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Best wishes, Neil

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### **Novel coronavirus (33) WHO: Online training on novel coronavirus disease**

20 February, 2020

'This free online course provides an introduction to novel coronavirus and other emerging respiratory viruses. It is intended for health professionals, incident managers and personnel working for international organizations and NGOs.'

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

--

The course is free and has already enrolled more than 35,000 learners. It is currently available in English, Chinese (simplified version) and Spanish. Course duration: Approximately 3 hours.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (35) BBC: Ukraine protesters attack buses carrying China evacuees - What can HIFA do to address health misinformation? (2)**

21 February, 2020

Extracts from a BBC news item below.

This prompts a comment from me: The cancer of misinformation continues to spread and metastasize... It is a pervasive and growing threat to global health, driven by increased connectivity and social media. It is not just coronavirus, it is a problem across all areas of health. WHO has responded well to the coronavirus issue by engaging Facebook, Amazon, Google and others last week

<http://www.hifa.org/dgroups-rss/novel-coronavirus-24-facebook-amazon-goo...> However, a global, concerted response is urgently now needed, bringing together \*all stakeholders\* in global health. HIFA stands ready to assist WHO to implement such a response, working together for a world where every person has access to the healthcare information they need to protect their own health and the health of other - a world where every person is protected from health misinformation.

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<https://www.bbc.co.uk/news/world-europe-51581805>

Dozens of protesters in a Ukrainian town have attacked buses carrying [Ukrainian] evacuees from coronavirus-hit China...

Ukraine's security service (SBU) said a fake email claiming to be from the health ministry falsely said some evacuees had contracted the virus...

In a statement, President Zelensky urged Ukrainians to show compassion and refrain from protesting...

"But there is another danger that I would like to mention. The danger of forgetting that we are all human and we are all Ukrainians."

--

Best wishes, Neil

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### **Novel coronavirus (38) Misinformation and isolation of Chinese in Kenya**

21 February, 2020

Dear Neil,

I have also received a whatsapp message from different sources in Kenya which is telling people not to eat broiler chicken coz it has Corona virus. There is also a case of a Chinese family who were almost facing isolation in Naakuru Kenya as rumours circulated that one of their family members had just arrived from China yet the family has been staying in Kenya for some years back. We have Chinese who are working in different countries in Africa and if health misinformation continues, they might face Xenophobia for no apparent reason.

Beatrice

Health Cluster Coordinator

Maputo Mozambique

Beatrice Muraguri

BSc HRIM, MPH(KIT,Netherlands)

Health Information/Public Health Specialist

Email: [wamuraguri@gmail.com](mailto:wamuraguri@gmail.com)

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HIFA profile: Beatrice Muraguri is a Health Information/Public Health Specialist with the Ministry of Health, Kenya. She previously worked as an Information Management Consultant with WHO on the Ebola Outbreak Response, Freetown, Sierra Leone. She is a HIFA Country Representative. <http://www.hifa.org/support/members/beatrice> bemura68 AT yahoo.com

**Novel coronavirus (36) BBC: Ukraine protesters attack buses carrying China evacuees (2) What can HIFA do to address health misinformation? (3)**

21 February, 2020

Very sad and tragic that FAKE NEWS about Coronavirus infection is pitching countryman against his country man, in Ukraine today but could happen in other countries, unless United Global Action is taken now!

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@HealthResources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality of Care Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.

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HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer



Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **Novel coronavirus (36) Response from the Japanese government**

22 February, 2020

Dear all

You can find several facts and the Japanese government responses to COVID19.

[https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/newpage\\_00032.html](https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/newpage_00032.html)

The government's guideline as follows;

If you have any of the following symptoms, please consult the health centre.

1. Symptoms of fever of 37.5 degrees or more have continued for four days or more. (Including when you need to keep taking antipyretic)
2. Severe fatigue or dyspnea.
3. Elderly people or those with underlying illness, if the above condition lasts for about two days

Please let me know your evaluation on it.

My question is about the possibility to spread the infection through this guideline.

I think that it's better to stay at home when it's not so serious, even if several symptoms exist.

Kind regards,

Hajime

Guest Researcher

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HIFA Profile: Hajime Takeuchi is a Professor at the Bukkyo University in Japan. Professional interests: child public health, child poverty.

Email: takechanespid AT gmail.com

He is a HIFA Country Representative- [www.hifa.org/support/members/hajime](http://www.hifa.org/support/members/hajime)

**Novel coronavirus (39) The Lancet: Fighting panic with information (1) What can HIFA do to address health misinformation? (4)**

22 February, 2020

The lead editorial in this week's print issue of The Lancet is on misinformation. Citation, extracts and comment from me below.

CITATION: Editorial, volume 395, issue 10224, p537, february 22, 2020

COVID-19: fighting panic with information

The Lancet

Published: February 22, 2020

## SELECTED EXTRACTS

As governments and health officials worldwide grapple with the epidemic of severe acute respiratory syndrome coronavirus 2, new developments in the accounting of and response to cases are occurring as part of a swiftly evolving crisis... How key information is relayed to the public during the next phase of the epidemic is critical.

With as many as 72 000 cases, the national security strategy for COVID-19 within China has shifted to so-called wartime control measures...Harsh criticism has been levied about the silencing of dissenting voices in China, including Dr Li Wenliang, who was arrested after raising concerns about the virus on social media and subsequently died from COVID-19...

Addressing the Munich Security Conference on Feb 15, 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus said, “we're not just fighting an epidemic; we're fighting an infodemic.” The ease through which inaccuracies and conspiracies can be repeated and perpetuated via social media and conventional outlets puts public health at a constant disadvantage. It is the rapid dissemination of trustworthy information—transparent identification of cases, data sharing, unhampered communication, and peer-reviewed research—which is needed most during this period of uncertainty. There may be no way to prevent a COVID-19 pandemic in this globalised time, but verified information is the most effective prevention against the disease of panic.

COMMENT (Neil PW): I am hopeful that there will be at least one positive outcome to this scenario, one major lesson learned. Namely, that the fundamental importance of access to reliable healthcare information and protection from misinformation will at last be recognised as an urgent global health issue. For too long it has been neglected, and our voices have been ignored. International health organisations, funding agencies, governments and others now need urgently to convene all stakeholders and build a global action plan to improve the availability and use of reliable healthcare information and to protect people from misinformation. This is not simply an issue for coronavirus, it is not even an issue for disease outbreaks (we have seen it before with Ebola in 2014/15, but failed to take adequate action even then); it is a fundamental issue for all areas of health care. Many people believed that increased connectivity would solve the problems of access to reliable information. It is clear that, in many ways, we (the 'international community') have allowed increased connectivity to do exactly the opposite, flooding people with dangerous misinformation. The fractures in our dysfunctional global healthcare information system, which we highlighted in our Lancet article in 2004, have been laid bare by the cancer of misinformation.

Each of us on HIFA (and beyond) has a role to play, but this needs to be better coordinated and supported as part of a global strategy. WHO is best positioned to convene all stakeholders and lead on such a strategy. HIFA stands ready to assist. It is time for international health organisations, funding agencies, governments and others to step up and commit to work together for a world where every person will have access to the healthcare information they need to protect their own health and the health of those for whom they are responsible. This means access to reliable healthcare information in a language they can understand, and protection from misinformation.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (41) Online mental health services in China during the COVID-19 outbreak**

22 February, 2020

Dear HIFA colleagues,

Citation, abstract and a comment from me below. (By the way, if you come across any interesting research that is relevant to the HIFA remit, please do forward it to [hifa@hifaforums.org](mailto:hifa@hifaforums.org) together with your thoughts on it.)

CITATION: Online mental health services in China during the COVID-19 outbreak

Shuai Liu et al.

Lancet Psychiatry 2020

Published: February 18, 2020 DOI: [https://doi.org/10.1016/S2215-0366\(20\)30077-8](https://doi.org/10.1016/S2215-0366(20)30077-8)

#### **SELECTED EXTRACTS**

At the start of 2020, the 2019 coronavirus disease (COVID-19), originating from Wuhan in Hubei province, started to spread throughout China. As a result of the rapidly increasing numbers of confirmed cases and deaths, both medical staff and the public have been experiencing psychological problems, including anxiety, depression, and stress...

The popularisation of internet services and smartphones, and the emergence of fifth generation (5G) mobile networks, have enabled mental health professionals and health authorities to provide online mental health services during the COVID-19 outbreak...

Firstly, as of Feb 8, 2020, 72 online mental health surveys associated with the COVID-19 outbreak could be searched...

Secondly, online mental health education with communication programmes, such as WeChat, Weibo, and TikTok, has been widely used during the outbreak for medical staff and the public. In addition, several books on COVID-19 prevention, control, and mental health education have been swiftly published and free electronic copies have been provided for the public. As of February 8, 29 books associated with COVID-19 have been published, 11 (37.9%) of which are on mental health, including the

“Guidelines for public psychological self-help and counselling of 2019-nCoV pneumonia”, published by the Chinese Association for Mental Health...

In general, online mental health services being used for the COVID-19 epidemic are facilitating the development of Chinese public emergency interventions, and eventually could improve the quality and effectiveness of emergency interventions...

COMMENT (Neil PW): It is extraordinary to see the capacity of healthcare information providers in China - 29 books on COVID-19. But quantity is not what matters to meet the information needs of health professionals and the general public. No-one can read 29 books. For public health education, books are not the ideal format. What matters is that users are easily able to access the information they need, which by definition is reliable information in a format and language that is relevant to their needs and that they can understand.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (40) Supercourse multilingual Just in Time lectures**

22 February, 2020

I am forwarding this message on behalf of HIFA member Ron Laporte, with thanks. Neil PW

Dear HIFA colleagues and friends,

We drafted a short white paper on the establishment of Multilingual Just in Time lectures as part of WHO and WHO EMRO. The concept is simple, two primary WHO sites with Ali in WHO EMRO and Eugene at the Siberians Academy of Sciences. Faina and I would be a backup site in Pittsburgh.

When a disaster occurs, we pull out a generic lecture on the causes of that disaster that we have available, e.g. Ebola disease and distribute this through our network, and to all the WHO Collaborating centers. As valid information comes in the lecture would be updated, e.g. Ebola in Nigeria.

The goal is to be proactive and share the best scientific information in 104 languages before rumors, conspiracy theories, hoaxes evolve, e.g. Ebola is the result of evil spirits.

Here is the white paper. Najeeb, and Friends I was wondering about your thoughts

I was thinking that a way to speed this up might be to establish this as a WHO multinational project. I started one 30 years ago and it was hugely successful. We built the WHO Multinational project for childhood diabetes with 155 centers in 70 countries. Perhaps a WHO Multinational and multilingual project for JIT lectures or something like this. We were able to get our project approved in only weeks

ron

White Paper: Coronaviruses and Disasters: Breeding grounds for conspiracy theories, rumors, and Hoaxes

Prevention with JIT Multilingual Lectures and WHO

Problem: Major worldwide disasters occur about once a year. The patterns are the same, with a spike of interest (google trends), followed by a rapid decline. In the first few days, there is a vacuum of knowledge, with many people concerned but few accurate scientific information. In this vacuum, people look for explanations. Rumors, Hoaxes, conspiracy theories start circulating, with little to stop them, as science typically lags far beyond the disasters.

Solutions: We have established a system called WHO Just in Time multilingual lectures. Instead, scientists delay taking weeks if not months for analysis, we provide top quality disaster information in the minutes and hours. This information is pushed to the teachers of the world.

Our approach is quite simple and was pioneered by Ali Ardalan, M.D. during the Bam Earthquake in 2003 in collaboration with the WHO Collaborating Centre in Pittsburgh. Immediately after the earthquake we decided to build a Bam Earthquake lecture in English and Farsi that could be delivered across Iran and the world. In doing this we saw the power of these JIT lectures to defusing the fear associated with a disaster.

Since then we have developed almost 60 template lectures on Earthquakes, Floods, Tsunami, epidemics, tornados, hurricane, airline crashes, etc. If an earthquake occurs in Turkey, we can pull out our generic Earthquake lecture in minutes and distribute this to improve understanding of earthquake. Then as more scientific information becomes available, the lecture is tailored, e.g. the building of an Istanbul earthquake lecture. In addition, we use machine translation so that this lecture is available in Turkish and 104 languages. All this is occurring in a short time span of hours after the event.

We have developed this approach with over 100 JIT lectures. We have had enormous success is providing the best possible disaster information to the world. For example, our H1N1 lecture in Chinese and English was seen by 50 million people. Our latest effort has been with coronavirus lectures seen by millions and is described below.

One reason for this major success as the Library of Alexandria and our Supercourse has an enormous network with close to 1 million emails. We, therefore, can spread â??truthâ??♦ to close to a milllion people before the conspiracy theories start to percolate.

We propose to establish a WHO Multilingual Just in Time system. The two key players would be the fathers of JIT lectures, Eugene Shubnikov from the Siberian National Academy of Science and Ali Ardalan, M.D. from WHO EMRO. Outside consultants would be Rashid Chotini, Ronald LaPorte, and others from WHO.

Ronald LaPorte, Ph.D. The University of Pittsburgh, Supercourse ([ronaldlaporte@gmail.com](mailto:ronaldlaporte@gmail.com))

Eugene Shubnikov, M.D. Supercourse

Ismail Serageldin, Ph.D. Library of Alexandria

Ali Ardalan, M.D. WHO EMRO

Faina Linkov, Ph.D. Duquesne University

Francois Sauer, M.D. Supercourse

Coronavirus example

Dear Coronavirus Friends,

Over the past 20 years our supercourse has been developing Just in Time lectures where within a day after major disasters we have world renown scientists creating lectures. We just have done this for Coronavirus. This lecture has been distributed to over 200,000 people world wide, and then "snowballed" to many others. It is available in 104 languages. We are updating it every week until it burns itself out.

We were wondering if you might want to make this available to the people coming to the meeting. The lecture is open source so please share it with others.

Professor Ronald LaPorte

The Coronavirus Outbr Outbreak Is a Petri Dish for Conspiracy Theories

Demystifying conspiracy theory pop-ups with Just in Time Lectures

Ellis <https://www.wired.com/story/coronavirus-conspiracy-theories/>

- Eating bat soup causes Coronavirus
- Coronavirus was bioengineered in Canada and the weaponized in Wuhan for population control
- Drinking bleach will cure Coronavirus
- AIDS causes Coronavirus
- A deep state in the world engineered this outbreak in the 1970s
- Space aliens landed in Wuhan bringing this virus

It is amazing in such a short period of time how rapidly the incidence of conspiracy theories has grown. We are working to help stamp out these theories with fast-acting JIT lectures.

Just in Time Coronavirus lecture - 2019-novel Coronavirus (2019-nCoV): Facts & Misconceptions

<http://www.pitt.edu/~super1/lecture/lec56501/index.htm>

Rashid A. Chotani, MD, MPH, DTM, FRCPH with the Supercourse and Library of Alexandria present to you a Just in Time lecture about the science of Coronavirus.

By sharing this we hope to stamp out bat soup myths about Coronavirus with good science. It is available as a PowerPoint lecture and on the web.

Please feel free to modify it for local circumstances. In addition, we have made it available in Arabic and 103 languages. Rashid has done several Just in Time lectures.

His H1N1 lecture taught 50 million - <http://www.pitt.edu/~super1/JIT/jit.htm>.

With your help, we can demystify conspiracy theory â??pop-upsâ? because we will disseminate the best science before the theories start to grow.

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". (WHO)

Ronald LaPorte, Ph.D.

Professor Emeritus, former WHO Collaborating Centre

Department of Epidemiology

Graduate School of Public Health

130 Desoto Street

University of Pittsburgh

Pittsburgh, PA 15261

USA

Telephone home 724 934 9023 Mobile 724 759 3283

Global Health, So Near, So Far

Supercourse Project - [www.pitt.edu/~super1](http://www.pitt.edu/~super1)

Science Supercourse - [ssc.bibalex.org](http://ssc.bibalex.org)

Research Methods Library of Alexandria - <http://ssc.bibalex.org/helpdesk/introduction.jsf>

Bibliotheca Alexandrina (BA) African Networks - <http://afn.bibalex.org/GeneralPortal.aspx>

BA Euclid Statistical Matrix - <http://www.pitt.edu/~super1/ResearchMethods/StatisticsMatrix.htm>

Central Asian Journal of Global Health - [cajgh.pitt.edu/](http://cajgh.pitt.edu/)



## **Novel coronavirus (43) Healthcare information for the general public (2)**

23 February, 2020

Advice for the general public is available on the WHO website here:

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

With regards to care-seeking, here is an extract:

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'If you have fever, cough and difficulty breathing, seek medical care early

Tell your health care provider if you have traveled in an area in China where 2019-nCoV has been reported, or if you have been in close contact with someone with who has traveled from China and has respiratory symptoms.

Why? Whenever you have fever, cough and difficulty breathing it's important to seek medical attention promptly as this may be due to a respiratory infection or other serious condition. Respiratory symptoms with fever can have a range of causes, and depending on your personal travel history and circumstances, 2019-nCoV could be one of them.

If you have mild respiratory symptoms and no travel history to or within China, carefully practice basic respiratory and hand hygiene and stay home until you are recovered, if possible.'

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Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children

<http://www.hifa.org/projects/citizens-parents-and-children>

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (42) Response from the Japanese government (2) Healthcare information for the general public**

23 February, 2020

Dear Hajime, [Hajime Takeuchi, Japan: <http://www.hifa.org/dgroups-rss/novel-coronavirus-36-response-japanese-g...> ]

I agree to your suggestion on staying at home as we have seen previous outbreaks that have claimed lives of patient caregivers and persons visiting hospitals under poor infection control measures. I would suggest a slight modification in the guidelines, notification of the symptoms to a help line and house visit by health care staff will ensure that the disease in a way is contained and ensuring supplies and stress free environment will reduce the dynamic spread of disease.

Thank you

Karishma K Kurup

HIFA profile: Karishma Krishna Kurup is a medical doctor with DPH and currently an MPH student at National Institute of Epidemiology, Chennai, India. She is a member of the HIFA working group on Evidence-Informed Policy and Practice. <http://www.hifa.org/support/members/karishma-krishna> doctorkarishma31 AT gmail.com

### **Novel coronavirus (44) Healthcare information for the general public (3)**

23 February, 2020

Further to my message just now on care-seeking advice from the WHO website [\[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-f...](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-f...) here is the official advice being given in the UK, US, and China.

1. Current advice for the public in the UK: 'Chief Medical Officers are advising anyone who has travelled to the UK from mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau in the last 14 days and is experiencing cough or fever or shortness of breath, to stay indoors and call NHS 111, even if symptoms are mild.' <https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-...>

2. Current advice in the US: 'If you were in China in the last 14 days and feel sick with fever, cough, or difficulty breathing, you should:

Seek medical advice – Call ahead before you go to a doctor's office or emergency room. Tell them about your recent travel and your symptoms.'

<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

3. Current advice in China (National Health Commission of the Republic of China): 'Seek prompt medical attention if you have symptoms of fever and respiratory infection'

[http://en.nhc.gov.cn/2020-01/21/c\\_75999.htm](http://en.nhc.gov.cn/2020-01/21/c_75999.htm)

The China site also states: 'Wearing a mask is one of the most effective ways to protect you from getting infected'. On the wearing of masks, the WHO website says:

'Wearing a medical mask can help limit the spread of some respiratory disease. However, using a mask alone is not guaranteed to stop infections and should be combined with other prevention measures

including hand and respiratory hygiene and avoiding close contact – at least 1 metre (3 feet) distance between yourself and other people.

'WHO advises on rational use of medical masks thus avoiding unnecessary wastage of precious resources and potential misuse of masks (see Advice on the use of masks). This means using masks only if you have respiratory symptoms (coughing or sneezing), have suspected 2019-nCoV infection with mild symptoms or are caring for someone with suspected 2019-nCoV infection. A suspected 2019-nCoV infection is linked to travel in an area in China where 2019-nCoV has been reported, or close contact with someone who has traveled from China and has respiratory symptoms.' <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

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Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children

<http://www.hifa.org/projects/citizens-parents-and-children>

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## **Novel coronavirus (46) Healthcare information for the general public (5)**

23 February, 2020

Thanks Joseph,

In my previous message [<http://www.hifa.org/dgroups-rss/novel-coronavirus-44-healthcare-informat...>] it is notable that the UK and US are giving different advice to the general public about what they should do if they develop symptoms and have recent history of travel to affected countries. It's unclear why this is so.

In the UK, people are advised to stay at home and dial a helpline.

In the US, people are advised to go to a doctor's office or emergency room ('but phone first to let them know about recent travel')

Meanwhile, in China, the guidance is to seek prompt medical advice.

The [global] advice on the WHO website indicates:

'If you have fever, cough and difficulty breathing, seek medical care early. Tell your health care provider if you have traveled in an area in China where 2019-nCoV has been reported, or if you have been in close contact with someone with who has traveled from China and has respiratory symptoms.'

With globalisation of social media among citizens worldwide, it seems important that governments provide the same advice unless there are special contextual reasons why this should not be the case (in which case such reasons should be explicit).

I have also checked the French Government website, and the advice there is similar to the UK.

It would be interesting to analyse the consistency (or otherwise) of communication with the general public in different countries, and how this might be improved in future disease outbreaks.

Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children (sponsorship opportunity - any amount gratefully received)

<http://www.hifa.org/projects/citizens-parents-and-children>

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## **Novel coronavirus (45) Healthcare information for the general public (4)**

23 February, 2020

Neil thanks For sharing.

I shall be sharing with all other fora that I belong to. I urge all other HIFA members to do the same in line with what HIFA can do and is doing to spread real and factual health information.

Joseph Ana

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State

Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

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### **Novel coronavirus (48) Healthcare information for the general public (6)**

24 February, 2020

Neil thanks for sharing this country by country advisory. In Nigeria no case has been diagnosed to date, but the govt has taken it very seriously and issued advisory to the public since 31 January 2020. Essentially advised the population to self-quarantine to those who have been to China or any country that has positive tested cases, and to report to the nearest health facility if they felt unwell, had fever, cough, sneezing or difficulty breathing or chest infection, etc: READ ON

'How to protect yourself

To reduce the risk of spread of coronavirus, members of the public are advised to adhere to the following measures:

- Wash your hands regularly with soap under running water.
- Cover your mouth and nose properly with handkerchief or tissue paper when sneezing and/or coughing. You may also cough into your elbow if a handkerchief is not available.
- Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.
- Avoid self-medication, report to the nearest health facility when you experience any of the above-mentioned symptoms.
- Healthcare workers are always advised to observe standard infection prevention and control measures when attending to patients and take a travel history.
- Travellers from China who show no symptoms on arrival, but who have a fever and cough within 14 days of arrival in Nigeria, should contact NCDC on 0800-970000-10
- As the situation is evolving, this advisory will be updated as more information becomes available.'

This was issued and carried widely by the Nigerian media on 31st January 2020, and I don't think it has changed as at today. Because no case has been identified in Nigeria to date!!.

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## **Novel coronavirus (47) Supercourse multilingual Just in Time lectures (2)**

24 February, 2020

I think it's a great idea to have a multilingual health information team that is able to quickly put together evidence based content in simple local context for the benefit of disaster/outbreak hit region/s.

A team of multilingual consultants who can be relied on in such situations should remain on a roster to carry on dissemination of information.

Sincerely

Shabina

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

## **Novel coronavirus (52) Healthcare information for the general public (9) Multilingualism and Google Translate**

24 February, 2020

Dear all,

As you may recall, I had written earlier that there was a problem with the quality of the automatic translation on the Japanese Government's Ministry of Health, Labour and Welfare website. Last week, a national newspaper also covered this issue (Feb. 18, 2020):

<https://www.japantimes.co.jp/news/2020/02/18/national/health-ministry-st...>

In response to these kinds of criticisms, the Ministry created two additional pages linking directly to English and Chinese sites. These sites offer only selected information (probably what the officials thought were most important) but the language is much better than the automatic translation.

It is also notable that some local governments are now publishing information for their foreign residents, and some have established special hotlines in different languages (Feb.19, 2020):

[https://www3.nhk.or.jp/nhkworld/en/news/20200219\\_29/](https://www3.nhk.or.jp/nhkworld/en/news/20200219_29/)

Finally, I have been experimenting with creating an English website based on the Japanese ministry's information for the public. The experience has taught me a lot of things, including the fact that Google translate is pretty good for Japanese to English, I think about 90% accurate. So this suggests that not all automatic translation softwares are inaccurate; there may be scope for using Google translate as a tool; but also that these translations need to be finally checked by a person.

Jenny

HIFA profile: Jenny Yamamoto is a Doctoral student at Hiroshima University, Japan. She previously worked on transport issues at the United Nations Economic and Social Commission for Asia and the Pacific, Bangkok. Currently, she is interested in mobility and access to health services in rural areas in both developed (Japan) and developing countries (South Asia). As part of her research, she will also consider the ways in which communication technologies and mapping of health information can contribute to better health outcomes. yamamoto.jenny AT gmail.com.

## **Novel coronavirus (51) WHO pledges to support African countries on joint coronavirus disease preparedness and response strategy**

24 February, 2020

From the WHO Africa office. Read online: <https://www.afro.who.int/news/who-pledges-support-african-countries-join...>

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Addis Ababa, 22 February 2020 – As the threat of coronavirus disease looms over the continent, the World Health Organization (WHO) promised to support African Union Member States on a common preparedness and response strategy. WHO joined Health Ministers in an Emergency Meeting on the Coronavirus Disease Outbreak, which was convened on 22 February by the African Union Commission in Addis Ababa, Ethiopia.

Dr Matshidiso Moeti, WHO Regional Director for Africa joined H.E. Amira Elfadil, Commissioner for Social Affairs, African Union Commission in welcoming the ministers. WHO has conducted a survey with countries to assess their overall readiness for COVID-19 and found the regional readiness level was an estimated 66%.

“WHO finds there are critical gaps in readiness for countries across the continent,” said Dr Moeti. “We need urgently to prioritize strengthening the capacities for countries to investigate alerts, treat patients in isolation facilities and improve infection, prevention and control in health facilities and in communities.”

The African Ministers of Health discussed a joint communique on how to prepare for and potentially respond to COVID-19 and expect to conclude their discussions in a few days.

WHO plays an active role in supporting countries to coordinate preparation efforts and so far has deployed more than 40 experts to ten countries to support coordination, treatment, infection, prevention and control, community engagement, surveillance and laboratory disease control. WHO has assisted countries in building their diagnostic capacity for COVID-19, and currently 26 laboratories are able to test for the new pathogen, up from just two early this month.

“The threats posed by COVID-19 has cast a spotlight on the shortcomings in health systems in the African Region,” said Dr Moeti. “Countries must invest in emergency preparedness. This investment is worthwhile when you consider the cost of responding to outbreaks, which for the 2014 Ebola outbreak was estimated at close to \$US 3 billion. “

Preparedness efforts which countries already have in place are paying off. For instance, investments in Ebola preparedness for the nine neighbouring countries to the Democratic Republic of the Congo, have yielded some dividends in relation to COVID-19. Most of these countries now have partner coordination structures in place, points-of-entry screening has been strengthened (particularly at major airports) and isolation units have been upgraded to manage suspected cases.

Over the years, WHO has developed a national influenza network of laboratories and health facilities. The laboratories, which are members of the network have been able to scale up their diagnostic capacity quickly and health facilities in the network are monitoring for severe acute respiratory



infections and influenza-like illnesses. using these conditions as a proxy for COVID-19 as they present with similar symptoms. So far this monitoring has not found any clustering or spike of influenza-like cases.

As of 20 February 2020, countries reported that since 22 January, countries report that 210 people have been investigated for COVID-10 in the WHO African region. 204 cases have been ruled out and six cases are still pending.

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Best wishes, Neil

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**CORRECTION: Novel coronavirus (50) Healthcare information for the general public (8) Special advice for those returning from Wuhan and Hubei Province**

24 February, 2020

In my previous message (49) I wrote 'The advice to self-isolate asymptomatic travellers from China is different to that given in UK and France (who advise only symptomatic cases to call a helpline and self-isolate)'

This was based on the current UK Government website: 'Chief Medical Officers are advising anyone who has travelled to the UK from mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau in the last 14 days and is experiencing cough or fever or shortness of breath, to stay indoors and call NHS 111, even if symptoms are mild.'

<https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-...>

However, importantly, I now note there is \*\*\*special advice for those returning from Wuhan and Hubei Province\*\*\*:

'If you have travelled from Wuhan or Hubei Province to the UK in the last 14 days you should immediately:

- stay indoors and avoid contact with other people as you would with the flu
- call NHS 111 to inform them of your recent travel to the area'

<https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-...>

Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children (sponsorship opportunity)

<http://www.hifa.org/projects/citizens-parents-and-children>

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### **Novel coronavirus (49) Healthcare information for the general public (7)**

24 February, 2020

Thanks Joseph, Indeed the Nigeria Government health advice is available

here: <https://ncdc.gov.ng/news/222/3rd-february-2020%7C-public-health-advisory...>

It includes the following: 'If you have returned from travel to Nigeria from China in the last 14 days, you should (self-isolate) stay indoors and avoid contact with other people. Please follow this advice even if you do not have symptoms of the virus to protect yourself and your loved ones. If you experience any symptoms, please call the Nigeria Centre for Disease Control immediately on 0800-970000-10 (Toll free call centre).'

The advice to self-isolate asymptomatic travellers from China is different to that given in UK and France (who advise only symptomatic cases to call a helpline and self-isolate) and US (who advise symptomatic cases to seek medical help). I would be interested to know if travellers in other countries in sub-Saharan Africa are being asked to self-isolate. Moreover, how many people are following such advice (one suspects very few)?

Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children (sponsorship opportunity)

<http://www.hifa.org/projects/citizens-parents-and-children>

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## **Novel coronavirus (54) Online mental health services in China during the COVID-19 outbreak (2)**

24 February, 2020

This is a very interesting paper [<http://www.hifa.org/dgroups-rss/novel-coronavirus-41-online-mental-health...>]. Mental health problems may require psychotherapy over a long time and pharmacotherapy. The present paper refers to mental health advice through social media and IVR. But, how often and to what degree these methods had been effective has not been specifically discussed. If the patients required drugs for treatment, how these medicines were supplied is important to know. In Wuhan Hospitals, robots' help are taken in distribution of drugs and food to minimize chances of spread of infection. I shall be happy if the authors or anybody kindly touch upon these points in the discussion.

Thanks,

Dr. Tusharkanti Dey

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

## **Novel coronavirus (53) Healthcare information for the general public (10) Multilingualism and Google Translate (2)**

24 February, 2020

I think relying on Google translation (GT) to take action is extremely dangerous. GT is good to give an idea about the issue but definitely not to post translated materials and not to use in educational, marketing and awareness materials. Major major editing is required.

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

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HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

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<http://www.hifa.org/projects/multilingualism>

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### **Novel coronavirus (58) Healthcare information for the general public (13)**

24 February, 2020

With thanks to Global Health Now. Comment from me below.

Full blog here: <https://virologydownunder.com/past-time-to-tell-the-public-it-will-proba...>

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It's past time to call this a pandemic, according to risk communicators Jody Lanard and Peter M. Sandman writing in Ian Mackay's Virology Down Under blog. They urge governments to shift their energy away from "last-ditch containment messaging" and toward preparedness.

"In most countries ... ordinary citizens have not been asked to prepare. Instead, they have been led to expect that their governments will keep the virus from their doors," they write. They offer practical ways governments, health agencies and hospitals, and citizens can prepare.

They emphasize: "Over-alarming risk messages are far more forgivable than over-reassuring ones."

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Comment (Neil PW): It is crucial for all of us to learn from this evolving outbreak. This is particularly so with regards to communication with, and preparedness of, the general public. I am hopeful that there could be one positive outcome of this outbreak. I hope we shall see a stepchange in commitment by international agencies, governments, funding agencies and others to fix our broken global healthcare information system. We urgently need political and financial commitment in building a world where every person has access to the information they need to protect themselves and those for whom they are responsible, and are protected from misinformation. Only then would we stand a chance of mitigating the impact of a future, even more serious pandemic. We need to always keep in mind the Spanish Flu of 1918, the 'forgotten flu', which is estimated to have killed 40-50 million people worldwide. Some experts suspect that a future pandemic could be even worse.

A stronger global healthcare information system is important not only for coronavirus, but for all areas of health and health care. Failure to access 'the right healthcare information at the right time', at all levels of the health system (including and especially the first levels: home and community), is a major and hugely underestimated cause of avoidable death and suffering.

Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children (sponsorship opportunity)

<http://www.hifa.org/projects/citizens-parents-and-children>

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### **Novel coronavirus (57) Facebook: ""We need to help get people access to credible information"**

24 February, 2020

Extracts and a comment from me below. Read online here: <https://www.devex.com/news/facebook-fights-fake-coronavirus-news-wants-t...>

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SAN FRANCISCO 24 February — With its power to influence global health information, Facebook is now helping fight fake coronavirus news.

Following the emergence of the new coronavirus, COVID-19, and the proliferation of bad information about it, the social media giant has already begun removing bogus information about cures and prevention methods. Facebook is also looking to partnerships with the public sector to replace this misinformation with helpful, credible alternatives, said Kang-Xing Jin, Facebook's head of health, who

spoke at Devex's "Prescription for Progress" event on technology for health in San Francisco, California, earlier this month.

"We need to help get people access to credible information from trusted sources in the moments that they're seeking it out."

— Kang-Xing Jin, head of health, Facebook

"We're working really closely with organizations like the [World Health Organization], as well as a variety of local ministries of health, to help them meet people where they are searching," Jin said.

When people search for "coronavirus" or other related terms, Facebook will direct them to credible information at the top of the results with links to the WHO's website or other relevant sources, Jin said.

"Misinformation really thrives when there's a void or an absence of accurate information or trusted information," he said.

The efforts to tackle bad information about COVID-19 are building on similar collaborations aimed at pushing back on misinformation about vaccines and stemming the rise of vaccine hesitancy, which WHO declared one of the 10 biggest threats to health last year, Jin said.

"We have work to do on removing and reducing harmful information, but just as importantly, we need to help get people access to credible information from trusted sources in the moments that they're seeking it out," he said.

"That's something that I think we really need to do in close partnership with the public sector, because again, we're not the people who have that information. That actually really shouldn't be us. But we need to work closely to connect people in that way," he added...

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COMMENT (Neil PW): It is very encouraging to see this surge of global awareness of the importance of reliable healthcare information. HIFA stands ready to work with WHO and others to build a world where every person has access to the healthcare information they need to protect their own health and the health of others, and where every person is protected from dangerous health misinformation.

Best wishes, Neil

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\*\*\*Please note (and forward this to Mark Zuckerberg if you know him!): We urgently need income to continue our vital work in 2020. Contact us to discover how you and/or your organisation can help. Together we can stop people dying due to lack of healthcare information. <http://www.hifa.org/support/support-hifa-appeal>

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (56) Healthcare information for the general public (12)**

24 February, 2020

Dear Tusharkanti and all,

1. WHO and the Global Research Collaboration for Infectious Disease Preparedness convened 'participants from the global scientific community, public health and regulatory bodies, member states, research funders and bioethical organizations to attend the “Global research and innovation forum: towards a research roadmap for the 2019 novel Coronavirus” held on February 11-12 , 2020, at WHO Headquarters, Geneva, Switzerland'. The summary report is available here: <https://www.glopid-r.org/wp-content/uploads/2020/02/covid-19-global-rese...>

The report notes: 'The global imperative for the research community is to maintain a high-level discussion platform which enables consensus on strategic directions, nurtures scientific collaborations and, supports optimal and rapid research to address crucial gaps, without duplication of efforts.'

Dr Tedros WHO Director General, WHO Director-General, is quoted as saying: “We need our collective knowledge, insight and experience to answer the questions we don’t have answers to, and to identify the questions we may not even realize we need to ask.”

The wording 'maintain' suggests such a platform already exists, but I could not find a link to it in the report and I was unable to find such a discussion platform through a Google search. Is anyone on HIFA aware of a professional global discussion forum on coronavirus (or disease outbreaks in general) with whom we could collaborate?

2. You asked about incubation period. The WHO website states: The “incubation period” means the time between catching the virus and beginning to have symptoms of the disease. Most estimates of the incubation period for COVID-19 range from 1-14 days, most commonly around five days. These estimates will be updated as more data become available.

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

However, there is the possibility that the maximum incubation period may occasionally be longer than this, as suggested by this report yesterday:

<https://www.pharmaceutical-technology.com/news/coronavirus-incubation-pe...>

3. More information on the Basic Reproduction Number (an epidemiologic metric used to describe the contagiousness or transmissibility of infectious agents) is given here:

<https://sph.umich.edu/pursuit/2020posts/how-scientists-quantify-outbreak...>

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Best wishes, Neil

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### **Novel coronavirus (55) Healthcare information for the general public (11)**

24 February, 2020

Dear Neil, from the various posts the you and others have made in HIFA, during the past few days, it appears that the countries are developing and using different protocol for containment of spread of corona virus infection or disease and there is no uniformity in the approach. Some countries are taking help of passive surveillance (self reporting and self induced isolation), while other countries are establishing active surveillance of the contacts for a period which should be to the period of twice the incubation period of corona virus disease. Both these approaches have their own limitations. While passive surveillance depends on honesty of the infected person to report truly, active surveillance requires major infrastructural presence and support.

Regarding corona virus infection, as an epidemiologist, I would like to know, what is incubation period range, because passive or active surveillance for the disease will depend on this knowledge. More over, estimation of Basic Reproduction Rate ( $R_0$ ) requires to be carried out on regular basis, to know the efficacy of the containment measures and also to know current status of epidemic in different countries.

I would request, if any member or an expert can highlight the above issues.

Thanks,

Dr.Tusharkanti Dey

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

### **Ready or not? Africa and the coronavirus (2)**

25 February, 2020

Further to our message on 7 February [<http://www.hifa.org/dgroups-rss/ready-or-not-africa-and-coronavirus>] here is a new paper on this subject in The Lancet.

Below are the citation and summary. Read in full

here: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30411-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30411-6/fulltext)



CITATION: Preparedness and vulnerability of African countries against importations of COVID-19: a modelling study

Marius Gilbert et al.

Published: February 20, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30411-6](https://doi.org/10.1016/S0140-6736(20)30411-6)

#### SUMMARY

**Background:** The novel coronavirus disease 2019 (COVID-19) epidemic has spread from China to 25 countries. Local cycles of transmission have already occurred in 12 countries after case importation. In Africa, Egypt has so far confirmed one case. The management and control of COVID-19 importations heavily rely on a country's health capacity. Here we evaluate the preparedness and vulnerability of African countries against their risk of importation of COVID-19.

**Methods:** We used data on the volume of air travel departing from airports in the infected provinces in China and directed to Africa to estimate the risk of importation per country. We determined the country's capacity to detect and respond to cases with two indicators: preparedness, using the WHO International Health Regulations Monitoring and Evaluation Framework; and vulnerability, using the Infectious Disease Vulnerability Index. Countries were clustered according to the Chinese regions contributing most to their risk.

**Findings:** Countries with the highest importation risk (ie, Egypt, Algeria, and South Africa) have moderate to high capacity to respond to outbreaks. Countries at moderate risk (ie, Nigeria, Ethiopia, Sudan, Angola, Tanzania, Ghana, and Kenya) have variable capacity and high vulnerability. We identified three clusters of countries that share the same exposure to the risk originating from the provinces of Guangdong, Fujian, and the city of Beijing, respectively.

**Interpretation:** Many countries in Africa are stepping up their preparedness to detect and cope with COVID-19 importations. Resources, intensified surveillance, and capacity building should be urgently prioritised in countries with moderate risk that might be ill-prepared to detect imported cases and to limit onward transmission.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Novel coronavirus (59) Introduction: Peijing Yan, China - Evidence Aid and Chinese guidelines for Novel Coronavirus**

26 February, 2020

Dear Sir or Madam,

This is Peijing Yan, a Research Assistant at the Evidence-Based Medicine Center, Lanzhou University; Gansu Provincial Hospital, China; I've been working with Evidence Aid on the Chinese guidelines for Novel Coronavirus (<https://www.evidenceaid.org/chinese-guidelines-on-novel-coronavirus/> )

Professional interests: Epidemiology & Biostatistics, Evidence-Based Medicine, Infectious Diseases and Cancer. Email address: [calmyan@sina.com](mailto:calmyan@sina.com)

Yours Faithfully,

Peijing

Peijing Yan

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CHINA

HIFA profile: Peijing Yan is a Research Assistant at the Evidence-Based Medicine Center, Lanzhou University; Gansu Provincial Hospital, China. Professional interests: Epidemiology & Biostatistics, Evidence-Based Medicine and Cancer. Email address: calmyan AT sina.com

**Novel coronavirus (6) BBC: Coronavirus fake news spreading fast**

26 February, 2020

Extracts below. Full text here: <https://www.bbc.co.uk/news/technology-51646309>

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26 February 18:00h GMT

One popular conspiracy theory online is that the virus was engineered in a lab and deliberately released.

Many social media sites such as Facebook are having to up their game when it comes to misinformation around the new coronavirus.

As the coronavirus - or to be precise Covid-19 - spreads around the world, getting accurate information about the disease becomes ever more important.

And in the social media age, that puts a heavy responsibility on the likes of Facebook and YouTube.

These are the platforms that billions now rely on for news and they are already providing fertile territory for those wanting to spread misinformation. On Facebook, it is in groups opposing vaccines and those campaigning against 5G mobile phone networks that scare stories appear most likely to take hold...

Another popular theory is that the virus was engineered in a lab and deliberately released by, take your pick, the Chinese or American government. Over on the Facebook 5G and microwave radiation group, an article from Technocracy News claims: "It is becoming pretty clear that the Hunan coronavirus is an engineered bio-weapon that was either purposely or accidentally released."...

To be fair to Facebook, it appears to have upped its game when it comes to combating misinformation. Search for "coronavirus" on its platform and the top results will be reliable information from sites such as the World Health Organization (WHO). If you find an anti-vaccination group you want to join, a pop-up message appears saying: "Learn why the World Health Organization recommends vaccinations to prevent many diseases."

YouTube too appears to be trying to calm fears, with a WHO banner ad appearing above any videos about the virus. But on at least one conspiracy theory video, adverts are still appearing, meaning that the site's owner Google is still profiting from misinformation.

Facebook says that as well as promoting accurate information, it has taken steps to combat the spread of misinformation about the virus. Its third-party fact-checkers investigate dubious claims and when they rate information as false, the company limits its spread across Facebook and Instagram...

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## Coronavirus: Library and Business Operations Planning

26 February, 2020

"IMPROVING ACCESS TO DISASTER HEALTH INFORMATION" Disaster Information Management Research Center National Library of Medicine | National Institutes of Health Having trouble viewing this email?

View it as a Web page [ <https://content.govdelivery.com/accounts/USNLMDIMRC/bulletins/27de9a1> ].

Bookmark and Share

[ <https://content.govdelivery.com/accounts/USNLMDIMRC/bulletins/27de9a1?re...> ]

Please continue to refer to the National Library of Medicine for updates on the Coronavirus Disease 2019 (COVID-19) [ [https://www.nlm.nih.gov/index.html#Novel\\_Coronavirus](https://www.nlm.nih.gov/index.html#Novel_Coronavirus) ].

For Continuity of Operations planning, businesses and libraries may want to review these resources:

\* On February 12, 2020, the U.S. Centers for Disease Control and Prevention released Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

[ <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-busin...> ].

\* Engage state [ <https://www.cste.org/page/EpiOnCall> ] and local

[ <https://www.naccho.org/membership/lhd-directory> ] health departments to confirm channels of communication and methods for dissemination of local outbreak information.

\* If you complete the freely available NLM online course In Case of Emergencies: Continuity of Operations (COOP) Planning [ [https://www.nlm.nih.gov/dis\\_courses/coop/index.html](https://www.nlm.nih.gov/dis_courses/coop/index.html) ] you will end up with a fully developed one-page plan.

\* Your Regional Medical Library (Find your RML here [ <https://nnlm.gov/> ]) will have information on local resources. Also, many of the RMLs have recently opened funding opportunities for members.

[...]

This email was sent to [hifa@dgroups.org](mailto:hifa@dgroups.org) using GovDelivery Communications Cloud on behalf of:

Disaster Information Management Research Center Two Democracy Plaza, Suite 440 and Suite 5106707 Democracy Blvd., MSC 5467 Bethesda, MD 20892-5467 GovDelivery logo

[ <https://subscriberhelp.granicus.com/> ]

## Novel coronavirus (62) WHO: A guide to preventing and addressing social stigma

28 February, 2020

Important new guidance from WHO.

Extracts below. Full text here: <https://www.epi-win.com/sites/epiwin/files/content/attachments/2020-02-2...>

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Updated 24 February 2020

Social Stigma associated with COVID-19

A guide to preventing and addressing social stigma

Target audience: Government, media and local organisations working on the new coronavirus disease (COVID-19).

WHAT IS SOCIAL STIGMA?

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease...

WHAT IS THE IMPACT?

Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak. Stigma can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours...

HOW TO ADDRESS SOCIAL STIGMA

... Here are some tips on how to address and avoid compounding, social stigma:

1. Words matter: dos and don'ts when talking about the new coronavirus (COVID-19)
2. Do your part: simple ideas to drive stigma away
3. Communication tips and messages...

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177

countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (61) WHO: Getting your workplace ready for COVID-19**

28 February, 2020

WHO has just issued some practical advice

<https://www.who.int/docs/default-source/coronaviruse/getting-workplace-r...>

'Remember: Now is the time to prepare for COVID-19. Simple precautions and planning can make a big difference. Action now will help protect your employees and your business.'

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (63) WHO: Getting your workplace ready for COVID-19 (2) Translation of WHO guidance**

28 February, 2020

Thanks Neil.

Indeed, now is the time to prepare. I am looking forward to have these guidelines available in Spanish.

Best

J

HIFA profile: Jackeline Alger works in the Parasitology Service, Department of Clinical Laboratories, Hospital Escuela Universitario, and at the Faculty of Medical Sciences, Universidad Nacional Autonoma de Honduras, Tegucigalpa, Honduras. She is a Country Representative for HIFA and CHIFA and is the 2-time holder of HIFA Country Representative of the Year Award 2015 and 2018. <http://www.hifa.org/people/country-representatives/map>

<http://www.hifa.org/support/members/jackeline>

Email: jackelinealger AT gmail.com

## **Novel coronavirus (64) Information from the Nigeria Centre for Disease Control**

29 February, 2020

The following resources on #COVID19 have been developed by the Nigeria Centre for Disease Control:

1. Public health advisory to Nigerians. Version 4 published on the 29th of February 2020: <https://ncdc.gov.ng/news/234/29th-february-2020%7C-public-health-advisor...>
2. Case-definition to guide diagnosis in Nigeria: [https://ncdc.gov.ng/themes/common/docs/protocols/168\\_1582983645.pdf](https://ncdc.gov.ng/themes/common/docs/protocols/168_1582983645.pdf)
3. Answers to Frequently Asked Questions: <https://ncdc.gov.ng/news/232/frequently-asked-questions-on-coronavirus--...>

#COVID19Nigeria

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **Novel coronavirus (65) Behavioural science and Covid-19**

1 March, 2020

Dear all

I thought you might be interested in this blog, authored by a Prof of Health Psychology, Professor Susan Michie of UCL, UK. Prof Michie is the creator of the Behaviour Change Wheel- a method for intervention development to support behaviour change.

In it, Prof Michie describes how we must invest in behavioural science to help us to understand how to support the behaviours likely to slow spread of the virus.

<https://blogs.bmj.com/bmj/2020/02/28/behavioural-science-must-be-at-the-...>

Best wishes

Lucie

Lucie Byrne-Davis PhD CPsychol PFHEA

Health Psychologist & Senior Lecturer

Division of Medical Education | School of Medical Sciences | Faculty of Biology, Medicine and Health

The University of Manchester

Tel: (+44) 161 275 1856 | Twitter: @luciebd | web: [www.mcrimpsci.org](http://www.mcrimpsci.org)

HIFA profile: Lucie Byrne-Davis is a Health Psychologist at Manchester Medical School in the United Kingdom. Professional Interests: Research into health professional practice, and the psychological determinants of change in practice. [lucie.byrne-davis AT manchester.ac.uk](mailto:lucie.byrne-davis@manchester.ac.uk)

### **Novel coronavirus (71) Information from the Nigeria CDC (2) 'Prophets' claim they can cure coronavirus**

1 March, 2020

Dear Dr. Joseph,

With this outbreak I worry about Nigeria for the reason that already there are 'prophets' with claims they can cure coronavirus and others are selling ANOINTED SOAP to prevent contracting the virus. [\*see note below]

You ministry of health and other authorities NFDC should be vigilant.

Lwansa Ph.D

HIFA profile: Dr. Mulenga is a Zambian Pharmacist with over 24 years work experience in 4 different sub-Saharan Countries. He is a strong believer in UHC and Health Information for All. He hosts a radio show on Patient safety which is very well received in the communities. Piloted the first ART in Namibia 2001. Have worked in the Management Sciences for Health, Namibia and the UNDP/GFTAM South Sudan. He possesses a Dual MPH/Ph.D Pharmacovigilance, USA and a B.Pharm, USDM. Email: [lwansa@yahoo.com](mailto:lwansa@yahoo.com) He is a HIFA Country Representative <http://www.hifa.org/support/members/mulenga>

[\*Note from HIFA moderator (Neil PW): I asked Dr Mulenga if he could provide an example of this, and he kindly sent me a link to this short YouTube video: 'Nigerian Prophet Cures Corona Virus'



<https://www.youtube.com/watch?v=D8peO4AgbCg&app=desktop> ]

**Novel coronavirus (70) Science article: ~A completely new culture of doing research. Coronavirus outbreak changes how scientists communicate**

1 March, 2020

Dear Neil,

I think HIFA members, especially researchers and publishers, may be interested in this article from Science.

'A completely new culture of doing research.' Coronavirus outbreak changes how scientists communicate' By Kai Kupferschmidt

<https://www.sciencemag.org/news/2020/02/completely-new-culture-doing-res...>

Some extracts:

"Sluggish scientific communication has often been a problem during past outbreaks. Researchers sometimes sat on crucial data until a paper was accepted by a high-profile, peer-reviewed journal, because they were worried competitors might run with them."

"NEJM Editor-in-Chief Eric Rubin concedes there is a tension between rigor and speed. The journal's review process for COVID-19 papers, he notes, is basically the same as always but much faster. "We and authors could do a more careful job if we had more time," he wrote in an email. "But, for now, physicians are dealing with a crisis and the best quality information available quickly is better than perfect information that can't be accessed until it's not helpful.""

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

### **Novel coronavirus (69) Coronavirus and chloroquine**

1 March, 2020

Dear Neil,

Thank you for all the valuable updates.

A former Chitambo District Medical Officer alerted me to the suggestion that chloroquine is being considered as a possible treatment for coronavirus. Is there any truth in this and could it be a factor in the apparent lack of spread amongst Saharan Africans? Are current antimalarials chloroquine based?

I saw this information on PubMed, so presumably it is a serious proposition?

<https://www.ncbi.nlm.nih.gov/m/pubmed/32074550/>

Thank you

Jo

Dr. Jo Vallis, Chair

FRIENDS OF CHITAMBO SCIO, Registered Charity No. SC044337

\_Working Towards a Healthier Chitambo District\_

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Facebook page:<https://www.facebook.com/friendsofchitambo/> [2]

Links:

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[1] <http://www.friendsofchitambo.org.uk>

[2] <https://www.facebook.com/friendsofchitambo/>

HIFA profile: Jo Vallis is a Medical Sociologist with a general and paediatric nurse/nurse teaching background. She is Chair of Scottish registered charity, Friends of Chitambo SCIO, which supports health projects in Chitambo District, central Zambia: web address: [www.friendsofchitambo.org.uk](http://www.friendsofchitambo.org.uk);

Facebook page: <https://www.facebook.com/friendsofchitambo>

She is Project Lead for a Scottish Government funded project on 'Strengthening emergency care communications in Chitambo District, central Zambia', now in its 3rd 2-year funding round.

Jo recently retired from her post as Research Officer within NHS Education for Scotland (NES), in order to continue the work with Chitambo in a voluntary capacity.

Email addresses: jo AT friendsofchitambo.org.uk; jovallis AT hotmail.com

### **Novel coronavirus (68) Surveying Coronavirus: What do we know about it?**

1 March, 2020

Dear HIFA members,

Greetings,

I am Ph.D student from UAE University, UAE.

The surge of coronavirus is increasing and new cases are emerging all over the world. I am doing a short (< 3 minutes) survey to assess our level of knowledge that we have about coronavirus. I request your kind support to participate in this survey and also recommend your colleagues to participate in it. Your participation is highly appreciated.

[https://qtrial2019q2az1.az1.qualtrics.com/jfe/form/SV\\_06S35eN8J9Hm4bb](https://qtrial2019q2az1.az1.qualtrics.com/jfe/form/SV_06S35eN8J9Hm4bb)

The reason for doing this survey is to understand the level of awareness among HIFA/CHIFA members. [\*see note below] As lack of knowledge and awareness among health professionals is the key factor that can increase the risk of transmission and also important to provide sufficient information to the patients and the public. With the current surge of coronavirus spreading globally, a better understanding of the level of knowledge and awareness among health professionals can help us to tailor better interventions to improve their knowledge towards Novel coronavirus.

I developed this short questionnaire using the WHO preparedness and knowledge information shared by the WHO recently.

Dr. Akshaya Srikanth Bhagavathula

Department of Internal Medicine

College of Medicine and Health Sciences,

UAE University, Al Ain, UAE

0543226187

<https://orcid.org/0000-0002-0581-7808>

HIFA profile: Dr. Akshaya Bhagavathula, Pharm.D, is currently a Ph.D student at the Institute of Public Health, College of Medicine and Health Sciences, UAE University, UAE.

Professional interest: Communicable and Non-communicable disease, Cohort studies, Cardiovascular disease research. Email: akshaypharmd AT gmail.com

[\*Note from HIFA moderator (NPW): I note the survey has also been distributed to the Public Health in the Arab World discussion forum, of which I am a member]

### **BMJ editorial: Healthcare information for all (7) Novel coronavirus (66)**

1 March, 2020

Dear Neil,

This is a great achievement to the HIFA family. The big dream and vision started in Mombasa Kenya in 2006 [launch of HIFA] continue to be realized through great efforts from members and our leadership.

Being a Health Information professional and having served in humanitarian response during devastating outbreaks e.g Ebola and SARS, I have realized that we face a challenge of misinformation during new outbreaks as is happening currently with COVID-19. This may be due to lack of proper strategies to utilize the information collected during these outbreaks or lack of access of this information to the public. There's a lot of drama going on globally on COVID-19 due to misinformation which could have been minimized by the lessons learnt from past outbreaks.

As health information professional, its important that we find a solution to this challenge using technology e.g social media to continue sharing the information and educating the public even after outbreaks are long gone.

Beatrice

Beatrice Muraguri

BSc HRIM, MPH(KIT,Netherlands)

Health Information/Public Health Specialist

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Mobile:(+254)722564743

HIFA profile: Beatrice Muraguri is a Health Information/Public Health Specialist with the Ministry of Health, Kenya. She previously worked as an Information Management Consultant with WHO on the Ebola Outbreak Response, Freetown, Sierra Leone. She is a HIFA Country Representative. <http://www.hifa.org/support/members/beatrice> bemura68 AT yahoo.com

## **Novel coronavirus (73) 'Prophets' claim they can cure coronavirus (2)**

2 March, 2020

Thank you Dr Mulenga. [Mulenga Lwansa, Zambia: <http://www.hifa.org/dgroups-rss/novel-coronavirus-71-information-nigeria...> ]

We had already noticed the absence of these 'Cure-all' traditional or alternative - religious remedies. Even as the nation gets ready for the eventual emergence of COVID19 (which sadly but as expected two days ago when an Italian tourist landed Lagos from Milan).

In fact on 21st Feb 2020, I posted on the Nigerian Medical Association blog, the following:

'Where are all the alternative medicine therapies / herbalists/ traditional medicine people in this Coronavirus epidemic, in the ICU, even in China and India. Where are they when the world needs a treatment that cures all!!!'

Joseph Ana

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **BMJ editorial: Healthcare information for all (10) Novel coronavirus (72)**

2 March, 2020

Amungwa Athanasius Nche, Cameroon

Good Morning Beatrice!!!

This is a very great statement, Beatrice M. [Beatrice Muraguri, Kenya: <http://www.hifa.org/dgroups-rss/bmj-editorial-healthcare-information-all...> ]

I am in the information industry, mostly concerned with HIV/AIDS, family planning and Immunization and I think this statement is very timely

Best regards

Amungwa A. Nche(PhD)

\*Public Health Consultant with the CBC Health Services\*

MPH (Manchester Metropolitan University), TSSI (Yaounde) Cameroon\*

"Let the improvement of yourself keep you so busy that you have no time to criticize others." Roy T. Bennett

HIFA profile: Amungwa Athanasius Nche is a Public Health Expert at SHADEAC in Cameroon. Professional interests: Health Promotion and Awareness, Human Rights Awareness, Community Health Promotion, Hygiene Awareness, NCDs Awareness. Email address: athanestherhaw AT gmail.com

## **Novel coronavirus (75) Coronavirus and chloroquine (2)**

2 March, 2020

Chloroquine has also been suggested for chikangunya. Let us also keep in mind that as of now, we do not know much about pathogenesis of the disease. It is relevant to know how much of the damage is directly viral induced and how much is immune mediated. For instance, a major part of damage in influenza is due to our own immune reaction. If that be so, an anti inflammatory that does not disrupt our immune system would be relevant. Chloroquine is known to have both antiviral and anti inflammatory actions.

A natural compound with similar properties and without adverse effects may be a good prophylactic and therapeutic option on mass scale. Maybe something like that could be suggested for all individuals with viral upper respiratory symptoms without even necessarily testing. I am aware many people will scoff at the idea of doing any treatment without even testing but trying to test and waiting for test report all persons with viral upper respiratory symptoms is going to be an impossible task. It is now no longer an issue of testing only those with history of contact or those with travel to a particular country.

HIFA profile: Sandeep Saluja is an Internist at Saran Ashram Hospital, Dayalbagh, Agra, India. He is also a Rheumatologist and was earlier with the All India Institute of Medical Sciences. He has volunteered to

work in remote inaccessible parts of India for no personal or commercial reasons. He is a member of the HIFA working group on Information for Prescribers and Users of Medicines. [www.hifa.org/projects/prescribers-and-users-medicines](http://www.hifa.org/projects/prescribers-and-users-medicines)

<http://www.hifa.org/support/members/sandeep> Twitter @doctorsaluja doctorsaluja AT gmail.com

## **Novel coronavirus (74) Japanese Q & A translated into English**

2 March, 2020

Dear all,

I would like to share a website which has an \*unofficial\* translation of the Japanese Ministry of Health, Labour and Welfare's "Q & A for the general public". Your attention is drawn in particular to the page on Prevention. ( <https://www.newcoronavirus-japan.info/prevention> )

This pages includes:

1. Simple guidance on what to do when someone in the household is infected
2. Simple guidance for social welfare facilities with elderly residents
3. What to do to prevent (mass) outbreaks.

Interestingly, the pattern in Japan suggests that the main person-to-person transmission is happening in enclosed spaces where a lot of people are talking in close proximity to each other. That's why schools have been closed and many public events have been cancelled. However, an analysis of 110 domestic cases shows that more than 80% of infected people have not given the disease to others (see graph on this page).

Furthermore, it is important to note that a large number of people are recovering from the infection (though I don't have exact numbers).

Although each country's context is different, you may find the information on this site to be useful. It is not updated every day but every few days.

Lastly, the official Ministry of Health, Labour and Welfare English pages can be viewed at [https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/newpage\\_00032.html](https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/newpage_00032.html) , but please note it includes only some of the information on the Japanese pages.

Thank you,

Jenny

HIFA profile: Jenny Yamamoto is a Doctoral student at Hiroshima University, Japan. She previously worked on transport issues at the United Nations Economic and Social Commission for Asia and the Pacific, Bangkok. Currently, she is interested in mobility and access to health services in rural areas in both developed (Japan) and developing countries (South Asia). As part of her research, she will also

consider the ways in which communication technologies and mapping of health information can contribute to better health outcomes. yamamoto.jenny AT gmail.com.

### **Nove coronavirus (77) COVID-19 patient information in languages other than English**

2 March, 2020

Dear all,

I was wondering if anyone is aware of a repository of patient information on COVID-19 in languages other than English? Or pictorial information alone?

As the response is fast-moving and advice always changing I'd like something such as the FAQs on WHO website for the regional and local health protection teams to use.

For the West Midlands we'd like materials in: Panjabi, Polish, Urdu, and Bengali amongst others.

Thanks for your help.

Best wishes

Anna

FYI links to WHO materials:

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

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

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

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

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

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

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Anna Blennerhassett

E. [annablennerhassett@gmail.com](mailto:annablennerhassett@gmail.com)

HIFA profile: Anna Blennerhassett is a Public health registrar in West Midlands, UK. annablennerhassett AT gmail.com

### **Novel coronavirus (76) COVID-19 - Italian Resources**



2 March, 2020

Hi everyone,

Just to let you know that we now have a page of Italian language resources available: <https://www.evidenceaid.org/italian-guidelines-on-novel-coronavirus/>

We have also been updating our main page (<https://www.evidenceaid.org/coronavirus-resources/>) regularly (last updated 1 March at the time of writing).

We have a Japanese language page of resources currently under construction!

With best wishes,

Claire

Claire Allen

Operations Manager

Evidence Aid: Championing evidence-based humanitarian action.

Support our activities by donating here.

Read our practitioners' guide on the use of evidence in humanitarian decision making (available in English, French and Spanish)!

Email: [callen@evidenceaid.org](mailto:callen@evidenceaid.org) | Skype: claireallencochrane | Website: [www.evidenceaid.org](http://www.evidenceaid.org) | Twitter: @EvidenceAid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

## **Novel coronavirus (78) Malaria versus Coronavirus in Nigerian media**

2 March, 2020

[Note from HIFA moderator: read full article online here: <https://www.msn.com/en-xl/africa/nigeria/nigerians-bash-buharis-spokesma...> ]

'Nigerians bash Buhari's spokesman for demanding focus on malaria'

'Garba Shehu, the Senior Special Assistant to the President on Media and Publicity, on Sunday, came under intense criticism on social media for advising the Nigerian media to focus on the deaths caused by malaria rather than on coronavirus.

'Shehu, who took to his Twitter and Facebook accounts, asked why all the newspapers used coronavirus headlines as their cover page stories.

"This morning's newspapers, all of them have coronavirus as the lead, cover story. When will they bring the spotlight to bear on 822 who are killed by malaria every day in Nigeria?," Garba Shehu wrote.

'However, Shehu's comment had attracted over 1,000 comments, mostly negative comments, from his followers...'

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

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HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **Novel coronavirus (80) COVID-19 - Italian Resources (2) European Centre for Disease Prevention and Control: Resources in 20 languages**

3 March, 2020

Thanks Claire this is really helpful - ECDC has also collated resources in up to 20 different languages: <https://www.ecdc.europa.eu/en/novel-coronavirus-china/sources-updated>

HIFA profile: Anna Blennerhassett is a Public health registrar in West Midlands, UK. annablennerhassett AT gmail.com

## **Novel coronavirus (79) Global Health Network - Coronavirus knowledge hub**

3 March, 2020

Dear Neil,

In continuation to the ongoing discussions in the forum about COVID-19, I thought it might be helpful to share with you the following announcements that I have received from the Global Health Network that you may be of relevance to the members of the forum.

COVID-19 - Coronavirus knowledge hub

The Global Health Network has launched a pop-up Coronavirus Knowledge Hub [ <https://coronavirus.tghn.org/> ]. This makes information, data, tools and resources provided by networks, organisations and programmes more easily discoverable and supports generation of evidence to address the many unknowns.

We have now created a specific dashboard for researchers [ <https://coronavirus.tghn.org/resources-dashboard/> ] as well as regional content for Africa and Latin America [ <https://coronavirus.tghn.org/regional-response/> ].

-----  
ISARIC activities coronavirus - ISARIC's COVID-19 Resources

In response to the outbreak of novel coronavirus (COVID-19), ISARIC has developed a portfolio of clinical research resources for COVID-19.

ISARIC currently provide resources for:

1. Harmonisation: a Case Record Form (CRF), endorsed by WHO, for standardised clinical data collection to inform local and international public health responses and patient care.
2. Investigation: a Clinical Characterisation Protocol (CCP) to enable clinical data and biological samples to be collected rapidly in a globally-harmonised manner.
3. Evaluation: clinical trial protocols for the formal evaluation of the efficacy and safety of treatments for 2019-nCoV.

Visit ISARIC's COVID-19 Clinical Research Resources here. <https://isaric.tghn.org/covid-19-clinical-research-resources/>

Best regards,

Ghaiath M. A. Hussein, PhD

MBBS (SUD), MHSc. (CAN), PhD (UK)

Alternative email: [gmh232@alumni.bham.ac.uk](mailto:gmh232@alumni.bham.ac.uk)

Website: <http://www.ghaiath.net/>

"Opportunities are outside the comfort zone."Khalifa Elmusharaf

YouTube Channel - My Lectures- My PhD Thesis

"The ethical considerations in the health-related research activities conducted during armed conflicts."

HIFA profile: Ghaiath Hussein is a registrar of community medicine and bioethicist by training. His expertise varied from providing assistance for researchers on technical and ethical issues, to editing and developing ethical guidelines and training manuals on research ethics. He has been working in the department of research at the Federal Ministry of Health (Sudan), before being assigned as the Senior Project Officer a MARC (Mapping African Ethics Review Capacity) project managed by COHRED and funded by the European and Developing Countries Clinical Trials Partnership (EDCTP). Currently, he is an assistant professor of bioethics in King Saud University for Health Sciences, King Fahad Medical City Faculty of Medicine. He also provides voluntary ethics teaching and consultation services for some regional and international organizations, especially on public health ethical issues. acsawy AT yahoo.com

### **BMJ editorial: Healthcare information for all (11) Novel coronavirus (83) Misinformation**

3 March, 2020

Thank you, Neil and Fiona, for this timely editorial as the world is fighting to combat COVID-19.

<http://www.hifa.org/news/bmj-editorial-healthcare-information-all>

As stated in editorial over half the world's population can now access the internet, and mobile phones are becoming ubiquitous. But this increased internet connectivity comes with both pros and cons. The challenge of this new media outreach during disease outbreak seems hazardous as well.

Most common misinformation during this COVID outbreak in Nepal and similar low and middle-income countries that I have observed are:

1. The fallacious claim that the virus was created in a laboratory.
2. Overdramatized claims and efforts to sell medicine publicized as a cure for coronavirus.

3. Few junk food industry has started to print a false message to enhance the sell of their products.
4. Eating garlic can prevent COVID-19,
5. Bathing with alcohol or cow urine prevents COVID-19,
6. Rinsing the nose with salt water can prevent infection and so on.....

Combating such kinds of myths and misinformation is a growing challenge in the low and middle-income countries.

To debunk this vulnerability of misinformation,

1. Open access to scientific evidence in low and middle-income countries,
2. Enhancing the plain language summary of scientific reports/publications so that community beyond the science can comprehend the information correctly.
3. Collaboration with journalists and media personnel for responsible and evidenced reporting
4. Responsible actions from social media giants like Youtube, Facebook and Twitter is required.

The importance of platform like HIFA gets more profound at the moment where healthcare professionals and general people can have a place to be updated and have a reality check of their knowledge and information when they are going through infodemic.

Let us act together for health for all.

Best regards,

Tara Ballav Adhikari

HIFA profile: Tara Ballav Adhikari is MSc. Public Health Candidate at the University of Southern Denmark is a young public health professional from Nepal. With his interest in evidence-informed policy and health for all advocacy making, he has worked with NGOs, INGOs, and academic institutions in his professional career. Mr. Adhikari is a member of the HIFA Steering Group, HIFA Country Representative Coordinator, and Facebook Coordinator for HIFA ([www.facebook.com/hifadotorg](http://www.facebook.com/hifadotorg)). He was awarded the HIFA Country Representative of the Year award for 2012. Email:adhikaritaraballav AT gmail.com

Linkedin: [www.linkedin.com/in/taraballav](http://www.linkedin.com/in/taraballav)

**Novel coronavirus (82) COVID-19 patient information in languages other than English (3) EPI-WIN**

3 March, 2020

Hi everyone,

I had this response from [EPI-WIN@who.int](mailto:EPI-WIN@who.int) too:

"We are rebuilding the website and hope to have it functional by the end of this coming week - in this new build we will have all the materials and existing translations in one place - a one stop shop idea."

<https://www.epi-win.com/about-epi-win>

Sounds like it will be very useful.

Best wishes

Anna

--

Anna Blennerhassett

E. [annablennerhassett@gmail.com](mailto:annablennerhassett@gmail.com)

HIFA profile: Anna Blennerhassett is a Public health registrar in West Midlands, UK. [annablennerhassett@gmail.com](mailto:annablennerhassett@gmail.com)

## **Novel coronavirus (81) COVID-19 patient information in languages other than English (2)**

3 March, 2020

Dear Anna [Anna Blennerhassett, UK]

Please find as requested [\*see note below]

Regards

Dr. Zaki

URLs for the JIT [Just In Time] COVID-19 lecture are available in

Punjabi - link - <https://translate.google.com/translate?hl=&sl=en&tl=pa&u=http%3A%2F%2Fwww.pi...>

Pashto - link - <https://translate.google.com/translate?sl=en&tl=ps&u=http%3A%2F%2Fwww.pi...>

Sindhi - link - <https://translate.google.com/translate?sl=en&tl=sd&u=http%3A%2F%2Fwww.pi...>

Urdu - link - <https://translate.google.com/translate?sl=en&tl=ur&u=http%3A%2F%2Fwww.pi...>

HIFA profile: Zakiuddin Ahmed is chief executive officer of eHealth Services, Karachi, Pakistan. He has been working in the field of Telemedicine for the last 9 years with the belief and passion that TM is the perfect solution to the healthcare problems of the developing world especially Pakistan. He started

creating awareness of TM in Pakistan and has organized many seminars & events along with giving presentations at all medical institutions and conferences. He started the first Hub and Spoke TM model and has been successfully running it for the last 3 years with 7 spokes now. He is now replicating this model all over Pakistan. He is the first Pakistani member of ATA, HIMSS, ATSP and ISfT. zakiuddinahmed AT gmail.com

[\*Note from HIFA moderator (Neil PW): Thank you Zaki, it looks like these are machine translations and might therefore contain errors? Or have they been checked and endorsed by an expert? I am always reminded of Mark Twain's quote: "Be careful about reading health books. You may die of a misprint [mistranslation?]." Also, the Supercourse lectures are 'designed to be a resource for teachers, professors, and other educators' and different content/format may be appropriate for patients?]

### **Novel coronavirus (83) Over-information and contradictory information**

3 March, 2020

Hi Neil & colleagues,

I just wondered if, when discussing information needs and misinformation, we should broaden the discussion to consider over-information and contradictory information, especially in relation to the general public.

For instance, from what I've noticed, there are a number of sources from where members of the public here in the UK seems to be getting information about the disease outbreak - listing a few below just as an illustration. It's not an exhaustive list and of course not all of these are viewed as reliable information sources.

- mass media (press & broadcast; local, national & international)
- the internet
- social media
- educational institution guidance
- workplace guidance (for health professionals as well as for work that is unrelated to health)
- travel agent/airline guidance
- community groups
- colleagues, friends, family

It would be interesting to hear about the views of other HIFA members.

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

### **Novel coronavirus (84) Misinformation (2)**

4 March, 2020

Hi Dear,

Quite interesting! [Julie Reza, UK: Novel coronavirus (83)]

Misinformation is everywhere. like bush fire, it spreads easily.

Almost all what you mention (except bathing with alcohol or cow urine) are circulating here in Cameroon.

Good source information is critical with current environment of outbreak.

Health professionals should be aware of.

Best

HIFA profile: Armand Seraphin Nkwescheu is a Public Health Consultant at the Cameroon Society of Epidemiology. Professional interests: Road traffic injury, Neglected Tropical Diseases with emphasis on snakebites and envenoming, Non communicable Diseases, Health systems and Development Evaluation. nkwesch AT yahoo.com

### **Novel coronavirus (85) Misinformation (2)**



4 March, 2020

Thanks Julie

I've noticed in the UK that local online neighbourhood fora are a new source of (mis)information. They mix people marketing themselves and their products with community information, help and support and it's hard to distinguish. To illustrate:

1. This week someone asked if anyone had a spare asthma inhaler as they'd run out. Fortunately the first responder gave good information and advised you can go to on-call community pharmacist and get an emergency supply. But others asked about "what colour do you want? I can share. ...."
2. Someone posted two infographics on COVID-19 with a private clinic branding listing runny nose first as main symptom not cough, high temp and shortness of breath. I felt the need to respond sharing links to the latest WHO and NHS guidance.

Siân

--

Siân Williams +44 (0)7980 541664

HIFA profile: Sian Williams is Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

### **Novel coronavirus (87) Five ways to put evidence into action during outbreaks like COVID-19 (2)**

5 March, 2020

Dear Claire and all,

Thank you for pointing us to this news piece by Ahmad Firas Khalid, Health Policy Researcher and Advisor at McMaster University, US.

<http://theconversation.com/coronavirus-5-ways-to-put-evidence-into-actio...>

The article emphasises five priorities, all of which align directly with the HIFA vision:

1. Strengthen up-to-date and accessible research evidence websites.
2. Establish key networks to co-ordinate and share quality and timely evidence.
3. Provide rapid evidence summaries.
4. Turn research evidence into explicit actionable points such as checklists.
5. Increase the value of using evidence to inform interventions.

The time is now for international health agencies, funding agencies, big tech companies and others to step up and support collective efforts to create a world where every person will have access to the information they need to protect their own health and the healthy of others, in a language they can understand, and where people are protected from the growing cancer of misinformation. As Dr Tedros said a few weeks ago: "More than ever it's time to let science & evidence lead policy. If we don't, we are headed down a dark path that leads nowhere but division and disharmony".

Best wishes,

Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (86) Five ways to put evidence into action during outbreaks like COVID-19**

5 March, 2020

Dear all,

See: <http://theconversation.com/coronavirus-5-ways-to-put-evidence-into-action>

for a good insight of putting evidence into action.

Best wishes,

Claire

Claire Allen

Operations Manager

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Read our practitioners' guide on the use of evidence in humanitarian decision making (available in English, French and Spanish)!

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HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

## **Novel coronavirus (90) Over-information and contradictory information (2)**

5 March, 2020

Julie, thank you. [Julie Reza, UK: <http://www.hifa.org/dgroups-rss/novel-coronavirus-83-over-information-an...> ]

I notice that you acknowledge your list is not exhaustive, but for UK I may mention specifically. 'The NHS website' and 'Patient Groups websites' to the list.

About 'over-information' I suggest that we don't bother so much about it for this epidemic so long as The Information Is Accurate!

This is one instance when too much may actually be useful, again, the emphasis should rest on accuracy and debunking myths.

Regards

Joseph Ana

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

**Novel coronavirus (89) Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response now available**

5 March, 2020

Thought useful to share

Thank you

HIFA profile: Laura Bridle is a perinatal mental health midwife based in London and is currently seconded to a one year population health fellowship with Health Education England. Laura has a keen interest in reducing stigma surrounding mental illness, safe motherhood and international midwifery. Nursebridle AT hotmail.com

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From: [GANM@ibp.wa-research.ch](mailto:GANM@ibp.wa-research.ch) <[GANM@ibp.wa-research.ch](mailto:GANM@ibp.wa-research.ch)> on behalf of [mcconvillef@who.int](mailto:mcconvillef@who.int) <[mcconvillef@who.int](mailto:mcconvillef@who.int)>

Sent: 04 March 2020 15:14:07

To: GANM (Global Alliance for Nursing and Midwifery) <[GANM@ibp.wa-research.ch](mailto:GANM@ibp.wa-research.ch)>

Cc: IRO, Elizabeth <[iroe@who.int](mailto:iroe@who.int)>

Subject: [ganm] FW: "COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response" now available

Dear GANM, WHO CCs, ICM and ICN

Please circulate this free access OPENWHO.org course on COVID-19 widely amongst your members.

Thanks

Fran

Module 1: Mission and purpose of this program (incl. COVID-19 knowledge):

This module provides a description of the purpose and context for this learning package, leadership words and relevant COVID-19 knowledge.

Module 2: Country-level preparedness and response:

This module provides an introduction to Operational Planning Guidelines to Support Country Preparedness and Response, and access to relevant information and documentation.

Module 3: Pillars of the public health response:

This module is technical deep dive into each of the 8 pillars of the public health response as described by the Operational Planning Guidelines to Support Country Preparedness and Response.

Fran McConville,

Technical Officer, Midwifery

MCA Dept. & Office of Chief Nurse

WHO HQ, Geneva

Landline + 41 22 7912 625

Mobile +41 79 475 54 55

From: OpenWHO <[no-reply@openwho.org](mailto:no-reply@openwho.org)>

Sent: Tuesday, March 3, 2020 9:14 PM

To: MCCONVILLE, Frances Emma <[mcconvillef@who.int](mailto:mcconvillef@who.int)>

Subject: "COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response" now available

Global News

"COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response" now available

We are pleased to announce that the online course "COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response" is now available on OpenWHO. You can access the course through the following link: <https://openwho.org/courses/UNCT-COVID19-preparedness-and-response-EN>

In order to assist UN country teams in scaling up country preparedness and response to COVID-19, WHO has developed these learning modules as a companion to the Operational Planning Guidelines to Support Country Preparedness and Response.

This 3-module learning package introduces the context for the need for a coordinated global response plan to the COVID-19 outbreak. It provides the required guidance to implement the Operational Planning Guidelines to Support Country Preparedness and Response. These planning guidelines describe priority steps and actions to be included in countries' preparedness and response plans across the major areas of public health preparedness and response. This is aligned with the COVID-19 Strategic Preparedness and Response Plan (SPRP).

By the end of this course, participants should be able to:

Educate themselves and others about the importance of operationalizing the SPRP for the COVID-19 outbreak using the Operational Planning Guidelines

Describe the 8 major pillars of public health preparedness and response and initial actions to be taken by the UN country teams

Access the full set of actions, performance indicators and resources needed to conduct the preparedness level assessment using the COVID-19 Partners Platform

There are 3 modules, as follows:

Module 1: Mission and purpose of this program (incl. COVID-19 knowledge)

Module 2: Country-level preparedness and response

Module 3: Pillars of the public health response

It will take approximately 1 hour to finish Modules 1 and 2 and another hour to finish Module 3.

A Record of Achievement will be available to participants who score 80% or higher in the cumulative course assessment for both Modules 1 and 2. Module 3 is free of any certification.

Hoping to count you among the participants, the OpenWHO team wishes you a successful training!

### **Novel coronavirus (88) COVID-19 - an anecdote**

5 March, 2020

Dear HIFA colleagues,

Further to my previous post, can I add healthcare workers to the list of people that the public get health information from - an unintentional omission.

On a slightly separate note, Neil has also invited me to share a personal anecdote with the forum as it seems to illustrate some of the problems with the provision of health information.

It also serves as a reminder that low health literacy extends even into those who are responsible for our health and safety and illustrates how inadvertent misinformation from such people is even more dangerous because people will trust it.

A group recently had a meeting during which issues relating to the current coronavirus outbreak were raised. Despite details being provided about reliable sources of information (guidance from the UK National Health Service) and being warned of the dangers of misinformation, a follow up message was sent from the health & safety officer (HSO) with 'guidance' that the HSO thought might 'help' others. The HSO also added that this 'guidance' was 'Very useful and precise instead of going through the NHS website which has a lot more information. The notion is if you feel any of the symptoms, please self quarantine yourself.'

It seems the HSO (highly qualified, but not a person with a medical background\*) may have thought this was from a reliable source because the source was supposedly 'Someone who graduated with a master's degree and who worked in Shenzhen Hospital (Guangdong Province, China)' [although the actual source was not named, and a subsequent google search suggested that the 'guidance' email was a message already circulating on social media].

The 'guidance' contained a number of points that might make sense to the layman, perhaps reinforcing his/her belief that this is good/trustworthy information. (Perhaps this means that the layman does not see this as nonsense and does not immediately class the message as 'misinformation'.)

I share this so-called 'guidance' below in order to add to the discussion about health information/misinformation rather than discuss the individual points. I'm sure many of you have seen similar 'guidance'.

## "CORONAVIRUS

Someone who graduated with a master's degree and who worked in Shenzhen Hospital (Guangdong Province, China) sent the following notes on Coronavirus for guidance:

1. If you have a runny nose and sputum, you have a common cold
2. Coronavirus pneumonia is a dry cough with no runny nose.
3. This new virus is not heat-resistant and will be killed by a temperature of just 26/27 degrees. It hates the Sun.
4. If someone sneezes with it, it takes about 10 feet before it drops to the ground and is no longer airborne.
5. If it drops on a metal surface it will live for at least 12 hours - so if you come into contact with any metal surface - wash your hands as soon as you can with a bacterial soap.
6. On fabric it can survive for 6-12 hours. normal laundry detergent will kill it.
7. Drinking warm water is effective for all viruses. Try not to drink liquids with ice.
8. Wash your hands frequently as the virus can only live on your hands for 5-10 minutes, but - a lot can happen during that time - you can rub your eyes, pick your nose unwittingly and so on.
9. You should also gargle as a prevention. A simple solution of salt in warm water will suffice.
10. Can't emphasise enough - drink plenty of water!

## THE SYMPTOMS

1. It will first infect the throat, so you'll have a sore throat lasting 3/4 days

2. The virus then blends into a nasal fluid that enters the trachea and then the lungs, causing pneumonia. This takes about 5/6 days further.
3. With the pneumonia comes high fever and difficulty in breathing.
4. The nasal congestion is not like the normal kind. You feel like you're drowning. It's imperative you then seek immediate attention.

SPREAD THE WORD - PLEASE SHARE."

(\*Perhaps HIFA needs to have discussions about access to health information by such individuals?)

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

### **Novel coronavirus (92) Over-information and contradictory information (3)**

5 March, 2020

Dear Joseph, [Joseph Ana, Nigeria: Novel coronavirus 90]

I agree that the accuracy of information should be a key issue.

The discussion point that I was trying to raise is that over-information may lead to the following:

a) when reliable information is too detailed or not 'visible at a glance', people may turn to other sources of information (as illustrated by the anecdote I my previous message (88)). In that example, because the NHS site was deemed to have "a lot more information", people were happy to share less reliable information that was easier to follow. It's easy to forget that people have very different levels of health literacy, despite their educational background or work.



b) when there's too much information in the press and media, it may lead to confusion and panic. I live in an area of the UK which has had its first case confirmed and has seen 'panic buying' and supermarket shelves emptying as a result.

(I read this interesting article yesterday <https://foreignpolicy.com/2020/03/04/coronavirus-fears-national-security...>)

c) too much information may feel overwhelming for some and lead some people to 'shut down' and not follow latest advice and guidance.

d) too much information is difficult to monitor for quality and 'debunk' the myths.

I'm sure that as I write this there are people that are studying behaviours and will give the much needed evidence on the validity of these points.

Regarding the points made by you and Siân Williams (85) - yes, I agree, I think there are many information sources that I didn't include in my list; for example in some communities, community elders, religious leaders or other leaders may also be information sources. There are no doubt other sources that I can't think of right now!

(Finally, can I add that my original post 88 used formatting to make clear the misinformed guidance I was referring to. However, messages on this forum are plain text. I was NOT asking for the 'guidance' to be shared, that was part of the original message!)

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

**Novel coronavirus (91) COVID-19 information available in Japanese via Evidence Aid**

5 March, 2020

Dear all,

We are delighted to announce that the Evidence Aid Japanese language pages for COVID-19 have now been uploaded. We are grateful to by colleagues at Bukkyo University, co-ordinated by Prof. Hajime Takeuchi MD for helping us to do this: <https://www.evidenceaid.org/japanese-guidelines-on-novel-coronavirus/>

Best wishes,

Claire Allen

Operations Manager

Evidence Aid: Championing evidence-based humanitarian action.

Support our activities by donating here.

Read our practitioners' guide on the use of evidence in humanitarian decision making (available in English, French and Spanish)!

Email: [callen@evidenceaid.org](mailto:callen@evidenceaid.org) | Skype: claireallencochrane | Website: [www.evidenceaid.org](http://www.evidenceaid.org) | Twitter: @EvidenceAid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

### **Novel coronavirus (96) CORE Group: Call for Covid-19 preparedness and response resources**

6 March, 2020

The message below is forwarded from CORE Group. Read online (with embedded hyperlinks to resources) here: <https://coregroup.org/resources/2019-novel-coronavirus-global-response-c...>

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Dear Members, Partners, and Stakeholders,

In coordination with WHO, UNICEF, US Government agencies and other key organizations and initiatives, CORE Group is convening members and partners to discuss their institutional positions vis a vis COVID-19 (novel coronavirus 2019) in an effort to coordinate and support the global response.

In acknowledgment of the many requests that CORE Group host a COVID-19 resources page, we invite you to kindly share your toolkits, guides, checklists, templates, digital adaptation, and other COVID-19

preparedness and response resources for adding to our COVID-19 Global Response Coordination Webpage.

We recognize the quickly evolving nature of what we know about this virus. Therefore we consider WHO as the gold standard, and are prepared to mark all other contributions as DRAFT for the purposes of quickly uploading and sharing needed resources. All resources will be reviewed for quality and rigor prior to uploading.

Save the Date for the next coordination call on March 13, 2020 where we will discuss this resources hub in more depth. In the meantime, please send contributions to CORE Group's KM and Comms Team at [contact@coregroup.org](mailto:contact@coregroup.org), with subject line: COVID-19 Submitted Resources.

General Information Resources:

WHO 2019 Novel Coronavirus Information Landing Page

WHO nCov19 Situation Reports

WHO nCov19 Strategic Preparedness and Response Plan

CDC 2019 Novel Coronavirus Information Landing Page

EPI-Win Landing Page

Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE

Miss a coordination call? Visit our COVID-19 Global Response Coordination webpage to access recordings, presentation materials, and resources shared by the network!

CORE Group | 1901 Pennsylvania Avenue NW, Suite 902, Washington, DC 20006

CORE Group

[www.coregroup.org](http://www.coregroup.org)

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (95) Over-information and contradictory information (4)**

6 March, 2020

Dear friends

When one talks about the issue of “Over information” we talk about quantity which is like medicine’s overdose. In this case it’s the quantum that has the impact and not the quality. Over information seems to me is like having too much water which causes floods that can kill. At the same very little water or no water causes diseases or even death. Bad water causes water borne diseases.

That’s why Knowledge Translation (KT) is about the right format and right quantity.

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

President, eHealth Development Association of Jordan,

Independent Consultant in Knowledge Management and eHealth

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HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering

Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

### **Novel coronavirus (94) COVID-19 - an anecdote (2)**

6 March, 2020

Hi Julie,

Thanks for sharing this.

There appears to be a lot of misinformation circulating around COVID 19. I have been asked this question by some folks; about the effect temperature has on the virus. Some of them seem to believe that as summer comes the virus will no longer be a threat. I feel there is insufficient data to say what effect (if any) the temperature has on the virus.

As long as the virus is circulating with in or outside the body it can infect.

More information on this will be helpful as warmer temperatures may create false sense of security in overcrowded regions.

Thanks

Shabina

Shabina Hussain, MBBS, DPH, MPH

Independent global health policy advocate

Mountlake Terrace

WA 98043

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

### **Novel coronavirus (93) Communication Initiative**

6 March, 2020

Dear HIFA colleagues,

The message below is forwarded from the Communication Initiative. You can read and respond online here:

<https://www.comminit.com/content/drumbeatnet-coronavirus-communication-r...>

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The Communication Initiative Networks

convening the communication and media development, social and behaviour change community

Group: The Drum Beat Networks

New Thread: (DrumBeatnet] Coronavirus - Communication Response?

Please click to review, comment and access any attachments

From: Warren Feek

The world is focused on and unnerved by the spread of COVID-19 (the coronavirus). It is a major health, economic, and rights issue now, and things could get much, much worse. This Jonathan Quick interview [ <https://www.theguardian.com/world/2020/mar/01/the-worst-case-scenario-fo...> ] in the Guardian provides an excellent update The speed of the spread of the virus and the urgency of the response is such that this article could be way out of date by the time you read this! There is no vaccine, and there will not be one for at least 18 months, according to Dr. Fauci, Director of the National Institute of Allergy and Infectious Diseases in the United States. The reliability of the tests is uncertain. The incubation period is 2 to 14 days - maybe longer. So, this is a real population and people issue. That means that an effective communication response is of the highest imperative.

In that context, Dr. Quick in his Guardian interview outlines, from his scientist position, some of the areas of focus required for an accelerated response that is in keeping with the nature of this major health challenge - facilitate much higher levels of public engagement, improve levels of trust, disseminate "dispassionate, evidence-based information", and refrain from "misleading" populations. Related to these and other requirements, our common field of work has many decades of practical experience, which have resulted in a rich body of change theories, planning models, strategic programming, research results and data, and resource materials.

COVID-19 (the coronavirus) is a really difficult and challenging issue. As an integral part of the response we have much to offer and achieve, As we face these challenges we could all learn from the thinking and insights of other people in this network. So, could we please ask you to share your analysis and recommendations.

Drawing from your communication, social change, behaviour change, media for development and/or community engagement experience, knowledge, skill, and insight ...

... in your assessment, what are the three strategic and/or programming priorities for an effective response to COVID-19?

(Please either reply by email or click on this link above and below this post "Please click to review, comment and access any attachments" and post on the platform. )

1. ?

2. ?

3. ?

Many thanks for sharing in support of advancing all of our work. Please either reply by email or click on this link above and below this post "Please click to review, comment and access any attachments" and post on the platform. Should this generate lots of sharing and ideas please note that we will compile responses and share back with links to comments every couple of days, rather than email individual contributions.

Warren

Warren Feek [Executive Director, Communication Initiative]

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Nove coronavirus (99) Is your information about Covid-19 being understood by those who need it the most?**

6 March, 2020

Dear HIFA colleagues,

at Translators without Borders, we want to ensure people have access to the information they need, in a language they understand. This is why we are offering language support to translate key content aimed at improving public awareness about Covid-19.

We can translate content into Chinese (simplified and traditional), Thai, Vietnamese, Bahasa Indonesian, Tagalog, Korean, Japanese, Malay, Myanmar, Hindi, and Bangla, and have the ability to quickly include more languages if needed. We can translate text in written documents but can also support with translations for audio-visual formats. With our current funding, we are able to offer this support without any costs for open access resources.

We are also developing language and literacy maps and datasets and a multilingual terminology resource. We will be sharing those resources here as soon as available.

For more information about the language support we can provide to you and your teams working on this coronavirus outbreak, contact [manmeet@translatorswithoutborders.org](mailto:manmeet@translatorswithoutborders.org).

This project is funded by the H2H Fund, a funding mechanism for H2H Network members supported by UK aid from the UK government.

Best regards

Mia

--

Mia Marzotto

Senior Advocacy Officer

[www.translatorswithoutborders.org](http://www.translatorswithoutborders.org)

[mia@translatorswithoutborders.org](mailto:mia@translatorswithoutborders.org)

Skype: miacrogetti

WhatsApp: +39 333 743 9807

#LanguageMatters. Follow Translators without Borders (TWB)

on Facebook, Twitter, LinkedIn, and Instagram.

TWB takes accountability seriously. Click here to report misconduct or fraud.

HIFA profile: Mia Marzotto is Advocacy Officer at Translators without Borders. She is based in New York City, USA. She is a member of the HIFA working group on Multilingualism.

<http://www.hifa.org/support/members/mia>

<http://www.hifa.org/projects/multilingualism>

[mia@translatorswithoutborders.org](mailto:mia@translatorswithoutborders.org)

**Novel coronavirus (98) CORE Group: Call for Covid-19 preparedness and response resources (2)**

6 March, 2020

Dear Neil and all



I am confused how can the “US Government agencies” partner or coordinate with WHO and UNICEF when the President of the United States of America “Calls WHO's global death rate from coronavirus 'a false number'”? <https://www.theguardian.com/world/2020/mar/05/trump-coronavirus-who-glob...>

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

President, eHealth Development Association of Jordan,

Independent Consultant in Knowledge Management and eHealth

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HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

## **Novel coronavirus (97) Over-information and contradictory information (5)**

6 March, 2020

Hello All,

It is absolutely important not to overload the system, any system, with too much information because apart from other risks, there is the risk of putting people off and their missing the intended message. That much is clear.

With the on-going and escalating COVID19 epidemic, the airwaves and media are of necessity inundate with information because the situation has not peaked and therefore the situation is changing as rapidly as more countries are dragged into the cohort of affected countries. So, it appears as if there is too much information whereas infact it is the rapidly changing status of the epidemic that accounts for most of the increase in information - over 60 countries as at yesterday whereas about a week ago it was less than half that number.

The real problem, which I think we should not allow the debate about too much information to overshadow, is the increase of misinformation, fake news, etc. Every attention and effort should be directed at culling and eliminating misinformation wherever and however it emerges. And as quickly as possible, even at the risk of too much information, so long as the information is FACTUAL and verifiable..

Joseph Ana.

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

**Sphere guidance on the Coronavirus response**

6 March, 2020

The international humanitarian standards network Sphere has published guidance on the Coronavirus response at <https://spherestandards.org/coronavirus/>. My organization, CHSC, is offering a 4 day course based on the Sphere Handbook April 22-25. You can find more information here: <https://www.healthservicecorps.org/event/introduction-disaster-refugee-r...>

Laura Smelter MD

Director of Training

Christian Health Service Corps

[www.healthservicecorps.org](http://www.healthservicecorps.org)

Join us May 9, 2020 for

A Gala Celebrating Christ-Centered Healthcare Around the World

<https://laughoutloudffw.com/>

HIFA profile: Laura Smelter is Director of Training at the Christian Health Service Corps in the USA. laura AT healthservicecorps.org

### **Novel coronavirus (100) CORE Group: Call for Covid-19 preparedness and response resources (3)**

6 March, 2020

One problem with the covid-19 numbers is that at the moment all we have is a simple death rate based on taking the number of reported cases as the denominator and the number of reported deaths as the numerator.

According to the Centers for Disease Control and Prevention (CDC), in the US alone, the flu has caused an estimated 32 million illnesses and 18,000 deaths this season, which gives a death rate of 0.56. With covid-19, the reported figures a couple of days ago were around 3,000 deaths out of 89,000 sick, which give a figure of 3.37%. From this back-of-the-envelope calculation, covid-19 appears to be about six times deadlier than the flu.

However, many light cases caused by covid-19 which didn't end in death have no doubt gone unreported, which would lower the figure.

All in all, we are still not close to having a mortality rate. WHO Director General Dr Tedros has been very clear to stress that. Mr Trump is not helping with his guesstimates.

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

## **Novel coronavirus (101) 10 Global Digital Health Solutions for Coronavirus International Response**

7 March, 2020

Here is a posting with very useful links from: "ICTworks" by Wayan Vota (March 7, 2020)

10 Global Digital Health Solutions for Coronavirus International Response

See: <https://www.ictworks.org/10-global-digital-health-solutions-for-coronavi...>

Excerpt: Global coronavirus infections now exceed 100,000 confirmed cases in 97 countries, with over 3,400 deaths from COVID-19, leading to international travel bans and almost 40 conference cancellations (<https://www.ictworks.org/coronavirus-cancel-conference/>) across the international development industry. Donors like USAID (<https://www.ictworks.org/tag/usaidd/>), DFID (<https://www.ictworks.org/tag/dfidd/>), World Bank (<https://www.ictworks.org/tag/world-bank/>), and Gates Foundation

(<https://www.ictworks.org/tag/gates-foundation/>) are asking, "What global digital health solutions are available for international COVID response," that can be implemented by government health systems in low- and middle-income countries? We asked the Global Digital Health Network (<https://www.globaldigitalhealthnetwork.org/>) – over 4,000 digital health practitioners – for their thoughts on which digital health solutions would be applicable for COVID response in LMICs and received multiple ideas that public health managers can use to mitigate this international communicable disease outbreak. The responses mainly focused on prevention, diagnosis, and treatment. These digital health solutions (<https://www.ictworks.org/tag/digital-health/>) could be used to

communicate how to avoid coronavirus infection, understand who might be infected with COVID-19, and track treatment protocols and adherence. They are in addition to artificial intelligence solutions for COVID containment (<https://www.ictworks.org/artificial-intelligence-coronavirus-covid-19/>) we explored previously.

Sam Lanfranco

HIFA profile: Sam Lanfranco is Professor Emeritus & Senior Scholar at York University, Toronto, Ontario, Canada. <http://samlanfranco.blogspot.com>. He was formerly chair of the Canadian Society for International Health, and runs the health promotion list CLICK4HP. Lanfran AT Yorku.ca

### **Novel coronavirus (102) Financial Times: Falsehoods can spread and mutate as easily as a virus**

8 March, 2020

'Falsehoods can spread and mutate as easily as a virus

Hear it from the experts

Let our global subject matter experts broaden your perspective with timely insights and opinions you can't find anywhere else.'

<https://www.ft.com/content/32a40a48-5e19-11ea-b0ab-339c2307bcd4?amp=1>

The problem is: The Financial Times 'global subject matter experts' are behind a paywall. We are unable to read anything beyond the above words without making a payment.

I have tweeted a request to The Financial Times

[https://twitter.com/hifa\\_org/status/1236579739013390338](https://twitter.com/hifa_org/status/1236579739013390338)

@FinancialTimes No-one can read this unless they pay you \$. We invite you to give free access to all #covid content to assist the global response to #coronavirus . Follow the lead of @BMJ @Elsevier @TheLancet #healthinfo4all #globalhealth #SDGs

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG neil AT hifa.org

## Novel coronavirus (103) CORE Group: Call for Covid-19 preparedness and response resources (3)

8 March, 2020

Dear All,

It has been pointed out to me that the "back of the envelope calculation" I did comparing Covid-19 death rates with flu death rates was out by a factor of 10. [<http://www.hifa.org/dgroups-rss/novel-coronavirus-100-core-group-call-co...>]. My apologies. Although this doesn't change the point I was making, but just for the record, and using better influenza burden data from CDC (<https://www.cdc.gov/flu/about/burden/past-seasons.html>), here are the correctly calculated (but still approximate) numbers:

Using preliminary CDC data for the burden of influenza in the US in the 2018-2019 season (<https://www.cdc.gov/flu/about/burden/past-seasons.html>), in the US alone, the flu has caused an estimated 35,520,883 symptomatic illnesses and 34,157 deaths, which gives a death rate of 0.096%. With Covid-19, the reported figures from 7 March show 3,486 deaths out of 101,927 sick, which gives a death rate of 3.42%. From this back-of-the-envelope calculation, Covid-19 appears to be about 36 times deadlier than the flu. As before, it should be noted that many light cases caused by Covid-19 which didn't end in death have no doubt gone unreported, which would have the effect of lowering this death rate somewhat.

Best,

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. [chris AT chriszielinski.com](mailto:chris AT chriszielinski.com)

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

**Novel coronavirus (107) CORE Group: Call for Covid-19 preparedness and response resources (5)**

9 March, 2020

Dear Chris and HIFA group

You have very aptly pointed out the gap in reporting.

In context regarding reporting of cases of CoVID-19, there are many low resource countries where surveillance is not integrated and which are failing to contribute towards global numbers.

Considering our group has a wide audience, I wanted to explore which disease surveillance and alert generation applications are being used, especially for case based reporting in your country.

We can learn or benefit from each other's experiences.

Best regards

Mariam

HIFA profile: Mariam Z Malik is Business Development Manager at Contech International, Pakistan. Her professional interests include Health and health care information. mariam.zahid AT gmail.

**Novel coronavirus (105) Is your information about Covid-19 being understood by those who need it the most? (2)**

9 March, 2020

Thanks Mia - I've passed this information on to comms at Public Health England, and will pass it on to local authorities too if they ask.

Best wishes

Anna

HIFA profile: Anna Blennerhassett is a Public health registrar in West Midlands, UK. annablennerhassett AT gmail.com

**Novel coronavirus (104) Financial Times: Falsehoods can spread and mutate as easily as a virus (2) @AFPFactCheck**

9 March, 2020

This source on Twitter should be helpful for fact-checking. <https://twitter.com/search?q=list:factchecknet/coronavirusfacts%20%23cor...>

Catherine Kane

Human Resources for Health Policies & Standards

World Health Organization Health Workforce Department

Avenue Appia 20, CH-1211 Geneva 27

+41 22 791 1593

[ckane@who.int](mailto:ckane@who.int)

HIFA profile: Catherine Kane is a member of the WHO Health Workforce team, responsible for advocacy and dissemination of the Guideline on health policy and system support to optimize community health worker programmes. She has experience with community health worker programmes at strategic and operational levels through WHO, the International Federation of Red Cross and Red Crescent Societies and at one point as a social worker supporting migrant communities. She is a member of the HIFA working group on CHWs. <http://www.hifa.org/support/members/catherine> Twitter: readycat

### **Novel coronavirus (108) CORE Group: Call for Covid-19 preparedness and response resources (6)**

10 March, 2020

Interesting question! [Tariq Azim, USA, Novel coronavirus (107)]

I think a well developed centralized lab data base of confirmed cases of reportable diseases can be very handy. It can be developed by the integration of lab data from each state into one centralized data base.

Depending on patient privacy laws in each country certain personal information fields should have restricted access to be used only for reporting and follow up purposes and to limit discrimination based on infection status of a person.

Sincerely

Shabina

Shabina Hussain, MBBS, DPH, MPH

Independent global health policy advocate

Mountlake Terrace

WA 98043



HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA.  
Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases.  
hussain.shabina AT gmail.com

## **Novel coronavirus (109) BBC: A problem unlike anything else Trump has faced**

10 March, 2020

Extrtacts below. Full text here: <https://www.bbc.co.uk/news/world-us-canada-51803890>

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In the midst of a health emergency, what is sacrosanct for anxious citizens... is reliable information, a consistency of message from the government about the risks and how they can be mitigated, and that information flow will be based on the best available scientific evidence. No other factors should intrude.

In the US, as the administration has scrambled to mount an effective response, the messages have been mixed. Not for the first time, the president has been contradicting his own advisers and medical experts...

From the outset of the coronavirus outbreak, Donald Trump has sought to play down its seriousness and overestimate America's preparedness. He said the spread was under control. It isn't. He's said that the number of cases may soon go down to zero. They haven't, and it was not the advice he'd been given. He suggested that people with symptoms should go to work if they felt well enough. They shouldn't.

He has also argued that he didn't want the benighted cruise liner, the Grand Princess, because it would add to the total of coronavirus cases in the US - when it's not his fault they were on a cruise liner... His concern from this seems not to be preserving the safety of American citizens (the thing he swears an oath to do at his inauguration), but keeping a lid on the numbers by keeping those with the virus - literally - at sea.

Last Friday, he went to the Centers for Disease Control and Prevention - the epicentre of the fight against the coronavirus - wearing a Keep America Great campaign hat, and said that there were tests available for every American who needed one. There aren't...

Take Mr Trump's tweet on Monday morning as Wall Street was in freefall. "So last year 37,000 Americans died from the common Flu. It averages between 27,000 and 70,000 per year. Nothing is shut down, life & the economy go on. At this moment there are 546 confirmed cases of coronavirus, with 22 deaths. Think about that!"

But while common influenza is most certainly a killer, experts estimate that the coronavirus is markedly deadlier. So at the same time as the president is tweeting this, officials are on the airwaves saying the crisis is real, that Americans need to respond, and it is going to get a lot worse before it gets better...

But there is something else that needs to be addressed about America and its preparedness for dealing with something like this - and this has nothing (well, more or less nothing) to do with Donald Trump and his administration. Yes, his gutting of the entire global-health-security unit of the National Security

Council might now seem rash. Ditto, eliminating the US government's \$30m (£23m) Complex Crises Fund...

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (112) Coronavirus and children (2)**

11 March, 2020

Dear Hidetoshi,

To add to my note below your eprevious message, WHO has just issued new guidance:

COVID-19: IFRC, UNICEF and WHO issue guidance to protect children and support safe school operations

<https://www.who.int/news-room/detail/10-03-2020-covid-19-ifrc-unicef-and...>

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (111) Free Online Video Course from FutureLearn on Novel Coronavirus**

11 March, 2020

Hi all,

Here's another timely resources for those who have the bandwidth to watch this free online video course from FutureLearn:

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

Kind regards,

Valerie

HIFA profile: Valerie Walker is the Founder & Executive Director of Global Medical Libraries (GML) in the United States. The project reflects Valerie's passion to improve global health care in developing countries one book at a time through donated health sciences educational resources, which contribute to advancing the quality of pre-service education. Since GML's inception in April 2007, over \$2.5 MM of health sciences textbooks have been donated to more than 30 countries spread over 5 continents, at no expense to the recipients or their governments. Email address: [info@globalmedicallibraries.org](mailto:info@globalmedicallibraries.org)  
Website: [www.globalmedicallibraries.org](http://www.globalmedicallibraries.org) LinkedIn Profile: <https://www.linkedin.com/in/valerie-walker-7532688/>

### **Novel coronavirus (110) Introduction: Hidetoshi Fujino, Japan - Coronavirus and children**

11 March, 2020

Dear all members in HIFA

I'm a general pediatrician working at a private clinic in Japan. I join HIFA, because I would like to share information regarding new Corona virus infection with the members. Please send message about COVID-19 so that I can fight against the disease with HIFA colleagues. [\*see note below]

Thanks in advance.

Hidetoshi Fujino, Kyoto, Japan

HIFA profile: Hidetoshi Fujino is a Pediatrician at Fujino Pediatric Clinic in Japan. Email address: fujino.hide AT gmail.com

[\*Note from HIFA moderator (Neil PW):

1. Hidetoshi, you may like to join also our child health and rights forum

CHIFA: <http://www.hifa.org/join/join-chifa-child-health-and-rights>

2. You can review ongoing messages on our new filtered RSS feed

here: <http://www.hifa.org/news/coronavirus>

3. For technical guidance and other reliable information on coronavirus, see WHO

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

4. Specific information on coronavirus and children is available here (aimed primarily at US citizens - it would be interesting to know what resources are available in Japan and other countries): <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/children-faq.html> ]

### **Novel coronavirus (114) COVID-19 - an anecdote (3)**

11 March, 2020

Dear HIFA colleagues

I just had to respond to this! [Julie N Reza, UK: <http://www.hifa.org/dgroups-rss/novel-coronavirus-88-covid-19-anecdote>] I too have had this “Someone who graduated with a master's degree and who worked in Shenzhen Hospital (Guangdong Province, China)” circulated to me via my sculpture group (yes apart from being Global Health editor, I am also a sculptor on my one day off a week!).

The message was sent via an art tutor. I was debating how to tackle this tactfully .. and was about to recruit the assistance of the two nurses, physiotherapist and public health adviser in my sculpture group at tomorrow's class!

Grateful you shared this anecdote as I am just gonna dive in fearlessly and send them in the direction of reliable information: WHO or PHE [Public Health England] or their GPs site.

Part of the appeal of the advice of this “reliable source” is the listing like FAQs, I feel.

I am going to be writing a news article about misinformation and disinformation in this coronavirus pandemic (Big tech action probably) for Global Health ( <https://www.cabdirect.org/globalhealth>) so will be sure to mention HIFA's discussion on it.

Regards

Wendie

HIFA profile: Wendie Norris is Editor of the Global Health & Tropical Diseases Bulletin, at CAB International, UK. CABI improves people's lives worldwide by providing information and applying scientific expertise to solve problems in agriculture and the environment. [www.cabi.org](http://www.cabi.org) Wendie has a background as a research scientist in developmental biology. She is a member of the HIFA Steering group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

<http://www.hifa.org/support/members/wendie>

w.norris AT cabi.org

### **Novel coronavirus (113) COVID-19 reported in the Democratic Republic of the Congo, fear and worry**

11 March, 2020

Dear all,

Since yesterday, March 10, the first case tested positive to COVID-19 is reported in Kinshasa, capital city of DRC, <https://www.afro.who.int/news/first-case-covid-19-confirmed-democratic-r...> .whether the announce makes fear, public health experts et general community are worried considering low country health system and unfinished of Ebola Viruses Disease outbreak.

On ground, citizens are following COVID-19 outbreak since its debut in China and current spreading in developed world.

The fear is growing, as social fact, poverty informs that majority of Congolese are called to work daily to satisfy their livelihood. In Kinshasa city as other across in- country cities, it is very hard to ask people to stay at home, very hard to reduce contact between people and beyond hard to enforce people containment at home.

We believe in the force of awareness campaign, the public sector can from now, mobilize medias and other communication channels, to inform general population on hygienic measures undertake, how to avoid, alerts signs and symptoms and announces selected hospitals for health care management.

We believe that the situation will be contained; otherwise we need to be prepared to fight together in countrywide frontline.

Andre Shongo Diamba

HIFA profile: Andre Shongo Diamba is a Medical Doctor, holder of MPH-International Health from Tulane University (USA), Founder and Director at PHOrg ♦ Public Health Organization.

PHOrg is a Congolese (Democratic Republic of Congo - DRC) NGO of Health System strengthening; country health system, specific fields health system (Emergency, Reproductive Health, Family Planning, etc.) or Disease health system. By using Information and communication technologies supports, PHOrg shares information in health in all DRC 26 provinces via focal points charged to disseminate them at their local networks. One by one, thematic related to the quality of health care services provided, human resources in health, information system, vaccines, medicines and technologies, health financing mechanisms, and leadership and governance are discussed and updated. PHOrg envisions the Primary Health Care in the path of Universal Health Coverage in DRC.

He is an experienced occupational in Reproductive Health, Population Health Environment, procreation and development. Andre worked at PISRF - Integrated Program of Reproductive Health and Family), DRC participative NGO of Family Planning and Reproductive Health in low income areas.

Andre is promoting Social Development Goal (SDGs) in the DRC, He pledges for board public private partnership for development.

He received the HIFA Country Representatives certificate of achievement in 2013.

<http://www.hifa.org/people/country-representatives>

<http://www.hifa.org/support/members/andre>

Andre can be contacted at [phorg\\_healthforall@yahoo.com](mailto:phorg_healthforall@yahoo.com) , [drashongo@yahoo.fr](mailto:drashongo@yahoo.fr)

**Novel coronavirus (115) Resource page for COVID-19 (French and English)**

12 March, 2020

This page is available in English<<https://www.thecompassforsbc.org/trending-topics/covid-19-resources-soci...> and French<<https://www.thecompassforsbc.org/trending-topics/covid-19-ressources-pou...>. Please write to Susan Leibtag, [susan.leibtag@jhu.edu](mailto:susan.leibtag@jhu.edu)<<mailto:susan.leibtag@jhu.edu>>, if you would like to add links to the page. It's updated daily.

Included are links to:

- \* Latest data and guidance<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- o Dashboards<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- o Latest Guidance and Information<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- \* Resource Centers<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- \* Strategies<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- \* Training/Education<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- \* Tools<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- \* Social and Behavior Change Examples<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- o General information <<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- o Handwashing<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- o Stigma<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>
- o Myths and Misinformation<<https://thecompassforsbc.org/trending-topics/covid-19-resources-social-a...>

Best regards,

Susan Leibtag

Susan Leibtag, MLS

Curator, The Compass

Assistant Community Manager, Springboard

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[www.thecompassforsbc.org](http://www.thecompassforsbc.org)<<http://www.thecompassforsbc.org>>

[www.springboardforsbc.org](http://www.springboardforsbc.org)<<http://www.springboardforsbc.org>>

[www.breakthroughactionandresearch.org](http://www.breakthroughactionandresearch.org)<<http://www.breakthroughactionandresearch.org/>>

[cid:image001.jpg@01D5F864.BA7C3D20]

HIFA profile: Susan Leibtag is Health COMpass Curator, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP), Health Communication Capacity Collaborative (HC3), Baltimore, Maryland, USA. [www.healthcommcapacity.org](http://www.healthcommcapacity.org) [www.thehealthcompass.org](http://www.thehealthcompass.org) sleibtag AT jhsph.edu

### **Novel coronavirus (114) Introduction: Hidetoshi Fujino, Japan - Coronavirus and children (2) Evidence Aid**

12 March, 2020

Dear Hidetoshi,

With regard to Coronavirus, please note that the following Evidence Aid resource page is available (in Japanese):

<https://www.evidenceaid.org/japanese-guidelines-on-novel-coronavirus/>

I hope this helps,

Claire

Claire Allen

Operations Manager

Evidence Aid: Championing evidence-based humanitarian action.

Support our activities by donating here.

Read our practitioners' guide on the use of evidence in humanitarian decision making (available in English, French and Spanish)!

Email: [callen@evidenceaid.org](mailto:callen@evidenceaid.org) | Skype: claireallencochrane | Website: [www.evidenceaid.org](http://www.evidenceaid.org) | Twitter: @EvidenceAid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make

better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

## **HLG News announcement - CILIP Health - Libraries Group Conference 2020: Coronavirus update from the HLG Committee**

13 March, 2020

Apologies for cross-posting

We are pleased to see that registrations are continuing to flood in for the biennial HLG Conference 2020. However, we are mindful that many of you will be wondering whether the conference will go ahead in the current circumstances.

Currently, gatherings like HLG2020 are classed as low risk for Coronavirus by the UK Government, the NHS and the World Health Organization. Today we have heard the Prime Minister state that the government currently believes that to ban large events will have little effect on the spread of Coronavirus. We are also mindful that our event is still some four months away. Of course this advice may change over time, but for now, in line with CILIP's current policy, we are continuing with the planning of HLG2020 as normal. We will of course continue to monitor the situation and will update you accordingly if plans need to change.


We do however need to bring your immediate attention to the fact that the onsite accommodation that we have secured for our delegates must be confirmed by us to the venue by the end of this month. Any rooms that are not booked will be released for resale by the venue from April onwards. We are offering the early bird discount (10% off the Gold package before 27th March 2020), and we strongly advise you to register before this date. Please don't put off your registration if you want guaranteed onsite accommodation.

We are looking forward to welcoming you all to the conference in July.

HLG Committee

To book your place

Welcome drinks reception: Wednesday 22nd July 2020

Main Conference: Thursday 23rd  Friday 24th July 2020,

Venue: Macdonald Aviemore Resort, Scotland

Early bird discount of 10% off the Gold Package before 27th March 2020 (subject to availability)

Gold Package tickets include:



- 3 nights in 4★ accommodation with breakfast (Check-in Wednesday, check-out Saturday)
- Full conference pass with lunch and refreshments on both days
- Drinks reception on Wednesday
- Gala dinner on Thursday
- Dinner on Friday in a resort restaurant of your choice

All this for just £585+VAT for HLG members (usual price £650+VAT). This Early Bird discount makes the Gold package cheaper than any other package but it must end on 27th March 2020 and is subject to availability.

Register here now! <https://www.cilip.org.uk/events/EventDetails.aspx?alias=HLG2020>

Please note, because we are using CILIP's own registration system, you need to book your breakouts at the same time as your overall registration and these cannot be changed. So please view the final programme here before submitting your registration.

View the programme: <https://cdn.ymaws.com/www.cilip.org.uk/resource/group/12a7a632-bba2-4306...>

As a biennial conference designed for so many different sectors, the programme will encompass a multitude of areas but most notably will feature:

- The role of the librarian in ever-changing technological landscapes
- Partnership working with other sectors
- Wellbeing and resilience
- Improvement and innovation
- Patient and public involvement
- Summarising and synthesising
- Health information literacy
- Quality, impact and metrics
- Costing and streamline services: doing more with less
- Building networks, relationships and influence

Sponsorship opportunities

The exhibition hall is almost full so if you are thinking of your 2020 marketing strategies at the moment, get in touch straight away. Click here for further information on sponsorship opportunities.

For any further information, please contact our event manager Carol Stevenson, of Novus Marketing and Event Management, at [contact@novusmem.co.uk](mailto:contact@novusmem.co.uk). You can follow #HLG2020 for updates on Twitter from either @NovusMEM or @CILIPHLG.

Potenza Atiogbe

HLG Communications Officer

CILIP Health Libraries Group (HLG) is a UK based network of individuals working in or professionally interested in health and social care information. Our strength is our diverse and active membership covering all health and social sectors, and geographical areas in the UK. Members work for the health service, the academic sector, the independent sector, government departments, professional associations, charities and public libraries. Students with an interest in health and social care information are also welcome. Several HLG members live and work abroad.

Website: [www.cilip.org.uk/hlg](http://www.cilip.org.uk/hlg)

Email: [hlg@cilip.org.uk](mailto:hlg@cilip.org.uk)

Twitter: @ciliphlg

Facebook: <https://www.facebook.com/cilip.hlg.9>

<http://www.jiscmail.ac.uk/hlg-members>

HIFA profile: Potenza Atiogbe is the Multiprofessional Education and Library Services Manager at Epsom and St Helier University Hospitals NHS Trust. She is also the Marketing and Communications Lead for CILIP Health Libraries Group. [potenza.atiogbe AT nhs.net](mailto:potenza.atiogbe@nhs.net)

### **Novel coronavirus (116) Coronavirus in India**

13 March, 2020

Dear Colleague,

I am an epidemiologist and a community health specialist from India, deeply concerned about the spread of Corona Virus and its consequences, currently sweeping across the most of the whole country. I am interested in your activity and would like to partner with you. Pl let me know, how do I become associated with the effort. [\*see note below]

Thanks,

Dr.Tusharkanti Dey

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

[\*Note from HIFA moderator (Neil PW): The latest information from India is here:

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

This includes links to the Ministry of Health and Family Welfare, National Centre for Disease Control and other bodies coordinating the effort]

### **Novel coronavirus (117) CoVID-19 Is Exposing Deficiencies in U.S. Health Care - HBR**

13 March, 2020

Please find the HBR article which shades some light on what some of the existing deficits are. <https://hbr.org/2020/03/coronavirus-is-exposing-deficiencies-in-u-s-heal...>

“Despite the many strengths of the U.S. health care system - especially its care of highly complex, sspecialized problems - it often falls short on the basiccs. As Covid-19’s spread continues, it will

demonstrate how essential those missing basics truly are.”

It does not include the challenges of unaffordability for uninsured patients, non-exitance of paid sick leave, marginalized groups that are underserved, immigrants that will seek health services, afraid of possible deportation in case they do not have all the right documents, the homeless veterans etc...

Included here as of today is the Testing in the U.S. link for CDC: <https://www.cdc.gov/coronavirus/2019-ncov/testing-in-us.html>

Is closing the flights from most of Europe a solution, or that just brings the burden for better response on the other side?

Hope we can pave momentum for Universal Health Coverage with less casualties.

Tatjana

Tatjana Kobb, MD

Adjunct Professor

MS Global Studies & International Relations

Northeastern University | College of Professional Studies

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W: <https://cps.northeastern.edu>

HIFA profile: Teaches Global Health/Public Diplomacy/Sustainable Development at Northeastern University; Final paper tutor at McGill University International Master of Health Leadership; Founder of Boston Sustainability Advising and Mentorship4SDGs; Massachusetts Medical Society member; Founding & current Co-Chair of Global Women's Health working group at Women Graduates USA, affiliate organization of Graduate Women International <https://graduatewomen.org> Past Steering Committee member of Physicians for Social Responsibility founding chapter in Greater Boston & current speaker on Climate Change and Health <https://gbpsr.org/speakers-bureau/tatjana-kobb/> Established the National Safe Motherhood Alliance during Every Women and Every Child campaign after working with UNHCR, UNICEF and WHO in the Balkans. Rotary International CADRE global grant evaluator. Worked extensively in the Middle East and lives in China.

Healthcare Information for All Country Representative and member of the HIFA working group on Information for Citizens, Parents and Children and the HIFA working group on Mobile Healthcare Information for All.

<http://www.hifa.org/people/country-representatives/map>

<http://www.hifa.org/projects/citizens-parents-and-children>

<http://www.hifa.org/projects/mobile-hifa-mhifa>

<http://www.hifa.org/support/members/tatjana>

t.kobbATnortheastern.edu

### **Novel coronavirus (119) Evidence Aid (2)**

13 March, 2020

Great to see EvidenceAID featured here. It is a wonderful resource. We need to advocate for publishers of essential knowledge for the response, to use CreativeCommons or similar licenses. Excellent collections like the chapters of BMJ BestPractice on Coronavirus (with updates and information for patients and health care professionals) should be made accessible (and allowing for translation).

HIFA profile: Luis Gabriel Cuervo is a Senior Advisor, Research for Health, Pan American Health Organization / World Health Organization, Washington DC. cuervolu AT paho.org

### **Novel coronavirus (118) CoVID-19 Is Exposing Deficiencies in U.S. Health Care - HBR (2)**

13 March, 2020

Tatjana, thanks for sharing.

Very interesting look into US Health system, always great at managing complex cases needing cutting edge solutions like robotic surgery that afflict the minority, but weak in basic essentials for things like universal health coverage and every day illnesses that afflict the majority.

Interestingly it was from the same Commonwealth Fund that reported similar observations in 2011 when it compared the G7 countries health systems. It is interesting because US is attractive in so many ways to many LMICs for all sorts of reasons, hence those countries look up more and more to US for solutions to their health challenges, further deepening the challenges of inaccessibility, unaffordability, inequitable, and lack of universal access, and so on and so on of the US health system. Sadly LMICs are getting poorer (or the poverty gap is widening) making such emulation of the US system irrational and ill advised.

Hopefully, the searchlight on every (most countries) countries health system opportuned by the Coronavirus / COVID19 pandemic should trigger a new thinking about health systems that are more suited to emulate in the structure, funding mix, and operations of LMIC health systems, otherwise the peril that populations face in LMICs, such as the high preventable and avoidable morbidity and mortality will not end soon. There is a good lesson in observing the old saying, that 'All that glitters is not always Gold'.

Joseph Ana

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.

Tel: +234 (0) 8063600642

Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) email: [jneana@yahoo.co.uk](mailto:jneana@yahoo.co.uk) ; [hriwestafrica@gmail.com](mailto:hriwestafrica@gmail.com)

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written

Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicem & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

**Novel coronavirus (120) New COVID-19 website launched [www.icmanaesthesiacovid-19.org](http://www.icmanaesthesiacovid-19.org)**

13 March, 2020

Dear all,

Please find here the link to the new joint COVID-19 website developed in partnership between the College, The Faculty of Intensive Care Medicine, the Intensive Care Society and the Association of Anaesthetists.

The partnership is urgently reviewing and revising clinical guidance to provide the UK intensive care and anaesthetic community with up-to-date clinical information and resources needed to better understand and manage COVID-19. We are forwarding this to you as an international contact, in case this is of relevance in your context.

[www.icmanaesthesiacovid-19.org](http://www.icmanaesthesiacovid-19.org)

College press release on our website

We would be grateful if you could share this resource with colleagues via networks at your disposal - the more anaesthetists and intensivists who know about this website the better.

Please accept my apologies if you are receiving this through various channels - we are just wanting to ensure as wider coverage as possible.

Many thanks,

Maria

Maria Burke | Global Partnerships Manager

Royal College of Anaesthetists

Churchill House | 35 Red Lion Square

London | WC1R 4SG

Email: [MBurke@rcoa.ac.uk](mailto:MBurke@rcoa.ac.uk)

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Switchboard: +44 20 7092 1500

Web: [www.rcoa.ac.uk](http://www.rcoa.ac.uk) | Twitter: @RCoANews

HIFA profile: Maria Burke is Global Partnership Supervisor at the Royal College of Anaesthetists, RCOA, in the UK. mburke AT rcoa.ac.uk [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

### **Novel coronavirus (125) App for surveillance on COVID-19**

14 March, 2020

Dear All,

Just wanted to share a smartphone developed by Contech International- a private sector healthcare research and management organisation in Pakistan and is now being planned to be used for CoVID-19 reporting.

The purpose of sharing this is to ensure if there is a requirement anywhere, particularly in low resource countries, this App can be utilised.

Following is a brief on the App:

HealthAlert® is developed for surveillance of notifiable diseases. The application is designed for healthcare providers - doctors, nurses and allied health professionals - from public and private health facilities as well as patients, their families and communities for generating an alert on notifiable diseases.

HealthAlert® turns fragmented reporting into comprehensive surveillance of outbreaks and epidemic-prone diseases. Resultantly, the application strengthens the surveillance systems, particularly in low-resource and developing countries to React, Report and Respond to diseases.

HealthAlert is available on both Apple App Store and Google Play Store:

Health Alert (Apple App Store)

<https://apps.apple.com/pk/app/health-alert/id1281879643>

Health Alert (Google Play Store)

<https://play.google.com/store/apps/details?id=com.contech.healthalert>

Hope this will be useful.

Mariam Z.Malik

Public Health Consultant

Contech International

Pakistan

HIFA profile: Mariam Z Malik is Business Development Manager at Contech International, Pakistan. Her professional interests include Health and health care information. mariam.zahid AT gmail.com

### **Novel coronavirus (124) When COVID-19 Comes to Africa, by Arkebe Oqubay**

14 March, 2020

Dear all,

Worth reflecting today, in this first day of declared national emergency in the USA, how we have not protected the most vulnerable wherever they are, just by not taking actions as soon as possible in places where we could have implemented better prevention.

I came across the article by Arkebe Oqubay, a senior minister and special adviser to the prime minister of Ethiopia, who is a distinguished fellow at the Overseas Development Institute. He has been at the center of policymaking in Ethiopia for over 25 years and is a former mayor of its capital, Addis Ababa. His most recent publications are African Economic Development: Evidence, Theory, Policy and The Oxford Handbook of Industrial Hubs and Economic Development.

“There is no telling how long it will take to bring the COVID-19 coronavirus under control, or how many people will be affected. But African governments, in cooperation with communities and international actors, can take steps now to limit the damage - and lay the foundations for a healthier, more resilient future”.

<https://www.project-syndicate.org/commentary/africa-covid-19-coronavirus...>

The public health policies of one country are definitely influencing the outcomes of the health and wellbeing of citizens in the rest of the interconnected world. We need to dive deeper into this question and make more contributions to justify better how it relates to global health policies too.

Tatjana Kobb, MD

Adjunct Professor

MS Global Studies & International Relations

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T: +1 617 586 5697



E: [t.kobb@northeastern.edu](mailto:t.kobb@northeastern.edu)

W: <https://cps.northeastern.edu>

HIFA profile: Tatjana Kobb Tatjana Kobb is a Medical Doctor and founder of Boston Sustainability Advising. She has worked on developing strategic programs for international organizations, national services providers and universities from UNICEF and WHO to Qatar Petroleum and King Abdullah University of Science and Technology. In the past decades she has mastered stakeholder engagement and relationship management toward building strategic partnerships to ensure each organization's mission can be realized to ensure the best interest of the served community. She is passionate about leading and enabling delivery of best services and products in line with the UN 2030 Sustainable Development Agenda and implementation of the 10 Principles of the UN Global Compact. Working on reaching the 17 Sustainable Development Goals (SDGs) by stakeholder engagement and performance improvement of governments and organizations she has a role in mentoring and supporting executives, as well as youth leaders in their career transition and development is in addition to her PhD work at the IEDC Bled School of Management and the GRI G4 reporting she conducts. She is a HIFA Country Representative and member of the HIFA working group on Information for Citizens, Parents and Children and the HIFA working group on Mobile Healthcare Information for All.

<http://www.hifa.org/people/country-representatives/map>

<http://www.hifa.org/projects/citizens-parents-and-children>

<http://www.hifa.org/projects/mobile-hifa-mhifa>

<http://www.hifa.org/support/members/tatjana>

tatjana.kobbATbostonsustainabilityadvising.com

### **Novel coronavirus (123) Debunking fake information about COVID-19 (3) Health Professionals Fight Against COVID-19 Myths, Misinformation**

14 March, 2020

Subject: Clinical Governance - Public Engagement Pillar - COVID19 Health Professionals Fight Against COVID-19 Myths, Misinformation

[\*Note from HIFA moderator (Neil PW): Extract below. Full text here: <https://www.medscape.com/viewarticle/926744> ]

Health Professionals Fight Against COVID-19 Myths, Misinformation

Randy Dotinga March 12, 2020

Editor's note: Find the latest COVID-19 news and guidance in Medscape's Coronavirus Resource Center.

Misinformation about the COVID-19 travels faster than the virus and complicates the job of doctors who are treating those infected and responding to concerns of their other patients.

An array of myths springing up around this disease can be found on the Internet. The main themes appear to be false narratives about the origin of the virus, the size of the outbreak in the United States and in other countries, the availability of cures and treatments, and ways to prevent infection.

Widespread misinformation hampers public health efforts to control the disease outbreak, confuses the public, and requires medical professionals to spend time refuting myths and re-educating patients.

A group of infectious disease experts became so alarmed by the misinformation trend they published a statement in *The Lancet* decrying the spread of false statements being circulated by some media outlets. "The rapid, open, and transparent sharing of data on this outbreak is now being threatened by rumours and misinformation ... Conspiracy theories do nothing but create fear, rumours, and prejudice that jeopardise our global collaboration in the fight against this virus," wrote Charles H. Calisher, PhD, of Colorado State University, Fort Collins, and colleagues.

What Can Physicians Do to Counter Misinformation?

Pulmonologist and critical care physician Cedric "Jamie" Rutland, MD, who practices in Riverside, Calif., sees misinformation about the novel coronavirus every day at home and on the job. His patients worry that everyone who gets infected will die or end up in the ICU. His neighbors ask him to pilfer surgical masks to protect them from the false notion that Chinese people in their community posed some kind of COVID-19 risk.

As he pondered how to counter myths with facts, Dr. Rutland turned to an unusual resource: His 7-year-old daughter Amelia. He explained to her how COVID-19 works and found that she could easily understand the basics. Now, Dr. Rutland draws upon the lessons from chats with his daughter as he explains COVID-19 to his patient audience on his YouTube channel "Medicine Deconstructed." [...]

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

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Publisher: Medical and Health Journals; Books and Periodicals.

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Tel: +234 (0) 8063600642

Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) email: [jneana@yahoo.co.uk](mailto:jneana@yahoo.co.uk) ; [hriwestafrica@gmail.com](mailto:hriwestafrica@gmail.com)

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **Novel coronavirus (122) Debunking fake information about COVID-19 (2) DFID gives £500,000 to address health misinformation**

14 March, 2020

Dear Claire,

Thank you for the press release from UK's Department of International Development:

[https://www.gov.uk/government/news/uk-aid-to-tackle-global-spread-of-cor...](https://www.gov.uk/government/news/uk-aid-to-tackle-global-spread-of-coronavirus)

For the benefit of those who many not have immediate web access, here are extracts:

--

Press release: UK aid to tackle global spread of coronavirus 'fake news'

UK aid will fund new international push to challenge dangerous fake news about coronavirus.

Published 12 March 2020...

Dangerous myths about coronavirus which are hampering the global fight against the disease will be challenged thanks to a new initiative backed by UK aid.

The support from the Department for International Development will challenge misinformation in South East Asia and Africa, which is then spreading worldwide, and direct people to the right advice to help stop the spread of the virus.

False claims and conspiracy theories have spread rapidly on social media, touting 'cures' like drinking bleach or rubbing mustard and garlic into your skin. These pose a serious risk to health and can speed up the spread of the virus, by stopping people taking simple practical, preventative steps like washing their hands.

DFID's £500,000 support will go to the Humanitarian-to-Humanitarian (H2H) Network, which has extensive experience addressing the spread of misinformation during epidemics, for example following the 2015 Ebola outbreak...

International Development Secretary Anne-Marie Trevelyan said:

Misinformation harms us all. By tackling it at source we will help stop the spread of fake news – and coronavirus – worldwide, including within the UK.

H2H will work with partners BBC Media Action and Internews to create verified information in various languages to tackle specific mistruths spreading in South East Asia and Africa. Their work will also support journalists in these regions to write more accurately about the virus using information from the World Health Organization.

Support will also go to Translators without Borders, which monitors false information in various languages and translates validated content from WHO and other health agencies, and Evidence Aid which updates a database of research on diseases each day...

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (121) Debunking fake information about COVID-19**

14 March, 2020

Debunking fake information about COVID-19

Dear all,

Here is a press release from the UK's Department of International Development which you may find interesting. You will see that Evidence Aid is one of the partners on the project.

<https://www.gov.uk/government/news/uk-aid-to-tackle-global-spread-of-cor...>

Best wishes,

Claire

Claire Allen

Operations Manager

Evidence Aid: Championing evidence-based humanitarian action.

Support our activities by donating here.

Read our practitioners' guide on the use of evidence in humanitarian decision making (available in English, French and Spanish)!

Email: [callen@evidenceaid.org](mailto:callen@evidenceaid.org) | Skype: claireallencochrane | Website: [www.evidenceaid.org](http://www.evidenceaid.org) | Twitter: @EvidenceAid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

## **Novel coronavirus (125) CoVID-19 Is Exposing Deficiencies in U.S. Health Care- HBR (2)**

14 March, 2020

Tatjana, thanks for sharing.

Very interesting look into US Health system, always great at managing complex cases needing cutting edge solutions like robotic surgery that afflict the minority, but weak in basic essentials for things like universal health coverage and every day illnesses that afflict the majority. Interestingly it was from the same Commonwealth Fund that reported similar observations in 2011 when it compared the G7 countries health systems. It is interesting because US is attractive in so many ways to many LMICs for all sorts of reasons, hence those countries look up more and more to US for solutions to their health challenges, further deepening the challenges of inaccessibility, unaffordability, inequitable, and lack of universal access, and so on and so on of the US health system. Sadly LMICs are getting poorer (or the poverty gap is widening) making such emulation of the US system irrational and ill advised. Hopefully, the searchlight on every (most countries) countries health system opportuned by the Coronavirus/COVID19 pandemic should trigger a new thinking about health systems that are more suited to emulate in the structure, funding mix, and operations of LMIC health systems, otherwise the

peril that populations face in LMICs, such as the high preventable and avoidable morbidity and mortality will not end soon. There is a good lesson in observing the old saying, that 'All that glitters is not always Gold'.

Joseph Ana

HIFA Profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicem & e-health in the Cross River State Ministry of Health, Nigeria in 2007.

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Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **Novel coronavirus (126) Intensive Care Society: Wellbeing Resource Library**

14 March, 2020

Think important to think about how we can look after one another too.

<https://www.ics.ac.uk/ICS/Education/Wellbeing/ICS/Wellbeing.aspx?hkey=92...>

Link to Wellbeing and Self-care resource from the Intensive Care Society - including posters with advice:

- Maintaining staff wellbeing during the crisis
- Advice for self-care

HIFA profile: Laura Bridle is a perinatal mental health midwife based in London and is currently seconded to a one year population health fellowship with Health Education England. Laura has a keen

interest in reducing stigma surrounding mental illness, safe motherhood and international midwifery.  
Nursebridle AT hotmail.com

### **Novel coronavirus (129) UK Government, openness and public trust**

15 March, 2020

HIFA member Richard Horton (Editor-in-Chief, The Lancet) has tweeted a letter by him and colleagues to the UK newspaper The Times. The tweet includes a photograph of the letter in print:

<https://twitter.com/richardhorton1/status/1238817240839004160>

Ironically, the online version of the letter cannot be read unless one pays £15 to The Times.

The letter is 'calling on the UK government to share the evidence, data, and models on which it is basing its policies. Without complete openness the public's trust will be lost'.

As we have seen time and time again (most recently with Ebola) trust is so, so fundamental in dealing with public health emergencies.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (126) Debunking fake information about COVID-19 (3) DFID gives £500,000 to address health misinformation (2)**

15 March, 2020

Neil, thank you for summarizing the notice from DFID. And I thank Claire for bringing this to our notice.

I read the sentence, that 'Support will also go to Translators without Borders, which monitors false information in various languages and translates validated content from WHO and other health agencies, and Evidence Aid which updates a database of research on diseases each day', and I am wonder if DFID is aware of HIFA and its promotion of accurate health information since 2006. If it is aware it may be helpful to make contact with DFID as a reminder. If we have not contact with it, can we open such contact quickly.

Joseph Ana

HIFA Profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for

establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007.

Website: [www.hriwestafrica.com](http://www.hriwestafrica.com)

Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **Novel coronavirus (125) Digital Solution for free: Case.io for Covid-19- Sharing patient documents and cases**

15 March, 2020

Dear all,

Due to the Covid-19 epidemic, we enable you to use your own collaborative platform for telemedicine application on Case.io free of charge

In times of rapidly spreading diseases it is crucial to reduce direct patient contact, if possible, as much as possible.

Case.io is a smart tool for exchanging medical information with your colleagues and patients. It transfers all kinds of files, images or scans to your contacts in a matter of seconds. It handles security by using state of the art encryption so you can focus on the important parts.

We will provide a full Case.io ([www.case.io](http://www.case.io)) community with 50GB storage and multi-user management free of charge to doctors/projects/hospitals in need. To get in touch with us, fill out this short contact form and describe how you are planning to use Case.io.

Get in contact with us filling out the contact form: <http://bit.ly/38Xeybn>

We will review your application and get back to you as soon as possible.

Let us know if you have questions.



Kind regards

Anna Schmaus-Klughammer

One World Medical Network

Anna E. Schmaus-Klughammer (LLB hons) ([schmaus@owmn.org](mailto:schmaus@owmn.org))

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Member of the Scientific Staff- Hochschule Deggendorf

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IBAN: DE43741500000420238552â€"

BIC: BYLADEM1DEG4

HIFA Profile: Anna E Schmaus-Klughammer is president of the association "One World Medical Network". The goal of the association is to improve medical care in LMICs (Low and Middle Income Countries). Our activities start from building primary and specialized health care facilities and continue to organize national cancer screening with connections to national and international expert doctors using telemedicine networks. Training of medical personnel is also an important part of the work of the association.

One World Medical Network e.V., Ulrichsbergerstrasse 17, Deggendorf in Germany.

Email: info AT owmn.org

**Novel coronavirus (128) Keep up with the latest coronavirus research. Open-resource literature hub LitCovid**

15 March, 2020

(with thanks to HIFA country representative for Croatia, Irina Ibraghimova and LRC Network)

Nature. 2020 03;579(7798): 193

Keep up with the latest coronavirus research. Chen Q, Allot A, Lu Z

DOI: <https://doi.org/10.1038/d41586-020-00694-1>

'Open-resource literature hub known as LitCovid (<https://www.ncbi.nlm.nih.gov/research/coronavirus/>) curates the most comprehensive collection of international research papers so far on the new coronavirus disease COVID-19 (see [go.nature.com/3almd5p](https://go.nature.com/3almd5p)). Developed with the support of the US National Institutes of Health's intramural research programme, LitCovid is updated daily with newly published articles. The aim is to provide timely insight from the scientific literature into the biology of the virus and the diagnosis and management of those who have been infected.

'LitCovid has a more sophisticated search function than existing resources. It identifies roughly 35% more relevant articles than do conventional keyword-based searches for entries such as 'COVID-19' or 'nCOV'. Furthermore, the articles are categorized by topic - overview, disease mechanism, transmission dynamics, treatment, case report and epidemic forecasting - as well as by geographic location for visualization on a world map.'

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Novel coronavirus (132) COVID-19 patient information in languages other than English (3)**

16 March, 2020

Dear Dr Zaki, [Zakiuddin Ahmed, Pakistan: Novel coronavirus (81) COVID-19 patient information in languages other than English (2)]

Thank you so much.

Please find attached an update from Doctors of the World too:

Dear All,

Doctors of the World are really pleased to be able to share with you the Coronavirus (Covid 19) advice for patients in 21 languages, which were produced in partnership with the British Red Cross, Migrant Help and Clear Voice: English, Albanian, Dari, French, Pashto, Portuguese, Bengali, Vietnamese, Kurdish Sorani is available at the moment, but more languages coming soon: Mandarin, Hindi, Urdu, Arabic, Spanish, Portuguese, Malayalam, Turkish, Farsi, Amharic, Tigrinya, Somali

Please find them here: [https://drive.google.com/open?id=193qQN9l04Dvf0N9L5zeWTiXK\\_DRbrAyg](https://drive.google.com/open?id=193qQN9l04Dvf0N9L5zeWTiXK_DRbrAyg)

The guidance is based on the government's updated advice and health information. We really hope it will help to ensure this important guidance reaches migrant and asylum-seeking communities in the UK.

We would be happy if you could please share these with your patients, service users and your networks widely so that we reach all communities who would like this crucial information in their own language.

If you know someone who would find emails on this subject useful, then please do forward this to them. They can subscribe by sending an email to this link (Subscribe) with the word 'subscribe' in the subject line.

We will replace these documents with the new ones once the NHS advice is updated, and will send you notifications. If you do not want to receive emails on this, please click (unsubscribe) and send a blank email. Thank you for your understanding and for any help you are able to give in sharing these resources.

And a big thank you to Clear Voice for providing translation services quickly and pro-bono!

Best wishes

Yusuf

Dr Yusuf Ciftci

Policy and Advocacy Officer

Doctors of the World UK, part of the MÃ©decins du Monde network

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HIFA profile: Anna Blennerhassett is a Public health registrar in West Midlands, UK. [annablennerhassett AT gmail.com](mailto:annablennerhassett@gmail.com)

**Novel coronavirus (131) When COVID-19 Comes to Africa (2)**

16 March, 2020

Dear Tatjana Kobb,

Thank you very much for your post. Honestly, I am worried about the wave of misinformation and myths circulating more than the virus itself. This is a wake up call for Africa. As you rightly said, we are living in an interconnected world and what affects one part affects the others. The more reason global health remains a serious concern to all of us. This is the time for African leaders to draw the road map on how best to tackle this global problem.

My little advice is, African nations should be more proactive by engaging adequately, relevant health agencies and experts, to mount a strong defence against the spread of this virus. This includes countering misinformation by various sources, testing or screening wide range of people and not only contacts. By this I mean, people with mild symptoms and even no symptoms should be tested. As it is, early detection and isolation of persons, as well as early treatment of cases will yield good results.

This virus is circulating and it is a matter of time for Africa to begin to experience a surge in incidence. I am afraid that this coronavirus might be circulating undetected already. Scaling up screening is very important. A few studies have shown that the virus can stay as long as 37 days in the respiratory tract, before symptoms begin to manifest. Again, its pathogenesis may be affected by some biological factors of the host (individual), environment and that of the virus. This calls for more research in the region to understand the virus better,

in order to determine the best preventive and control measures.

Thank you.

Juliet Adamma Shenge, Ph.D

Juliet Shenge is a Clinical Virologist with the Dominican University, Ibadan, Nigeria. Her research focuses on Viral pathogenesis and molecular epidemiology of viral diseases of public health importance. She is a strong advocate for global health and international development.

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**Novel coronavirus (130) EPI-WIN (2)**

16 March, 2020

Citation and extracts below from The Lancet. Full text

here: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30461-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30461-X/fulltext)

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How to fight an infodemic

John Zarocostas

The Lancet

Published: February 29, 2020 DOI: [https://doi.org/10.1016/S0140-6736\(20\)30461-X](https://doi.org/10.1016/S0140-6736(20)30461-X)

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WHO's newly launched platform aims to combat misinformation around COVID-19. John Zarocostas reports from Geneva.

WHO is leading the effort to slow the spread of the 2019 coronavirus disease (COVID-19) outbreak. But a global epidemic of misinformation — spreading rapidly through social media platforms and other outlets — poses a serious problem for public health. “We’re not just fighting an epidemic; we’re fighting an infodemic”, said WHO Director-General Tedros Adhanom Ghebreyesus at the Munich Security Conference on Feb 15.

Immediately after COVID-19 was declared a Public Health Emergency of International Concern, WHO's risk communication team launched a new information platform called WHO Information Network for Epidemics (EPI-WIN) [<https://www.epi-win.com/>], with the aim of using a series of amplifiers to share tailored information with specific target groups.

Sylvie Briand, director of Infectious Hazards Management at WHO's Health Emergencies Programme and architect of WHO's strategy to counter the infodemic risk, told The Lancet, “We know that every outbreak will be accompanied by a kind of tsunami of information, but also within this information you always have misinformation, rumours, etc. We know that even in the Middle Ages there was this phenomenon”.

“But the difference now with social media is that this phenomenon is amplified, it goes faster and further...

Aleksandra Kuzmanovic, social media manager with WHO's department of communications, told The Lancet that “fighting infodemics and misinformation is a joint effort between our technical risk communications [team] and colleagues who are working on the EPI-WIN platform, where they communicate with different...professionals providing them with advice and guidelines and also receiving information”...

“Another thing we are doing with social media platforms, and that is something we are putting our strongest efforts in, is to ensure no matter where people live....when they're on Facebook, Twitter, or

Google, when they search for 'coronavirus' or 'COVID-19' or [a] related term, they have a box that...directs them to a reliable source: either to [the] WHO website to their ministry of health or public health institute or centre for disease control", she said...

Carlos Navarro, head of Public Health Emergencies at UNICEF, the children's agency, told The Lancet that while a lot of incorrect information is spreading through social media, a lot is also coming from traditional mass media...

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (133) Coronavirus predictions - 80% of population?**

16 March, 2020

Dear colleagues,

It is widely reported in European countries that the majority of the population may become infected with coronavirus. This is feeding a sense of panic that may be misplaced. (The implication is that countries with weaker health systems may expect even higher penetration.)

The Guardian newspaper today reports a 'secret' briefing from Public Health England which says that: "As many as 80% of the (UK) population are expected to be infected with Covid-19 in the next 12 months, and up to 15% (7.9 million people) may require hospitalisation."

<https://www.theguardian.com/world/2020/mar/15/uk-coronavirus-crisis-to-l...>

Can anyone explain why 80% of the UK population are expected to be infected? This seems to contradict the current experience in China. In China there are 'only' 80,000 confirmed cases. Even if we round this up to 100,000 and multiply it by 10 (10 unidentified cases for every identified case), this would make the number of possible cases in China about 1 million: less than 0.1% of the Chinese population. China now seems to be on top of the epidemic. Even if we consider only Wuhan and Hubei province, the epicentre of the outbreak, I understand there were around 60,000 cases in a city of 10 million. That is still less than 1%, and the number of new cases each day has dropped to a tiny fraction of what it was.

I am aware that some pandemics such as H1N1 did indeed affect huge numbers, as many as one in four of the world's population. But H1N1 is a different type of virus.

SARS was caused by a coronavirus and caused only 8,000 infections worldwide and 700 deaths in 2003/4.

So why do we expect the new coronavirus to infect 80%?

I've been trying to google the answers in vain. Looking forward to hear from experts who can explain.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (136) Coronavirus predictions - 80% of population? (4) UK 'herd immunity' debacle**

16 March, 2020

Another nice article about the British Government mishap.

<https://www.theatlantic.com/health/archive/2020/03/coronavirus-pandemic-...> [\*see note below]

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

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HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

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[\*Note from HIFA moderator (Neil PW): 'The U.K.'s Coronavirus 'Herd Immunity' Debacle. The country is not aiming for 60 percent of the populace to get COVID-19, but you'd be forgiven for thinking so based on how badly the actual plan has been explained...' Herd immunity is typically generated through vaccination, and while it could arise through widespread infection, "you don't rely on the very deadly infectious agent to create an immune population," says Akiko Iwasaki, a virologist at the Yale School of Medicine... Since Najeeb wrote this, the UK Government has advised all UK citizens 'to avoid non-essential social contact' while - in contrast with other European countries - allowing social venues such as bars and restaurants to remain open. The policy is at best confusing, and at worst totally confused.]

### **Novel coronavirus (135) Coronavirus predictions - 80% of population? (3)**

16 March, 2020

The figures and percentages quoted and cited by the Guardian remind us of the outrage created in the UK about its membership in the European Union which resulted in Brexit. COVID-19 is dangerous but should not be projected in this most unethical and unscientific manner. China has always been criticized by the west and yet they managed to control the spread of the virus. Why success in China and failure in the west?

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

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<http://www.hifa.org/support/members/najeeb>

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## **Novel coronavirus (134) Coronavirus predictions - 80% of population? (2)**

16 March, 2020

Neil asks why we expect the new coronavirus to infect 80% of the population. According to Dr. Marty Makary, a medical professor at Johns Hopkins University, "Don't believe the numbers when you see, even on our Johns Hopkins website, that 1,600 Americans have the virus, No, that means 1,600 got the test, tested positive. There are probably 25 to 50 people who have the virus for every one person who is confirmed." He warned that the actual number of people walking around with the virus in the US could

be “between 50,000 and half a million.” ( <https://thehill.com/policy/healthcare/487562-johns-hopkins-professor-est...> ).

This is plausible when one considers what Government advice is currently in the UK: if you feel the symptoms, then self-isolate. Don't call the 111 helpline, just sit at home and take care of yourself. Of course, if you have more serious symptoms or other complications, then use the helpline.

But if you don't use the helpline, who will know you have (or had) covid-19? You will not be included in the statistics at all. The UK data must be understood from this perspective, just as in the US. To answer this question globally, you would have to look at what data are being collected in each country - including China.

Chris

Chris Zielinski

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Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

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HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

### **Novel coronavirus (138) Coronavirus predictions - 80% of population? (5)**

17 March, 2020

Dear Neil,

Every epidemic, has got a specific course of a progress along with time, which the epidemiologists diagrammatically represent in a bell shaped curve, Epidemic Curve. It has an ascending limb, when

number of cases gradually increase, then a plateau, when number of cases stabilizes a level, which may be fluctuating little bit, but representable more or less by a rough straight line, and following a descend line, where the number of cases (or, deaths) starts reducing gradually. This is because, the people incurring immaturity, may be due to asymptomatic, (and) mild to moderate infection, not resulting in death. Mean while, the virus may get less virulent and may lost its infectivity.

On the other hand, when a rather new virus is introduced in a community, who have no immunity against the virus infection, maximum number of people will be affected, as they have got no acquired or natural immunity, against the virus. This ranges of infection may be very serious leading to severe cases leading to death, or may be moderate to mild cases not suffering very much or asymptomatic cases, not detectable by usual method, but only by laboratory tests. But gradually, with passage of time, majority of the people in the community, this by acquiring immunity. Thus at last a stage will come, when the non immune but susceptible cases will be distributed far and wide, so that person to person will become impractical practically. This phenomenon is termed by the epidemiologist herd immunity.

With reference to COVID 19, the different countries are at different position on the epidemic curve. China might have reached the plateau on the epidemic curve, but other countries, which are reporting late may be in the ascending limb. As COVID is primarily a person to person spread disease, the shape of the epidemic curve will have a long protracted tail.

For COVID 19, our experience is really novel one, and we need to study its different parameters thoroughly and critically to understand the dynamics, which definitely will take some time

Thanks,

Dr.Tusharkanti Dey

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### **Novel coronavirus (137) COVID-19 patient information in languages other than English (4) Updated info for refugees / asylum seekers in UK**

17 March, 2020

Hi all

Someone kindly posted a link to a google drive with info on the virus in 21 languages [\*see note below]. Will the info be updated to include today's advice about social distancing for vulnerable groups? I have a friend who runs a charity for refugees from Syria who would appreciate it.

Many thanks

Lucie

Lucie Byrne-Davis PhD CPsychol PFHEA

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[\*Note from HIFA moderator (Neil PW): Anna Blennerhassett, UK: Novel coronavirus (132) COVID-19 patient information in languages other than English (3) <http://www.hifa.org/dgroups-rss/novel-coronavirus-132-covid-19-patient-i...> ]

### **Novel coronavirus (139) UK scientific report underlying health advice on COVID-19**

17 March, 2020

Dear colleagues,

The scientific report underlying the UK government advice from Imperial college maybe of interest. This shows modelling of the different population intervention strategies.

<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-...>

This modelling will be updated as we learn more about the virus. Here is the website where updates will be posted.

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

Best wishes

Sue

Dr Sue Mallett

Professor in diagnostic and prognostic medical statistics

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### **Novel coronavirus (140) Coronavirus course (English & Chinese)**

17 March, 2020

Dear Neil & members,

From another forum I learned about a resource that members might be interested in. I do not know anything about the course developers other than what's listed at the end of the course, or the quality of the resource; I note that they may confuse people with reference to 'antibacterial' and have given feedback to that effect.

In quotes is the text from the email on the other forum.

"....Lifeology just published an illustrated mini-course on COVID-19 written by Shauna Bennett, illustrated by Elfy Chiang in Taiwan, and reviewed by Tara C. Smith, Ian Mackay and other virologists and MDs. The course is published in English, Chinese and soon in Spanish.

Links <https://lifeapps.io/lifeology/covid-19> (English)

<https://lifeapps.io/lifeology/covid-19-zh> (Chinese)

This course was written to help people with low health and science literacy be more prepared for the COVID-19 epidemic. If you feel so inclined, please share. The course is Creative Commons license with attribution, so feel free to re-use as you see fit...."

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

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## **Novel coronavirus (146) Debunking COVID-19 misinformation with friends and family (5)**

17 March, 2020

The ridiculous idea that you can "hold your breath for 10 seconds to see if you have coronavirus" originates from Geraldo Rivera on Fox News ( <https://www.mediaite.com/tv/fox-friends-churns-out-insane-misinformation...>) - a shame that anybody could take this seriously...

Chris

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Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

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HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

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## **Novel coronavirus (145) Debunking COVID-19 misinformation with friends and family (4)**

17 March, 2020

Amelia, thanks for sharing a very useful and informative post.

You wrote, and I agree with you, that, '---- Often, we talk about lack of information in places without internet, or in a lower educated groups. But of course, misinformation commonly occurs among highly educated people as well.----'

This is why before sharing, verify and verify!

Joseph Ana.

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### **Novel coronavirus (144) UK Government challenged to provide evidence for 'behavioural fatigue'**

17 March, 2020

Over 500 behavioural scientists have written an open letter to the UK Government regarding COVID-19. I reproduce it below with a comment from me, and you can read it online here:

[https://sites.google.com/view/covidopenletter/home?utm\\_source=Global+Hea...](https://sites.google.com/view/covidopenletter/home?utm_source=Global+Hea...)

Open letter to the UK Government regarding COVID-19

We are writing as behavioural scientists to express concern about the timing of UK delay measures involving social distancing. As is clear from the disaster unfolding in Italy, there is a unique window for delaying the spread of COVID-19. Current government thinking seems to crucially involve the idea of “behavioural fatigue”. This is the worry that, if implemented too early, measures limiting social contact will be undercut just at the point at which they are most required, because people will have tired of the limitations and will revert to prior behaviour – in part precisely because those measures are effective in reducing spread and hence perceived risk.

While we fully support an evidence-based approach to policy that draws on behavioural science, we are not convinced that enough is known about “behavioural fatigue” or to what extent these insights apply to the current exceptional circumstances. Such evidence is necessary if we are to base a high-risk public health strategy on it. In fact, it seems likely that even those essential behaviour changes that are presently required (e.g., handwashing) will receive far greater uptake the more urgent the situation is perceived to be. “Carrying on as normal” for as long as possible undercuts that urgency.

More broadly, it appears that concerns about behavioural fatigue lead [led] the government to believe that halting the spread of the disease is impossible, and the only solution is to slow the progress of the disease across most of the population, until herd immunity is achieved. But radical behaviour change may be able to do much better than this, and would, if successful, save very large numbers of lives. Experience in China and South Korea is sufficiently encouraging to suggest that this possibility should at least be attempted.

If “behavioural fatigue” truly represents a key factor in the government’s decision to delay high-visibility interventions, we urge the government to share an adequate evidence base in support of that decision. If one is lacking, we urge the government to reconsider these decisions.

COMMENT (NPW): Quite rightly, the Government is being called to account. All health policy, and especially health policy in public health emergencies such as coronavirus, must be evidence-informed. It is encouraging that such a letter with so many signatories can be coordinated in just a few days. Such letters have the potential to quickly identify flaws in health policy and thereby reduce harm.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Novel coronavirus (143) Debunking COVID-19 misinformation with friends and family (3)**



17 March, 2020

Dear Amelia,

Thank you for your message... very good point about "misinformation commonly occurs among highly educated people as well".

I'm sure many of us can relate to your experience. The same thing has just happened in my family; my relative in the USA, who has a PhD, inadvertently circulated false information among our family ("hold your breath for 10 seconds to see if you have coronavirus"; gargle salt water to prevent it....). She believed it was reliable because it came from her friend, who in turn received it from a friend (University of California Berkeley professor) who in turn had received it from a colleague at Stanford Health (!).

Increased social media and connectivity provides the perfect environment for the cancer of misinformation to spread. But misinformation in turn is just a symptom of a dysfunctional global healthcare information system.

So, in answer to your questions "how can people be encouraged to use safe sources of information? And what is the best way to debunk what someone has shared?"

At one level, we can talk about this in terms of symptom relief (eg "counter with reliable information", "point people to the WHO website" and so on).

But a more fundamental approach is also needed: misinformation is a symptom (one of many) of a dysfunctional global healthcare information system. We need better communication and cooperation among stakeholders in the system (with a particular focus on public understanding of science and health literacy); better understanding (of info needs and how to meet them; drivers and barriers; HIFA Voices - a new version is currently in development) and better advocacy (political and financial investment; inclusion of healthcare information in SDGs and UHC; stronger collaboration with WHO...). (For a description of the global healthcare information system, see our Lancet paper with Fiona Godlee 2004 [ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(04\)16681-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)16681-6/fulltext) ] and the HIFA website [ <http://www.hifa.org/about-hifa/hifa-vision-and-strategy> ]

Now that we have the World Medical Association supporting us (not financially, but in principle), I am excited about HIFA's potential to address these core issues, as described in our BMJ editorial 2 weeks ago:

<https://www.bmj.com/content/368/bmj.m759.full>

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Novel coronavirus (142) Debunking COVID-19 misinformation with friends and family**

17 March, 2020

Hi everyone,

I have been following the conversations about COVID-19 and have found this platform so useful, especially at this time. I am grateful to be part of this community of practice.

I was particularly interested in Lucie Byrne-Davis's March 1 message about Susan Michie's BMJ blog post on studying the behavioral science of COVID-19

(<https://blogs.bmj.com/bmj/2020/02/28/behavioural-science-must-be-at-the-...>). In the spirit of discussing this, I hope you will all indulge me to share a personal story.

As many of us probably are, I am part of a Whatsapp group with dozens of my family members. Someone in my family shared a message purportedly from a Stanford University doctor about how we can protect ourselves from COVID-19. Some of the claims seemed strange to me, so I looked it up. Right away, I found multiple sites talking about the false advice within this post. Here is one such site:

<https://www.factcheck.org/2020/03/viral-social-media-posts-offer-false-c...>

The message seems to be similar to the ones that Wendie Norris (March 11) and Julie N. Reza (March 5) shared from a "someone with a master's degree who worked at Shenzhen Hospital."

Needless to say, I responded on the family group that unfortunately this is incorrect, and that we should try to stick to WHO/CDC and other reputable sites. This family member became offended, defending why he had shared that message -- that it came from "someone he trusted."

Often, we talk about lack of information in places without internet, or in a lower educated groups. But of course, misinformation commonly occurs among highly educated people as well. And posts that seem that they come from a reputable source are particularly insidious. We are so quick to share something without fact checking first. I believe that we need to share correct information as quickly as possible, and that egos really have no place in a pandemic. But I am wondering if this is a part of the behavioral conversation -- how can people be encouraged to use safe sources of information? And what is the best way to debunk what someone has shared?

Thank you.

HIFA profile: Amelia Abdelrazik is the Portfolio & Impact Manager at Preston-Werner Ventures, a San Francisco-based foundation looking to create scalable impact at the intersection of climate change and social justice. Amelia specializes in sexual reproductive health and rights, focusing on family planning information & access. She is currently based in Cairo, Egypt. She is a member of the HIFA working group on Family Planning and the HIFA wg on Community Health Workers.

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### **Novel coronavirus (141) Mental health and psychosocial support**

17 March, 2020

(with thanks to Claire Morris and Global Palliative Care Advocates forum

Important advice on mental health and psychosocial support from WHO in Covid-19 pandemic

<https://www.who.int/docs/default-source/coronaviruse/mental-health-contri...>

[forwarded by Neil Pakenham-Walsh, HIFA moderator]

### **Novel coronavirus (153) Awareness campaign to fight against coronavirus pandemic in community frontline in sub-Saharan Africa**

18 March, 2020

Dear All,

The CORONAVIRUS outbreak is unstoppable according what we see and learn in Medias, there is a global fear. Among measures taken by states; quarantine and management health care are common.

As the progression pace is not same, the outbreak began in China hereafter reported in other Asia countries, Europe and America. In Africa continent, cases are reported in more of half countries. Here, we need to stay careful; most countries health systems are low, most are called developing counties with fragile economy, protective measures are hard to be enforced, and beyond most citizens are not able to be confined because their likelihood is daily. There is interdependence between states, also it seems uncomfortable to declared one state in quarantine in comparison with developed countries.

In front-line, there is an opportunity, launch an awareness campaign can help, mains topics will be COVID-19 transmission mechanism, how to prevent, how to avoid contamination, what attitudes to undertake whether suspicion, what are qualified hospitals of disease management and other types of help. We believe that COVID-19 solution is linked to BEHAVIOR CHANGE SCIENCE.

An official campaign has an asset of minimize misinformation flow circulating in social medias such fake news we heard about probable protective effect of high environment temperature or skin color virtues in sub-Saharan Africa. Dangerous attitude that can make this part of world more vulnerable because it will be very hard to contain such epidemic where majority of population will be vulnerable. Mobilizing existing medias to campaign is very cheap, decision makers need just to launch campaign and enforce the rules, disseminate official message before each news session and also in introduction of each program, and organize debate in radio, TV and reporting in newspapers. Displays can complete this campaign.

To prevent the spreading of CORONAVIRUS pandemic in sub-Saharan Africa, we need just a call of action for mobilizing everyone; behavior change, availability and appropriate use of existing health facilities for healthcare management. This is a call to action

Andre Shongo Diamba

Director - PHOrg

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HIFA profile: Andre Shongo Diamba is a Medical Doctor, holder of MPH-International Health from Tulane University (USA), Founder and Director at PHOrg – Public Health Organization. He is a HIFA Country Representative. <http://www.hifa.org/support/members/andre>

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### **Novel coronavirus (152) Debunking fake information about COVID-19 (2) DFID gives £500,000 to address health misinformation**

18 March, 2020

A few days ago (14 March) we posted news that DFID has provided £500,000 to address health misinformation in relation to coronavirus. The effort is led by the Humanitarian-to-Humanitarian Network with Internews, Translators without Borders, Evidence Aid, and BBC Media Action.

[ <http://www.hifa.org/dgroups-rss/novel-coronavirus-122-debunking-fake-inf...> ] HIFA stands ready to assist with this effort.

The consortium has issued their first weekly digest with quality resources and fact-checked information designed to combat misinformation in the COVID-19 crisis:

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Hi there.

Welcome to the first edition of Connect:COVID-19. This weekly digest will connect you with quality resources and fact-checked information designed to combat misinformation in the COVID-19 crisis.

This bulletin is designed to support busy newsrooms, fact-checking organisations, and non-profits across South East Asia and beyond. We link you with the tools you need to provide your communities with accurate, timely and actionable information.

Who are we? We are a group of four organisations who work to improve access to quality information in a crisis.

Find out more about our organisations here:

Internews

Translators without Borders

BBC Media Action

Evidence Aid.

We're funded by the H2H Network, a group of approximately 50 organisations worldwide. Its members provide specialist services to ensure crisis response is more efficient, effective and accountable. The H2H Network is supported by aid from the UK Government and hosted by the Danish Refugee Council (DRC).

We make two promises. To be brief - we know many people are facing an information overload at this time. And to be practical - our support, content, and resources are free to use and can be adapted for context and language preferences.

We are:

- Helping you respond to misinformation with verified information from sources you can trust
- Translating quality COVID-19 resources into local languages
- Creating engaging content to respond to community information gaps

If you have any questions, requests for resources, feedback or would like to let us know when our tools have been useful, you can email us at any time at [COVID-19@internews.org](mailto:COVID-19@internews.org)

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I have written to [COVID-19@internews.org](mailto:COVID-19@internews.org) to offer our support.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

\*\*\*HIFA urgently needs funding to continue our work in 2020\*\*\* Support the HIFA Appeal: [www.hifa.org/appeal](http://www.hifa.org/appeal)

## **Novel coronavirus (151) Handbook of COVID-19 Prevention and Treatment**

18 March, 2020

Dear All,

Handbook of COVID-19 Prevention and Treatment, expecting to share their invaluable practical advice and references with medical staff around the world. This handbook compared and analyzed the experience of other experts in China, and provides good reference to key departments such as hospital infection management, nursing, and outpatient clinics. This handbook provides comprehensive guidelines and best practices by China's top experts for coping with COVID-19.

This handbook, provided by the First Affiliated Hospital of Zhejiang University, describes how organizations can minimize the cost while maximizing the effect of measures to manage and control the coronavirus outbreak. The handbook also discusses why hospitals and other healthcare institutions should have command centers when encountering a large-scale emergency in the context of COVID-19. This handbook also includes the following :

- Technical strategies for addressing issues during emergencies.
- Treatment methods to treat the critically ill.
- Efficient clinical decision-making support.
- Best practices for key departments like infection management and outpatient clinics.

<https://covid-19.alibabacloud.com/>

All my best regards.

Isabelle Wachsmuth

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HIFA profile: Isabelle Wachsmuth-Huguet, MSc, MPH has been working for World Health Organization (WHO) since 2003 and has 20 years of expertise on international network promoting and implementing knowledge management solutions in both high and low income countries. She is currently Project manager, Health Systems and Innovation Cluster, Service Delivery & Safety (SDS), Emerging Issues, Quality Universal Health Coverage (QUHC), at WHO Geneva. She is also the coordinator and lead moderator of the WHO Global Francophone Forum - Health Information For All (HIFA-

Fr: <http://www.hifa.org/forums/hifa-french>). She is a member of the HIFA working group on Multilingualism.

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<http://www.hifa.org/support/members/isabelle>

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### **Novel coronavirus (150) Panic buying**

18 March, 2020

Dear HIFA colleagues,

In the midst of crisis, humour can sometimes help to see us through. There is panic buying of toilet rolls in many countries. It's hard to understand why anyone should need 500 toilet rolls, but it's thought they may provide a 'sense of security'.

I would like to share a local story that made me laugh. A friend of mine Andy works part-time for a local hotel/bar here in Charlbury, with 17 bedrooms. The manager noted that the toilet \*brushes\* needed to be replaced, so she asked my friend to buy replacements. He went off to the store, loaded a trolley with 17 toilet brushes, and presented himself at the till - where he was accused of panic buying! "No, they are not \*all\* for me!" After much heated discussion, including intervention by the store manager, he was eventually allowed to buy the brushes and go on his way...

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (149) Debunking COVID-19 misinformation with friends and family (6)**

18 March, 2020

Dear Chris,

I am really shocked to learn to that such types of misinformation and hazardous rumors spread from from unsolicited websites even in the western countries and people do believe them!

Now, we can think of what will happen in case of the developing countries, where there is so much of poverty, lack of good scientific and evidence based source of information and widespread illiteracy etc.

WHO and other International agencies, can play a great part in this regard, first by standardizing the message content, so that there no scope of spreading the slightest of misconception and making the message available to all by devising the low cost devices, like internet radio, limited transmission range FM broadcasting as is used in campus FM Broadcasting etc.

Thanks,

Dr.Tusharkanti Dey

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

### **Novel coronavrus (148) Debunking COVID-19 misinformation with friends and family (5)**

18 March, 2020

Dear Neil,

I would like to point out that in case of an epidemic (more so in case of a pandemic, like COVID90), one of the major task falls upon the epidemiologists to inform people and off course the seniors, what would be suspected agent, what could be route of transmission and what are important risk factors associated with the hosts, that resulted with the spread of disease or infection. This is not an easy task. The epidemiologists start from zero and as usual, with more and more data collection and laboratory sample and/or data collection, they go n refining their hypothesis. But, they are required to communicate with people and their superiors, all the time. This may lead to some sort of confusing statement made at earlier to latter stage.

Another factor is spread of rumor, which spreads faster than the infection and/or disease. What can be done to prevent the spread of the rumor is very difficult to say. If WHO is given the task of prevention of spread of rumor, as a single source of information provider, simply it will not work. We shall not forget that electricity, internet is still to reach many undeserved communities still today.

Increasing general education, along with health education will have become the only path, but that is a long tortuous path with many bends in the way.

Dr.Tusharkanti Dey

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. [dr.tusharkantidey@gmail.com](mailto:dr.tusharkantidey@gmail.com)

### **Novel coronavrus (156) Panic buying (2)**

18 March, 2020



That's lovely, Neil. Maybe they had run out of toilet rolls and the till person thought the brushes were being used instead...

Tony

HIFA profile: Tony Waterston is a retired consultant paediatrician who worked mainly in the community in Newcastle upon Tyne, UK. He spent 6 years working in Zambia and Zimbabwe and directed the Royal College of Paediatrics and Child Health Diploma in Palestinian Child Health teaching programme in the occupied Palestinian territories. He was an Editor of the Journal of Tropical Pediatrics and is on the Executive Committee of the International Society for Social Pediatrics. His academic interests are child poverty, advocacy for child health and children's rights. He is currently the lead moderator of CHIFA (HIFA's sister forum on child health and rights). [www.chifa.org](http://www.chifa.org) He is also a member of the HIFA Steering Group.

[www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group) [www.hifa.org/support/members/tony](http://www.hifa.org/support/members/tony)

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### **Novel coronavirus (155) Coronavirus modelling (2)**

18 March, 2020

Public response and compliance to the increasingly more stringent measures announced by the UK hinges more and more on public perception of survival, especially on the Informal sector population. Most people you speak to that belong to the sectors are keenly waiting to hear measures that protect their self employment status, their rent, etc.

Some household/ families have both spouses made redundant the same day as their businesses fold!

And we are not yet at the peak of this catastrophe!!

Joseph Ana

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

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## **Novel coronavirus (154) Coronavirus predictions - 80% of population? (6) Coronavirus modelling**

18 March, 2020

HIFA colleagues

So, the UK govt has now shifted position and is moving from a mitigation strategy towards one of suppression, with more stringent preventative measures (though still nowhere near enough testing) .

The underlying modelling is presented in the latest (praiseworthily lucid) paper from the Imperial College COVID-19 Response Team

(Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand ; available at <https://doi.org/10.25561/77482> ).

The Imperial College paper projections for total epidemic deaths - around 90k under the revised strategy announced on 16 March by the UK government (case-isolation, household quarantine and social distancing - reducing further to around 20k deaths if school closures are added) , are considerably better than under the (knowingly unrealistic) do nothing scenario with 80% of GB population infected and 500k deaths . However, even under the preferred strategy the figures are considerably less optimistic than what would be obtained if we managed to approach South Korea's ( or even China's) epidemic trajectory. In South Korea, a country with a not dissimilar population size to England, the epidemic is (at least currently) levelling off with under 10k cases and under 100 deaths.

Some of this difference will be down to demography - South Korea has relatively young population and coronavirus hits the elderly hardest. But another reason may be that the modelling has explicitly (and understandably) been conservative in estimates of the UK population's voluntary adherence to the announced preventative measures. If these estimates have been too conservative (or if currently voluntary measures become compulsory), the current model may be a good one for the early stages of the epidemic but a poor one for the later stages, if preventative measures began to bite hard. ( In relation to that I note that a key Lancet paper by the same team on the modelling the Wuhan epidemic - Early dynamics of transmission and control of COVID-19: a mathematical modelling study , available at <https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930144-4> - states that that model predicted at least ten times higher cases than were reported in early February 2020, and that it also did not predict the more recent slowdown in cases, suggesting that transmission might have declined more than in the model.)

Given that, it could be helpful to see - not least as a counterpart to the publicised worst case (do-nothing) modelling - results of modelling a GB best case (do-everything) i.e. an aspirational combination of :

(a) much higher levels of public adherence to the suppression regime

(b) much more extensive infection testing and associated case-isolation and contact tracing

If the results looked good, it could help in sending a more encouraging message to the public about the potential impact of the measures they are being asked to take, demonstrate the big difference a fully co-operative effort could make, stimulate more assiduous testing, and perhaps also offer some comfort to hard-pressed health workers.

Geoff

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Dr Geoff Royston

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HIFA profile: Geoff Royston is an Independent Health Analyst and Researcher, former Head of Strategic Analysis and Operational Research in the Department of Health for England, and Past President of the UK Operational Research Society. His work has focused on informing the design, implementation and evaluation of policies and programmes in health and social care, and on fostering the capabilities of others to work in these areas. Associated activities have included modelling for understanding the performance of complex systems, analysis and communication of risk, and horizon scanning and futures thinking. He has also worked on information and communication technology in the health sector, notably in leading the design and national launch of the telephone and online health information and advice service NHS Direct. He has served on both scientific and medical UK Research Council panels, and as an impact assessor for the UK higher education Research Excellence Framework. He is a member of the editorial board for the journal Health Care Management Science and in 2012 was Guest Editor for its special issue on Global Health. He has been a consultant for the World Health Organisation, is a long standing member of the EURO Working Group on Operational Research Applied to Health Services, and is an expert adviser to the mHIFA (mobile Healthcare Information for All)

programme. <http://www.hifa.org/projects/mobile-hifa-mhifa> He is also a member of the main HIFA Steering Group and the HIFA working group on Evaluating the Impact of Healthcare Information.

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## **Novel coronavirus (157) Community Radio for Coronavirus Education in Bangladesh**

18 March, 2020

COVID-19:

## How Community Radio Broadcasting

### Coronavirus Education in Bangladesh

Bangladesh NGOs Network for Radio and Communication (BNNRC)'s approach to media development is both knowledge-driven and context-sensitive, and it takes into account the challenges and opportunities created by the rapidly changing media environment in Bangladesh including community radio development giving voices for the voiceless in line with shaping the Future of Media, Information & Entertainment in the Era of the Fourth Industrial Revolution (4th IR) in Bangladesh. [www.bnnrc.net](http://www.bnnrc.net)

BNNRC has been mobilizing all community radios for developing and broadcasting awareness building programs on COVID-19: Coronavirus contamination to protect lives and livelihoods since March 1, 2020.

### Context

COVID-19 has disrupted lives and livelihoods of the communities in 158 countries globally and we are just going to face the same. Bangladesh is the most densely populated developing country where 1,961 people are live in per square kilometer with limited knowledge and health care services.

In the meanwhile, Bangladesh has confirmed three new coronavirus cases taking the total to eight so far and three of them have returned home after recovery. Govt. has shut down all educational institutions until Mar 31, 2020 amid virus scare. The decision was taken as a precautionary measure so that the students have to stay at home. Health Minister has asked the expatriate Bangladeshis, who have returned home recently, and their relatives not to visit mosques for prayers to help stop the spread of coronavirus. He urged people for avoiding mass gathering, shuttered sporting, cultural and religious events and to practice "social distancing" to curb the spread.

Government has encouraged to stay at home quarantine those who returns from abroad. But it was observed that some of them are not follow this instruction which is a serious threat for the community.

In this situation, building community awareness is essential and the best option to prevent COVID-19: Coronavirus. Individual initiatives are not sufficient to manage this situation. So need coordinated combine action with multi-stakeholders cooperation- at exceptional scale and speed-can potentially mitigate the risks and impact of this unprecedented crisis. Hence, community radio has been playing a vital role for building the awareness of the community people.

### Contribution

The COVID -19 demands cooperation among government, CSOs, local business communities, multi-stakeholders. BNNRC has been mobilizing the stakeholders for social disaster preparedness and Disaster Risks Reduction (DRR) since its inception.

In this perspective, BNNRC has been working on COVID -19 covering with the following issues:

1. Animate CSOs, Government, health service providers and communities for reinforcing collective action.

2. Keeping community people's daily life normal and livelihood function

3. Mobilize further cooperation among government, CSOs, local market and communities' response

#### Approach

BNNRC has also been developed a radio program outline on prevention of COVID-19: Coronavirus by following the update information of Institute of Epidemiology Disease Control and Research (IEDCR), Ministry of Health and Family Welfare, Government of Bangladesh.

BNNRC has been monitoring the situation 24 hours and coordinating community radio programs centrally and providing support as and when required. One broadcaster in each radio stations was assigned as the focal person to coordinate the special education program. The focal of the community radio stations are- Lutfunnahar Happy, Cell: 01723577740, Radio Chilmari, Kurigram; Akhi Akter, Cell: 01757534092, Sarabela, Gaibandha; Md. Mohaimanul Islam Rafi, Cell: 01773522380, Radio Mukti, Bogra; Rezaul Karim, Cell: 01723967912, Radio Mahananda, Chapainawabgonj, Asad Akand, Cell: 01711283762, Radio Padma, Rajshahi; Md. Masud Rana, Cell: 01744424706, Radio Boral, Bagha, Rajshahi; Md. Imon Hasan, Cell: 01763919073, Radio Jhenuk, Jhenaidah; Mamun Hossain, Cell: 01789511571, Radio Nalta, Satkhira; Md. Salman, Cell: 01771 480457 of Radio Lokobetar, Barguna, Md. Shamim Mridha, Cell: 01713 68 88 89 of Krishi Radio, Amtoli, Barguna; Ms. Konika Rani, Asst. Station Manager, Cell: 01708120390 of Radio Meghna, Charfashion, Bhola; Mr. Afser Hossain, Cell: 01745385680 of Radio Sagor Dwip, Hatiya, Noakhali, Ms. Mohasena Akter Mina, Cell: 01849266558 of Radio Sagor Giri, Sitakund, Chattogram; Mr. Abdul Aziz, Asst. Cell: Radio Naf, Teknaf of Cox's Bazar, Mr. Md. Al Amin, Cell: 01718199056 of Radio Pollikontho, Moulvibazar and Mr. Moshir Rahman, Cell: 01614202910 of Radio Bikrampur, Munshigonj.

The contents are mainly about the virus, how COVID-19: Coronavirus spreads, symptoms, precautionary measures including personal awareness and suggestion for sick patients as per the guideline of the Institute of Epidemiology, Disease Control and Research (IEDCR), UNICEF in line with WHO COVID-19: Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE.

The radios are broadcasting altogether 20 hours program daily on Corona virus contamination in different formats like- news, Public Service Announcement (PSA), radio spots, radio talks, magazine, drama, jingles, interview and expert opinions etc. The contents of the programs are- how to contaminate, symptoms of the patients, precautionary steps for preventing contamination, service providers, service providing agencies and service delivery points, and the role of community people.

#### Key findings:

Community Radios stations, as one of the source of information, helping to raise awareness on COVID-19 and reinforcing Behaviour Change Communication (BCC) by CSOs, Government, health officials and locally elected bodies(LEB).

Community Radio stations are building awareness to change attitudes among community people at different points in their daily lives.

Community Radio stations, as a platform for those who involve in COVID -19 response to update rural communities. They are also providing a channel for two-way communication with community people where listeners are sending SMS or call in with questions.

Community Radio stations have been coordinating with the District and Upazila level Coronavirus Prevention Committees.

Community Radio stations have assigned one broadcaster in each radio stations as the focal person to coordinate COVID 19 programm.

Community Radio stations are broadcasting programs on COVID -19 in local languages or dialects.

Community Radio stations are producing contents which speaks directly to localized issues and concerns, and features trusted local people in a way that nationally or regionally produced content cannot.

Implications:

It is really working and having a very positive effect at the rural communities. Community Radio stations help to reduce the panic of COVID 19 gradually by broadcasting awareness programs. Now the community people are taking precautionary measures to prevent contamination of COVID 19. People now understand more about the COVID - 19. Community Radio stations have already been established a well-trusted source of information for rural people of Bangladesh.

Contact

BNNRC has formed a monitoring team consists of 5 members. Mark Manash Saha acts as the Program Coordinator. Cell: +88 01712 144 180, email: [mark@bnnrc.net](mailto:mark@bnnrc.net)

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AHM. Bazlur Rahman-S21BR | Chief Executive Officer |

Bangladesh NGOs Network for Radio and Communication (BNNRC)

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HIFA profile: Bazlur Rahman is Chief Executive Officer of Bangladesh NGOs Network for Radio and Communication (BNNRC). BNNRC is a national networking body working for building a democratic society based on the principles of free flow of information, and equitable and affordable access to Information, Communication Technology (ICT) for remote and marginalized population. BNNRC is an official HIFA Supporting Organisation. [www.bnnrc.net](http://www.bnnrc.net) ceo AT bnnrc.net

### **Novel coronavirus (159) When COVID-19 Comes to Africa (3) Call a friend, family member and share**

19 March, 2020

Learning on CORONAVIRUS from media coverage: HEALTH BELIEF THEORY OF CHANGE, easy to share each other

Dear All,

Ongoing CORONAVIRUS pandemic threatens the global public health. When we hear about rigorous quarantine measures applied in many countries, about reducing of people gathering, countries borders locked as strategies to slow and impede news transmissions, everybody is called to contribute to fight. Each other among us, in presence or via call or message, can contribute to social behavior communication change theory in individual level, from what we learn and hear via media, especially radio and televisions.

The CORONAVIRUS pandemic can touch everyone in different societies. Certainly, they are different levels of weaknesses, vulnerabilities and barriers; different measures are tailored according that; reduce gatherings in public areas (schools, markets, soccer stadiums), strengthen low health system low (healthcare management) or other strategies..

Health belief theory of individual change is easy to apply as coping mechanism, just comply with WHO and home ministries of health recommendations; stay at home, avoid gathering or be in crowd places, keep social distance each other, observe self-quarantine, get in touch emergency health care and qualified health facilities points.

Let's go in Democratic Republic of Congo and in Sub-Saharan Africa, call a friend, family member and share with him.

Andre Shongo Diamba

Director - PHOrg

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Stype : ANDRE SHONGO DIAMBA

HIFA profile: Andre Shongo Diamba is a Medical Doctor, holder of MPH-International Health from Tulane University (USA), Founder and Director at PHOrg - Public Health Organization. He is a HIFA Country Representative. <http://www.hifa.org/support/members/andre>

Email: shongodiamba AT gmail.com

### **Novel coronavirus (158) Handbook of COVID-19 Prevention and Treatment (2) Global MediXchange for Combating COVID-19**

19 March, 2020

Dear HIFA colleagues,

Further to Isabelle's message on the Handbook, I learn (thanks to our association with IFLA Evidence for Global and Disaster Health) that Zhejiang University has also established a Global MediXchange for Combating COVID-19, with the byline 'Sharing and cooperation are the best prescription to fight against the new unknown virus'.

<https://covid-19.alibabacloud.com/>

'The Jack Ma Foundation and Alibaba Foundation, together with the First Affiliated Hospital of Zhejiang University, jointly established the Global MediXchange for Combating COVID-19 (GMCC) programme, with the support of Alibaba Cloud Intelligence and Alibaba Health, to help combat the global outbreak of the novel coronavirus, COVID-19. This platform was established to facilitate continued communication and collaboration across borders, as well as to provide the necessary computing capabilities and data intelligence to empower pivotal research efforts. The platform can provide frontline medical teams with the necessary communication channels to share practical experience and information about fighting the pandemic.'

"Now, we can't beat this virus unless we share our resources, know-how and hard-earned lessons."

—Jack Ma, Founder of Jack Ma Foundation

The initiative includes an International Medical Expert Communication Platform, 'Connecting medical heroes across the world'.

'In order to combat the coronavirus outbreak head on as a world united, we are connecting medical heroes from around the world with our DingTalk messaging platform. The Medical Expert Communication Platform was launched in DingTalk to help medical experts from all over the world share resources and information as well as their experience and know-how, all of which will empower medical teams on the frontlines of the COVID-19 emergency.'

I have reached out to the Jack Ma Foundation @foundation\_ma and Ali Baba Foundation @AliFoundation to offer our support.



TY @foundation\_ma @AliFoundation for Global MediXchange for Combating  
#Coronavirus <https://covid-19.alibabacloud.com/> @HIFA\_org stands in solidarity and we offer our  
forums (20k pros in 180 countries) to assist you in our common goal to reduce avoidable death and  
suffering. #healthinfo4all

[https://twitter.com/hifa\\_org/status/1240544898614472704](https://twitter.com/hifa_org/status/1240544898614472704)

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join  
HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare  
Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177  
countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB:  
facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (164) WHO: How to speak about Covid-19**

19 March, 2020

Since this is a list devoted to how we use health information, here is WHO's guidance on "dos and don'ts  
on language when talking about the new coronavirus disease (COVID-19)" as posted in the short,  
valuable "WHO Guide to preventing and addressing social stigma" ( [www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf](http://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf) ):

-----

DO - talk about the new coronavirus disease (COVID-19)

Don't - attach locations or ethnicity to the disease, this is not a "Wuhan Virus", "Chinese Virus" or "Asian  
Virus".

The official name for the disease was deliberately chosen to avoid stigmatisation - the "co" stands for  
Corona, "vi" for virus and "d" for disease, 19 is because the disease emerged in 2019.

DO - talk about "people who have COVID-19", "people who are being treated for COVID-19", "people  
who are recovering from COVID-19" or "people who died after contracting COVID-19"

Don't - refer to people with the disease as "COVID-19 cases" or "victims"

DO - talk about "people who may have COVID-19" or "people who are presumptive for COVID-19"

Don't - talk about "COVID-19 suspects" or "suspected cases".

DO - talk about people "acquiring" or "contracting" COVID-19

Don't talk about people "transmitting COVID-19" "infecting others" or "spreading the virus" as it implies intentional transmission and assigns blame.

Using criminalising or dehumanising terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.

DO - speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

Don't - repeat or share unconfirmed rumours, and avoid using hyperbolic language designed to generate fear like "plague", "apocalypse" etc.

DO - talk positively and emphasise the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.

Don't - emphasise or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

DO - emphasise the effectiveness of adopting protective measures to prevent acquiring the new coronavirus, as well as early screening, testing and treatment.

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Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording

Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

### **Novel coronavirus (163) OpenWHO courses**

19 March, 2020

More WHO resources, with thanks to Catherine Kane (WHO Health Workforce team):

1. Clinical Care Severe Acute Respiratory Infection. It is intended for clinicians who are working in intensive care units in low and middle-income countries and managing adult and pediatric patients with severe forms of acute respiratory infection. (French)

<https://openwho.org/courses/severe-acute-respiratory-infection>

2. Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19. This course provides information on what facilities should be doing to be prepared to respond to a case of an emerging respiratory virus such as COVID-19, how to identify a case once it occurs, and how to properly implement IPC measures to ensure there is no further transmission to health workers or to other patients and others in the healthcare facility. occurs, and how to properly implement IPC measures to ensure there is no further transmission to health workers or to other patients and others in the healthcare facility. (Chinese, French, Italian, Japanese, Indonesian, Russian, Portuguese, Serbian, Spanish)

<https://openwho.org/courses/COVID-19-IPC-EN>

3. Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control. This course provides a general introduction to COVID-19 and emerging respiratory viruses and is intended for public health professionals, incident managers and personnel working for the United Nations, international organizations and NGOs. (French, Chinese, Spanish, Portuguese, Arabic, Russian, Turkish)

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

4. eProtect respiratory infections. This course provides information on the basic knowledge and skills health workers need to respond to acute respiratory infection outbreaks, including what ARIs are, how they are transmitted, how to assess the risk of infection and to understand basic hygiene measures to protect themselves. (French)

<https://openwho.org/courses/eprotect-acute-respiratory-infections>

5. How to put on, use, take off and dispose of a mask.

[https://www.youtube.com/watch?v=IrvFrH\\_npQI&feature=youtu.be](https://www.youtube.com/watch?v=IrvFrH_npQI&feature=youtu.be)

6. Public health interventions in pandemics and epidemics. This introductory level online course provides information and tools for health workers to better manage disease outbreaks and health emergencies. Materials have been originally designed for WHO African region purposes and have therefore references to Africa more than other continents. (French)

<https://openwho.org/courses/public-health-interventions>

7. Risk communication essentials Risk communication is a core public health intervention in any disease outbreak and health emergency. This course provides information on real-time exchange of information, advice and opinions between experts, officials and people who face a threat to their wellbeing, to enable informed decision-making and to adopt protective behaviors. (French)

<https://openwho.org/courses/risk-communication>

Best,

Catherine

HIFA profile: Catherine Kane is a member of the WHO Health Workforce team, responsible for advocacy and dissemination of the Guideline on health policy and system support to optimize community health worker programmes. She has experience with community health worker programmes at strategic and operational levels through WHO, the International Federation of Red Cross and Red Crescent Societies and at one point as a social worker supporting migrant communities. She is a member of the HIFA working group on CHWs. <http://www.hifa.org/support/members/catherine> Twitter: readycat

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Novel coronavirus (162) WHO resources on Rights, Roles and Responsibilities of health workers**

19 March, 2020

Dear HIFA colleagues,

I am forwarding this useful message from the Collectivity forum, with thanks to Catherine Kane (WHO Health Workforce team)

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Dear Jieun,

Thank you for this thoughtful note. Please know that WHO have released a guidance document on Rights, Roles and Responsibilities, including occupational safety & health, of health workers. Additionally, there is guidance for health workers on providing home care for COVID-19 patients. In the pipeline, there will be more information for those who are informal caregivers or self-caring/isolating, since current estimates suggest that 80% of people will have mild symptoms that do not require hospitalization.

Further, there are concurrent activities on 1) modeling health services, workers and supplies needed both to respond to COVID-19 and to continue providing essential health services in the community and on 2) where community health workers may play a role not only in delivering essential health services but also in \*safely\* supporting contact tracing, community surveillance and health promotion activities, among other roles.

Technical guidance from WHO is available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technica...>, including use of masks and rational use of PPE, and we are continuously adding and updating this. Looking forward to the outputs of this discussion, including any studies on effectiveness and safety of community-based health services delivery. A number of courses are available on Open WHO.

Lastly, please let me highlight that there is a tool to conduct risk assessment of health worker exposure. As practitioners are well aware, the time to start data collection and assessment is \*right away\*.

Kind regards,

Catherine Kane

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Novel coronavirus (161) WHO-WONCA Africa-AfroPHC Webinar on COVID-19 on 20th March 2020**

19 March, 2020

Hi all

WHO (Global and AFRO), WONCA Africa and AfroPHC are planning a weekly webinar on COVID-19 to get an update on the situation, explore PHC preparedness in Africa and to respond to questions. This will be at 1pm Central European Time on Fridays with the first webinar this Friday, 20th March.

Each webinar will focus on different parts and countries in Africa. The focus this Friday is Anglophone Africa. It will be Francophone Africa next week. We will elaborate the focus for each weeks webinar on the websites WoncaAfrica.org and AfroPHC.org as we proceed.

Please circulate the link to this news post to everyone in primary care in Africa. We really hope to reach to all family doctors and PHC team members on the frontline, to support each other and ensure their voice is heard at the highest level.

Register for the first webinar

here: [https://who.zoom.us/webinar/register/WN\\_5K4o4CiARvKARgriYI37vw](https://who.zoom.us/webinar/register/WN_5K4o4CiARvKARgriYI37vw)

Rgds, AfroPHC

HIFA profile: Shabir Moosa is an Associate Professor and Family Physician in the Department of Family Medicine & Primary Health Care, Johannesburg Health District and University of Witwatersrand. Visit website [www.profmoosa.com](http://www.profmoosa.com) and email shabir AT profmoosa.com

### **Novel coronavirus (160) DFID gives £500,000 to address health misinformation (3)**

19 March, 2020

Great news Neil. You should be at the forefront. [\*see note below]

Best wishes

Jo

Dr. Jo Vallis, Chair

FRIENDS OF CHITAMBO SCIO, Registered Charity No. SC044337

\_Working Towards a Healthier Chitambo District\_

Mobile telephone number: +44(0)7791262918

email: [jo@friendsofchitambo.org.uk](mailto:jo@friendsofchitambo.org.uk)

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web address: [1][www.friendsofchitambo.org.uk](http://www.friendsofchitambo.org.uk) [1]

Facebook page: <https://www.facebook.com/friendsofchitambo/> [2]

Links:

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[1] <http://www.friendsofchitambo.org.uk>

[2] <https://www.facebook.com/friendsofchitambo/>

HIFA profile: Jo Vallis is a Medical Sociologist with a general and paediatric nurse/nurse teaching background. She is Chair of Scottish registered charity, Friends of Chitambo SCIO, which supports health projects in Chitambo District, central Zambia: web address: [www.friendsofchitambo.org.uk](http://www.friendsofchitambo.org.uk);

Facebook page: <https://www.facebook.com/friendsofchitambo>

She is Project Lead for a Scottish Government funded project on 'Strengthening emergency care communications in Chitambo District, central Zambia', now in its 3rd 2-year funding round.

Jo recently retired from her post as Research Officer within NHS Education for Scotland (NES), in order to continue the work with Chitambo in a voluntary capacity.

Email addresses: [jo@friendsofchitambo.org.uk](mailto:jo@friendsofchitambo.org.uk); jovallis AT hotmail.com

[\*Note from HIFA moderator (Neil PW): Thank you Jo, yes I am sure we/HIFA can make an important contribution to this effort. I have contacted the consortium to offer our support and will keep you all updated. <http://www.hifa.org/dgroups-rss/novel-coronavirus-152-debunking-fake-inf...> ]

**Novel coronavirus (165) Fwd: [gate] Update: Global search for low-cost ventilator technologies to support the response to COVID-19**

19 March, 2020

Fwd: [gate] Update: Global search for low-cost ventilator technologies to support the response to COVID-19

GATE is the WHO lead group for Access to "Assistive Technologies" (for handicap and elderly), it is parallel to the old movement for Access to Medicine, was created under former WHO ADG Marie-Paul Kieny to facilitate access to essential Assistive tech (wheel chairs, canes, hearing aids) etc who are out of price for the majority of the elderly or handicap - most of whom are too poor to access these while prices are uniformly (and unfairly) high.

Please post.

----- Forwarded Message ----- Subject: [gate] Update: Global search for low-cost ventilator technologies to support the response to COVID-19

Date: Thu, 19 Mar 2020 09:03:01 GMT

From: Rosa Salazar <[rosa.salazar@ucl.ac.uk](mailto:rosa.salazar@ucl.ac.uk)>

Reply-To: GATE <[gate@mednet-communities.net](mailto:gate@mednet-communities.net)>

To: GATE <[gate@mednet-communities.net](mailto:gate@mednet-communities.net)>

Update: Global search for low-cost ventilator technologies to support the response to COVID-19.

Hospitals around the world are grappling with COVID-19, and the UK is no exception. A key to this challenge is making sure our hospitals have the equipment to treat people with respiratory problems.

In this context, ventilators are pivotal pieces of medical equipment. But there are not enough ventilators for the projected number of people who may become ill.

While engineering firms could consider switching some manufacturing to help ramp production of the vital equipment, state of the art ventilators will still take too long to manufacture. That's why we're looking to emerging markets for Rapidly Manufactured Ventilation Systems (RMVS).

#### WHAT WE NEED: RAPIDLY MANUFACTURED VENTILATION SYSTEMS

We are looking for an existing, proven technology that can be rapidly adapted to be built in the UK. The winning technology will be adapted for manufacture and use in the UK by a team at UCL's Institute of Healthcare Engineering with Global Disability Innovation Hub (GDI Hub). These designs will then be shared with the world to support their fight against COVID-19.

#### WHAT YOU GET: OPPORTUNITY TO SUPPORT COVID-19 EFFORTS GLOBALLY AND A ROUTE TO MARKET IN THE UK AND BEYOND

We are offering the winning technologies:

- Global exposure and recognition for your technology
- Support from a pop-up team of experts from University College London Institute of Healthcare Engineering and GDI Hub to support technology to be manufactured in the UK
- A fee per ventilator or spare parts for the ventilator — to be determined
- And more

#### UCL DESIGN & REFINE SPRINT: THURSDAY 19 MARCH - FRIDAY 20 MARCH

UCL Institute of Healthcare Engineering and GDI Hub will be hosting a virtual, collaborative working group on Thursday 19 March - Friday 20 March. We invite participants with relevant, professional expertise as engineers, manufacturers, clinicians or intensive care technicians to join us online for a Design & Refine Sprint. This will be an opportunity to explore how working designs and prototypes of low-cost ventilators could be adapted to fit different clinical environments (such as the NHS in the UK), meet the specific needs around Covid-19 and be manufactured at scale and at low-cost.



In the interests of maximising productivity within a short time-scale, this group will be open to those with relevant experience. If you have expertise in this area and would like to join this online Design & Refine Sprint, please complete the following expression of interest form

([https://docs.google.com/forms/d/e/1FAIpQLSfZm5BrsqpQQ\\_met30LxqMeZd3MsHTP...](https://docs.google.com/forms/d/e/1FAIpQLSfZm5BrsqpQQ_met30LxqMeZd3MsHTP...))

#### TIMELINE

· Launch: Monday 16 March (21:00 GMT)

· Close: Tuesday 24 March (09:00 GMT)

· Final Selection: Wednesday 25th March (09:00 GMT) Click the following link for more information and to apply:

<https://docs.google.com/forms/d/e/1FAIpQLSftJuZDxgx3dp3jv3ab-i1Xiz7jtUe9...>

HIFA profile: Garance Fannie Upham is a long time advocate for safety in health care. At present she is Deputy General Secretary, ACdeBMR / WAAAR World Alliance Against Antibiotic Resistance ([www.waaar.org](http://www.waaar.org)) Shortlisted by the EU AMR Prize competition, Chief Editor AMR-Times (English /français/Arabic) Editor, "AMR Control 2015" and AMR Control 2016 ex-Member, Steering committee, Patients for Patient Safety, Patient Safety Program, World Health Organization (2004-Jan 2014) ([www.waaar.org](http://www.waaar.org)) She is also Treasurer, Member of the St. Com. of G2H2, the Geneva based platform for NGOs ([www.g2h2.org](http://www.g2h2.org)) [fannie.upham@gmail.com](mailto:fannie.upham@gmail.com) [garance@waaar.ch](mailto:garance@waaar.ch) garance AT safeobserver.org

#### **Novel coronavirus (165) Advice and guidance for remote rural communities**

19 March, 2020

Can anyone help with advice and guidance for remote rural communities? The stay at home guidance is unworkable for many and I wonder if there is any guidance for remote rural communities in Africa, for example.

Thanks

HIFA profile: Rob Dawson is Director of Advocacy, Communications and Support at the Meningitis Research Foundation, UK. [robd AT meningitis.org](mailto:robd@meningitis.org)

#### **Coronavirus (168) COVID Case Discussion Forum**

20 March, 2020

Can some organisation be prompted to host a case discussion forum for COVID cases exclusively for doctors and being overseen by a select panel of experts to guide and help doctors globally better manage cases?

Sandeep Saluja

HIFA profile: Sandeep Saluja is an Internist at Saran Ashram Hospital, Dayalbagh, Agra, India. He is also a Rheumatologist and was earlier with the All India Institute of Medical Sciences. He has volunteered to work in remote inaccessible parts of India for no personal or commercial reasons. He is a member of the HIFA working group on Information for Prescribers and Users of Medicines. [www.hifa.org/projects/prescribers-and-users-medicines](http://www.hifa.org/projects/prescribers-and-users-medicines)

<http://www.hifa.org/support/members/sandeep>

Twitter @doctorsaluja doctorsaluja AT gmail.com

### **Coronavirus (167) WHO: New advice on COVID-19, pregnancy, childbirth and breastfeeding**

20 March, 2020

Dear HIFA and CHIFA (child health and rights) members,

(with thanks to Fran McConville and Global Alliance for Nursing and Midwifery)

WHO has published new advice on COVID-19, pregnancy, childbirth and breastfeeding

<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-child...>

The advice is presented in a Q&A format, addressing the following questions:

Are pregnant women at higher risk from COVID-19?

I'm pregnant. How can I protect myself against COVID-19?

Should pregnant women be tested for COVID-19?

Can COVID-19 be passed from a woman to her unborn or newborn baby?

What care should be available during pregnancy and childbirth?

Do pregnant women with suspected or confirmed COVID-19 need to give birth by caesarean section?

Can women with COVID-19 breastfeed?

Can I touch and hold my newborn baby if I have COVID-19?

I have COVID-19 and am too unwell to breastfeed my baby directly. What can I do?

Please disseminate widely.

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA: [www.hifa.org/joinchifa](http://www.hifa.org/joinchifa)

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (166) Debunking COVID-19 misinformation with friends and family (7) How bad information goes viral**

20 March, 2020

An interesting piece from the BBC about the misinformation issue that refers to a version of the misinformative message I previously posted about (and that others have also mentioned):

Coronavirus: How bad information goes viral

<https://www.bbc.co.uk/news/blogs-trending-51931394>

In a message on this form, Tusharkanti Dey (Novel coronavirus (149)) wonders what will happen in developing countries, "where there is so much of poverty, lack of good scientific and evidence based source of information and widespread illiteracy etc."

If I may be allowed to give some personal insight again. One of the advantages of having a large, extended family living all around the world with different health literacy, educational levels and language skills is that I can observe how facebook messages are picked up and shared by different people/groups at different times as covid-19 spreads from country to country:

Having posted my previous message some time ago now, I was alarmed to see someone in the UK post it on their facebook, sharing it from a totally different source to the source of my emailed message.

This post was then quickly shared by other family in the UK. I tried to feedback on each individual false message (it's exhausting), fearing that the fake news would be seen by those in a developing country who would take it at face value and spread it at a far greater speed. (Covid-19 cases there were low so there was little knowledge. Plus there is some distrust of the govt and an assumption that those in the 'west' are better informed.)

Sure enough, within 24 hours it had reached there and had started to be spread. Most alarmingly, it was now being spread there by doctors and professors. As soon as they posted, their immediate family would share it online.

Not having time (or energy) to address each false post, I posted a piece on my own timeline warning of this misinformation, accompanied by a WHO graphic on being smart in relation to covid-19 information. Same family members, ZERO shares (I'm reminded of the comment from Amelia Abdelrazik, in which she recounted negative reception to her pointing out fake news).

At around the same time, I saw almost the same story posted from Canada with a facebook 'fake info' sticker. This gave the following guidance from Facebook on how to spot false news (<https://www.facebook.com/help/188118808357379?ref=shareable> ).

Heartening action, it seemed.

Then, just as I praised Facebook for taking action on this issue, I spotted a sponsored ad for £99 home-testing kits (PHE [Public Health England] had advised against use of these due to them being potentially inaccurate!)

It seems to me that algorithms, sponsorship, 'trusted' family sources and family networks, behaviours, and cultural, educational and health literacy diversity are a heady mix in this global misinformation 'infodemic'.

Best wishes

Julie

(Julie) Naima Reza PhD

Independent Science Communications Consultant, Project Manager & Science/Medical Writer and Editor

[www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

### **Coronavirus (169) Lancet Offline: COVID-19 — a reckoning**

20 March, 2020

Citation and extracts from Lancet editor-in-chief Richard Horton's latest Offline in The Lancet:

CITATION: Richard Horton. Offline: COVID-19—a reckoning

Comment| volume 395, issue 10228, p935, march 21, 2020

Published: March 21, 2020DOI:[https://doi.org/10.1016/S0140-6736\(20\)30669-3](https://doi.org/10.1016/S0140-6736(20)30669-3)

“To be clear we have one strategic aim: save lives.” So stated a UK Government health adviser in an email sent to me last weekend. It was an email filled with frustration... But this emergency is more than a public health catastrophe. It is a full-blown political crisis, one that is afflicting every nation in the world... The world is dangerously unprepared. And this global political crisis isn't over yet. It has barely begun.

The UK should have been a country that was prepared for an emergency of the scale of severe acute respiratory syndrome coronavirus 2. Johnson had said that, “We have a clear plan.” That plan was set out with stark clarity by Graham Medley, one of the UK Government's expert advisers on pandemics... “We are going to have to generate what we call herd immunity... And the only way of developing that, in the absence of a vaccine, is for the majority of the population to become infected.” He advocated “a nice big epidemic” to infect and render immune as many healthy people as possible... With a 0·3–1% mortality, that meant a plan that would accept somewhere between 117 000 and 390 000 deaths. But when the brutal consequences of this strategy became clear, it was quickly ruled impermissible. The goal changed to saving lives...'

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Novel coronavirus (171) Fact Sheet by Hesperian**

20 March, 2020

Hi Neil and HIFA,

Hesperian has produced a concise, useful Fact Sheet about COVID-19 which is now available in 14 languages, with another dozen in process.

<https://en.hesperian.org/hhg/Coronavirus>

This address provides you with English text, and you can choose the language you need from the list to its left, or the dropdown menu at the bottom if you are on a cell phone.

Distribute it widely, and stay well. Todd

--

Todd Jailer, managing editor

Hesperian Health Guides

Knowledge for action.

Action for health.

[todd@hesperian.org](mailto:todd@hesperian.org)

[www.hesperian.org](http://www.hesperian.org)

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Berkeley, California 94704

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HIFA Profile: Todd Jailer is Managing Editor of Hesperian Health Guides, USA.

Email: todd AT hesperian.org

### **Novel coronavirus (170) Global MediXchange for Combating COVID-19 (2)**

20 March, 2020

Dear Neil and everyone,

Thanks Neil very much for your message and reaching out to get the work forward with Jack Ma. He is also the current UN SDGs advocate and has provided a great effort for including the SDGs in the focus within its organizations. We can now work further on the Health for All part through this initiative too.

I am associated with the Zhejiang University and have worked in the past days with the Academy of Internet Finance to see how we can initiate the collaboration and research with the Ant Financial as partner, since we have the existing affiliation.

The use of the Alipay (fintech solution) in the past crises and current emergency is inevitable to be recognized as one of the great solutions for the tracking of exposure through data and getting a QR code for access during the next phase in the response after the lockdown phase.

Let's get on a call to prepare the next steps for the formal collaboration request.

Please also kindly change my country representative status from the USA to China since I live permanently here now in Haining, Zhejiang Province.

The international campus based in Haining, besides the Zhejiang International Business School hosts the partnership with the University of Edinburg that delivers undergrad and graduate biomedical education.

Let's not lose the momentum of our community in HIFA to provide all the relevance we have crated over the decades and move forward.

Should we schedule a zoom call sometime next week? Happy to initiate it.

Best regards,

Tatjana

Tatjana Kobb, MD

Adjunct Professor

MS Global Studies & International Relations

Northeastern University

College of Professional Studies

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W: <https://cps.northeastern.edu>

HIFA Profile: Tatjana Kobb Tatjana Kobb is a Medical Doctor and founder of Boston Sustainability Advising. She has worked on developing strategic programs for international organizations, national services providers and universities from UNICEF and WHO to Qatar Petroleum and King Abdullah University of Science and Technology. In the past decades she has mastered stakeholder engagement and relationship management toward building strategic partnerships to ensure each organization's mission can be realized to ensure the best interest of the served community. She is passionate about leading and enabling delivery of best services and products in line with the UN 2030 Sustainable Development Agenda and implementation of the 10 Principles of the UN Global Compact. Working on reaching the 17 Sustainable Development Goals (SDGs) by stakeholder engagement and performance improvement of governments and organizations she has a role in mentoring and supporting executives, as well as youth leaders in their career transition and development is in addition to her PhD work at the IEDC Bled School of Management and the GRI G4 reporting she conducts. She is a HIFA Country Representative and member of the HIFA working group on Information for Citizens, Parents and Children and the HIFA working group on Mobile Healthcare Information for All.

<http://www.hifa.org/people/country-representatives/map>

<http://www.hifa.org/projects/citizens-parents-and-children>

<http://www.hifa.org/projects/mobile-hifa-mhifa>

<http://www.hifa.org/support/members/tatjana>

tatjana.kobbATbostonsustainabilityadvising.com

### **Coronavirus (175) The coronavirus pandemic in five powerful charts**

21 March, 2020

Dear All,

A few interesting charts and statistics in this short Nature article.

<https://www.nature.com/articles/d41586-020-00758-2>

Best wishes

Julie

HIFA Profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group.

[www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

### **Novel coronavirus (175) Guidance for remote rural communities (2)**

21 March, 2020

This article just came out:



It is titled 'What can low-income countries do to provide relief for the poor and the vulnerable during the COVID-19 pandemic?'

<https://blogs.worldbank.org/impactevaluations/what-can-low-income-countr...>

Carol Tyroler

Sr. Gender and Research Advisor

HIFA Profile: Carol Tyroler is Senior Gender and Research Advisor at OSC in the United States.

Professional interests: Gender equity in health.

Email address: ctyroler AT oscld.com

### **Coronavirus (174) Guidance for remote rural communities**

21 March, 2020

Rob asked if anyone help with advice and guidance for remote rural communities? The stay at home guidance is unworkable for many and I wonder if there is any guidance for remote rural communities in Africa, for example.

IPCRG is collecting info and see links here:

<https://www.ipcrg.org/news/covid-19-open-source-sources-of-information> this includes guidance from Australia, US and South Africa.

Best wishes

Siân

HIFA Profile: Sian Williams is Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. Email: sian.health AT gmail.com

### **Coronavirus (173) Language resources and support for COVID-19**

21 March, 2020

Dear HIFA colleagues,

Can we work together to combat misinformation about COVID-19 and help prevent its spread? What are the current information and language gaps we can help you fill?

Translators without Borders is translating public awareness content to ensure everyone has access to the right information in the right languages and formats. If you're developing and/or using any such content (written, pictorial or audiovisual), we can help to translate it. We are working with other H2H

Network members to share multilingual, quality resources and fact-checked information - you can find our first weekly digest here- <https://mailchi.mp/5ab62e95f776/edition-1-connectcovid-19>. And we are developing language and literacy maps and datasets and a multilingual terminology resource. We will be circulating those resources as they become available: check out our website at <https://translatorswithoutborders.org/covid-19>

At the same time, we are exploring ways to scale up our support for this global response.

To make sure we target language support where it's most needed, we have put together this quick survey for field teams- <https://docs.google.com/forms/d/e/1FAIpQLSfnC1U1JIWeT53I6D9vzIPeE8AGnUGp...> - in English, French, Spanish and Arabic. Would you be able to fill it in and/or share it with relevant colleagues in country programs? It should take no longer than 15 minutes to complete and we're interested in the views of field teams regardless of the current status of the disease in the countries they work in.

We are considering which activities we could expand further including our social media monitoring on the virus in local languages, making use of technology to speed analysis. We are also keen to support two-way channels for information sharing and feedback collection, giving people accessible opportunities to share their questions and concerns in their own language.

We'd be glad to discuss further together how to best tailor risk communication and community engagement on COVID-19 to the languages of affected people. If there is anyone else within your team we should be in touch with about this, please email Manmeet Kaur, TWB's COVID-19 Response Lead, at [manmeet@translatorswithoutborders.org](mailto:manmeet@translatorswithoutborders.org)

Healthy wishes

Mia

--

Mia Marzotto

Senior Advocacy Officer

[www.translatorswithoutborders.org](http://www.translatorswithoutborders.org)

[mia@translatorswithoutborders.org](mailto:mia@translatorswithoutborders.org)

Skype: miacrogetti

WhatsApp: +39 333 743 9807

#LanguageMatters. Follow Translators without Borders on Facebook

(<https://www.facebook.com/translatorswithoutborders/>), Twitter

(<https://twitter.com/translatorswb?lang=en>), LinkedIn

(<https://www.linkedin.com/company/translators-without-borders/>), and Instagram

(<https://www.instagram.com/translatorswb/>).

TWB takes accountability seriously. Go to <https://translatorswithoutborders.org/misconduct-and-fraud/> to report misconduct or fraud.

HIFA Profile: Mia Marzotto is Advocacy Officer at Translators without Borders. She is based in New York City, USA. She is a member of the HIFA working group on Multilingualism.

<http://www.hifa.org/support/members/mia>

<http://www.hifa.org/projects/multilingualism>

Email: mia AT translatorswithoutborders.org

### **Coronavirus (172) Communication Initiative: COVID-19 resources**

21 March, 2020

I am forwarding this important message from The Communication Initiative. To access all the links and attachments, read online: <https://www.comminit.com/content/drumbeatnet-coronavirus-communication-r...>

Subject: C-19 Action - Initiatives, Support and Guidance

Hi - very worrying times. Below in support of any action you may be taking on COVID-19 are some resources we have summarised for quick review, with links to the full documents. The CI is seeking to identify, compile, summarise, and share communication-centred programming action, strategic thinking, research, and materials (resources) related to the COVID-19 response from our network and community. Please do share anything you are developing. Either email a reply to this message, or log on below by clicking on "Please click to review, comment and access any attachments", scroll down, and then click "Post a Comment".

1. COVID-19: Community Radio Broadcasting Coronavirus Prevention Education in Bangladesh
2. COVID-19 Community Engagement Hub
3. Risk Communication and Community Engagement (RCCE) Readiness and Response to the 2019 Novel Coronavirus (2019-nCoV)
4. New Coronavirus Risk Communication and Community Engagement Strategy - Africa
5. Guidance on Community Engagement for Public Health Events Caused by Communicable Disease Threats in the EU/EEA
6. Risk Communication in Disease Outbreaks - Introduction
7. Considerations Relating to Social Distancing Measures in Response to the COVID-19 Epidemic
8. Guidance for COVID-19 Prevention and Control in Schools

9. COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement

10. Behavioural strategies for reducing covid-19 transmission in the general population

11. Slowing down the covid-19 outbreak: changing behaviour by understanding it

12. RCCE Action Plan Guidance: COVID-19 Preparedness and Response

14 [13]. WHO Strategic Communications Framework for Effective Communications

For more general resources related to crisis communication, please see this link where there are also filters for any more refined searches that you require - for example, the learning from Ebola.

As above, please do share anything you are developing. Either email a reply to this message, or log on below by clicking on "Please click to review, comment and access any attachments", scroll down, and then click "Post a Comment".

Wishing you much strength and love in this challenging (understatement) time.

Warren

Warren Feek [Executive Director, Communication Initiative]

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (176) Guidance for remote rural communities (4)**

21 March, 2020

Dear All Members,

Sorry for cross posting.

Some members has raised issues regarding, information need and awareness creation in remote and rural communities, who are living at such faraway places, where facilities for accessing internet is either not available or is of such low bandwidth, that even if enough material regarding COVID is available but is not accessible. In this case, application of GramVanni and MobileVanni will be of great use. Though

GramVaani and MobileVanni is not a member of Health Information For All (HIFA), I take the pleasure of introducing Mr. Aaditeshwar Seth to the group.

Thanks,

Dr. Tusharkanti Dey

HIFA Profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT.

Email: dr.tusharkantidey AT gmail.com

### **Coronavirus (178) BMC Med: The spread of misinformation**

22 March, 2020

The message below is forwarded with thanks to HIFA member Irina Ibraghimova and the LRC Network.

CITATION: Mian A, Khan S. Coronavirus: the spread of misinformation. BMC Med. 2020 03 18

BMC Med. 2020 03 18. 18(1): 89

DOI: <https://doi.org/10.1186/s12916-020-01556-3>

URL: <http://pubmed.ncbi.nlm.nih.gov/32188445>

“There has been a global rise recently in the spread of misinformation that has plagued the scientific community and public. Disconnect between scientific consensus and members of the public on topics such as vaccine safety, the shape of the earth, or climate change has existed for a number of years. However, this has progressively worsened as society has become further divided in the political climate of today. In turn, it has created an optimal environment for antiscience groups to gain footing and propagate their false theories and information. The public health crisis emerging due to the coronavirus (COVID-19) is also now beginning to feel the effects of misinformation.”

“As COVID-19 turns into full-fledged public health crisis, multiple theories regarding the virus’ origin have taken hold on the internet, all with a common theme: the virus was artificially created in a lab by a rogue government with an agenda. This misinformation originated from social media accounts and websites with no credible evidence to support their claims. These posts have amassed over 20 million engagements, rising each day, and the theories continue to gain traction and following on the internet, despite scientists from multiple nations analysing the genome of COVID-19 and coming to the decisive conclusion that the virus originated in nature from an animal source [4, 5]. If powerful and clear statements are not made denouncing and debunking these fabrications, then the impact on the populous has the potential to be devastating.”

--

Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children

<http://www.hifa.org/projects/citizens-parents-and-children>

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (177) Guidance for remote rural communities (5)**

22 March, 2020

Note from HIFA Co-moderator (Poorvaprabha Patil): This message is in response to Tusharkanti Dey (Coronavirus 176).

Dear Dr. Dey, Thanks a lot for your introduction to the HIFA forum.

Dear members,

We are a social-technology organization that's been working on providing information services to rural and low-income communities through voice-based applications. Attached is a note of content and services that we are putting together in preparedness for a worsening COVID outbreak in the country. We will appreciate any support or links you can facilitate in this regard. A bit about Gram Vaani is in the blurb below.

Best

Aaditeshwar

Gram Vaani, meaning 'voice of the village', builds innovative technologies and sustainability processes to empower poor and marginalized communities to voice their opinions and demands. Starting in 2009, we built a pioneering radio automation system that now runs at 30+ community radio stations in India and 5 in Africa, enabling an aggregate population of 2 million people to create their own local media. In 2011, we built a radio-over-phone citizen journalism service that is now deployed at Jharkhand and eastern UP in India, and in Afghanistan and Pakistan internationally, and has a cumulative usage of over 7000+ calls per day. We are also building similar services in urban areas for citizen-based monitoring of public services. Our technologies thus empower even poorly-literate and low-income communities to create and share local content. We have won several awards, including the Knight News Challenge in 2008, the Manthan Awards in 2009, the Economic Times Power of Ideas awards in 2010, the Rockefeller challenge in 2012, the mBillionth South Asia Award in 2012, the Grand Challenges Rising Stars award in 2012, and were finalists in the Ashoka Changemakers and Vodafone Mobiles for Good

competition this year. We work with organizations all across India and in other developing parts of the world.

## **Coronavirus (180) [gpsn] WHO guidance and other useful resources for COVID-19 response**

22 March, 2020

With thanks to Neelam Dhingra-Kumar and WHO Global Patient Safety Network

Dear Colleagues,

Greetings. All of us are doing our best in this unprecedented situation in our life time, by providing important guidance, support and information to those who are at the front line either in providing direct care or organizing and managing prevention and care provision. On the other hand, we are also doing our best to remain productive and composed in this new virtual world of remote working, with full attention to physical and mental health of ourselves and our families.

We are reaching out to you for sharing guidance provided by WHO and other organizations which we believe will be very useful for our effective response to this evolving COVID-19 crisis.

Quick Links

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

The Coronavirus Explained & What You Should Do

<https://youtu.be/BtN-goy9VOY>

Technical Guidance: Infection Prevention and Control

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

Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak

[https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-th...\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-th...(2019-ncov)-outbreak)

How to Use Masks

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

Situation Reports and Dashboard:

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

<https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>

Myth busters

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

Other WHO resources and daily updates are available on Twitter at @WHO and WHO Facebook

WHO Twitter: <https://twitter.com/WHO>

WHO Facebook: <https://www.facebook.com/WHO>

We hope that you, your families and all organization members keep safe in these uncertain times.

Thanks and best regards,

Dr Neelam DHINGRA

On behalf of

WHO Patient Safety Flagship

Integrated Health Services

World Health Organization (HQ/Geneva)

Email: [dhingran@who.int](mailto:dhingran@who.int)<<mailto:dhingran@who.int>>

Office: +41 22 791 4660

Web: [www.who.int/patientsafety](http://www.who.int/patientsafety)

<https://www.who.int/news-room/campaigns/world-patient-safety-day/2019>

Forwarded by Neil Pakenham-Walsh, HIFA moderator

### **Coronavirus (179) Community Health Research Roundup**

22 March, 2020

Read online with links to multiple resources: <http://campaign.r20.constantcontact.com/render?m=1115926928412&ca=382bc2...>

The Child Health Task Force writes:

Dear Child Health Task Force Members,

We would like to share the following Special COVID-19 Edition of the Community Health Research Roundup with you. Thank you to Dr. Madeleine Ballard & team and Feven Tassaw Mekuria for sharing these resources.



You will find below an interesting paper on community health worker roles in pandemics and epidemics as well as other COVID-19 resources.

The paper makes some recommendations for supporting CHWs to protect themselves from the infection while carrying out their potential roles and responsibilities in the response to COVID-19. That could include multiple considerations such as:

Age disaggregation of CHWs based on vulnerability to the virus;

Use of IT platforms to perform some of their roles (promoting social distancing) and creative ways of training CHWs on the response and prevention methods (eliminating the need to bring them together in large groups); and,

Ways for regular reflection/counseling to address burnout among CHWs on the front line of the response in the long run.

Be safe and healthy.

The Child Health Task Force Secretariat

USAID Advancing Nutrition

2733 Crystal Drive

4th Floor

Arlington, VA 22202

tel: 703.528.7474

[www.advancingnutrition.org](http://www.advancingnutrition.org)

From the American People

--

Community Health Research Round-Up, Issue 028

Special COVID-19 Edition

Community Health Workers and Pandemic Preparedness: Current and Prospective Roles

Comments: Perspective piece drawing from the response to the 2014 Ebola and 2015 Zika epidemics

Methods: Perspective

Takeaway: CHWs promoted pandemic preparedness prior to the epidemics by increasing the access to

health services and products within communities, communicating health concepts in a culturally appropriate fashion, and reducing the burdens felt by formal healthcare systems. During the epidemics, CHWs promoted pandemic preparedness by acting as community-level educators and mobilizers, contributing to surveillance systems, and filling health service gaps.

Lessons Learned from Reinforcing Epidemiologic Surveillance During the 2017 Ebola Outbreak in the Likati District, Democratic Republic of the Congo

Comments: Comprehensive lessons from ebola in DRC - community health recommendations highlighted below

Methods: Case study

Takeaway: Community health workers supported case finding and contact monitoring activities. At the community level, provide participatory training and supportive supervision to community health workers by reinforcing:

Knowledge of EVD signs and symptoms;

Comprehension and application of outbreak definitions relevant to community health worker roles/responsibilities (community case definition, alert, contact);

Procedures for reporting alerts, suspected cases, and other unexplained illness or deaths in the community;

Procedures for tracing and monitoring contacts; and

Best practices for infection prevention and control to protect against disease exposure during direct interactions with suspected cases and contacts.

Protecting Home Health Care Workers: A Challenge to Pandemic Influenza Preparedness Planning

Comments: A great summary of healthcare safety, security and wellness considerations

Method: Summarized findings from a national stakeholder meeting

Takeaway: Federal, state, and local pandemic preparedness planners should consider approaches to help home health care workers protect their income; obtain access to health care, especially in light of their low rate of insurance coverage; obtain structural support for child care and transportation; and receive the necessary training for caring for clients

The first mile: community experience of outbreak control during an Ebola outbreak in Luwero District, Uganda

Comments: Interesting piece on the cultural dimensions of public health messaging (adaptation!)

Method: First-hand ethnographic data from the center of an Ebola outbreak in Luwero Country, Uganda

Takeaway: Explanations of the disease were undermined by an insensitivity to local culture, a mismatch between information circulated and the local interpretative framework, and the inability of the emergency response team to take the time needed to listen and empathize with community needs. Stigmatization of the local community - in particular its belief in amayembe spirits - fueled historical distrust of the external health system and engendered community-level resistance to early detection.

Piloting a participatory, community-based health information system for strengthening community-based health services: findings of a cluster-randomized controlled trial in the slums of Freetown, Sierra Leone

Comments: Helpful trial of a CHIS during three separate epidemic shocks

Method: C-RCT

Takeaway: Implemented under challenging conditions of cholera and Ebola epidemics, the study provides evidence of moderate effectiveness of the PCBHIS intervention in: improving CHW functionality, improving healthy household behaviors and healthcare-seeking behaviors, as well as strengthening the capacity of Ward Development Committees to fulfill their roles.

Effect of the Ebola-virus-disease epidemic on malaria case management in Guinea, 2014: a cross-sectional survey of health facilities &

Implementation research on community health workers' provision of maternal and child health services in rural Liberia

Comments: A pair of complementary studies: the first demonstrating the interruption of PHC services during an epidemic in the context of a weak CH system, the second demonstrating the alternative!

Method: x-sectional (Guinea), repeated cross-sectional cluster surveys before (Liberia)

Takeaway:

The reduction in the delivery of malaria care because of the Ebola-virus-disease epidemic threatened malaria control in Guinea.

Despite the Ebola virus disease outbreak, which caused substantial declines in health-care utilization in other regions of Liberia, a district with a strong CHW program showed increases in health-care use from formal providers for fever, acute respiratory infection and diarrhoea among children and facility-based delivery among pregnant women

Forwarded by Neil Pakenham-Walsh, HIFA moderator

## **Coronavirus (183) 16 hr long nationwide self imposed isolation and general restriction of movement of people and goods**

22 March, 2020

Dear all,

The Govt. of India imposed self-confinement for the whole of the India population for 16 hrs on 22nd March, throughout the country.

Can anybody please tell me what is scientific rational and or evidence that this could help to cut the chain of transmission? Self containment has to be for at least for 14 days i.e. twice the incubation period of the disease (here COVID infection) since the last probable time of exposure and contact. Here we are taking recourse to self containment for only one day. Has this 1-day self-containment been introduced in any other country?

Suppose a person goes for a self containment for a day: they will be still at risk of getting in contact with a subclinical case or a person within the following days, and there will be chances of spread of infection.

--

Dr. Tusharkanti Dey Community Health Adviser (Retired), All India Institute of Hygiene & Public Health

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[dr.tusharkantidey@gmail.com](mailto:dr.tusharkantidey@gmail.com)

Address: Malancha,

157/1, Goraskhabasi Road,

Pin 700028

Calcutta, West Bengal,

India

[Note from HIFA co-moderator (Poorva, India): Our Prime Minister announced "Janta curfew" which is just like self-isolation, except the Janta curfew lasted for a few hours. Please refer to this for more information on specifics: <https://economictimes.indiatimes.com/news/politics-and-nation/india-to-o...>

HIFA Profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT.

Email: dr.tusharkantidey AT gmail.com

## **Coronavirus (182) Multilingualism: Translating selected articles into languages other than English**

22 March, 2020

Dear friends and colleagues, thanks for the H2H initiative in facilitating

translations and dispelling misinformation. Here in Zambia there are about 73 of which Ichibemba language is spoken and understood by about ten million people plus some parts of Gongo Dr. My concern is that much of the information is transmitted in English language which is one of the 8 official languages. I am therefore asking how I could be of use as a Ichibemba language expert and translator from English into Ichibemba so that our nationals could get appropriate information in their own language.

Kenneth L Chanda, (Zambian translator, Linguistics in African Languages and communication for development, retired medical librarian etc.)

HIFA Profile: Kenneth L Chanda is Associate Consultant and Lecturer at National Institute of Public Administration where he is lecturing in Records Management. He is co-author of The development of telehealth as a strategy to improve health care services in Zambia. Kenneth L. Chanda & Jean G. Shaw. Health Information & Libraries Journal. Volume 27, Issue 2, pages 133-139, June 2010. He recently retired as Assistant Medical Librarian at the University of Zambia.

Email: klchanda AT gmail.com

### **Coronavirus (181) WHO-WONCA Africa-AfroPHC Webinar Series on COVID-19 (2)**

22 March, 2020

Dear colleagues in HIFA

WHO, WONCA Africa and AfroPHC are having a joint weekly webinar to get an update on the COVID-19 situation, explore preparedness in African primary health care and to respond to questions. This will be at 1 PM Central European Time on Fridays. The first webinar was on Friday, 20th March. The next will be this Friday where the focus will be on South Africa. We want to plan the weeks going forward.

We want a robust format for 90 min. We were thinking of having a focus on different regions/countries in Africa (based on confirmed cases) as well as different issues in responding to COVID-19. We would allow extra time for Q&A that will include WHO responding.

We are open to suggestions on the region/country speakers (including linking us up to them) as well as key issues (and linking us up with experts in that field). Whilst we want people at policy level to speak we also want to also share weekly the experiences of people on the ground in primary health care of preparations for COVID-19 in Africa. Share your details or link us up to them.

I am working with Joy Mugambi and Innocent Besigye from WONCA Africa. Please provide us details so that we can use the webinars to respond effectively to COVID-19 in Africa.

Have a look at resources available at [profmoosa.com](http://profmoosa.com)

Regards, Shabir

Prof S. Moosa (<http://www.profmoosa.com/>)

HIFA Profile: Shabir Moosa is an Associate Professor and Family Physician in the Department of Family Medicine & Primary Health Care, Johannesburg Health District and University of Witwatersrand. Visit website [www.profmoosa.com](http://www.profmoosa.com) and email shabir AT profmoosa.com

### **Coronavirus (189) The approach in Singapore**

23 March, 2020

[\*see note below]

Thank you for all the various discussions on HIFA about Covid.

I thought I would share the Ministry of Health website of Singapore where various government agencies have come together to address the Covid 19 infection in Singapore and develop resources. Some are more locally oriented to Singapore but I believe that there are other content that may be useful to other HIFA members to refer. If there is any use of adaptation, I am sure they could write to MOH in Singapore. I am sure that Singapore MOH would welcome such queries.

<https://www.moh.gov.sg/covid-19/resources>

Our approach in Singapore to address Covid 19 had been, from the start, a Whole-of-Government (WOG) approach. This always has been Singapore government's approach. And I believe this approach was highlighted and commended by WHO's Director-General, Dr. Tedros.

<https://www.straitstimes.com/singapore/health/coronavirus-who-praises-si...>

Subadhra

HIFA profile: Subadhra Rai is Senior Lecturer (Nursing) at the Nanyang Polytechnic in Singapore. subhadra.raai AT gmail.com

[\*Note from HIFA moderator (Neil PW): Thank you Subadhra. One of the challenges of this pandemic is how individual governments can best be supported to develop evidence-informed policy and practice, which will change in each country as the epidemic evolves. We can certainly learn from the experience of other countries, especially those that already have several weeks of direct experience. WHO is leading this effort and it would be very interesting to hear from them and others about the current challenges and how best we can all support this work.]

### **Coronavirus (188) 16 hr long nationwide self imposed isolation (2)**

23 March, 2020

[\*see note below]

Self isolation for one day doesn't help in prevention of a pandemic. However, it may help in raising awareness of the issue and also as a preparedness exercise.

I have come across videos from India, of folks coming together in celebratory mood instead of physical distancing. It is understandable that in a country with huge population and majority of folks living in close contact, physical distancing is very difficult. However, what will make it worse is coming together of people in large numbers on streets and on religious places to celebrate or pray.

As observed from countries badly effected like China, Italy, Spain, Iran etc. COVID 19 is highly contagious. This requires a serious public health response from all of us. Which includes physical distancing, frequent hand washing and avoiding unnecessary exposure.

Thank You,

Sincerely

Shabina

Dr. Shabina Hussain, MBBS, DPH, MPH

Independent Global Health Consultant

Mountlake Terrace

WA 98043, USA

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

[\*Note from HIFA co-moderator (NPW): As our co-moderator Poorva wrote yesterday: 'Our [India] Prime Minister announced "Janta curfew" which is just like self-isolation, except the Janta curfew lasted for a few hours. Please refer to this for more information on specifics: <https://economictimes.indiatimes.com/news/politics-and-nation/india-to-o...> ]

### **Coronavirus (187) stopthespread.info**

23 March, 2020

I've just seen this on twitter which I think is a great dashboard. It could be that they could work with translators without borders? [\*see note below]

Best wishes

Lucie

<https://stopthespread.info/>

Lucie Byrne-Davis PhD CPsychol PFHEA

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HIFA profile: Lucie Byrne-Davis is a Health Psychologist at Manchester Medical School in the United Kingdom. Professional Interests: Research into health professional practice, and the psychological determinants of change in practice. [lucie.byrne-davis AT manchester.ac.uk](mailto:lucie.byrne-davis@manchester.ac.uk)

[\*Thanks Lucie. Currently the content of the site is targeted to people in the UK. This is an innovative idea and is based on authoritative information from WHO and national governments. In such knowledge translation work, there is a (small but real) risk of duplication of effort and inadvertent introduction of errors, or delays in updates as guidance changes. It would be important to collaborate with WHO and governments as far as possible to ensure that efforts complement and strengthen existing services.]

### **Coronavirus (186) A message from Italy: We need help for decision-making**

23 March, 2020

Italy is severely affected with more than 5000 deaths and, currently, some 600-800 deaths per day. This is despite a highly sophisticated health system in a high-income country. Other countries face the possibility of a similar situation in the coming weeks and months and everyone is working hard to reduce the impact, with WHO leading the global effort. I am forwarding below a message from the forum of the WHO Global Patient Safety Network, from a health professional on the front line:

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Subject [gpsn] WHO guidance and other useful resources for COVID-19 response

Dear Colleagues and friends

Usually I am not used to reply preferring to learn from all your competency and professional abilities which I esteem and honoured to be part of.

I am speaking to all of you from the front line here in Italy, mainly in Florence Tuscany. As you all may remember I am a surgeon and emergency physician and also since 2002 Clinical Risk Manager of the Florence Healthcare trust. When COVID 19 outbreak occurred I felt the necessity to go back to front line and help my colleagues, nurses and intensivists, and other specialties to treat the enormous amount of COVID 19 positive symptomatic patients in very severe conditions needing invasive ventilation and/or supported by NIV or CPAP procedures.

Believe me we are experiencing a very dramatic situation and need to be helped and supported. All of us professionals on the front line are exhausted and very tired because we are on the job, since many



hours and days on a continuous basis. Some of my colleagues haven't been able to leave the hospital since Feb 24th !!! They are on a continuous shift and dealing with a number of severe respiratory distress cases caused by coronavirus as severe interstitial pneumonia and deaths are an everyday issue.

Tuesday March 24 IsQua invited me on a Webinar scheduled from 11:00 a.m. Italian time as a testimony of what's happening in my country and specifically in Tuscany. I accepted and be very honoured to share my experience. IsQua and INSH (Italian Network for Safety in Healthcare - Italian IsQua chapter) are about to release a paper of recommendations to healthcare professionals dealing on the front line with COVID patients. This paper will list some general and specific recommendations based on evidence based data and the experience of frontline workers who everyday give feedback of the situation.

I believe that we all need substantial recommendations free of bureaucracy mainly because we don't have the time to read books or very long papers; we need substantial advices of what to do also in terms of self-protection; psychologically we are all near to burnout status and need also psychological support.

I felt the necessity of sharing with all you prestigious professionals of healthcare worldwide, some of you I had the honour of meeting personally, these every day issues that are a grief on nurses, doctors and other healthcare workers besides of course patients, their families and friends and the entire Italian healthcare system which is close to a breakdown.

Now I am aware it has become a global issue and this means we are farther obliged to support healthcare systems worldwide with practical and concrete suggestions to help decision-making on the front line.

What I have observed in the recent 2 months is a failure in situation awareness and communication leading to a consequent unsuccess of leadership and teamwork. We are now aware of this and trying to struggle up with solutions. Our regional government and the patient safety center of Tuscany are trying to support us with organizational strategies which now are very hard to realize and we appreciate all the efforts being myself part of this system; but we experienced a very severe and unjustifiable lack of protection devices for nurses and doctors: a severe lack of masks (all of them), a severe lack of vital supporting devices and many other criticalities and this means that none of the leaders in healthcare institutions dealing with preventive strategies ever took into consideration.

We also need to reinforce our personnel: we need more doctors and nurses on the front line and this will be the need within shortly in other countries.

A such severe pandemic episode should have been foreseen and many data prove this. We are now working under very severe conditions and are exposed to contamination ourselves. Is this a strategic way of dealing with such mass casualty? As Dr. Dhingra says in her mail "this is an unprecedented situation", correct and I fully agree, I also would like to share with you all a personal consideration: could we have done better? and, as a risk manager may I say: after all this is over and life comes back to routine, what lessons have we learned from this and where should we address improvement strategies.

I apologize for having occupied your time with my considerations but I have been working since 8 days continuously, I am tired need a rest, but I needed to share with all of you my personal experience in this health catastrophe.

My best to all of you and thank you for allowing me to be part of your prestigious organization.

Francesco Venneri, M.D.

Florence Italy

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (185) WHO Strategic and Technical Advisory Group for Infectious Hazards**

23 March, 2020

Dear HIFA colleagues,

An important new Comment in The Lancet from the WHO Strategic and Technical Advisory Group for Infectious Hazards. Citation and extracts below. Full text here: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30673-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30673-5/fulltext)

CITATION: COVID-19: towards controlling of a pandemic

Juliet Bedford et al.

The Lancet 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30673-5](https://doi.org/10.1016/S0140-6736(20)30673-5)

'The WHO Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH) regularly reviews and updates its risk assessment of COVID-19 to make recommendations to the WHO health emergencies programme... The STAG-IH emphasises the importance of the continued rapid sharing of data of public health importance in medical journals that provide rapid peer review and online publication without a paywall. It is sharing of information in this way, as well as technical collaboration among clinicians, epidemiologists, and virologists, that has provided the world with its current understanding of COVID-19.'

'STAG-IH makes the following recommendations:

First, countries need to rapidly and robustly increase their preparedness, readiness, and response actions based on their national risk assessment and the four WHO transmission scenarios<sup>11</sup> for countries with no cases, first cases, first clusters, and community transmission and spread (4Cs).

Second, all countries should consider a combination of response measures: case and contact finding; containment or other measures that aim to delay the onset of patient surges where feasible; and measures such as public awareness, promotion of personal protective hygiene, preparation of health systems for a surge of severely ill patients, stronger infection prevention and control in health facilities, nursing homes, and long-term care facilities, and postponement or cancellation of large-scale public gatherings.

Third, countries with no or a few first cases of COVID-19 should consider active surveillance for timely case finding; isolate, test, and trace every contact in containment; practise social distancing; and ready their health-care systems and populations for spread of infection.

Fourth, lower-income and middle-income countries that request support from WHO should be fully supported technically and financially. Financial support should be sought by countries and by WHO, including from the World Bank Pandemic Emergency Financing Facility and other mechanisms.

Finally, research gaps about COVID-19 should be addressed and are shown in the accompanying panel and include some identified by the global community and by the Research and Development Blueprint Scientific Advisory Group.'

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (184) Increased funding is needed for information and communication efforts**

23 March, 2020

Dear HIFA colleagues,

A new paper in The Lancet says 'It's time to put information in the driver's seat of global and national epidemic responses' and calls for increased funding for information and communication efforts, especially for WHO and UNICEF. Extracts and a comment from me below.

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CITATION: Laurie Garrett. COVID-19: the medium is the message

Perspectives|the art of medicine| volume 395, issue 10228, p942-943, march 21, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30600-0](https://doi.org/10.1016/S0140-6736(20)30600-0)

In a world of polarising distrust and trade tensions, the spread of coronavirus disease 2019 (COVID-19), both within nations and internationally, is aided and abetted by misinformation that circumnavigates the planet in microseconds... The only bastion of defence against rising public panic, financial market hysteria, and unintended misunderstandings of the science and epidemiology of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is agile, accurate, worldwide-available counter-information that takes the high moral ground and conveys a consistently science-driven narrative. Some have sought to limit misinformation about COVID-19 on social media by pressuring corporations, such as Facebook, Weibo, and Twitter, to censor bad actors—an approach that has not stopped conspiracy theorists, trolls, and liars...

However, there is even less funding for professional communications staffing at WHO, the various Centers for Disease Control and Prevention in Africa, Europe, North America, and Asia, or their counterpart offices nested in local departments of public health. If the media isn't getting the message, in all likelihood the messengers have insufficient resources for delivery...

If governments, agencies, and health organisations want people at risk of infection to respond to COVID-19 with an appropriate level of alert, to cooperate with health authorities, and to act with compassion and humanity, I believe that they must be willing to fund their messengers on an unprecedented scale, with genuine urgency. It's time to put information in the driver's seat of global and national epidemic responses...

Getting ahead of COVID-19 requires... control of narratives regarding its scientific and clinical attributes and pandemic containment efforts—an effort that I do not think can be successful if executed on inadequate budgets by sleep-deprived communicators...

The United Nations Foundation could designate a special Emergency Fund for Pandemic Information (EFPI) to be managed by an independent (non-UN) panel of communications experts. The EFPI would seek and accept donations from social media companies, wealthy individuals, and multinational corporations now financially endangered by the epidemic. The funds could be dispersed, urgently, to the UN agencies' media operations on the front lines, chiefly WHO and UNICEF, both for their direct operations and for secondary dispersal to lead public health offices in resource-scarce countries. As Canadian social analyst Marshall McLuhan put it in the 1960s, “The medium is the message”, and today that message is chaos.

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Comment (Neil PW): HIFA urgently needs additional income to continue our work as we are running out of money despite our increasing workload. Please contact me to discuss how you and/or your organisation can help: [neil@hifa.org](mailto:neil@hifa.org) <http://www.hifa.org/support/support-hifa-appeal>

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (190) Bangladeshi Community Radios Broadcasting 25 Hours Program on COVID-19 Prevention Education**

23 March, 2020

### **Bangladeshi Community Radios Broadcasting 25 Hours Program on COVID-19 Prevention Education**

Sixteen Community Radios stations in Bangladesh have been broadcasting Coronavirus prevention education in line with the National Preparedness and Response Plan for COVID-19, published by Directorate General of Health Services, Health Service Division, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

Community Radio stations are also taking special care during designing, developing and broadcasting prevention education program on COVID -19 by considering the policy brief of ARTICLE 19 title is Viral Lies: Misinformation and the Coronavirus. <https://www.article19.org/wp-content/uploads/2020/03/Coronavirus-final.pdf>

Media outlets and journalists should proactively report on disinformation, propaganda and discrimination by state or non-state actors in the context of the COVID-19 outbreak. Accurate reporting by reputable journalistic sources is one of the most powerful tools to

Media outlets and journalists should support effective systems of self-regulation, including both national press complaints bodies and ombudsmen or public editors at individual news outlets. Such bodies or officials should help to ensure the right of correction or reply to address inaccurate or discriminatory reporting in the context of the COVID-19 outbreak.

Media outlets and journalists should adhere to the highest ethical standards, including equality principles, when reporting on COVID-19. They should report about COVID-19 accurately and without bias, avoiding stereotyping, and without unnecessarily referring to race or nationality or ethnic origin.

Bangladesh NGOs Network for Radio and Communication (BNNRC) has been monitoring and observation the situation 24x7 hours centrally and providing support and advice to the community radios as and when required. One broadcaster in each radio stations is working as the focal person to coordinate COVID -19 prevention programs. Sixteen community radio stations focal are working closely with the local district, upazila and union Coronavirus Prevention Committees and government offices for reinforcing information to develop the radio programs.

Presently, Bangladeshi Community Radio stations are broadcasting 25 hours awareness raising program per day on prevention of pandemic Coronavirus education for the rural people for animating CSOs, Government, health service providers and communities for reinforcing collective action, keeping community people's daily life normal and livelihood function & mobilize further cooperation among government, CSOs, local market and communities' response

The formats of the COVID 19 programs are- news, Public Service Announcement (PSA), radio spots, radio talks, magazine, drama, jingles, interviews of local administrations and health officials and expert opinions etc. And the contents are- What is Corona, how to contaminate, symptoms of the patients, advice for the patients, precautionary steps for preventing contamination, what is quarantine, home quarantine, service providers, and service providing agencies and service delivery points, the role of community people and hotline service information of government. Simultaneously, community radios are broadcasting PSA on government orders.

The contents are developing by following the guideline of Institute of Epidemiology Disease Control And Research (IEDCR) Government of Bangladesh, UNICEF and WHO COVID-19: Strategic Preparedness and Response Plan. Some radios have distributed leaflets in the educational institutions and public places.

Key observations are in the community radio broadcasting areas; the panic among the community people has been reducing gradually and people are taking precautionary measures to prevent contamination of Coronavirus. The audiences are making phone calls and sending SMS during the live broadcasting to share their queries. Besides, the COVID 19 focal are communicating with the local Corona Prevention Committees for reinforcing information and instructions. Thus a good coordination has been established between government and private organizations, and community radio stations. This awareness campaign will be continued unto the normal situation is bring back.

Community Radios Broadcasting 25 Hours Program on COVID-19 Prevention Education Community Radio stations are Community Radio Padma 99.2 FM Rajshahi, Community Radio Nalta 99.2 FM Kaligonj, Satkhira, Community radio LokoBetar 99.2 FM Barguna Sadar, Community Radio Pollikontho 99.2 FM Moulvibazar Sadar, Community Radio SagorGiri, 99.2 FM Sitakunda, Chottogram, Community Radio Mahananda 98.8 FM Chapainawabganj Sadar, Community Radio Mukti 99.2 FM Bogra Sadar, Community Radio Chilmari 99.2 FM, Chilmari, Kurigram, Community Radio Jhenuk 99.2 FM Jhenaidah Sadar, Community Rural Krishi Radio 99.8 FM Amtoly, Barguna, Community Radio Naf 99.2 FM Tekhnaf, Cox's Bazar, Community Radio Bikrampur 99.2 FM Munshigonj, Community Radio Meghna 99.0 FM, Charfashion, Bhola, Community Radio SagorDwip 99.2 FM Hatiya Island, Noakhali, Community Radio Sarabela 98.8 FM Gaibandha and Community Radio Boral 99.0FM,

BNNRC has formed a monitoring team consists of 5 members. The team is monitoring the situation and providing necessary support to Community Radio stations. Mark Manash Saha acts as the Program Coordinator of the monitoring cell. For any emergencies and query, please contact with- Cell: +88 01712144180, email: [mark@bnnrc.net](mailto:mark@bnnrc.net).

Bazlu

AHM. Bazlur Rahman-S21BR | Chief Executive Officer |

Bangladesh NGOs Network for Radio and Communication (BNNRC)

[Consultative Status with the ECOSOC of the United Nations]

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HIFA profile: Bazlur Rahman is Chief Executive Officer of Bangladesh NGOs Network for Radio and Communication (BNNRC). BNNRC is a national networking body working for building a democratic society based on the principles of free flow of information, and equitable and affordable access to Information, Communication Technology (ICT) for remote and marginalized population. BNNRC is an official HIFA Supporting Organisation.

[www.bnnrc.net](http://www.bnnrc.net) ceo AT bnnrc.net

### **Coronavirus (193) Yuval Harari: This is the worst epidemic in 'at least 100 years'**

23 March, 2020

(with thanks to HIFA volunteer/photographer Hugh Hill)

Extracts below. See the video here: <https://edition.cnn.com/videos/tv/2020/03/15/yuval-noah-harari-amanpour-...>

The bestselling author of "Sapiens", Yuval Noah Harari tells Christiane Amanpour that the coronavirus is the worst global health threat we have faced in at least a century. Source: CNN

'You can't prevent epidemics through isolation. You can only prevent them with information... We need the World Health Organization and solidarity to help countries that are most affected by this crisis. Whether it is by sending them equipment and personnel, and - more than anything else - good information...'

'There are two ways to deal with the pandemic: One way is to give information to people. And if people trust the information they receive, they can change their behaviour. The other way is the totalitarian way... If people don't believe the information they receive, and they don't do it [change behaviour] out of trust, they can be compelled to do it by an omnipresent regime of surveillance. This is the dangerous part. I hope we don't go in that direction.'

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

We urgently need your support to continue our vital work in 2020. Contact us to discover how you and/or your organisation can help. Together we can stop people dying due to lack of healthcare information. <http://www.hifa.org/support/support-hifa-appeal>

### **Coronavirus (192) Whatsapp updates from the World Health Organization**

23 March, 2020

Hello please excuse me if this number for Whatsapp updates from the World Health Organization, has already been posted +41 79 781 87 91. Just capture it, send a WhatsApp with 'hi' as the message and it sends back a message with a menu of options including updates etc. Here's an article with more information <https://www.who.int/news-room/feature-stories/detail/who-health-alert-br....>

It's based on one which The Praekelt Foundation and Turn.io produced for the South African government.

Kind regards,

Kate

HIFA profile: Kate Whittaker is a freelance researcher with an interest in the debates around access to medical information and training materials. She previously worked with CABI developing an online course on working in microbiology laboratories. She also assisted with the development of the African Health project of Open Educational Resources (OER) Africa. [kfwhittaker AT gmail.com](mailto:kfwhittaker@gmail.com)

### **Novel coronavirus (191) Guidance for remote rural communities (6) Global review of social protection responses to COVID19**

23 March, 2020

I'd like to make a comment on Carol Tyroler's post on March 21st regarding a World Bank blog article about the social protections that low income countries are providing to their people during COVID-19. [\[http://www.hifa.org/dgroups-rss/novel-coronavirus-175-guidance-remote-ru...](http://www.hifa.org/dgroups-rss/novel-coronavirus-175-guidance-remote-ru...)

That blog had a few other links, so I checked them out. One was a blog by another World Bank researcher named Ugo Gentilini (<http://www.ugogentilini.net/>). He is publishing a weekly newsletter listing and explaining all new social programs being provided globally -- the first publication is available here: <http://www.ugogentilini.net/wp-content/uploads/2020/03/global-review-of-....>. It is such a useful resource for us all to draw from, and use in our own advocacy to government representatives. I highly recommend signing up to receive the newsletter if you are interested in the social and economic aspects of this pandemic worldwide.

Stay safe out there.

HIFA profile: Amelia Abdelrazik is the Portfolio & Impact Manager at Preston-Werner Ventures, a San Francisco-based foundation looking to create scalable impact at the intersection of climate change and social justice. Amelia specializes in sexual reproductive health and rights, focusing on family planning



information & access. She is currently based in Cairo, Egypt. She is a member of the HIFA working group on Family Planning and the HIFA wg on Community Health Workers.

<http://www.hifa.org/support/members/amelia>

<http://www.hifa.org/projects/family-planning>

apabdelrazik AT gmail.com

### **Coronavirus (195) The approach in Singapore (3)**

23 March, 2020

Dear Tusharkanti

Thank you for your email.

I think every country is different because the context is different; however, what we can do is to learn from one another and see if we can adapt some of the strategies that would be appropriate for the particular situation.

My sharing of Singapore's Covid resources was to show what we are doing here and maybe others could adapt them (if they are useful) in their contexts.

I had not indicated that we in Singapore are doing much better than any other country.

Singapore is using a multi-prong approach to contain Covid. If you notice, we are not only doing intensive public health education (resources) to change behaviours but we have, and are, creating new messages (ongoing) for unity and resilience to rally every citizen--the message being that we can overcome this, and to do so, we need to stay united and to look out for one another.

We have also used our local media celebrities and humour to drive home the various public health messages and support and encourage our frontline workers. Singapore uses a Whole-of-Government (WOG) approach to address any crises and this includes all the ministries including MOH. Our PM had given two addresses to the nation in addition to ongoing inter-ministerial media briefings.

We also have a strong law - the Infectious Diseases Act that gives teeth to public health efforts.

As to whether Singapore's strategies would work in India, it's a question I cannot answer. Only those who are working in the Indian context would be able to answer. But what we all can do is to learn from best practices and see if we can adapt them in our fight to contain Covid. I think that's what Dr. Tedros was advocating-to learn from one another as this is a global crisis.

Subadhra

HIFA profile: Subadhra Rai is Senior Lecturer (Nursing) at the Nanyang Polytechnic in Singapore.  
subhadra.raai AT gmail.com

## **Coronavirus (194) The approach in Singapore (2)**

23 March, 2020

Dear Subhadra,

Singapore being a city state, it has been very easy to contain COVID infection and disease by the concerted efforts of all the government departments. Can the model be replicated in a big country like India, where there is a confederation of many states and different agencies of health care delivery system.

Dr. Tusharkanti Dey

HIFA Profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. Email: dr.tusharkantidey AT gmail.com

## **Coronavirus (198) A thought from Jayshree Shukla, India**

23 March, 2020

"Social distancing is a privilege. It means you live in a house large enough to practise it. Hand washing is a privilege too. It means you have access to running water. Hand sanitisers are a privilege. It means you have money to buy them. Lockdowns are a privilege. It means you can afford to be at home. Most of the ways to ward the Corona off are accessible only to the affluent. In essence, a disease that was spread by the rich as they flew around the globe will now kill millions of the poor. All of us who are practising social distancing and have imposed a lockdown on ourselves must appreciate how privileged we are. Many Indians won't be able to do any of this."

Jayshree Shukla

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical

Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

### **Coronavirus (197) The approach in Singapore (3) Coronavirus in Zimbabwe**

23 March, 2020

I am particularly interested in understanding what Singapore has done to contain the COVID 19 pandemic. In Zimbabwe, we recorded our first case a few days ago and so far two have been recorded to date. Unfortunately, we have recorded the first death as well. The whole country based on the behaviour of the social media is in a state of panic. I therefore, would request that we get adequate and accurate information which will assist our citizens deal with the pandemic.

Regards

Dr Pisirai Ndarukwa (National Leader and Co-PI ASOS 2 Trial UCT)

PhD, QMCPHR, MPH, BSc, RMN, RN

Post-Doctoral Fellow

University of KwaZulu Natal

College of Health Sciences

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+263773012397/716917550

HIFA profile: Pisirai Ndarukwa is a Post-Doctoral Fellow at the University of KwaZulu Natal, College of Health Sciences, School of Nursing and Public Health, Durban, South Africa. papandarukwa AT gmail.com

### **Coronavirus (196) Viability of coronavirus**

23 March, 2020

Can someone pls advise on how long does the droplet from a sneeze or from a cough stays alive when its out of someone's mouth

Thank you [\*see note below]

HIFA profile: Patlin Tukitoga Siligi is a Dental Assistant/ Hygienist with Niue Health Department, Niue Island, South Pacific. She is also a HIV/Aids and STI counsellor (VCT/VCCT). She did her training in Lautoka Fiji in 2007 and currently is also pursuing her career as a General Counselor. Her Diploma training was also done in Lautoka, Fiji and was sponsored by the AIPC of Australia. Professional interests: would like to see by 2015 and beyond the prevalence of children have good oral health and safe drinking water and to achieve a goal that will benefit and help the kids in today's world live a better and satisfying environment where they can all enjoy life. patlin.siligi AT mail.gov.nu

[\*Note from HIFA moderator (Neil PW): How long can the coronavirus stay alive in air? A google search suggests:

'A study done by National Institute of Allergy and Infectious Diseases' Laboratory of Virology in the Division of Intramural Research in Hamilton, Montana helps to answer this question. The researchers used a nebulizer to blow coronaviruses into the air. They found that infectious viruses could remain in the air for up to three hours. The results of the study were published in the New England Journal of Medicine on March 17, 2020.'

<https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resou...>

I checked this NEJM study, and it is actually a letter to NEJM which appears to indicate viability for \*at least\* 3 hours.

'SARS-CoV-2 remained viable in aerosols throughout the duration of our experiment (3 hours)'

<https://www.nejm.org/doi/full/10.1056/NEJMc2004973> ]

### **Coronavirus (196) Increased funding is needed for information and communication efforts (2) Malawi Network of Community Health Workers**

23 March, 2020

[in response to: <http://www.hifa.org/dgroups-rss/coronavirus-184-increased-funding-needed...> ]

I totally agree on this! We need Solidarity beyond information sharing on Coronavirus! We need funding too. I wrote this piece and I am sharing it here because it is in line with what HIFA has communicated here.

My name is Wilson Damien Asibu from Malawi, Southern Africa and I am working with the Malawi Network of Community Health Workers and as Chairperson of Access to Medicine in the Peoples Health Movement ([www.phmovement.org](http://www.phmovement.org)) and I participated in the February 2020 Executive Board Meeting of the World Health Organization (WHO) in Geneva ([www.who-track.phmovement.org/eb146](http://www.who-track.phmovement.org/eb146)). I am also a

Participatory Action Researcher (PAR) in the Regional Network for Equity in Health in eastern and southern Africa (EQUINET)([www.equinetafrica.org](http://www.equinetafrica.org))

In the face of Coronavirus we have no resources as Malawi Network of Community Health Workers to reach out to communities especially rural areas of Malawi. Ours is a poor country that even many can not afford a radio, a newspaper and internet is out of question in most rural areas where 84% of the population resides, and getting right information about coronavirus is very problematic.

Government resources and information about coronavirus is concentrated in urban and semi-urban population and communities, who in some cases are better-off and some are connected to internet, social media and other media platforms such as radios and Television.

At the moment most of our neighboring countries have confirmed cases of COVID-19 and we have some very porous borders some of which have not even border posts or security officials manning these borders. They freely and easily pass through and this can easily spread the coronavirus.

Health facilities in Malawi is a big problem not to mention availability of health personnel.

Community Health Workers can address this gap if they can find the much-needed resources and financial support to reach out to these rural communities with this vital information especially on prevention. Unfortunately what we are just getting is just information on how people can prevent and nothing on financial and material support for health informants and health personnel to use to reach the hard-to-reach communities of poor communities from poor countries such as Malawi.

We hear of hand washing with soap as a preventive measure and yet here we have people that can not afford hand washing soap (and some no water close by) and we hear no one speaking of how they can assist poor people that cannot afford soap, water and sanitation like in some rural parts of Malawi and Africa with even handwashing soap or water! Sad!

In Malawi and most African countries their governments have already shut down some operations that will drastically affect the economy of their countries and the people at large but as western countries will be paying their people and cushioning their businesses, there will be no such thing here in Africa and Malawi and the economic consequences will be catastrophic.

Can we in the spirit of solidarity get word out that information alone on prevention without financial and material support is not enough! We too community health workers need your financial and material support to be able to reach the hard-to-reach rural populations. As little as \$500, \$1000, \$5000 can save millions of lives from massive death and subsequent economic upheavals that could potentially paralyze nations.

As Malawi Network of Community Health Workers we need and request financial and material support right now to get this message to rural populations in Malawi before it's too late! Please help us now! We have received videos, audios, pamphlets, documents, leaflets, weblinks, etc on Coronavirus but we need funds to get the messages you are giving us to reach across to hard-to-reach rural communities.

We can even appreciate material support such as protective masks and other protective gears, medication, bicycles/motorcycles, handwashing soap, money, etc.

We can be reached on +265(0)994211698 or +265(0)991772898 or +265(0)884865482 (also on whatsapp)

Bank transfers can be sent to:

Acc Name: THE MARKETPLACE INTERNATIONAL

Acc Number: 1004976278

Branch: South-End, Lilongwe

Bank: National Bank of Malawi

Swift Code: NBMAMWMW

OR

Acc Name: Wilson Damien Asibu

Acc Number: 1006224675

Branch: South-End, Lilongwe

Bank: National Bank of Malawi

Swift Code: NBMAMWMW

Details to send through Western Union can be sent upon request.

Malawi Network of Community Health Workers is a network of over 5,000 community health workers in Malawi and members are spread across the country and reaches the remotest parts of Malawi.

Thank you for your attention!

HIFA profile: Wilson Damien Asibu is the Executive Director for Country Minders for Peoples Development (CMPD) a local Non Governmental Organization in Malawi, also working with the Regional Network for Equity in Health in eastern and southern Africa (EQUINET) and a member of Health Systems Global. We have worked on Participatory Action Research (PAR) in the health systems for quite a number of years, some of which you can get through EQUINET website: [www.equinetafrica.org](http://www.equinetafrica.org). We have been working on Community Health for over 10 years and currently we have just established the Malawi Network of Community Health Workers, have had our annual workshop last December and came up with a Roadmap for 2020-2023 supported by Accountability Research Centre of the American University. wilasibu AT gmail.com

**Coronavirus (201) Yuval Harari: This is the worst epidemic in 'at least 100 years' (2)**

24 March, 2020

This is interesting as nowadays I am reading Harari's book 21 Lessons for the 21st Century. It is a well-researched book with some great food for thought, but surprisingly the word pandemic does not appear even once either in the book or in the index.

It shows that life is unpredictable and humans can face unexpected and unprecedented challenges that may change the way we work, think and interact.

More than any other thing this pandemic has taught us that too much information is probably also not good. The constant barrage of unauthenticated news on social and electronic media and a general environment of fear may prove to be counterproductive in fighting this pandemic.

Regards

Farooq

--

Dr. Farooq Azam Rathore MBBS, FCPS, OJT (USA), MSc (Pain Medicine)

Consultant and Head of Department

Department of Rehabilitation Medicine

PNS Shifa Hospital, DHA II, Karachi , Pakistan

Assistant Professor

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YouTube Channel: <http://bit.ly/2Xma8Fr>

HIFA profile: Farooq Rathore, is a consultant and assistant professor in Rehabilitation Medicine at the CMH Lahore Medical College, Lahore , Pakistan. His interests include spinal cord injury rehabilitation, stroke rehabilitation, amputee management, pediatric rehabilitation and improving rehabilitation services in low resourced regions of the world. He is country coordinator /representative of , International Society of Physical Medicine and Rehabilitation , Asia-Oceanian Conference of Physical and Rehabilitation Medicine , Asian Spinal Cord Injury Network and International Rehabilitation Forum . Other professionals associations include Medical Research Society of Pakistan, National Academy of Young Scientists and Pakistan Society of Rheumatology. More information on research interests and current research activities is available from <http://pk.linkedin.com/in/farooqrathore>

## **Coronavirus (200) Viability of coronavirus (2)**

24 March, 2020

In response to the question of Patlin Tukitoga Siligi, Niue" < [patlin.siligi@mail.gov.nu](mailto:patlin.siligi@mail.gov.nu)> (Can someone pls advise on how long does the droplet from a sneeze or from a cough stays alive when its out of someone's mouth., and to amplify Neil's response: A Johns Hopkins University researcher writes ( <https://hub.jhu.edu/2020/03/20/sars-cov-2-survive-on-surfaces/> ): "According to a recent study published in the New England Journal of Medicine, SARS-CoV-2, the virus that causes COVID-19, can live in the air and on surfaces between several hours and several days. The study found that the virus is viable for up to 72 hours on plastics, 48 hours on stainless steel, 24 hours on cardboard, and 4 hours on copper. It is also detectable in the air for three hours."

[\*see note below]

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards



of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

[\*Note from HIFA moderator (Neil PW): Thanks Chris, the Johns Hopkins University researcher refers to the same research in the NEJM (reported as a letter rather than a peer-reviewed research paper). The interpretation by the Johns Hopkins researcher may be inaccurate. On the issue of viability in air, the NEJM letter is ambiguous: 'SARS-CoV-2 remained viable in aerosols throughout the duration of our experiment (3 hours), with a reduction in infectious titer from 103.5 to 102.7 TCID50 per liter of air.' Survival in air of \*at least\* 3 hours would be consistent with this statement.]

### **Coronavirus (199) CORE Group coordination call: Use of digital technologies in COVID-19 response**

24 March, 2020

Read online: <https://www.eventbrite.com/e/covid-19-global-pandemic-response-coordinat...>

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CORE Group is convening members and partners to discuss their institutional positions vis a vis COVID-19 (novel coronavirus 2019) in an effort to coordinate and support the global pandemic response.

For Coordination Call #5, Lisa Hilmi CORE Group's Executive Director, will provide updates on risk communication and community engagement and Magnus Conteh, Executive Director, Community Health Academy, Last Mile Health will facilitate presentations and discussion on the use of digital technologies in COVID-19 response.

This week's call will consist of several rapid round presentations with discussion and Q&A. Presenters include:

CORE Group Polio Project

Medic Mobile

BBC Media Action

Zenysis Technologies

Dimagi

THINKMD

USAID

Special Olympics

Ministries of Health

Join us this Friday [10:00 AM – 11:30 AM EDT] for an opportunity to learn, collaborate, and discuss the use of digital technologies in COVID-19 response!

Please take our Needs Assessment Survey by COB Monday, March, 30, 2020 [...]

--

Forwarded by Neil Pakenham-Walsh, HIFA moderator

### **Coronavirus (203) The Lancet: Protecting health-care workers**

24 March, 2020

This Lancet editorial (21 March) notes:

'Worldwide, as millions of people stay at home to minimise transmission of severe acute respiratory syndrome coronavirus 2, health-care workers prepare to do the exact opposite. They will go to clinics and hospitals, putting themselves at high risk from COVID-2019. Figures from China's National Health Commission show that more than 3300 health-care workers have been infected as of early March and, according to local media, by the end of February at least 22 had died. In Italy, 20% of responding health-care workers were infected, and some have died. Reports from medical staff describe physical and mental exhaustion, the torment of difficult triage decisions, and the pain of losing patients and colleagues, all in addition to the infection risk...

'In the global response, the safety of health-care workers must be ensured. Adequate provision of PPE is just the first step; other practical measures must be considered, including cancelling non-essential events to prioritise resources; provision of food, rest, and family support; and psychological support. Presently, health-care workers are every country's most valuable resource.'

CITATION: Editorial | volume 395, issue 10228, p922, march 21, 2020

COVID-19: protecting health-care workers

The Lancet

Published: March 21, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30644-9](https://doi.org/10.1016/S0140-6736(20)30644-9)

Comment (NPW): The coronavirus pandemic underlines more than ever the need for health systems to be health-worker-centred. Their basic needs are fundamental. <http://www.hifa.org/about-hifa/hifa-universal-health-coverage-and-human-...>

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (202) New blog on Evidence Aid: COVID-19 and sustainable health systems**

24 March, 2020

Dear all – I'm delighted to let you know Evidence Aid has a new blog post just published titled "COVID-19 and sustainable health systems" authored by Lorcan Clarke. <https://www.evidenceaid.org/covid-19-and-sustainable-healthcare-systems/>

With best wishes,

Claire

Claire Allen

Operations Manager

Evidence Aid: Championing evidence-based humanitarian action.

For the Evidence Aid resources on COVID-19, visit <https://www.evidenceaid.org/coronavirus-resources/>

Support our activities by donating here.

Email: [callen@evidenceaid.org](mailto:callen@evidenceaid.org) | Skype: claireallencochrane | Website: [www.evidenceaid.org](http://www.evidenceaid.org) | Twitter: @EvidenceAid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

### **Coronavirus (206) Covid-19 decision support model**

24 March, 2020

Stay apprised of COVID projections - An example of a USA model to keep local decision-makers and citizens informed and in the loop on new COVID modeling functionality and projections to understand and fight this pandemic.

Other countries may choose to adopt or develop similar informational models.

For this and other compiled resources see the link:

<https://portal.internationalgme.org/neweventres>

HIFA profile: David Cawthorpe is Adjunct Assistant Professor at the University of Calgary, Canada. His professional interests include: Human Development, Developmental Psychopathology, and Delivery of low bandwidth medical education curriculum. cawthord AT ucalgary.ca

### **Coronavirus (205) Cochrane COVID-19 response, and special collections in several languages**

24 March, 2020

Dear all,

Cochrane has published an overview of its ongoing and planned activities in response to COVID-19: <https://www.cochranelibrary.com/covid-19>

We have so far published and continuously updated two special collections, which have been translated into several languages, and more translations are in progress:

Coronavirus (COVID-19): evidence relevant to critical care:

<https://www.cochranelibrary.com/collections/doi/SC000039/full>

This collection is available in Simplified Chinese, English, Farsi, French, Japanese, Malay, and Spanish.

Coronavirus (COVID-19): infection control and prevention measures:

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

This collection is available in Simplified Chinese, Farsi, English, French, Japanese, Russian, and Spanish.

Warm regards,

Juliane

HIFA profile: Juliane Ried is a Translations Co-ordinator at Cochrane in Germany, and was MSF field staff in CAR. Professional interests: translation, equity, humanitarian work, anti-biased, inclusive and evidence-based approaches to organisational project management and decision-making, Email address: jried AT cochrane.org

### **Coronavirus (204) OpenWHO courses (2)**

24 March, 2020

From the WHO Global Patient Safety Network...

Open WHO has courses on Covid-19 courses in various languages - English, Chinese, French, Russian, Spanish, Arabic, Portuguese, Turkish, Japanese, Serbian, Indonesian, Hindi, Italian, Vietnamese, Persian and others.

Please visit the website and also disseminate it.

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

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Forwarded by Neil Pakenham-Walsh, HIFA moderator

### **Coronavirus (207) COVID-19 Toolbox**

25 March, 2020

Some weeks ago the MEDBOX team already announced that MEDBOX had compiled documents and information in the Rapid Response Toolbox. Due to the worldwide pandemic of COVID-19 we have now created a new TOOLBOX on the topic of COVID-19 Novel Coronavirus.

Here you will find important guidelines, educational materials, situation updates, posters, infographics, videos in numerous languages. Follow [www.covid19box.org](http://www.covid19box.org)

Best regards

Sieglinde

HIFA profile: Sieglinde Mauder is Librarian at the Medical Mission Institute, Würzburg, Germany. She collects and distributes resources on HIV/AIDS, tropical diseases, humanitarian aid, health service management, e-learning for partners in developing countries. sieglinde.mauder AT medmissio.de

### **Coronavirus (208) Lifeology - Expert-reviewed Illustrated primer on coronavirus**

25 March, 2020

Hi all, I just joined this forum! I am a science communication researcher and long-time science blogger. I am the co-founder of Lifeology, a platform where scientists can work with artists and storytellers to increase the reach and impact of their work and public engagement efforts. We also have a strong focus on health communications and patient engagement with our platform.

Lifeology just published an illustrated mini-course on COVID-19 written by Shauna Bennett, illustrated by Elfy Chiang in Taiwan, and reviewed by Tara C. Smith, Ian Mackay and other virologists and MDs. The course is published in English and many other languages.

Links

<https://lifeapps.io/lifeology/covid-19> (English)

<https://lifeology.io/coronavirus-center/> (All languages)

This course was written to help people with low health and science literacy be more prepared for the COVID-19 epidemic. If you feel so inclined, please share. The course is Creative Commons license with attribution, so feel free to re-use as you see fit. Thanks for helping to combat misinformation on this virus.

If you have any interest in contributing to other Lifeology courses on health and science topics, or creating your own, I'd love to chat with you.

Thanks!

-Paige

--

Paige B. Jarreau, Ph.D.

Director of Social Media, LifeOmic

Science Communication Specialist

College of Science, LSU

Science Writer, [www.fromthelabbench.com](http://www.fromthelabbench.com)

Work/Cell: 317-201-0092

Twitter: @FromTheLabBench

HIFA profile: Paige Jarreau is Director of Science Communication for LifeOmic in USA and has a professional interest in science communication, working with scientists on how to use social media, and science literacy. Email address: [paige.jarreau@lifeomic.com](mailto:paige.jarreau@lifeomic.com)

Bringing together scientists, artists and storytellers for public understanding/engagement

**Coronavirus (212) Online consultations**

25 March, 2020

Neil, Thank you, exciting project you are running

Great daily newsletter. [\*see note below]

Digital patient on line is non FTF (face to face) contact and transaction system that we are promoting in the NHS is it worth mentioning to your communities?

<https://www.nhs.uk/using-the-nhs/nhs-services/gps/gp-online-services/>

Richard

HIFA profile: Richard Fitton is a retired family doctor - GP, British Medical Association. Professional interests: Health literacy, patient partnership of trust and implementation of healthcare with professionals, family and public involvement in the prevention of modern lifestyle diseases, patients using access to professional records to overcome confidentiality barriers to care, patients as part of the policing of the use of their patient data

Email address: richardpeterfitton7 AT gmail.com

[\*Note from HIFA moderator (Neil PW): Thank you. Richard refers to the daily email compilation for HIFA members, which compiles all messages in the previous 24h]

## **Coronavirus (211) COVID-Response: Quick survey on training and upskilling needs for Health Workers**

25 March, 2020

(with thanks to Catherine Kane, WHO)

Dear Colleagues,

Through the WHO Academy, the World Health Organization is rapidly upscaling training via a number of digital, easily accessible learning applications. Please help us design and prioritise content and delivery methodologies that support and enable health workers worldwide boost their knowledge and skills related to the COVID-19 outbreak. We ask that you share the survey, available at <https://www.surveymonkey.com/r/PHH8ZYT>, with your networks.

Please be assured that this survey is anonymous, your responses will not be associated with your name or email address, and no identifiable information on any individuals will be shared or presented in the survey results.

Kind regards and solidarity,

Catherine Kane

Catherine Kane

Human Resources for Health Policies & Standards

World Health Organization Health Workforce Department

Avenue Appia 20, CH-1211 Geneva 27

+41 22 791 1593

[ckane@who.int](mailto:ckane@who.int)

**Coronavirus (210) WHO: Parenting in the time of COVID-19**

25 March, 2020

The message below is forwarded from our child health and rights forum CHIFA

Join CHIFA: <http://www.hifa.org/join/join-chifa-child-health-and-rights>

Subject [chifa] Covid-19 and parenting

Dear colleagues,

COVID-19 Parenting tips went live on this WHO site yesterday:

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

['To help parents interact constructively with their children during this time of confinement, these six one-page tips for parents cover planning one-on-one time, staying positive, creating a daily routine, avoiding bad behaviour, managing stress, and talking about COVID-19. Use them to your and your kids' advantage, and have fun in doing so.']

Please share with your networks.

Early Childhood Development Action Network (ECDAN) will host a Webinar tomorrow from 8.30 - 10 am EST. Alex Butchart and Neerja Chowdary will be on the panel, and Wilson Were and Pura Solon will be available to answer clinical questions. If you are interested to participate, kindly subscribe through the ECDAN website or let Laure or I know and we forward the invitation.

Wishing all a good day,

Ornella

Dr Ornella Lincetto

Medical Officer Newborn Health

MCA Department

World Health Organization, Geneva

Room 5145



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Email: [lincettoor@who.int](mailto:lincettoor@who.int)<<mailto:lincettoor@who.int>>

Mobile: +33 6 44382694

CHIFA profile: Lincetto Ornella is Medical Officer Newborn Health at the World Health Organization in Switzerland. lincettoor AT who.int

### **Coronavirus (209) WHO, FIFA launch joint campaign**

25 March, 2020

Extracts below. Read online: <https://www.who.int/news-room/detail/23-03-2020-pass-the-message-five-st...>

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Pass the message: Five steps to kicking out coronavirus

WHO, FIFA launch joint campaign to equip football community to tackle COVID-19

Geneva, 23 March 2020: FIFA, the international governing body of football, and the World Health Organization (WHO) have teamed up to combat the coronavirus (COVID-19) by launching a new awareness campaign led by world-renowned footballers, who are calling on all people around the world to follow five key steps to stop the spread of the disease.

The “Pass the message to kick out coronavirus” campaign promotes five key steps for people to follow to protect their health in line with WHO guidance, focused on hand washing, coughing etiquette, not touching your face, physical distance and staying home if feeling unwell...

Twenty-eight players are involved in the video campaign, which is being published in 13 languages...

[See the video here: [https://www.youtube.com/watch?time\\_continue=93&v=ZTI-5AjDb48&feature=emb...](https://www.youtube.com/watch?time_continue=93&v=ZTI-5AjDb48&feature=emb...) ]

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (216) Doctors are hoarding unproven coronavirus medicine (2)**

25 March, 2020

What's more horrifying about the idea of doctors hoarding chloroquine because Trump said it would cure coronavirus - that they are doing it? or that they believed it?

The first is a serious clear ethical lapse, to be sure - doctors writing prescriptions for themselves, their families and friends and causing shortages making it difficult for others to get it. The second is a clear lapse of reason.

I wouldn't go to doctors with such poor ethics and such a lack of discernment in choosing their sources of evidence.

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

## **Coronavirus (215) FW: E-Conference: The Epidemiology and Economics of Coronavirus**

25 March, 2020

Dear colleagues,

Useful aspects [below] to be looked at and analyzed during a webinar coming up on Monday with SDSN including its director, Professor Jeffrey Sachs in the speakers.

Regards,

Tatjana

Tatjana Kobb, MD

Adjunct Professor

MS Global Studies & International Relations

Northeastern University | College of Professional Studies

T: +1 617 586 5697

E: [t.kobb@northeastern.edu](mailto:t.kobb@northeastern.edu)

W: <https://cps.northeastern.edu>

HIFA profile: Tatjana Kobb Tatjana Kobb is a Medical Doctor and founder of Boston Sustainability Advising. She has worked on developing strategic programs for international organizations, national services providers and universities from UNICEF and WHO to Qatar Petroleum and King Abdullah University of Science and Technology. In the past decades she has mastered stakeholder engagement and relationship management toward building strategic partnerships to ensure each organization's mission can be realized to ensure the best interest of the served community. She is passionate about leading and enabling delivery of best services and products in line with the UN 2030 Sustainable Development Agenda and implementation of the 10 Principles of the UN Global Compact. Working on reaching the 17 Sustainable Development Goals (SDGs) by stakeholder engagement and performance improvement of governments and organizations she has a role in mentoring and supporting executives, as well as youth leaders in their career transition and development in addition to her PhD work at the IEDC Bled School of Management and the GRI G4 reporting she conducts. She is a HIFA Country Representative and member of the HIFA working group on Information for Citizens, Parents and Children and the HIFA working group on Mobile Healthcare Information for All.

<http://www.hifa.org/people/country-representatives/map>

<http://www.hifa.org/projects/citizens-parents-and-children>

<http://www.hifa.org/projects/mobile-hifa-mhifa>

<http://www.hifa.org/support/members/tatjana>

tatjana.kobbATbostonsustainabilityadvising.com

Subject - E-Conference: The Epidemiology and Economics of Coronavirus

Dear Colleagues,

We hope you are staying safe during this trying time, and that you can join us on Monday for an E-Conference on COVID-19.

The COVID-19 global health pandemic is rapidly changing the ways we live and work. In the age of sustainable development and at a time when the world is working towards achieving the SDGs, this disease is complicating SDG implementation efforts as well as posing a real risk to achieving targets on communicable disease, education, life expectancy, and decent work. This virtual conference will examine the implications of COVID-19 for public health and the SDGs, as well as make recommendations on science-based responses.

Confirmed Speakers:

Yanis Ben Amor, Columbia University, USA

Ozge Karadag Caman, Columbia University, USA

Alison P. Galvani, Yale University, USA

Antoni Plasencia, Director General, Barcelona Institute for Global Health (ISGlobal), Spain

Giovanni Rezza, Director of the Department of Infectious Disease, Italian Health Institute, Italy

Rino Rappuoli, GSK Vaccines, Italy

Jeffrey D. Sachs, Director, SDSN, and University Professor, Columbia University, USA

Nísia Trindade Lima, President, Fiocruz, Brazil

A flier is attached and registration is open online [ <https://register.gotowebinar.com/register/719266827722487565> ]. The event is open to the public, so feel free to forward if you know others who would be interested.

Warm regards,

Lauren

Lauren Barredo

Head of Partnerships

Sustainable Development Solutions Network

475 Riverside Drive Suite 530, New York NY 10115

[Lauren.Barredo@unsdsn.org](mailto:Lauren.Barredo@unsdsn.org)

**Coronavirus (214) Doctors are hoarding unproven coronavirus medicine by writing prescriptions for themselves and their families**

25 March, 2020

Pharmacists told ProPublica that they are seeing unusual and fraudulent prescribing activity as doctors stockpile unproven coronavirus drugs endorsed by President Donald Trump.

<https://www.propublica.org/article/doctors-are-hoarding-unproven-coronav...>

'A nationwide shortage of two drugs touted as possible treatments for the coronavirus is being driven in part by doctors inappropriately prescribing the medicines for family, friends and themselves, according to pharmacists and state regulators...

'Demand for chloroquine and hydroxychloroquine surged over the past several days as President Donald Trump promoted them as possible treatments for the coronavirus...'

'Hydroxychloroquine... is approved to treat lupus and rheumatoid arthritis'

As a result, patients who actually need the drug are unable to get it because of shortages.

"It's disgraceful" said Garth Reynolds, executive director of the Illinois Pharmacists Association.'

Meanwhile there is very little, if any, convincing evidence that chloroquine is effective:

Malaria Drug Chloroquine No Better Than Regular Coronavirus Care, Study Finds

<https://www.bloomberg.com/news/articles/2020-03-25/hydroxychloroquine-no...>

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Coronavirus (213) WHO: Parenting in the time of COVID-19 (2)**

25 March, 2020

Extremely valuable and important information in one place. Should the use of information and translation happen only through the local WHO offices and the ministries or in these hard times it is possible that organizations and schools can translate and replicate. Whom should they contact for the right to use it?

Thanks,

Tatjana

HIFA profile: Tatjana Kobb Tatjana Kobb is a Medical Doctor and founder of Boston Sustainability Advising. She has worked on developing strategic programs for international organizations, national services providers and universities from UNICEF and WHO to Qatar Petroleum and King Abdullah University of Science and Technology. In the past decades she has mastered stakeholder engagement and relationship management toward building strategic partnerships to ensure each organization's mission can be realized to ensure the best interest of the served community. She is passionate about leading and enabling delivery of best services and products in line with the UN 2030 Sustainable Development Agenda and implementation of the 10 Principles of the UN Global Compact. Working on reaching the 17 Sustainable Development Goals (SDGs) by stakeholder engagement and performance improvement of governments and organizations she has a role in mentoring and supporting executives, as well as youth leaders in their career transition and development is in addition to her PhD work at the IEDC Bled School of Management and the GRI G4 reporting she conducts. She is a HIFA Country Representative and member of the HIFA working group on Information for Citizens, Parents and Children and the HIFA working group on Mobile Healthcare Information for All.

<http://www.hifa.org/people/country-representatives/map>

<http://www.hifa.org/projects/citizens-parents-and-children>

<http://www.hifa.org/projects/mobile-hifa-mhifa>

<http://www.hifa.org/support/members/tatjana>

tatjana.kobbATbostonsustainabilityadvising.com

### **Coronavirus (223) OpenWHO courses (3)**

26 March, 2020

Hi

I'm writing from the World Health Organization. My team has free courses on our [www.OpenWHO.org](http://www.OpenWHO.org) platform on COVID-19. We have courses

Courses in UN languages (Arabic, Chinese, English, French, Spanish, Russian) are here <https://openwho.org/channels/covid-19>

And courses in other national languages (including Persian, Hindi, Japanese, Bahasa Indonesia, Macedonian, Portuguese and even sign language) are here <https://openwho.org/channels/covid-19-national-languages>

All courses are FREE and suitable even for low bandwidth settings. They can be downloaded and then used offline using the free App. We already have more than 750,000 registrations on our courses.

I receive regular updates from your network and wanted your network to have access to my teams' work too. Please share widely.

Gaya

Dr Gaya Gamhewage

Head of Learning & Capacity Building

WHO Health Emergencies Programme

World Health Organization

Geneva, Switzerland

+41794755563

Twitter @GayaG

HIFA profile: Gaya Gamhewage is Head of Learning & Capacity Building, WHO Health Emergencies Programme at WHO in Switzerland. Professional interests: Knowledge transfer for frontline and community health workers and volunteers. emergencies. Use of digital technology for ensuring people have access to the information they need and want and in formats and channels of their choice. Learning and training of CHWs Email address: gamhewageg AT who.int

## **Coronavirus (222) Managing COVID-19 for people with NCDs**

26 March, 2020

(with thanks to Tatjana Kobb, China)

Read online (with hyperlinks): <https://mailchi.mp/ncdalliance/newsletter-24march-414949?e=75058181c0>

NCD Alliance Newsletter: Managing COVID-19 for people with NCDs, NCDA webinar on health financing, oral health, jobs & more!

Managing COVID-19 for people with NCDs

As the COVID-19 pandemic spreads around the world, it is becoming clear that people living with NCDs and those who are older than 60 are at a higher risk of becoming severely ill. To support them, the

World Health Organization (WHO) has released an information note with technical guidance for patients and carers.

The NCD movement is mobilised to respond to the crisis, which is collapsing health systems in many countries and putting others in a very delicate situation of emergency. The resources below provide the latest information for people living with NCDs and their carers. We will continue to share resources on other chronic conditions. Please note that this information is regularly updated:

COVID-19 and Respiratory Diseases

COVID-19 and Cardiovascular Diseases

COVID-19 and Diabetes

COVID-19 and Cancer

COVID-19 and Dementia

At the NCD Alliance, we are committed to doing everything within our capacity to raise our voices for the rights of people living with NCDs, the elderly and marginalised groups, and to share information, guidance and good practice to protect each other. We invite our network to share relevant resources and tools via our webform.

Read more: <https://ncdalliance.org/news-events/news/ncd-alliance-response-to-covid-19>

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (221) More WHO guidance and other useful resources for COVID-19 response**

26 March, 2020

Dear HIFA and CHIFA colleagues,

The message below is forwarded from the Global Patient Safety Network.

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I hope these WHO resources below will be useful



IASC Briefing note on COVID-19 (Just endorsed formally by IASC Head- Emergency Relief Coordinator and IASC Principals)

<https://interagencystandingcommittee.org/other/interim-briefing-note-add...>

Stress coping during COVID-19

<https://www.who.int/docs/default-source/coronaviruse/coping-with-stress....>

For children during COVID-19

<https://www.who.int/docs/default-source/coronaviruse/helping-children-co...>

Mental Health consideration to different groups including health workers during COVID-19 is also on WHO website

<https://www.who.int/docs/default-source/coronaviruse/mental-health-consi...>

Addressing Social Stigma:

<https://www.epi-win.com/sites/epiwin/files/content/attachments/2020-02-2...>

Best Michelle

Dr Michelle Funk

Unit Head, Policy, Law and Human Rights Unit (PLR)

Department of Mental Health and Substance Abuse,Â

World Health Organization

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Switzerland

Tel: +41-22 791 3855

Email: [funkm@who.int](mailto:funkm@who.int)

Twitter @MichelleFunk3

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Forwarded by Neil Pakenham-Walsh, HIFA moderator

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join CHIFA: <http://www.hifa.org/joinchifa>

### **Coronavirus (220) EPI-WIN (3) WHO's new infodemic portal**

26 March, 2020

The latest WHO Situation Report on covid-19 carries a focus article on “infodemics management”, in which WHO announces the launch of its new Information Network for Epidemics (EPI-WIN) (website: [www.who.int/epi-win](http://www.who.int/epi-win)). According to the Situation Report “This gives people access to timely, accurate, and easy-to-understand advice and information from trusted sources on the evolving COVID-19 pandemic, translating scientific information to actionable information. EPI-WIN’s two-way communication network addresses key information needs while rebutting misinformation and fighting infodemics, which spread misinformation, create confusion and distrust among people and hamper an effective response. The EPI-WIN website is aimed at a wide range of audiences including

- individuals and communities
- the health sector,
- countries,
- the travel and tourism sector,
- faith-based organizations and faith leaders,
- large event organizers, and
- employers and employees.”

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva,

Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

### **Coronavirus (218) Doctors are hoarding unproven coronavirus medicine (4)**

26 March, 2020

Shame. Shame. Shame to whoever is promoting or practicing irrational prescribing at this time that the world population is so vulnerable.

What can HIFA do to contribute to corrective action by WHO and national governments? I suggest we re-circulate our discussions on rational prescribing and antibiotics stewardship, so that members can circulate it in the over 200 countries where HIFA has members.

Joseph Ana

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **Coronavirus (217) Doctors are hoarding unproven coronavirus medicine (3)**

26 March, 2020

This is probably the most shocking and most unethical practice I have heard of related to corona. How can a politician and a businessman dictate such medical practices? How can health personnel (doctors and pharmacists) allow this to happen for themselves and their families.

The world is sick and tired of the misinformation and stupid propaganda coming from the White House.

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

President, eHealth Development Association of Jordan,

Independent Consultant in Knowledge Management and eHealth

e-Marefa Advisor

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LinkedIn: <https://www.linkedin.com/in/najeeb-al-shorbaji-7a817415/>

HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

**Coronavirus (228) The New Humanitarian: Venezuela (2)**

26 March, 2020

Dear Neil and friends

It's really bad there, but the author of the message forgot to mention that the World Bank in Washington provided the fastest decision in its whole history when it said "No" to a request by Venezuela to have a loan from the Bank. The political game being played by the big guys does not respect humans at all. Take the example of Italy, Spain and Serbia being abandoned by the EU.

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

President, eHealth Development Association of Jordan,

Independent Consultant in Knowledge Management and eHealth

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LinkedIn: <https://www.linkedin.com/in/najeeb-al-shorbaji-7a817415/>

HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

### **Coronavirus (227) The New Humanitarian: Venezuela**

26 March, 2020

The role of leading policymakers, especially heads of states, is critical for the global and national response to coronavirus. The New Humanitarian reports what is happening in Venezuela. Read online: <https://www.thenewhumanitarian.org/news/2020/03/25/venezuela-coronavirus...>

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In Venezuela, a pandemic meets years of shortages and a broken health system

‘Coronavirus arrived in Venezuela at the worst possible moment.’

... Venezuela’s government announced on 24 March that COVID-19 infections had reached 91... “The government says wear masks, wash your hands often, and stay inside,” Gomez said. “But we don’t have water, we often don’t have electricity, and there are no masks.” ...

[President] Maduro denies there are shortages in Venezuela, insisting in a national broadcast on 16 March that hospitals have all the mandatory equipment.

There is no news about when health workers will receive biosecurity equipment, which Maduro said was being shipped by China along with thousands of test kits.

He also claimed the country’s collapsed pharmaceutical industry would be able to produce both a treatment and a cure for coronavirus – neither of which exist.

He recommended to the nation a homemade “cure” promoted by one Venezuelan, one “given to us by our ancestors: pepper, lemon grass, honey and ginger”.

Although the World Health Organisation advises that only people suffering respiratory problems should wear masks, Maduro decreed: “No one can walk the streets without a mask.”

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (226) The New Humanitarian: When coronavirus came to Tanzania**

26 March, 2020

Extracts below. Full text here: <https://www.thenewhumanitarian.org/news/2020/03/24/coronavirus-tanzania-...>

... On Monday, 16 March, the Tanzanian health ministry confirmed the country's first case of COVID-19 at the government-run Mt. Meru Hospital in the centre of Arusha, a city of 463,000 people at the base of Mount Meru, not far from Kilimanjaro... Within an hour of the announcement, more and more Tanzanians were crowding the pharmacies and purchasing protective masks, hand sanitiser, and plastic gloves. Bottles of hand sanitiser doubled in price and then quickly sold out...

Juma, an employee at a safari airline who asked TNH to use a pseudonym to protect his identity, said he didn't believe the government had been prepared for a possible outbreak and wasn't taking the crisis seriously.

He referred to an earlier press conference – in response to the first COVID-19 case being reported in South Africa – when Mwalimu, the health minister, said: "I believe that God is going to protect us during this tragedy."

"Can you imagine a government saying this? I was so frustrated by this," Juma said. "This isn't right. We've had a more than two-month headstart on this. It was bound to come to Tanzania. We should have been preparing and creating awareness and making sure everyone had the information and education they needed so that they would know exactly what to do when the virus arrives."...

--

Best wishes, Neil

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HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177

countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (225) Lifeology (2) Coronavirus resources in French**

26 March, 2020

"all" languages -- does not include French (i.e., excludes West Africa and other countries in francophonie) where most health professionals do not speak/read English or the other languages on the list !

Help !

HIFA profile: Jo Anne Bennett is a Senior Research Scientist at the New York City Dept of Health and Mental Hygiene in the USA. Professional interests: Public health, Health system strengthening, immunizations, disaster mitigation, and response preparation, workforce development, HIV. Joannebenn AT gmail.com

### **Coronavirus (224) COVID-19 Toolbox (2)**

26 March, 2020

Thank you, Sieglinde. Your toolbox is brilliant [[www.covid19box.org](http://www.covid19box.org)]. Thanks for sharing. We're currently developing a coronavirus support app and may link to your resource if that's okay?

Thanks and best wishes,

Knut

--

Dr Knut Schroeder

GP and Health Information Specialist

Founder & Director, Expert Self Care Ltd

Chief Executive, Self Care Forum

Honorary Senior Clinical Lecturer, Centre for Academic Primary Care, University of Bristol

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LinkedIn: <https://www.linkedin.com/in/drknutschroeder/>

Website: [www.expertselfcare.com](http://www.expertselfcare.com)

Twitter: @DrKnut and @expertselfcare

If you would like to join our general mailing list to be kept informed about company news, product updates and useful resources please [CLICK HERE](#). You can easily unsubscribe at any time in the future.

Expert Self Care is a private limited company registered in England and Wales. Company Number: 8306708.

HIFA profile: Knut Schroeder is a doctor, and the Founder and Director of Expert Self Care Ltd in the UK.  
knut.schroeder AT expertselfcare.com

### **Coronavirus (230) Doctors of the World: Basic information on coronavirus in 34 languages**

26 March, 2020

Read online: <https://www.doctorsoftheworld.org.uk/coronavirus-information/>

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'Doctors of the World are really pleased to be able to share with you Coronavirus (COVID-19) advice for patients in 34 languages, which were produced in partnership with the British Red Cross, Migrant Help and Clear Voice:

The complete list: English, Albanian, Amharic, Arabic, Armenian, Bengali, Bulgarian, Czech, Dari, Farsi, French, Gujarati, Greek, Hindi, Italian, Hungarian, Kurdish Sorani, Lithuanian, Malayalam, Portuguese, Simplified Chinese, Pashto, Polish, Portuguese, Punjabi, Russian, Romanian, Sindhi, Slovak, Spanish, Somali, Tigrinya, Turkish, Urdu, Vietnamese.

The guidance is based on the government's updated advice and health information. We really hope it will help to ensure this important guidance reaches migrant and asylum-seeking communities in the UK.

We would be happy if you could please share these with your patients, service users and your networks widely so that we reach out to all communities who would like this crucial information in their own language.'

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (239) Resources from the National Institute of Health, Italy**

26 March, 2020

Dear all

I am working at the National Institute of Health, Italy.

We have produced a lot of communications material on COVID 19, and also technical reports for health operators.

Most are in Italian, some are in English. Have a look at <http://www.iss.it/coronavirus>

There are nice infographics useful also for social communications in the section "Informazione e Comunicazione", and look also at Rapporti COVID including English summary online <https://www.iss.it/rapporti-covid-19>

We have activated 19 working groups to tackle the different aspects of the pandemic (one of them is Preparedness, including also the social aspects).

Some material is also available in English in the section <https://www.epicentro.iss.it/coronavirus/>. Some address foreign people and migrants.

Hope this can help

Best wishes

Paola De Castro

Director, Scientific Communication Unit

National Institute of Health - Italy

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[paola.decastro@iss.it](mailto:paola.decastro@iss.it)

HIFA profile: Paola De Castro is Director of the Publishing Unit at Istituto Superiore di Sanita', Italy. Professional interests: open access publishing, training, information literacy, editing, international cooperation. She is a HIFA Country Representative. [paola.decastro AT iss.it](mailto:paola.decastro@iss.it)

## **Coronavirus (238) SAWBO COVID-19 Animation and Building a WhatsApp Network to Share Educational Content (2)**

26 March, 2020

*[Note from HIFA moderator (9 April 2020): Our thanks to SAWBO, who addressed this issue promptly. See their response (30 March): <http://www.hifa.org/dgroups-rss/coronavirus-261-sawbo-covid-19-animation-and-building-whatsapp-network-share-educational> ]*

It's a pity that, at the beginning of this animation, the spread of Covid-19 is repeatedly shown (from 0:21) as a kind of pulsing ray from China spreading to the rest of the world. While this may reflect the US President's notions, it was declared a pandemic over a month ago: Covid-19 is spreading by local transmission on each continent. Even in the simplified diagram in your animation, this should be depicted as a pulsing ray in each larger land mass to avoid location or ethnicity bias.

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

## **Coronavirus (237) Doctors are hoarding unproven coronavirus medicine (4)**

26 March, 2020

[Response to: <http://www.hifa.org/dgroups-rss/coronavirus-214-doctors-are-hoarding-unp...> ]

I believe the public need to know in a simple language that clinical anecdote and 'general observations' are weak evidence and at the bottom of the list, when it comes to making clinical and treatment

decisions. In principal, I can overcome all the terrible feelings I had and probably still have when I see politicians and economists tell scientists what is medically correct. (just writing this makes me sick!)

Of course, no one can/should reject rigorous scientific demeaners and have them shared with the scientific community first after a reasonable level of scrutiny before sharing it with the politicians and the public.

People are already celebrating the 'treatment', citing weird half-done 'studies' in unknown journals. This is 'fake science', if I may use the term. The worst misinformation is that that comes from the professionals people have entrusted for their lives.

Best regards,

Ghaiath M. A. Hussein, PhD

MBBS (SUD), MHSc. (CAN), PhD (UK)

Assistant Professor of Bioethics

Alternative email: [gmh232@alumni.bham.ac.uk](mailto:gmh232@alumni.bham.ac.uk)

Website: <http://www.ghaiath.net/>

"Opportunities are outside the comfort zone."Khalifa Elmusharaf

YouTube Channel - My Lectures- My PhD Thesis

"The ethical considerations in the health-related research activities conducted during armed conflicts."

HIFA profile: Ghaiath Hussein is a registrar of community medicine and bioethicist by training. His expertise varied from providing assistance for researchers on technical and ethical issues, to editing and developing ethical guidelines and training manuals on research ethics. He has been working in the department of research at the Federal Ministry of Health (Sudan), before being assigned as the Senior Project Officer a MARC (Mapping African Ethics Review Capacity) project managed by COHRED and funded by the European and Developing Countries Clinical Trials Partnership (EDCTP). Currently, he is an assistant professor of bioethics in King Saud University for Health Sciences, King Fahad Medical City Faculty of Medicine. He also provides voluntary ethics teaching and consultation services for some regional and international organizations, especially on public health ethical issues. acsawy AT yahoo.com

### **Coronavirus (236) Governments must remember UHC commitments**

26 March, 2020

UHC2030 have just released a statement on COVID-19. Extracts below. Read in full here:

<https://www.uhc2030.org/news-events/uhc2030-news/faced-by-the-covid-19-c...>

(UHC2030 is the global movement for building stronger health systems for universal health coverage, based at WHO HQ Geneva.)

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'Faced by the COVID-19 crisis, it is crucial that world leaders remember their universal health coverage commitments

...Faced by the COVID-19 crisis, it is crucial that leaders recognise the interconnectedness of UHC and health emergencies and remember their UHC commitments...

UN HLM commitments can help guide political leaders as they respond to COVID-19:

1. Ensure political leadership beyond health...
2. Leave no one behind...
3. Regulate and legislate...
4. Uphold quality of care...
5. Invest more, invest better...
6. Move together...
7. Ensure gender-equitable responses...

COVID-19 will directly or indirectly affect everyone, everywhere. In reminding world leaders how their UHC commitments can guide action during this global emergency, the UHC movement stands in solidarity with the hardest-hit communities, brave political leaders, and health workers on the front line.

Statement by UHC2030 Co-Chairs, in consultation with the UHC Movement Political Advisory Panel of UHC2030.

UHC2030 Co-Chairs

Prof. Ilona Kickbusch, Chair, International Advisory Board, Global Health Centre, Graduate Institute for International and Development Studies Geneva...'

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (235) Coronavirus resources in French (2)**

26 March, 2020

Bonjour

It is important to continue to share documents on the management of CoronaVirus outbreaks.

There are still few documents in French and other languages other than English even though the WHO is making remarkable efforts.

Some NGOs working with the Geneva Health Forum have already contacted us to ask for documents in French.

Do not hesitate to post on the HIFA network the documents that you know or that your organization has created.

We will all gain in time and efficiency.

Thanks to all of you

Dr Eric Comte

Executive Director of the Geneva Health Forum

<http://ghf2020.org>

HIFA profile: Eric Comte is Executive Director, Geneva Health Forum, External Affairs Directorate, Geneva University Hospitals. [eric.comte AT unige.ch](mailto:eric.comte@unige.ch)

## **Coronavirus (234) Fwd [chifa] COVID 19 Share your science and your situation**

26 March, 2020

Dear HIFA members,

I am forwarding below a message today from our child health and rights forum, CHIFA. Retired (but ready to return too NHS service) paediatrician Tom Hutchison is a volunteer CHIFA moderator, working in a team of volunteer professionals led by Tony Waterston, also a retired (but very active!) paediatrician. Join CHIFA: <http://www.hifa.org/joinchifa>

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Here is Tom's message:

"Here is the UK it feels like being on a deserted station platform. The air is clearer than ever but in the distance. I hear the sound of a train approaching, bringing disease death and disability that will start tumbling out.

We know that when this is all over we will never be able to think about human life on this planet in the same way again.

Even now we are watching as the masters of the global economic systems, so tied up in our previous ways of living, desperately assert that money and the stock market are what really matter

On this Forum we share science and humanity. Even more we need to share our best ideas without paywalls

I do regret my own misplaced sense of entitlement that In the UK we had a good system of health and the money and largesse to go abroad and sort out other peoples problems. When you are brought up in a country that has sugar coated its colonial history it is hard to think otherwise

Now the problems have come back to bite us and our 'flying round the globe' habits

So this little post is to reach out to all those on CHIFA to share their experience and their ideas and their courage both now but in the years ahead as we try and recover from this disaster and build a more resilient planet with sustainable health systems.

I am a CHIFA moderator. I am in lockdown and good health. I still have a license to practice so I have signed back onto the staff bank at my local hospital for when the staffing crisis bites. I can see the new Respiratory Distress ward over my garden fence.

My kids are home working and locked down my grandkids are home schooled. I have have had so many conference calls in the past week. Thank goodness for the internet. I don't know how vulnerable telecoms and social media are but where would we be without them

News from round the world floods in but I would like to hear more from the health staff directly. My colleagues in the USA please. I want to hear from you all not your politicians. My colleagues In Korea and China what happens after the wave levels off. My colleagues in science how about the diagnostic tests and the vaccine possibilities and challenges. My colleagues in Sierra Leone. your experience after meeting the Ebola challenge. My colleagues in South Sudan. What is happening? colleagues everywhere tell me what is happening

Stay well and lets build a better future through science and compassion

Tom Hutchison

Co moderator CHIFA

CHIFA profile: Tom Hutchison is a writer, athlete, and grandparent. For 30 years he worked as a UK Paediatrician in child protection and disability. After London Diploma in Tropical Medicine he has worked in Palestine, Tajikistan, Congo and Sierra Leone. Email address: tomphutchATgmail.com

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"Let's build a better future through science and compassion" - These are powerful words that really resonate with me. Thank you Tom, and thank you all who support HIFA and CHIFA, and especially those of you who are working on the front lines of health care.

If you would like to share your experience of this pandemic, please do so: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

(PS I am aware that HIFA is more busy than usual. If you are receiving messages one by one, and would prefer to receive a daily compilation, just let me know: [neil@hifa.org](mailto:neil@hifa.org) ]

### **Coronavirus (233) SAWBO COVID-19 Animation and Building a WhatsApp Network to Share Educational Content**

26 March, 2020

Scientific Animations Without Borders (SAWBO) has released the animation "Protecting Yourself Against Coronavirus". SAWBO routinely creates such educational content in as many languages as possible and then releases it to anyone who can help to distribute it globally.

The link for the current English version video (which was released two days ago) can be found on YouTube at [https://www.youtube.com/watch?v=F\\_0T0A9mAsc&feature=emb\\_logo](https://www.youtube.com/watch?v=F_0T0A9mAsc&feature=emb_logo) . It can be embedded in any website people deem necessary. Please share the link in your networks as you see fit.

The animation can also be downloaded (3gp files - <https://sawbo-animations.org/859> ) and shared across global networks such as WhatsApp. If you have problems with getting the 3gp version of the video into WhatsApp, please text us at 1-(217)-218-0485 in WhatsApp (PLEASE DO NOT CALL OR SEND PICTURES). We can send you the video via the platform.

In addition, we are establishing a WhatsApp group so that as new language variants and new animations are released they can be immediately shared. This will then allow for the user group to share the new releases with their networks around the world, thus building a global "network of networks". Please text us at 1-(217)-218-0485 in WhatsApp to join this group. PLEASE DO NOT CALL OR SEND PICTURES.

We strongly appreciate your help in sharing these animations to your networks as we all work together to combat this pandemic.

Finally, if you can help with translations and voice recordings so SAWBO can get existing and upcoming content into new languages for greater reach please contact us at [contact@sawbo-animations.org](mailto:contact@sawbo-animations.org).

Regards,

Julia Bello-Bravo and Barry Pittendrigh

Scientific Animations Without Borders



HIFA profile: Julia Bello Bravo is Assistant Director at the Center for African Studies at the University of Illinois at Urbana-Champaign, USA. She is also a co-founder of "Scientific Animations Without Borders" (SAWBO). juliabb AT illinois.edu

HIFA profile: Barry Pittendrigh is a Professor at Scientific Animations Without Borders (SAWBO), USA. Scientific Animations Without Borders (SAWBO) creates and deploys educational animations for low literate learners in their own languages. These animations can be downloaded from SAWBOs website and used on cell phones in educational programs. pittendr AT illinois.edu

### **Coronavirus (232) CoVID-19 spread model**

26 March, 2020

Fundamental principles of epidemic spread highlight the immediate need for large-scale serological surveys to assess the stage of the SARS-CoV-2 epidemic.

+17 other links to multiple resources when you click on NEWS [\*see note below]

<http://www.internationalgme.org/>

HIFA profile: David Cawthorpe is Adjunct Assistant Professor at the University of Calgary, Canada. His professional interests include: Human Development, Developmental Psychopathology, and Delivery of low bandwidth medical education curriculum. cawthord AT ucalgary.ca

[\*Note from HIFA moderator (Neil PW): Can anyone recommend a professional discussion forum that focuses specifically on coronavirus, or on the epidemiology of coronavirus? We can then collaborate to reduce duplication]

### **Coronavirus (231) Join the call for debt relief during the coronavirus crisis**

26 March, 2020

Please share this widely

[https://secure.avaaz.org/campaign/en/coronavirus\\_debt\\_relief\\_123/?kEPfMIb](https://secure.avaaz.org/campaign/en/coronavirus_debt_relief_123/?kEPfMIb) [\*see note below]

HIFA profile: Juliette Barrell is a HIFA volunteer, coordinating local fundraising efforts in and around Charlbury, UK, where she is based. Juliette is an experienced marketer, specialising in Brand development and public communications. Her interests are in health, sustainability and creative design.

[\*Note from HIFA moderator (Neil PW): Avaaz is a global web movement to bring people-powered politics to decision-making everywhere.

'Join the call for debt relief during the coronavirus crisis:

G20 Leaders, the IMF and World Bank:

"We are deeply concerned that the world's poorest countries won't have the resources to contain the coronavirus. We call on you to save lives by agreeing to forgive their debt, starting with an immediate suspension of debt payments. We also urge you to provide additional funding so all governments can spend money fast to contain the virus, boost their healthcare systems, and ensure people can afford to stay at home.""]

### **Coronavirus (240) Coronavirus resources in French (3)**

27 March, 2020

Hi Eric

here are some messages developed in French and English by the Canadian Public Health Association that may be of some use

<https://drive.google.com/drive/folders/1XtHc-KX83ndI4IL5Dxr2iTP4JcCO1ilw>

Don

Dr Donald Sutherland BA, MD, M.Community Health, MSc Epidemiology

Senior Advisor on Public Health

Canadian Society for International Health

1 250 247 0076

1 613 240 8347 (cell)

HIFA profile: Don Sutherland is a consultant in Global Public Health and is based in Canada. Professional interests: health in the face of poverty, infectious diseases including HIV, Drug resistance, primary health care, balance between government and academia, ethical and relevant Public Health research.  
donaldsutherland2015 AT gmail.com

### **Coronavirus (241) COVID-19 webinars for SBCC practitioners**

27 March, 2020

From the International Summit on Social and Behavior Change Communication:

Read online: <https://mailchi.mp/sbccsummit/new-dates-1747430?e=91968b32b9>

'Since we won't be able to gather next week in Marrakech, the 2020 International SBCC Summit Secretariat invites you to join two webinars for SBCC practitioners on COVID-19.

The webinars will take place on Tuesday, March 31 and Thursday, April 2 from 7:30 a.m. - 8:45 a.m. EDT. Click here to register. <https://www.eventbrite.com/o/the-social-and-behavior-change-communicatio...>

On Tuesday, our speakers will reflect on the issues of social distancing, isolation, and quarantine in different global contexts. The conversation will also dive into the critical need for preparedness planning and capacity building in Risk Communication and Community Engagement (RCCE), and relevant and consistent messaging on this topic.

For Thursday's webinar, we will focus on responding to several critical questions on COVID-19 and RCCE that we, as a community of SBCC practitioners, are facing in response to this pandemic. [...]'

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Webinar: Universidad Peruana Cayetano Heredia - Coronavirus (in Spanish)**

27 March, 2020

Síguenos [Follow us]:

<https://www.facebook.com/medicinaupch/>

[Note from HIFA moderator (Neil PW): The original message contained a graphic that is not carried on HIFA. The Facebook page says: Friday 27th March at 3 p. m., from our fanpage Medicine - Cayetano, the Dres. Christian Ganoza and Jonathan Novoa will make a Live Stream on molecular aspects and epidemiology of COVID-19. It's aimed at doctors, medical students and health personnel, there will be room to answer questions Share the transmission!]

HIFA profile: Lady Murrugarra Velarde

Directora de WeTelemed, la Red Mundial de mujeres en Telemedicina

<http://www.m2025-weobservatory.org/wetelemed.html>

Vice-Chair, Iberian and Iberian-American Working Group

[https://www.isfteh.org/working\\_groups/category/iberian\\_and\\_iberian\\_ameri...](https://www.isfteh.org/working_groups/category/iberian_and_iberian_ameri...)

[lmurrugarra@hotmail.com](mailto:lmurrugarra@hotmail.com)

## **Coronavirus (246) Lancet - Offline: COVID-19 and the NHS “a national scandal”**

27 March, 2020

Citation and selected extracts from Richard Horton's (Editor-in-Chief) latest Offline column.

CITATION: Comment | volume 395, issue 10229, p1022, march 28, 2020

Offline: COVID-19 and the NHS—“a national scandal”

Richard Horton

Published: March 28, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30727-3](https://doi.org/10.1016/S0140-6736(20)30727-3)

'The UK Government's Contain–Delay–Mitigate–Research strategy failed. It failed, in part, because ministers didn't follow WHO's advice to “test, test, test” every suspected case. They didn't isolate and quarantine. They didn't contact trace. These basic principles of public health and infectious disease control were ignored, for reasons that remain opaque...

I asked NHS workers to contact me with their experiences. Their messages have been as distressing as they have been horrifying. “It's terrifying for staff at the moment. Still no access to personal protective equipment [PPE] or testing.” ... “There's been no guidelines, it's chaos.” ... “We are literally making it up as we go along.” ...

The Chief Executive Officer of the NHS in England, and the Chief Scientific Adviser [had] a duty to immediately put the NHS and British public on high alert. February should have been used to expand coronavirus testing capacity, ensure the distribution of WHO-approved PPE, and establish training programmes and guidelines to protect NHS staff. They didn't take any of those actions. The result has been chaos and panic across the NHS. Patients will die unnecessarily. NHS staff will die unnecessarily. It is, indeed, as one health worker wrote last week, “a national scandal”. The gravity of that scandal has yet to be understood.'

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Best wishes, Neil

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HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (245) The Lancet: COVID-19: learning from experience**

27 March, 2020

Dear HIFA colleagues,

Citation and extracts below of a lead editorial in The Lancet. (Meanwhile, I heard just now on the radio that UK Prime Minister Boris Johnson has tested positive for the virus, thankfully with mild symptoms to date.)

CITATION: Editorial | volume 395, issue 10229, p1011, march 28, 2020

COVID-19: learning from experience

The Lancet

Published: March 28, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30686-3](https://doi.org/10.1016/S0140-6736(20)30686-3)

'Many countries are still not following WHO's clear recommendations on containment (widespread testing, quarantine of cases, contact tracing, and social distancing) and have instead implemented haphazard measures, with some attempting only to suppress deaths by shielding the elderly and those with certain health conditions...'

'Health workers have shown an incredible commitment to their communities and responded with compassion and resolve to tackle the virus despite challenging and sometimes dangerous conditions. Neighbours have organised to support vulnerable people; businesses and national governments have stepped up to provide support for those who need it and strengthen social security and health services. The pandemic has also brought examples of international solidarity, with the sharing of resources, information, and expertise from countries further ahead in the epidemic, or with better results in controlling the spread.

'There is a growing understanding about the importance of the collective and community. Europe and the USA have shown that putting off preparation, in either the hope of containment elsewhere or a mood of fatality, is not effective. It is imperative that the global community takes advantage of this spirit of cooperation to avoid repeating this error in more vulnerable countries. WHO has provided consistent, clear, and evidence-based recommendations; communicated effectively; and navigated difficult political situations shrewdly. The world is not lacking effective global leadership. The central role played by WHO in coordinating the global response must continue, and countries and donors need to support WHO in these efforts.'

--

Best wishes, Neil

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## **Coronavirus (244) COVID-19 gives the lie to global health expertise**

27 March, 2020

Sarah Dalglish (Johns Hopkins School of Public Health) writes: 'We must move quickly, for our own security, beyond the rhetoric of equality to the reality of a more democratic, more multipolar, more networked, and more distributed understanding and operation of global health.'

CITATION: COVID-19 gives the lie to global health expertise

Sarah L Dalglish

Published: March 26, 2020

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30739-X](https://doi.org/10.1016/S0140-6736(20)30739-X)

### **SELECED EXTRACTS**

'The 2019 Global Health Security Index, an assessment of 195 countries' capacity to face infectious disease outbreaks, compiled by the US-based Nuclear Threat Initiative and the Johns Hopkins School of Public Health's Center for Health Security. The USA was ranked first, and the UK second...'

'Things look different now. The US and UK Governments have provided among the world's worst responses to the pandemic, with sheer lies and incompetence from the former, and near-criminal delays and obfuscation from the latter. Neither country has widespread testing available, as strongly recommended by WHO, alongside treatment and robust contact tracing. In neither country do health workers have adequate access to personal protective equipment; nor are there nearly enough hospital beds to accommodate the onslaught of patients. Even worse, by refusing to ease sanctions against Iran, Venezuela, and Cuba, the US has crippled the ability of other countries to respond...

Meanwhile, Asian countries, including China, South Korea, Singapore, and Taiwan, have provided rapid, effective, and often innovative responses...

Although it is too early to assess the strength of the COVID-19 response in Africa, African countries, despite limited resources, have also adopted measures worth imitating, such as simplified triage strategies...

We must move quickly, for our own security, beyond the rhetoric of equality to the reality of a more democratic, more multipolar, more networked, and more distributed understanding and operation of global health.'

--

Best wishes, Neil

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### **Coronavirus (243) Resources focusing on Covid-19 and disability**

27 March, 2020

The message below is forwarded from CORE Group sbc forum. I note that the vast majority of these resources are in English only.

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We have compiled a repository of resources focusing on Covid-19 and disability.

<https://docs.google.com/document/d/1IVP1u6yHfLuN9qNyLEct5-vtC0aqLKtKr-o-...>

At the top of the list you'll find several links to materials in easy read formats, which are available in various languages and contain a lot of visual information.

I hope this helps, and if you find other relevant resources please feel free to share.

Many thanks and best wishes,

Andrea

Andrea Pregel

Programme Advisor, Social Inclusion and Disability

Visit our website: [www.sightsavers.org](http://www.sightsavers.org)

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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## **Coronavirus (242) Rapid response / synthesis on airport screening for covid control**

27 March, 2020

Hi HIFA colleagues

Please let me know if you are aware of an existing rapid response or synthesis of evidence on airport screening for covid control. Colleagues at the South African MRC have received this request from the MoH.

Thanks

Simon

HIFA profile: Simon Lewin is a health systems researcher at the Norwegian Institute of Public Health and the Medical Research Council of South Africa ([www.mrc.ac.za](http://www.mrc.ac.za)). His work is mainly in the field of implementation research, including systematic reviews of health systems interventions; the development and evaluation of strategies for changing professional and user behaviours and the organization of care; and the use of lay or community health workers to deliver care. He is an editor for the Cochrane Consumers and Communication Review Group and the Cochrane Effective Practice and Organisation of Care Review Group. He is a member of the HIFA working group on CHWs:

<http://www.hifa.org/projects/community-health-workers>

<http://www.hifa.org/support/members/simon>

Email: simon.lewin AT nokc.no

## **Coronavirus (248) COVID-19 resources, from the Knowledge Translation Unit, University of Cape Town**

27 March, 2020

Dear Friends

The Knowledge Translation Unit (KTU) team at the University of Cape Town have been working as quickly as possible over the last few weeks to create resources to help fight the COVID-19 pandemic. These resources are in use in South Africa and we're happy to share them via the KTU website at: <https://knowledgetranslation.co.za/resources/>

Most of the COVID-19 resources are available in word and powerpoint format under the "COVID-19 Editable material templates (MS Word and PowerPoint)" section on the website, so that they can easily be adapted for local use in different countries and contexts.

The current list of resources includes:

COVID-19 Resources for First Line Management: First Line Facility Management of possible COVID-19, Mask Information COVID-19



COVID-19 Resources for the Public and Communities: General Advice for the Public, Information for Travellers, Isolation Information, Community Poster, Workplace information, Medication Poster

COVID-19 Training Resources: PACK Onsite Training resources, PACK Master Trainers Powerpoint for training Facility Managers and Facility Trainers, PACK Training programme

Feel free to share these resources widely with your colleagues wherever they may be useful, and check for updates on the KTU website as the resources are being updated regularly. Please contact us via my e-mail address below if you have any questions about these resources.

Stay safe. Working together to overcome COVID-19!! Best wishes from all at the KTU and PACK team, University of Cape Town Lung Institute.

### **Coronavirus (247) Fake news in Nigeria**

27 March, 2020

African Arguments has an interesting piece on fake news in covid-19 with a focus on Nigeria: "The other COVID-19 pandemic: Fake news" (<https://africanarguments.org/2020/03/26/the-other-covid-19-pandemic-fake...>): " False information in Nigeria is undermining medical advice, proffering fake cures, inciting panic and being used for political point-scoring." [\*see note below]

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

[\*Note from HIFA moderator (Neil PW): Thanks Chris. For the benefit of those who may not have immediate web access, here are a few extracts:

'Many Nigerians simply refuse to believe the disease's existence.'...

'According to Lagos health officials, three people have been hospitalised after overdosing on chloroquine. This followed rumours, publicly endorsed by US President Donald Trump, that the drug could treat the virus.'

'Nigerians may be particularly vulnerable not because they are uniquely gullible, but because of weak communications between the government and the governed, high reverence for miracle healing and a dilapidated health care system.'...

'On 23 March, for example, an audio clip emerged on WhatsApp of an alleged World Health Organization (WHO) official predicting that at least 45 million Nigerians would die in the pandemic... Other so-called experts have proffered cures such as constant sex or sitting in the sun, or have claimed that African blood is immune to the coronavirus. None of these have any medical basis...

'WhatsApp, in particular, is a common conduit as it allows for the circulation of different types of media such as audio, video, text and links. For audio in languages like Hausa, listeners do not necessarily have to be literate to understand.']

### **Coronavirus (249) Webinar: Clear Communication during the COVID-19 Pandemic, April 9, 2020**

28 March, 2020

[Forwarded from the Health Literacy Discussion List. You may have to register (free) to be eligible for this (free) webinar: <https://www.healthliteracysolutions.org/> ]

Clear Communication during the COVID-19 Pandemic

Clear Communication during the COVID-19 Pandemic

Date: Thursday, April 9, 2020

Time: 9:00 am Pacific Time

Duration: 1 Hour

Presenters: Stacy Robison & Eskarlethe Juarez

#### **Webinar Description**

Join us as we discuss the various ways health literacy may be impacting the response to COVID-19 and share practical tips for communicating clearly during a public health emergency. Also, hear about a COVID-19 resource page dedicated to providing effective communication material all in one location.

Participants who attend this webinar will be able to:

- Describe at least 3 domains of health literacy and their potential impact on public response to COVID-19.
- Identify at least 2 techniques to communicate clearly during a public health emergency.
- Identify at least 1 best practice from the field of risk communication that can be used to improve the clarity of health messages.

Wondering how to explain a complex COVID-19 message in plain language? Send us your tricky terms and questions ahead of time and we'll try to address them during the webinar. Email them to [dgonzalez@iha4health.org](mailto:dgonzalez@iha4health.org)

[...]

#### About the Speakers

Stacy Robison, MPH, MCHES

CommunicateHealth, Inc.

Stacy Robison, MPH, President of CommunicateHealth, Inc. started the business at age 30 in her attic. 11 years later, CommunicateHealth has more than 90 employees and an impressive roster of government and private sector clients. Stacy has been a key player in the field of health literacy for the past decade, focusing on digital health literacy and public health.

Eskarlethe Juarez, CHES

Institute for Healthcare Advancement

Eskarlethe Juarez is a Health Education Associate at the Institute for Healthcare Advancement (IHA). Currently, she is pursuing her Masters of Public Health degree at the California State University, Northridge. She holds a B.S. degree in Health Science with a concentration in Community Health. She is also a Certified Health Education Specialist from the National Commission for Health Education Credentialing. For Ms. Juarez, improving others' health status is not just an exercise in health science, it is a mission.

Sign up here today! <https://www.healthliteracysolutions.org/events/event-description?Calenda...>

Beth Scott

--

Forwarded by Neil Pakenham-Walsh, HIFA moderator

**Coronavirus (250) Associations between immune-suppressive and stimulating drugs and COVID-19**

28 March, 2020

A new study from King's College London published in *ecancer* explores the associations between immune-suppressive and stimulating drugs and COVID-19.

The article analyses 89 existing studies on other coronavirus strains such as MERS and SARS, as well as the limited literature on COVID-19, to find out if certain pain medications, steroids, and other drugs used in people already suffering from diseases should be avoided if they catch COVID-19.

The authors found that there is no evidence for or against the use of non-steroidal anti-inflammatory drugs such as ibuprofen for patients with COVID-19.

Read the open access article

<https://ecancer.org/en/journal/article/1022-associations-between-immune-...>

Katie Foxall

Head of Publishing

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HIFA profile: Katie Foxall is Head of Publishing at eCancer, Bristol, UK. [katie AT ecancer.org](mailto:katie@ecancer.org)

### **Coronavirus (252) The harms of exaggerated information and non-evidence-based measures**

29 March, 2020

John P. A. Ioannidis, Professor of Medicine and Health Research at Stanford University, is among the ten most quoted scientists in the world, according to the Einstein Foundation. A Professor of Epidemiology at Stanford University and a regular lead speaker at conferences on research integrity and evidence-informed policy and practice, he has just published a notable paper in the *European Journal of Clinical Investigation*. Citation, abstract, problems, and conclusion below.

CITATION: Coronavirus disease 2019: the harms of exaggerated information and non-evidence-based measures

John P.A. Ioannidis. *Eur J Clin Invest*. 2020 Mar 23:e13223. doi: 10.1111/eci.13223

<https://onlinelibrary.wiley.com/doi/abs/10.1111/eci.13222> (note this article has been accepted for publication and undergone full peer review but has not yet been through the copyediting, typesetting, pagination and proofreading process)

## ABSTRACT

The evolving coronavirus disease 2019 (COVID-19) pandemic<sup>1</sup> is certainly cause for concern. Proper communication and optimal decision-making is an ongoing challenge, as data evolve. The challenge is compounded, however, by exaggerated information. This can lead to inappropriate actions. It is important to differentiate promptly the true epidemic from an epidemic of false claims and potentially harmful actions.

Problems with early estimates and responses to the COVID-19 epidemic

- A highly flawed non-peer-reviewed preprint claiming similarity with HIV-1 drew tremendous attention; it was withdrawn, but conspiracy theories about the new virus became entrenched
- Even major peer-reviewed journals have already published wrong, sensationalist items
- Early estimates of the projected proportion of global population that will be infected seem markedly exaggerated
- Early estimates of case fatality rate may be markedly exaggerated
- The proportion of undetected infections is unknown but probably varies across countries and may be very large overall
- Reported epidemic curves are largely affected by the change in availability of test kits and the willingness to test for the virus over time
- Of the multiple measures adopted, few have strong evidence, and many may have obvious harms
- Panic shopping of masks and protective gear and excess hospital admissions may be highly detrimental to health systems without offering any concomitant benefit
- Extreme measures such as lockdowns may have major impact on social life and the economy; estimates of this impact are entirely speculative
- Comparisons with and extrapolations from the 1918 influenza pandemic are precarious, if not outright misleading and harmful

## CONCLUSION

If COVID-19 is indeed the pandemic of the century, we need the most accurate evidence to handle it. Open data sharing of scientific information is a minimum requirement. This should include data on the number and demographics of tested individuals per day in each country. Proper prevalence studies and trials are also indispensable.

If COVID-19 is not as grave as it is depicted, high evidence standards are equally relevant. Exaggeration

and over-reaction may seriously damage the reputation of science, public health, media, and policy makers. It may foster disbelief that will jeopardize the prospects of an appropriately strong response if and when a more major pandemic strikes in the future.

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (251) International Medical Expert Communication Platform**

29 March, 2020

Dear all,

Please check the multilingual platform offering medical expert communication supported by Jack Ma Foundation.

<https://www.alibabacloud.com/solutions/dingtalk/international-medical-ex...>

Alibaba's DingTalk has played an important role in controlling the COVID-19 outbreak in China. Every day, a large number of Chinese medical experts contribute their efforts and work remotely through the application. DingTalk is now opening up its capabilities as a digital platform to medical staff around the world, allowing experts all over the world to communicate seamlessly with global doctors who can share their invaluable experience of fighting COVID-19.

Through real-time multi-language translation, remote video conferencing and other functions, medical staff in any country can communicate in real time and exchange knowledge. This can assure more effective prevention and control measures are implemented at the optimum time, and the best approach is taken for patient treatment, minimizing the damage caused by COVID-19.

Simply download DingTalk application, create an account, and add contacts to start an instant communication around the world.

Real-time intelligent AI translation to create a barrier-free communication environment for medical staff all over the world.

Implement remote diagnosis and experience sharing through the video conference and live screen sharing feature.

How It Works

- Visit [www.dingtalk.com/en](http://www.dingtalk.com/en) to download DingTalk.

- Sign up with your personal information (Name and Phone Number) and log in.

- Join International Medical Expert Communication Center

Apply to Join International Medical Expert Communication Center.

- Method 1: Join by team code. Select Contacts > Join Team > Join by Team Code, then input team ID YQDK1170.

- Method 2: Join by scanning the QR code.

Fill out your information to join. Enter your name, country and medical institution. After the admin has approved, you can join the group and start instant chat with doctors.

Start Instant Communication with Foreign Doctors with AI Translation Function

Doctors across the world can initiate a group chat with just one click, and share experiences and recommendations with each other through instant online messaging. DingTalk provides a rich set of functions, such as file and image transfers. It also supports real-time AI translation to enable cross-border communication without barriers. Languages supported include Arabic, Chinese, English, French, Indonesian, Japanese, Russian, Spanish, Thai, Turkish, and Vietnamese.

Start a Video Conference:

By initiating a video conference, medical experts are able to share their camera feed and screens with the conference members. Presentations can be delivered by video to share data and allow discussion.

DingTalk supports most popular platforms on both mobile and PC, including Android, iOS, Windows, and Mac.

Best regards,

Tatjana

HIFA Profile: Tatjana Kobb Tatjana Kobb is a Medical Doctor and founder of Boston Sustainability Advising. She has worked on developing strategic programs for international organizations, national services providers and universities from UNICEF and WHO to Qatar Petroleum and King Abdullah University of Science and Technology. In the past decades she has mastered stakeholder engagement and relationship management toward building strategic partnerships to ensure each organization's mission can be realized to ensure the best interest of the served community. She is passionate about leading and enabling delivery of best services and products in line with the UN 2030 Sustainable Development Agenda and implementation of the 10 Principles of the UN Global Compact. Working on reaching the 17 Sustainable Development Goals (SDGs) by stakeholder engagement and performance improvement of governments and organizations she has a role in mentoring and supporting executives, as well as youth leaders in their career transition and development in addition to her PhD work at the

IEDC Bled School of Management and the GRI G4 reporting she conducts. She is a HIFA Country Representative and member of the HIFA working group on Information for Citizens, Parents and Children and the HIFA working group on Mobile Healthcare Information for All.

<http://www.hifa.org/people/country-representatives/map>

<http://www.hifa.org/projects/citizens-parents-and-children>

<http://www.hifa.org/projects/mobile-hifa-mhifa>

<http://www.hifa.org/support/members/tatjana>

tatjana.kobbATbostonsustainabilityadvising.com

## **Coronavirus (254) The harms of exaggerated information and non-evidence-based measures (2)**

29 March, 2020

The paper by John P. A. Ioannidis I circulated this afternoon noted that

- Even major peer-reviewed journals have already published wrong, sensationalist items
- Early estimates of the projected proportion of global population that will be infected seem markedly exaggerated
- Early estimates of case fatality rate may be markedly exaggerated

An example of this is one poorly chosen word - 'expected' - in a leaked document from Public Health England.

The document was reportedly seen by The Guardian newspaper, which quoted from it: 'As many as 80% of the population are expected to be infected with Covid-19 in the next 12 months, and up to 15% (7.9 million people) may require hospitalisation.'

This rapidly disseminated in the mass media and general medical journals:

'80 per cent of the population are expected to be infected', reported the Daily Mail

'8 million Britons to be hospitalised - secret Government document claims', The Express

'The model showed the disease infecting 80% of the British population in three to four months... Using a conservative 0.9% for Britain, the model put the death toll [in the UK] by the end of the summer at over half a million.' The Economist.

'The covid-19 outbreak is expected to last around one year (until spring 2021), with around 80% of the population infected and up to 15% of people (7.9 million) requiring hospitalisation in the UK, a briefing document produced by Public Health England for the government has said.' The BMJ



'Expected' to most readers implies 'likely'. And yet such a scenario is by no means likely. As The Guardian notes: 'Prof Chris Whitty, the government's chief medical adviser, has previously described that figure as the worst-case scenario and suggested that the real number would turn out to be less than that.'

Looking at the numbers in China, Italy, Spain, we are seeing tragic loss of life, but nowhere near as much as the worst case scenario described.

Seldom has a single word caused so much anxiety.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (253) Guidance on COVID-19 and haemoglobin disorders**

29 March, 2020

Forwarded from the WHO Global Patient Safety Network:

Dear colleagues and friends,

Thank you for taking the time to share information and experiences on the pandemic. Many sincere thanks also to all frontline doctors and nurses for your ceaseless efforts to save lives. Francesco, Sara and everyone working in the field, we are grateful.

We, as Thalassaemia International Federation, have prepared a booklet with useful information on COVID-19 and haemoglobin disorders. Our patients' community is one of the most vulnerable and it is important to keep everyone safe.

You may have a look here: <https://thalassaemia.org.cy/publications/tif-publications/covid-19-pande...>

Our thoughts are with you and health providers in Italy and across the world.

Best regards,

Dr Androulla Eleftheriou

BSc, MSc, PhD

Executive Director, Thalassaemia International Federation

Thalassaemia International Federation

PO Box 28807, 2083 Strovolos, Cyprus

Tel: +357 22 319 129

Direct Line: +357 22 205 853

Fax: +357 22 314 552

Email: [thalassaemia-ea@thalassaemia.org.cy](mailto:thalassaemia-ea@thalassaemia.org.cy)

[www.thalassaemia.org.cy](http://www.thalassaemia.org.cy)

Forwarded by Neil Pakenham-Walsh, HIFA moderator

### **Coronavirus (255) Urgently Needed Mental and Psychological Support**

29 March, 2020

Dear Members,

India is currently under lock down to reduce the risk of corona virus infection. The plight of senior citizens have become pitiable. I would, if there are any organizations in India or other countries, who can speak to them to alleviate their depression. I myself is 65 years old and have become severely depressed, for want of any gainful work.

Thanks,

Dr.Tusharkanti Dey

--

Dr.Tusharkanti Dey Community Health Adviser (Retired), All India Institute of Hygiene & Public Health

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<https://www.facebook.com/cloudHQ>

<https://www.linkedin.com/company/cloudhq>

[https://www.twitter.com/cloudHQ\\_net](https://www.twitter.com/cloudHQ_net)

HIFA Profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT.

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### **Coronavirus (257) Urgently Needed Mental and Psychological Support (2)**

30 March, 2020

Dear Tusharkanti,

"I myself is 65 years old and have become severely depressed"

I shall liaise with you one-to-one off-list, but I just want to say on behalf of HIFA that we are with you.

These times are very challenging. The World Health Organization has issued guidance that you may find helpful:

<https://www.who.int/docs/default-source/coronaviruse/mental-health-contri...>

Please don't hesitate to reach out for support from friends, colleagues, and health professionals.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (259) Urgently Needed Mental and Psychological Support (3)**

30 March, 2020

Dear All,

Anyone looking for help can contact Corona Care Life <https://coronacare.life/>

Corona Care (<https://coronacare.life/>)

[www.CoronaCare.life](http://www.CoronaCare.life) is technology platform for connecting the professional who are willing to support cause of corona care with callers looking for support.

In order to assist those who are undergoing stress because of Corona Virus crisis, an online Help Desk was launched at Catholic Health Association of India, Directorate, Hyderabad on 26th February.

Billion Lives, a social impact tech company based in Bangalore, India, headed by Mr. John Santhosh, developed the necessary platform and tech solutions for coronacare.life. People can come to the site for live chats, audio and video calls, apart from communicating through mails. The site [www.coronacare.life](http://www.coronacare.life) is active and accessible. There are about 30 professionals from social work and psychology background ready to take calls and deal with fears and anxieties about corona virus crisis. Doctors are ready to answer medical queries.

Multilingual Support: When it comes to language you don't have to worry about being on the wrong page we have multilingual support.

A panel of social workers, psychologists & counselors who are waiting to speak to you with 24X7 availability.

You can also find more resource platforms and documents on mental health and psychosocial support in our Toolbox [www.covid19box.org](http://www.covid19box.org)

Best wishes

Sieglinde Mauder

MEDBOX Projekt Manager

[www.medbox.org](http://www.medbox.org)

[www.covid19box.org](http://www.covid19box.org)

HIFA Profile: Sieglinde Mauder is Librarian at the Medical Mission Institute, Würzburg, Germany. She collects and distributes resources on HIV/AIDS, tropical diseases, humanitarian aid, health service management, e-learning for partners in developing countries.

Email: sieglinde.mauder AT medmissio.de

### **Coronavirus (258) COVID-19 Game to raise awareness**

30 March, 2020

Dear all,

I hope that all HIFA network members are well.

Because COVID-19 is causing confusion and anxiety we've developed a simple online COVID-19 Game that offers the facts (from UK government and NHS sources). It's free-to-play and works on any device through a web browser. It only takes couple of minutes and there is no registration required.

Please share the link however you wish. It's intended for anyone and everyone: <https://games.focusgames.co.uk/coronavirus/game/>

The game is being played by adults and older children and here is some feedback from a teacher in Egypt:

I teach grade 8 students (14 years). My students are in COVID-19 isolation and their response to eLearning was disappointing. I needed to attract their attention. We were exploring diseases in populations and I sent them the COVID-19 Game. It was like magic! Within 2 hours they were sending selfies of their scores, encouraging others to play and sharing information. The students were engaged, they learned and were entertained. Thank you. Haidy Wael, Science Teacher, Egypt.

If anyone in the network wants to discuss making a version specific to their country/region we'd be happy to discuss it.

Regards, Andy

Andy Yeoman

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Game-Based Learning

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Focus Games Ltd is registered in England and Wales. Reg No. 5149033. Registered office 20-22 Wenlock Road, London, N1 7GU. VAT No. GB863717010.

HIFA Profile: Andy Yeoman is Director of Focus Games Ltd, United Kingdom. Professional interests: Education, training, development.

Email address: andy AT focusgames.com

### **Coronavirus (265) Perspectives on physical distancing**

30 March, 2020

Hi Neil,

I have a resource and request for participants regarding novel coronavirus.

We are collecting perspectives on physical distancing - what makes it easier or harder for people to change their behavior?

Our goal is to provide information that will help governments, researchers, influencers, and people like you to better support those around you as change is implemented.

We are looking to hear from lots of different people with lots of different perspectives. We think this will be really relevant to the HIFA community. We would be so grateful if you would add this to your newsletter and post it on social media.

See details below and let me know if you have any questions.

Julia

Header: Share your perspective on physical distancing: how you can help with COVID-19

The Center for Implementation (TCI) is collecting perspectives on physical distancing - what makes it easier or harder for people to change their behavior?

TCI is looking to hear from many different people with lots of different perspectives. It's easy to participate by answering just a few short survey questions (it takes about 5 minutes). The questionnaire is anonymous, so no one will know how you responded.

TCI will be using the information collected to craft better messaging so that governments, experts, influencers, and people like you can better support others as they learn to practice physical distancing. You can check out their short videos to learn more.

Link: <https://thecenterforimplementation.com/covid19>

This work is not about judging anyone's choices or behavior; this is about understanding everyone's perspective.

Please share with friends, family, and colleagues - particularly those with a different perspective on physical distancing.

--

Julia E. Moore, Ph.D.

Senior Director

647-390-1929

[thecenterforimplementation.com](https://thecenterforimplementation.com)

<https://www.linkedin.com/in/julia-e-moore/>

Follow us on Twitter: @TCI\_ca

Want to learn more about how implementation science can enhance your change efforts? Sign up for Inspiring Change, our free online mini-course.

HIFA profile: Julia Moore is Senior Director at The Centre for Implementation, Canada.  
thecenterforimplementation.com <https://www.linkedin.com/in/julia-e-moore/> Twitter: @TCI\_ca  
julia.moore AT thecenterforimplementation.com

### **Coronavirus (264) Evidence for or against using NSAIDs for COVID-19 patients**

30 March, 2020

New article summarising the evidence for or against using NSAIDs for COVID-19 patients

There have been a number of reports stating that non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroids may exacerbate symptoms in COVID-19 patients. A new review published in *ecancer* collates information available in published articles to identify any evidence behind these claims with the aim of advising clinicians on how best to treat patients.

Read the open access article here <https://ecancer.org/en/journal/article/1023-covid-19-and-treatment-with-...>

Katie Foxall

Head of Publishing

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HIFA profile: Katie Foxall is Head of Publishing at eCancer, Bristol, UK. katie AT ecancer.org

[\*Note from HIFA moderator (Neil PW): For the benefit of those who may not have immediate web access, here is the abstract:

'Given the current SARS-CoV-2 (COVID-19) pandemic, the availability of reliable information for clinicians and patients is paramount. There have been a number of reports stating that non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroids may exacerbate symptoms in COVID-19 patients. Therefore, this review aimed to collate information available in published articles to identify any evidence behind these claims with the aim of advising clinicians on how best to treat patients. This review found no published evidence for or against the use of NSAIDs in COVID-19 patients. Meanwhile, there appeared to be some evidence that corticosteroids may be beneficial if utilised in the early acute phase of infection, however, conflicting evidence from the World Health Organisation surrounding

corticosteroid use in certain viral infections means this evidence is not conclusive. Given the current availability of literature, caution should be exercised until further evidence emerges surrounding the use of NSAIDs and corticosteroids in COVID-19 patients.']

## **Coronavirus (263) WCEA Launches Education Platform & Mobile App COVID-19 Education for Nurses & Midwives**

30 March, 2020

WCEA Launches Education Platform & Mobile App Offering Free COVID-19 Education for Nurses and Midwives in Low & Middle-Income Countries

Broad range of Continuing Professional Development (CPD/CE) for nurses, midwives & other cadres available at no cost from WCEA to assist with capacity building for improved health outcomes

30 March 2020, Malaga, Spain: The World Continuing Education Alliance (WCEA) announces that it is making its robust inventory of digital nursing & midwifery CPD modules, including up-to-date, approved information on the COVID-19 virus, and its data management programmes available free of charge for Nursing Councils and Associations, hospital groups and individual nurses in low and medium-income countries (LMIC) <https://lmic.wcea.education>.

It is anticipated that LMIC countries, with 25% of the world's health burden but just 2% of its health care workers, will be severely impacted by the COVID-19 pandemic. The need for the most accurate, latest information on self-protection and safe patient handling is critical for these key health care providers, who in turn are the frontline health workers protecting their societies.

The WCEA is a specialist Continuing Nursing Professional Development (CPD/CNE) platform that provides access to resources through online and mobile technology, as well as its data management programmes for tracking learning leading to recertification. WCEA works in collaboration with the International Council of Nurses (ICN) and in partnership with the World Medical Association (WMA), with support from United Nations Population Fund (UNFPA) country offices and Jhpiego, to ensure access to the latest information is available to nurses and midwives on free platforms.

International Council of Nurses President Annette Kennedy emphasised: "At this time when nurses and other healthcare workers are facing a challenge of unprecedented proportions with the COVID-19 pandemic, we clearly have to use every avenue available to us to educate, inform and share learnings. We must embrace technological solutions and ICN welcomes the launch of this new education platform and mobile app."

Key WCEA educational partners include the Royal College of Nursing, Royal College of Midwives, Aga Khan University and Jhpiego, an expert health organization affiliated with Johns Hopkins University.

Launched in Mid- January 2020 to celebrate the Year of the Nurse and Midwife, the WCEA provides free access to support Ministries of Health, Nursing Regulators and Professional Associations in LMICs with free platforms, applications and content. Since the launch more than 150,000 courses have already been completed, by nearly 100,000 nurses/midwives.



"I want to register our appreciation to the team at WCEA for the excellent collaboration that has existed between us. The great success of the CPD App and online platform has offered tremendous opportunities for nurses and midwives to have access to both local and international updates to renew their licenses or registration. The NMC Ghana shall remain forever grateful. It will be fantastic to sustain this collaboration. Felix Nyante, Registrar, Ghana Nursing & Midwifery Council

To date WCEA has launched successfully in, Botswana, Eswatini, Ghana, Kenya, Lesotho, Liberia, Malawi, Nigeria, Rwanda, Seychelles, Tanzania, Uganda, Zambia, Zimbabwe.

It will also soon be available to nurses and midwives in South Africa, Namibia, Sierra Leone, Gambia, Philippines, Grenada, Guyana, Jamaica, Nepal, Bangladesh, Sri Lanka, Fiji, Jordan Dominica, Belize, India and Palestine. For further information <https://lmic.wcea.education> or contact Craig Fitzpatrick, WCEA 2020 Director at [craig.fitzpatrick@wcea.education](mailto:craig.fitzpatrick@wcea.education)

### **Coronavirus (262) Urgently Needed Mental and Psychological Support (4)**

30 March, 2020

Dear Dr. Dey,

The Institute for Psychological Health (IPH) has been hosting online forums for mental health during this crisis. They also offer online counselling.

<http://www.healthymind.org/>

Below is the link to one

[https://www.youtube.com/watch?v=OEMR\\_tOTSWM&feature=share&fbclid=IwAR2gH...](https://www.youtube.com/watch?v=OEMR_tOTSWM&feature=share&fbclid=IwAR2gH...)

Hope this helps.

Regards,

Priya

Priya Anaokar, PhD

Project Coordinator

Caribbean Child Development Centre

Consortium for Social Development and Research

The University of the West Indies

OPEN CAMPUS

Kingston, Jamaica.

Website: [www.open.uwi.edu](http://www.open.uwi.edu)

Intranet: [intra.open.uwi.edu](http://intra.open.uwi.edu)

Email: [priya.anaokar@open.uwi.edu](mailto:priya.anaokar@open.uwi.edu)

Telephone: (876) 9776982

Fax: (876) 977-7433

HIFA profile: Priya Anaokar is Project Co-ordinator of the Global Child Development Group, Jamaica. Professional interests include Early Childhood development, Mental health, Preventive interventions. [priya.anaokar AT dec.uwi.edu](mailto:priya.anaokar@open.uwi.edu)

### **Coronavirus (261) SAWBO COVID-19 Animation and Building a WhatsApp Network to Share Educational Content (3)**

30 March, 2020

Dear HIFA,

The following is a response to a comment from Chris Zielinski (see below).

We strongly appreciate Chris's comment, and we must note there was no malicious intent. Our animators created this animation in record time (8 days) between their day jobs. We had a large team of people check over this animation prior to release and no one noted such a concern.

There was certainly no intent to convey such a message.

However, we have taken Chris's comments to heart and have updated the animation. We thank Chris for his comments - they are highly appreciated. We also thank Chris for looking over the updated version before its release yesterday.

Please see the updated animation (in English)

- [https://www.youtube.com/watch?v=s2fNyTbBH7I&feature=emb\\_logo](https://www.youtube.com/watch?v=s2fNyTbBH7I&feature=emb_logo) and please share as you see fit. The 3gp files, for WhatsApp sharing, have been updated as well.

Your sharing of this content is what we need. Thanks in advance for your efforts.

We will be updating our other language variant animations in the coming days.

Thanks.

Regards,

Barry

HIFA profile: Barry Pittendrigh is a Professor at Scientific Animations Without Borders (SAWBO), USA. Scientific Animations Without Borders (SAWBO) creates and deploys educational animations for low literate learners in their own languages. These animations can be downloaded from SAWBOs website and used on cell phones in educational programs. [pittendr@illinois.edu](mailto:pittendr@illinois.edu)

Coronavirus (238) SAWBO COVID-19 Animation and Building a WhatsApp Network to Share Educational Content (2)

26 March, 2020

It's a pity that, at the beginning of this animation, the spread of Covid-19 is repeatedly shown (from 0:21) as a kind of pulsing ray from China spreading to the rest of the world. While this may reflect the US President's notions, it was declared a pandemic over a month ago: Covid-19 is spreading by local transmission on each continent. Even in the simplified diagram in your animation, this should be depicted as a pulsing ray in each larger land mass to avoid location or ethnicity bias.

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com) <<mailto:chris@chriszielinski.com>>

Blogs:<http://ziggytheblue.wordpress.com>

<<http://ziggytheblue.wordpress.com/>>and<http://ziggytheblue.tumblr.com>

<<http://ziggytheblue.tumblr.com/>>

Research publications:<http://www.researchgate.net>

<<http://www.researchgate.net/>>

### **Coronavirus (260) Free WASH resources for COVID-19 response**

30 March, 2020

Practical Action Publishing has made a collection of WASH books and articles temporarily FREE to access. Find articles/books that focus on community response to the COVID19 pandemic in lower income countries, including water availability, handwashing, and messaging around hygiene & physical distancing:

<https://practical-action.org/t/10U-6T81E-B869K6V111/cr.aspx>

Rosanna Denning

Marketing and Communications Coordinator

Practical Action Publishing

T: +44 (0)1926 634417

Print & eBooks [www.developmentbookshop.com](http://www.developmentbookshop.com)

Online Knowledge eLibraries & Journals [www.developmentbookshelf.com](http://www.developmentbookshelf.com)

Request Review Copies [www.bit.ly/PAPREVIEWS](http://www.bit.ly/PAPREVIEWS)

General website [www.practicalaction.org/publishing](http://www.practicalaction.org/publishing)

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Facebook: @PracticalActionPublishing

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[www.practicalactionpublishing.org](http://www.practicalactionpublishing.org)<<http://www.practicalactionpublishing.org/>>

Practical Action Publishing is the trading name of Practical Action Publishing Ltd.

Company Reg. No 1159018, England

HIFA profile: Rosanna Denning is Marketing and Communications Assistant at Practical Action Publishing, UK. Rosanna.Denning AT practicalaction.org.uk

### **Coronavirus (259) Lessons learned from Italy with the United States**

30 March, 2020

The message below is forwarded from the WHO Global Patient Safety Network.

--

Grateful appreciation for Sara Albolino, Ph.D. and Giulia Dagliana, PSM, MSc. on COVID-19 lessons learned.

Sara and Giulia shared lessons learned and provided valuable guidance to US in a podcast. The podcast has been widely circulated among healthcare provider organizations, patient advocates, and government organizations.

In the 50 minute podcast, there is discussion on:

- Have entire country following same mitigation strategy and implement early
- Test to identify cases and to understand support and equipment needs
- Provide ample Personal Protective Equipment to avoid deaths and illness among healthcare workers and reduce spread of COVID-19 to uninfected COVID-19 patients
- Have ample ventilators as most patients will use a ventilator for 11-21 days. Have a plan on how you will handle without enough ventilators
- Utilize hotels for post hospitalization and less serious COVID-19 cases and have separate hotels for hospital staff as some will barely get any sleep during the peak of COVID-19
- Prepare staff and families that patients may die alone which is very difficult but families are not allowed in intensive care
- Document and widely share processes that have positive health outcomes for COVID-19 patients  
healthcare providers are desperate for solutions

To listen to the podcast, <https://www.projectpatientcare.org/podcasts/>

Very grateful that in the midst of so much heartbreak in Italy that Sara and Giulia shared their knowledge and expertise so that others can implement strategies that worked and helped us to prepare. As all of you may know, we are in the midst of many large outbreaks in the US - including in Chicago where I am located.

Take care everyone - and let's work to ensure we are doing everything we can to protect and save patients and our healthcare workers.

Warmest thoughts and gratitude,

Pat

Patricia Merryweather-Arges

Executive Director

Project Patient Care

321 N. Clark Street, Suite 500 Chicago, Illinois 60654

United States

--

Forwarded by Neil Pakenham-Walsh, HIFA moderator

### **Coronavirus (269) Urgently Needed Mental and Psychological Support (5)**

31 March, 2020

Dr. Dey, I am so sorry to know of your personal and compatriots' plight -- it is a sad, frightening, and diminished time indeed globally, especially for those with few resources in reserve.

If work and educational resources would truly be a balm, might we please offer you (and your community health workers and other colleagues) these 4 free and accredited courses, created and tested here\* in the Lancet by your extraordinary compatriot, Dr. Vikram Patel, and colleagues:

Alcohol, Tobacco and other Substance Use Disorders (for Primary Care health providers) -

- <https://nextgenu.org/course/view.php?id=238>

General Psychological Counseling (for Community Health Workers) -

- <https://nextgenu.org/course/view.php?id=228>

Depression Counseling (for CHWs) -- <https://nextgenu.org/course/view.php?id=227>

Alcohol Counseling (for CHWs) -- <https://nextgenu.org/course/view.php?id=229>

These (and NextGenU.org's other) courses are all freely available for you, now and always. We hope they will help?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31589-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31589-6/fulltext)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31590-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31590-2/fulltext)

Kind Regards,

Miriam

Miriam Chickering RN, BSN, IBCLC

Chief Operating Officer

NextGenU.org

<https://www.facebook.com/nextgenuorg/>

<https://nextgenu.org/>

HIFA profile: Miriam Chickering is Chief Executive Officer of Nurses International, a non-profit focused on helping nurses obtain the education and the support they need to make a difference in developing nations worldwide. miriamchickering AT nursesinternational.org

### **Coronavirus (268) Free access articles on COVID19 from NEJM**

31 March, 2020

Free open access [\*see note below] articles on COVID19 from NEJM [New England Journal of Medicine]

'A special page at NEJM.org presents a collection of articles and other resources on the Coronavirus (Covid-19) outbreak, including clinical reports, management guidelines, and commentary. All articles are freely available.'

<https://www.nejm.org/coronavirus?query=RP>

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

[\*Note from HIFA moderator (Neil PW): The articles are free but not open-access. I reviewed the copyright information and re-use of the materials, including for educational purposes, appears to require a formal request and the journal's permission.]

### **Coronavirus (267) CoVID-19 tracking graphic with multiple countries at a glance**

31 March, 2020

New FT CoVID-19 tracking graphic with multiple countries at a glance...

plus > 20 resources...

<https://portal.internationalgme.org/neweventres>

HIFA profile: David Cawthorpe is Adjunct Assistant Professor at the University of Calgary, Canada. His professional interests include: Human Development, Developmental Psychopathology, and Delivery of low bandwidth medical education curriculum. cawthord AT ucalgary.ca

### **Coronavirus (266) Urgently Needed Mental and Psychological Support (5)**

31 March, 2020

Than you, Priya [<http://www.hifa.org/dgroups-rss/coronavirus-262-urgently-needed-mental-a...>]. I have been assisted to a great extent. Thank you very much.

Regards,

Dr.Tusharkanti Dey

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

### **Coronavirus (275) The harms of exaggerated information and non-evidence-based measures (3)**

31 March, 2020

I agree totally [\*see note below]. Especially for the low and middle income countries what happened after: Swine Flu, Bird Flu, MERS, SARS, Ebola, etc? . The causes of weak health systems ill-prepared to cope during health emergencies, is the failure to cover all the thematic areas expressed by WHO; systems in LMICs without the 12-Pillar Clinical Governance promoted by HRIWA <http://www.hriwestafrica.com> . May the world not go back to sleep after this pandemic, until the next one.

Joseph Ana

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor



National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.

Tel: +234 (0) 8063600642

Website: [www.hriwestafrica.com](http://www.hriwestafrica.com)

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

[\*Note from HIFA moderator (Neil PW): Joseph is responding to a message on the EVIDENCE-BASED-HEALTH discussion forum:

<https://acanticleforlazarus.com/2020/03/23/there-is-no-emergency-in-a-pa...> I would like to see extreme measures and they are called being prepared for a pandemic by learning from the last one with PPE and ventilators for all. It is hard to imagine that none consider the history of public health without preparing the world for the storm. Before this pandemic was when acting on those numbers mattered the most, counting the bodies is a slow and painful way to learn.

Kind Regards, Amy

Amy's message, in turn, is part of a discussion on a paper and YouTube video by the leading epidemiologist John Ioannidis:

<https://onlinelibrary.wiley.com/doi/abs/10.1111/eci.13222>

<https://www.youtube.com/watch?v=d6MZy-2fcBw&t=183s> ]

**Coronavirus (274) Rapid evidence synthesis to inform preparedness of community health workers for COVID-19**

31 March, 2020

Dear all,

The George Institute for Global Health has conducted a rapid evidence synthesis to inform plans and resources to ensure preparedness of community health workers for COVID-19. You can download the findings here [<https://www.georgeinstitute.org/frontline-health-workers-in-covid-19-pre...>], or see the report attached [\*see note below].

Hope this is useful.

Best wishes,

Emma

Emma Feeny

Head of Global Advocacy

The George Institute for Global Health

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75 George Street | Oxford OX1 2BQ | United Kingdom

T +44 7864 652 347

E [efeeny@georgeinstitute.org](mailto:efeeny@georgeinstitute.org) | W [www.georgeinstitute.org.uk](http://www.georgeinstitute.org.uk)

twitter | facebook | e-newsletter

HIFA profile: Emma Feeny is Senior Advocacy Advisor at the George Institute for Global Health in the UK. [efeeny AT georgeinstitute.org](mailto:efeeny@georgeinstitute.org)

[\*Note from HIFA moderator (Neil PW): HIFA doesn't carry attachments but the full text is available at the above URL. I note that the work was led by Soumyadeep Bhaumik, who was HIFA Country Representative of the Year for 2012 and is clearly going from strength to strength! For the benefit of those who may not have immediate access, here are the key issues which decision-makers need to consider, based on available evidence:

- FLHWs will be at an increased risk of COVID-19, even in the course of their normal activities. It is

essential to provide personal protective equipment (gloves, surgical masks, hand sanitisers; N95 masks if involved in contact tracing) in adequate quantity. This should be accompanied by training on proper usage in the early phase itself.

- Disruption in supply-chain, logistics and supportive supervision might be expected and this would impact routine service delivery. Advice should be given on which activities are to continue and which might be postponed. Guidelines and protocols for conducting additional activities and training is required.

- Engaging FLHWs who continue to perform routine service delivery in additional contact identification and listing, is not without its risk including that of transmission of COVID-19. A role focussed on creating awareness and support for prevention and countering social stigma is recommended for FLHWs.

- FLHWs might experience stigmatisation, isolation and been socially ostracised. Providing psychosocial support, non-performance-based incentives, additional transport allowance, child-care support should be planned. Awards and recognition are required for motivation.

- Social distancing related measures might not be appropriate in many contexts like urban slums, large/joint families, those living in small houses and the homeless.]

### **Coronavirus (273) COVID-19: Digital health literacy is a key to saving time, costs and lives**

31 March, 2020

(with thanks to HIFA member Irina Ibraghimova and LRC Network)

COVID-19: DIGITAL HEALTH LITERACY IS A KEY TO SAVING TIME, COSTS AND LIVES

<https://www.ictandhealth.com/news/covid-19-digital-health-literacy-is-a-...>

“The outbreak of coronavirus has reinforced the importance of health literacy to public health. More than a third of populations are at risk of having problematic health literacy, according to European research. People with low health literacy are more vulnerable to contracting COVID-19. When you don’t understand the details, the misinformation quickly spreads, and you can make bad decisions that impact your health and the safety of those around you” Dr. Kristine Sørensen, President of the International Health Literacy Association and Executive Chair of Health Literacy Europe.

Comment (Neil PW): Yes, digital health literacy is key - but equally important is the 'organisational health literacy' of those who package and disseminate information. It is critical that healthcare information providers think in terms of the needs and health literacy of their audiences. This includes such basic issues as using the right language. It is only a few months ago that the World Association of Medical Editors (WAME) issued a statement (further to 18 months of advocacy by HIFA) that English-language journals should consider the language needs of their readers and make at least the abstract available in the official language of the country where the research was undertaken. Similar consideration should be given to ensure the technical level and format of information is appropriate,

including for those with disabilities and who cannot read. Organisational health literacy is potentially easier to improve than individual health literacy. For more information on 'organisational health literacy' see: <https://journals.sagepub.com/doi/full/10.1177/0046958018757848>

## **Coronavirus (272) Association of Schools of Public Health in the European Region (ASPHER)**

31 March, 2020

(with thanks to Alberto Fernandez, lead moderator for HIFA-Spanish)

CITATION: Middleton, J., Martin-Moreno, J.M., Barros, H. et al. ASPHER statement on the novel coronavirus disease (COVID-19) outbreak emergency. Int J Public Health (2020). <https://doi.org/10.1007/s00038-020-01362-x>

### **EXTRACTS**

ASPHER, as Europe's representative organisation for Schools of Public Health, calls on all countries to strengthen the role and resources available to the WHO and to align with WHO policies. ASPHER supports sustaining and strengthening the ECDC mandate for international action. ASPHER calls on Europe's governing bodies, the European Commission and individual countries: to recognize the specific expertise of public health professionals involving them in decision-making to effectively coordinate European and in-country action; to invest adequate funding and resources in health systems, essential public health operations, planning and preparedness; and to include health in all policies.

The COVID-19 pandemic crisis will not be our last, laying bare the urgency of a strong and concerted effort to cultivate training, research and capacity in public health in order to develop and maintain a prepared cadre of public health experts and professionals. It is necessary to emphasize public health approaches and knowledge in other professions, bolstering multi-professional teams and cross-discipline collaboration. Moreover, the level of individual responsibility needed to comply with containment measures, emphasizes the requirement for a population that is health literate and the urgency to combat misinformation. Schools of Public Health promote multidisciplinary approaches, exchange knowledge of practice and public policies, and engage with European and international networks. Schools of Public Health have expertise to prepare public health leadership in how to organise and manage health care systems, in health protection and disease prevention, and in public communication. Whether dealing with an emergency pandemic, long-term threats such as climate change and regional insecurity, or routine measures to protect the public's health, we need such competencies. However, too often in the past, resources for public health training and education have been eroded or neglected leading to a poor state of preparedness and weakened response to the COVID-19 outbreak.

ASPHER calls for an allocation of resources toward specific emergency training on COVID-19 and for a renewed long-term investment in public health education and training at all levels.

ASPHER is committed to stand with, reinforce and coordinate the efforts of our over 100 member schools and programmes of public health across the European region and beyond to invigorate and strengthen the field of public health for the good of the people we serve.

COMMENT (Neil PW): We stand in solidarity with ASPHER and WHO, and re-emphasise the importance of public health, health literacy, and protection from misinformation. HIFA is proud to have schools of public health among our supporting organisations and we welcome others to join us (without financial obligation) <http://www.hifa.org/support/supporting-organisations/map> With minimal financial support, HIFA and other global health communities have the potential to play an increasingly important role to 'promote multidisciplinary approaches, exchange knowledge of practice and public policies, and engage with European and international networks'.

<https://link.springer.com/article/10.1007/s00038-020-01362-x>

It is translated to French and Portuguese here:

[https://www.aspher.org/download/396/aspher\\_covid19\\_statement-portuguese.pdf](https://www.aspher.org/download/396/aspher_covid19_statement-portuguese.pdf)

[https://www.aspher.org/download/397/aspher\\_covid19\\_statement-french.pdf](https://www.aspher.org/download/397/aspher_covid19_statement-french.pdf)

All this information available in: <https://www.aspher.org/aspher-covid19-statement-signatories.html>

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (271) WCEA Launches Education Platform & Mobile App COVID-19 Education for Nurses & Midwives (2)**

31 March, 2020

Thank you so much for this. I forwarded your mail to many nurse leaders in SA. However when I downloaded the app there was no way to register. Is this because it hasn't been launched in SA yet?

God bless

Ruth Davidge RN RM RPN, Cert. Neon Intensive Care, fANSA

KZN Neonatal Coordinator

[info@nnasa.org.za](mailto:info@nnasa.org.za)

HIFA profile: Ruth Davidge is Neonatal Coordinator at PMB Metro, Hospitals Complex Western, Kwa-Zulu Natal, South Africa. She is President of the Neonatal Nurses Association of Southern Africa, NNASA. She is a Registered Nurse and on the board of the Council of International Neonatal Nurses, COINN.

ruth.davidge AT kznhealth.gov.za [www.nnasa.org.za](http://www.nnasa.org.za) [www.nnasa.org.za](http://www.nnasa.org.za) She is a CHIFA Country Representative for South Africa <http://www.hifa.org/support/members/ruth>

## **Coronavirus (270) COVID-19 Evidence Collection from Evidence Aid - update**

31 March, 2020

COVID-19 Evidence Collection from Evidence Aid - update

Evidence Aid's COVID-19 evidence collection (<https://www.evidenceaid.org/coronavirus-covid-19-evidence-collection/>) now contains 52 summaries of systematic reviews relevant to COVID-19. Many of these have been translated into: Arabic, Chinese, French, Spanish and Portuguese. We are uploading new content daily. The summaries currently fall under the headings of 'Clinical characterization and management', 'Health systems and services', 'Infection prevention and control (including healthcare workers)' and 'Public health interventions'. We are currently developing a more refined category list which will ensure easier identification of reviews you want to read.

Many thanks, Claire

Claire Allen

Operations Manager

Evidence Aid: Championing evidence-based humanitarian action.

For the Evidence Aid resources on COVID-19, visit <https://www.evidenceaid.org/coronavirus-resources/>

Support our activities by donating here.

Email: [callen@evidenceaid.org](mailto:callen@evidenceaid.org) | Skype: claireallencochrane | Website: [www.evidenceaid.org](http://www.evidenceaid.org) | Twitter: @EvidenceAid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid ([www.evidenceaid.org](http://www.evidenceaid.org)) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. <http://www.hifa.org/working-groups/access-health-research> Email: callen AT evidenceaid.org

## **Coronavirus (278) Politics and political economy of climate change and COVID-19**

31 March, 2020

Dear All:

-----

STAY HOME, STAY SAFE, STAY AWAY FROM COVID-19.

-----

To understand the politics and political economy of human-induced climate change you do not need to be a scientist or an environment expert. If you merely observe the green house effect, global warming, pattern and frequency of disasters, even COVID-19, Coronavirus outbreak, floods, draught, and other calamities-you will easily realize the worst impacts of climate change. The industrialized countries, producing carbon dioxide, and green house gas are responsible for the climate change, and global warming. Those rich, developed countries are responsible for the death of millions of people due to climate change, different disasters. And very unfortunately it would continue if the responsible countries and the global leaders do not tackle climate change together through perfectly integrated efforts soon globally. ..

I have described more contemporary issues include COVID-19 Coronavirus outbreak in my story published today titled Politics and political economy of climate change and COVID-19.

PARVEZ BABUL, The Daily Observer, March 31, 2020.

Link to view: <https://www.observerbd.com/details.php?id=251779>

Happy reading!

Thank you so much for your time!

Best regards,

Parvez Babul

Journalist and author

Dhaka, Bangladesh

Email: [parvezbabul@gmail.com](mailto:parvezbabul@gmail.com)

HIFA profile: Parvez Babul is a health journalist in Bangladesh and write articles on health, nutrition, gender, women's empowerment, climate change and development issues in national international newspapers. His book: Women's Empowerment, Food Security and Climate Change has been published in February this year. He is the Convener of Bangladesh Climate Change Journalists Forum. He has been working to improve health and nutrition situation of the women and children in Bangladesh through working with an international voluntary organization. Parvez Babul welcomes email from the members of HIFA at: [parvezbabulATyahoo.com](mailto:parvezbabulATyahoo.com), [parvezbabulATgmail.com](mailto:parvezbabulATgmail.com)

**Coronavirus (277) Downloadable database of COVID-19 research articles**

31 March, 2020

Hi everyone,

The Stephen B. Thacker CDC Library is collecting COVID-19 (2019 Novel Coronavirus) research articles and compiling them into an easily accessible and downloadable database to help researchers find the latest COVID-19

research. <https://www.cdc.gov/library/researchguides/2019novelcoronavirus/research...>

This database is updated every day, Monday through Friday, by systematically searching various bibliographic databases and hand searching selected grey literature sources including preprints from bioRxiv, medRxiv, chemRxiv, and SSRN. The methodology is posted on the website.

You can search the database of citations by author, keyword (in title, author, abstract, subject headings fields), journal, or abstract when available. DOI, PMID, and URL links are included when available.

It will be posted in RIS and Excel format but if you need another format please let me know and I would be happy to provide it. I would also be happy to hear comments and suggestions for additional databases or modifications to the search strategy.

I hope it helps!

All the best,

Martha Knuth, MLIS

Librarian

Stephen B. Thacker CDC Library

Office of Library Science

Office of Science

Centers for Disease Control and Prevention

Roybal Campus/Global Communications Center/ Bldg 19

1600 Clifton Road, N. E., MS H19-1

Atlanta, GA 30329

Office: 404.718.5375

Email: [mto4@cdc.gov](mailto:mto4@cdc.gov)

HIFA profile: Martha Knuth is a Librarian at the Centers for Disease Control and Prevention in the USA. Professional interests: Connecting people worldwide with the health information they need to practice the best level of evidence based medicine and public health. mto4 AT cdc.gov



## **Coronavirus (276) Publishing COVID-19 research in open access journals**

31 March, 2020

The HIFA list is proving especially helpful at this challenging time and it is good to see journals that are subscription only making their COVID-19 content freely available. With that in mind, I think it would be helpful to have a clear statement from the open access publishers, in particular, perhaps, BiomedCentral and PLOS about what they are doing. Are they continuing to charge Article Processing Charges on COVID-19 articles? I hope not.

I think it will be bizarre and very sad if publishers at the forefront of open access are continuing to make researchers pay to publish their COVID-19 research with them, while the subscription journals are making their relevant content free to all and putting some of it into Pubmed Central. I hope that open access publishers do not now have more barriers in the way of making information from COVID-19 research free to all than the subscription-based journals.

Best wishes,

Mike

Professor Mike Clarke

Director, Northern Ireland Methodology Hub

Research Director, Evidence Aid

Evidence Aid and COVID-19: special summaries of relevant research evidence are available free at [www.evidenceaid.org/coronavirus-covid-19-evidence-collection](http://www.evidenceaid.org/coronavirus-covid-19-evidence-collection)

## **Coronavirus (280) Oxford CEBM COVID-19 Evidence Service (1) Efficacy of standard face masks compared to respirator masks**

31 March, 2020

(with thanks to Irina Ibraghimova and LRC Network)

Oxford COVID-19 Evidence Service

<https://www.cebm.net/covid-19/>

'The Centre for Evidence-Based Medicine has committed its skills and expertise in evidence synthesis and dissemination to the effort against the current COVID-19 pandemic.

They have published more than 30 reviews so far.'

I was interested to see a new review: What is the efficacy of standard face masks compared to respirator masks in preventing COVID-type respiratory illnesses in primary care staff? <https://www.cebm.net/covid-19/what-is-the-efficacy-of-standard-face-mask...>

#### VERDICT

'Standard surgical masks are as effective as respirator masks (e.g. N95, FFP2, FFP3) for preventing infection of healthcare workers in outbreaks of viral respiratory illnesses such as influenza. No head to head trial of these masks in COVID-19 has yet been published, and neither type of mask prevents all infection. Both types of mask need to be used in combination with other PPE measures. Respirator masks are recommended for protection during aerosol generating procedures (AGPs). Rapid reviews on wider PPE measures, and what counts as an AGP, are ongoing.'

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

#### **Coronavirus (279) COVID-19 in low- and middle-income countries**

31 March, 2020

Why these Countries will soon be the epicenters for the COVID 19. The reason is simple. I have the following observations

1. Poor Public Health infrastructure.
2. Lack of preparedness
3. Too much politics
4. Slum conditions with lack of very poor sanitation.
5. Overcrowded

I submit.

HIFA profile: Dr. Mulenga is a Zambian Pharmacist with over 24 years work experience in 4 different sub-Saharan Countries. He is a strong believer in UHC and Health Information for All. He hosts a radio show on Patient safety which is very well received in the communities. Piloted the first ART in Namibia 2001. Have worked in the Management Sciences for Health, Namibia and the UNDP/GFTAM South Sudan. He possesses a Dual MPH/Ph.D Pharmacovigilance, USA and a B.Pharm, USDM.

Email: [lwansa@yahoo.com](mailto:lwansa@yahoo.com) He is a HIFA Country  
Representative <http://www.hifa.org/support/members/mulenga>

## **Coronavirus (282) Statement by Dr Takeshi Kasai, WHO Regional Director for the Western Pacific**

1 April, 2020

Read online: <https://www.who.int/westernpacific/news/speeches/detail/virtual-press-co...>

Opening remarks of Dr Takeshi Kasai, WHO Regional Director for the Western Pacific

31 March 2020

Today marks three months since WHO was alerted to a cluster of pneumonia cases of unknown cause in Wuhan, China. Since then, the world as we know it has changed swiftly and dramatically, affecting millions of people's lives.

I'm so saddened by the fact that more than 33,000 people around the world have lost their lives to COVID-19 in the past three months, and I would like to express my deepest sympathy to those who have lost loved ones...

We recognize that there is no one-size-fits-all approach to preparing for and responding to an emergency like this, but we have found common tactics in these countries. Those are:

- Finding, isolating and treating cases early
- Tracing and quarantining contacts quickly
- Putting in place multiple public health interventions to increase physical distance between people to slow and stop transmission
- Mobilizing and engaging every community to protect themselves and the most vulnerable...

For countries that are seeing cases taper off: this is no time to let down your guard. If we do, the virus will come surging back. You must keep up your efforts and help other countries in whatever ways you can.

For those seeing their first cases or managing new spikes in cases: stay strong, stick with the tactics that work and know that flattening the curve is within reach.

For young people: please know that low risk does not mean no risk. Young, previously healthy people are among those with COVID-19 in hospitals right now. And if you don't take precautions, you're not only putting your own health at risk, but the health of those around you.

And to all people across the Region: please support efforts to fight COVID-19 and take action to protect your family, colleagues, community, and the vulnerable.

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG neil AT hifa.org

### **Coronavirus (282) Videoconference with David Nabarro on COVID-19 and older people**

1 April, 2020

(forwarded from Action for Global Health, UK)

On Thursday 2 April at 3 pm UK time (GMT+1) WHO and 4SD are hosting a videoconference with Dr David Nabarro, one of 6 Special Envoys on the COVID19 pandemic to WHO Director-General, on COVID-19 and its impact on older people and those with underlying health conditions. Dr Nabarro will be speaking about the community-level interruption of transmission in relation to older people, and what we can do at the community level to tackle the pandemic. This is a fantastic opportunity to hear Dr Nabarro's views as a leader in Global Health and to bring some focus on older people to the discussion and response to COVID-19.

Dr Nabarro's time is incredibly stretched, as I'm sure you can appreciate, so the videoconference will be 30 minutes. This limits any time for interaction and questions. In recognition of this, WHO has set up a process through which you can share questions for Dr Nabarro in advance of the call. These will be collated and provided to Dr Nabarro, who will use these to structure his talk.

You can send questions using this link [www.slido.com](http://www.slido.com) and entering the following event code: CSO-COVID19

Please do take the opportunity to submit questions. Questions will close at noon Geneva time on Wednesday 1 April.

Information on how to join the videoconference is in the attached flier. The session will be recorded and made available for those unable to attend.

I hope you can join this important call.

Best wishes and stay well

Rachel

Rachel Albone | Global Adviser – Health and Care

HelpAge International

1-6 Tavistock Square, London, WC1H 9NA

[www.helpage.org](http://www.helpage.org)

### **Coronavirus (281) More fake news about Covid-19 - watch out for this one**

1 April, 2020

The infodemic continues. I just received some "very useful information" supposedly published by Johns Hopkins University (which is doing such a great job keeping the current crisis factual). Despite the supposed source, at first glance, I thought it looked fishy, so I checked it out.

It is not on the Hopkins website and it contains errors. So beware if you get a plausible message offering an "excellent summary to avoid contagion" attributed to Johns Hopkins University. Check out the Snopes link below, which analyses the story and concludes, "This viral "advice" did not originate with Johns Hopkins University and the information contained within lacks credibility."

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and

<http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

## **Coronavirus (285) COVID-19: Digital health literacy (2) Mass migration in India**

1 April, 2020

Dear All, There is no doubt that digital, organizational literacy is important. But, consider the case of millions of migrant labours, unorganised sectors, who now want to go back to their native places from Delhi, after losing job or closure of units, thronging highways and making threats of community spread of corona virus transmission. How, we should go to tackle this problem and bring changes in their behaviour?

Thanks,

Dr.Tusharkanti Dey

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

## **Coronavirus (285) More fake news about Covid-19 (3)**

1 April, 2020

Thank you Chris. The misinformation and disinformation is overwhelming all over the world. In our part of the world we have many people who give advice, religious sayings, quoting from books that don't exist, deliberate wrong and misleading translation of text and on top of all that "experts" on TV advising people things which are never evidence based and never tested. In the call for action that IMIA/IHASI addressed to WHO (<https://imia-medinfo.org/wp/statement-from-the-international-academy-for...>) this issue was addressed and can be fixed through collaboration and research.

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

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HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

### **Coronavirus (284) More fake news about Covid-19 - watch out for this one (2)**

1 April, 2020

Sorry - I forgot to post the link to the Snopes link, which is <https://www.snopes.com/fact-check/johns-hopkins-covid-summary/>

This provides the bogus text of the "Johns Hopkins" information and a full analysis of the claims erroneously made...

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

**Coronavirus (290) Nature: Suppressing early information on COVID-19 and other health scares can aid misinformation**

1 April, 2020

This “Nature” article is a short but nice piece. [\*see note below]

[https://www.nature.com/articles/d41586-020-00920-w?utm\\_source=Nature+Bri...](https://www.nature.com/articles/d41586-020-00920-w?utm_source=Nature+Bri...)

Best regards.

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HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented



in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

[\*Note from HIFA moderator (Neil PW): Thanks Najeeb. For the benefit of those who may not have immediate web access, here is the title and subtitle, and a comment from me:

Suppressing early information on COVID-19 and other health scares can aid misinformation

Governments need to think twice before they suppress messages related to COVID-19

Despite the title and subtitle, I interpret this piece as being largely about government suppression of facts about coronavirus (in part to maintain 'public order') and indeed governments' role in misinformation (as in Donald Trump's championing of chloroquine) rather than suppression of misinformation. That said, previous research has pointed to unexpected negative impacts of attempts to correct misinformation.]

**Association with professional bodies e.g. epidemiologists, community health specialists (5)  
Coronavirus (289)**

1 April, 2020

Dear Dr Dey

I read your post on HIFA.

I am worried that many would be there who are suffering like you.

It is good that you have approached the HIFA.

Please let us know how could we be of help.

I am Dr Babasaheb Tandale, Scientist F Epidemiology at ICMR - NIV Pune. I am MD Preventive Social Medicine. Currently I am trying to educate and make people aware on essential information they need to have, roles of volunteers in community response to COVID-19.

Let us explore and see how we could do it.

Best regards

Dr. Babasaheb V. Tandale

--

Dr. Babasaheb V. Tandale; MD (PSM), PG Diploma-Bioethics

Scientist F & Group Leader

Epidemiology Group

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Email: [tandale.bv@gov.in](mailto:tandale.bv@gov.in)

HIFA profile: Babasaheb Tandale is a doctor and scientist in E Epidemiology at the Indian Council of Medical Research, ICMR. Professional interests: Epidemiology of virus diseases along with prevention and control of diseases and outbreaks. drtandale AT gmail.com

**Coronavirus (288) COVID-19 Game to raise awareness (2)**

1 April, 2020

Greetings

I am an occupational therapist working in a rural area in South Africa. The impact of COVID-19 is just starting to be felt but the locally community is not taking the thread seriously. I am interested in knowing more about the game. [\*see note below]

Regards

Alison Collinson

Alison Collinson

Chief Occupational Therapist

Tintswalo Hospital

HIFA profile: Alison Collinson is Chief Occupational Therapist at Tintswalo Hospital, South Africa. AlisonC AT mpuhealth.gov.za

[\*Note from HIFA moderator (Neil PW): Alison refers the COVID-19 game described on 30 March by Andy Yeoman:

<http://www.hifa.org/dgroups-rss/coronavirus-258-covid-19-game-raise-awar...>

Alison: YOu can contact Andy direct by email: andy AT focusgames.com ]

### **Coronavirus (287) ARISE - please join the Twitter chat on Monday on disability**

1 April, 2020

Dear HIFA Colleagues,

We have organised a Twitter Chat on disability and COVID-19. I hope that you can all join.

Date: 6 April

Time: 11:00 - 12:30 BST

You can find further details on how to participate here: <http://www.ariseconsortium.org/disability-and-covid-19-twitter-chat-disa...>

We have invited some external experts to take part and hopefully we will all learn a lot.

If you are worried that you might not have strong enough Internet on the day you can send your answers to me and I can tweet them out on your behalf through the ARISE account.

Warm Wishes,

ARISE Hub

HIFA profile: Faye Moody is Programme Administrator at the Liverpool School of Tropical Medicine in the UK. Professional interests: Secretary to the Health Systems Global Thematic Working Group on Community Health Workers, and also interested in Research Uptake. She is a member of the HIFA working group on information for Community Health Workers. She is a member of the HIFA working group on information for Community Health Workers.

<http://www.hifa.org/projects/community-health-workers>

<http://www.hifa.org/support/members/faye>

faye.moody AT lstmed.ac.uk

### **Coronavirus (286) Videoconference with David Nabarro on COVID-19 and older people (2)**

1 April, 2020

Thanks Neil, for sharing about Dr Nabarro's Talk on 2 April on COVID and Older people.

Since questions are invited prior to his talk, it could be an opportunity for HIFA to propose the following by 1 April.

1. How should Low- and Middle-Income Countries (LMICs) prepare for care of the older people at the Primary Health Care settings and community settings in the context of COVID?
2. How can health care workers, community health care and social workers be supported to care for the Older people in the context of COVID?

The following is known (evidence-based publications from WHO and others):

- PHC often becomes the first line of contact in the health system for communities particularly older people.
- Older people amongst the vulnerable and marginalised population are often the most affected in any humanitarian emergency.
- Older people with comorbidities (diabetes, cancer, hypertension etc.) require continuum of care in the context of COVID.
- Older people are isolated and often without support in the context of COVID.

Happy to propose the above questions on behalf of HIFA if you all agree. [\*see note below]

Best wishes

Dr Meena Nathan Cherian MBBS, MD (Anaesthesia)

Hon. Prof. Schulich School of Medicine & Dentistry, WHO Collaborating Centre, Western University, Ontario, Canada.

Senior Advisor, Global Action, International Society of Geriatric Oncology (SIOG), Chatelaine, Switzerland. [www.siog.org](http://www.siog.org)

Director, Emergency & Surgical Care program, Geneva Foundation for Medical Education & Research (GFMER), Geneva, Switzerland. [www.gfmer.ch/surgery](http://www.gfmer.ch/surgery)

Geneva, Switzerland

[cherianm15@gmail.com](mailto:cherianm15@gmail.com)

HIFA profile: Meena Cherian works with the Programme: Emergency & Essential Surgical Care, Clinical Procedures Unit (CPR), Department of Health Systems Policies and Workforce, World Health Organization, Geneva, Switzerland. [www.who.int/surgery](http://www.who.int/surgery) cherianm15 AT gmail.com

[\*Note from HIFA moderator (Neil PW): Thanks Meena, these are important questions - please go ahead and mention you are a member of HIFA and point people to our dedicated corona RSS feed: <http://www.hifa.org/news/coronavirus>

I encourage other HIFA members to put their own questions to Dr Nabarro.

More info here: <http://www.hifa.org/dgroups-rss/coronavirus-282-videoconference-david-na...>

You can send questions using this link [www.slido.com](http://www.slido.com) and entering the following event code: CSO-COVID19 ]

### **Coronavirus (296) Health care for people with cancer in Nigeria (2)**

1 April, 2020

Katie Foxall thank you for sharing it.

Truly, his passing was and still is a very painful 'milestone' for every Nigerian during this COVID19 pandemic. We pray he R.I.P.

As at today 1st April Nigeria's NCDC reported during their Daily Briefing that the country has had 151 confirmed cases; 2 deaths; but 9 happily, have been successfully treated and discharged.

Joseph Ana

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.

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Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) email: [jneana@yahoo.co.uk](mailto:jneana@yahoo.co.uk) ; [hriwestafrica@gmail.com](mailto:hriwestafrica@gmail.com)

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the

pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **Coronavirus (295) More fake news about Covid-19 (4)**

1 April, 2020

Thanks to Najeeb for his comments - I have just learned that the piece of fake news I mentioned in my previous post was actually circulated by a current WHO Geneva staff member in the mistaken assumption that it was a genuine Johns Hopkins University press release.

When relevant information has "come from WHO", it becomes very hard to stop it going viral. This suggests that WHO may still have a job to do to teach its own staff how to recognize and avoid being the agents of such fake news transmission during an infodemic.

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical

Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

### **Coronavirus (294) Boosting test-efficiency by pooled testing strategies for SARS-CoV-2**

1 April, 2020

Dear all,

In the current COVID19 crisis many national healthcare systems are confronted with an acute shortage of tests for confirming SARS-CoV-2 infections. For low overall infection levels in the population, pooling of samples can drastically amplify the testing efficiency. Here we present a formula to estimate the optimal pooling size, the efficiency gain (tested persons per test), and the expected upper bound of missed infections in the pooled testing, all as a function of the population- wide infection levels and the false negative/positive rates of the currently used PCR tests. Assuming an infection level of 0.1 % and a false negative rate of 2 %, the optimal pool size is about 32, the efficiency gain is about 15 tested persons per test. For an infection level of 1 % the optimal pool size is 11, the efficiency gain is 5.1 tested persons per test. For an infection level of 10 % the optimal pool size reduces to about 4, the efficiency gain is about 1.7 tested persons per test. For infection levels of 30 % and higher there is no more benefit from pooling. To see to what extent replicates of the pooled tests improve the estimate of the maximal number of missed infections, we present all results for 1, 3, and 5 replicates.

Read the whole article about the pooled testing here

<https://www.case.io/Boosting-test-efficiency-by-pooled-testing-strategie...>

Anna E. Schmaus-Klughammer (LLB hons)

President

Member of the Scientific Staff - Hochschule Deggendorf

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HIFA profile: Anna E Schmaus-Klughammer is president of the association "One World Medical Network". The goal of the association is to improve medical care in LMICs (Low and Middle Income Countries). Our activities start from building primary and specialized health care facilities and continue to organize national cancer screening with connections to national and international expert doctors using telemedicine networks. Training of medical personnel is also an important part of the work of the association.

One World Medical Network e.V., Ulrichsbergerstrasse 17, Deggendorf in Germany.

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### **Coronavirus (293) Health care for people with cancer in Nigeria**

1 April, 2020

A new editorial from oncology professionals in Nigeria on the impact of COVID-19 in low resource settings has just been published in *ecancer*.

#### **Abstract**

On Monday, 23 March 2020, Nigeria recorded its first mortality from the novel global COVID-19 outbreak. Before this, the country reported 36 confirmed cases (at the time of writing) and has discharged home two cases after weeks of care at a government-approved isolation centre in Lagos State. This first mortality was that of a 67-year-old man with a history of multiple myeloma, a type of blood cancer. He was undergoing chemotherapy and had just returned to Nigeria following medical treatment in the United Kingdom. The novel COVID-19 pandemic has grounded several global activities including the provision of health care services to people with chronic conditions such as cancer. Evidence from China suggests that cancer patients with COVID-19 infection are a vulnerable group, with a higher risk of severe illness resulting in intensive care unit admissions or death, particularly if they received chemotherapy or surgery. This letter is an attempt to suggest practicable interventions such as the use of existing digital health platforms to limit patients' and oncology professionals' physical interactions as a way of reducing the risk of COVID-19 infection transmission amongst cancer patients and oncologists, as well as outlining effective strategies to ensure that cancer care is not completely disrupted during the outbreak.

Read the full open access article: <https://ecancer.org/en/journal/editorial/97-upheaval-in-cancer-care-duri...>



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**Coronavirus (292) United Nations Global Call Out To Creatives - help stop the spread of COVID-19**

1 April, 2020

Dear Neil and colleagues,

I saw reference to this in another forum that I belong to. (Unfortunately I couldn't find a link on the UN website; it's been reported on a number of websites so I hope that it is genuine.) [\*see note below]

[https://docs.google.com/presentation/d/1uR9gg1nC\\_ZYIGHkyaU7bRivTJ0gmtaxg...](https://docs.google.com/presentation/d/1uR9gg1nC_ZYIGHkyaU7bRivTJ0gmtaxg...)

and

<https://www.talenthouse.com/i/united-nations-global-call-out-to-creative...>

It may be of interest to creatives working on material related to Covid-19?

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

[\*Note from HIFA moderator (Neil PW): Yes, I agree. The information appears to be genuine and is posted on the websites of substantial companies. I could not find a reference on the UN website either. I did note that one of the sites quotes (misquotes?) the UN Secretary-General, António Guterres:

“We are in an unprecedented situation and the normal rules no longer apply. We cannot resort to the usual tools in such unusual times.

The creativity of the responses must match the unique nature of this crisis - the magnitude of the responses must match its scale.”

What the UN Secretary-General actually said in his speech on 19 March was: “... The creativity of the response must match the unique nature of this crisis - the magnitude of the response must match its scale.” Of course, he may have given permission for the revised version...]

### **Coronavirus (291) Prioritisation of Cochrane Rapid Reviews for healthcare workers in LMIC - survey open until 3 April!**

1 April, 2020

Prioritisation of Cochrane Rapid Reviews for healthcare workers in LMIC - survey open until 3 April!

Dear all,

Cochrane is undertaking a range of activities in response to the COVID-19 pandemic, see more info here: <https://www.cochrane.org/coronavirus-covid-19-cochrane-resources-and-news>

One of our activities are rapid reviews. We have received many possible rapid review questions, see here: <https://covidrapidreviews.cochrane.org/>. We have assessed these questions to identify which ones are in progress, which ones have been published by other organisations and to ensure the questions are answerable as a rapid review.

We are now running a quick prioritisation process for any unanswered questions relevant to healthcare workers in LMIC. Please participate to help us decide which questions to focus on and share your perspective from different parts of the world. Feel free to forward this message to anyone who you think may be interested to contribute.

The first eight potential Rapid Review questions are available for prioritisation here: <https://www.surveymonkey.com/r/BFX6FR5>. The survey will close at 12:00 BST, Friday 3rd April 2020. The survey should take less than 10 minutes to complete.

The priority setting will be re-run at regular intervals as new questions become available.

You can find answers to commonly asked questions about our rapid reviews below. Thank you for your support!

With best wishes,

Juliane

HIFA profile: Juliane Ried is a Translations Co-ordinator at Cochrane in Germany, and was MSF field staff in CAR. Professional interests: translation, equity, humanitarian work, anti-biased, inclusive and evidence-based approaches to organisational project management and decision-making, Email address: [jried@cochrane.org](mailto:jried@cochrane.org)

Commonly asked questions about Cochrane rapid reviews:

- How do I submit a question?

Please use the webform on the Cochrane rapid review website: <https://covidrapidreviews.cochrane.org/submit>

- How do I subscribe to the distribution list for future priority setting?

Please send an email to [support@cochrane.org](mailto:support@cochrane.org) who will add you to the distribution list. The priority setting will be re-run at regular intervals as new questions become available.

- How do I volunteer to be involved in the rapid reviews?

If you have a review team which would be willing to take ownership for a rapid review, please contact [covidrapidreviews@cochrane.org](mailto:covidrapidreviews@cochrane.org). We will be encouraging rapid review author teams to use Cochrane Task Exchange (<https://taskexchange.cochrane.org/>) to post tasks that require additional support.

- How do I see which rapid reviews Cochrane members are already working on?

You can search the rapid review question bank (<https://covidrapidreviews.cochrane.org/search/site>) to identify review questions which are in progress and those which are available to author teams.

- What is a Cochrane rapid review?

Rapid reviews can take many forms. The Cochrane Rapid Reviews Methods Group has proposed the following definition: “a form of knowledge synthesis that accelerates the process of conducting a traditional systematic review through streamlining or omitting specific methods to produce evidence for stakeholders in a resource-efficient manner.” More information is available here: <https://covidrapidreviews.cochrane.org/process>.

If you have further questions about the Cochrane response please see the Cochrane website <https://www.cochrane.org/coronavirus-covid-19-cochrane-resources-and-news> or contact [support@cochrane.org](mailto:support@cochrane.org) who will direct your question to the right person.

## **Coronavirus (300) Video conference with David Nabarro on COVID-19 and older people (2)**

2 April, 2020

Apologies if I or my email platform missed it, but I do not see an attached flyer? [\*see note below]

Thanks!

HIFA profile: Cristina A Pope is Director of the Health Sciences Library, UPSTATE Medical University, Syracuse, NY, USA. She has recently become active in the emergency preparedness activities for the central New York region. We are a geographically large region and, statistically speaking, one of the top disaster areas in the United States.

[\*Note from HIFA moderator (Neil PW): Apologies, HIFA does not carry attachments. The webinar starts at 3 pm UK time (GMT+1) today 2nd April. Details here: <https://www.4sd.info/covid-19-open-online-briefings/> ]

### **Coronavirus (299) How long should social distancing last?**

2 April, 2020

Dear All,

Amidst the current crisis situation with many major countries around the world under lockdown, most of us are wondering how much longer this lockdown will last for and when things are expected to get back to normal.

The following paper might help to give some insight.

How long should social distancing last? Predicting Time to Moderation, Control, and Containment of COVID-19

SSRN doi:10.2139/ssrn.3562996.

Download from: [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3562996](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3562996) [full text access requires free registration]

Abstract:

Lockdowns and stay-at-home orders in response to the Covid-19 pandemic have raised an urgent question in peoples' minds, "How long must these restrictions last?" We propose two metrics of the spread of disease to answer this question: daily growth rate and time to double cumulative cases. These metrics enable three simple, intuitive, and actionable benchmarks to target: Moderation, Control, and Containment (growth < 10%, 1%, and 0.1% respectively). In addition, we define action or intervention as massive testing and quarantine, stay-at-home orders, or lockdowns.

An analysis of top 36 countries and 50 states of the US affected by the epidemic as of end-March yield the following results. Any moderation or slowdown has so far been due only to aggressive intervention. Countries take an average of about three weeks to act. However, even aggressive intervention does not show immediate results. Countries take an average of about three weeks to moderate, four weeks to control, and over 6 weeks to contain the spread of the disease, after aggressive intervention. Substantial differences exist between large and small and Asian and European countries in time to act. Using these

findings, we predict the likely dates of moderation and control for specific countries and States of the US.

In the absence of a vaccine, cure, or massive testing and quarantine, lockdowns and stay-at-home orders will need to last for months. However, the US faces a unique challenge because only half the states have adopted aggressive intervention, and done so at varying times. Even if these states achieve control or containment, they may be vulnerable to contagion from other states that were late to do so.

Thanks and Regards

Stuti

HIFA profile: Stuti Chakraborty is an undergraduate student at Christian Medical College, Vellore. She is also a member of the SDG 3 working group for the UN Major Group for Children and Youth, has been a UN online volunteer for several projects, a young peacebuilder at Youth for Peace International (India) and also a country representative for HIFA. She is now currently helping to kick-start the Women in Global Health chapter in India as part of the core team. Email: stutibb AT gmail.com She is a member of the HIFA working group on Evidence-Informed Policy and Practice. <http://www.hifa.org/projects/evidence-informed-policy-and-practice> Her profile is here: <http://www.hifa.org/support/members/stuti>

### **Coronavirus (298) COVID-19 in Sub-Saharan Africa**

2 April, 2020

Dear Jo, [\*see note below]

For regions like Sub-Saharan Africa, COVID-19 can be a perfect storm in the form of a health problem, and above all, an economic catastrophe for which they lack a safety net. The uncertainties are so many that all economic sectors and the population in general must be taken into account. So my question is about what kind of measures the government could take for self-employed and those working in the informal sector, people who sell things on the street, and who are living in poverty?

I could think that although these people do not want to be exposed to the virus, it is a population that must continue working to survive, unless the government does something about it. In some Latin-American countries, for example, some governments have asked companies, organizations and the community in general to donate food to give away to the people most in need which is distributed with the help of volunteers, police or the military. An idea that I believe can be replicated by the government in Zambia with the help of local NGOs.

Do you think this strategy could be possible in Zambia too?

Regards,

Yina Garcia-Lopez

HIFA profile: Yina Garcia Lopez has a PhD in Public Health, Miguel Hernández University, Spain, and a BA in Social Communication and Journalism, The University of North, Colombia. She is currently based in Edinburgh, UK. yinaliz.garcia AT gmail.com

[\*Note from HIFA moderator (Neil PW): Yina refers to a message from Jo Vallis on our sister forum HIFA-Zambia. <http://www.hifa.org/join/join-hifa-zambia> ]

## **Coronavirus (297) COVID19 Combatting coronavirus misinformation**

2 April, 2020

Dear Neil, Steering group colleagues and HIFA

Misinformation around coronavirus featured heavily in the recent Steering Group meeting and in our discussions, we sought to identify how we could work with partners like Google to address this issue.

NEW MISINFORMATION NEWS STORY ON CABI'S GLOBAL HEALTH INTERFACE REFERENCES HIFA

I write to tell you that CABI's Global Health interface now has a feature story "COVID19: Combatting coronavirus misinformation" (<https://www.cabdirect.org/globalhealth/news/66735>) written by myself and colleague Jess Thay. It discusses social media, self-published books, the role internet companies can play to reduce misinformation and how the general public or health professional can personally combat misinformation.

In it, under the section "What can YOU do?", we deliberately draw attention to:

- HIFA's role as an official health discussion forum
- The ongoing coronavirus discussion
- Multilingualism (linking to "Translators without borders")
- Trusted sources of regional and global updates on coronavirus (COVID-19)

WE hope our article provides support to HIFA's current discussions with Google and others. You can Share the article itself, or retweet it from here:

[https://twitter.com/CABI\\_Health/status/1242516287659614209](https://twitter.com/CABI_Health/status/1242516287659614209)

CABI'S FREE CORONAVIRUS COLLECTION ON GLOBAL HEALTH

AS you know, CABI has made its coronavirus content (both human and animal) free for 3 months and we are maintaining the Homepage monthly focus on Coronavirus for that period. You will be able to search & browse this information with all the functionality & features of the refreshed Global Health interface.

We now have a delightful pop-up to use for free access! Please tell all your colleagues about this free resource and send them the link and instructions below.

Instructions:

To gain access visit the Global Health website (<http://www.cabdirect.org/globalhealth>).

From the pop-up, you Click green button, Register to create an account, then use Redeem a voucher code, and then next visit just Login.

HIFA members please use voucher code: CV10YLTW42E3

Pop-up provides an alternative voucher code but it would be helpful to us if HIFA members continued to use the same one.

Any problems at all, please contact myself [w.norris@cabi.org](mailto:w.norris@cabi.org) or contact [support@cabi.org](mailto:support@cabi.org)

Many thanks

Wendie

HIFA profile: Wendie Norris is Editor of the Global Health & Tropical Diseases Bulletin, at CAB International, UK. CABI improves people's lives worldwide by providing information and applying scientific expertise to solve problems in agriculture and the environment. [www.cabi.org](http://www.cabi.org) Wendie has a background as a research scientist in developmental biology. She is a member of the HIFA Steering group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

<http://www.hifa.org/support/members/wendie>

w.norris AT cabi.org

### **Coronavirus (307) Mass migration in India (3) Pandemic preparedness**

2 April, 2020

Dear all,

The tragedy of India's migrant labourers demonstrates that there are no simple solutions to reduce the virus infection pathways. A shut down for people who live on a day to day basis to feed themselves does not work. In industrialised rich countries governments offer billions to closed businesses to survive the economic impact.

In Kenya a community of 'Indian' Kenyans packed and distributed thousands of food boxes to slum dwellers. If a decision cuts off the essential source of living an alternative has to be set-up or chaos will result.

In Germany we increased our hospital and Intensive Care capacity. So far so good. Nevertheless, we experience a shortage of protective gears at several levels of the health system, caretakers in pension homes etc.

Pandemic preparedness can be found on plans and in documents. It means to take action before any pandemic occurs, to define minimum stocks of protective gears, to plan for basic needs of a population.

The success we saw in reducing poverty of the world population was not enough. We lack a Universal Health Coverage as many health systems are completely under financed. Health care too often follows mainly economic profit targets. Supplies and provision of medicines and medical items are ruled by just-in-time mind-set.

To be able to manage pandemics better, each government would need to present a plan and its practical implications before the next world-wide outbreak of an infectious disease.

The most painful learning is that the lack of proper pandemic preparedness costs us many lives and results in an economic damage by far bigger than any investment for a sufficient preparedness.

Best regards

Andreas

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HIFA profile: Andreas Wiegand is General Secretary at Apotheker Helfen e.V., German Pharmacists's Aid, in Germany. Professional interests: Strengthening pharmaceutical and health services requires the access to evidence-based medical information. Any medicine or medical device needs the right information to be used efficiently. German Pharmacists' Aid support health institutions, health professionals and cooperates with other organisation in emergency situations and in long term projects. andreas.wiegand AT apotheker-helfen.de

### **Coronavirus (306) Combatting coronavirus misinformation - InciSioN and Students4COVID**

2 April, 2020

Dear Colleagues;



I hope wherever you are, this email finds you well and safe. Regarding the issue of mis-information and COVID19, InciSioN has also been receiving requests for support from its network and collaborators. We are teaming up with Students4COVID. Which is a multidisciplinary student and healthcare provider group that is focused on connecting grassroots initiatives by youth, fighting misinformation, and connecting hospitals, to suppliers and donors, and providing wellness support to healthcare providers during this pandemic. You can visit [www.students4COVID.org](http://www.students4COVID.org) to view this site and follow them on social media platforms (@students4COVID, on Twitter/ Instagram, Facebook: [www.facebook.com/groups/Students4COVID/](https://www.facebook.com/groups/Students4COVID/) )

With regards to fighting misinformation, in addition to the pages dedicated to this on the website with direct links to WHO, and CDC. We have questions and answers in video forms and provide links to screened materials. Additionally we are working on a widely translated set of public education infographics/cartoons that will be released and shared soon. The contents are evidence based where possible and reviewed by faculty where not. I wanted to share these efforts with you, we appreciate and welcome comments, ideas, and your support .

Thank you so much,

Katayoun,

Xiya Ma, MSc & Katayoun S. Madani, MD, MS

Chair

InciSioN - International Student Surgical Network

HIFA profile: Dominique Vervoort is Chair of InciSioN - International Student Surgical Network. He is based in Leuven, Belgium, and is a Global Surgery Fellow '18-'19 at Harvard Medical School, Boston, USA. Email: [vervoortdominique AT hotmail.com](mailto:vervoortdominique@hotmail.com)

### **Coronavirus (305) More fake news about Covid-19 (5)**

2 April, 2020

From the BBC website:

'Lemon juice, mosquito bites and blood donations? Reality Check's Chris Morris tackles more health myths about coronavirus that are being shared online.'

<https://www.bbc.co.uk/news/av/52093412/coronavirus-more-health-myths-to-...>

'Lemon juice protects you from COVID-19' Started by a fake Chinese scientist

'Blood donation will get you a free test' No. The last thing blood donations banks want is sick people coming in.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (304) Stop COVID-19 Infographics**

2 April, 2020

I am incredibly proud to share that we (SRHIN) have produced the #stopcovid19 Infographics in over 55 local languages (esp from Africa) to ensure that people have the right health information about preventing #covid19.

It is sad that some people especially in the local communities & slums in Africa still believe that COVID-19 or "Coro Coro" like it's popularly called is a 'foreign' or a 'rich' persons disease that cannot affect them. There have been reported cases of Chloroquine abuse among young people & even some African parents were reported to give their children hand sanitiser to drink after coughing to 'prevent' them from having the novel coronavirus.

Hence, it is important that evidence-based messages (from World Health Organization & other reliable sources) are tailor-made in their local languages to reach and empower them.

With our over 55 infographics designs we can empower so many communities in Africa and beyond & give them hope that we will beat the novel coronavirus.

Here's how you can support us to #StopCovid-19:

1. Get the picture for your local language (Link at [www.tinyurl.com/stopcovid](http://www.tinyurl.com/stopcovid) )
2. Spread the word!

We appreciate our Graphics designers, translators and volunteers for their amazing work in getting this done! Thank you.

#SRHIN #StopCOVID

HIFA profile: Miracle Adesina is Technical Officer and Deputy Director Collaboration and Research at Slum and Rural Health Initiative, Director, Fundraising and Communication at Mental and Oral Health Development Organization, Writer at Universal Care for Africa Foundation and Researcher at Cephas Health Research Initiative Inc. Professional interests: Global health, public health of low and middle income countries, mental health, migrant health, health innovation, disability issues, noncommunicable diseases, physical therapy. Email address: miracleadesina5 AT gmail.com

## **Coronavirus (302) Mass migration in India (2) Transmission of coronavirus**

2 April, 2020

Dear Members,

I would like to know from members, if there has been any study, on the subject, from how distance the corona virus infection can be acquired from a case or a infected person. This is connection with the failure to institute lock down in some areas. People are disregarding the instructions issued by the concerned authorities, not to assemble in a place unduly. Just take the case of migrant labors and persons engaged in unorganized sectors are returning in thousands along the highways.

Thanks,

Dr.Tusharkanti Dey

--

Dr.Tusharkanti Dey Community Health Adviser (Retired), All India Institute of Hygiene & Public Health

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Calcutta, West Bengal,

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HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

### **Coronavirus (301) More fake news about Covid-19 (4) How to recognise and tackle Covid-19 myths**

2 April, 2020

The European Parliament has prepared a handy guide on fake news accessible at <https://www.europarl.europa.eu/news/en/headlines/society/20200326STO7591...> , including a visual chart on identifying the un healthier parts of the infodemic.

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

## **Coronavirus (312) 'Stop COVID-19' infographics (2)**

2 April, 2020

Dear Miracle Adesina, [<http://www.hifa.org/dgroups-rss/coronavirus-304-stop-covid-19-infographics>]

great work. I already shared the picture in Amharic language with friends in Ethiopia.

Thanks a lot

Best

Anna

Anna E. Schmaus-Klughammer (LLB hons)

President

Member of the Scientific Staff - Hochschule Deggendorf

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HIFA profile: Anna E Schmaus-Klughammer is president of the association "One World Medical Network". The goal of the association is to improve medical care in LMICs (Low and Middle Income Countries). Our activities start from building primary and specialized health care facilities and continue to organize national cancer screening with connections to national and international expert doctors using telemedicine networks. Training of medical personnel is also an important part of the work of the association.

One World Medical Network e.V., Ulrichsbergerstrasse 17, Deggendorf in Germany.

[info@owmn.org](mailto:info@owmn.org) [www.owmn.org](http://www.owmn.org)

### **Coronavirus (311) Universal health coverage and human rights**

2 April, 2020

Dear all

The sentiments expressed by our friend, Andreas [Andreas Wiegand, Germany: Coronavirus 307], are the reality of the world we live in. The absence of Universal Health Coverage, the disrespect to public health including those who work for that sector, ignoring calls to reduce poverty, ignoring climate change, the big pharma eating everything, the multinational companies killing small businesses, the overwhelming control of what is called "main stream media", the campaign of misleading information and the big lie that things are good in many countries have all contributed to the current state of fear and chaos. At the national level, very weak health systems, total lack of transparency, big lies that things are fine, disregard and disrespect to human rights, including health. These third world countries became third world because there are rich countries that have been sucking natural resources for hundreds of years and not contributing to their development. The recent call for health workers from anywhere in the world to get visa to USA is just one example of racism and apartheid. It simply says leave your country and people to die and come here to work for me and get money. Language is just another example of this manipulation and colonization. It was on the news yesterday that a well know actress in one country asking for all expatriates to leave her country. This is despite the fact that the same actress cannot live without these foreign workers to guard, cook, drive, clean, teach, plan, treat and more important dig for oil to export so that she can live luxuriously. Where and how can a more equitable world exist?

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

President, eHealth Development Association of Jordan,

Independent Consultant in Knowledge Management and eHealth

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HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

**Coronavirus (310) Kashmir doctors unable to access information from the global healthcare community**

2 April, 2020

Extracts from The New Humanitarian below. Full

text: <https://www.thenewhumanitarian.org/news/2020/04/01/kashmir-internet-ban-...>

--

In Kashmir, slow internet throttles doctors' coronavirus response

'An internet connection, especially in a pandemic, is like an eye to the emergency physician. Kindly, don't blind us.'

A long-running ban on high-speed internet in Indian-administered Kashmir is hobbling efforts to prepare for the coronavirus pandemic, local doctors warn, as cases rise in a region that has already endured months of military clampdown...

Indian authorities restored low-speed 2G mobile internet in early March, but the limits on faster services remain. Kashmir's doctors say the throttled internet speeds prevent them from accessing crucial advice from the global healthcare community.

"The other day, I was trying to download the coronavirus-prevention handbook released by the Alibaba Foundation in China but could not due to slow speeds," said Shoaib Ahmed, a resident doctor at Shri Maharaja Hari Singh hospital, one of the largest tertiary care centres in Kashmir.

Equipped with this information, he believes, doctors can avoid the mistakes other countries have made in battling the virus...

"This is so frustrating," Iqbal Saleem, a professor of surgery at the Government Medical College in Kashmir's largest city, Srinagar, wrote on Twitter after trying to download guidelines for intensive care management. It had taken him an hour to partially download the document.

Another doctor, Khawar Achakzai, said it took him an entire night to download a research paper to help him prepare for an upcoming shift in his emergency room at Shri Maharaja Hari Singh...

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Coronavirus (309) The catastrophe confronting the urban poor**

2 April, 2020

Extracts from The New Humanitarian. Full

text: <https://www.thenewhumanitarian.org/interview/2020/04/01/coronavirus-citi...>

Coronavirus in the city: A Q&A on the catastrophe confronting the urban poor

'While all populations are affected by the COVID-19 pandemic, not all populations are affected equally.'

Health systems in the world's megacities and crowded urban settlements are about to be put under enormous strain as the new coronavirus takes hold, with the estimated 1.2 billion people who live in informal slums and shanty-towns at particular risk.

#### AT A GLANCE: CORONAVIRUS AND THE URBAN POOR

- The coronavirus is revealing the breadth of economic and social inequalities. Roughly 1.2 billion people live in informal settlements.
- There has not been major investment in preparing megacities for pandemics.
- COVID-19's most significant threat may be from the political and economic fallout.
- Rapid urbanisation has shifted the front lines of many crises to cities, rather than rural areas. Aid groups have been slow to adjust.
- Urban aid requires major changes in how international groups operate: there will be less emphasis on direct delivery and more emphasis on partnerships.
- In some cases, aid groups may need to work alongside armed groups.

#### EXTRACT

'In November of 2019, the Global Parliament of Mayors issued a call for such a platform. It called for funding from national governments to develop crucial public health capacities and to develop networks to disseminate trusted information. The mayors also committed to achieving at least 80 percent vaccination coverage, reducing the spread of misinformation, improving health literacy, and sharing information on how to prevent and reduce the spread of infectious disease. A recent article published with Rebecca Katz provides some insights into what this might look like.' <https://www.weforum.org/agenda/2020/03/how-should-cities-prepare-for-cor...>

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)



## Coronavirus (308) Do you speak COVID-19?

2 April, 2020

Dear HIFA colleagues,

Translators without Borders has issued a brief on the importance of language in the COVID-19 response [[https://translatorswithoutborders.org/wp-content/uploads/2020/04/TWB\\_Pol....](https://translatorswithoutborders.org/wp-content/uploads/2020/04/TWB_Pol....)]. The brief outlines key findings and recommendations to communicate effectively with communities, in the languages they speak and understand.

In this pandemic, millions of marginalized people lack basic information about how to keep themselves and their communities safe and well. We are particularly concerned about people who don't speak the dominant language where they live, people with no or low literacy, and people without access to different forms of communication. Failing to address their information and communication needs will prevent the global response from being as effective as we all need it to be.

In the weeks and months to come, TWB will continue supporting and advocating around these critical issues, and we look forward to engaging with you.

Please do share this brief widely with other colleagues who might be interested. And do get in touch with myself or TWB's COVID-19 Response Lead Manmeet

Kaur [manmeet@translatorswithoutborders.org](mailto:manmeet@translatorswithoutborders.org) if you have any questions about our work to address language barriers in the response.

Many thanks and stay safe

Mia

--

Mia Marzotto

Senior Advocacy Officer

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HIFA profile: Mia Marzotto is Advocacy Officer at Translators without Borders. She is based in New York City, USA. She is a member of the HIFA working group on Multilingualism.

<http://www.hifa.org/support/members/mia>

<http://www.hifa.org/projects/multilingualism>

mia AT translatorswithoutborders.org

### **Coronavirus (318) Transmission of coronavirus (2) Education**

2 April, 2020

Dear all

Yes, what is the minimum distance? The overcrowding is unavoidable in my environment. We have closed down schools. No learning is taking place, we do not know for how long. I know some homes and settlements in my environment are more crowded than the schools. They live in slums.

Who will provide an innovation on how to reach my over two million school going population in Kaduna State Nigeria by their teachers. We are considering the use of radio and TV stations to enable children listen and see their teachers teaching English, arithmetic, social sciences etc. one big challenge is electricity. Rural communities have no TV sets. There are more handsets than TV sets mostly not android.

I am sure many have tried and are trying to do something in Africa for the children at home to continue learning. While the developed world can share their experiences. I am now the commissioner of education in Kaduna state.

Shehu

HIFA profile: Shehu U Muhammad is the Field Specialist, Nigeria, for the 1 Million Community Health Workers Campaign. Shehu started career as a Public Health Superintendent as far back as 1985, worked as sanitation and Immunization Officer of Mani Local Government, as a Public Health Instructor and rose to the rank of Chief Lecturer and CEO of Shehu Idris College of Health Science and Technology for 8 years. Holds Masters in Management, Masters in Public Health and a PhD student on HRH. Chairs many committees on Maternal Health Advocacy at state and National level. Currently also teaches Population and Development and Leadership and Reproductive Health. Advocate of using mobile technology in generating data and conveying health awareness messages to the hard to reach areas. [shehumakarfi2001@gmail.com](mailto:shehumakarfi2001@gmail.com)

### **Coronavirus (317) COVID-19 in Sub-Saharan Africa (2)**

2 April, 2020

Dear All [in response to Yina Garcia-Lopez, UK: <http://www.hifa.org/dgroups-rss/coronavirus-298-covid-19-sub-saharan-africa> ]

Yes, is possible to be replicated not only in Zambia but in similar countries in Africa. Another question is how safe are the volunteers, where and who will supply them with the protective materials required for

the work in communities.. what will be the contingency plan for their exposure to the risk of mingling with unsuspecting population?

Shehu

HIFA profile: Shehu U Muhammad is the Field Specialist, Nigeria, for the 1 Million Community Health Workers Campaign. Shehu started career as a Public Health Superintendent as per back as 1985, worked as sanitation and Immunization Officer of Mani Local Government, as a Public Health Instructor and rose to the rank of Chief Lecturer and CEO of Shehu Idris College of Health Science and Technology for 8 years. Holds Masters in Management, Masters in Public Health and a PhD student on HRH. Chairs many committees on Maternal Health Advocacy at state and National level. Currently also teaches Population and Development and Leadership and Reproductive Health. Advocate of using mobile technology in generating data and conveying health awareness messages to the hard to reach areas. [shehumakarfi2001@gmail.com](mailto:shehumakarfi2001@gmail.com)

### **Coronavirus (316) Mass migration in India (4) Pandemic preparedness (2)**

2 April, 2020

I totally agree with Andreas. <http://www.hifa.org/dgroups-rss/coronavirus-307-mass-migration-india-3-p...>

What we are witnessing in India is a man-made disaster due to authoritarian rule with absolutely no thought for the poor migrant workers. Sudden lockdown has compounded the human misery, resulting in loss of wages & temporary shelters. Millions stranded away from their native villages has resulted in chaos and death due to exhaustion from walking miles to get home. Scenes of cops assaulting and humiliating poor folks on the roads and spraying them with disinfectants meant for cleaning surfaces is beyond comprehension. Locking them in small enclosures with no food and water has left hundreds in miserable situations.

The steps to control an impending pandemic are supposed to relieve the population of morbidity not to compound and exacerbate the human suffering. The lockdown could have been better implemented by giving at least a week's notice or providing rations and ensuring shelter for the vulnerable. For example sports stadium etc could be temporarily converted into shelters for the poor.

Disaster preparedness with good planning requires understanding of the population demographics, the social and economic determinants of health and how they will impact the overall morbidity and mortality should, such a situation arise.

Sincerely,

Shabina

Dr. Shabina Hussain, MBBS, DPH, MPH

Independent Global Health Policy Advocate

Mountlake Terrace

WA 98043

USA

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

### **Coronavirus (315) 'Stop COVID-19' infographics (3)**

2 April, 2020

Miracle--

Thank you SO much for this brilliant, easy, summary. I just posted the English version to LinkedIn (crediting you folks of course).

Many thanks and good wishes to all out there. Stay safe!

Wendy

HIFA profile: Wendy Meyeroff is President of WM Medical Communications in the USA. Professional interests: Health writer/editor (over 20 years), helping a variety of companies, government agencies, non-profits, health professionals and others to reach both clinicians and patients/consumers at various financial levels. My article on the difficulties of finding and retaining important "direct care" workers in the USA, was published in July 2015. You can find that here: [bit.ly/1If6fHk](https://bit.ly/1If6fHk) wjmeyeroff AT gmail.com

### **Coronavirus (314) Call for papers - Special series on COVID-19 in Africa by the PAMJ**

2 April, 2020

Dear all

The Pan African Medical Journal launches a special issue to scan the early COVID-19 response landscape in Africa. We seek to invite work and reflections regarding:

- Overall preparedness and response in African countries
- COVID-19 Epidemiology in Africa
- Local experiences in case management including challenges, ongoing clinical trials and innovations and coping strategies
- Health system, health economics and socio-anthropological drivers of the disease

- Overall impact of the pandemic on all aspects of life in Africa

Authors are invited to submit original articles for consideration in the following categories: research, commentaries, letters to the editor, essays, and case reports. The articles will be peer reviewed for relevance, originality and quality of science.

The special issue will run for a period of one year and articles will be published continuously. The PAMJ will expedite the publication and PubMed Central indexation of accepted articles. Article Processing Charges will be waived for accepted submissions.

For more, visit: <https://www.panafrican-med-journal.com/mailalert/MA31032020.htm>

R Kamadjeu, Managing Editors, The PAMJ

PAMJ-CEPHRI/ThePAMJ.org. Kenya: 3rd Floor, Park Suite Building, Parkland Road, Nairobi. PoBox 38583-00100, tel: +254 (0)20-520-4356

HIFA profile: Raoul Kamadjeu is a physician, co-founder and managing editor of the Pan African Medical Journal. He is driven in all his projects by a simple motto: Start small, but think big..!• He got his doctorate in Medicine in Cameroon and completed his MPH in Belgium (ULB). He experienced the broad spectrum of public health practice, from the district in Cameroon to international arenas with the the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC). He worked with CDC from 2004 to 2006 as Public Health Informatics Fellow and from 2007 to 2014 as medical epidemiologist. His expertise spans across fields as varied as epidemiology, biostatistics, informatics, communication, computer programming and project management. Raoul is a research junky and a keen supporter of the Open Access movement in science. He thinks Africa as a major beneficiary of OA should also become a major contributor. raoul.kamadjeu AT gmail.com

### **Coronavirus (313) Testimony from US Hospital ER MD**

2 April, 2020

Dear HIFA, Below is a link to a report from an ER MD that describes his experiences and lessons learned in the heat of battle while fighting to save the lives of Covid 19 patients at a hospital in New Orleans where he works.

<https://texags.com/forums/84/topics/3102444>

I think the doctor's report is sufficiently documented to be of use for sharing with other doctors in similar predicaments.

Kind regards, Daniel

--

Daniel Stern

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uconnect.org

hivecolab.org

Skype Daniel.Richard.Stern1

HIFA profile: Daniel Stern is a HIFA Representative and member of the mHIFA WG. He is a member of Uganda MCH TWG. Daniel is Co-founder of the educational NGO Uconnect, and of the Innovation Hub, Hive Colab, and is also Co-founder of ISOC Uganda and Uganda IXP. He is a UN WSA National Expert. His Uconnect team distributes off-line E-Learning content, including Hesperian Health Guides to schools in East Africa since 2008. During his six-years as Lead for Uganda Mobile Monday he regularly organized events with mobile health themes, usually in collaboration with UNICEF's Uganda team, and their pan African IntraHealth efforts to improve interoperative healthcare systems, both within and between countries, via mHero, such that developer- entrepreneurs's apps would align with the latest trends by MoH policies. <http://www.hifa.org/support/members/daniel>

DStern AT Uconnect.org

### **Coronavirus (325) Essential care of critical illness must not be forgotten in the COVID-19 pandemic**

2 April, 2020

Dear hifa,

I would like to post a short post to the hifa mailing list about our Lancet publication today:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30793-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30793-5/fulltext)

Summary:

Headline figures of ICU requirements for COVID-19 patients in resource-rich settings are masking the need for essential care of critical illness. This essential care could have a large positive effect on mortality in the COVID-19 pandemic even where ICUs are scarce. The ability of health services in low-resource settings and throughout the world to provide good quality essential care of critical illness must be greatly and urgently increased.

I am also not sure if my profile information is up-to-date. How can I update it?

Thank you,

yours

Tim

Dr Tim Baker

Life Support Foundation

[www.lifesupportfoundation.org](http://www.lifesupportfoundation.org)

HIFA profile: Tim Baker is a Physician and Researcher in Anaesthesia and Intensive Care. He is a member of faculty at Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania, and has appointments at Ifakara Health Institute in Dar es Salaam and Karolinska Institutet and Karolinska University Hospital in Stockholm, Sweden. Tim's interest is in global emergency and critical care, focusing on evaluating and improving health services and health systems for the provision of good quality care to critically ill patients in low-resource settings. tim.baker AT ki.se

### **Coronavirus (324) Transmission of coronavirus (3) Distancing distance should be higher MIT study**

2 April, 2020

March 26, 2020 <https://jamanetwork.com/journals/jama/fullarticle/2763852>

Turbulent Gas Clouds and Respiratory Pathogen Emissions

Potential Implications for Reducing Transmission of COVID-19

Lydia Bourouiba, PhD<sup>1</sup>

JAMA. Published online March 26, 2020. doi:10.1001/jama.2020.4756

conclusion

Although no studies have directly evaluated the biophysics of droplets and gas cloud formation for patients infected with the SARS-CoV-2 virus, several properties of the exhaled gas cloud and respiratory transmission may apply to this pathogen. If so, this possibility may influence current recommendations intended to minimize the risk for disease transmission. In the latest World Health Organization recommendations for COVID-19, health care personnel and other staff are advised to maintain a 3-foot (1-m)<sup>6</sup> distance away from a person showing symptoms of disease, such as coughing and sneezing. The Centers for Disease Control and Prevention recommends a 6-foot (2-m) separation.<sup>7,8</sup> However, these distances are based on estimates of range that have not considered the possible presence of a high-momentum

cloud carrying the droplets long distances. Given the turbulent puff cloud dynamic model, recommendations for separations of 3 to 6 feet (1-2 m) may underestimate the distance, timescale, and persistence over which the cloud and its pathogenic payload travel, thus generating an underappreciated potential exposure range for a health care worker. For these and other reasons, wearing of appropriate personal protection equipment is vitally important for health care workers caring for patients who may be infected, even if they are farther than 6 feet away from a patient.

Turbulent gas cloud dynamics should influence the design and recommended use of surgical and other masks. These masks can be used both for source control (ie, reducing spread from an infected person) and for protection of the wearer (ie, preventing spread to an unaffected person). The protective efficacy of N95 masks depends on their ability to filter incoming air from aerosolized droplet nuclei. However, these masks are only designed for a certain range of environmental and local conditions and a limited duration of usage.<sup>9</sup> Mask efficacy as source control depends on the ability of the mask to trap or alter the high-momentum gas cloud emission with its pathogenic payload. Peak exhalation speeds can reach up to 33 to 100 feet per second (10-30 m/s), creating a cloud that can span approximately 23 to 27 feet (7-8 m). Protective and source control masks, as well as other protective equipment, should have the ability to repeatedly withstand the kind of high-momentum multiphase turbulent gas cloud that may be ejected during a sneeze or a cough and the exposure from them. Currently used surgical and N95 masks are not tested for these potential characteristics of respiratory emissions.

There is a need to understand the biophysics of host-to-host respiratory disease transmission accounting for in-host physiology, pathogenesis, and epidemiological spread of disease. The rapid spread of COVID-19 highlights the need to better understand the dynamics of respiratory disease transmission by better characterizing transmission routes, the role of patient physiology in shaping them, and best approaches for source control to potentially improve protection of front-line workers and prevent disease from spreading to the most vulnerable

David Egilman

HIFA profile: David Egilman is a physician in Attleboro, Massachusetts, USA. He is trained in internal medicine and occupational medicine. He is President of GHETS.org an NGO that supports human resource development in COPC medical and nursing schools in the global South by promoting South-South exchanges. He is a Clinical Professor of Family Medicine at the Alpert School of Medicine at Brown University degilman AT egilman.com

### **Coronavirus (323) Urgently Needed Mental and Psychological Support (6) Covid-19 Resilience Toolkit**

2 April, 2020

Dear Neil,

I wish to send message to Dr Dey.

As a GP, providing self-care education to people in their communities, I receive a lot of calls similar to the one Dr Dey did. That is why since 2 weeks I am busy addressing this issue at a community level. The toolkit I have developed helps individuals in their work/households to go back to their basic needs and grow resilient through this crisis, with 10 easily implementable steps.

<https://medicaltrainingservices.ch/home/covid-19-resilience-toolkit/>

French version coming soon

I would appreciate if this message could be transmitted to Dr Dey or others in similar need. I think that could help as it helped others.



Many thanks,

Take care, stay safe

Anbreen

HIFA profile: Anbreen Slama-Chaudhry is a medical doctor, NCDs Management Consultant & Patients Health Advisor, Patients-Communities Health Empowerment & Capacity Building, Switzerland / Egypt. <https://medicaltrainingservices.ch/home/> anbreen.slama.chaudhry AT medicaltrainingservices.ch

### **Coronavirus (322) Universal health coverage and human rights (3) Health workforce**

2 April, 2020

Further to Najeeb's coment (which for some reason went out under Neil's name), it has often struck me that industrialized countries snapping up new doctors from low- and middle-income countries (LMICs) were getting a double deal: 1) they were spared the cost of educating the doctor (£165,00 in the UK <https://fullfact.org/health/cost-training-doctor/>, \$2.6 million in the US <https://www.kevinmd.com/blog/2014/11/2-6-million-cost-becoming-doctor-wo...>), and 2) they were able to plug serious gaps in their health systems (the UK will need 90,000 more physicians by 2025 <https://www.healthline.com/health-news/doctor-shortage-we-may-need-an-ad...>) - which must be win-wins for the industrialized country, while it is the exact converse in the "donor" LMIC country.

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

## **Coronavirus (321) Universal health coverage and human rights (2)**

2 April, 2020

Najeeb and Andreas thank you very much for such succinct enumeration of what led the world to this place: COVID19 Pandemic.

Some may not agree, but I believe that probably the greatest lack is the loss of Global Leadership in the last four years or so. The World averted pandemics in recent past because there was prompt and well coordinated mobilisation of necessary human and material resources to fight epidemics.

Lets return to the debate but for now lest concentrate 100% on Keeping Safe and Remanining Safe where ever we are until COVID19 passes.

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

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HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written

Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **Coronavirus (320) The catastrophe confronting the urban poor (2) Pandemic preparedness (3)**

2 April, 2020

Neil,

Thank you.

I find this post very interesting [<http://www.hifa.org/dgroups-rss/coronavirus-309-catastrophe-confronting-....>]. Raises a lot of exciting themes for debate.

If I may add another theme, it is about hoping that after COVID19 Pandemic there must be recalibrating the policy and method of arranging preparedness for health emergencies: that development partners and donors in the health sector will agree to abandon the damaging model of dealing only/mainly with governments and rarely/reluctantly with civil society and non governmental bodies in the LMICs, and the existing focus on parallel-disease-specific operational protocols and implementation, rather than focus, support and collaboration being on whole system approaches to address all six thematic areas promoted by the WHO or the 12 Pillar Clinical Governance / SEISMIC approach, especially in LMICs that is promoted for whole system strengthening by HIFA and HRI West Africa (<http://www.hriwestafrica.com> )

For sure the debates will happen, but lets all focus and get over COVID19 pandemic and let the debates take place.

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

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Website: [www.hriwestafrica.com](http://www.hriwestafrica.com)

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **Coronavirus (319) COVID-19 in Sub-Saharan Africa (2)**

2 April, 2020

Dear all

Agreed [in response to Andreas Wiegand: <http://www.hifa.org/dgroups-rss/coronavirus-307-mass-migration-india-3-p...> ]

Due to the high number of people who live below one dollar per day in this part of the world, is difficult to determine who doesn't need the palliatives. The experience here in our environment is for the distribution process of that relief materials. Crowded people assembled to collect it. Another source of spread.

When you instruct people to stay at home it will reach them, they do not believe. They may think it will finish before arriving to their doors.

Shehu

HIFA profile: Shehu U Muhammad is the Field Specialist, Nigeria, for the 1 Million Community Health Workers Campaign. Shehu started career as a Public Health Superintendent as far back as 1985, worked as sanitation and Immunization Officer of Mani Local Government, as a Public Health Instructor and rose to the rank of Chief Lecturer and CEO of Shehu Idris College of Health Science and Technology for 8 years. Holds Masters in Management, Masters in Public Health and a PhD student on HRH. Chairs many committees on Maternal Health Advocacy at state and National level. Currently also teaches Population and Development and Leadership and Reproductive Health. Advocate of using mobile technology in generating data and conveying health awareness messages to the hard to reach areas.  
shehumakarfi2001 AT gmail.com

### **Coronavirus (328) Invitation to WHO ad hoc consultation on infodemic management (7-8 April 2020)**

3 April, 2020

The message below is forwarded from CORE Group. I have registered and encourage other HIFA members to register also: [https://who.zoom.us/webinar/register/WN\\_lDu0GKGhTsq6m83FYZkyKg](https://who.zoom.us/webinar/register/WN_lDu0GKGhTsq6m83FYZkyKg)

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#### **WORLD HEALTH ORGANIZATION CONSULTATION**

The EPI-WIN team at World Health Organization would like to invite you to the “WHO ad-hoc consultation on managing the COVID-19 infodemic”, taking place on Zoom 7–8 April 2020, 14–17h Geneva time on both days.

The 2019 corona virus disease (COVID-19) epidemic and response has been accompanied by a massive ‘infodemic’ - an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it, and for policy-makers to use in policy-making.

The aim of this technical consultation is to develop an infodemic response framework to guide targeted interventions to promote dissemination of reliable information about COVID-19, and reduce misinformation, rumors and myths about COVID-19. The discussion will raise awareness of the volume of information on the Internet; and will explore perceptions of segments of society and health care workers with regard to the use of qualified sources for health decision-making; but also to make recommendations that facilitate strengthening health worker capacities and institutional competencies related to digital literacy. The consultation will bring in a multidisciplinary team of scientists, public health decision-makers, medical journalists, technology and social media platforms, and civil society to address interventions and solutions.

The infodemic response framework will consist of the following pillars. Participants will discuss and propose interventions in each pillar.

- Identify evidence: Scan, review and verify evidence and information
- Simplify knowledge: Ways of interpreting and explaining the science to different audiences

- Amplify action: Reach out and listen to the concerns of audiences and provide advice for action, define best and new channels of distribution

- Quantify impact: Describe the infodemic, measure change and impact of digital discourse; inform interventions at global, national and local levels and inform Member State engagement in a more coordinated “social dialogue”

Please see the objectives, speaker programme and preregister: [https://who.zoom.us/webinar/register/WN\\_ldu0GKGhTsq6m83FYZkyKg](https://who.zoom.us/webinar/register/WN_ldu0GKGhTsq6m83FYZkyKg)

Kindest regards,

Tina Purnat for the EPI-WIN team

More on EPI-WIN (WHO information network for epidemics): <https://www.who.int/teams/risk-communication>

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Tina D. Purnat

Technical Officer, Digital Public Health Technologies

Department of Digital Health & Innovation

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My personal zoom room: <https://zoom.us/j/5587683645>

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information, and where people are protected from misinformation - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

**Coronavirus (327) At the front lines in Nigeria: Laboratory workers**

3 April, 2020

<https://nigeriahealthwatch.com/at-the-frontlines-of-nigerias-covid-19-re...>

Chibuike Alagboso (current HIFA Country Representative of the Year) has published a photo-blog on Nigeria Health Watch. It provides a rare and wonderful glimpse into what laboratory workers and others are doing to protect public health. Really great photos and commentary. Thank you to all lab workers (and those who support them) for doing this vital job so professionally and selflessly.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (326) COVID-19 Training Resources**

3 April, 2020

The message below is forwarded from DISASTR-OUTREACH-LIB

The Public Health Foundation [<http://www.phf.org/>] has created a search tool for training related to coronavirus disease 2019 (COVID-19) available through the TRAIN Learning Network [<https://www.train.org/main/welcome>], a national learning network that aggregates training opportunities for public health, healthcare, and preparedness professionals from thousands of training providers: [http://www.phf.org/resourcestools/Pages/Coronavirus\\_Disease\\_2019\\_COVID\\_1....](http://www.phf.org/resourcestools/Pages/Coronavirus_Disease_2019_COVID_1....)

The searches are live and will update as new training is added to TRAIN. Currently, searches are available specific to COVID-19, personal protective equipment, and crisis and emergency risk communication, and a search on infection control in long-term care facilities is expected to be added this afternoon.

Please feel free to share with others and to contact me with any questions.

Thank you and be well,

Kathleen

Kathleen Amos, MLIS, AHIP

Assistant Director, Academic/Practice Linkages

Public Health Foundation

1300 L St NW, Suite 800

Washington, DC 20005

202.218.4418

[kamos@phf.org](mailto:kamos@phf.org)

[www.phf.org](http://www.phf.org)

Join PHF Experts on Tuesday, April 14, 2020, from 1-2 pm EDT for an interactive webinar, Cross-Sector Collaboration: Making Partnerships Work for Your Community, to learn: What does it take to build a successful cross-sector collaborative? Learn more about this event and register today. [http://www.phf.org/events/Pages/Cross\\_Sector\\_Collaboration\\_Making\\_Partne...](http://www.phf.org/events/Pages/Cross_Sector_Collaboration_Making_Partne...)

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Best wishes, Neil

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**Coronavirus (331) Invitation to WHO ad hoc consultation on infodemic management, 7-8 April 2020 (2)**

3 April, 2020

Dear Neil and all

Thank you for sharing this. It would be good to have as many HIFA members as possible to express views and advise to WHO on this issue

[[https://who.zoom.us/webinar/register/WN\\_ldu0GKGhTsq6m83FYZkyKg](https://who.zoom.us/webinar/register/WN_ldu0GKGhTsq6m83FYZkyKg)]. HIFA is in the best position to influence the direction and ways forward. By the way, when registering, there was no place for things like "information management", "Information services", "Legislative and law", "health informatics", "health services", etc. This shows how the industry (profit-making in particular) is talking over.

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

President, eHealth Development Association of Jordan,

Independent Consultant in Knowledge Management and eHealth



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HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

### **Coronavirus (330) Clinical management of COVID-19 in low-resource settings**

3 April, 2020

Dear all,

The African Federation for Emergency Medicine has some good resources for clinical case management of COVID-19 infections in low-resource settings

<https://afem.africa/resources/>

I am looking for other sources - is anyone aware of a repository or other resources?

Thank you,

yours

Tim

Dr Tim Baker

Life Support Foundation

[www.lifesupportfoundation.org](http://www.lifesupportfoundation.org)

HIFA profile: Tim Baker is a Physician and Researcher in Anaesthesia and Intensive Care. He is a member of faculty at Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania, and has appointments at Ifakara Health Institute in Dar es Salaam and Karolinska Institutet and Karolinska University Hospital in Stockholm, Sweden. Tim's interest is in global emergency and critical care, focusing on evaluating and improving health services and health systems for the provision of good quality care to critically ill patients in low-resource settings. tim.baker AT ki.se

### **Coronavirus (329) BBC: Brazil's favela residents organise to stop the spread**

3 April, 2020

Extracts and a comment from me below. Full text: <https://www.bbc.co.uk/news/world-latin-america-52137165>

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'... Gilson Rodrigues is standing on a football pitch in the middle of the favela, loudspeaker in hand. The president of Paraisópolis residents' association, he's training people to become so-called "street presidents" - volunteers who'll ensure households understand hygiene measures and the need to stay indoors.

"The information that's being disseminated about the virus doesn't work for the people on the periphery," says Gilson. "Terms that are being used make no sense to the community here."...

Gilson tells me that one of his toughest tasks is debunking misinformation coming from Jair Bolsonaro. The president has been railing against drastic state-led measures to shut down the economy in an effort to curb the virus.

"When the president says something stupid, that coronavirus is just the sniffles or that people can get back to work, well the next day, people are out on the streets," he says.

"Jair Bolsonaro will be partly responsible for any deaths here because he's creating this situation. It's as if the 13 million people who live in slums in Brazil don't exist. There's been no policy to look after the country's favelas, we're being left to fend for ourselves."...

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Comment (NPW): Politicians, and especially heads of state, can have a major influence, for good or bad, on public health - and especially in public health emergencies such as the current pandemic. They can embrace evidence-informed policy, or they can ignore it. The consequences of the latter could be catastrophic.

Best wishes, Neil

Coordinator, HIFA Project on Evidence-Informed Policy and Practice

<http://www.hifa.org/projects/evidence-informed-policy-and-practice>

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### **Coronavirus (338) World Intellectual Property Organization petition**

3 April, 2020

This letter to WIPO DG Gurry was sent today from 140+ organizations and individuals representing educators and researchers.

Gurry COVID Letter <https://tinyurl.com/GurryCorona>

The letter is from organisations and individuals representing researchers, educators, students, and the institutions that support them.

It requests Gurry to “use your position as the leader of the global intellectual property system to take urgent action to guide Member States and others in their response to intellectual property issues that the coronavirus is raising. These steps should include:

- Encouraging all WIPO member states to take advantage of flexibilities in the international system that permit uses of intellectual property-protected works for online education, for research and experimental uses, and for vital public interests, such as access to medicine and culture;
- Calling on all right holders to remove licensing restrictions that inhibit remote education, research (including for text and data mining and artificial intelligence projects) and access to culture, including across borders, both to help address the global pandemic, and in order to minimise the disruption caused by it;
- Supporting the call by Costa Rica for the World Health Organization to create a global pool of rights in

COVID-19 related technology and data, as well as promoting the use of the Medicines Patents Pool, voluntary licensing, intellectual property pledges, compulsory licensing, use of competition laws, and other measures to eliminate barriers to the competitive global manufacture, distribution and sale of potentially effective products to detect, prevent, and treat COVID-19.

- Supporting countries' rights to enact and use exceptions to trade secret and other intellectual property rights needed to facilitate greater access to manufacturing information, cell lines, confidential business information, data, software, product blueprints, manufacturing processes, and other subject matter needed to achieve universal and equitable access to COVID-19 medicines and medical technologies as soon as reasonably possible."

Please share with your networks. There is a link in the doc to add new endorsements that remains open.

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

### **Coronavirus (337) LGH: COVID-19 pandemic in west Africa**

3 April, 2020

This comment in The Lancet Global Health concludes: 'Early comparisons between the number of confirmed cases in the worst affected European countries and the west African countries with confirmed COVID-19 cases do not support the hypothesis that the virus will spread more slowly in

countries with warmer climates. In the case of west Africa, a rapid acceleration in the number of cases could quickly overwhelm already vulnerable health systems. Swift action to control further spread of the virus, and to improve the response capabilities of affected countries in west Africa is therefore urgent.'

CITATION: COVID-19 pandemic in west Africa

Melisa Martinez-Alvarez et al.

Lancet Global Health 2020

Open Access Published: April 01, 2020

DOI: [https://doi.org/10.1016/S2214-109X\(20\)30123-6](https://doi.org/10.1016/S2214-109X(20)30123-6)

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Best wishes, Neil

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HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (336)**

3 April, 2020

Peace be on us all.

Every paragraph in the numerous HIFA newsletter today revolves round corona virus (covid-19) pandemic.

Let's play safe, sneeze /cough into disposable tissues or external elbows, wash our hands regularly with soap and water, use alcohol based hand sanitisers, stay at home as much as possible, and if we must be out, observe distancing.

Well done HIFA team led by Neil!!!!!!

HIFA profile: Nurud-Din Oladipo Akindele is a retired accomplished Medical Practitioner with interest in services to humanity. Work presently for Humanity First International Nigeria as Medical Coordinator and taking health care delivery to very remote difficult terrains for preventive and curative services in the spirit of UHC. Also have passion in the welfare of health workers in Nigeria. nurolakin AT gmail.com

### **Coronavirus (335) Clinical management of COVID-19 in low-resource settings (2) Africa CDC Webinar for Clinical Care of COVID-19**

3 April, 2020

Dear Tim and all,

Africa CDC is doing a webinar on case management of Covid 19 on Tuesday 7th April. Registration is free. See link below

[https://zoom.us/webinar/register/WN\\_JrxGGP7eSJGDfr3d1h9ZOW](https://zoom.us/webinar/register/WN_JrxGGP7eSJGDfr3d1h9ZOW)

regards

Liz

HIFA profile: Elizabeth Mason is former Director of the Department of Maternal, Newborn, Child and Adolescent Health (MCA) in WHO. She is interested in how to provide quality health services for women and children, and how to extend the health system into the community. She spent 24 years living and working in Zimbabwe, and worked across many countries of the African Region. She is a member of the Independent Accountability Panel for Every Woman, Every Child, EWEC, which reports on progress towards the UNSG Global Strategy for Woman, Children and Adolescents. elizabethmason108 AT gmail.com

### **Coronavirus (334) Mass migration in India (5)**

3 April, 2020

In India, complete lock down was imposed without considering what will be plight of these migrant labours and persons employed in unorganised sectors, will be residing, how they will earn and how they will feed themselves, and how they will return back to their villages etc. These had led to innumerable sufferings of these people, leading to their nonobservance of social distancing, increasing chances of spread of infection. This is really a man made catastrophe. Along with digital technology adoption, and organizational effectiveness, is also required political wisdom. Now, failure of intelligence system has compounded the situation. A mass gathering of religious people were allowed to be hold, where foreigners even allowed to participate. In this situation, what is the best way to cut the the chain of transmission?

Dr.Tusharkanti Dey

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

### **Coronavirus (333) 'Stop COVID-19' Infographics (4) Xhosa language**

3 April, 2020

Dear Miracle,

Thank you for this initiative. Great work indeed. [[www.tinyurl.com/stopcovid](http://www.tinyurl.com/stopcovid)]

I am sending you the Xhosa language, (one of South Africa's official languages) to incorporate into the design.

1. Stop the spread of COVID 19 = Nganda ukwanda kwentsholongwane ye COVID 19
2. Avoid close contact with sick people = Lumkela ukuba kufuphi nabagulayo. Tsalela le nombolo isemthethweni xa unokugula (WHO, National CDC 0800 029 999)
3. Stay at home, to avoid spread of the virus = Hlala usekhaya ukunqanda ukusasazwa kwalentsholongwane
4. Avoid Touching - your eyes, nose, face & mouth = Lumka-ungazibambi ngezandla, emehlweni , empumlweni, ebusweni, kwanasemlonyeni.
5. Avoid crowded areas - stay at least 1.5 m away from people = Lumkela ukuba kwindawo enabantu abaninzi, kangangomthamo ongama 1.5 meters kufuphi komnye umntu.
6. Wash you hands regularly with soap and water for at least 20 seconds = Hlamba izandla zakho roqo ngesepha namanzi imizuzwana engama 20.
7. Use alcohol-based sanitizer for your hands and disinfect touched areas = Ngokusebenzisa isibulalanthsholongwane, hlamba roqo izandla zakho kwa nakwiindawo ezifikeleleka lula.

Regards,

Kuku Voyi

University of Pretoria

HIFA profile: Kuku Voyi is chair of the School of Health Systems and Public Health, University of Pretoria, South Africa. [Kuku.voyi AT up.ac.za](mailto:Kuku.voyi@up.ac.za)

### **Coronavirus (332) Health Education England launches package of online COVID-19 resources for free worldwide use**

3 April, 2020

Dear HIFA,

Health Education England launches package of online COVID-19 resources for free worldwide use

A package of valuable online resources to help fight the COVID-19 pandemic is now available free of charge to health professionals worldwide.

The dedicated coronavirus e-learning programme has been developed by Health Education England via eIntegrity, a partnership between HEE and the medical Royal Colleges.

It is being made available globally following requests from around the world.

Content includes:

- Essential Guidance from the NHS, UK Government, WHO and BMJ
- Advice from Public Health England on Personal Protective Equipment (PPE)
- Infection Prevention and Control
- Resources for Staff Working in Critical Care Settings
- Resources for Staff Working in Acute Settings
- Resources for Staff Working in Primary Care and Community Settings
- Resources for Return to Work Healthcare Staff
- Resources for Pharmacy Staff
- End of Life Care COVID-19
- Wellbeing for Staff

The programme, which is written and peer-reviewed by practising clinicians, will continue to be expanded and updated in the coming days and weeks. Requests for online resources to help combat COVID-19 have come from health and care institutions and individuals all over the world, including Australia, New Zealand, the Middle East and six universities in the Netherlands.

Patrick Mitchell, Director of Innovation and Transformation at Health Education England, said: “In these unprecedented times we must support all those involved in combating this global healthcare crisis.

For this reason Health Education England and eIntegrity are offering this dedicated Coronavirus programme free of charge to the worldwide health and care workforce.

These resources have been developed by leading clinical experts in the UK as part of Health Education England e-Learning for Healthcare programme. We will be adding further learning content to this programme as soon as it becomes available.

Learners outside of the UK can access the learning here:-

<https://www.eintegrity.org/e-learning-healthcare-course/coronavirus.html>



Learners in the UK should access the learning via HEE e-Learning for Healthcare here:-

<https://www.e-lfh.org.uk/programmes/coronavirus/>

Source:

Link to source <https://www.hee.nhs.uk/news-blogs-events/news/hee-launches-package-onlin...>

HIFA profile: Arthy Hartwell has worked for more than 8 years within global health organisations on issues such as antimicrobial resistance, climate change, biosecurity, and ethical trade. She is currently the Head of International for the British Medical Association. She is a member of the HIFA Steering Group and the HIFA working group on Information for Prescribers and Users of Medicines.

<http://www.hifa.org/support/members/arthya>

<http://www.hifa.org/people/steering-group>

<http://www.hifa.org/projects/prescribers-and-users-medicines>

### **Coronavirus (339) Palliative care in the time of COVID-19**

3 April, 2020

Dear Colleagues

As the coronavirus starts to spread in developing countries with a weak health infrastructure it is obvious that patients are going to be triaged for intensive care with younger patients getting priority over the elderly or those with co-morbidity. Those who do not have access to an ICU space will probably die without the support of family while health workers will concentrate on those that have a better chance of surviving. How are we going to provide palliative care to the dying. Although a very painful topic I believe we need to open a dialogue and agree on guidelines of care.

Dave Woods

HIFA profile: Dave Woods is emeritus professor in neonatal medicine at the School of Child and Adolescent Health, University of Cape Town, South Africa. He is Chairman of the Perinatal Education Trust and Eduhealthcare, both not-for-profit non-government organisations that develop appropriate self-help distance learning material for doctors and nurses who care for pregnant women and their children in under-resourced communities. He has 30 years experience as a clinical neonatologist, with particular interests in perinatal care and training of health professionals. He is currently developing paper-based continuing learning material in maternal care, newborn care, childhealth, and care of adults and children with HIV/AIDS. He is also participating in the design and development of wind-up appropriate health technology for poor countries. [www.pepcourse.co.za](http://www.pepcourse.co.za) pepcourse AT mweb.co.za

### **Coronavirus (343) Community Radio Response to the COVID-19 Pandemic in Bangladesh**

4 April, 2020

Dear Madam/Sir,

Greetings from Bangladesh NGOs Network for Radio and Communication(BNNRC)!

We have the pleasure to share you regarding Community Radio Response to the COVID-19 Pandemic in Bangladesh has published by Forbes magazine by Christine Ro. We are sending herewith the link for your happy reading.

<https://www.forbes.com/sites/christinero/2020/04/03/washing-hands-with-a...>

With best regards,

Bazlu

AHM. Bazlur Rahman-S21BR | Chief Executive Officer |

Bangladesh NGOs Network for Radio and Communication (BNNRC)

[Consultative Status with the ECOSOC of the United Nations]

Policy Research Fellow, Shaping the Future of Media, Information & Entertainment in the Era of the Fourth Industrial Revolution(4th IR)

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HIFA profile: Bazlur Rahman is Chief Executive Officer of Bangladesh NGOs Network for Radio and Communication (BNNRC). BNNRC is a national networking body working for building a democratic society based on the principles of free flow of information, and equitable and affordable access to Information, Communication Technology (ICT) for remote and marginalized population. BNNRC is an official HIFA Supporting Organisation.

[www.bnnrc.net](http://www.bnnrc.net) ceo AT bnnrc.net

### **Coronavirus (342) BBC: India coronavirus doctors 'spat at and attacked'**

4 April, 2020

In the past 5 years we have seen increasing attacks (and murders) on polio vaccination teams and Ebola workers. Sadly we are now seeing attacks on coronavirus workers... The human cost of misinformation knows no limits.

We stand in solidarity with all those who work on the front line of health care.

Extracts below. Read in full here: <https://www.bbc.co.uk/news/world-asia-india-52151141>

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Several healthcare workers in India have been attacked as they battle to stop the spread of the coronavirus.

Reports say doctors have been spat at and chased away from homes, and that in one case patients directed abusive and vulgar language towards female nurses.

Some physicians and their families have also been ostracised by their neighbours because of their exposure to patients infected with Covid-19...

One video, which has gone viral, showed a mob throwing stones at two female doctors wearing personal protective equipment in the central city of Indore.

The doctors had gone to a densely-populated area to check on a woman suspected of having Covid-19 when they came under attack.

Despite being injured, one of the doctors seen in the video, Zakiya Sayed, said the incident "won't deter me from doing my duty".

"We were on our usual round to screen suspected cases," she told the BBC. "We never thought that we would be attacked."

"I had never seen scenes like that. It was frightening. We somehow fled from the mob. I am injured but not scared at all."...

One doctor, who did not wish to be identified, said she felt "extremely disheartened when I learnt that even my neighbours think that me and my family shouldn't be allowed to live in the building".

"We want our families to be safe. But we are being discriminated for doing our job."...

"Seeing this open discrimination just breaks my heart. But we will go on because there is really no other option."

--

Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children

<http://www.hifa.org/projects/citizens-parents-and-children>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177

countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (341) LGH: COVID-19 pandemic in west Africa**

4 April, 2020

I am glad to see the results of this research which do not support the notion that west African countries are not threatened by this virus. I think the whole world should feel the heat and do something about it. Strengthening health systems, awareness, information, early testing, distancing among other things are the way to protect and prevent.

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

Former Director, Knowledge, Ethics and Research Department, WHO/HQ

President, eHealth Development Association of Jordan,

Independent Consultant in Knowledge Management and eHealth

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Twitter: shorbajin

LinkedIn: <https://www.linkedin.com/in/najeeb-al-shorbaji-7a817415/>

HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented

in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

**Coronavirus (340) Invitation to WHO ad hoc consultation on infodemic management, 7-8 April 2020 (3)**

4 April, 2020

Thank you so much Neil for sharing the invitation [<http://www.hifa.org/dgroups-rss/coronavirus-331-invitation-who-ad-hoc-co...>]. The need for a social dialogue around the concept of infodemic is necessary at a point where especially in low resource settings like Pakistan, illiteracy is rampant and sharing of memes, fake news, totkas (home remedies), spiritual and religious prayers are being shared extensively through the “WhatsApp university”.

Best regards

Mariam

Public Health Consultant

Contech International Health Consultants

HIFA profile: Mariam Z Malik is Business Development Manager at Contech International, Pakistan. Her professional interests include Health and health care information. mariam.zahid AT gmail.com

**Coronavirus (346) Evolution of COV ID 19 in West Africa**

4 April, 2020

Dear all,

I hope you and your families are healthy and safe. I would like to share with you an article colleagues are recently published, which analyzes the progression of the COVID19 epidemics in West Africa and in certain European countries.

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30123-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30123-6/fulltext)

They show that, although epidemics started later in countries like Senegal, COVID-19 has the potential to increase rapidly and follow patterns similar to those in European countries. They also created an application to generate various graphs and tables in order to compare the progression of the epidemic in all countries. This app is updated daily and is available here: <https://stats.mrc.gm/covid19WA/>

Sincerely

Elhadji Mbaye PhD in Health policies (IEP Grenoble)

Post Doc in Global Health (U. Montreal)

Community Engagement Officer

WHO North Kivu

Tel: 0856464447 (DRC)

Tel and WhatsApp: +22177 736 53 67

Twitter: @LemzoMbaye

HIFA Profile: Elhadji Mamadou Mbaye is scientific officer at the Institute for Health Research, Epidemiological Surveillance and Training, IRESSEF, in Senegal.

Email: elhadjimbaye AT gmail.com

### **Coronavirus (345) Palliative care in the time of COVID-19 (2)**

4 April, 2020

Prof thank you for prompting this very sensitive and difficult topic. But as you say we must discuss it before the need arises as we all fear it may.

In Nigeria it has exercised the thoughts of clinicians but I am not sure that the policy makers have yet gotten the message. Following the example of China, South Korea in this pandemic, Nigeria is putting interventions in place like social distancing, respiratory hygiene, lockdowns etc, to flatten the curve. Governments are building isolation centres too. There is massive public education and awareness in all 36 states and federal capital territory of the country.

But hospital capacity in equipment (ventilators, respirators, etc), human resource, utility needs, etc await visible actions. The greatest challenge remains that we don't know the extent of infections because testing is very restricted to only 'symptomatic' patients. In my post on this forum on another question, I said that if high income countries are struggling to counter this pandemic, as we all see on global cable news channels every day, spare a thought for the LMICs if the pandemic intensifies there. From what we read in the press and media, the situation in other African countries is not different. Infact, it may even be worse in some of them than in Nigeria. Nigeria successfully dealt with Ebola epidemic in 2014, and some of the infrastructure were still in place.

I have also talked about the apparent absence of global leadership as a major cause for why Coronavirus epidemic became a pandemic. To avert disaster in LMICs from this pandemic, including Africa, there needs to be a globally driven, supported and assisted Action Plan: including quantitative easing for

developing countries, and immediate palliatives for the population, because these countries are starting from almost ground zero of readiness to fight this COVID19 pandemic, when compared with HICs. The multilateral global finance bodies, UN, Global big business, Big Pharma, etc need to come to the table, Now.

The benefit of such global support and assistance will be felt in the Whole world.

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Standards and Quality Monitor and Assessor

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.

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HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

### **Coronavirus (344) Harvard Medical School presentation**

4 April, 2020

The message below is forwarded from our sister forum CHIFA (child health and rights: <http://www.hifa.org/join/join-chifa-child-health-and-rights>

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Hello community,

I wanted to share an excellent presentation hosted by Harvard Medical School and its affiliated hospitals on what is known about Covid 19 basic science, clinical presentation, and treatment strategies. It is hosted from a Critical Care viewpoint but does have many important points for those in primary care/community medicine as well as public health.

I hope this is helpful:

<https://externalmediasite.partners.org/Mediasite/Play/3a21e1105b104a1892...>

Best regards and wishes for your safety and health,

Marni

CHIFA Profile: Marni Roitfarb is a Pediatrician at a Private Practice in the US. mroitfarb AT yahoo.com

--

Forwarded by Neil Pakenham-Walsh

### **Coronavirus (348) COV ID 19, digital health, and cochrane reviews**

5 April, 2020

Dear HIFA colleagues,

With the increased interest in digital health in the context of COVID 19, Cochrane EPOC (Effective Practice and Organisation of Care) has just published a new Cochrane qualitative evidence synthesis (QES) on this topic. This QES, along with another QES from Cochrane's Consumers and Communication Group, informed the recent WHO guidelines on digital interventions for strengthening health systems (<https://www.who.int/reproductivehealth/publications/digital-intervention...>).

We have prepared two summaries of these syntheses. Please help us disseminate these to decision makers in your context. The review summaries are available here: <https://epoc.cochrane.org/news/new-cochrane-reviews-mhealth-implementation...>

Here are links to the full reviews in open access:



<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011942.pub2/...>

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013447/full>

Best wishes

Simon

HIFA Profile: Simon Lewin is a health systems researcher at the Norwegian Institute of Public Health and the Medical Research Council of South Africa ([www.mrc.ac.za](http://www.mrc.ac.za)). His work is mainly in the field of implementation research, including systematic reviews of health systems interventions; the development and evaluation of strategies for changing professional and user behaviours and the organization of care; and the use of lay or community health workers to deliver care. He is an editor for the Cochrane Consumers and Communication Review Group and the Cochrane Effective Practice and Organisation of Care Review Group. He is a member of the HIFA working group on CHWs:

<http://www.hifa.org/projects/community-health-workers>

<http://www.hifa.org/support/members/simon>

Email: simon.lewin AT nokc.no

## **Coronavirus (350) Open access to Wolters Kluwer information resources**

6 April, 2020

Dears at HIFA

We're expanding access to Up-To-Date for anyone seeking the latest evidence-based updates to critical clinical content in the fight against Covid-19. Please see direct links below:

Acute Respiratory Distress Syndrome:

Acute respiratory distress syndrome: Clinical features, diagnosis, and complications in adults- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.up...>

Acute respiratory distress syndrome: Supportive care and oxygenation in adults- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.up...>

Acute respiratory distress syndrome: Epidemiology, pathophysiology, pathology, and etiology in adults- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.up...>

Ventilation:

Ventilator management strategies for adults with acute respiratory distress syndrome- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.up...>

Prone ventilation for adult patients with acute respiratory distress syndrome- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.up...>

Coronavirus

Coronavirus topic- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.up...>

Patient education

topic- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwolter...>

Society guidelines- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwolter...>

Wolters Kluwer Coronavirus Resources & Tools

page- <https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwolter...> provides resources across our Health solutions.

We hope this information is useful- please don't hesitate to reach out with questions and share with your colleagues.

Regards

Stay Safe

Hashem Kanafani

Sales Account Manager- MEA

Clinical Effectiveness

UpToDate | Lexicomp | Medi-Span

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Dubai- United Arab Emirates

[www.wolterskluwer.com](http://www.wolterskluwer.com)

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Linkedin- <https://www.linkedin.com/company/wolters-kluwer>

Youtube- <https://www.youtube.com/user/WoltersKluwerComms>

### **Coronavirus (349) Webinar Invitation: April 7th, 2020 for COVID-19 and Implications for Family Planning Services.**

6 April, 2020

COVID-19 and Implications for Family Planning Services

Join us for a webinar on Apr 07, 2020 at 11:00 AM CEST.

Register now!- <https://attendee.gotowebinar.com/register/5376467130293441293>

Join IBP Network Partners to hear about how COVID-19 has impacted family planning services. Panelists from WHO, UNFPA, IPPF, and Jhpiego will discuss global guidance from WHO, share experiences managing the outbreak from Asia, and provide insights into preparedness from the experience with Ebola outbreak of 2014.

The webinar will be recorded and will be available the same day to accommodate our colleagues located in time zones where it will be too early or too late.

After registering, you will receive a confirmation email containing information about joining the webinar.

View System Requirements- <https://link.gotowebinar.com/help-system-requirements-attendees>

HIFA Profile: Ados May is a Senior Technical Advisor at the IBP Initiative in the United States of America.

Email address: ados.may AT phi.org

### **Coronavirus (351) USAID Mission Guidance for COVID-19 Digital Response Solutions**

6 April, 2020

Extracts below. Full text: <https://www.ictworks.org/usaaid-mission-guidance-covid19-digital-response...>

--

Information is critical to COVID-19 Digital Response. Decision makers need detailed and timely data about the coronavirus disease spread. Health workers and communities need access to truthful information to protect themselves and their loved ones.

However, responding to a public health emergency requires a multitude of actors from health and development institutions, emergency response, and humanitarian organizations. COVID-19 has already attracted billions in new funding and many new partners both at the local and international level...

Technologists, we need your ideas to build a truly comprehensive list of possible digital health solutions. Governments, donors, and implementers, check out the full list of 110+ potential solutions for coronavirus response.

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (352) Stop COVID-19 Infographics**

6 April, 2020

Dear All,

Front line workers like CHWs, sanitation workers, police forces and ambulance drivers are out in their communities daily. In India we call them our COVID Warriors as are all the doctors and technicians.

Globally, front line workers might be disseminating the information given in these excellent infographics, but not all of them might have protective gear for themselves.

I wrote a short, practicable and translatable guideline for self care in English, for COVID 19 Warriors #healthcareheros. As India is under lock down, we are sending out the translations by mobile phones to ASHA workers and other health workers. Please help me to disseminate this shareable link to front line workers in your regions.

<https://www.ashavani.in/post/paving-the-path-to-a-brighter-future>

Kavita Bhatia, PhD

Independent researcher (India)

<http://www.ashavani.in>

HIFA Profile: Kavita Bhatia is an independent researcher in public health. She is based in India. She has considerable experience in the documentation and evaluation of community-based voluntary health care programs, particularly those involving community health workers. Since the past few years, she has been doing research, documentation and advocacy for women community health workers in large scale public health care programs. She is interested in the gender issues, rights and professional development of women health workers. She also runs an e-platform called Ashavani (<http://www.ashavani.in>). She is

also a member of the HIFA Working Group on Community Health  
Workers: [www.hifa.org/projects/community-health-workers](http://www.hifa.org/projects/community-health-workers) kavbha AT gmail.com

### **Coronavirus (351) Seeking research on projected estimates for cases among homeless people**

6 April, 2020

Hi,

Do any of you know of research that looks specifically at estimating the prevalence of COVID-19 among homeless individuals?

I had heard there was some work done in Seattle or Washington state, but I could not locate this in all the usual sources.

I do know about these:

<https://covid19.healthdata.org/projections>

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

<https://escholarship.org/uc/item/9g0992bm>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Feschol...>

[https://tomhbyrne.shinyapps.io/covid19\\_homeless\\_dashboard/](https://tomhbyrne.shinyapps.io/covid19_homeless_dashboard/)

<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-...>

Thanks!

Michael

--

HELP:

UC Berkeley Basic Needs Center

[https://docs.google.com/document/d/1WwPF-Q3Z8EXBfM-Wf\\_WwBzdTU39hfz85JL2F...](https://docs.google.com/document/d/1WwPF-Q3Z8EXBfM-Wf_WwBzdTU39hfz85JL2F...)

(frequently updated info: food, money, other urgent needs)

Crisis Counseling for Urgent Concerns

<https://uhs.berkeley.edu/counseling/urgent> (UCB UHS)

Remote Resources for UC Berkeley Library Users

<https://www.lib.berkeley.edu/help/research-help/remote-resources>

You are welcome to contact me via Zoom, Hangouts, or email if you are in need of conversation

--

Michael Sholinbeck, MLIS, MS

he/him/his

<https://www.aclunc.org/article/frequently-asked-questions-whats-pronoun>

Public Health Librarian

Marian Koshland Bioscience, Natural Resources & Public Health Library

2101 Valley Life Sciences Building MC6500

University of California Berkeley CA 94720 USA

[lib.berkeley.edu/bios](http://lib.berkeley.edu/bios)

[linkedin.com/in/sholinbeck](https://www.linkedin.com/in/sholinbeck)

HIFA Profile: Michael Sholinbeck is an outreach/instruction librarian at the University of California, Berkeley, USA. Professional interests: public health, instruction, outreach to public health professionals and students, anti-oppression work.

Email: [msholinb AT library.berkeley.edu](mailto:msholinb@library.berkeley.edu)

### **Coronavirus (354) Mass migration in India (6) End of lock down period in India**

7 April, 2020

Dear Members,

There is a plan to withdrawal of nation wide imposed lock down after 21 days on 14th April [\*see note below]. There are plans to withdraw it in phased manner, withdrawing it from the less affected areas gradually but continuing it in high spot areas for few more days. I would like to know the epidemiological implications of these methods.

Another point, death rate due to Corona Virus Disease is comparatively lower, 111 deaths out of a total case of 4281 as of 6th April, 2020 as of 6th April, 2020. (Source Ministry of Health and Family welfare's data) . Has the virus changed its virulence or pathogenecity?

Thanks

Dr.Tusharkanti Dey

--

Dr.Tusharkanti Dey Community Health Adviser (Retired), All India Institute of Hygiene & Public Health

+91 33259 9011 | +91 9432208790 | [dr.tusharkantidey@gmail.com](mailto:dr.tusharkantidey@gmail.com)

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157/1, Goraskhabasi Road,

Pin 700028

Calcutta, West Bengal,

India

HIFA profile: Tusharkanti Dey is a Community Health Specialist at the Center for Total Development in India. Professional interests: Developing community health projects based on ICT. dr.tusharkantidey AT gmail.com

[\*Note from HIFA moderator (Neil PW): The Economic Times (India) reports: 'The 21-day lockdown announced by Prime Minister Narendra Modi on March 24 which came into effect from March 25 will end on April 14. The Cabinet secretary had made it clear that there are no plans to extend it. However, an exit strategy is needed for a smooth end to the lockdown period...' <https://economictimes.indiatimes.com/news/politics-and-nation/lifting-of-...>

I could not find any information about lifting of lockdown on the Government of India website: <https://www.mohfw.gov.in/> ]

### **Coronavirus (353) COVID-19: seeking research on projected estimates for cases among homeless people**

7 April, 2020

Hi,

Do any of you know of research that looks specifically at estimating the prevalence of COVID-19 among homeless individuals?

I had heard there was some work done in Seattle or Washington state, but I could not locate this in all the usual sources.

I do know about these:

<https://covid19.healthdata.org/projections>

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

<https://escholarship.org/uc/item/9g0992bm>

[https://tomhbyrne.shinyapps.io/covid19\\_homeless\\_dashboard/](https://tomhbyrne.shinyapps.io/covid19_homeless_dashboard/)

<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-...>

Thanks!

-Michael

--

HELP:

UC Berkeley Basic Needs Center (frequently updated info: food, money, other urgent needs)

Crisis Counseling for Urgent Concerns (UCB UHS)

Remote Resources for UC Berkeley Library Users

You are welcome to contact me via Zoom, Hangouts, or email if you are in need of conversation

Michael Sholinbeck, MLIS, MS

he/him/his

Public Health Librarian

Marian Koshland Bioscience, Natural Resources & Public Health Library

2101 Valley Life Sciences Building MC6500

University of California Berkeley CA 94720 USA

[lib.berkeley.edu/bios](http://lib.berkeley.edu/bios)

[linkedin.com/in/sholinbeck](https://www.linkedin.com/in/sholinbeck)



HIFA profile: Michael Sholinbeck is an outreach/instruction librarian at the University of California, Berkeley, USA. Professional interests: public health, instruction, outreach to public health professionals and students, anti-oppression work. msholinb AT library.berkeley.edu

### **Coronavirus (359) COVID-19 study register**

7 April, 2020

Dear HIFA members,

Cochrane launched today its COVID-19 Study Register - a register with primary research studies on COVID-19. <https://covid-19.cochrane.org/>

The aim of the register is to support rapid evidence synthesis by all systematic review producers, including Cochrane's work on Rapid Reviews in response to COVID-19. The register helps systematic reviewers prioritize topics, identify available evidence, and produce urgently needed reviews for front-line health professionals, public health policymakers, and research teams developing new therapeutic, diagnostic, and preventive interventions for COVID-19.

The new COVID-19 Study Register will be continually updated with human studies on COVID-19. More background information about the register can be found here: <https://community.cochrane.org/about-covid-19-study-register>

Please direct any questions or comments about Cochrane's COVID-19 Study Register to [covid-19-register@cochrane.org](mailto:covid-19-register@cochrane.org)

With best wishes,

Sylvia

Sylvia de Haan

Head of External Affairs & Geographic Groups' Support

Chief Executive's Office

Cochrane Central Executive

E [sdehaan@cochrane.org](mailto:sdehaan@cochrane.org) T +31 6 24489499 S sylvia de haan31

[www.cochrane.org](http://www.cochrane.org)

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HIFA profile: Sylvia de Haan is Partnerships Coordinator at Cochrane, and is based in the Netherlands.  
Email address: sdehaan AT cochrane.org

## **Coronavirus (358) Combatting coronavirus misinformation and CABI**

7 April, 2020

Dear Neil, Steering group colleagues and HIFA

Misinformation around coronavirus featured heavily in the recent Steering Group meeting and in our discussions, we sought to identify how we could work with partners like Google to address this issue.

### **NEW MISINFORMATION NEWS STORY ON CABI'S GLOBAL HEALTH INTERFACE REFERENCES HIFA**

I write to tell you that CABI's Global Health interface now has a feature story 'COVID19: Combatting coronavirus misinformation' (<https://bit.ly/2wpX7w>) written by myself and colleague Jess Thay. It discusses social media, self-published books, the role internet companies can play to reduce misinformation and how the general public or health professional can personally combat misinformation.

In it, under the section 'What can YOU do?'•, we deliberately draw attention to:

- HIFA's role as an official health discussion forum
- The ongoing coronavirus discussion
- Multilingualism (linking to 'Translators without borders'•)
- Trusted sources of regional and global updates on coronavirus (COVID-19)

WE hope our article provides support to HIFA's current discussions with Google and others. You can Share the article itself, or retweet it from here: <https://bit.ly/2xdjpli>

### **CABI'S FREE CORONAVIRUS COLLECTION ON GLOBAL HEALTH**

AS you know, CABI has made its coronavirus content (both human and animal) FREE for 3 months.... and we are maintaining the Homepage monthly focus on Coronavirus for that period. You will be able to search & browse this information with all the functionality & features of the refreshed Global Health interface.

TO ACCESS: we now have a delightful pop-up to use! PLEASE tell all your colleagues about this free resource and send them the link and instructions below.

Instructions:

To gain access visit the Global Health website (<https://bit.ly/34jUD5B> or use <https://www.cabdirect.org/globalhealth>)

From the pop-up, Click the green button, Register to create an account, then use Redeem a voucher code, and then next visit just Login.

HIFA MEMBERS please use voucher code: CV10YLTW42E3

Pop-up provides an alternative voucher code but it would be helpful to us if HIFA members continued to use the same one.

Any problems at all, please contact myself <mailto:w.norris@cabi.org> or contact <mailto:support@cabi.org>

Many thanks

Wendie

Dr Wendie E. Norris

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Follow us on twitter

CABI improves people's lives worldwide by providing information and applying scientific expertise to solve problems in agriculture, health and the environment

HIFA profile: Wendie Norris is Editor of the Global Health & Tropical Diseases Bulletin, at CAB International, UK. CABI improves people's lives worldwide by providing information and applying scientific expertise to solve problems in agriculture and the environment. [www.cabi.org](http://www.cabi.org) Wendie has a background as a research scientist in developmental biology. She is a member of the HIFA Steering

group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

<http://www.hifa.org/support/members/wendie>

w.norris AT cabi.org

### **Coronavirus (357) Free downloadable e-learning modules, Covid-19**

7 April, 2020

Hi

We produce cpd courses for primary care health workers, mainly aimed at LMI's. We have users in Zambia and other countries in the region. Our courses are downloadable audio modules supported by written resources and online testing.

In response to the pandemic we're producing free modules about coronavirus, these include what we currently know, how to treat, some public health messages and myth-busting.

We produced them for our users but happy to distribute more widely.

Here's a link, do please share to anyone who might be interested.

<https://www.horizonmedicaleducation.com/>

best regards

nicola

Nicola McCahill

Director

Horizon Medical Education Ltd

HIFA profile: Nicola McCahill is a director at Horizon Medical Education Ltd, UK. nicmccahill AT gmail.com

### **Coronavirus (356) Advice on the use of masks in the context of COVID-19**

7 April, 2020

Below are extracts from new guidance from WHO. These extracts do not give the full picture. However, my interpretation is that the new guidance largely reinforces advice previously given by WHO, namely that 'there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19'.

Please consult the full guidance here: [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-th...\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-th...(2019-ncov)-outbreak)

--

This document provides advice on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19...

Current information suggests that the two main routes of transmission of the COVID-19 virus are respiratory droplets and contact...

Current evidence suggests that most disease is transmitted by symptomatic laboratory confirmed cases...

In a small number of reports, pre-symptomatic transmission has been documented through contact tracing efforts...

Thus, it is possible that people infected with COVID-19 could transmit the virus before symptoms develop...

In this document medical masks are defined as surgical or procedure masks...

Wearing a medical mask is one of the prevention measures that can limit the spread of certain respiratory viral diseases, including COVID-19. However, the use of a mask alone is insufficient to provide an adequate level of protection, and other measures should also be adopted. Whether or not masks are used, maximum compliance with hand hygiene and other IPC measures is critical to prevent human-to-human transmission of COVID-19...

#### Community settings

Studies of influenza, influenza-like illness, and human coronaviruses provide evidence that the use of a medical mask can prevent the spread of infectious droplets from an infected person to someone else and potential contamination of the environment by these droplets.

There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure.

However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.

Medical masks should be reserved for health care workers.

The use of medical masks in the community may create a false sense of security, with neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes, result in unnecessary costs, and take masks away from those in health care who need them most, especially when masks are in short supply.

Persons with symptoms should:

- wear a medical mask, self-isolate, and seek medical advice as soon as they start to feel unwell...

All persons should... [no comment on masks]

In some countries masks are worn in accordance with local customs or in accordance with advice by national authorities in the context of COVID-19. In these situations, best practices should be followed about how to wear, remove, and dispose of them, and for hand hygiene after removal.

Advice to decision makers on the use of masks for healthy people in community settings

As described above, the wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks. WHO offers the following advice to decision makers so they apply a risk-based approach...

In addition to these factors, potential advantages of the use of mask by healthy people in the community setting include reducing potential exposure risk from infected person during the “pre-symptomatic” period and stigmatization of individuals wearing mask for source control.

However, the following potential risks should be carefully taken into account in any decision-making process:

- self-contamination that can occur by touching and reusing contaminated mask
- depending on type of mask used, potential breathing difficulties
- false sense of security, leading to potentially less adherence to other preventive measures such as physical distancing and hand hygiene
- diversion of mask supplies and consequent shortage of mask for health care workers
- diversion of resources from effective public health measures, such as hand hygiene...

WHO stresses that it is critical that medical masks and respirators be prioritized for health care workers.

The use of masks made of other materials (e.g., cotton fabric), also known as nonmedical masks, in the community setting has not been well evaluated. There is no current evidence to make a recommendation for or against their use in this setting...

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (363) Types of Mask and COVID-19 Protection**

8 April, 2020

Effectiveness of Surgical and Cotton Masks in Blocking SARS-CoV-2 [\*see note below]

On April 6th a letter was presented from The American College of Physicians' Annals of Internal Medicine. This may be compared to the Nature paper listed immediately below in the link:

<https://portal.internationalgme.org/neweventres>

Best regards and stay safe,

Prof. David Cawthorpe

HIFA profile: David Cawthorpe is Adjunct Assistant Professor at the University of Calgary, Canada. His professional interests include: Human Development, Developmental Psychopathology, and Delivery of low bandwidth medical education curriculum. cawthorpe AT ucalgary.ca

[\*Note from HIFA moderator (Neil PW): Please see new WHO guidance on use of masks: <https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-th...> (2019-ncov)-outbreak ]

### **Coronavirus (362) Stop COVID-19 Infographics (6) Guidance for ASHA workers**

8 April, 2020

Kavita

Thank you for your guidance for ASHA workers. [Kavita Bhatia, India: <http://www.hifa.org/dgroups-rss/coronavirus-352-stop-covid-19-infographics> ]

I see in many guidance documents from South Asia the instructions you include of daily steam inhalations, warm water gargles and sip on warm water/tea/coffee. What is your evidence for these? As far as I know, there is no evidence to confirm these are effective in COVID-19 and very little in other coronaviruses (nasal irrigation) and isn't there a risk that potentially they could lead to spread? If you do have evidence then I think it is important to share it.

See WHO myth busters:

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

Some of the guidance you include is definitely evidence-based: handwashing, distance (at least 6 feet). It's the mix of evidence-based and non-evidence based that could cause problems of understanding.

Thank you

Siân

HIFA profile: Sian Williams is Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

### **Coronavirus (361) How to make Facial Coverings**

8 April, 2020

Dear Colleagues,

Please watch and distribute widely the two videos to friends, families and health workers in your respective countries: [\*see note below]

The two ladies demonstrate how to make facial coverings - not 100% but better than nothing, washable and easy to make. You do not need a sewing machine and could be made with materials readily available at home. One of the styles were featured by the US Surgeon General Jerome Adams, MD:

<https://www.youtube.com/watch?v=Qub1oRr2Gn4>

Wish you good health,

Enku

HIFA profile: Enku Kebede-Francis (PHD, MS, MEd) is an advisor in global health governance. She has worked for the United Nations (UNESCO, UNDP, UNFPA and UNDPPI); was an Assistant Professor at Tufts University Medical School/Department of Public Health; and, a Visiting Scientist at the USDA's Center for Human Nutrition Research Center for Aging and a Visiting Fellow at the Australian National University Medical School. She also designed and implemented preventive health programs promoting women's health and tobacco cessation programs in Croatia and worked on addiction prevention programs in Florida and Massachusetts, USA. Her professional interests include preventing scurvy and childhood blindness in developing countries using micronutrients. An advocate for primary healthcare for all as a right, she published a textbook in 2010, Global health Disparities: closing the gap through good governance.

[\*Note from HIFA moderator (Neil PW): Please see new WHO guidance on use of masks: <https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-th...> (2019-ncov)-outbreak ]

### **Coronavirus (360) Call for Experiences with COVID-19 from International Journal of Medical Students**



8 April, 2020

Dear all,

I want to share a recently published experience about COVID-19 from a medical student in Italy <http://ijms.info/IJMS/article/view/489>

Inspired by this, we at the International Journal of Medical Students are launching a call for submissions about medical students and young physicians' experiences with the COVID-19 pandemic.

Please feel free to share with your contacts.

Thank you,

Francisco Javier Bonilla-Escobar, MD, MSc, PhD(c)

Editor-in-Chief

International Journal of Medical Students

### **Coronavirus (367) People's Webinar - Addressing COVID-19 in LMIC Through Building Community Health System**

8 April, 2020

Dear All

In partnership, the ITforHealthandEducation Systems Equity (ITfHESE) [[www.ITfHESE.net](http://www.ITfHESE.net)] and the African Center for Global Health and Social Transformation (ACHEST) [[www.achest.org](http://www.achest.org)] will conduct on APRIL 15, 2020 the following, needed webinar on “Addressing COVID-19 in LMIC Through Building Community Health Systems”

Webinar registration site: [www.ITfHESE.net](http://www.ITfHESE.net)

Once a person has registered, guidance for how to log in to the meeting will be sent via email.

This webinar topic is envisioned from the fact that those who understand with first-hand experience of building community health systems at household, local, national, regional, and international level need to be at the table to fight the effects COVID-19. There is so much that has been learned by these experts from HIV/AIDS, SARS, MERS, H1N1, Ebola and that collective voice is necessary not when the COVID-19 fire has burnt down everything, but rather to mitigate the propagation of its effects and build for the future.

Full information is on the registration website

EXPERT SPEAKERS: Dr. (Prof) Miriam Were, Dr. (Prof) Frances Omaswa, Dr. (Prof) Suwit Wibulpolprasert

Their full bio is on the registration website

MODERATORS: Dr. (Prof.) Seble Frehywot & Dr. (Prof) Yianna Vovides

Webinar Date/Time: April 15, 2020

8:00 am EST

3:00pm-4:30pm Eastern African Time

12:00pm-1:00pm GMT

Kind Regards

Seble

--

Seble L Frehywot MD, MHSA

Associate Professor of Global Health and Health Policy

Department of Global Health & Department of Health Policy & Management

Director of Global Health Equity On-Line Learning

Atlantic Philanthropy-Atlantic Fellows for Health Equity Program

Milken Institute School of Public Health

The George Washington University

950 New Hampshire Ave, NW

Washington, DC 20052

Tel: 202-994-4311

Fax: 202-994-3472

HIFA profile: Seble Frehywot is Associate Research Professor of Health Policy and Global Health at the George Washington University, USA. She has worked in Asia, Africa and the United States in the fields of medicine, public health, international & national health policy analysis, health policy analysis capacity-building, and health services research and program management. Her research and policy analysis focus is on developing countries health workforce and health systems issues with a main focus on Sub-Saharan Africa and Asia Health Human Resource and Health Systems development and strengthening issues. She teaches International Comparative Health Systems course at the GWU. seblelf AT gwu.edu

**Coronavirus (366) Learning chapter on COVID for healthcare workers**

8 April, 2020

Dear Colleagues

Based on our experience of the COVID-19 spread in South Africa we have written a learning chapter on COVID for healthcare workers that has been added to our Infection Prevention and Control book which can be accessed free on <https://bettercare.co.za/learn> I believe that this is a useful training resource for developing countries.

Stay safe, Dave Woods

HIFA profile: Dave Woods is emeritus professor in neonatal medicine at the School of Child and Adolescent Health, University of Cape Town, South Africa. He is Chairman of the Perinatal Education Trust and Eduhealthcare, both not-for-profit non-government organisations that develop appropriate self-help distance learning material for doctors and nurses who care for pregnant women and their children in under-resourced communities. He has 30 years experience as a clinical neonatologist, with particular interests in perinatal care and training of health professionals. He is currently developing paper-based continuing learning material in maternal care, newborn care, childhealth, and care of adults and children with HIV/AIDS. He is also participating in the design and development of wind-up appropriate health technology for poor countries. [www.pepcourse.co.za](http://www.pepcourse.co.za) pepcourse AT mweb.co.za

### **Coronavirus (365) Sage Publications**

8 April, 2020

Dear All,

The trailing mail from Sage Publications may be useful to your research on COVID 19. [\*see note below]

thanks and regards

Murali

Dr. Murali Prasad M R

UK Commonwealth Fellow 2012, Country Representative for HIFA2015( Health Information For All 2015) ([www.hifa2015.org](http://www.hifa2015.org) )

Librarian, Centre for Economic and Social Studies

Nizamiah Observatory Campus, Begumpet

Hyderabad-500013

<https://librarycess.wordpress.com/>

[www.cess.ac.in](http://www.cess.ac.in)

HIFA profile: Murali Prasad is Chief Librarian at the Public Health Foundation of India, Indian Institute of Public Health. He is a HIFA Country Representative. [murali.prasad@iiphh.org](mailto:murali.prasad@iiphh.org) <http://www.hifa.org/support/members/murali>

[\*Note from HIFA moderator (Neil PW): The links in the trailing mail were inactive but all the details are available here:

<https://us.sagepub.com/en-us/nam/press/sage-publishing-statement-on-the-...> ]

### **Coronavirus (364) Communication for Development network**

8 April, 2020

The message below is forwarded from the Communication for Development network.

--

Dear Friends and Colleagues,

Greetings, please see the new C4D Network micro-site on Communication Response to COVID-19. We have designed this in order to contribute to a collective communication response in combating the pandemic.

We hope that here you will find helpful signposting to resources and guidance, and that together we can help each other in communicating effectively for our communities.

On the micro-site at <https://c4d.org/covid-19> you can access a range of resources and connection options.

We will also start sending a weekly e-newsletter with an update of relevant new resources and materials that are being shared by fellow communicators around the world.

We would value your feedback (please email us as [covid19response@c4d.org](mailto:covid19response@c4d.org)), and we look forward to building on this resource together with you, and finding creative ways to help one another at this time.

Best Jackie & the C4D Network Team

--

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (369) National Technician Development Centre: Covid-19 resources**

8 April, 2020

Dear Neil & Colleagues,

I've just learned of this Covid-19 initiative from The National Technician Development Centre in the UK - this centre focuses on the role of technicians and "provides organisations with everything they need to support the delivery of high quality and sustainable technical services across all sectors."

As well as being of use to technicians in the UK, it may be of use to those in other countries that are part of, or plan to set up, similar initiatives.

Covid-19 resources: <https://nationaltechnicianscentre.ac.uk/covid-19-resources/>

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

## **Coronavirus (368) Guardian (newspaper) article: Hydroxychloroquine: how an unproven drug became Trump's coronavirus 'miracle cure'**

8 April, 2020

Dear Neil,

I think that some of our members may be interested in reading this article by Julia Carrie Wong in San Francisco: Hydroxychloroquine: how an unproven drug became Trump's coronavirus 'miracle cure'

<https://www.theguardian.com/world/2020/apr/06/hydroxychloroquine-trump-c...>

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

Email: naimareza AT hotmail.com

[\*Note from HIFA moderator (Neil PW): Thanks Julie. For the benefit of those who may not have immediate web access, here is an extract from the introduction:

'With help from Fox News and Elon Musk, a misleading French study prompted a wave of misinformation that made its way to the president. This weekend, Donald Trump used his daily White House coronavirus briefings to again urge Americans to take hydroxychloroquine, an anti-malaria drug that has not been shown to be safe or effective against Covid-19. "What do you have to lose? Take it," the president said... Meanwhile, Dr Anthony Fauci, the country's top infectious disease doctor, has repeatedly warned that there is no conclusive evidence to support using the drug...']

### **Coronavirus (370) Open access to Wolters Kluwer information resources**

8 April, 2020

[Note from HIFA moderator (NPW): The original message included graphics and hyperlinks that are not carried by HIFA. For full version, read online: <https://go.wolterskluwer.com/index.php/email/emailWebview> ]

Welcome to our special edition newsletter. As care teams struggle to treat an increasing number of patients around the world, we have made the following Clinical Effectiveness COVID-19 resources available \*at no charge\* to anyone seeking the latest evidence-based information and clinical guidance. While we will update you via email when new resources are made available, please also bookmark this page, as the list will be updated regularly in response to new developments, evidence and guidance.

Available now:

Clinical information for care teams

Patient resources

Additional resources

Care Team Resources

[...]

### **Coronavirus (383) COVID-19 and sepsis**

9 April, 2020

Dear Colleagues and Friends cc'ied, please find this interestingly article to update you on COVID-19 and its relationship with Sepsis.

Please, disseminate further.

<https://www.africansepsisalliance.org/news/2020/4/7/update-can-covid-19-...>

Thanks and Regards

Halima

HIFA profile: Halima Salisu-Kabara is Section Head/Coordinator at the Aminu Kano Teaching Hospital in Nigeria. Professional interests: Workforce development, Sepsis Research training and education, Infection Prevention and Control. sdysalisu AT gmail.com

### **Coronavirus (382) Impact of COVID-19 on global poverty (3)**

9 April, 2020

The following is an interesting read on the potential economic impact of COVID-19, from the Center for Global Development

Flatten the Curve without Flattening the Economy: How to Stop COVID-19 from Causing Another Catastrophe for Health in Low- and Middle-Income Countries.

Lorcan Clarke, Kalipso Chalkidou and Francis Ruiz

Link: <https://www.cgdev.org/blog/protect-livelihoods-covid-19-prevent-another-...>

Best wishes,

Mike Clarke

HIFA profile: Mike Clarke is Research Director at Evidence Aid. m.clarke AT qub.ac.uk

### **Coronavirus (381) Impact of COVID-19 on global poverty (2)**

9 April, 2020

Thank you for sharing this. SDGs as an integrated set of goals is crumbling because of a global public health issue. When the SDGs were being developed and as they were adopted health (Goal 3) was seen as central to all of them. Health benefits from all other goals and contributes to all other goals. It was very disturbing to me when I talk about the integration of the SDGs and how health is central that people were thinking that “wealth”, can buy anything. Now the most wealthy countries are the most affected and suffering from corona. Investment in health was very little compared to security (arms) not human security. It's time to think of health as the central goal of the SDGs and that investment in health is actually the right investment along with education. These two pillars is what makes the world stand up again.

Best regards.

Najeeb Al-Shorbaji, PhD, FIAHSI

President, Jordan Library Association

President, eHealth Development Association of Jordan,

Independent Consultant in Knowledge Management and eHealth

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Skype: Najeeb.al.Shorbaji

Twitter: shorbajin

LinkedIn: <https://www.linkedin.com/in/najeeb-al-shorbaji-7a817415/>

HIFA profile: Najeeb Al-Shorbaji recently retired from the World Health Organization (WHO), where he has worked since 1988 in different capacities. He was most recently Director of the Knowledge, Ethics and Research Department at WHO headquarters, Geneva. Previously he was Coordinator for Knowledge Management and Sharing in EMRO (Eastern Mediterranean Regional Office), Egypt. He is a member of a



number of national and international professional societies and associations specialised in information management and health informatics. He has authored over 100 research papers and articles presented in various conferences and published in professional journals. He is a member of the HIFA Steering Group and the HIFA Working Group on Multilingualism.

<http://www.hifa.org/support/members/najeeb>

<http://www.hifa.org/projects/multilingualism>

Email: shorbajin AT gmail.com

### **Coronavirus (380) Guidance for ASHA workers (2)**

9 April, 2020

Dear Sian, [Sian Williams, UK: <http://www.hifa.org/dgroups-rss/coronavirus-362-stop-covid-19-infographi...>]

Thank you for your response. My guideline is for self care of all frontline workers including Ashas. Nowhere do I say that this will prevent Covid or treat a pre existing condition.

<https://www.ashavani.in/post/paving-the-path-to-a-brighter-future>

The steaming/gargling/warm beverages recommendation is included because these are our traditional ways to handle common cold. This is included because CHWs everywhere are out in the community. In the case of our Ashas and other frontline workers, they are doing door to door surveys in their own villages/ slums on foot. They are faced with dust and fluctuating weather. It must be the same with frontline workers globally.

In fact much before I put it online, I have shared the guideline with several of my colleagues in India, including a senior epidemiologist and a senior immunologist, both working with Ashas. They did not raise any misgivings whatsoever and agreed to disseminate it.

I would like to say something again. There's so much material and information aimed at the community. Take even this particular hifa message. There is not much material for frontline workers who are working alone in the community and might not have the complete protective gear. Let us generate specific messages for them as well.

Keep well everyone,

Kavita

--

Kavita Bhatia, PhD

Independent researcher (India)

<http://www.ashavani.in>

HIFA profile: Kavita Bhatia is an independent researcher in public health. She is based in India. She has considerable experience in the documentation and evaluation of community-based voluntary health care programs, particularly those involving community health workers. Since the past few years, she has been doing research, documentation and advocacy for women community health workers in large scale public health care programs. She is interested in the gender issues, rights and professional development of women health workers. She also runs an e-platform called Ashavani (<http://www.ashavani.in>). She is also a member of the HIFA Working Group on Community Health

Workers: [www.hifa.org/projects/community-health-workers](http://www.hifa.org/projects/community-health-workers) kavbha AT gmail.com

### **Coronavirus (379) RCPE: Doctors organisation offers free COVID-19 resources for healthcare workers**

9 April, 2020

Doctors organisation offers free COVID-19 resources for healthcare workers

Organisation:

Royal College of Physicians of Edinburgh

Type:

Press Release

Date:

7 April 2020

The Royal College of Physicians of Edinburgh (“the College”) is offering free access to a range of online resources for doctors and other healthcare workers treating critically ill COVID-19 patients.

COVID-19 Critical Care: Understanding and Application is an online education hub, which the College has developed in partnership with the University of Edinburgh. The resource will help equip clinical staff and healthcare providers with the tools to combat COVID-19 and save lives.

This free resource is designed for NHS staff and front line healthcare providers both in the UK and across the world, some of whom may be treating critically ill patients for the first time. It is also available, for free, to clinicians who are caring for the critically ill after time away from the frontline ♦ recognising their commitment to saving lives during the COVID-19 pandemic.

The resource hub is hosted on social learning platform FutureLearn, and it provides access to professional knowledge and expertise covering routine critical care activities, as well as COVID-19 specific education. It also provides practical tools for self-care and staff wellbeing.

Participants on the online courses will learn how to apply ventilation and organ support principles to the care of a critically ill COVID-19 patient, requirements in personal protective equipment (PPE), and how to take care of their own health and wellbeing in a high-stress, high-risk environment.

Professor Andrew Elder, President of the Royal College of Physicians of Edinburgh, said:

“COVID-19 is the challenge of a lifetime for many healthcare workers around the world, and there has never been a more important time for collaborative efforts in medical education and training to help equip critical care clinicians with the tools they need to fight the virus.

“The College is very pleased, therefore, to partner with the University of Edinburgh to create a wonderful range of online courses. COVID-19 Critical Care: Understanding and Application, which we have chosen to give free access to, underlines the College’s commitment to the ongoing education of doctors in the UK and around the world.”

ENDS

Notes

1 COVID-19 Critical Care: Understanding and Application can be found at FutureLearn.

2 The Royal College of Physicians of Edinburgh ("the College") is an independent standard-setting body and professional membership organisation. The College's aim is to improve and maintain the quality of patient care. The College helps qualified doctors to pursue their careers in specialist (internal) medicine through medical examinations, education and training. It also provides resources and information to support and facilitate professional development for physicians throughout their careers.

Image removed by sender.

The BMA is a trade union representing and negotiating on behalf of all doctors and medical students in the UK.

A leading voice advocating for outstanding health care and a healthy population. An association providing members with excellent individual services and support throughout their lives.

[forwarded by]

HIFA profile: Arthy Hartwell has worked for more than 8 years within global health organisations on issues such as antimicrobial resistance, climate change, biosecurity, and ethical trade. She is currently the Head of International for the British Medical Association.

### **Coronavirus (378) K2P COVID-19 Rapid Response Series Suppressing COVID-19 Epidemic through Community-Centered Care Approach**

9 April, 2020

Dear all,

Hope you are keeping well and safe.

With COVID-19 escalating worldwide, the need for the right evidence to guide public health and health systems decisions is more critical than ever, particularly in our part of the world where the cost of ill-informed decisions can be dire.

In response, we initiated the K2P COVID-19 Rapid Response Series which is a collection of evidence-informed policy documents that aim to inform and provide insights for action to help shape the collective response needed to address COVID-19. The scope and intensity of COVID-19 pandemic means that no single organization can work alone to effectively control and mitigate its impact.

As countries worldwide struggle to 'flatten' the curve, the focus has been primarily on hospital surge capacity; what has received less attention is community-based surge capacity; particularly that around 80% of COVID-19 patients are expected to experience mild illness, meaning they could be handled in non-hospital settings.

Community-centered care approach- providing for outreach services, community surveillance, triage and initial treatment, non-ambulatory care overflow, and isolation- can serve as first line of defense, preserving the operation of acute care hospitals and the overall health care infrastructure during pandemics. To provide guidance for suppressing COVID-19 epidemic through community-centered care approach, the Knowledge to Policy (K2P) Center produced the following Rapid Response (RR) policy document, drawing on quality evidence and best practices.

Please see link: <https://bit.ly/2y0FCJG>

The K2P Rapid Response covers the following:

Key messages

Rationale for community-centered care approach;

Roles of communities in pandemic response;

Operationalizing community-centered care approach

Country-level implications.

Feel free to refer to other K2P COVID-19 Rapid Response Series policy documents:

K2P Rapid Response Series: Strengthening the Role of Local and International Non-Governmental Organizations in Pandemic Responses

Informing Lebanon's Response to the COVID19 Pandemic (English and Arabic Version)

K2P Guide on Informing readiness and response to COVID19 in Hospitals and Primary Healthcare Centers

Best regards,

Fadi

Fadi El-Jardali, M.P.H., Ph.D.

Professor of Health Policy and Systems

Chair - Health Management and Policy Department

Director - Knowledge to Policy (K2P) Center

Director - WHO Collaborating Center for Evidence-Informed Policy and Practice

Co-Director - Center for Systematic Reviews in Health Policy and Systems Research (SPARK)

Co-Editor-in-Chief - Health Research Policy and Systems (HARPS Journal)

Faculty of Health Sciences, Room 136A

American University of Beirut

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Beirut, Lebanon

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[download@feljardali](mailto:download@feljardali)

HIFA profile: Fadi El-Jardali is Associate Professor, Director Knowledge to Policy (K2P) Center, Co-Director Center for Systematic Reviews in Health Policy and Systems Research (SPARK), Co-Director WHO Collaborating Center for Evidence-Informed Policy and Practice, Faculty of Health Sciences, American University of Beirut, Lebanon. fe08 AT aub.edu.lb

### **Coronavirus (377) BBC: Uganda bans exercising in public**

9 April, 2020

Extract below. Full text here: <https://www.bbc.co.uk/news/live/world-africa-47639452>

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'Uganda has banned exercising in public as an extra measure towards controlling the spread of coronavirus.

President Yoweri Museveni said that Ugandans should exercise at home and added that he would post a

video on social media to demonstrate how this could be done...'

--

Are HIFA members aware of any other countries that have banned exercising in public? Yesterday outdoor exercise in Paris (but not in the rest of France) was banned (but only between 10am and 7pm). Is there any evidence on whether this measure would do more good than harm?

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (376) BBC: Impact of COVID-19 on global poverty**

9 April, 2020

Extracts below. Full text here: <https://www.bbc.co.uk/news/business-52211206>

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The economic fallout from the coronavirus could increase global poverty by as much as half a billion.

This bleak warning comes from a United Nations (UN) study into the financial and human cost of the pandemic... [\[https://www.wider.unu.edu/publication/estimates-impact-covid-19-global-p...](https://www.wider.unu.edu/publication/estimates-impact-covid-19-global-p...)

By the time the pandemic is over half of the world's population of 7.8 billion people could be living in poverty. About 40% of the new poor could be concentrated in East Asia and the Pacific, with about one third in both Sub-Saharan Africa and South Asia.

--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (375) Call for apps to get fake Covid-19 news button**

9 April, 2020

Extracts below. Full text here: <https://www.bbc.co.uk/news/technology-52157202>

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'Social networks need a dedicated button to flag up bogus coronavirus-related posts, an advocacy group has said...

The call coincides with a study that indicates 46% of internet-using adults in the UK saw false or misleading information about the virus in the first week of the country's lockdown...

On Wednesday [8 March], the Digital Secretary, Oliver Dowden, had a virtual meeting with Facebook, Twitter and YouTube's owner, Google.

During the call the firms committed themselves to:

- developing further technical solutions to combat misinformation and disinformation on platforms
- weekly reporting on related misinformation trends
- improving out-of-hours coverage and response rates to harmful misinformation
- providing messaging to users about how to identify and respond to misinformation...'

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Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Coronavirus (374) UK Medical Research Council: COVID-19 Rapid Response Rolling Call**

9 April, 2020

Dear HIFA colleagues,

I would like to highlight a new funding opportunity (eligible only to UK-based organisations):

<https://mrc.ukri.org/funding/browse/ukri-nihr-covid-19/ukri-nihr-covid-1...>

One of the proposed areas of research is:

'Public Health, Media and Communication - research to better understand how to enhance and implement acceptability of and adherence to management, IPC and public health measures, and simultaneously how to minimize stigma and prejudice. This being essential for putting evidence-based measures into practice.

- Public Health - including what are relevant, feasible, effective approaches to promote acceptance, uptake, and adherence to public health measures for COVID-19 prevention and control, and how secondary impacts, including mental health, social isolation and domestic violence, can be rapidly identified and mitigated, including special attention to vulnerable groups.

- Media and communication - Studies into and implementation of the most effective ways to address the underlying drivers of fear, anxieties, rumours, stigma regarding COVID-19, and how to improve public knowledge, awareness, and trust during the response, including strategies to combat misinformation. Studies into the potential benefits of increased use of digital technology, for both communication and data capture.'

The call notes that 'studies should preferably build on existing relationships, including with relevant commercial, practice or policy partners and relevant data/resource holders. Interdisciplinary proposals are welcomed, where appropriate'.

I think many of our UK-based HIFA supporting organisations would be well placed academically and/or operationally to take the lead on this. Please consider whether and how HIFA could collaborate with \*your\* organisation to deliver such research. For example, we stand ready to analyse the content of our marathon multi-stakeholder discussion (already more than 370 messages) and to create a dedicated HIFA project to explore in-depth the information and communication aspects of coronavirus and disease outbreaks (£5-10k per year).

Best wishes, Neil

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### **Coronavirus (373) SAWBO COVID-19 Animation in 15 languages/accent variants and Building a WhatsApp Network to Share Educational Content**

9 April, 2020

Scientific Animations Without Borders (SAWBO) and the Residential College in Arts and Humanities (RCAH) at Michigan State University recently released the animation "Protecting Yourself Against Coronavirus." SAWBO routinely creates such educational content in as many languages as possible and then releases it to anyone who can help to distribute it globally.



The animation is currently available in FIFTEEN languages/accent variants. More languages will be added to the list in the coming days.

The list of language variants is as follows:

1) Bamanankan (Mali)

YouTube link: [https://www.youtube.com/watch?v=lc9FRjufoLM&feature=emb\\_logo](https://www.youtube.com/watch?v=lc9FRjufoLM&feature=emb_logo)

Video Library: <https://sawbo-animations.org/866>

2) Malagasy (Madagascar)

YouTube: [https://www.youtube.com/watch?v=S1\\_T7slvvY0&feature=emb\\_logo](https://www.youtube.com/watch?v=S1_T7slvvY0&feature=emb_logo)

Video Library: <https://sawbo-animations.org/870>

3) Zulu (South Africa)

YouTube: [https://www.youtube.com/watch?v=oh0P7oxp8V4&feature=emb\\_logo](https://www.youtube.com/watch?v=oh0P7oxp8V4&feature=emb_logo)

Video Library: <https://sawbo-animations.org/872>

4) Portuguese (Mozambique)

YouTube: [https://www.youtube.com/watch?v=-uXZqF8eIRc&feature=emb\\_logo](https://www.youtube.com/watch?v=-uXZqF8eIRc&feature=emb_logo)

Video Library: <https://sawbo-animations.org/869>

5) Italian (Italy)

YouTube: [https://www.youtube.com/watch?v=VT0-zQDI5ow&feature=emb\\_logo](https://www.youtube.com/watch?v=VT0-zQDI5ow&feature=emb_logo)

Video Library: <https://sawbo-animations.org/861>

6) Bengali (Bangladesh)

YouTube: [https://www.youtube.com/watch?v=5QIBTIFZglc&feature=emb\\_logo](https://www.youtube.com/watch?v=5QIBTIFZglc&feature=emb_logo)

Video Library: <https://sawbo-animations.org/862>

7) Catalan (Spain)

YouTube: [https://www.youtube.com/watch?v=T1TlyBHTfSI&feature=emb\\_logo](https://www.youtube.com/watch?v=T1TlyBHTfSI&feature=emb_logo)

Video Library: <https://sawbo-animations.org/860>

8) Spanish (Venezuela)

YouTube: [https://www.youtube.com/watch?v=DvTgU4zrRN4&feature=emb\\_logo](https://www.youtube.com/watch?v=DvTgU4zrRN4&feature=emb_logo)

Video Library: <https://sawbo-animations.org/864>

9) Spanish (Spain)

YouTube: [https://www.youtube.com/watch?v=dHhU-Lgc-dg&feature=emb\\_logo](https://www.youtube.com/watch?v=dHhU-Lgc-dg&feature=emb_logo)

Video Library: <https://sawbo-animations.org/868>

10) Swahili (Tanzania)

YouTube: [https://www.youtube.com/watch?v=CMWwdkNJ5ro&feature=emb\\_logo](https://www.youtube.com/watch?v=CMWwdkNJ5ro&feature=emb_logo)

Video Library: <https://sawbo-animations.org/863>

11) French (France)

YouTube: [https://www.youtube.com/watch?v=bBxIMTj1SWo&feature=emb\\_logo](https://www.youtube.com/watch?v=bBxIMTj1SWo&feature=emb_logo)

Video Library: <https://sawbo-animations.org/865>

12) Chinese (Taiwan)

YouTube: [https://www.youtube.com/watch?v=W4VYFFrOTw&feature=emb\\_logo](https://www.youtube.com/watch?v=W4VYFFrOTw&feature=emb_logo)

Video Library: <https://sawbo-animations.org/873>

13) English (USA)

YouTube: [https://www.youtube.com/watch?v=s2fNyTbBH7I&feature=emb\\_logo](https://www.youtube.com/watch?v=s2fNyTbBH7I&feature=emb_logo)

Video Library: <https://sawbo-animations.org/859>

14) Farsi (Iran)

YouTube: [https://www.youtube.com/watch?v=xKpNXJd8mv8&feature=emb\\_logo](https://www.youtube.com/watch?v=xKpNXJd8mv8&feature=emb_logo)

Video Library: <https://sawbo-animations.org/874>

15) Fante (Ghana)

YouTube: [https://www.youtube.com/watch?v=uO8JSo74oWY&feature=emb\\_logo](https://www.youtube.com/watch?v=uO8JSo74oWY&feature=emb_logo)

Video Library: <https://sawbo-animations.org/875>

Links to these animations can be embedded in any website people deem necessary. Please share the link in your networks as you see fit.

The animations can also be downloaded (3gp files) from our video library and shared across global networks such as WhatsApp. If you have problems with getting the 3gp version of the video into WhatsApp, please text us at 1-(217)-218-0485 in WhatsApp (PLEASE DO NOT CALL OR SEND PICTURES). We can send you the video via the platform.

Also, we are establishing a WhatsApp group so that as new language variants and new animations are released, they can be immediately shared. This will then allow for the user group to share the new releases with their networks around the world, thus building a global “network of networks.” Please text us at 1-(217)-218-0485 in WhatsApp to join this group. PLEASE DO NOT CALL OR SEND PICTURES.

HIFA profile: Barry Pittendrigh is a Professor at Scientific Animations Without Borders (SAWBO), USA. Scientific Animations Without Borders (SAWBO) creates and deploys educational animations for low literate learners in their own languages. These animations can be downloaded from SAWBOs website and used on cell phones in educational programs. pittendr AT illinois.edu

### **Coronavirus (372) New Cochrane rapid review on COVID-19: Quarantine alone or in combination with other public health measures to control COVID-19**

9 April, 2020

Dear HIFA members,

Cochrane has published a new Rapid Review looking at quarantine during the COVID-19 pandemic: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013574/fully>

The review summarizes evidence available from modelling studies that show how quarantining affects the spread of COVID-19. The studies included in the review consistently conclude that quarantine can play a role in controlling the spread of coronavirus SARS-CoV-2. While early implementation of quarantine and its combination with other public health measures may reduce spread of the disease, key uncertainties remain as to how these measures can best be adopted and when they can be relaxed.

Currently, there are no effective medicines or vaccines available to treat or prevent COVID-19. For this reason, restrictive public health measures such as isolation, physical distancing, and quarantine have been used in a number of countries to reduce transmission of the virus. Isolation refers to the separation of people with symptoms from others, whereas quarantine is the restriction of people who have no symptoms, but who have had contact with people with confirmed or suspected infection. Quarantine can be implemented on a voluntary basis or can be legally enforced by authorities, and it may be applied at an individual, group, or community level.

This Rapid Review was done in a short space of time as part of Cochrane’s organizational effort to meet the need for up-to-date summaries of evidence to support decision-making in combating the effects and impact of COVID-19.

Cochrane researchers used abbreviated systematic review methods to address the following questions as quickly as possible:

- Is quarantine of asymptomatic individuals who were in contact with a confirmed or suspected case of COVID-19 effective to control the COVID-19 outbreak?

- Are there differences in the effectiveness of quarantine in different settings?

- How effective is quarantine when combined with other interventions, such as case isolation, school closures, or antiviral drugs, in reducing transmission, incidence of diseases, and death?

- Is quarantine of individuals coming from a country with a declared COVID-19 outbreak effective in controlling the COVID-19 outbreak?

The authors identified 29 relevant studies. Of these, 10 focused on COVID-19, 15 focused on related evidence on SARS (severe acute respiratory syndrome), two focused on SARS and other viruses, and two focused on MERS (Middle East respiratory syndrome). The 10 studies addressing COVID-19 were all modelling studies simulating outbreak scenarios in China, the UK, and South Korea, and on a cruise ship.

The COVID-19 modelling studies included in the review consistently report a benefit of quarantine measures and show similar findings from studies on SARS and MERS.

The authors of this Cochrane Review concluded that:

- Quarantine of people exposed to confirmed cases may avert high proportions of infections and deaths compared to no measures.

- The effect of quarantine of travelers from a country with a declared outbreak to avert transmission and deaths was small.

- In general, the combination of quarantine with other prevention and control measures, such as school closures, travel restrictions, and physical distancing, had a greater effect on the reduction of transmissions, cases which required critical care beds, and deaths compared with quarantine alone.

- More comprehensive and early implementation of prevention and control measures may be more effective in containing the COVID-19 outbreak.

The researchers rate their confidence in the results to be low or very low because of the way that the models used in the studies were developed. They are based on assumptions about the true prevalence of infection, which could be updated when we know more about this aspect of the COVID-19 pandemic.

However, the authors also stress the importance of using information about the local context in deciding on how measures such as quarantining should be adopted and when they can be lifted.

With best wishes,

Emma

Emma Thompson

Advocacy and Partnership Officer

Chief Executive's Office

Cochrane Central Executive

E [ethompson@cochrane.org](mailto:ethompson@cochrane.org) S emma.thompson181

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HIFA profile: Emma Thompson is a advocacy and partnership officer with Cochrane in the UK. Email  
address: ethompson AT cochrane.org

### **Coronavirus (389) WHO ad hoc consultation on infodemic management, 7-8 April 2020 (5)**

9 April, 2020

As one of the participants in this WHO consultation on infodemic management, I am responding to Neil's request for an opinion about the event.

Spread over two half days this week, some 20 presentations were made by speakers from all over the world, using the Zoom platform for the symposium speakers and Slido to allow for submission of ideas and questions from the whole audience - over 1,000 people all over the world.

For once, the technology worked. From where I was receiving it, everything was loud and clear on Zoom, and the interactive parts managed through Slido were perfectly functional and straightforward to use. Despite the short lead time, the symposium was very well planned and rolled out with military precision. Speakers came and went punctually, spoke clearly, didn't stammer or repeat themselves and - as far as this listener was concerned - had useful, interesting and often original things to say. Apart from WHO, the speakers included representation from policymakers, researchers, academics, social media (Facebook), publishers, and civil society.

I will not try to summarize specific topics - the full proceedings will come out soon enough, and they will be sessential reading for anyone interested in infodemiology. Suffice it to say, I discovered that there is a vast world of researchers out there looking at fake news from every possible angle, and that real progress is being made.

My congratulations to WHO and the organizers for a model digital event.

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

## **Coronavirus (388) The Trump Threat to Cut WHO Funding**

9 April, 2020

Contrary to what Donald Trump seems to think, the financial clout of the US and China in the World Health Organization is minimal. The WHO budget is made up of "voluntary" contributions from Gates and other non-state donors, and a "regular budget" of assessed contributions from Member States. The total approved budget for 2018-19 was \$4.42 billion. Almost 80% of that was voluntary, and only 20% came from the countries. The US currently pays some \$210 million - a nice bit of change, but still less than 5% of WHO's overall budget. China's contribution amounts to about \$76 million, or barely 2% of WHO's budget.

If the US were to cut its contributions, it would only have a minor impact on WHO's work. Of course, collaboration with US institutions will always be crucial for WHO, and losing US support would have significant political ramifications, but money is only a minor part of the conversation.

Chris

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

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#### **Coronavirus (387) Invitation to WHO ad hoc consultation on infodemic management, 7-8 April 2020 (4)**

9 April, 2020

Many HIFA members were among the 1375 participants at the WHO consultation on infodemic management, 7-8 April. I invite you to send any reflections/observations to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Below I am forwarding a message to participants from the organisers, which includes a URL where you can (or will shortly be able to) access the presentations and outputs.

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Dear participant,

I would like to extend the warmest thanks from Dr Sylvie Briand and the rest of the WHO EPI-WIN team for your contribution to the WHO consultation on the infodemic management. Over the course of two days, we had 1375 participants on zoom, and 685 of them contributed to slido discussions. An overview is available at the below google drive folder with meeting materials.

The discussion highlighted the multifaceted nature of the infodemic we are dealing with, and also the need for all-hands-on-deck response to it. The speakers' talks were insightful, and so we your comments and questions, which put the infodemic into perspective of your experience. We have listened to you, and your offers to contribute, and will include the suggestions into the next steps and follow up actions.

The response to the talks have been overwhelmingly positive. Over next days, we will publish the videos, and meeting materials on our web site. In the mean time, you can find them at the below link, which we will update with additional drawings and materials:

<https://drive.google.com/drive/folders/119JxvpQ2ZaF4eiPNDG511zKbRGZ3GPP->

The meeting has been summarized in drawings which you can also find in the above folder. You are welcome to use them, with attribution to Sam Bradd, the illustrator.

Thank you for the work you are doing in helping to respond to the infodemic.

As we move forward, we will be happy to hear your further thoughts, reflections, suggestions, or take up connections you suggest.

Kindest regards, stay safe and well, and hope you have a good rest of the week!

Tina

For the EPI-WIN team

Visit [www.who.int/epi-win](http://www.who.int/epi-win)

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Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (386) WHO & UNICEF webinar series on WASH & COVID-19**

9 April, 2020

Forwarded from amr-nap forum (antimicrobial resistance - national action plans)

WHO & UNICEF webinar series on WASH & COVID-19; COVID-19 and why tackling the silent crisis of drug-resistant infections matters more than ever; Introductory IPC for COVID-19 training module on Open WHO; your feedback sought



## 1. NEW! WHO & UNICEF webinar series on WASH & COVID-19

Webinars to help plan action on WASH and infection prevention and control in HCF: Supporting you to be COVID-19 ready

Tuesday 14th April: HEALTH CARE WASTE MANAGEMENT

Thursday 16th April: HAND HYGIENE

Tuesday 21st April: ENVIRONMENTAL CLEANING

Thursday 23rd April: SANITATION

If you have a question you would like answered on the webinar about any of the topics above, please send it to [washinhcf@who.int](mailto:washinhcf@who.int).

All webinars will last 60 minutes & will take place at the following times:

7am EST / 12pm BST / 1pm CEST / 4.30pm IST / 7pm PHT

Register to join the webinars via Zoom: <https://who.zoom.us/j/414362052>

## 2. COVID-19 and why tackling the silent crisis of drug-resistant infections matters more than ever by Manica Balasegaram, GARDP

<https://revive.gardp.org/covid-19-and-why-tackling-the-silent-crisis-of-...>

"If there are lessons already to be learned from the coronavirus disease (COVID-19) pandemic, it is that too many political decisions are based on short-term thinking that ignores laws of nature."

Steps that can be taken by governments, policymakers, funders and researchers, include:

1. Assessing how secondary bacterial infections, antibiotic use and drug resistance affect the survival or death of COVID-19 patients.
2. Protecting global access and supply of critical antibiotics required by healthcare systems, especially while these systems are coming under intense pressure.
3. Prioritizing the development of treatments to tackle drug-resistant infections. It is essential that such efforts are supported during this difficult period and accelerated once the pandemic subsides.
3. Introductory Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19) training module on Open WHO.

This course provides information on what facilities should be doing to be prepared to respond to a case of an emerging respiratory virus such as the novel coronavirus, how to identify a case once it occurs, and how to properly implement IPC measures to ensure there is no further transmission to HCW or to other patients and others in the healthcare facility.

This training is intended for healthcare workers and public health professionals, as it is focused on infection prevention and control.

<https://openwho.org/courses/COVID-19-IPC-EN>

4. Your feedback sought:

On 31 March 2020, the Global AMR R&D Hubs launched its Dynamic Dashboard (<https://globalamrhub.org/our-work/dynamic-dashboard/>) and is seeking your feedback to ensure it meets your needs. Please email [globalamrhub@dzif.de](mailto:globalamrhub@dzif.de)

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Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

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### **Coronavirus (385) Emily Maitlis praised as she slams 'misleading' language used amid coronavirus crisis**

9 April, 2020

"They tell us coronavirus is a great leveller. It's not. It's much, much harder if you're poor. How do we stop it making social inequality even greater?"

“You do not survive the illness through fortitude and strength of character, whatever the Prime Minister’s colleagues will tell us,” Emily Maitlis (BBC Newsnight) said.

“And the disease is not a great leveller, the consequences of which everyone - rich or poor - suffers the same.”

<https://uk.news.yahoo.com/emily-maitlis-praised-she-slams-043600138.html>

Martin Carroll

Independent Consultant

Global Healthcare Information Network

<http://www.ghi-net.org>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: <http://www.hifa.org>

We urgently need funding to continue our work in 2020. Support the HIFA Appeal: <http://www.hifa.org/appeal> Twitter: @hifa\_org

HIFA profile: Martin Carroll has worked on issues affecting health in LMICs for over fifteen years. Whilst at the British Medical Association, he led a major project, funded by DfID, to develop the organisation's role as a leading advocate for improving health in LMICs, which it continues to hold today. He has worked with HIFA since 2008 and is a member of the HIFA Steering Group and the following HIFA Working Groups: Fundraising, Multilingualism and Social Media. He is also the author of the monthly HIFA Blog. martinmichaelcarroll(at)iCloud(dot)com Twitter: @MMCarroll Website: martinmcarroll(dot)com

<http://www.hifa.org/projects/multilingualism>

<http://www.hifa.org/projects/evaluating-impact-healthcare-information>

<http://www.hifa.org/people/social-media>

<http://www.hifa.org/support/members/martin-1>

## **Coronavirus (384) Strengthening the Basics: Approaches to COVID-19 Care in Low-Resource Settings**

9 April, 2020

Dear all,

Please see this <https://www.cgdev.org/blog/strengthening-basics-approaches-covid-19-care...> about strengthening basic care and providing oxygen for COVID-19 patients.

yours

Tim

HIFA profile: Tim Baker is a Physician and Researcher in Anaesthesia and Intensive Care. He is a member of faculty at Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania, and has appointments at Ifakara Health Institute in Dar es Salaam and Karolinska Institutet and Karolinska University Hospital in Stockholm, Sweden. Tim's interest is in global emergency and critical care, focusing on evaluating and improving health services and health systems for the provision of good quality care to critically ill patients in low-resource settings. tim.baker AT ki.se

### **Vaccines for coronavirus, and where did it come from?**

9 April, 2020

Two interesting COVID-19 items from reputable sources today:

The state of COVID-19 vaccines now: As of yesterday (8 April 2020), there are 78 confirmed COVID-19 vaccine candidates, 5 of which have already entered clinical trials. There is a short, data-driven overview by seven experts at the Coalition for Epidemic Preparedness Innovations (CEPI), one of the world's leading vaccine funders in the Nature Reviews Drug Discovery (free at <https://nature.us17.list-manage.com/track/click?u=2c6057c528fdc6f73fa196...>)

Where did COVID-19 come from? Scientists agree that the new coronavirus SARS-CoV-2 was very likely to have originated in bats. Other than that, there are few certainties about how the virus jumped to humans. Pangolins have been suggested as the possible intermediary, but that's still unproven. It's also not firmly established that the ground zero of the outbreak was definitely a live-animal food market in Wuhan, China. (in The Guardian at <https://www.theguardian.com/world/2020/apr/09/how-did-the-coronavirus-st...>)

Chris Zielinski

[chris@chriszielinski.com](mailto:chris@chriszielinski.com)

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical

Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at [www.ResearchGate.net](http://www.ResearchGate.net) and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

### **Coronavirus (389) Very simple face shield using plastic sheet + tape (2)**

9 April, 2020

Dear Neil,

I saw the HIFA post Coronavirus (371) Very simple face shield using plastic sheet + tape, with your note.

I came across this WHO document the other day - not sure if it's the latest version.

<https://www.who.int/emergencies/what-we-do/prevention-readiness/disease-...>

For face shields it states:

'Made of clear plastic and providing good visibility to both the wearer and the patient. Adjustable band to attach firmly around the head and fit snugly against the forehead, fog resistant (preferable). Completely cover the sides and length of the face. May be re-usable (made of robust material which can be cleaned and disinfected) or disposable

- EU PPE Regulation 2016/425
- EN 166
- ANSI/ISEA Z87.1 or equivalent'

(Source page for the above PDF: <https://www.who.int/emergencies/what-we-do/prevention-readiness/disease-...> )

I also came across this some time ago <http://www.facttechnology.com/category/covid-19/?fbclid=IwAR1ZkxkBZBSypo3B...> but have been unable to verify if this meets recommended guidelines.

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-

for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

[www.hifa.org/people/social-media](http://www.hifa.org/people/social-media)

[www.hifa.org/support/members/julie](http://www.hifa.org/support/members/julie)

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### **Coronavirus (394) World Intellectual Property Organization petition (2)**

10 April, 2020

Further to Chris Zielinski's message about the WIPO petition

[\[https://www.hifa.org/dgroups-rss/coronavirus-338-world-intellectual-prop...](https://www.hifa.org/dgroups-rss/coronavirus-338-world-intellectual-prop...)

there are growing calls of support for one key aspect of the petition: the call by Costa Rica for the World Health Organization 'to create a global pool of rights in COVID-19 related technology and data, as well as promoting the use of the Medicines Patents Pool, voluntary licensing, intellectual property pledges, compulsory licensing, use of competition laws, and other measures to eliminate barriers to the competitive global manufacture, distribution and sale of potentially effective products to detect, prevent, and treat COVID-19'.

The message below is forwarded from the e-drug discussion forum:

E-DRUG: The Netherlands supports a global Covid-19 pool

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The Netherlands supports a global Covid-19 pool to share knowledge, data and intellectual property for worldwide availability

Amsterdam, April 8, 2020

The Netherlands gives its support to a global pool for rights on data, knowledge and intellectual property on Covid-19 that can be freely shared.

Last week Wemos sent a letter to the Dutch cabinet, on behalf of 38 civil society organisations, political youth organisations and 20 public health experts to request the Dutch government for support.

<https://www.wemos.nl/brief-aan-kabinet-steun-een-covid-19-pool/>

## Call to The Netherlands: support Costa Rica's proposal

Costa Rica sent a letter to Dr. Tedros, the Director-General of the World Health Organization (WHO). It has requested WHO to create a global pool for data, knowledge and technologies that can be of use in the prevention, detection and treatment of the Covid-19 pandemic. The Netherlands supports this call to actively support the Costa Rica proposal.

A Covid-19 pool would enable accelerated production of the required Covid-19 technologies. In addition, it would meet the global need for affordable products - a relevant issue, now that Covid-19 is affecting more and more countries with limited financial resources and often weak health systems.

Ella Weggen (Wemos): 'Several governments have already indicated that holding on to rights, data and knowledge for the production of resources in the fight against Covid-19, will not lead to the desired result and have already indicated that they will use compulsory licenses to lift the exclusivity of patents, if necessary. A Covid-19 pool would increase the chances for everyone in the world to access appropriate treatments.'

<https://fd.nl/economie-politiek/1339389/kamer-eist-snel-actie-voor-meer-...>

<https://www.statnews.com/pharmalot/2020/03/18/chile-compulsory-licensing...>

<https://www.statnews.com/pharmalot/2020/03/20/abbvie-israel-hiv-kaletra-...>

<https://www.statnews.com/pharmalot/2020/03/25/canada-compulsory-license-...>

and

<http://patentblog.kluweriplaw.com/2020/03/24/german-government-plans-pos...>

Costa Rica, the Netherlands and the WHO are positive, will the rest follow?

Dr. Tedros of the WHO is positive about Costa Rica's proposal[1]. Now the Netherlands supports the pool. In recent years the Netherlands has been a global frontrunner on fair access to affordable medicines. The government uses this strong position in international discussions to support the pooling mechanism and promote it towards the rest of Europe. This way, the Covid-19 pool can become a reality.

Tom Buis (Wemos): 'The Netherlands shows solidarity with all affected countries and commit to realising a Covid-19 pool. This is a good first step to maximise resource production and minimise financial pressures on healthcare systems worldwide.'

more information:

<https://www.wemos.nl/en/letter-to-dutch-cabinet-support-covid-19-pool/>

<https://www.rijksoverheid.nl/ministeries/ministerie-van-volksgezondheid-...>

Ella.Weggen AT Wemos.nl

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (393) COVID-19 and face touching**

10 April, 2020

Dear all

One of the important behaviours that needs changing to prevent covid-19 spread is face touching. This is a very automated behaviour and, as such, is very difficult to change by reflective motivation i.e., deciding to change. I have seen two methods, both of which have a sound basis in the psychology of behaviour, for decreasing face touching.

Reduce your physical opportunity to touch your face by attaching sticky tape across the outside of your elbow joint whilst your arm is straight. This restricts the degree of bend in the elbow and as such makes face touching impossible.

Do some habit reversal exercises to change your automatic motivation (see this free article in the conversation: <https://theconversation.com/how-to-stop-touching-your-face-to-minimize-s...> there are lots of videos on youtube describing the techniques.

BW

Lucie

Dr Lucie Byrne-Davis BSc(hons) MSc PhD CPsychol PFHEA FEHPS

HCPC Registered Health Psychologist & Senior Lecturer

Division of Medical Education | School of Medical Sciences | Faculty of Biology, Medicine and Health

The University of Manchester  
Description: Description: Description: Description: Description:  
Description: Image result for manchester bee

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HIFA profile: Lucie Byrne-Davis is a Health Psychologist at Manchester Medical School in the United Kingdom. Professional Interests: Research into health professional practice, and the psychological determinants of change in practice. lucie.byrne-davis AT manchester.ac.uk

**Coronavirus (392) Cochrane EPOC rapid review on health care worker compliance to IPC guidance**

10 April, 2020

Dear HIFA colleagues

In response to Covid-19, Cochrane EPOC has carried out a rapid qualitative review of factors influencing health care workers' compliance to infection prevention and control (IPC) guidance, led by Evidence Synthesis Ireland. As part of this work, the review authors have developed a series of implementation considerations for health facilities and others: <https://epoc.cochrane.org/our-reviews/summaries-our-reviews/covid-19-rel...> .

Cochrane is releasing this evidence summary pre-publication as we believe it is highly relevant to people currently planning or implementing IPC strategies. Please feel free to disseminate this summary to relevant environments.

Best wishes

Simon

HIFA profile: Simon Lewin is a health systems researcher at the Norwegian Institute of Public Health and the Medical Research Council of South Africa ([www.mrc.ac.za](http://www.mrc.ac.za)). His work is mainly in the field of implementation research, including systematic reviews of health systems interventions; the development and evaluation of strategies for changing professional and user behaviours and the organization of care; and the use of lay or community health workers to deliver care. He is an editor for the Cochrane Consumers and Communication Review Group and the Cochrane Effective Practice and Organisation of Care Review Group. He is a member of the HIFA working group on CHWs:

<http://www.hifa.org/projects/community-health-workers>

<http://www.hifa.org/support/members/simon>

Email: simon.lewin AT nokc.no

**Coronavirus (399) SAWBO COVID-19 Animation in 15 languages/accent variants and Building a WhatsApp Network to Share Educational Content (2)**

10 April, 2020

Hi,

I think these animations suffer from the same problem as most of the communication tools used in Africa: they tell the WHAT, but not the WHY. If we want people to change their behaviors we should, try and explain them why they must do it, at the same time as how. Covid-19 communication must, explain:

1. That the disease is transmitted by a virus.
2. How this virus is transmitted (directly from person to person, on surfaces...).
3. Many infected people can transmit the virus and never fall ill.
4. Infected people transmit the virus before having the disease.

Then, we can explain how to prevent the transmission. Anthropological studies we conducted in different African countries for various projects showed that people know that “microbes” or “viruses” exist, even in remote places. Based on this awareness, we can make the coronavirus transmission intelligible.

Even in industrialized countries, where people have tons of medical info through the media and from mouth to ear, there are misunderstandings and false information. In Africa, medical information about the 4 above-mentioned items is much less common.

Bernard Seytre

Health communication advisor, bnscommunication

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HIFA profile: Bernard Seytre is a Consultant at BNSCommunication in France. Professional interests: Health communication and education. Email address: seytre AT bnscom.fr

**Coronavirus (398) Covid-19 Global South Collective Discussions**

10 April, 2020

Hello everyone some of you may be interested in the following collective discussions.

This week we will be discussing

- \* Redefining social distancing

- \* Which voices are missing /silenced and how may we amplify them to establish relationships , learn from each and foster community involvement. Which regions of the global south still need representation and how to achieve this.

- \* Reflection on the vaccine controversy then reimagine how solutions and inventions for us and by us will be like

- \* What we hope to collectively achieve; how these webinars can translate to actions in our different settings

- \* What positive outcomes have we observed in our regions/countries in the process of national/regional response to COVID-19

Date: Friday 10 April 2020

Time:

11am to 12am ET

12noon to 1pm Brazil

3pm to 4pm Liberia

5pm to 6pm Rwanda and Zimbabwe

6pm to 7pm Uganda

8.30pm to 9.30pm India.

In Solidarity

Covid-19 Global South Team

Below Are the Zoom Details

Social Medicine Consortium is inviting you to a scheduled Zoom meeting.

Topic: Global South Community Discussion

Time: Apr 10, 2020 11:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/180610277?pwd=YzNOK01ycnBuZ2J6aUhpb3lDZUpWUT09>

Meeting ID: 180 610 277

Password: 005739

One tap mobile

+16465588656,,180610277# US (New York)

+13126266799,,180610277# US (Chicago)

Dial by your location

+1 646 558 8656 US (New York)

+1 312 626 6799 US (Chicago)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US

+1 301 715 8592 US

+1 346 248 7799 US (Houston)

Meeting ID: 180 610 277

Find your local number: <https://zoom.us/j/180610277?pwd=YzNOK01ycnBuZ2J6aUhpb3lDZUpWUT09>

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HIFA profile: Tinashe Goronga is Senior Resident Medical Officer at the Mpilo Hospital in Zimbabwe.

Professional interests: I am interested in public health, social medicine, social justice and health equity.  
tisaneg AT gmail.com

### **Coronavirus (397) WHO myth-busters**

10 April, 2020

WHO is at the forefront of providing reliable advice for the general public. Part of this is the section on myth-busting. Below are some examples. Read in full online: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-f...>

5G mobile networks DO NOT spread COVID-19

Exposing yourself to the sun or to temperatures higher than 25C degrees DOES NOT prevent the coronavirus disease (COVID-19)

You can recover from the coronavirus disease (COVID-19). Catching the new coronavirus DOES NOT mean you will have it for life.

Being able to hold your breath for 10 seconds or more without coughing or feeling discomfort DOES NOT mean you are free from the coronavirus disease (COVID-19) or any other lung disease.

Drinking alcohol does not protect you against COVID-19 and can be dangerous

COVID-19 virus can be transmitted in areas with hot and humid climates

Cold weather and snow CANNOT kill the new coronavirus

Taking a hot bath does not prevent the new coronavirus disease

The new coronavirus CANNOT be transmitted through mosquito bites

Hand dryers are not effective in killing the virus

Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body

Vaccines against pneumonia do not provide protection against the new coronavirus

There is no evidence that regularly rinsing the nose with saline has protected people from infection with the new coronavirus

There is no evidence that eating garlic has protected people from the new coronavirus

People of all ages can be infected by the new coronavirus

Antibiotics do not work against viruses

To date, there is no specific medicine recommended to prevent or treat the new coronavirus [clinical trials are ongoing]

Best wishes, Neil

Coordinator, HIFA Project on Information for Citizens, Parents and Children

<http://www.hifa.org/projects/citizens-parents-and-children>

Let's build a future where people are no longer dying for lack of healthcare information - Join

HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

### **Coronavirus (396) WHO ad hoc consultation on infodemic management, 7-8 April 2020 (6)**

10 April, 2020

Hi Chris [Chris Zielinski, UK: <http://www.hifa.org/dgroups-rss/coronavirus-389-who-ad-hoc-consultation-...> ]

In the light of your experience, I'd be grateful if you could comment on my recent article on misinformation [COVID19: Combatting coronavirus misinformation <https://www.cabdirect.org/globalhealth/news/66735> ] which is headlining my public health resource Global Health for April.

AS you say: "I discovered that there is a vast world of researchers out there looking at fake news from every possible angle, and that real progress is being made"

... I met two at the European Public Health 2019 conference in Marseilles (PhD students) and intend to write about their work on vaccine hesitancy and social media in Spain and Russia, once its published.

Perhaps not a surprise to find them there but more surprisingly was to find that my choir "Chorivino" in Wallingford includes a researcher who works on infodemics and misinformation using computer modelling!

Regards

Wendie

HIFA profile: Wendie Norris is Editor of the Global Health & Tropical Diseases Bulletin, at CAB International, UK. CABI improves people's lives worldwide by providing information and applying scientific expertise to solve problems in agriculture and the environment. [www.cabi.org](http://www.cabi.org) Wendie has a background as a research scientist in developmental biology. She is a member of the HIFA Steering group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

<http://www.hifa.org/support/members/wendie>

w.norris AT cabi.org

**Coronavirus (395) Do you have COVID-19 content targeted to minorities and marginalized people?**

10 April, 2020

Dear HIFA colleagues,

We are looking for good, reliable COVID-19 content specifically targeted to the needs and situations of minorities and marginalized people, such as nomadic people, indigenous communities, people living in slums or densely populated areas, etc.

Do you have any such content you could share? If so, please get in touch with my colleague [manmeet@transaltorswithoutborder.org](mailto:manmeet@transaltorswithoutborder.org).

We are seeing a gap in targeted content, and are ready to support you translate and adapt it in relevant languages and formats.

Kind regards, stay safe

Mia

--

Mia Marzotto

Senior Advocacy Officer

[www.translatorswithoutborders.org](http://www.translatorswithoutborders.org)

[mia@translatorswithoutborders.org](mailto:mia@translatorswithoutborders.org)

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WhatsApp: +39 333 743 9807

#LanguageMatters. Follow Translators without Borders (TWB)

on Facebook, Twitter, LinkedIn, and Instagram.

TWB takes accountability seriously. Click here to report misconduct or fraud.

HIFA profile: Mia Marzotto is Advocacy Officer at Translators without Borders. She is based in New York City, USA. She is a member of the HIFA working group on Multilingualism.

<http://www.hifa.org/support/members/mia>

<http://www.hifa.org/projects/multilingualism>

mia AT translatorswithoutborders.org

## **Coronavirus (400) Lockdowns shut off healthcare to millions of women**

10 April, 2020

I reproduce below a short article in The New Humanitarian. Read online: <https://www.thenewhumanitarian.org/news/2020/04/10/women-healthcare-coro...>

I am increasingly concerned that the national response to the pandemic will (in some countries, at some stages in the evolution of the pandemic) have an even greater negative impact on health than the virus itself. Individual governments face difficult choices which should, wherever, possible, be informed by the available evidence, including the experience of other countries.

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Birth control, GBV-support, and HIV testing are out of reach to more women as COVID-19 shuts clinics around the globe.

Coronavirus lockdowns have triggered the closure of more than 5,600 sexual and reproductive healthcare clinics in 64 countries, according to data from the International Planned Parenthood Federation (IPPF).

The closures are making it difficult for millions of women to access contraception, abortions, HIV testing, or support for gender-based violence.

Within the federation's network, South Asia has seen the largest number of closures overall, with more than 1,872 clinics and other service facilities affected. Africa has seen the largest number of mobile clinics closed, with 447 shut. Countries particularly affected by the closures include Pakistan, El Salvador, Zambia, Sudan, Colombia, Malaysia, Uganda, Ghana, Germany, Zimbabwe, and Sri Lanka, IPPF said. Some clinics and centres still operating have also reported a shortage of contraceptives and HIV-related medicine.

"These figures show that millions of women and girls across the world now face an even greater challenge in trying to take care of their own health and bodies," said Alvaro Bermejo, IPPF's director general.

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Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177



countries, interacting on six global forums in four languages in collaboration with WHO. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)