Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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International News

International News Letter – April 2020
Elizabeth Duff (International News Editor)

Global health emergency declared by WHO

On 30 January 2020 the Director-General of the World Health Organization, Dr Tedros Adhanom Ghebreyesus, declared – on the advice of the WHO Emergency Committee – that the outbreak of 2019-nCoV (novel coronavirus) constitutes a public health emergency of international concern (PHEIC). The new virus was later given the official name of COVID-19. Both terms are used in this report.

At that date, the Committee stated it believed that it was still possible to interrupt virus spread, provided that countries put in place strong measures to:

- detect disease early
- isolate and treat cases
- trace contacts
- promote social distancing measures commensurate with the risk.

‘It is important to note,’ the Committee said, ‘that as the situation continues to evolve, so will the strategic goals and measures to prevent and reduce spread of the infection’.

The Committee emphasized that the declaration of a PHEIC should be seen ‘in the spirit of support and appreciation for China, its people, and the actions China has taken on the frontlines of this outbreak, with transparency, and, it is to be hoped, with success’.

Further advice from the Emergency Committee included that ‘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’.

In addition, ‘the global community should continue to demonstrate solidarity and co-operation, in compliance with Article 44 of the IHR (2005), in supporting each other on the identification of the source of this new virus, its full potential for human-to-human transmission, preparedness for potential importation of cases, and research for developing necessary treatment’.

Importantly, those nations which were able to do so were encouraged to ‘provide support to low- and middle-income countries to enable their response to this event, as well as to facilitate access to diagnostics, potential vaccines and therapeutics’.

Around the same time as the PHEIC declaration, WHO posted online a training course on coronavirus which offers a general introduction to nCoV and emerging respiratory viruses. It is intended for public health professionals, incident managers and personnel working for the United Nations, international organizations and NGOs. Aims of completion of the free-to-access 3-hour course include being able to understand the nature of emerging respiratory viruses, how to detect and assess an outbreak, strategies for preventing and controlling outbreaks due to novel respiratory viruses; what strategies should be used to communicate risk and engage communities to detect, prevent and respond to the emergence of a novel respiratory virus

https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)

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

Potential impact of COVID-19 on pregnant women, newborns and midwives

At the time of writing, there is little specific, authoritative advice available for pregnant women or those caring for a newborn.

A letter published in The Lancet from Dr Guillaume Favre and colleagues at the Materno-fetal & Obstetrics Research Unit, Lausanne University Hospital, Switzerland, lists outcomes – some adverse – from the SARS and MERS epidemics and suggests an approach commensurate with the other coronavirus outbreaks:

‘Considering that: the 2019-nCoV seems to have a similar pathogenic potential as SARS-CoV and MERS-CoV; pregnant women are at increased risk of severe infections; there are no specific clinical signs of coronavirus infections preceding severe complications; coronaviruses have the potential to cause severe maternal or perinatal adverse outcomes, or both; and the current lack of data on the consequences of a 2019-nCoV infection during pregnancy, we recommend systematic screening of any suspected 2019-nCoV infection during pregnancy. If 2019-nCoV infection during pregnancy is confirmed, extended follow-up should be recommended for mothers and their fetuses’.

The ‘intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women’ was reported in a Lancet paper written by a group of obstetricians, paediatricians and scientists, led by Professor Yuanzhen Zhang, at Zhongnan Hospital of Wuhan University. They concluded that: ‘...Findings from this small group of cases suggest that there is currently no evidence for intrauterine infection caused by vertical transmission in women who develop COVID-19 pneumonia in late pregnancy’.

It was also announced that a newborn baby has tested positive for the virus at 30 hours after birth at Wuhan Children Hospital. The report continued ‘Doctors have since raised concerns the illness could have been passed from mother to child in the womb, potentially setting the

https://doi.org/10.1016/j.midw.2020.102668
0266-6138
virus apart from other coronaviruses that have led to global health crises like SARS and MERS.

The chief physician of Wuhan Children Hospital’s neonatal medicine department, Zeng Lingkong, said: ‘This reminds us to pay attention to mother-to-child being a possible route of coronavirus transmission’.

The Chinese Medical Association (CMA) stated on 7 February that so far there is insufficient data to confirm the possibility of mother-to-child transmission of the novel coronavirus.

Wang Guigiang, chairman of the Society of Infectious Diseases of the CMA, spoke at a press conference when responding to a question about a case of newborn infection. Wang said the newborn baby was more likely to have been infected through physical contact.

“The mother’s secretions during childbirth might have made contact with the child,” he said.

“The positive rate of coronavirus tested in the mother’s blood was not high. The virus’s presence in the blood must be very high to cause vertical transmission,” said Wang. Respiratory droplets and contact transmission are the major routes of the coronavirus infection, and transmission via the digestive tract and aerosol are yet to be confirmed, according to the fifth version of the diagnosis and treatment plan issued by the National Health Commission.

An authoritative report from the China Centre for Disease Control and Prevention (CCDC), entitled ‘Vital Surveillances: The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19)’, explored the lessons to be learnt from all cases known up to mid-February 2020.

A total of 72,314 patient records contributed data for the analysis. Among 44,672 confirmed cases, most patients were aged 30–79 years (86.6%), diagnosed in Hubei (74.7%), and considered mild (80.9%). A total of 1,023 deaths occurred among confirmed cases, giving an overall case fatality rate of 2.3%.

The <80 age group had the highest case fatality rate of all age groups at 14.8%. Case fatality rate for males was 2.8% and for females was 1.7%. By occupation, patients who reported being retirees had the highest case fatality rate at 5.1%.

In the 422 medical facilities serving COVID-19 patients, a total of 3,019 health workers have been infected (1,716 confirmed cases), and five have died.

The paper confirms that COVID-19 did indeed infect health workers in China via nosocomial transmission, but there is no further specific information as to the risk for different cadres of health worker, so while routes and rates of transmission remain not fully clear, all health workers are clearly encouraged to take every precaution for themselves and those in their care. All readers of this news report should understand that information and advice about COVID-19 is changing rapidly and they should always check with the most up-to-date and reliable sources before taking any action.

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30360-3/fulltext
https://www.independent.co.uk/news/world/asia/coronavirus-pregnancy-baby-child-china-wuhan-symptoms-cure-vaccine-a9319366.html
http://www.xinhuanet.com/english/2020-02/07/c_138764087.htm
http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51

International Day of Zero Tolerance for Female Genital Mutilation

On 6 February, the day marking worldwide action against FGM, a joint statement was issued by UNFPA Executive Director Dr. Natalia Kanem, UNICEF Executive Director Henrietta Fore, UN Women Executive Director Phumzile Mlambo-Ngcuka and WHO Director-General Dr. Tedros Adhanom Ghebreyesus.

They spoke of: ‘... female genital mutilation – a human rights violation that more than 4 million girls worldwide are at risk of this year’.

‘On the International Day of Zero Tolerance for Female Genital Mutilation, ... young people around the world are standing up for their rights with urgency and energy. They are engaging their peers, families, communities and governments with a call to end this harmful act of gender-based violence once and for all, as promised by the international community in the 2030 Agenda for Sustainable Development’.

The statement continued ‘While significant progress in eliminating the practice has been made in the last 30 years, approximately 200 million girls and women alive today have had their genitals mutilated. This can lead to long-term physical, psychological and social consequences.

It was noted that support for the practice is dwindling. Adolescent girls aged 15 to 19 in countries where FGM is prevalent are less supportive of continuing the practice than are women aged 45 to 49. And in many countries, young girls are at much lower risk of being subjected to FGM than their mothers and grandmothers were. However, rapid youth population growth in countries where FGM is prevalent could lead to a significant rise in the number of girls at risk by 2030.

‘Today’s young people can play a critical role in ending the practice. Unleashing the power of youth means investing in youth-led movements to champion gender equality, an end to violence against women and girls and the elimination of harmful practices. This requires including young people as partners when designing and implementing national action plans, building relationships with youth-led organizations and networks that work to end female genital mutilation and recognize it as a form of violence against women and girls, empowering young people to lead community campaigns that challenge social norms and myths, and engaging men and boys as allies’.

‘But this is not a goal young people can achieve alone, nor can it be addressed in isolation from other forms of violence against women and girls or from gender inequality. It also requires strong political leadership and commitment.’

‘...Now is the time to invest, translating the political commitments already made into concrete action. Now is the time to do more and do it better and faster to end the practice once and for all. Now is the time to keep our promise to ... all girls of reaching zero female genital mutilation by 2030.’

https://www.unicef.org/press-releases/unleashing-youth-power-decade-accelerating-actions-towards-zero-female-genital

UNFPA calls for end to child marriage

On 14 February, St Valentine’s Day, UNFPA called on the world to prioritize ending child marriage. Child marriage is a tragedy for the individuals it ensnares – often the most vulnerable, impoverished and marginalized girls, says the UN population agency. Child brides often become pregnant before their bodies are mature, thus increasing the risk of serious complications in pregnancy and at the birth of the baby. Globally, such complications are the leading cause of death among adolescent girls.

But ending child marriage and enabling girls to finish school, delay motherhood, find decent work and fulfil their potential could generate billions of dollars in earnings and productivity.

Global child marriage rates are slowly falling. Around 2000, one in three women between the ages of 20 and 24 reported they had been married as children. In 2017, this number was just over one in five. South Asia, home to the largest number of child brides, has seen some of the most dramatic progress. In that region, a girl’s risk of marrying before age 18 fell by more than a third in just a decade, thanks to investments made in girls’ education and welfare.

But there is also bad news: unless such efforts are accelerated, says UNFPA, reductions in the number of girls being married off will not keep pace with population growth.

https://www.unfpa.org/news/say-idont-top-7-things-you-didnt-know-about-child-marriage#
Health inequalities: will no woman or child be ‘left behind’?

In 2020 the world entered the final 10 years of the sustainable development goals (SDGs). The SDGs’ theme is “Leave no one behind” and the UN’s Every Woman Every Child global strategy for women’s, children’s, and adolescents’ health is the unifying roadmap to achieve that for women, children, and adolescents.

A recently published collection of articles – setting out to answer the question ‘Is leaving no one behind just rhetoric, or is it leading to measurable change?’ – explores the data on health inequalities in an attempt to find an answer, at a time one-third of the way through the SDG era. Three in particular focus on reproductive, maternal, newborn, and child health (RMNCH).

‘Assessing coverage of interventions for reproductive, maternal, newborn, child, and adolescent health and nutrition’ identifies progress made in priority interventions, but warns that we need new measurement systems that include the whole life course and give better assessment of equity of coverage. Improvements in maternal mortality from direct causes are reported, meaning that indirect causes are becoming more important. The focus of action is therefore shifting from improving access to intrapartum care to include ‘women’s experiences of care, the quality of available services, short- and long-term forms of maternal morbidity and disability, and women’s empowerment, social status, and rights’.

‘Equity of resource flows for RMNCH’ demonstrates that, since 2002, the distribution of external funding for RMNCH has become more equitable and ‘better targeted at the poorest countries and those experiencing the highest mortality’. However, overall it is not large enough or sufficiently concentrated to close gaps in domestic funding between the poorest and middle-income countries. Donors, it’s said, should further concentrate funds on the poorest countries and those with the highest mortality. Investment is also needed to close serious data and methodological gaps for assessing equity of financing between and within countries.

The authors of ‘Closing the inequality gaps in RMNCH coverage’ point out some interesting findings, including that ‘older women and those in less well-off groups appear to have progressed substantially faster in coverage of reproductive and maternal health compared with their other counterparts, although the well-off groups still fare better than the less well-off groups’. More analysis revealed ‘the slow movers included women in the secondary or more education group, in the capital city and those in the richest quintile. … Similarly, women in rural areas experienced faster progress than those in the capital city’.

https://www.bmj.com/leaving-no-one-behind

NGOs call for vigilance on harmful marketing of formula milks

Civil society NGOs attending WHO’s Executive Board meeting in February 2020, ahead of the May World Health Assembly, are protesting against a new draft WHO Decision proposing that, in an effort to take pressure off the agenda and ‘streamline’, biennial reporting of controls on marketing of baby formulas and foods should end in 2026. The NGOs warn that WHO must keep a close watch on all commercial promotion that has the potential to harm health – whether on baby foods, tobacco, junk foods, alcohol or drugs.

The International Baby Food Action Network (IBFAN), the 40-year-old global network that protects breastfeeding and infant and young child health, has worked alongside WHO for perhaps the longest.

A major achievement of IBFAN’s work was the adoption of the International Code of Marketing of Breast-milk Substitutes in 1981 in response to the evidence that 1.5 million babies were dying every year because they are not breastfed and that marketing was a major contributory factor. Over 800,000 babies continue to die each year because they are not breastfed.

The International Code was the first global consumer protection code of its kind and made strong recommendations to its Member States to end the commercial promotion of these products. One of its key requirements was that Member States report back to WHO on its implementation every two years. Because of this, the Assembly regularly heard about marketing tactics that threaten children’s health and survival – despite the industry’s claims of code compliance. As a consequence, 19 Resolutions were adopted that clarified, strengthened and updated the original Code.

Although some countries have taken action to implement the Code, many of these laws are too weak or rely on voluntary co-operation of the companies.

Speaking for IBFAN, Patti Randall said:

“We know that harmful marketing will not stop until every country has strong laws that are independently monitored and enforced. The multi-stakeholder partnership ideology that WHO is now embracing is making things much worse, with corporations being given unprecedented access to policy framing and setting spaces. We know there are many important issues on WHO’s agenda, but this attempt to sunset one of its most effective and essential safeguards can only be the result of private sector influence on WHO’s governance. To describe it as ‘streamlining’ is disingenuous.”

http://www.babymilkaction.org/news/pressreleases

Need for a ‘complete picture of the breastfeeding relationship’ rather than devices

An Associate Professor of Physical Anthropology at Washington University, St Louis, USA, has written an article entitled ‘The rise of milk volume measurement products and the implied lack of confidence in maternal bodies’. Elizabeth A Quinn described herself as ‘stunned’ to see advertising for a new breastfeeding measurement tool, the target audience being mothers.

Professor Quinn feels strongly that such devices serve not to increase maternal confidence in the capacity to produce milk, but to call into question the ability of breastfeeding to meet an infant’s needs. She points out that “I didn’t make enough milk” is the single most common reason women in the US give for cessation of breastfeeding and is concerned that using a measurement tool may exacerbate anxious mothers’ switching to formula or ‘top-up’ feeding when in fact there is no need.

She agrees that around 2-5% of mothers may be biologically unable to provide enough milk but regrets the psychological impact on others because ‘Breastfeeding has become a major business. A market that … now has a tremendous number of additional products and “tools” available to mothers, thrives on the construction of maternal anxieties about making enough milk to feed a baby’.

What Elizabeth Quinn calls for is a complete picture of the breastfeeding relationship between the mother and baby. Feeding frequency is as important as the volume taken at each feed – and volume may have more to do with the baby’s stomach capacity and hunger than the production capacity of the breast.

In addition, volume measurement does not take into account normal infant behaviour. Instead, Quinn says, ‘breastfeeding is re-framed as … uniform milk production across multiple days, similar to factory production of goods. But breastfeeding is not factory production, rather it is a biological practice, informed by maternal behaviour, infant demand, and social factors’.

https://anthrolactology.com/2020/01/29/the-rise-of-milk-volume-measurement-products-and-the-implied-lack-of-confidence-in-maternal-bodies/