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.

COVID-19: from hospitals to courts

Michele Usuelli[1] raised two questions to the international scientific community. First, whether there were errors in the management of the COVID-19 health emergency in Lombardy, Italy. Second, whether having 20 regional health services across Italy is useful in controlling a pandemic.

The answer to the first question will be useful to medical science and the civil conscience (by improving the decision making process) in Italy. Unfortunately, the process of a commission of inquiry is much slower than that of a pandemic, and therefore it is unlikely that the evidence gained will be useful during this pandemic.

The answer to the second question is self-evident. Unfortunately, a strong political movement is pressing to accentuate the transfer of fiscal resources from the national level to the regions where income is produced. If the tax income remained in the region that produced it, then there would be no national budget. This transfer would increase health inequity, with an unfair burden of this pandemic on people who are disadvantaged[2] and an inevitable negative effect on the health of the population.[3]

In the meantime, emergency conditions have changed the traditional way that doctors operate. Intensivists who treat patients with COVID-19 have high levels of compassion fatigue and occupational stress; they do not have daily contact with the patients' relatives anymore and can inform families only at the end of therapy if the treatment has not been successful.[4] The scarcity of interaction with relatives could increase misunderstandings and the risk of malpractice litigation, which is already high in Italy.[5] We reasonably expect that the pandemic, in addition to many grievances, will leave many claims for compensation.

Stress, grievance, and suffering can lead to conflict at every level. In Lombardy, hospital managers have penalised some doctors who stood up and spoke openly about mismanagements. Accountability, ownership, transparency, humility, and admission of mistakes by politicians and managers can powerfully de-escalate conflicts and are the first steps towards improvement.

I am regional councillor of Lombardy, president of +Europa/Radicali, and a member of the Regional Council of Lombardy's COVID-19 investigative commission.

Michele Usuelli
michele.usuelli@consiglio.regione.lombardia.it

Neonatal Intensive Care Unit, Department of Clinical Sciences and Community Health, Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Università degli Studi di Milano, 20122 Milan, Italy

1 Usuelli M. The Lombardy region of Italy launches the first investigative COVID-19 commission. *Lancet* 2020; **396:** e86–87.

Published **Online** April 14, 2021 https://doi.org/10.1016/S0140-6736(21)00678-4

We declare no competing interests.

*Nicola Magnavita, *Francesco Chirico, Angelo Sacco*
francesco.chirico@unicatt.it

Postgraduate School of Occupational Health, Università Cattolica del Sacro Cuore, Rome, Italy (NM, FC, AS); Occupational Health Section of the Department of Science of Woman, Child and Public Health, Fondazione Policlinico Gemelli IRCCS, Rome, Italy (NM); Health Service Department, State Police, Ministry of Interior, Milan 20162, Italy (FC)

1 Usuelli M. The Lombardy region of Italy launches the first investigative COVID-19 commission. *Lancet* 2020; **396:** e86–87.
2 Chiriboga D, Garay J, Buss P, Madrigal RS, Rispel LC. Health inequity during the COVID-19 pandemic: a cry for ethical global leadership. *Lancet* 2020; **395:** 1690–91.
3 McCartney G, Hearty W, Arnot J, Popham F, Cumbers A, McMaster R. Impact of political economy on population health: a systematic review of reviews. *Am J Public Health* 2019; **109:** e1–12.
4 Magnavita N, Soave PM, Ricciardi W, Antonelli A. Occupational stress and mental health among anaesthetists during the COVID-19 pandemic. *Int J Environ Res Public Health* 2020; **17:** 8245.
5 Fileni A, Magnavita N, Mirk P, Iavicoli I, Magnavita G, Bergamaschi A. Radiological malpractice litigation risk in Italy: an observational study over a 14-years period. *AJR Am J Roentgenol* 2010; **194:** 1040–46.

Author's reply

I thank Nicola Magnavita and colleagues for raising important points regarding my Correspondence.[1]

I agree that the process of analysing the pandemic through a commission is slow, but citizens deserve to know the results of an audit. Some structural problems within health management existed before this pandemic; COVID-19 only emphasised them. Citizens now also fully understand that their regional vote affects their lives. Criticising decentralisation is valid, but the implementation of any law should be analysed before changing the law.

Within decentralisation, Italy foresaw central and regional quinquennial sociosanitary plans. The plans define and prospectively update the organisation of the health system. The most recent national plan was produced in 2006 and the regional plan for Lombardy, Italy, was produced in 2010. Plans for pandemic preparedness are out of date and have not been implemented.

Tanzania's position on the COVID-19 pandemic

In a World Report about COVID-19 vaccine use in Tanzania,[1] local context was not sufficiently considered to fully understand the country's position on the COVID-19 pandemic and its use of COVID-19 vaccines. We maintain that the late President John Magufuli understood the severity of the COVID-19 pandemic, which merits joint and coordinated global efforts.

In the early months of the pandemic, between February and April, 2020, the Tanzanian Government quickly implemented various WHO-recommended measures, and, as of Feb 27, 2021, the Ministry of Health has issued 15 guidelines. The government decided not to implement a lockdown because that would have restricted public access to health services, especially for patients with chronic conditions like tuberculosis and HIV infection, which, in settings

For the **Tanzanian Minstry of Health COVID-19 guidelines** see https://www.moh.go.tz/en/covid-19-info

like Tanzania with large burdens of infectious and non-infectious disease, would have had severe effects. Lockdown might have also prevented citizens from working, affecting households' ability to afford food or health care, pushing more people into poverty.

In February, 2021, the government reissued guidelines insisting on WHO-recommended measures and built local capacity to produce personal protective equipment. The government has also adopted complementary traditional remedies that are thought to boost immunity. Tanzania harbours a rich diversity of valuable medicinal plants and has plans to build capacity to intensify research on alternative remedies against COVID-19; such efforts are also supported by WHO.[2] However, such efforts have been misinterpreted as undermining control measures against COVID-19.

The suspended use of the Oxford–AstraZeneca COVID-19 vaccine in South Africa and emerging SARS-CoV-2 variants raised concerns in Tanzania.[3] President Magufuli urged the Ministry of Health to conduct a robust evaluation before accepting the use of vaccines in the country. In an interview with the BBC, the government's chief spokesperson Hassan Abbas reiterated that "we would like to see the accuracy [efficacy] of these vaccines first. Tanzania is not in denial of the vaccines, but we think that it is not the right time for now…at some point, yes, once they [the vaccines] have been clinically approved".[4]

Tanzania embraces vaccination programmes and consistently shows high immunisation coverage for infants younger than 5 years.[5] We uphold the spirit of working collaboratively with local and international agencies in the fight against the COVID-19 pandemic.

ANM is employed by the Tanzanian Ministry of Health. All other authors declare no competing interests. SGM and NPM contributed equally.

*Sayoki G Mfinanga, Nicholaus P Mnyambwa, Daniel T Minja, Nyanda Elias Ntinginya, Esther Ngadaya, Julie Makani, Abel N Makubi

gsmfinanga@yahoo.com

Muhimbili Research Centre, National Institute for Medical Research, Dar es Salaam 3436, Tanzania (SGM, NPM, EN); Tanga Research Centre, National Institute for Medical Research, Tanga, Tanzania (DTM); Mbeya Medical Research Centre, National Institute for Medical Research, Mbeya, Tanzania (NEN); Epidemiology and Biostatistics Department (SGM) and Department of Haematology and Blood Transfusion (JM), Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania; Community Development, Gender, Elderly and Children, Ministry of Health, Dodoma, Tanzania (ANM)

1 Makoni M. Tanzania refuses COVID-19 vaccines. *Lancet* 2021; **397:** 566.

2 WHO. WHO supports scientifically-proven traditional medicine. May 4, 2020. https://www.afro.who.int/news/who-supports-scientifically-proven-traditional-medicine (accessed Feb 26, 2021).

3 Mahase E. Covid-19: South Africa pauses use of Oxford vaccine after study casts doubt on efficacy against variant. *BMJ* 2021; **372:** n372.

4 British Broadcasting Corporation. Covid-19 vaccines: Tanzanian government says the country has "controlled" the virus. Feb 10, 2021. https://www.bbc.com/news/av/world-africa-56019310 (accessed Feb 27, 2021).

5 United States Agency for International Development. Immunization. MCSP Tanzania program brief. May, 2019. https://pdf.usaid.gov/pdf_docs/PA00TXWC.pdf (accessed March 17, 2021).

Global health and its discontents

A year ago, a group of us gathered to reconsider how to build healthy and equitable societies.[1] During that meeting, we rehearsed critiques of the current practice of global health.[2] The COVID-19 pandemic has laid bare the truth in these charges, highlighting deficiencies in the pursuit of equity and in the capacity for multisectoral action—yet the pandemic has also provided inspiring examples of effective national and global public health action. After the 1918 influenza pandemic, many countries built new institutions, laws, and practices that laid the foundation for modern public health. As a global health community, we should not miss the opportunity from this crisis to reflect upon and remedy our shortcomings to better support global health equity.

First, despite genuine desire and goodwill, and the Paris and Accra declarations, global health remains insufficiently country-centred. COVID-19 has provoked impressive examples of global solidarity, but it has also shown that individual decisions at the national level matter more for health than regional and multilateral institutions and mechanisms, including global health treaties and strategies. Global health practice often fails to fully engage with the individual context, policy cycles, and political economy of national health and social systems. Too many global technical and policy documents provide insufficient direct guidance and detail for national decision makers or are pitched at the wrong level. The unpredictable, short-term, feast-or-famine nature of overseas development assistance for health has proved difficult to improve. Yet navigating the sometimes conflicting internal and external incentives that give rise to this incoherence remains essential to improving the utility, efficiency, and equity of global health efforts.[3]

Second, COVID-19 has already questioned and reworked the tools of global health. Resolutions, special sessions, high-level commissions, reports, frameworks, and global action plans can still be useful, but too often global health practice is delivered using the same means as were being used many decades ago. COVID-19, with its limitations on travel, has shown that a strong physical presence within countries is more important than ever.[4] Institutions dependent on fly-in, fly-out missions need to rethink their operations. At the same time, COVID-19 has also shown how much of global health travel, especially for generic stakeholder meetings, can be avoided, with benefits for staff, countries, and the planet.

Third, COVID-19 has brought to the boil the already simmering discontent