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Furthermore, regarding natural resolution, we would point out that data in the appendix of the Article¹ confirm that there was no real improvement in the Oxford Shoulder Score between randomisation and start of treatment. Although some natural resolution could be anticipated, such would have been similar in all three groups of the trial. Similarly, if any of the interventions were clearly superior, this would have been evident, despite any natural resolution that might have occurred alongside the treatment effects.

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Preparing for a COVID-19 resurgence in the WHO African region

The emergence of COVID-19 in January, 2020, has led to the largest pandemic in recent history. With fragile health systems, limited testing capacities, and potentially vulnerable populations, Africa was projected to be the worst affected continent.¹ However, as of Dec 31, 2020, the African region, with 14% of the global

population and 47 member states, remains among the least affected of the WHO regions, accounting for 2·4% of confirmed cases and 2·4% of deaths globally. In 2020, following substantial increases in June and July, COVID-19 cases declined in August and September, before plateauing in October and steadily increasing again in November and December.

Although several countries in Europe are experiencing second waves of the pandemic,² there is rising fear of a COVID-19 resurgence in the African region. The recent upsurge seen in South Africa, Nigeria, and Senegal indicates possible resurgence, with notable signs of reduced adherence to public health and social measures (PHSM). As a result, transmission in households, schools, prisons, and other close settings has increased. This increase in transmission might force member states to reinstate lockdown measures with the associated negative socio-economic consequences.

Three interventions are crucial to prepare for and respond to a possible COVID-19 resurgence. First, communities should be empowered as first responders. The experiences during recurrent Ebola outbreaks, and the HIV pandemic, suggest that member states should invest more in engaging the community in the COVID-19 response by involving community leaders as partners, so improving buy-ins for PHSM, and mitigating harm from misinformation. Member states are urged to form local committees responsible for community dialogues on preventive measures with tailored messaging based on feedback around COVID-19 risk perceptions. Second, the risk of continued spread at subnational levels should be assessed to inform tailored responses. We recommend WHO's new guidance on implementing and adjusting PHSM in the context of COVID-19,³ which uses a risk-benefit approach at the lowest administrative level, with transmission intensity and health systems' response capacity

used to assign a risk level to each area. Third, member states should plan for the worst-case scenario by anticipating when health system capacity might be overwhelmed, developing contingency plans aimed at improving and adjusting testing strategy and capacity,⁴ scaling up active case finding in areas with widespread community transmission, increasing capacity to isolate all cases, and maximising the current health workforce including redeploying health workers to high-need areas.

Sustainable and rapidly implemented interventions require strengthened response coordination to reduce transmission to levels that allow economic activity to continue across the region.

We declare no competing interests. The views expressed in this Correspondence are those of the authors and do not necessarily represent the official position of WHO.

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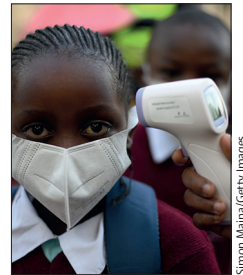
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SOS Brazil: science under attack

As of Jan 21, 2021, Brazil ranks second in number of deaths from COVID-19 and third in number of cases seen in any single country. As a scientist, I tend not to believe in coincidence. In March, 2020, President Jair Bolsonaro



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