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.

thus never pooling efficacy estimates for drugs used to treat COVID-19 with estimates of effects to prevent the disease.

BR was the methods chair of the WHO COVID-19 Therapeutics GDG that assessed hydroxychloroquine treatment. TA is a board member of the MAGIC Evidence Ecosystem Foundation, a not-for-profit organisation that provides methodological support to the GDG. JD is the network lead, WHO Health Emergencies chair, and is part of the WHO COVID-19 Therapeutics Steering Committee. LA is a member of the WHO COVID-19 Therapeutics Steering Committee and a scientist and methods lead in the WHO Department of Quality Assurance of Norms and Standards.

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Authors' reply

We thank Bram Rochwerg and colleagues for information on the WHO therapeutic guideline development process. Unfortunately, they do not address our main concern: the unjustified extrapolation of evidence from randomised controlled trials in severe COVID-19 to therapeutic guidelines for uncomplicated illness.[1] Pooling summary data from studies with different severity definitions, deciding on inappropriate primary outcomes, and extrapolating from results in hospitalised patients to ambulant individuals with mild infections suggests a worrying lack of clinical judgement.[2] The recent separate guidelines on COVID-19 chemoprophylaxis,[3] which contain judgements on mortality prevention derived from trials with no mortality, have only magnified concerns about the WHO assessments.[4,5] The world looks to WHO for guidance and leadership in these difficult times. Therapeutic guidelines should be based on an understanding of the disease process, the health needs and health-system capabilities, the clinical pharmacology of the drugs, and the quality and weight of evidence. When advising on potential treatments, evidence from randomised clinical trials with patients who have severe COVID-19 should not be extrapolated to prevention and early treatment.[6] Despite the undoubted equitability, impartiality, and rigour of the WHO COVID-19 therapeutic guideline process, there is something fundamentally wrong with it.

We declare no competing interests.

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Surviving syndemics

In their Comment on the double burden of HIV and COVID-19 in US Black communities, Errol Fields and colleagues[1] focus only on vulnerabilities as an alleged attribute of subpopulations, instead of stressing the importance of communities' agencies, resources, and strengths. Despite the authors' reflective analysis of structural inequalities and the intersectional character of systems of oppression, the vulnerability accent—although benevolent—is inevitably alienating the groups that they are intending to prioritise. For example, the implication that being at risk for HIV is an inherent part of being gay created an artificial boundary between gay men, other members of the LGBTQ community, and larger society.[2] More importantly, disproportionately affected communities are uniquely resilient when it comes to survivorship, fighting stigma, dealing with loss, and living with health risks. An intersectionality of resilience[3] framework allows an analysis of paths to community empowerment in the face of oppression and to develop survivorship-based community health interventions.

So far, experiences of survivorship do not translate into research. There is a substantial gap in addressing resilience: HIV research rarely identifies resilience at the community level, concerning itself only with resilience at individual or interpersonal levels.[4] In the case of HIV/AIDS in US Black communities, tales of community resilience are generously shared in art. This immense resource and the knowledge base should be used by scientific and professional communities. Commitment to what could be called community literacy, on the side of scientific and professional communities, would thus help to restore a gravely missed learning opportunity.