



SCIENTIFIC RESEARCH MONITORING ON COVID-19

28 FEBRUARY 2022

For accessing the full series of published scientific reports please visit the following link:
<https://www.doh.gov.ae/ar/covid-19/Healthcare-Professionals/Scientific-Publication>

SCIENTIFIC RESEARCH MONITORING ON COVID-19

(Issue 436)

مركز أبوظبي
للصحة العامة
ABU DHABI PUBLIC
HEALTH CENTRE



Abu Dhabi Public Health Center (ADPHC) is gathering the latest scientific research updates and trends on coronavirus disease (COVID-19) in a monthly report. The report provides summaries on breakthrough or updated research on COVID-19 to allow health care professionals and public health professionals get easy and fast access to information.

Click on icon to view content



Research

Titles



Statistics



Articles

Summary

Note : All articles presented in this report represent the authors' views and not necessarily represents Abu Dhabi Public Health Center views or directions. Due the nature of daily posting , some minor language errors are expected.

For further inquiries you may communicate with us as PHR@adphc.gov.ae



The views and opinions expressed in this report are those of the authors and do not reflect the official policy or position of the Abu Dhabi Public Health Center (ADPHC).

Click on icon to view content

Long-term policy impacts of the coronavirus: normalization, adaptation, and acceleration in the post-COVID state

A National Strategy for the “New Normal” of Life With COVID

COVID-19 and beyond: how lessons and evidence from implementation research can benefit health systems’ response and preparedness for COVID-19 and future epidemics





Figure 1: Total Number of Infected, Recovered, and Death Cases

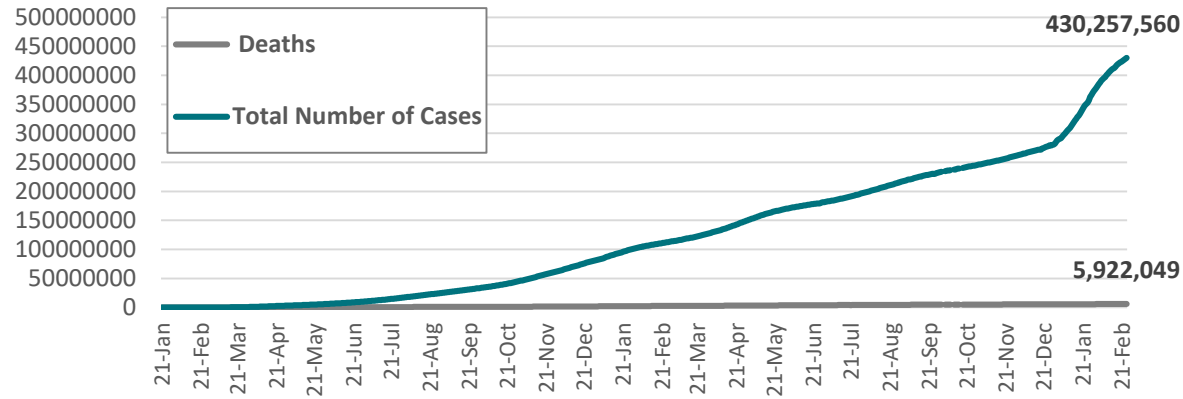
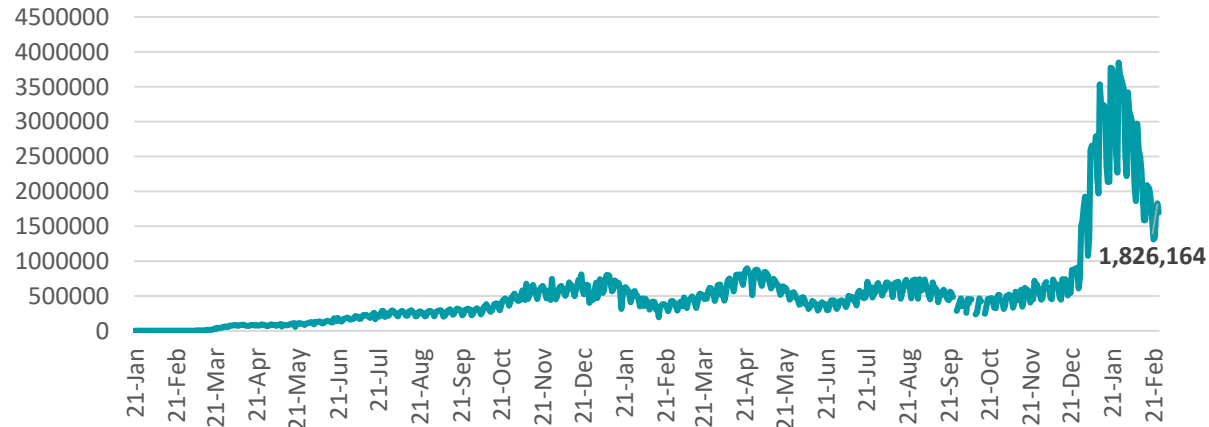


Figure 2: Daily New Infected COVID-19 Cases



4

Figure 3: % of people vaccinated fully & partly against COVID-19

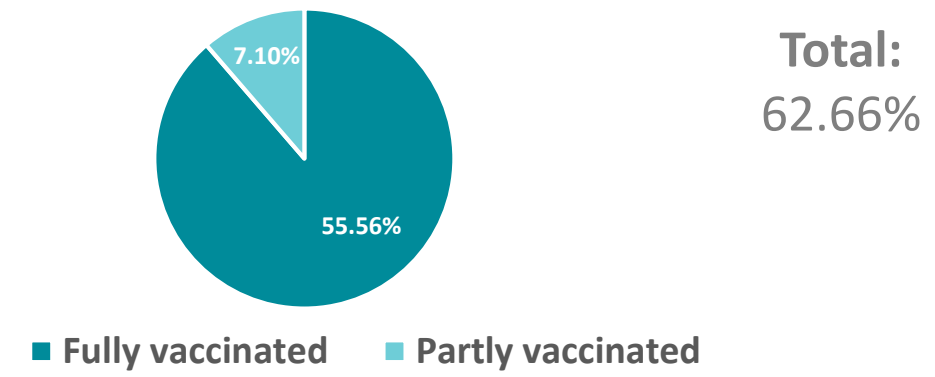


Figure 4: Global Daily New Deaths Due to COVID-19

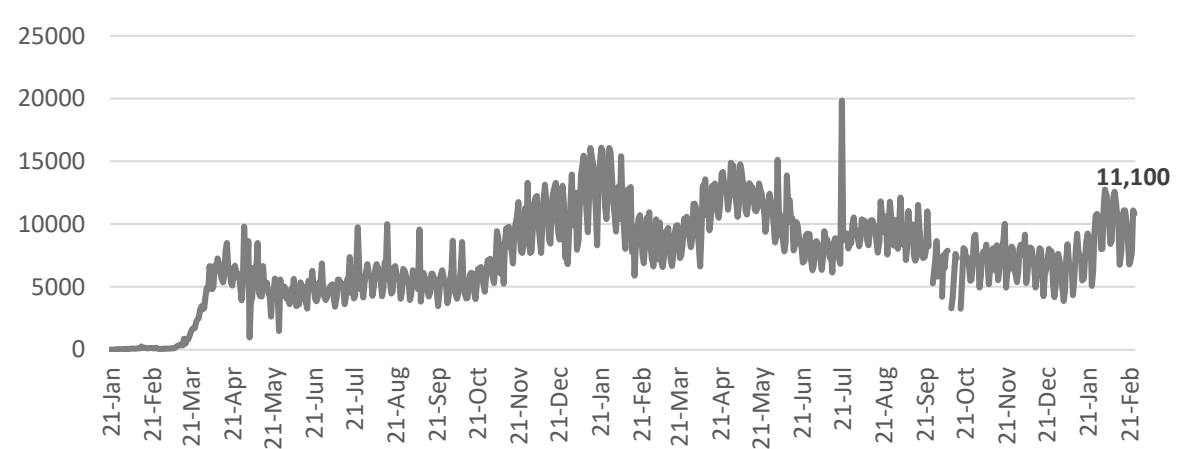
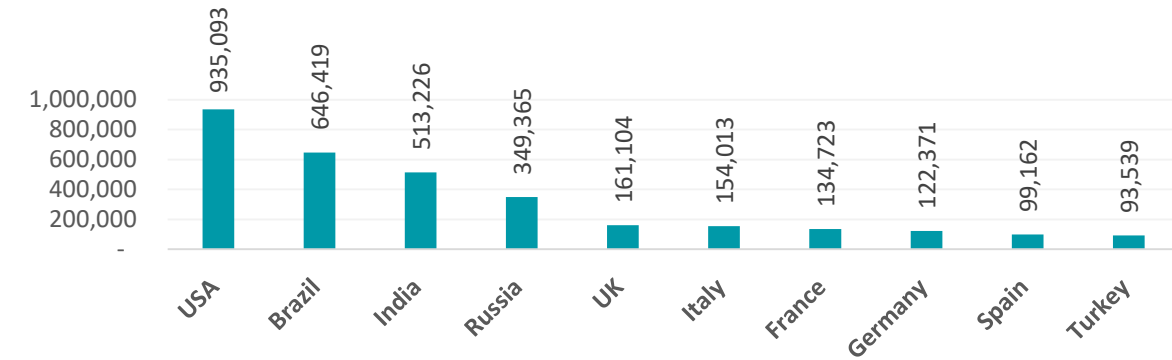
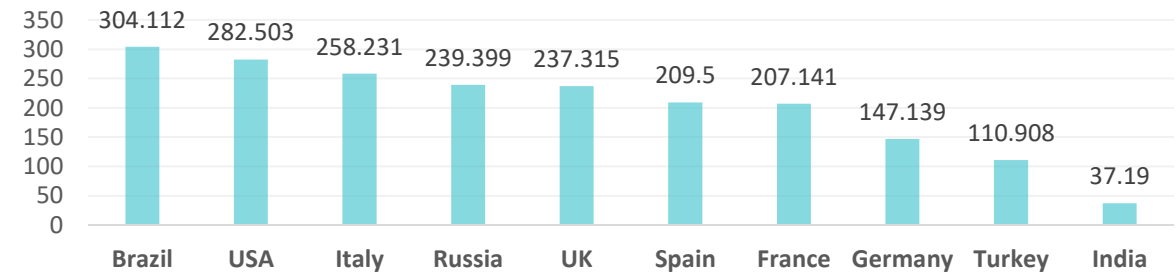


Figure 5: Top 10 Countries in the Total Number of Cases Due to COVID-19

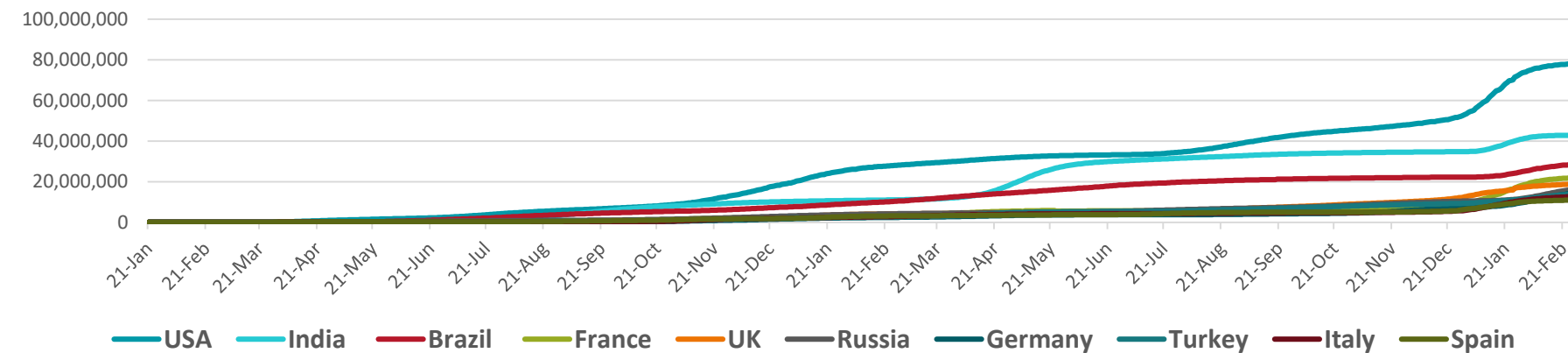
TOTAL DEATHS



DEATHS PER MILLION



TOTAL INFECTED CASES



USA	78,050,838
India	42,894,345
Brazil	28,484,890
France	21,879,794
UK	18,773,168
Russia	16,052,028
Germany	14,399,012
Turkey	13,840,998
Italy	12,651,251
Spain	10,949,997





Figure 6: COVID-19 Status in the UAE (Federal Competitiveness and Statistics Authority Dashboard)



Figure 6A: TOTAL Number Of Infected And Recovered Cases Due To Covid-19 Reported By The UAE

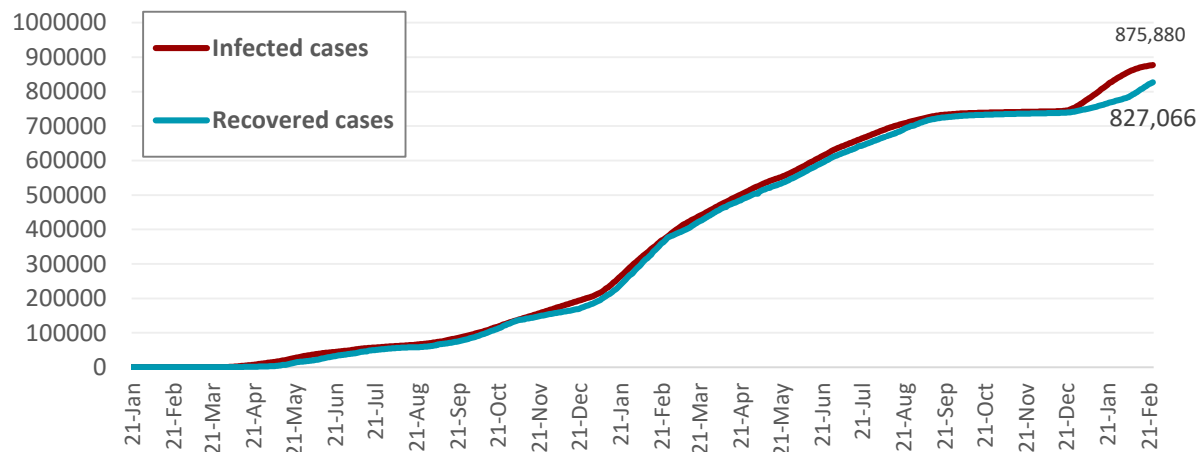


Figure 6 B: TOTAL NUMBER and Percentage of UAE population Vaccinated

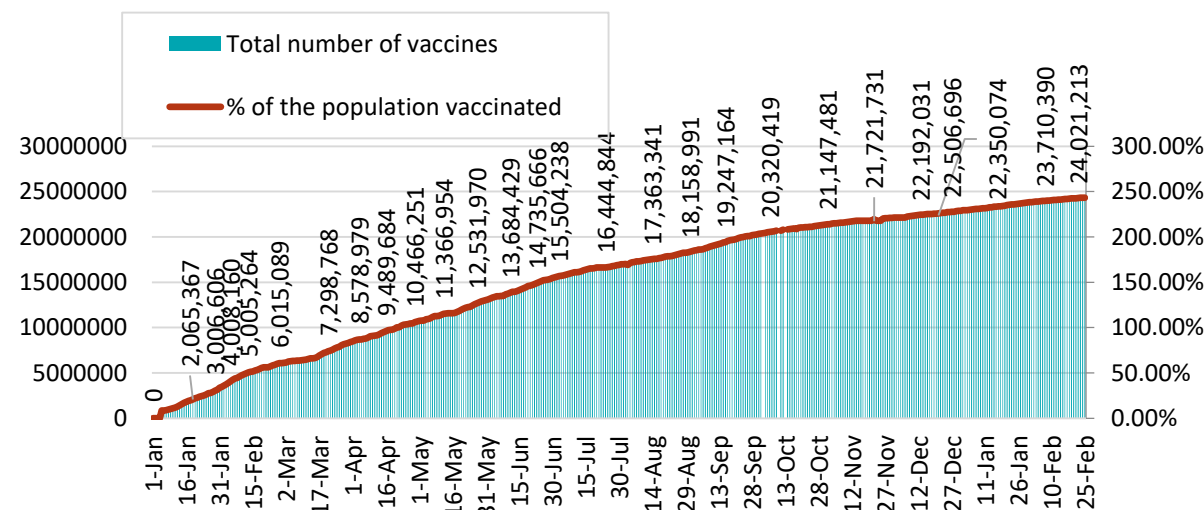




Figure 7A : **Global Distribution of COVID-19 Cases**

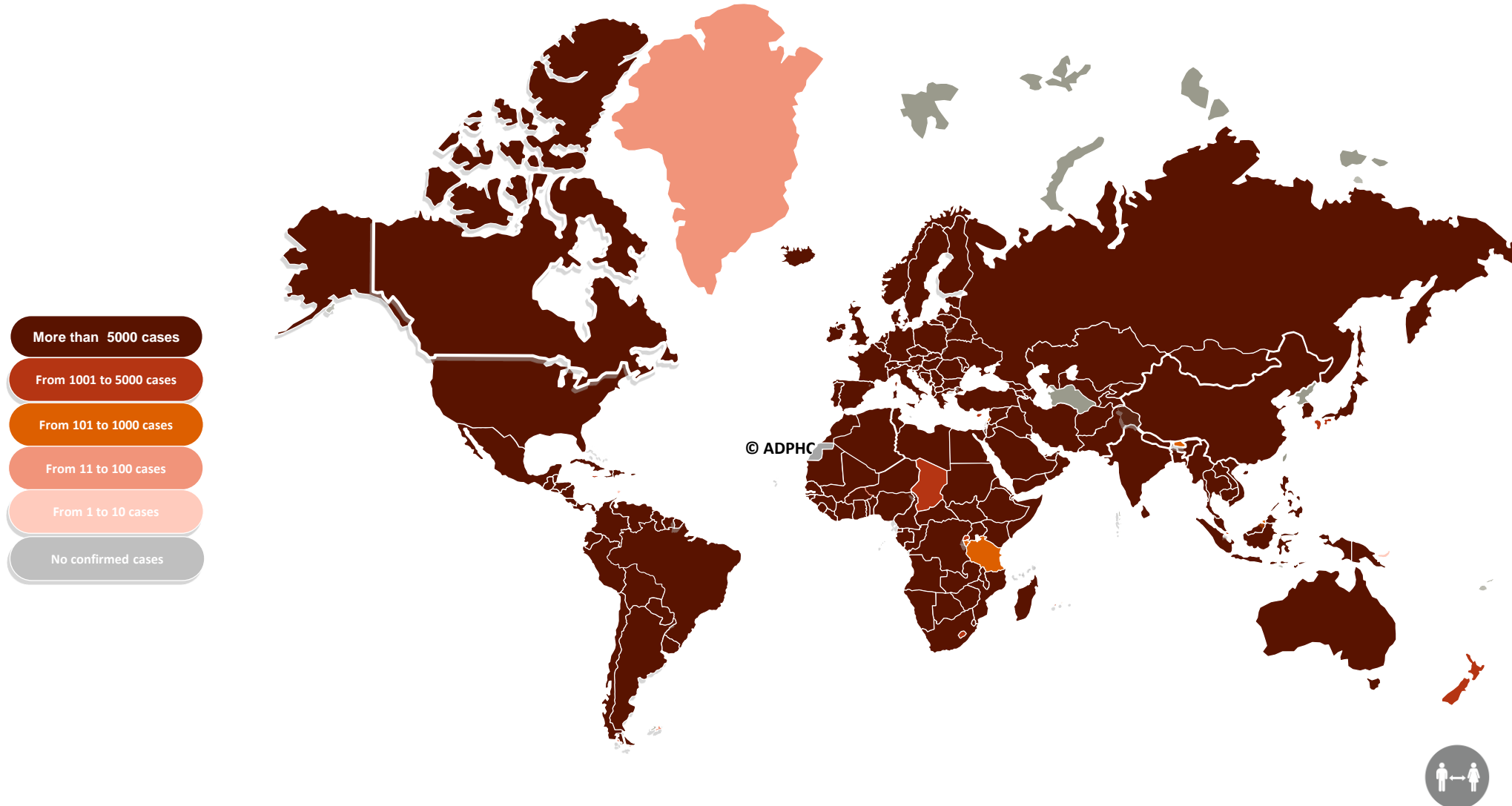
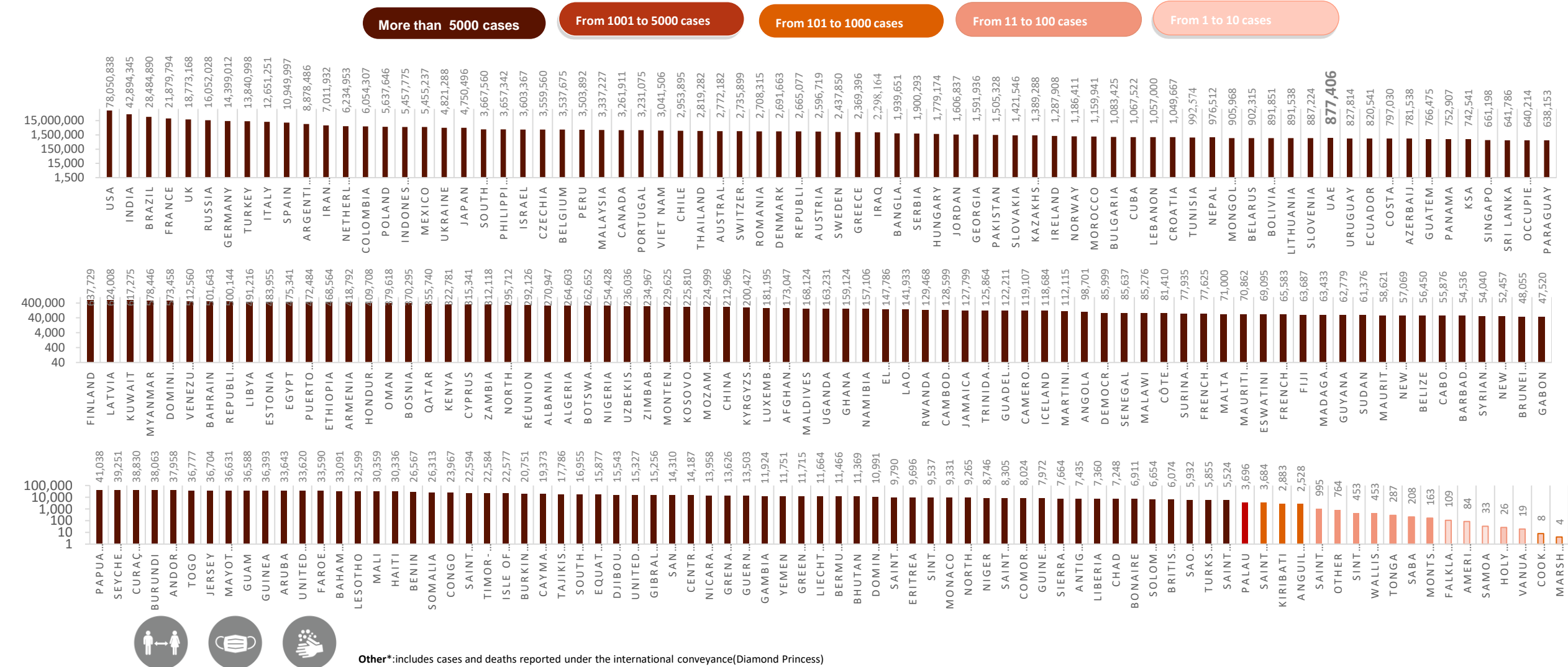




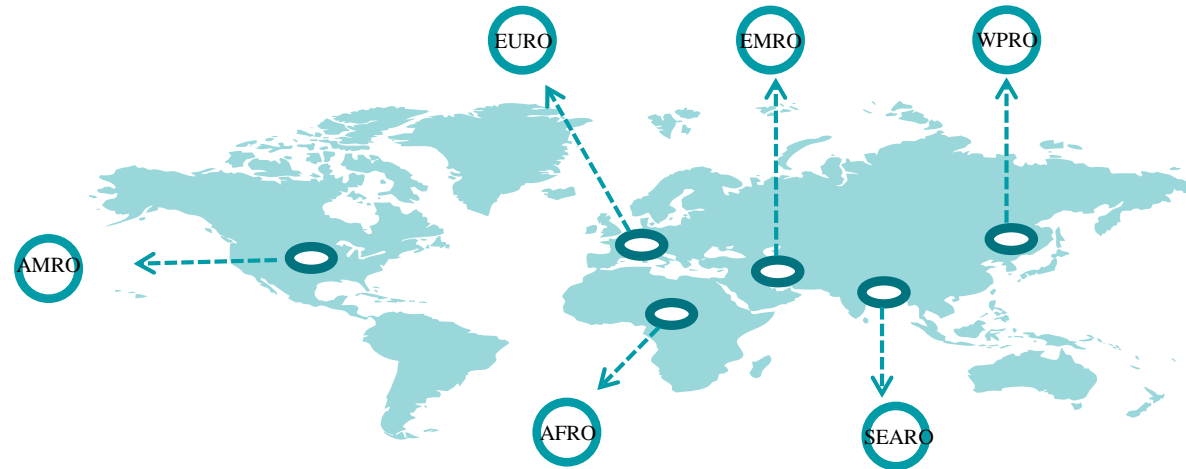
Figure 7B: Bar Chart Illustrates the Global Distribution of COVID19 Cases



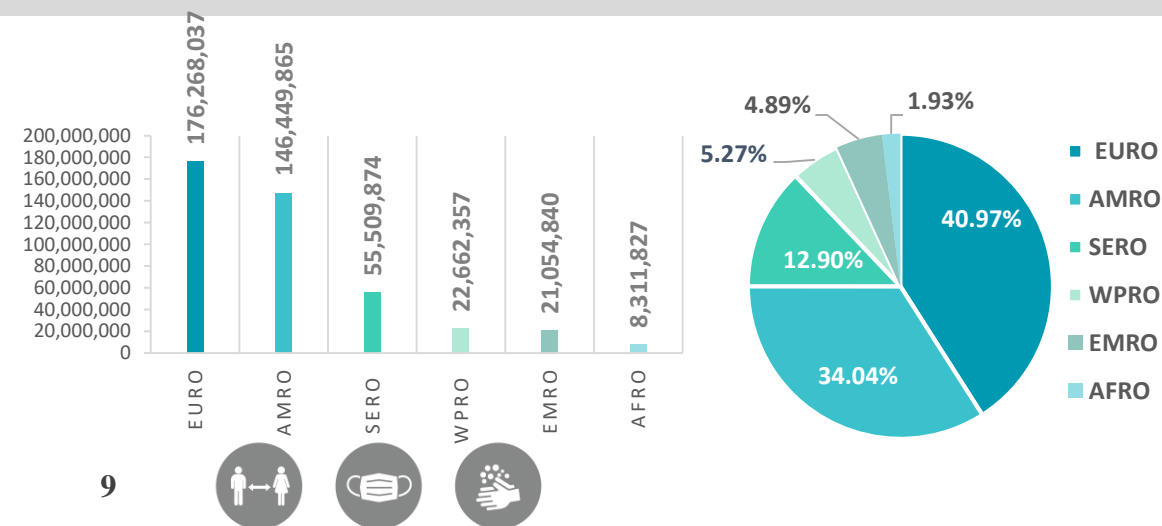
Other*: includes cases and deaths reported under the international conveyance(Diamond Princess)



Figure 8: Global Distribution of COVID-19 Cases per Region



INFECTED



DEATHS

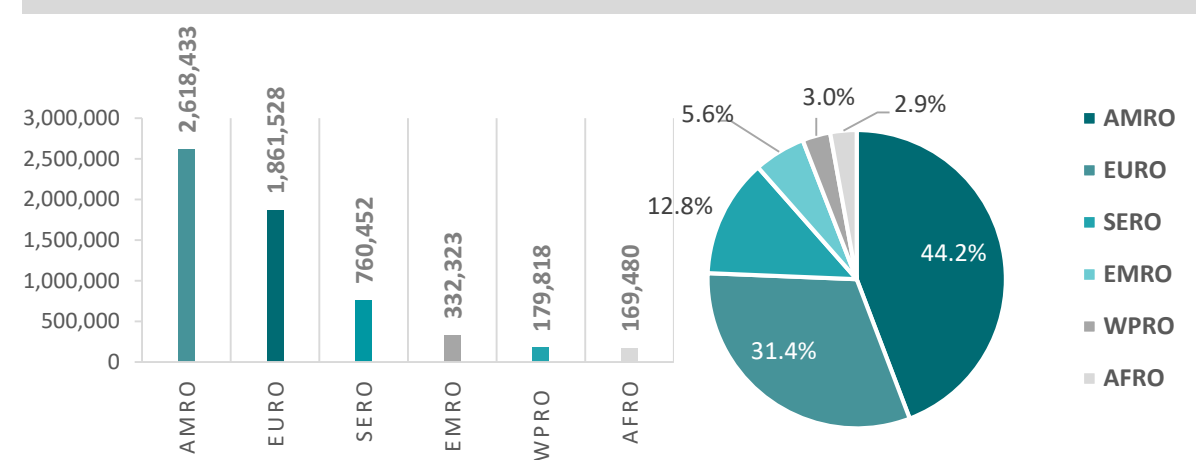
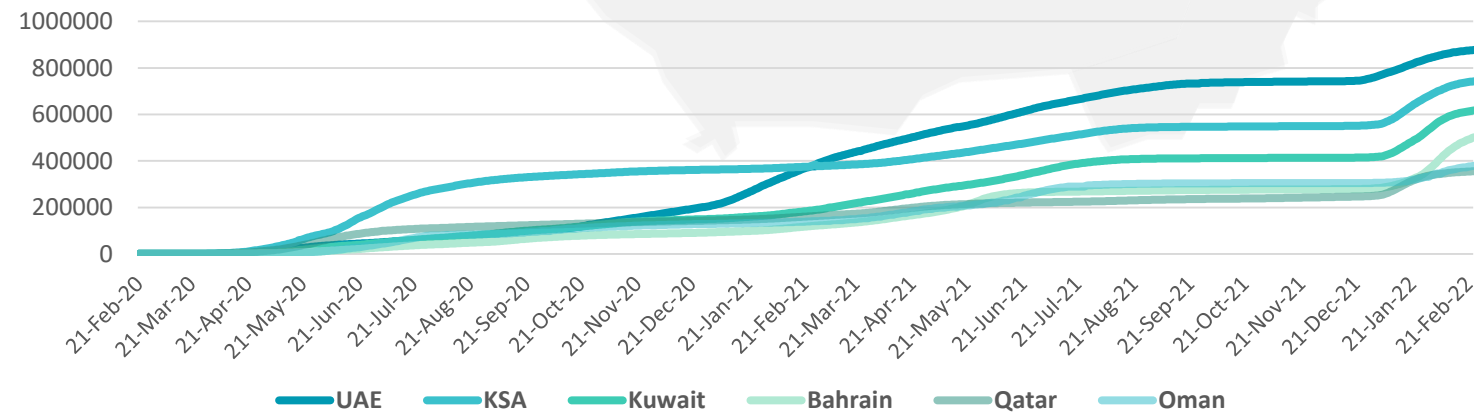
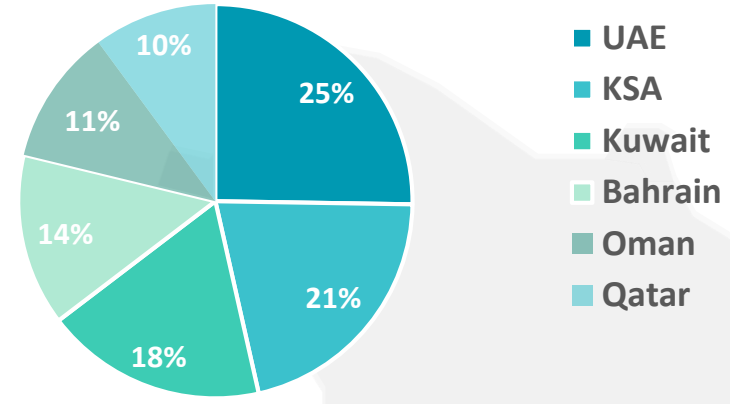
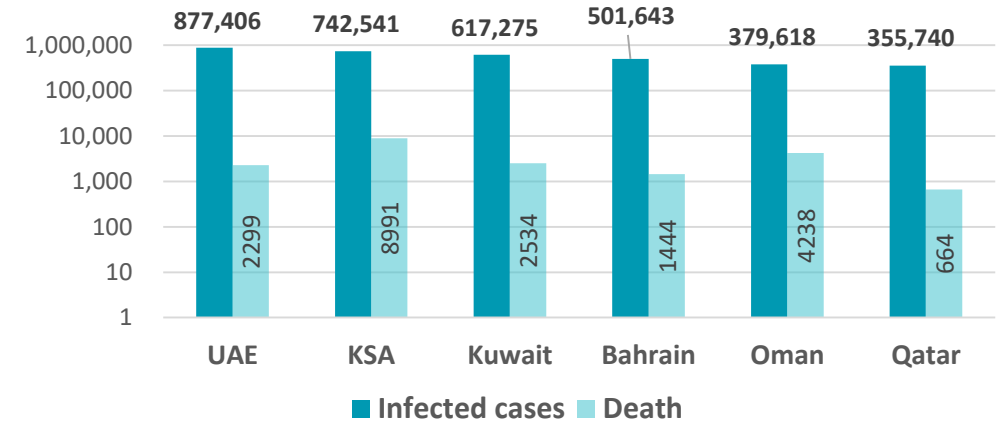


Figure 9: Comparative Analysis of the Distribution of COVID-19 Cases in GCC Countries

TOTAL NUMBER OF INFECTED CASES



TOTAL NUMBER OF INFECTED, RECOVERED AND DEATHS



DEATHS PER MILLION

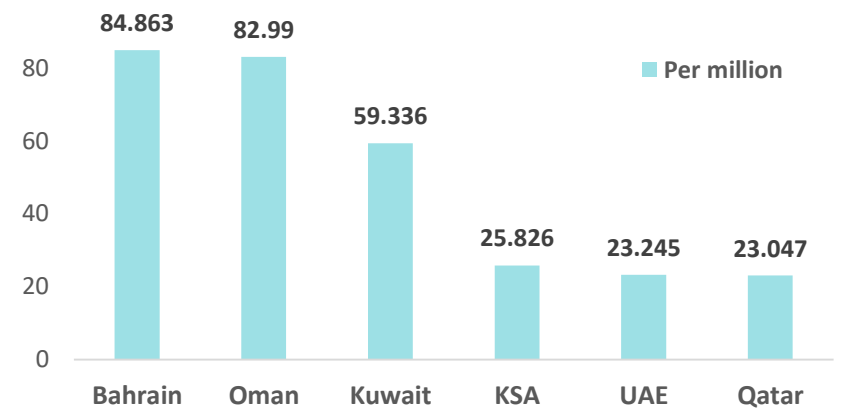




Figure 10: Comparative Analysis of the Distribution of COVID-19 New Cases in GCC Countries

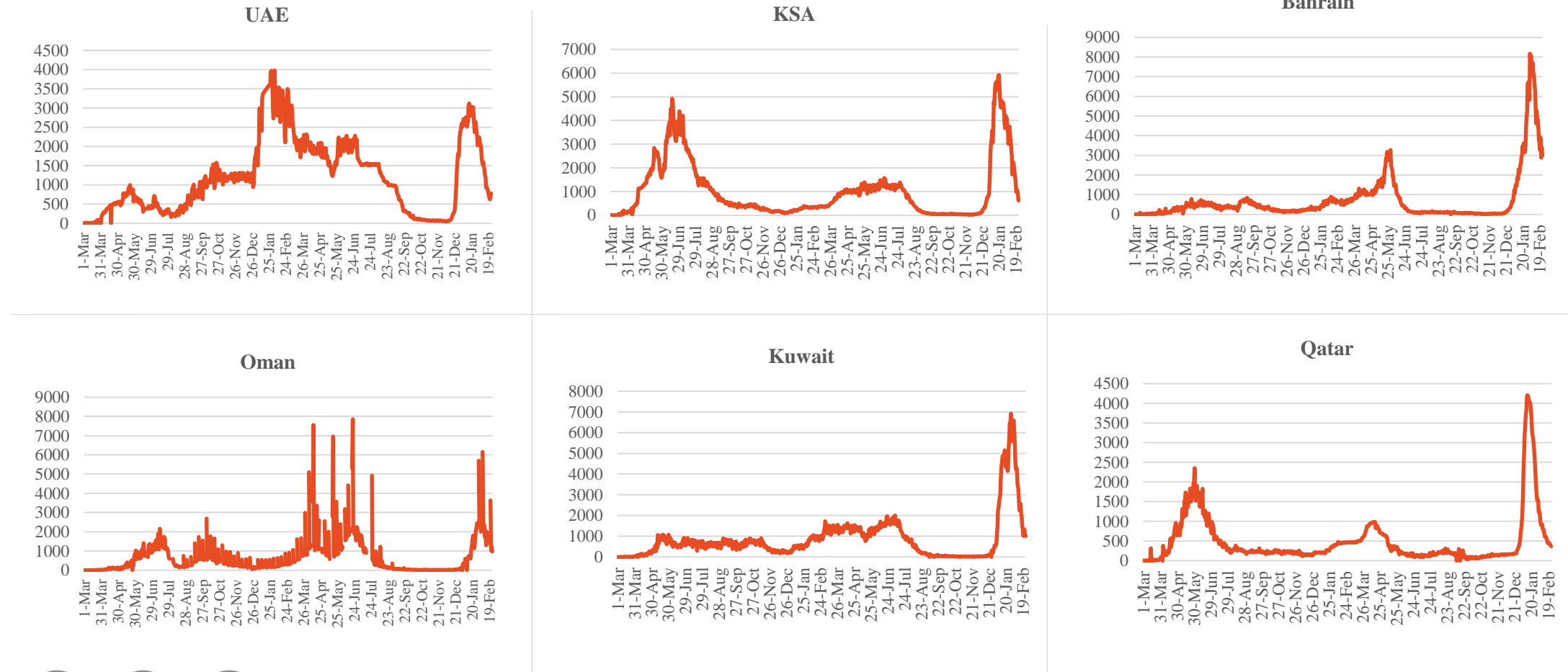
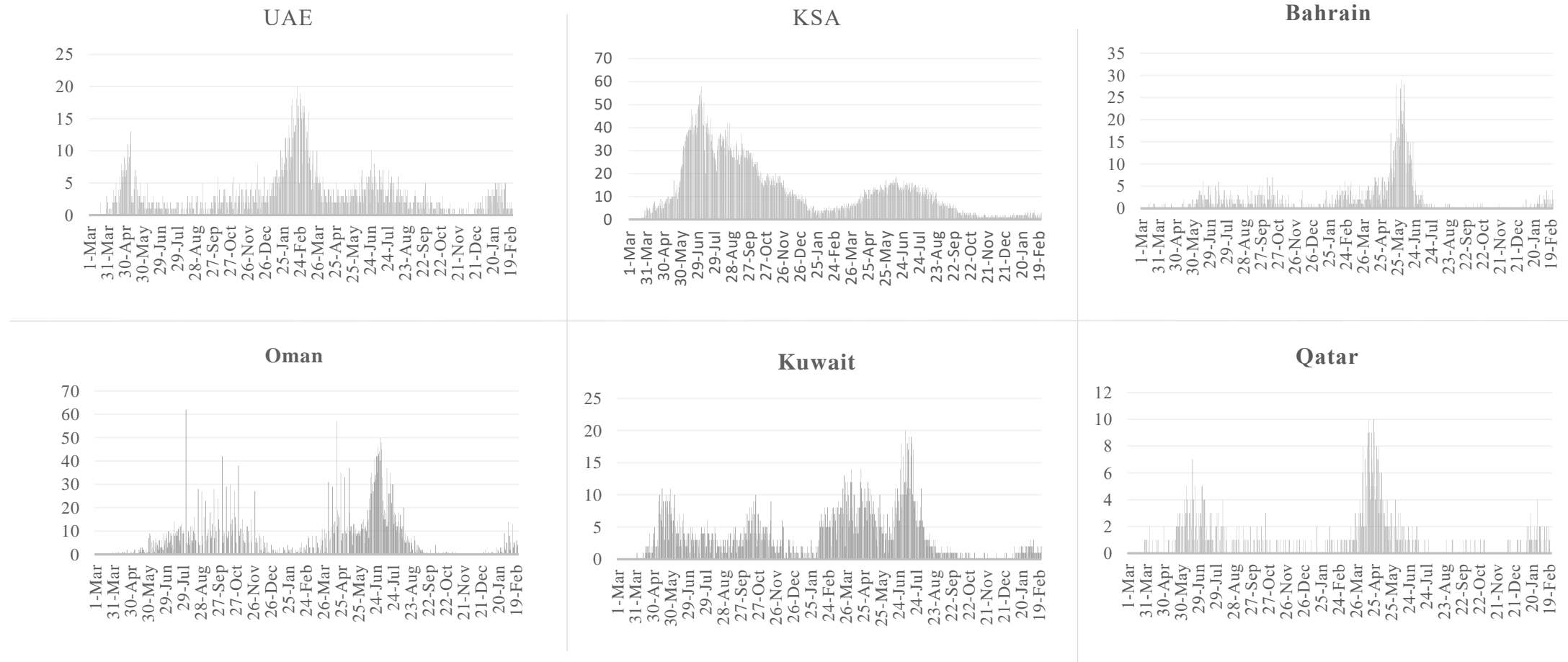


Figure 11: Comparative Analysis of the Distribution of COVID-19 New Death Cases in GCC Countries





Article 1

Long-term policy impacts of the coronavirus: normalization, adaptation, and acceleration in the post-COVID state

Published

January 01, 2022 in [Oxford Academic](#)

- This paper offers an analysis of the theoretical and empirical challenges the coronavirus pandemic poses for theories of policy change. Critical events like coronavirus disease are potentially powerful destabilizers that can trigger discontinuity in policy trajectories and thus are an opportunity for accentuating path shifts. This paper aims to explore the potential policy pathways to the future and forward-map the post-COVID era.
- This introduction contextualizes the articles in this special issue, situating them broadly within two broad categories: (a) assessment of how the coronavirus disease pandemic should be understood as a crisis event, and its role in relationship to mechanisms of policy change; and (b) mapping the future contours of the pandemic's impact on substantive policy areas, including education, health care, public finance, social protection, population ageing, the future of work, and violence against women.
- From a policy theory perspective, coronavirus disease can thus be thought of as potentially a significant path disrupter as well as a direct cause of policy problems, undermining traditions, reorienting trajectories, and altering prevailing policy paradigms and practices across countries and sectors.





Continued

- Unlike other crises such as earthquakes, financial shocks, or other epidemics which have affected only particular sectors or locations or are short-lived, coronavirus disease is a rare event, like a major war or long-lasting financial depression, whose effects have been widespread and deep, disrupting many different aspects of social, economic, and political life (Boin et al., 2018; Rhinard, 2019) “all at the same time.”
- Like with a war or depression, whose impacts may last for generations and affect policies in many initially unexpected ways. It is still early to ascertain all the specific problems the emergence and spread of the coronavirus caused and all its long-term ramifications.
- Assessing and understanding the long-term impacts of COVID-inspired changes and their long-term endurance represents a significant challenge to policy scientists and is the central concern of the articles in this thematic issue.
- After a large crisis, understood as an episode of “collective stress” on institutional resources, know-how and extant policy frames and approaches, three different policy dynamics can be conceptualized according to the various political, social, economic, and policy characteristics of any resulting policy impacts. These can be characterized as “normalization,” “adaptation,” and “acceleration.”



Article 2

A National Strategy for the “New Normal” of Life With COVID

Published

January 06, 2022 at [JAMA](#)

- In 2021, the Delta and Omicron variants of SARS-CoV-2 showed us that COVID-19 will continue to evolve and is going to become our new normal of life. Hence, policy makers should develop goals and strategies for the “new normal” of life with COVID-19 and display it to the community. It is essential to be modest when developing national strategy, due to many uncertainties such as; duration of immunity to SARS-CoV-2 from vaccines or prior infection, will it become a seasonal infection, new effective anti-viral treatment, further mutation of the Omicron variant. Also, as data increase and biomedical/public health tools expand, there will be a better understanding of COVID-19. This pandemic was a burden economically and socially, which is urging the leaders to establish strategies and goal on the preparedness of COVID-19 and any other future novel viruses. This opinion list how United States should implement new strategies.
- **Redefining the Appropriate National Risk Level:** In an optimum situation, eradicating COVID-19 completely and establishing a lifelong immunity is preferred, but this is not the goal of the “new normal” life of COVID-19 due to the uncertainties and still having risk in patients who are “fully” vaccinated. A new category should be established to combine the risks posed by all respiratory viral infections, and COVID-19 should now be incorporated as one of the risks caused by all respiratory viral infections combined. Given that other viral infection like seasonal influenzas, RSV and other respiratory viruses were harmful but never imposed emergency measures. Individuals and communities have widely varying levels of tolerance for illness, hospitalization, and death. Currently, there is no consensus on what appropriate thresholds for hospitalization and death are, at what cost, and what are the trade-offs. There are 2 fundamental functions for risk thresholds. Firstly, it prompts policy recommendations to mitigate such circumstances. Secondly, to determine the bed and workforce required in normal situations and during emergencies or crisis.



Continued

- **Rebuilding Public Health:** Managing pandemic and responding to future public health threats requires real-time information systems set-up, implementing a public health workforce, flexible health systems, and trust in the government and public health institutions for public good.
- First, the US needs an integrated data infrastructure that is digital, real-time, and comprehensive on respiratory viral infections, hospitalizations, deaths, disease-specific outcomes, and immunizations merged with sociodemographic and other relevant variables. To track outbreaks and target containment, it is also vital to combine nontraditional environmental (air, wastewater) surveillance data with traditional clinical and epidemiological data. Second, the United States needs a permanent and flexible public health implementation workforce that can respond to emergencies simultaneously while handling persistent problems. This include system of community public health workers for various public health services, school nurses for vaccination, mild asthma exacerbation and other mental health. Third, it is imperative that telemedicine waivers, licensure to practice and billing across state lines, and other measures ensuring flow of medical services to severely affected regions be institutionalized. Fourth, improving public health data systems and providing a diversified public health workforce capable of responding in real time will be critical steps toward gaining widespread trust.
- In conclusion, strategic plan for the “new normal” of life with COVID-19 is essential to reduce morbidity and mortality, health inequalities and loss of money from the US economy. Policy makers should look at the benefits and costs of implementing strategic planning and avoid further losses and death by 2030.

Summary

Without a strategic plan for the “new normal” with endemic COVID-19, more people will unnecessarily experience morbidity and mortality, health inequities will widen, and trillions will be lost from the US economy.





Article 3

Published

17 September, 2021 at [BMJ](#)

- dramatic outcomes from COVID-19. Hence, they gained early, coordinated political and public health response, applying a combination of containment and mitigation measures. However, COVID-19 had affected the women and children population in Africa. This paper summarizes about the initiative model and multifaced approach of the **Innovating for Maternal and Child Health in Africa Initiative (IMCHA)**.
- A review on health, economics and social systems showed several reasons why women were amongst the most affected population. This include female caregivers have an increased exposure risk to COVID-19, restricted access to family planning and intimate partner violence resources, and exacerbation of multifactorial stress. Countries with several waves of COVID-19 and lack of access to vaccines will continue to show a decrease in access to essential health access. To avoid such downfall, Africa needs to empower communities to be first responders, assess the risk at the administrative levels and plan for the worst-case scenario through supporting the health system responses.
- IMCHA is cofounded by Global Affairs Canada, the Canadian Institutes of Health Research and Canada's International Development Research Centre. It's focused on four priority themes: high-impact community-based interventions, quality facility-based interventions, policy environment to improve care services and outcomes, and human resources. Below are the details of the four areas amongst the important lessons for a pandemic response.
- **Engaging decision-maker:** Decision-makers identify priority questions and policy gaps and facilitate adoption of research findings. Involving decision-makers early and at the right authority level is essential for problem solving and adoption of solutions. Despite the low-resource settings, establishment of mental health desks provided trustful evidence that innovations and system enhancements can be integrated into pre-existing government structures.





Continued

- Involving communities: Communities**, such as adolescents, women, men and community leaders, are essential stakeholders regarding their own health. Their involvement strengthen the mutual understanding and trust between the population and service providers, accountability of health facilities and the need for research and their priorities. This approach help overcome resistance for preventative measures and enhance vaccine approvals.
- Strengthening health systems:** Human resources is a key building block of any health system. It is essential to have sufficient healthcare providers to provide quality services and consequently better health outcomes. IMCHA provides training tools to enhance healthcare providers knowledge and practice. Effective health systems also need adequate infrastructure by implementing low-cost solutions. Also, enhancing the readiness to epidemics is crucial for the safety of healthcare providers and public, such as implementing a sanitized environment for labor.
- Building on successful interventions and collaborations:** Such achievements can build confidence of their local population to their health services and avoid any major disruption to negatively impact them. Also, international collaboration is key for mounting a successful response to global threats and diseases. Funders' contributions and researches plays an integral part in knowledge sharing, scientific exchange and mutual learning. Along with the COVID-19 funders community, the team can provide support to build a better health systems to avoid any future shocks.
- In conclusion, implementation research plays an important role in the four areas to provide essential services, supplies and medicine; supporting communities and strengthen leadership for better preparation for the vulnerable population. Stakeholders should continue to implement implementation research to create novel models like IMCHA. Also, the advantages of medium and long term public health interventions should not be overlooked in favor of rapid and short-term solutions.



مركز أبوظبي
للصحة العامة
ABU DHABI PUBLIC
HEALTH CENTRE



ACKNOWLEDGMENT EDITORS

Dr Shereena Al Mazroui . MBBS, MPH – (ADPHC).
Dr Maha Al Safi – MBBS – (ADPHC).

TEAM

Hanan Al Mutairi, BSPH - (ADPHC).
Shahad Al Shamlan, BSPH - (ADPHC).
Ahlam Al Maskari , BSPH- (ADPHC).

CONTRIBUTORS

Dr. Mumtaz Meeran, MPH – (ADPHC).
Dr. Wasim El Nekidy, PHD in clinical pharmacology – (CCAD).



WWW.ADPHC.GOV.AE