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.

bortezomib-based therapy as long as patients benefit and can tolerate it. For study comparisons, it is important that the change in treatment lines are consistent.

Although guidelines for myeloma-fluorescence in situ hybridisation sampling have been published,[5] one shortcoming of this study is the large proportion of missing fluorescence in situ hybridisation data (51%) even if it was similar in each group. Despite a huge increase in available myeloma therapies, myeloma remains an incurable disease and the outcome for high-risk patients is still very poor. Thus, detailed outcome information for high-risk patients with new combinations is crucial. Since both carfilzomib and daratumumab have shown efficacy among high-risk patients,[6-8] data on the combination in this patient cohort would be important, especially in high-risk patients who had already received two to three previous lines. Even with this modern treatment, overall survival at 18 months was 80% in the KdD group and 74% in the Kd group.

Since newly approved drugs are costly, others have recommended that future trials should include cost-effectiveness analyses[9] for better understanding of the benefit of the new regimens. Nevertheless, and despite the arrival of the pandemic era, our attitude towards frequent patient on-site visits should change for the patients´ benefit, and all-oral combinations or oral–subcutaneous combinations will be preferred. If safe and effective, carfilzomib administrated once weekly with subcutaneous daratumumab would be advantageous. Along with the final CANDOR results, we eagerly await the results of new trials for patients with relapsed and refractory myeloma, especially the IKEMA trial (NCT03275285) of isatuximab, carfilzomib, and dexamethasone versus carfilzomib and dexamethasone, the APPOLLO trial (NCT03180736) of daratumumab, pomalidomide, and dexamethasone versus pomalidomide and dexamethasone, and the phase 2, single-arm trial (NCT04287855) of isatuximab, pomalidomide, and dexamethasone with carfilzomib.

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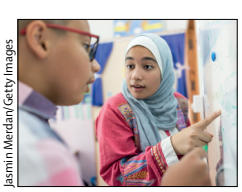
Comprehensive sexuality education to address gender-based violence



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The COVID-19 pandemic has unmasked underlying inequities. Measures such as lockdown and physical distancing have confined many people to isolated, unsafe places that may increase risk of gender-based violence (GBV). If lockdowns or restricted movement continue for just a year, it is estimated there will be 61 million more cases of GBV than what would have already been expected.[1] In response to this increase, UN Women launched the Shadow Pandemic public awareness campaign in May, 2020.[2] Meanwhile, the UN Secretary-General has called for countries to include GBV prevention as a component of COVID-19 recovery plans.[3]

GBV occurs among people of all genders, although GBV disproportionately affects women. In 1993, the UN adopted the Declaration on the Elimination of

Violence against Women, which it defines as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".[4] Violence against women can be perpetrated by male relatives other than spouses or partners, especially in societies that continue to provide men with legal or social power over women's autonomy and decisions. Many countries do not have adequate GBV legislation, and authorities can refuse to intervene in the case of family disputes. Some laws on violence against women are lenient towards cases related to so-called "honour" and "shame", further exacerbating gender inequality.[5]

GBV is a multifaceted issue, but the failure to implement comprehensive sexuality education (CSE) internationally puts all people at increased risk of violence. CSE includes developmentally and culturally relevant, science-based, medically accurate information on a wide range of topics, including human development, gender identity, sexual behaviours, communication skills, empathy, and mutual respect.[6,7] CSE teaches the skills needed to develop healthy relationships and to prevent and not perpetrate violence. The United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), and UN Women have produced the International Technical Guidance on Sexuality Education, which includes recommended core content.[7,8] Further, in partnership with UNICEF, UNFPA initially launched Y-PEER in eastern Europe and central Asia, a youth-to-youth initiative that ensures all young people have access to sexuality education within and beyond school settings.[9]

Yet a UNFPA country analysis on CSE in the Arab region concluded that while there is demand for sexuality education by young people, governments and societies are resistant due to its sensitive nature. This demand has motivated civil society groups to deliver sexuality education through innovative approaches, of which Y-PEER is a primary partner.

Some countries within the Arab region also offer case examples of best practices, including Tunisia, the only country in the region that teaches CSE in schools.[10] Egypt's Love Matters programme delivers information on relationships, sex, and love.

In many parts of the world, CSE is seen as taboo and remains a topic of contention. Many countries in the Arab region are signatories to international frameworks stipulating the commitment to avail sexual and reproductive health information and services. However, in the Arab region specifically, legal regulations and social norms related to gender inequalities need to be further understood and addressed for true GBV preventive measures to occur.

UN Women emphasises vital national responses to address violence against women and girls (VAWG) throughout the COVID-19 pandemic, and these responses could serve as useful entry points for CSE provision in the Arab region. VAWG regional responses include provision of shelters, telephone hotlines, and online counselling; strong messaging from law enforcement that VAWG cases are high priority; and psychological support for women and girls, GBV survivors, and front-line health workers affected by both the COVID-19 and shadow pandemics. Additional entry points for CSE provision in the Arab region include adaptation of the International Technical Guidance on Sexuality Education, taking into consideration cultural belief systems, and engagement of men and boys in GBV prevention.[11]

Within the USA, CSE is not standardised across states, counties, or even school systems, and a large proportion of sexuality education programmes are not evidence-based or medically accurate.[12] However, CSE resources are available, including the National Sex Education Standards, developed by the Future of Sex Education initiative, which encompass identity development, gender equity, healthy relationships, and violence prevention.[13]

Wider adoption of CSE could help address GBV in the COVID-19 pandemic. Shelter-in-place COVID-19 ordinances impede people affected by GBV to access hospitals, women's shelters, law enforcement, or other social supports and have brought renewed focus on GBV.[14] If we are to adequately address this shadow pandemic, our global community must invest in preventive measures like CSE, as well as strengthen community support resources available for GBV survivors.[15] CSE equips our youth with the necessary knowledge and skills to develop healthy self-identities, challenge societal norms, prevent GBV, and ultimately, lead healthier and more fulfilling lives.

RA is Programme Manager at the UN Women Egypt Country Office. PM is Programme Analyst at UNFPA. We declare no competing interests.

For **Love Matters** see https://www.rnw.org/what-we-do/love-matters/

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COVID-19: Africa needs unprecedented attention to strengthen community health systems


Last Mile Health

As the first cases of COVID-19 were confirmed in Liberia, in March, 2020, former President Ellen Johnson Sirleaf,[1] among others,[2] highlighted the need to adopt lessons learned from the response to the 2014–16 outbreak of Ebola virus disease in west Africa. Ebola claimed about 11 300 lives in 21 months across Liberia, Sierra Leone, and Guinea.[3] Comparisons to Ebola benefit from remembering the key differences between the two viruses. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a respiratory virus and is infectious among asymptomatic carriers.[4] SARS-CoV-2 differs from Ebola virus in terms of the reproduction number (SARS-CoV-2 5·7 *vs* Ebola 1·5–1·9),[5,6] incubation period (2–14 days *vs* 8–10 days on average),[7,8] and case fatality rate (this varies for SARS-CoV-2 but average is estimated at 4·7% as of July 7, 2020, *vs* up to 90% for Ebola).[9,10] COVID-19 is easier to transmit, harder to diagnose, and can quickly spread in communities.

The Ebola response showed the importance of investments that build health system resilience, notably investments in the health workforce.[11] Unfortunately, community engagement largely occurred too late in the Ebola response.[12,13] To date, there are no studies of how well countries adopted the lessons learnt from Ebola for COVID-19 and this will be a critical future exercise.

At the onset of the COVID-19 pandemic in sub-Saharan Africa, governments took swift action to institute lockdown measures, activate incident management response systems, and mobilise front-line health workers to be trained. However, some months into the pandemic preliminary evidence suggests that human resources for health in sub-Saharan Africa have been inadequately prepared. Community health workers (CHWs) have insufficient personal protective equipment (PPE) to ensure they can continue providing essential care[14] and most countries face severe shortages of health workers.[15] This situation is concerning because of the importance of CHWs in the COVID-19 response. CHWs are a key component of pandemic response strategies,[16] they were used in the COVID-19 response in China,[17] and there are