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.

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anything in the non-Indigenous space), trained their staff, organised the homeless in safe accommodation, and focused on the elders and those with serious illnesses. They established partnerships with government departments and relevant non-governmental organisations to ensure services were implemented and culturally appropriate. The result of this First Nations-led response has shown how effective (and extremely cost-effective) giving power and capacity to Indigenous leaders is. This response has avoided major illness and deaths and avoided costly care and anguish. It is nothing short of a triumph as we sadly read about the situation mentioned by Curtice and Choo.[1]

There is debate in Australia about the Uluru Statement from the Heart, a document prepared 2 years ago, via a series of national dialogues with First Nations peoples. They have asked for a voice enshrined in the Constitution, discussions about treaty, and acknowledgement of history. The response to the pandemic is surely the best evidence we have for giving our First Nations people such a voice and hastening progression towards authentic Indigenous self-determination.

For the **Uluru Statement from the Heart** see https://www.referendumcouncil.org.au/sites/default/files/2017-05/Uluru_Statement_From_The_Heart_0.PDF

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1 Curtice K, Choo E. Indigenous populations: left behind in the COVID-19 response. *Lancet* 2020; **395:** 1753.
2 COVID-19 National Incident Room Surveillance Team. COVID-19, Australia: Epidemiology Report 19: fortnightly reporting period ending 21 June 2020. *Comm Dis Intel* 2020; published online June 29. https://doi.org/10.33321/cdi.2020.44.54.

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COVID-19 vaccine affordability and accessibility

The need to ensure the affordability of any future COVID-19 vaccine is gaining increasing attention.[1] Although there is support for bulk purchasing, making vaccines affordable is fraught with difficulties, particularly for the so-called missing middle countries that are not eligible for aid from Gavi, The Vaccine Alliance or other aid but lack the resources to produce their own vaccines or afford patent-protected drugs.

For these countries, price controls—regulations that would cap or set prices—provide an effective approach to vaccine affordability and thus accessibility. This has led to the adoption of price controls in Chile and some other low-income and middle-income countries (LMICs). However, if only LMICs impose price controls, vaccine manufacturers might opt to not sell or supply adequate quantities, prioritising high-profit markets instead.

Although price controls only apply to domestic producers, they provide leverage for LMIC governments to negotiate lower prices. Since many of the COVID-19 vaccine developers are in the USA, a US price control would have a big impact. These price controls could enable LMIC governments to purchase the vaccine, ensuring faster access for all those who need it and not just for those who can afford it.

However, the US Government currently prioritises profits, stating “the priority is to get vaccines and therapeutics. Price controls won’t get us there”.[2] This stance will hinder efforts to control the pandemic, both within the USA and globally. Multiple approaches, including price controls, are needed to ensure an effective vaccine is widely affordable.

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1 Usher AD. COVID-19 vaccines for all? *Lancet* 2020; **395:** 1822–23.
2 Silverman E. Azar has a ‘tin ear’ when it comes to pricing a potential coronavirus treatment. Feb 27, 2020. https://www.statnews.com/2020/02/27/azar-coronavirus-affordable-trump/ (accessed June 13, 2020).

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Local Burden of Disease Diarrhoea Collaborators. Mapping geographical inequalities in childhood diarrhoeal morbidity and mortality in low-income and middle-income countries, 2000–17: analysis for the Global Burden of Disease Study 2017. Lancet 2020; ***395:*** *1779–801*—In this Article, Lorenzo Monasta was added to the author list as shown: “... Ali H Mokdad, Lorenzo Monasta, Yoshan Moodley, ...”. The respective affiliation section has been amended. These changes have been made to the online version as of July 23, 2020.

COVIDSurg Collaborative. Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort study. Lancet 2020; ***396:*** *27–38*—In this Article, in the Summary, the proportion of all deaths that were in patients with pulmonary complications has been corrected, as well as the total number of deaths denominator, to “81·7% (219 of 268)”. Also, the appendix has been corrected. These corrections have been made to the online version as of June 9, 2020, and the printed version is correct.