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.

Considering gender-based violence in vaccine prioritisation strategies

We are delighted to see Sophie Harman and colleagues[1] advocating the clinical and logistical considerations for the equitable and safe development, delivery, and administration of the COVID-19 vaccine to women. Additionally, there exists an area of gendered vaccine inequality, concerningly neglected to date, relating to the prioritisation of vaccines for survivors of gender-based violence (GBV).

During the pandemic, there has been a surge of GBV, with expected long-term related excess morbidity and mortality.[2] Many countries have yet to implement adequate policies to counter or address this increase. In countries where such measures do exist, such as the UK, these often involve relaxing movement restrictions for those either at risk of or facing GBV. Although we welcome these measures, paradoxically, these strategies are coupled with unconsidered clinical risks for this cohort.

The freedom to travel on public transport and to not be confined by household isolation might directly increase exposure to COVID-19 and subsequent transmission risks. Furthermore, exposure to GBV is disproportionately present in those from lower socioeconomic groups, and the effects of toxic stress carry an increased burden of cardiometabolic disease, both of which are risk factors for COVID-19 clinical severity.[3,4] Despite these transmission and clinical risk factors, there is no mention of expediting vaccines for those experiencing GBV.[5] In light of this clinical safeguarding paradox affecting this vulnerable group, we strongly urge international policy makers to reconsider their vaccine prioritisation strategies.

We declare no competing interests.

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Assessing government responsibility for COVID-19 deaths

Pedro Hallal[1] describes how Brazil's President Bolsonaro has ridiculed the COVID-19 pandemic, hindered scientists, and implemented unreasonable policies. One point, holding the president's policies accountable for the death of 156 582 people, warrants a closer look. The estimate is based on the premise that Brazil should have COVID-19 death rates equal to the world average. However, there are substantial limitations to that assumption. Many of the countries reporting death rates that are less than the world average have authoritarian governments that typically control and censor information.[2] These governments can under-report cases to avoid unrest.

Furthermore, these countries make use of force, restrictions, and surveillance in a way that is not always viable in democracies in middle-income and high-income countries. The mobility of people in high-income countries might increase the risk of spread. Population risks differ with age distributions, for example in Africa.[3] Comparisons within regions might be more reasonable to establish expectations for a single country. A look at several South American countries reveals that COVID-19 death rates per 100 000 people by Jan 25, 2021, in Peru (120), Argentina (104), Colombia (102), Chile (94), Bolivia (86), and Ecuador (83) do not substantially differ from those in Brazil (102). Even within regions, the comparison of COVID-19 infections and death rates between countries can be limited because of different testing capacities, that have resulted in 10-times differences within South America.

Assessing omissions and delays of specific policy interventions could be a way forward to better understand the links with infection and death rates.[4] The method presented in the Correspondence,[1] to hold a government accountable for a precise number of COVID-19 deaths, needs to be refined and can unduly raise expectations that legal consequences will be faced by the government.

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For **UK guidance** see https://www.gov.uk/guidance/domestic-abuse-how-to-get-help#history

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