Newsletter PTI Salud Global/Global Health Cov19

Principales novedades internacionales sobre IMPACTO

GRUPO TEMÁTICO DE TRABAJO 5

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Subtemáticas:
1.a. Social
1.b. Político
1.c. Económico
1.d. Medioambiental
1.e. Dinámicas científicas e innovación

CENTROS E INSTITUTOS PARTICIPANTES

CBMSO, CEAB, CIB, CNB, EBD, EEAD, ICM, ICMAN, ICMAT, ICP, ICTAN, ICTJA, ICTP, ICV, IDAEA, IEGD, IESA, IETCC, IFISC, IFS, IIM, ILLA, IMEDEA, IMF, INCAR, INGENIO, IPE, IPP, IQOG, ITQ, MNCN, RJB

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HOT TOPICS DE LA SEMANA

• Soledad
• Papel Ciencias Sociales
• Demanda sanitaria
• Recesión y crecimiento económico lento
• Habitabilidad
• Reducción CO2
• Demografía
Un nuevo coronavirus (el SARS-CoV-2, que provoca la enfermedad llamada Covid-19) ha encontrado una nueva población, los mayores, surgida del proceso histórico que hemos llamado envejecimiento demográfico. Este proceso ha supuesto una auténtica revolución en la historia de la humanidad: la generalización de vidas completas, desde el nacimiento hasta la vejez. La esperanza de vida ha alcanzado cifras récord y esto se ha tomado como exponente o manifestación de una conjunción de muchos factores que podríamos resumir en uno: progreso social.

Pero en este momento histórico, primeros meses de 2020, ha llegado el coronavirus con su carga de muerte para tambalear ese edificio demográfico y para poner en tela de juicio algunas afirmaciones, aparentemente bien fundadas, y descubrir contradicciones en el progreso social, y dejarnos unas lecciones.

Lo primero que desvela es que la vejez conquistada por ese aumento de la esperanza de vida, no era tan homogénea. Desigualdad social y diversidad entre individuos hacen de los viejos un grupo más heterogéneo que nunca.

Hemos descubierto que el sistema sanitario no estaba pensado para esta situación, ni para esta estructura demográfica, ni para tratar la desigualdad. El aumento continuo de la proporción de altas y estancias hospitalarias de personas mayores ya avisaba (casi el 60% de las estancias, 2018). Y ante la crisis de COVID-19 el sistema estuvo pronto desbordado.

Lo sucedido en residencias de mayores destapa la contradicción que encierran, como una cruel paradoja: de logro social a zona de exclusión, de lugar de protección a lugar de muerte. El tan nombrado sistema sociosanitario, si es que existe, ha quedado en evidencia, ha sido desafiado.

El discurso del envejecimiento activo, basado en la participación social y de las relaciones intergeneracionales, como fuente de salud y bienestar individual, queda destruido por la filosofía del distanciamiento social.

Lo que nos permitió aumentar la esperanza de vida y que hemos llamado progreso social, encerraba un riesgo: la fragilidad.


Autores: Michel Oris (Universidad de Ginebra), Rogelio Pujol Rodríguez (INE) Diego Ramiro Fariñas y Antonio Abellán García. (IEGD-CSIC).
Government policies during the COVID-19 pandemic have drastically altered patterns of energy demand around the world. Many international borders were closed and populations were confined to their homes, which reduced transport and changed consumption patterns. Here we compile government policies and activity data to estimate the decrease in CO2 emissions during forced confinements. Daily global CO2 emissions decreased by \(-17\%\) (\(-11\%\) to \(-25\\%\) for \(\pm 1\sigma\)) by early April 2020 compared with the mean 2019 levels, just under half from changes in surface transport. At their peak, emissions in individual countries decreased by \(-26\%\) on average. The impact on 2020 annual emissions depends on the duration of the confinement, with a low estimate of \(-4\%\) (\(-2\%\) to \(-7\%\)) if prepandemic conditions return by mid-June, and a high estimate of \(-7\%\) (\(-3\%\) to \(-13\%\)) if some restrictions remain worldwide until the end of 2020. Government actions and economic incentives post-crisis will likely influence the global CO2 emissions path for decades.

Autores: Le Quéré, C. et al.

**CORONAVIRUS DISEASE 2019: CLINICAL MICROBIOLOGY REVIEWS**

In recent decades, several new diseases have emerged in different geographical areas, with pathogens including Ebola virus, Zika virus, Nipah virus, and coronaviruses (CoVs). Recently, a new type of viral infection emerged in Wuhan City, China, and initial genomic sequencing data of this virus do not match with previously sequenced CoVs, suggesting a novel CoV strain (2019-nCoV), which has now been termed severe acute respiratory syndrome CoV-2 (SARS-CoV-2). Although coronavirus disease 2019 (COVID-19) is suspected to originate from an animal host (zoonotic origin) followed by human-to-human transmission, the possibility of other routes should not be ruled out. Compared to diseases caused by previously known human CoVs, COVID-19 shows less severe pathogenesis but higher transmission competence, as is evident from the continuously increasing number of confirmed cases globally. Compared to other emerging viruses, such as Ebola virus, avian H7N9, SARS-CoV, and Middle East respiratory syndrome coronavirus (MERS-CoV), SARS-CoV-2 has shown relatively low pathogenicity and moderate transmissibility. Codon usage studies suggest that this novel virus has been transferred from an animal source, such as bats. Early diagnosis by real-time PCR and next-generation sequencing has facilitated the identification of the pathogen at an early stage. Since no antiviral drug or vaccine exists to treat or prevent SARS-CoV-2, potential therapeutic strategies that are currently being evaluated predominantly stem from previous experience with treating SARS-CoV, MERS-CoV, and other emerging viral diseases. In this review, we address epidemiological, diagnostic, clinical, and therapeutic aspects, including perspectives of vaccines and preventive measures that have already been globally recommended to counter this pandemic virus.

Autores: Kuldeep Dhama et al.

**Hot topics:** Papel Ciencias Sociales; Microbiología; Reducción emisiones CO2

**INCORPORATING ISSUES OF ELDERLY LONELINESS INTO THE COVID-19 PUBLIC HEALTH RESPONSE.**

As the systems that people depend on are increasingly strained by the coronavirus disease–2019 (COVID-19) outbreak, public health impacts are manifesting in different ways beyond morbidity and mortality for elderly populations. Loneliness is already a chief public health concern that is being made worse by COVID-19. Agencies should recognize the prevalence of loneliness among elderly populations and the impacts that their interventions have on loneliness. This letter describes several ways that loneliness can be addressed to build resilience for elderly populations as part of the public health response to COVID-19.

Autores: Costas, Rodrigo et al.

**LONELINESS AND SOCIAL ISOLATION**

The pandemic has led to implementation of unprecedented “social distancing” strategies crucial to limiting the spread of the virus. In addition to quarantine and isolation procedures for those who have been exposed to or infected with COVID-19, social distancing has been enforced amongst the general population to reduce the transmission of COVID-19.

Autores: Hwang, T. J. et al.
MOTIVATION AND PREFERENCE IN ISOLATION: A TEST OF THEIR DIFFERENT INFLUENCES ON RESPONSES TO SELF-ISOLATION DURING THE COVID-19 OUTBREAK

This multi-wave study examined the extent that both preference and motivation for time alone shapes ill-being during self-isolation. Individuals in the USA and the UK are self-isolating in response to the COVID-19 outbreak. Different motivations may drive their self-isolation: some might see value in it (understood as the identified form of autonomous motivation), while others might feel forced into it by authorities or close others (family, friends, neighbourhoods, doctors; the external form of controlled motivation). People who typically prefer company will find themselves spending more time alone, and may experience ill-being uniformly, or as a function of their identified or external motivations for self-isolation. Self-isolation, therefore, offers a unique opportunity to distinguish two constructs coming from disparate literatures. This project examined preference and motivation (identified and external) for solitude, and tested their independent and interacting contributions to ill-being (loneliness, depression and anxiety during the time spent alone) across two weeks. Confirmatory hypotheses regarding preference and motivation were not supported by the data. A statistically significant effect of controlled motivation on change in ill-being was observed one week later, and preference predicted ill-being across two weeks. However, effect sizes for both were below our minimum threshold of interest.

Autores: Weinstein, N., & Nguyen, T. V.

COVID-19, SOCIAL ISOLATION AND LONELINESS

We searched for academic research and grey literature using a wide range of search terms including: social isolation, effects of social isolation, social exclusion, loneliness, isolation, social connections, social distancing, mental health and Covid-19. While there is a spread of literature discussing isolation and loneliness - and the mental and physical effects it they have, particularly around older people - the quality of evidence for the majority of interventions is generally well. While the Covid-19 pandemic and the resulting lockdown is a new phenomenon for the UK there are studies from isolated, confined and extreme (ICE) environments, and from other pandemics around the world.

Autor: Sanders, R.
The outbreak of COVID-19 made many poor communities in different places of the world face very challenging socio-economic and livelihood consequences. This paper targets to analyse this socio-economic impact to determine how the pandemic is causing various problems to the impoverished. An integrative literature review was carried out to sample the consequences of the global pandemic economic crisis on the poor communities in four different continents. The research points out how it is hard on the poor to adhere to the restrictive measures of social isolation or the lockdown. Immediate strategies that minimize the pandemic impact on the livelihood and the socio-economic activities of the poor are suggested. The research opens future research about more specialised programs for the poor during any future lockdowns.

Autor: Morris, R.D.

THE EXTENT OF COVID-19 PANDEMIC SOCIO-ECONOMIC IMPACT ON GLOBAL POVERTY. A GLOBAL INTEGRATIVE MULTIDISCIPLINARY REVIEW

The outbreak of COVID 19 made many poor communities in different places of the world face very challenging socio-economic and livelihood consequences. This paper targets to analyse this socio-economic impact to determine how the pandemic is causing various problems to the impoverished. An integrative literature review was carried out to sample the consequences of the global pandemic economic crisis on the poor communities in four different continents. The research points out how it is hard on the poor to adhere to the restrictive measures of social isolation or the lockdown. Immediate strategies that minimize the pandemic impact on the livelihood and the socio-economic activities of the poor are suggested. The research opens future research about more specialised programs for the poor during any future lockdowns.

EXPLORING THE YOUNG DEMOGRAPHIC PROFILE OF COVID-19 CASES IN HONG KONG: EVIDENCE FROM MIGRATION AND TRAVEL HISTORY DATA

Investigates the profile of COVID-19 cases in Hong Kong, highlighting the unique age structure of confirmed cases compared to other territories. While the majority of cases in most territories around the world have fitted an older age profile, our analysis shows that positive cases in HK have been concentrated among younger age groups, with the largest incidence of cases reported in the 15–24 age group. This is despite the population’s rapidly aging structure and extremely high levels of population density. Using detailed case data from HK’s Centre for Health Department and Immigration Department, we analyze the sex and age distribution of the confirmed cases along with their recent travel histories and immigration flows for the period January to April 2020. Our analysis highlights HK’s high proportion of imported cases and large overseas student population in developing COVID-19 hotspot areas such as the UK. Combined with community action and targeted and aggressive early policy measures taken to contain the virus, these factors may have contributed to the uniquely younger age structure of COVID-19 cases in the city. Consequently, this young profile of confirmed cases may have prevented fatalities in the territory. Recent research has highlighted the importance of a demographic approach to understanding COVID-19 transmission and fatality rates. The experience in Hong Kong shows that while an older population age structure may be important for understanding COVID-19 fatality, it is not a given. From a social science perspective at least, there is ‘no easy answer’ to why one area should experience COVID-19 differently from another.

Autores: Cruz CJP, Ganly R, Li Z, Gietel-Basten S

Hot topics: Jóvenes; Demanda sanitaria; Aburrimiento; Trabajo social con mayores; Restricciones de movilidad; Vacunación

FORECASTING SPATIAL, SOCIOECONOMIC AND DEMOGRAPHIC VARIATION IN COVID-19 HEALTH CARE DEMAND IN ENGLAND AND WALES

Areas face disproportionate risks for COVID-19 hospitalization pressures due to their socioeconomic differences and the demographic composition of their populations. Our flexible online dashboard allows policy-makers and health officials to monitor and evaluate potential health care demand at a granular level as the infection rate and hospital capacity changes throughout the course of this pandemic. This agile knowledge is invaluable to tackle the enormous logistical challenges to re-allocate resources and target susceptible areas for aggressive testing and tracing to mitigate transmission.

Autores: Edmonds, J. K., Kneipp, S. M., & Campbell, L.

ASSESSING THE IMPACT OF THE CORONAVIRUS LOCKDOWN ON UNHAPPINESS, LONELINESS, AND BOREDOM USING GOOGLE TRENDS

This study relies on Google Trends data and tests whether the lockdowns implemented in Europe and America led to changes in well-being related topic search terms. They find a substantial increase in the search intensity for boredom in Europe and the US. They also found a significant increase in searches for loneliness, worry and sadness, while searches for stress, suicide and divorce on the contrary fell. Results suggest that people’s mental health may have been severely affected by the lockdown.

Autores: Brodeur, A. et al.
INFLUENZA VACCINATION AND COVID-19 MORTALITY IN THE USA

COVID-19 mortality rate is higher in the elderly and in those with preexisting chronic medical conditions. The elderly also suffer from increased morbidity and mortality from seasonal influenza infection, and thus annual influenza vaccination is recommended for them. In this study, we explore a possible area-level association between influenza vaccination coverage in people aged 65 years and older and the number of deaths from COVID-19. To this end, we used COVID-19 data until June 10, 2020 together with population health data for the United States at the county level. We fit quasi-Poisson regression models using influenza vaccination coverage in the elderly population as the independent variable and the number of deaths from COVID-19 as the outcome variable. We adjusted for a wide array of potential confounding variables using both county-level generalized propensity scores for influenza vaccination rates, as well as direct adjustment. Our results suggest that influenza vaccination coverage in the elderly population is negatively associated with mortality from COVID-19. This finding is robust to using different analysis periods, different thresholds for inclusion of counties, and a variety of methodologies for confounding adjustment. In conclusion, our results suggest a potential protective effect of the influenza vaccine on COVID-19 mortality in the elderly population. The significant public health implications of this possibility point to an urgent need for studying the relationship between influenza vaccination and COVID-19 mortality at the individual level, to investigate both the epidemiology and any underlying biological mechanism.

Autores: Claudio Zanettini et al.

THE ASSOCIATION BETWEEN AGE, COVID-19 SYMPTOMS, AND SOCIAL DISTANCING BEHAVIOR IN THE UNITED STATES

Public health authorities recommend that people practice social distancing, especially if they have symptoms of coronavirus disease (COVID-19), or are older and more at risk of serious illness if they become infected. We test the hypothesis that these groups are following these recommendations and are more likely to undertake social distancing. We provide evidence that older people are having significantly fewer close contacts than younger people, which is in line with the public health authorities’ recommendations. We also find that people experiencing shortness of breath are practicing more intense social distancing. However, we find that those with two other common COVID-19 symptoms, fever and dry cough, are not engaging in greater social distancing, suggesting that increased targeting on relevant symptoms, and messaging, may be required.

Autores: Canning, D. et al.

ECONOMIC AND SOCIAL CONSEQUENCES OF HUMAN MOBILITY RESTRICTIONS UNDER COVID-19

In response to the coronavirus disease 2019 (COVID-19) pandemic, several national governments have applied lockdown restrictions to reduce the infection rate. Here we perform a massive analysis on near-real-time Italian mobility data provided by Facebook to investigate how lockdown strategies affect economic conditions of individuals and local governments. We model the change in mobility as an exogenous shock similar to a natural disaster. We identify two ways through which mobility restrictions affect Italian citizens. First, we find that the impact of lockdown is stronger in municipalities with higher fiscal capacity. Second, we find evidence of a segregation effect, since mobility contraction is stronger in municipalities in which inequality is higher and for those where individuals have lower income per capita. Our results highlight both the social costs of lockdown and a challenge of unprecedented intensity: On the one hand, the crisis is inducing a sharp reduction of fiscal revenues for both national and local governments; on the other hand, a significant fiscal effort is needed to sustain the most fragile individuals and to mitigate the increase in poverty and inequality induced by the lockdown.

Autores: Bonaccorsi G et al.

LONELINESS AND SOCIAL ISOLATION IN OLDER ADULTS DURING THE COVID-19 PANDEMIC: IMPLICATIONS FOR GERONTOLOGICAL SOCIAL WORK

Social workers and other gerontological scholars have increasingly voiced concern about loneliness (subjective perception of lack of meaningful relationships) and social isolation (social engagements and contacts) among older adults. In 2015, “Eradicate Social Isolation” was included as one of the twelve Grand Challenges for Social Work. As key members of interprofessional geriatric teams, social workers are uniquely positioned to intervene in addressing social isolation by developing and testing interventions. By 2017, calling it a “loneliness epidemic”, U.S. Surgeon General Vivek Murthy proclaimed loneliness and social isolation among the world’s older adult population was a global epidemic.

Autores: Berg-Weger, M., & Morley, J. E.
At least 54,000 residents and workers have died from the coronavirus at nursing homes and other long-term care facilities for older adults in the US, according to a New York Times database. As of June 26, the virus has infected more than 282,000 people at some 12,000 facilities. Nursing home populations are at a high risk of being infected by-and dying from-the coronavirus, according to the Centers for Disease Control and Prevention. Covid-19, is known to be particularly lethal to adults in their 60s and older who have underlying health conditions. And it can spread more easily through congregate facilities, where many people live in a confined environment and workers move from room to room.

**43% OF U.S. CORONAVIRUS DEATHS ARE LINKED TO NURSING HOMES**

Younger people are getting sick with Covid-19 in places where some took the end of stay-home orders as permission to fully live their lives again.

**THE CORONAVIRUS SURGE IN FLORIDA, ARIZONA, TEXAS ISN’T THE SAME AS NEW YORK’S CRISIS**

Younger people are getting sick with Covid-19 in places where some took the end of stay-home orders as permission to fully live their lives again.

**WHY CHANGING COVID-19 DEMOGRAPHICS IN THE US MAKE DEATH TRENDS HARDER TO UNDERSTAND**

COVID-19 death data lags behind testing data in ways we mostly understand. What we only partly understand is how an infection rate that seems to be skewing younger will affect the death toll in surging regional outbreaks.

**IMF: NEW PREDICTIONS SUGGEST A DEEPER RECESSION AND A SLOWER RECOVERY**

The COVID-19 pandemic is set to result in the worst recession since the Great Depression in 1920s. Revisions to the IMF’s April forecast now predict global output to fall 4.9% this year. The strength of the recovery is uncertain.
WHAT SELF-ISOLATION MEANS FOR THOSE LIVING IN POOR HOUSING

Prevention is better than cure. Five words that have been uttered 1,000 times before but in the midst of a pandemic, they feel of vital importance. With millions of older people and those with health conditions being asked to keep to their homes for twelve weeks, we need urgent action to protect those living in a home that could endanger their health.

IN TIME OF SOCIAL DISTANCING, REPORT’S CALL FOR HEALTH CARE SYSTEM TO ADDRESS ISOLATION AND LONELINESS AMONG SENIORS RESONATES

As many people across the globe are learning, rapid implementation of social distancing is essential to reduce transmission of the COVID-19 virus and protect those most vulnerable, particularly older adults and individuals with underlying medical conditions. But without question, the ripple effects of this crucial strategy include an exacerbation of social isolation and loneliness.

UK Research and Innovation (2020). What is social distancing and which measures work best? (6 abril).

Social distancing is the term used for measures that reduce physical contact between infectious and susceptible people during a disease outbreak. They do not involve drugs or vaccines (they are ‘non-pharmaceutical’) but include measures such as maintaining a minimum distance between individuals, banning mass gatherings, closing schools and workplaces and limiting travel. The challenge is to find out which forms of social distancing work best for COVID-19 – the subject of continuing research.


Over the past few weeks, Ithaka S+R has conducted conversations with a variety of university press directors to get a sense of how they are faring during this uncertain and challenging time. We spoke with a total of 11 directors representing small, medium, and large presses from public and private universities, all in the US. The discussions were wide ranging, touching on everything from how they were coping with the practical issues around pivoting to a remote workforce, to the broader question of the expected impact of the pandemic on their current and future programs. It should be noted that many of these conversations took place before the killing of George Floyd and the ensuing struggle to address systemic racism that has seized all of us personally and reverberated within our organizations. This too is shaping presses in powerful ways, but we confine this report to our exploration of their responses to the COVID challenge. Here is what we learned from these discussions, starting today with the present circumstances.

OTRAS NOTICIAS

- How COVID-19 is Changing Research Culture: An interview with Daniel Hook, CEO of Digital Science
- COVID-19 in primary schools: no significant transmission among children or from students to teachers
- Coronavirus will also cause a loneliness epidemic
- Las residencias españolas, a la cabeza de mortalidad en Europa

PANDEMIC LOCKDOWN HOLDING BACK FEMALE ACADEMICS, DATA SHOW

Unequal childcare burden blamed for fall in share of published research by women since schools shut, but funding bodies look to alleviate career impact
PÁGINAS WEB DE INTERÉS

1.- INE: Información estadística para el análisis del impacto de la crisis COVID-19
2.- WHO: Coronavirus Disease (COVID-19) Dashboard
3.- European Centre for Disease Prevention and Control: COVID-19 information
4.- Center for Disease Control and Prevention, Coronavirus (COVID-19)
5.- COVID-19 - Centro Nacional de Epidemiología incluyendo el panel MOMO
6.- Johns Hopkins University: Coronavirus Resource Center
7.- Worldmeters: Web con sección especial de COVID19
8.- IUSSP: Contributions to the understanding of the COVID-19 pandemic
9.- CEPAL: Covid Respuesta
10.- PanAmerican Health Organization: Coronavirus Disease (COVID-19)
11.- The Human Mortality Database, Max Planck Institute
12.- INED: Crise sanitaire et confinement : l’apport de la démographie et des sciences de la population
13.- Demography & COVID-19, Population Europe Network
14.- OpenSAFELY
15.- Longitudinal Covid-19 studies on mental health
16.- Epidemias y salud global Reflexiones desde la Historia
17.- Biblioteca Virtual del CSIC Recursos sobre COVID19
18.- British Library online
19.- L’Observatoire_19: evaluar los efectos de la pandemia sobre el Periodismo.
20.- OCDE Country Policy Tracker
21.- University of Oxford: CORONAVIRUS GOVERNMENT RESPONSE TRACKER
22.- Acción Matemática contra el Coronavirus
23.- Evolutionary Biology and Questions Regarding the Coronavirus!
24.- LTC COVID Response. International Long-Term Care Policy Network:
25.- 2019 Novel Coronavirus Research Compendium, NCRC
26.- The Economist’s tracker for covid-19 excess deaths
27.- ELIXIR, the European research infrastructure for life science data
28.- Estimating the effective reproductive number (Re) in Europe
29.- Glosario de COVID-19 EN ES
30.- Sex, gender and COVID-19: overview and resources.
31.- COVID-19 Projections Using Machine Learning
32.- Austrian Corona Panel Project
33.- Medidas políticas clave de la OCDE
34.- SMaRteN
35.- UCL COVID-19 research
36.- GitHub escovid19data
37.- International Survey on Coronavirus: An international team of researchers from 12 different institutions, including Harvard, Cambridge, IESE, and Warwick University, among others is collecting survey data on how citizens prepare and cope with the spreading coronavirus. So far there has been no assessment of how individuals perceive the situation and behave in response to it.
38.- COVID-19 Knowledge Graph: CovidGraph is a non profit collaboration of researchers, software developers, data scientists and medical professionals. Is a research and communication platform that encompasses over 40,000 publications, case statistics, genes and functions, molecular data and much more.
CONVOCATORIAS ABIERTAS


2. EIT-Health and EIT Food: EIT Health was established in 2015, as a ‘knowledge and innovation community’ (KIC) of the European Institute of Innovation and Technology (EIT). The EIT is made up of various KICs who each focus on a different sector, or area, of innovation – in our case, that is health and aging. The idea behind the EIT KICs is that innovation flourishes best when the right people are brought together to share expertise. The so called ‘knowledge triangle’, is the principle that when experts from business, research and education work together as one, an optimal environment for innovation is created. EIT Health is seeking to build a strong and impactful portfolio of activities to run in 2021 and beyond. With this call for proposals, we specify what activities we are expecting and explain the details on how to participate. As part of the EIT EIT Crisis Response Initiative’, EIT Food is also responding to the COVID-19 pandemic crisis by funding short term, impactful projects that address Food System business and consumer needs.

3. Fundación BBVA. Ayudas a Equipos de Investigación Científica SARS-CoV-2 y COVID-19

Recuerda que puedes encontrar información de TODAS las convocatorias abiertas en la wiki de la PTI Salud Global

VIRTUAL EVENTS OR WORKSHOPS


Considering the extraordinary situation caused by the novel Coronavirus and given the role that IPBES can play in strengthening the knowledge base on biodiversity links of current and future pandemics such as COVID-19 and in reaching a wide public, the IPBES Bureau and Multidisciplinary Expert Panel, after recent discussions, decided that IPBES will organize a virtual Platform workshop on the link between biodiversity and pandemics.

2. Pandemic 1918—Episode 1 of 3 Episode 1 - Origins, symptoms and spread - BBC Radio: Leading virologist Professor John Oxford charts the story of the 1918-19 flu pandemic which killed more than 220,000 people in the UK and over 50 million people worldwide.


Canal UNED ¿Qué sabemos de las crisis sanitarias causadas por epidemias o pandemias en la historia?; ¿qué consecuencias tuvieron y qué soluciones se arbitraron? ¿Qué diferencia existe entre epidemia, pandemia y endemia? Con Vicente Pérez Moreda (RAH)
OTRA INFORMACIÓN QUE DEBES CONOCER

Consulta la web pública de la PTI Salud Global para conocer más noticias y novedades de la actividad de nuestros investigadores en la lucha contra la pandemia provocada por la COVID-19.

Y si tienes cualquier consulta, puedes hacérnosla llegar a través del email: pti@csic.es

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