

**2 April 2020**

## **Circular letter to IAP member academies and national young academies: Mobilising the academies to support responses to combating COVID-19**

As presented in its '[Call for global solidarity on the COVID-19 pandemic](#)', and as academies endeavour to support their national COVID-19-related efforts, IAP has an imperative to actively promote collaboration and share information and good practices. National academies, whether senior or young, can act as transparent, independent and credible resources to: (1) source, validate and apply evidence to national responses and preparedness, and; (2) bring together policymakers, medical and public health practitioners, and civil society.

At this point in the pandemic, the situation has reached critical levels in some Asian and European countries and the USA. However, we need to do all we can in this period, when the number of infections and deaths are still rising rapidly in many countries around the globe, to ensure maximum preparedness in low- and middle-income countries (LMICs) to detect and cope with COVID-19. This is especially true for Africa, where there is the highest congregation of least developed countries. The recent WHO document<sup>2</sup> makes valuable recommendations according to the current state of a country's exposure to COVID-19, but the availability of medical and laboratory resources, intensified surveillance, and capacity building need to be urgently prioritised<sup>3</sup>.

IAP is now proposing to actively explore with its member academies, its regional networks (AASSA, EASAC, IANAS and NASAC) and young academies how IAP can support them to use and share regional and global evidence in responding to the pandemic, for example, to help African scientists advise African policymakers and African institutions such as the Africa CDC<sup>1</sup> and the newly-formed Africa Task force for Coronavirus Preparedness and Response on priorities for surveillance, laboratory testing capacity, healthcare preparedness and for risk communication. Although these examples relate to Africa countries, it is clear that similar issues will be experienced by under-resourced health systems in LMICs elsewhere, including in parts of Asia and Latin America and the Caribbean. In pursuit of global solidarity, all countries should contribute to the global discussions on provision and allocation of public health support measures, on the prioritisation of research choices on novel interventions – diagnostics, therapeutics and vaccines – and share in access to innovation worldwide.

With thanks to those of you who have already provided information on how you are supporting COVID-19 efforts (listed on the IAP website [here](#)), **IAP is now seeking input from its members on how it can best support them at national, regional and global levels.** This builds on previous IAP studies designed to strengthen academy capacity (see Appendix).

IAP is requesting ALL of its members and regional networks, *as a matter of urgency*, to:

(1) present the [“IAP Call for Global Solidarity on the COVID-19 Pandemic”](#) to its policymakers and key stakeholders in their own countries and regions; and

(2) address the following critical questions:

- What are your academy’s research and policy priorities for tackling COVID-19 at the (i) national and (ii) regional level?
- How can IAP better support your academy in these efforts?
- How can IAP better promote responsible and collective research and innovation globally?
- How can IAP better facilitate access-for-all to effective COVID-19 prevention and interventions? With whom should IAP engage to communicate these priorities?

Please provide your responses via the link:

<https://www.cognitoforms.com/InterAcademyMedicalPanel/SurveyForIAPMemberAcademiesAndNationalYoungAcademiesResponsesToCOVID19>

by Friday 10 April.

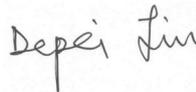
The IAP Secretariat will prepare a synthesis of these responses to stimulate further dialogue and action.

Thank you in advance for your vital cooperation.

With best regards,



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IAP Co-President



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Richard Catlow  
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## Appendix: Previous IAP work on academy capacity strengthening

### [IAMP, 2013 “A call for action to strengthen health research capacity in low and middle income countries”](#)

Emphasises that health research capacity strengthening is a fundamental component of all health systems strengthening and reduction of health disparities. This requires renewed and concerted national and global action in the face of 21<sup>st</sup> Century challenges such as emerging infections. The international scientific community has a responsibility to help in initiating high quality and sustainable research partnerships that are more responsive to country and community health needs.

### [InterAcademy Council, 2015 “Enhancing the capacity of African science academies: the final evaluation of ASADI”](#)

Several highly relevant general points that are very applicable to potential academy work on COVID-19. For example: (i) recognition that more must be done by those outside Africa to consider the African context of science advice to governments; (ii) opportunities to capitalise on the momentum to involve younger and women scientists, and to build capacity for public outreach; and (iii) opportunities and challenges for regional-scale critical mass in training and skills sharing.

### [IAP, 2019 “Improving scientific input to global policymaking with a focus on the UN Sustainable Development Goals”](#)

Again, multiple relevant assessments, recommendations and actions. For example: (i) identification of entry points for science in global and regional UN decision-making; (ii) construction of online database of academy reports and their integration into an accessible knowledge platform to support evidence-based policy-making; and (iii) review of mechanisms to improve the science-policy interface at national, regional and global scale.

### [IAP, 2019 “Harnessing science, engineering and medicine \(SEM\) to address Africa’s challenges: the role of African National Academies”](#)

In complementing points made in the other reports, general recommendations are again applicable to COVID-19. For example: (i) emphasis on the national importance of independent expert advice and scientific leadership; (ii) importance of building science advocacy role to strengthen the science-policy interface at all levels; (iii) creating stronger, sustained linkages within the continent and between Africa and global expertise; and (iv) sourcing and utilising Africa’s and its diaspora’s scientific knowledge.

## Footnotes

<sup>1</sup> [www.africacdc.org](http://www.africacdc.org).

<sup>2</sup> “Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)”, 16-24 February 2020.

<sup>3</sup> Ghebreyesus and Swaminathan, “Scientists are sprinting to outpace the novel coronavirus” *Lancet* 2020 395, 762- 764; Gilbert *et al.* “Preparedness and vulnerability of African countries against importations of COVID-19: a modelling study” *Lancet* 2020 395, 871-877; Nkengasong and Mankoula “Looming threat of COVID-19 infection in Africa: act collectively, and fast” *Lancet* 2020 395, 841-842.