Mother Care is one of our most cost-effective ways to protect small and sick newborns. According to our analysis, these risks by far outweigh the small chance of a newborn baby getting severe disease from COVID-19."

"Kangaroo mother care is among the best interventions to improve a premature or low birthweight baby's chances of survival, especially in low-income countries," she added.

Evidence suggests that disruptions to kangaroo mother care may already be worryingly widespread. A systematic review of 20 clinical guidelines from 17 countries during the COVID-19 pandemic found that one-third recommended separation of mothers and newborns if the mother has or may have COVID-19. In a global survey of thousands of neonatal healthcare providers, published today in a related paper in the *British Medical Journal (BMJ) Global Health*, two-thirds of health workers in 62 countries reported they do not allow mothers with confirmed or suspected COVID-19 to practice routine skin to skin contact, while nearly one-quarter did not allow breastfeeding, even by uninfected caregivers.

Studies have reported mainly no symptoms or mild disease from COVID-19 in infected newborns, with low risk of neonatal death. This new study estimates that the risk of newborns catching COVID-19 would result in fewer than 2000 deaths.

However, infection during pregnancy may result in increased risk of preterm birth, which means it is even more important to ensure the right care is given to support preterm babies and their parents during the COVID-19 pandemic.

According to the most recent estimates, 15 million babies are born preterm (before 37 weeks) each year and 21 million are born at low birthweight (under 2.5kg). These babies face significant health risks including disabilities, developmental delays and infections, while prematurity-related complications are the leading causes of death of newborns and children under 5.

Available from: **https://www.who.int/news/item/16-03-2021-new-research-highlights-risks-of-separating-newborns-from-mothers-during-covid-19-pandemic**

WHO adds Janssen vaccine to list of safe and effective emergency tools against COVID-19

12 March 2021 - The World Health Organization (WHO) today listed the COVID-19 vaccine Ad26.COV2.S, developed by Janssen (Johnson & Johnson), for emergency use in all countries and for COVAX roll-out. The decision comes on the back of the European Medicines Agency (EMA) authorization, which was announced yesterday.

"Every new, safe and effective tool against COVID-19 is another step closer to controlling the pandemic," said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. "But the hope offered by these tools will not materialize unless they are made available to all people in all countries. I urge governments and companies to live up to their commitments and to use all solutions at their disposal to ramp up production so that these tools become truly global public goods, available and affordable to all, and a shared solution to the global crisis."

The vaccine from Janssen is the first to be listed by WHO as a single dose regimen, which should facilitate vaccination logistics in all countries. The ample data from large clinical trials shared by the company also shows that the vaccine is effective in older populations.

To expedite listing of the vaccine, WHO and a team of assessors from all regions adopted what is called an 'abbreviated assessment' based on outcomes of the EMA review, and evaluation of quality, safety and efficacy data focused on low- and middle-income country needs. The WHO assessment also considered suitability requirements such as cold chain storage and risk management plans to be implemented in countries.

While the vaccine needs to be stored at -20 degrees, which may prove challenging in some environments, it can be kept for three months at 2-8°C and it has a long shelf life of two years.

WHO will convene its Strategic Advisory Group on Immunization Experts next week to formulate recommendations on use of the vaccine. In the meantime, WHO continues to work with countries and COVAX partners to prepare for roll-out and safety monitoring. The COVAX Facility has booked 500 million doses of the vaccine.

WHO emergency use listing

The emergency use listing (EUL) procedure assesses the suitability of novel health products during public health emergencies. The objective is to make medicines, vaccines and diagnostics available as rapidly as possible to address the emergency, while adhering to stringent criteria of safety, efficacy and quality. The assessment weighs the threat posed by the emergency as well as the benefit that would accrue from the use of the product against any potential risks.

The EUL pathway involves a rigorous assessment of late phase II and phase III clinical trial data as well as substantial additional data on safety, efficacy, quality and a risk management plan. These data are reviewed by independent experts and WHO teams who consider the current body of evidence on the vaccine under consideration, the plans for monitoring its use, and plans for further studies.

As part of the EUL process, the company producing the vaccine must commit to continue to generate data to enable full licensure and WHO prequalification of the vaccine. The WHO prequalification process will assess additional clinical data generated from vaccine trials and deployment on a rolling basis to ensure the vaccine meets the necessary standards of quality, safety and efficacy for broader availability.

WHO has also listed the Pfizer/BioNTech, Astrazeneca-SK Bio and Serum Institute of India vaccines for emergency use.

Available from: **https://www.who.int/news/item/12-03-2021-who-adds-janssen-vaccine-to-list-of-safe-and-effective-emergency-tools-against-covid-19**