Name: Adeleke Tinuola

 Dept.: sociology

Matric number: 17/sms13/001

Question 1a

What is Health belief? The health belief model is a social psychological health behavior change model developed to explain and predict health-related behaviors, particularly in regard to the uptake of health services. The HBM was developed in the 1950s by social psychologists at the U.S. Public Health Service and remains one of the best known and most widely used theories in health behavior research. The HBM suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. A stimulus, or cue to action, must also be present in order to trigger the health-promoting behavior.

The Health Belief Model proposes that people are most likely to take preventative action if they perceive the threat of a health risk to be serious, if they feel they are personally susceptible and if there are fewer costs than benefits to engaging in it

The health belief model was one of the first models to adapt theory from the behavioral sciences to health problems, and it remains one of the most widely recognized conceptual frameworks of health behavior. It emerged in the 1950s, during a time in history when a modest number of preventive health services were available, such as flu vaccines and chest x rays for tuberculosis screening. The model was based on an assumption that people fear diseases, and that health actions are motivated in relation to the degree of fear (perceived threat) and expected fear-reduction potential of actions, as long as that potential outweighs practical and psychological obstacles to taking action (net benefits).

What is accepted treatment? The Accepted Treatment are prepared as a tool to assist and guide doctors, pharmacists, dispensers, and other healthcare staff who prescribe at primary care facilities in providing quality care to patients. The guidelines list the preferred treatments for common health problems experienced by people in the health system. The accepted treatment are designed to be used as a guide to treatment choices and as a reference book to help in the overall management of patients and are meant for use at all levels within the health system, both public and private.

The development and implementation of the accepted treatment is an important step in the health care system for quality diagnosis, treatment and prevention of diseases as well as procurement and supply of pharmaceuticals. The goal of the accepted Treatment Guidelines is to promote high standards of clinical practice and to improve the quality of health care to the public. It recommended prevention and treatment strategies for commonly occurring disease conditions in the country. The accepted treatment need to be updated periodically; and it needs to be officially approved to guide health care workers at all levels of healthcare delivery system in the country. The guidelines reflect changes in the management of various diseases following recommendations from WHO and experts from local and international medical associations and agencies. It is emphasized that the choices described in this document are evidence based, clinically approved and are consistent with the already existing WHO and other national and international guidelines. Like the previous editions, the new edition comprises a National Essential Medicines List.

The relationship between both of them is that Health belief is what individual considered as their own belief based on many variables such as culture, socioeconomic factors, generational practices, and current trends affect patients&#39; and families&#39; health beliefs and practices. While accepted treatment is when you leave your health belief and agreed to be treated out of your health belief. A good example for this is a native Nigerian man who will prefer to take native medicine when they sick than to go to a hospital for a proper treatment.

Question 1b

Perceptions of physical and psychological wellbeing differ substantially across and within societies. Although cultures often merge and change, human diversity assures that different lifestyles and beliefs will persist so that systems of value remain autonomous and distinct. In this sense, culture can be understood as not only habits and beliefs about perceived wellbeing, but also political, economic, legal, ethical, and moral practices and values. Although culture can be considered as a set of subjective values that oppose scientific objectivity, we challenge this view in this Commission by claiming that all people have systems of value that are unexamined. Such systems are, at times, diff use, and often taken for granted, but are always dynamic and changing. They produce novel and sometimes perplexing needs, to which established caregiving practices often adjust slowly. Ideas about health are, therefore, cultural. They vary widely across societies and should not merely be defined by measures of clinical care and disease. Health can be defined in worldwide terms or quite local and familiar ones. Yet, in clinical settings, a tendency to standardize human nature can be, paradoxically, driven by both an absence of awareness of the diversity with which wellbeing is contextualized and a commitment to express both patient needs and caregiver obligations in universally understandable terms. We believe, therefore, that the perceived distinction between the objectivity of science and the subjectivity of culture is itself a social fact (a common perception). We attribute the absence of awareness of the cultural dimensions of scientific practice to this distinction, especially for macro-cultures and large societies, which define only small-scale, micro-cultures as cultural.

However, the effect of cultural systems of values on health outcomes is huge, within and across cultures, in multicultural settings, and even within the cultures of institutions established to advance health. In all cultural settings local, national, worldwide, and even biomedical the need to understand the relation between culture and health, especially the cultural factors that affect health-improving behaviors, is now crucial.

Culture is viewed as something that we learn from each other. When individuals learn from each other, each generation may inherit the knowledge, attitudes, and behaviors of its predecessors even if these are not transmitted genetically. This constitutes a mechanism of cultural inheritance. I use a definition of culture that is broad enough to encompass most others; the term will refer here to any pattern of behavior that is influenced by cultural inheritance.

This definition emphasizes that social learning is the basis of culture. Most social scientists would agree that human learning mechanisms were, in all likelihood, crafted by natural selection. They are in profound disagreement, however, about the implications of this supposition. Some scientists believe that the action of natural selection on learning mechanisms constrains culture in important ways, while others are convinced that any such constraints are negligible. The term culture means different things to different people Culture influencing evolution include domestication, extinction, habitat loss/modification, vaccine, antibacterial resistance, and HIV virulence. Culture determines how productive a society is and how much people eat and what kinds of food. Diet impacts biology. Culture determines how stressed people are and when they sleep.

Question1c

When most of us think about the medical approach that dominates in Western countries, we tend to view it as scientific and therefore as neutral, not influenced by social or cultural processes. Yet research undertaken by anthropologists and sociologists has revealed the influence that social and cultural assumptions play in the western biomedical tradition.

Linking the word “culture” with “medicine” is usually interpreted to mean one of two things. First, that people of non-western cultures may come to western medicine holding different beliefs about the causes and treatments of illness from those of scientific medicine, causing a “culture clash” between doctor and patient.

Its attendant concept of “cultural competence” is now commonly used in the medical literature. It highlights the importance of doctors and other health professionals understanding that their patients from another culture that may hold different beliefs about illness and may experience poorer quality health care as a result of communication breakdowns.

The second common use of “culture” in medicine is the anthropological study of non-western medical systems. Medical anthropologists have identified several such cultural belief systems among non-western cultures. The “hot-cold” system found in many Asian and Hispanic countries, which holds that certain symptoms or illness are caused by imbalances of either “hot” or “cold” in the body is an example of this.

Medical anthropologists refer to “culture-bound syndromes” to describe clusters of symptoms that seem to be particular to a specific cultural context and are not recognized in other cultures or societies. Ataque de nervios (“attack of nerves”) is one such condition involving behaviors such as uncontrollable shouting, crying, fainting or aggression. It is seen as an illness by Spanish speakers in the Caribbean and Latin America.

As important as these acknowledgements of culture are, it should be recognized that culture, more broadly, can also be understood as the meanings, technologies and practices that gather around medicine within western societies.

Despite the objectivity implied by the scientific principles underlying western medicine, it is still underpinned by a host of assumptions and beliefs developed through living in western culture. The white coat worn by doctors is a potent symbol of efficiency and hygiene, for instance, and the bleeping medical machines found in the hospital setting convey their own meanings of high technological prowess.

Certain stock metaphors and images tend to be used to describe specific illnesses and conditions (“the battle” against cancer, the “magic bullet” of drugs, the “war on drugs”, and the “innocent victim” of HIV infection).

In any cultural context, people with some medical conditions are assumed to “responsible” for their illness, while others are regarded as blameless. Thus, for example, in western countries where smoking has become viewed as a filthy and stigmatized habit, people with lung cancer are often assumed to have been smokers and therefore viewed as “bringing it on themselves”. They tend to be subject to less compassion than are those people with diseases that are viewed as not their “fault” and may subsequently feel shamed and guilty. They may even delay seeking medical treatment because of the stigma that clings to the disease.

In all these aspects, and many others, scientific medicine and understandings and experiences of ill health and disease in western societies are inevitably and always underpinned by sociocultural meanings in ways that we don’t always recognize.

Anthropologists and sociologists use the concept of the “life world” to describe the everyday sociocultural context in which meaning is generated. In the case of lay people, this term refers to the understandings, concepts and beliefs they bring to the medical encounter. These are shaped not only by their encounters with doctors and other health-care professionals but also by such factors as personal experiences, interactions with others, information derived from the mass media and the internet, and membership of social class, gender or generational groups as well as racial or ethnic groups.

Even within the western world, there are significant national differences in how scientific medicine is understood and practiced. These differences can be particularly evident in controversies over medical innovation, such as human embryonic stem cell research.

Major differences between western countries are also apparent in health-care spending and statistics of drug prescriptions and medical techniques. A comparative study showed that the French tend to be less obsessed with germs and hygiene but are more focused on the health of their livers – and their doctors treat them accordingly.

Using Nigeria as a case study, As an important element of national security, public health not only functions to provide adequate and timely medical care but also track, monitor, and control disease outbreak. The Nigerian health care had suffered several infectious disease outbreaks year after year. Hence, there is need to tackle the problem. There is need to review the state of the Nigerian health care system and to provide possible recommendations to the worsening state of health care in the country. To give up-to-date recommendations for the Nigerian health care system.

The Nigerian health care has suffered several down-falls. Despite Nigerian's strategic position in Africa, the country is greatly underserved in the health care sphere. Health facilities (health centers, personnel, and medical equipment) are inadequate in this country, especially in rural areas. While various reforms have been put forward by the Nigerian government to address the wide ranging issues in the health care system, they are yet to be implemented at the state and local government area levels. According to the 2009 communique of the Nigerian national health conference, health care system remains weak as evidenced by lack of coordination, fragmentation of services, dearth of resources, including drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution, and access to care and very deplorable quality of care. The communique further outlined the lack of clarity of roles and responsibilities among the different levels of government to have compounded the situation.

Unarguably, problems in the health care system of any country abound to a certain extent. Although health has the potential to attract considerable political attention, the amount of attention it actually receives varies from place to place. In their commentary of the 3T's road map to transform US health care, Denise Dougherty and Patrick H. Conway rightly stated a step by step transformation of the US health care system from 1T →2T →3T which is required to create and sustain an information-rich and patient-focused health care system that reliably delivers high-quality care.

Provision of timely information aimed at combating possible health menace among many other things is an important function of public health. Hence, inadequate tracking techniques in the public health sector can lead to huge health insecurity, and hence endanger national security, etc.

For decades ago, communicable diseases outbreak was a threat not only to lives of individuals but also national security. Today it is possible to track outbreaks of diseases and step up medical treatment and preventive measures even before it spreads over a large populace. Medical and epidemiological surveillance, besides adequate health care delivery, are essential functions of public health agencies whose mandate is to protect the public from major health threats, including communicable diseases outbreak, disaster outbreak, and bioterrorism. To avoid the various threats and communication lapses to strengthen the health work force planning, management, and training which can have a positive effect on the health sector performance, one requires timely and accurate medical information from a wide range of sources.

The Nigerian health care had suffered several infectious disease outbreaks and mass chemical poisoning for several years. Hence, there is immense need to tackle the problem.

Evolution is "change" and one of the most consistent phenomena of life is "change". Change is to alter, to vary, to substitute, and to mutate. The complexity of life itself is brought about by change.

Our individuality is fashioned by change. In the process of gamete formation, the genes within the germ cell undergo a complex rearrangement referred to as "meiosis". During this event, the chromatids of homologous chromosomes participate in an almost ritualistic exchange of genetic materials called "crossing-over" or "recombination". At the end of this process, paternal and maternal genes are recombined uniquely to produce an arrangement of genes never before encountered. This ultimate change produces a unique individual generation after generation.

Whether you are an "evolutionist" or a "creationist", change constitutes the main element of the process in which you believe. The entire theory of evolution glorifies "change". Evolution derives its substance from the theory of "survival of the fittest". The fittest are fittest because they have undergone change called "mutation", which confers on them reproductive superiority in a constantly changing environment. Therefore, the "fittest" have a "selective advantage" to deal with a changed environment.

The creationist should remember the story of creation very well. It consisted of a series of changes. As the narrative goes, "And the earth was without form, and void; and darkness was upon the face of the deep. And the spirit of God moved upon the face of the waters. And God said, "Let there be light: and there was light" (see Genesis 1: 2- 3). Light was the very first change God brought to bear in the process of His creation. The story of God's creation becomes even more fascinating as you read the rest of the book of Genesis. It shows how God changed the world and the beauty therein painstakingly. It also shows the changes that were introduced into our very existence when the first Humans disobeyed the instructions of God.

In terms of access to health care services, it is estimated that in 1960 only 10-15% of the Nigerian population was covered by any form of modern health care services. Also, services were concentrated in the urban areas to the detriment of the rural areas. Consequently, whereas more than 50% of the urban population had access to health care, less than 5% of the rural population had comparable access. This pattern becomes more striking if one realizes that about 90% of the population was rural in 1960. The situation has not changed very much today, except that urban migration has increased, further tasking the existing urban facilities, making them ineffective and inadequate. Also, today there are more quacks parading as doctors all over the country with impunity, thanks to poorly regulated and underfunded system. We have no wherewithal to monitor and to weed them out of the system.

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Before the western impact of medicine in the country, the people made use of African traditional medicine which is a form of hostile health care system organized into three levels which are divination(ifa), spiritualism( God) and lastly herbalism( use of herbs). The traditional healer provides health care services based on culture, religious background, knowledge, attitudes, and beliefs that are prevalent in his community. Illness was regarded to as having both natural and supernatural causes and thus must be treated by both physical and spiritual means, using divination, incantations, animal sacrifice, exorcism, and herbs. Herbal medicine is the cornerstone of traditional medicine but may include minerals and animal parts.

Herbal medicine was once termed primitive by western medicine but through scientific investigations there is a better understanding of its therapeutic activities such that many pharmaceuticals have been modeled on phytochemicals derived from it. Major obstacles

Therefore to the use of African medicinal plants are their poor quality control and safety. Traditional medical practices are still shrouded with much secrecy, with few reports or documentations of adverse reactions. However, the future of African traditional medicine is bright if viewed in the context of service provision, increase of health care coverage, economic potential, and poverty reduction. Formal recognition and integration of traditional medicine into conventional medicine will hold much promise for the future.

In conclusion, the world is evolving there are always new aliment coming to surface and in the olden days or before civilization and then during the olden days they didn’t have a lot of all this new diseases and then they used herbs to cure all the diseases they had at that time no matter the disease it is.

As the new disease surfaced the western civilization had made accessibility to medicine faster because all they need to do is to go to the pharmacist which is located in the neighborhoods. Then also using Nigeria as a case study, without the intervention of the western medicine a lot of people will not be able to cure their sickness because it not everything herbs can cure. Then with the western medicine there is a wider range getting cured and also it possible for a person to react to some herbal medicine but with western medicine, if a person is reacting to one drug then such person can use other drugs that do the same thing.

Then lastly, it takes time for the herbs to fully work but with western medicine it works faster. Then with the help of western medicine a lot of Nigerians have been living a very healthy lifestyle.

Question 2

What is corona virus?

The coronavirus disease (COVID-19) has been identified as the cause of an outbreak of respiratory illness in Wuhan, Hubei Province, China beginning in December 2019. The WHO announced that the official name of the 2019 novel coronavirus is coronavirus disease (COVID-19) and the current reference name for the virus is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was reported that a cluster of patients with pneumonia of unknown cause was linked to a local Huanan South China Seafood Market in Wuhan, Hubei Province, China in December 2019.

It was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency.On March 11, 2020, the WHO declared COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009.

Illness caused by SARS-CoV-2 was recently termed COVID-19 by the WHO, the new acronym derived from "coronavirus disease 2019." The name was chosen to avoid stigmatizing the virus's origins in terms of populations, geography, or animal associations.On February 11, 2020, the Coronavirus Study Group of the International Committee on Taxonomy of Viruses issued a statement announcing an official designation for the novel virus: severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

One of the issues that has contributed to the spread of what health officials are calling the 2019-nCOV virus is its two week incubation period. During this time, a person may have the virus, display no symptoms of it, but can still spread it to others. This makes it difficult for people to know who has the virus and when they should take actions to protect themselves from becoming infected. This has created an extra sense of concern that the People infected with the 2019 novel coronavirus begin to experience mild cold or flu-like symptoms in two to four days. Although the symptoms can vary from one person to the next, they typically include sneezing, coughing, runny nose, fatigue, sore throat and fever. Virus could quietly continue to spread.

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Currently there’s no cure for the 2019-nCOV virus. Common treatments that have proven to be somewhat effective in controlling the symptoms include taking over-the-counter medication, drinking lots of water, getting adequate rest, avoiding overexertion, not smoking, staying away from smoky areas and using clean mist vaporizers or humidifiers.
Taking medications like acetaminophen, ibuprofen and naproxen can help to reduce the pain and fever associated with the illness. According to the cases in Nigeria as at 12th of April, there have been 323 confirmed coronavirus cases and 10 deaths in Nigeria, while 85 people in the country have recovered after contracting Covid-19.

The total number of confirmed coronavirus cases worldwide at the above time stood at 1,846,680, while 114,090 people have died from Covid-19 and 421,722 have recovered from the disease.

The fatality rate by age

|  |  |  |
| --- | --- | --- |
| AGE | DEATH RATEconfirmed cases | DEATH RATEall cases |
| **80+ years old** | **21.9%** | **14.8%** |
| **70-79 years old** |  | **8.0%** |
| **60-69 years old** |  | **3.6%** |
| **50-59 years old** |  | **1.3%** |
| **40-49 years old** |  | **0.4%** |
| **30-39 years old** |  | **0.2%** |
| **20-29 years old** |  | **0.2%** |
| **10-19 years old** |  | **0.2%** |
| **0-9 years old** |  | **no fatalities** |

What is global health? Global health is the understanding of health care in an international and interdisciplinary context. It includes the study, research, and practice of medicine with a focus on improving health and health care equity for populations worldwide. Global health initiatives take into account both medical and non-medical disciplines, such as epidemiology, sociology, economic disparities, public policy, environmental factors, cultural studies, etc.

 Global health is used rather than global public health to avoid the perception that our endeavors are focused only on classical, and nationally based, public health actions. Global health builds on national public health efforts and institutions.

The coronavirus outbreak ensured that the Year of the Rat didn’t get off to the most propitious start. Over 2,000 people dead so far, more than 80,000 infected and 40+ countries affected. Cities in lockdown, travel restrictions in place, plant closures mounting. Global trade, commerce, tourism, investment and supply chains in disarray.

Today, China’s economy is much more deeply intertwined with the world’s economy—a 17% share of global GDP with trade accounting for 34% of domestic GDP—than it was during the 2003 SARS outbreak.

Apart from applying the brakes on GDP growth, also foresee the outbreak affecting key macroeconomic indicators like oil prices and interest rates. I therefore believe that the oil prices will fall as a result of reduced demand from China, because they are the world’s largest importer of oil, and lowered demand for jet fuel due to widespread travel restrictions.

As the pandemic spreads around the world it is increasingly clear that culture matters when it comes to the coronavirus. It is a question not only of an individual or collective perspective, but also of a long-term versus a short-term orientation. The cultural dimension recognizes the huge political importance of the collective orientation (communitarians) or individual orientation (individualists) mentioned previously. Although all leaders call for solidarity at times of major crisis, there are clear differences between the political reactions of communitarians and individualists in Europe. There are governments, such as those of Spain, Italy and France that threaten steep fines for endangering the community, whereas Britain, for example, has responded by emphasizing personal responsibility. Leaders such as the Italian premier Giuseppe Conte, Hungary's Viktor Orbán, but also the Danish premier Mette Frederiksen – a sociodemocratic communitarian – put great emphasis on the boundaries of the national community, whereas in the Dutch narrative controlling the national border is less significant.

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Western industrialized societies such as the United States, which see disease as a result of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose and treat disease. Other societies believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces. Cultural issues play a major role in patient compliance. One study showed that a group of Cambodian adults with minimal formal education made considerable efforts to comply with therapy but did so in a manner consistent with their underlying understanding of how medicines and the body work.

Some sub-populations of cultures, such as those from India and Pakistan, are reluctant to accept a diagnosis of severe emotional illness or mental retardation because it severely reduces the chances of other members of the family getting married. In Vietnamese culture, mystical beliefs explain physical and mental illness. Health is viewed as the result of a harmonious balance between the poles of hot and cold that govern bodily functions. Vietnamese don’t readily accept Western mental health counseling and interventions, particularly when self-disclosure is expected. However, it is possible to accept assistance if trust has been gained.

Many African-Americans participate in a culture that centers on the importance of family and church. There are extended kinship bonds with grandparents, aunts, uncles, cousins, or individuals who are not biologically related but who play an important role in the family system. Usually, a key family member is consulted for important health-related decisions. The church is an important support system for many African-Americans.

Cultural aspects common to Native Americans usually include being oriented in the present and valuing cooperation. Native Americans also place great value on family and spiritual beliefs. They believe that a state of health exists when a person lives in total harmony with nature. Illness is viewed not as an alteration in a person’s physiological state, but as an imbalance between the ill person and natural or supernatural forces. Native Americans may use a medicine man or woman, known as a shaman.

As can be seen, each ethnic group brings its own perspectives and values to the health care system, and many health care beliefs and health practices differ from those of the traditional American health care culture. Unfortunately, the expectation of many health care professionals has been that patients will conform to mainstream values. Such expectations have frequently created barriers to care that have been compounded by differences in language and education between patients and providers from different backgrounds.

Cultural differences affect patients ‘attitudes about medical care and their ability to understand, manage, and cope with the course of an illness, the meaning of a diagnosis, and the consequences of medical treatment. Patients and their families bring culture specific ideas and values related to concepts of health and illness, reporting of symptoms, expectations for how health care will be delivered, and beliefs concerning medication and treatments. In addition, culture specific values influence patient roles and expectations, how much information about illness and treatment is desired, how death and dying will be managed, bereavement patterns, gender and family roles, and processes for decision making. Cross-cultural variations also exist within cultures.

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