

Narratives by Dr David Nabarro, Strategic Director of 4SD, Special Envoy to the World Health Organization Director-General on COVID-19 and Co-Director of the Imperial College Institute of Global Health Innovation at the Imperial College London

## Mid-April Reflections

By Dr David Nabarro

My emphasis in this message is for the need for all communities quickly to become alert and ready for COVID. This is because the virus is going to remain in our midst for the foreseeable future. I do not think it will disappear any time soon.

### Introduction

In many countries there are signs that the spread of disease has started to slow down because of physical distancing imposed through lockdowns. The virus itself has not gone away. As the lockdowns are lifted and people start to move around more there is a high likelihood of transmission restarting in locations. This is particularly likely to happen in localities where there is not continued attention to the need for physical distancing and for people who develop symptoms of COVID quickly to be isolated. This means that societies will have to learn how to defend themselves against new outbreaks of the disease and be ready to do so at all times.

### Defences everywhere

The WHO teams are focusing on the comprehensive defence capabilities that ought to be in place if communities and nations are to emerge from lockdown without a significant risk of imported cases triggering new outbreaks. These outbreaks grow quickly and if early containment fails they will lead to multiple deaths and overwhelmed health services. To suppress them authorities will need to impose new restrictions on economic and social activity. No-one wants that unless it is absolutely necessary .

If communities are to be capable of defending against new outbreaks they need to have the means to interrupt transmission, prevent outbreaks, suppress them if they do occur and protect vulnerable people. This is the "COVID-Ready state". It needs to be in place everywhere.

Establishing this COVID-Ready state requires the full and willing participation of people, a high level of organization within communities (with a special focus on protecting those who are most vulnerable especially in residential settings like care homes), public health services ( to organize the interruption of transmission and responses to outbreaks as well as to maintain ongoing health programmes and protection efforts) as well as COVID-Ready hospitals and other health care units.

The core of being COVID-Ready is that people are responsible for keeping themselves healthy, for preventing the illness from affecting others and for interrupting transmission when it starts. This means each person must be able to suspect they have been infected when they display COVID symptoms, isolating themselves immediately, reporting to their public health officers and being tested for the virus (ideally) in a place away from a health facility. Those with COVID will be triaged (mostly via telemedicine) and if deemed to need treatment, they would be referred to designated health care facilities where the personnel would be fully protected with PPE. Their contacts (from two days before they displayed symptoms) would be traced and required to isolate themselves, The better the contact tracing and isolation, the more likely the outbreak will rapidly suppressed.

I have written narratives and offered briefings about the need for capacity to interrupt transmission and suppress outbreaks to be in place within communities. I advocate for this COVID-Ready state to be in place and working before lockdowns are fully released. In many countries the elements of the COVID-Ready state are already in place, but they need to be made to work at great speed.

The big challenge is to get the message about the need to get COVID-Ready out NOW in ways that help all – whatever their role in their societies – make some sense of it. What are the kind of changes we will be expected to make for the COVID-Ready state to be in place and functioning? We need to consider all means – spoken, written, with film and music, through broadcast and social media, through narratives and webinars, and most importantly through stimulating dialogue and encouraging weaving, everywhere. We need to be meeting people where they are; tuning into their realities, their context, their feelings; appreciating their different perspectives; feeling into the rhythm and pace of their lives right now as well as their readiness for mindset shifts; trying to see systems in the ways that they do – whether on large scale or granular, particular.

We do need to focus on what it means to be COVID-Ready in poorer settings, as well as to be ready for other challenges that are laid bare both by the COVID outbreaks and the means that have to be in place – whether to suppress them as they start or contain them when they are big. I hear such messages coming from Dr Tedros and the WHO team, from other COVID envoys and from all working for public health with their shared identity, capacity for mutual respect and willingness to exchange information within a context of trust. We need their engagement to interpret the confusing science and chart ways forward including in the whole area of caring for older people.

**Stay well and safe.**