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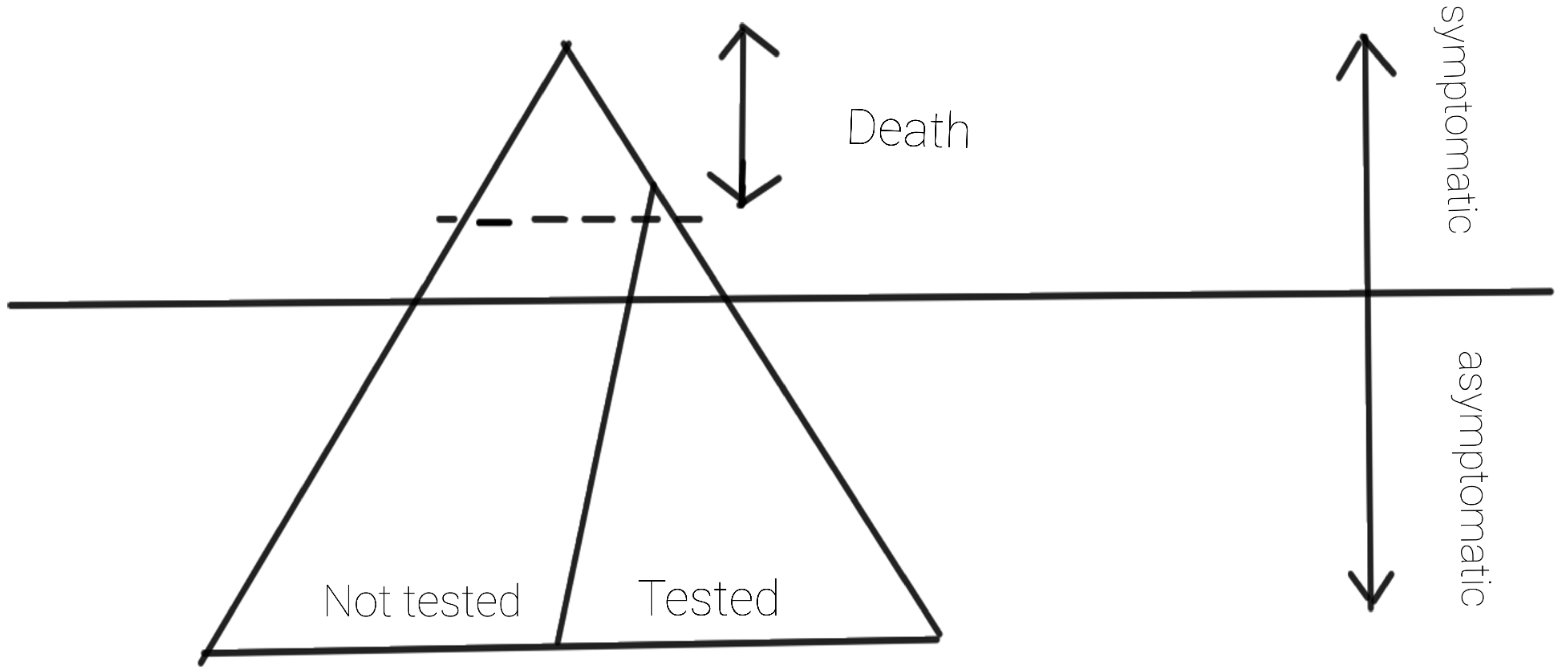
COVID-19 and the elusive search for balance: health, economy, security

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Lukoye Atwoli 22 October 2020



Total Covid19 Burden





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Stages of COVID-19 pandemic



STAGE 1

(Declaration of pandemic, no cases locally reported, no mortalities):

Action: Infection prevention measures (physical distancing, hygiene, etc). Also, lock borders, and test and quarantine anyone coming in as close as possible to the point of entry.

Goal: Keep the virus out of your territory



STAGE 2

(First cases reported, restricted mainly to points of entry and large settlements, no or few mortalities):

Action: Keep borders closed, continue measures from stage 1, but add community screening, testing of symptomatic individuals, isolating those testing positive, and tracing and testing their contacts, and surveillance testing in the community (as much as is possible with available resources)

Goal: Early identification of community spread, prevention of widespread community transmission.



STAGE 3

(Initial community transmission reported in a few areas, regular (every few days) mortality reported):

Action: Continue Stage 2 measures, but also isolate and restrict movement into and out of high transmission areas, conduct massive testing in the ‘isolated areas’, ramp up capacity of health system to handle the next phase of the pandemic- recruit health workers, train them, provide PPEs, equip health facilities to screen, test and manage the illness, arrange for continuity of other services during the upcoming surge, prepare for the worst, hope for the best.

Goal: Control community spread to buy as much time as possible to prepare for the inevitable surge



STAGE 4

(Widespread community transmission, multiple areas across the territory, rising, frequent mortality):

Action: Stop community testing, focus on testing and treating those with symptoms and those presenting in health facilities for any illness, regularly test health workers and provide support for them, continue ramping up health system capacity. Movement restrictions and border closures are meaningless at this point as far as infection control is concerned, but may be justified by the need to limit additional pressure on a strained health system.

Goal: Reduce risk of progression to severe illness and death among those who are infected, prevent collapse of the health system



STAGE 5

(Peak- Large proportion of the population exposed via community transmission, increasing numbers of critically ill patients, high mortality):

Action: Continue testing and supporting health workers and strengthening the health system, focus only on managing people with moderate to severe symptoms, keep those with mild symptoms away from the health system (home care), expand critical and intensive care capacity.

Goal: Damage control. Minimize mortality.



STAGE 6

(After the peak/tail of the pandemic- new cases declining, mortality low):

Action: Gradual recalibration of ‘normal’ in the health sector based on lessons learnt, repurposing new infrastructure and capacity to better deal with existing health problems and building resilience to better handle the next pandemic.

Goal: Consolidate and build back better.

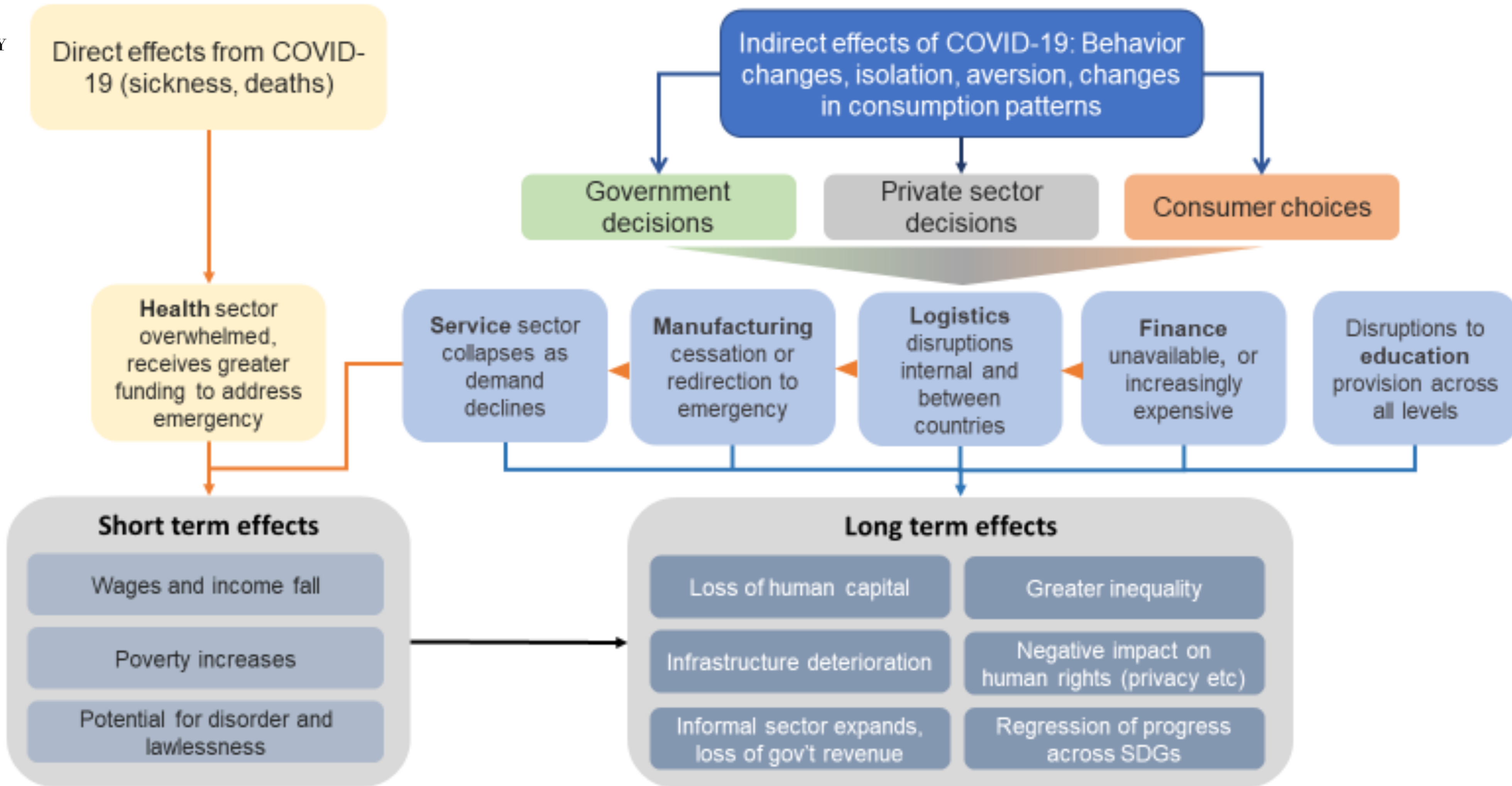


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Socio-economic impacts of COVID-19

The COVID year- annus horribilis

- Job losses
- Reduced incomes
- Shrunk markets for goods and services
- Market restriction due to movement restrictions- closure of bars and restaurants, restriction of market times, school closures, transport restrictions
- Reduced government expenditures- no tenders, pending bills, reduced construction
- Changed job environment with reduced productivity





Securitisation of the response

When the only weapon you have is a hammer...

- Heavy use of security forces at the beginning of the pandemic to enforce movement restrictions and curfew
- At some point dozens would be arrested and squashed together on the way to police stations and in police cells
- People were physically assaulted by police enforcing movement restrictions
- Some deaths were reported as a result of overzealous enforcement efforts
- Perception that restrictions were being used to stop government opponents from organising rallies
- Securitisation was a response to an unknown, unseen, and lethal threat



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Population responses to securitisation

'Defiance'

- In many places, the natural response to overbearing security actions is defiance
- In many countries, initial responses to 'lockdown' measures included looting and violent robbery
- People wilfully ignored and flouted health regulations
- Narratives emerged about COVID-19 being a hoax being used by governments for their nefarious ends
- In Kenya, people found ways of going around curfews, and getting into and out of restricted areas
- Political mobilisation contributes to hardening of perceptions



Why defiance?

Human nature

“People routinely do not do what is good for them and refuse to cease behavior that is bad for them. This same pattern of behavior should be expected when it comes to COVID-19 restrictions being implemented. Just as people continue to smoke, to consume sugary drinks, refuse to exercise, and even reject required medication, so will people test the boundaries of government instructions, and many will simply refuse to comply.” (Mansdorf, 2020).



Other reasons

Life happens...

- No economic alternatives- people have to earn a living
- Social reasons- people have to meet other people (humans are social animals)
- Necessity- people have to eat, drink, shop, play, go to hospital
- Mistrust of government- corruption allegations, political gatherings, perception of insincerity
- Group behaviour- doing what 'everyone else' is doing (conformity)
- Ignorance (and perhaps inconstant messaging)



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Outcomes of securitisation

Spikes

- Security forces actions increase risk of transmission (see the cases in correctional facilities)
- Public scepticism reduces protective precautions
- Poor regulatory timing fails to achieve prevention goals
- More people get infected
- More people die



Daily new confirmed COVID-19 cases

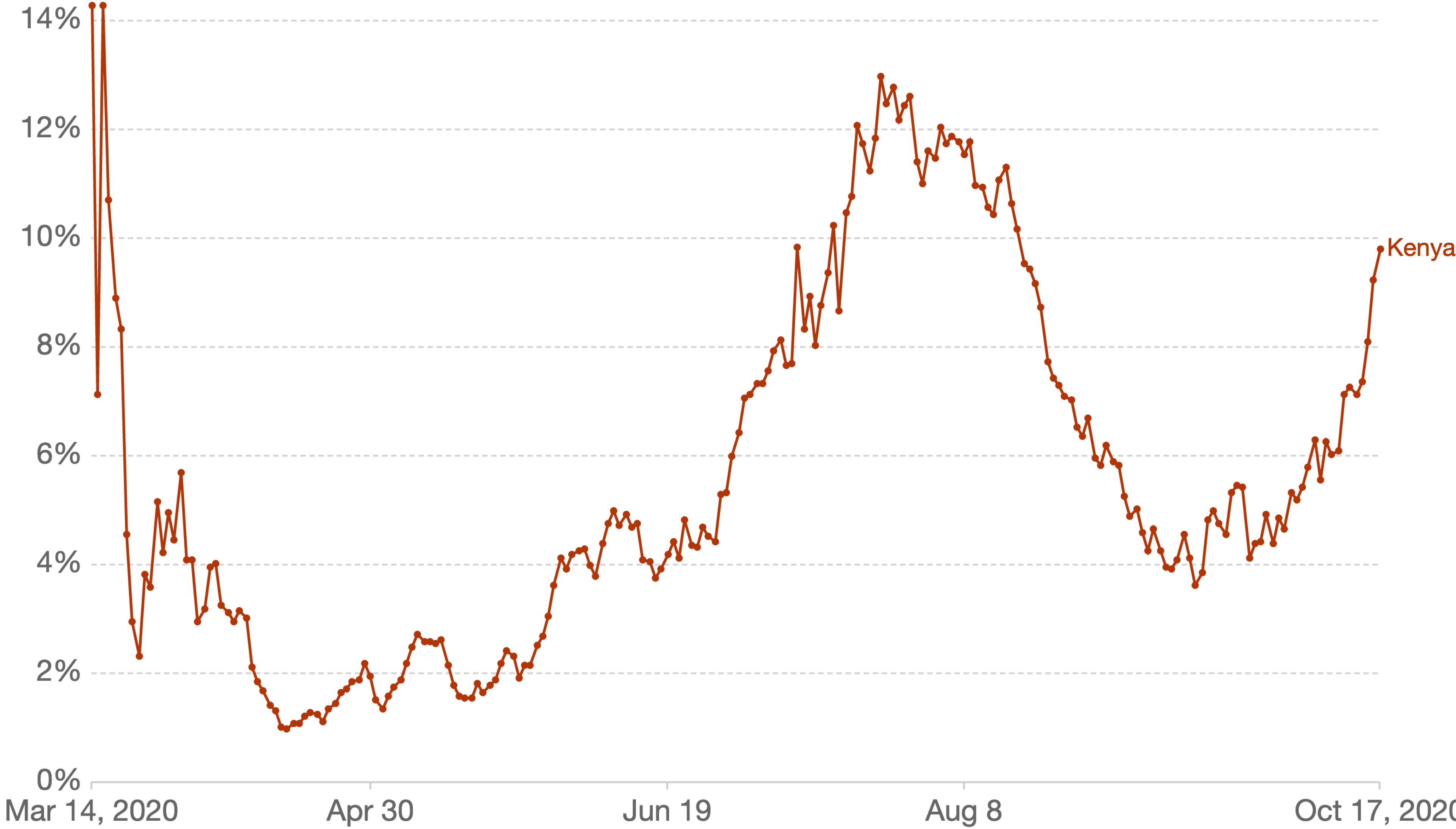
Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.





The share of daily COVID-19 tests that are positive

Shown is the rolling 7-day average. The number of confirmed cases divided by the number of tests, expressed as a percentage. Tests may refer to the number of tests performed or the number of people tested – depending on which is reported by the particular country.



Source: Official data collated by Our World in Data



Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: European CDC – Situation Update Worldwide – Last updated 21 October, 11:34 (London time)



Lessons learnt

(Hopefully)

- Do not forget why the restrictions are in place (a public health measure meant to reduce risk of infection and death)
- Any intervention that increases risk above baseline must be avoided
- Persuasion works better than coercion in pandemics
- Appeal to solidarity and community involvement works better than appeals to self-interest
- Dealing with stigma must be built into the response from the beginning (stigma fuels transmission)
- Think through the socio-economic impacts, and mitigate from day one
- Be patient. COVID-19 is not in a hurry to leave



Thank you very much
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