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Security Nexus Perspectives

# A HEALTH SECURITY PANDEMIC CHECKLIST FOR DEVELOPING NATIONS AND DONORS

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The COVID-19 pandemic presents as a global, complex, public health emergency that varies in impact due to geography, variations in virulence over time and space, response preparation times, available resources, culture, religion, and a host of other possible confounders. Response systems that have shown encouraging quantitative results in one nation may thus be ineffective, or even counterproductive in other places.

Developed nations have responded in a variety of ways with mixed results. They thus do not have much to teach developing nations that would assist them in their preparations for the current global pandemic. There are too many variables in play. One might argue that the more serious effects of COVID-19 infection are experienced by those who manifest comorbidities associated with more affluent developed nations such as, diabetes, obesity, and heart conditions. If this is a disease of affluence rather than poverty, draconian policies will be less cost-effective in developing nations.

Nonetheless, there are benefits that developing nations, in the Pacific and elsewhere, may accrue from attention to health security experiences and response strategies in Europe and elsewhere. Much of the developing world is uniquely placed for geographical and socio-economic reasons because they have had more lead time to prepare for the arrival of the pandemic. In many ways, ironically, the developing world is better equipped for the current situation than Europe or the United States. Many populations in sub-Saharan Africa, for example, are highly experienced in living with the threats of infectious diseases and associated life expectancy issues, unlike those in more affluent countries.

While some appear consoled that the pandemic is not as severe in developing countries, others fear that they simply have not been adequately exposed yet due to factors such as less international travel. Many health security questions have been raised on ethnicity, culture, and other risk factors that may differ between regions. Prior epidemics also show us, if nothing else, that adaptable interventions that are suitable to local socio-economic conditions are essential. This includes a focus on use of local resources in

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response design, but also careful consideration of branding in health messaging, making feasible requests that do not deter service utilization, and close attention to a range of other possible sensitivities.

Similarly, ethical considerations related to provision of services for other diseases should be carefully considered, as should the importance of cross-sectoral responses that go beyond ministries of health and use resources from other government departments and public service providers. Should the current pandemic shift to low-level 'acceptable risk' endemic status in developing countries, emergency responses need to be supplemented with long-term surveillance and knowledge transfer.

**What has worked?**

By far the most effective international public health measure, from a health security perspective, has been national isolation via the closure of borders and limitations on population movement, both internally and between countries. This was achieved by decisive and timely political action in most cases with cooperation from transport providers, legislators, and public health experts.

Social distancing policies are a successful mainstay, largely because of their humanistic nature. The previous *status quo* of large crowds concentrated in small spaces from over-full commuter trains to overcrowded sports venues has been revealed as risky and optional. Few instances of large congregation have emerged as essential to human progress and survival. The ascendancy of remote working is critically important in this regard, though may not be an option in many developing nations.

Thirdly, the compliance of vulnerable and elderly populations with national directives has been of critical importance. Without this, those at highest risk would likely have rapidly filled many hospital systems to capacity as they did in Italy.

Optimal measures in developing countries should focus on adapting these lessons learned to local conditions and protecting the population from international arrivals. Worldwide, the freeze in international travel has been essential, even though it was, in hindsight, implemented far too late. Likewise, there may be no need to change the day-to-day way of life in developing country townships, as long as residents are protected from interacting with potentially infectious international or regional arrivals. In many developing nations, social distancing efforts are likely to be almost impossible to enforce, but on the positive side, there is traditionally less mobility by older and vulnerable populations in the developing world, compared to developed countries.

As such, curtailments of travel between countries, districts and regions (in other words, the constriction of relatively loose *cordon saintaires* or *reverse cordon sanitaires*) is most likely to be highly effective. In many developing counties, partially-enforced borders between counties, districts and regions are already in place. Continuing the suspension of long-distance travel is thus both practical, effective and enforceable in this context.

***Health Security Checklist for the Developing World***

Health security is too often considered a purely developed country concern, such as, protecting borders and affluent populations from the arrival of Ebola from West Africa during outbreaks. This is a misplaced

assumption because health security today is of greater importance than ever for developing countries who are now equipped with justifiable rationales for limiting entry. In conflict settings such as Sudan, ingress by non-nationals in to Khartoum is relatively easy compared to the stipulations required for further geographical access. Such policies, once regarded as inherently malign, may have a key emergency response rationale – provided they are not abused.

Donors seeking to provide health security assistance should thus consider the following items, which serve as a draft framework for meaningful engagement.

***Border Control***: The curtailment of the movement of international populations arriving into, and living in, developing countries is of crucial importance. The provision of contact-tracing tools and the development of tagging systems for new arrivals to wait out quarantine periods could be an enforceable initiatives in this regard. The use of pre-existing "bush telegraph" methods for surveillance and information sharing is of key importance in curtailing local outbreaks. Donors may support these efforts through the provision of fact sheets or health checks at air and sea ports, as well as efforts to maintain border security within partner countries.

***Existing Networks***: There are many existing networks of foreign assistance initiatives and partners that can play a pivotal role in messaging, grassroots surveillance, and knowledge transfer. Though donor collaboration with local religious leaders, for example, health messages can be effectively integrated into religious ceremony and teaching.

***Health Literacy***: The provision of straightforward, locally-adapted health education messaging is fundamental for people to make good decisions. But basic policies, not requiring a high level of investment and with a focus on health security, should be adopted. Messages should be delivered via a variety of platforms such as internet, text messaging, poster campaigns, advertising, community awareness efforts, radio and popular drama. Wherever possible, such initiatives should be integrated with existing health literacy programs, rather than supplanting them.

Health education is critical because it reduces hype and paranoia and associated social unrest and economic disruption. However, consideration should be paid to the issue of information overload, which is exacerbated by disinformation. Developing countries have less resources to manage disinformation and are less able to navigate increasingly complex global information flows. Thus, interventions must include consideration of essential services and provisions must be included to minimize disruption. The flux of fake news should not influence governments to leverage public health efforts for other agendas, as has happened already in many parts of the developed world.

***Positive Messaging***: Combining health protection measures with awareness programs that highlight the benefits of limited mobility with regard to other threats, such as climate and environmental change, could be effective. This has been an important bonus to all countries complying with emergency regulations.

***Xenophobia***: In countries with preexisting ethnic tension, it is important to ensure that health and security messaging avoids conflation of lockdown efforts with tribalism, regionalism, or other forms of domestic or

international xenophobia. Conversely, policies can be implemented to promote the opposite, such as the necessary integration of migrant communities during periods of limited mobility.

***Convertibility***: All emergency services should be convertible to day-to-day use under non-emergency conditions. Specific-use items are of more use if they can be made generalizable and useful to other health condition treatment -- then reactivated when needed. This may help to ensure that white elephant investments that remain unused after the emergency period are minimized or avoided.

***Home and Community Prevention and Care***: In many ways, developed county responses have been based on health system capacity. Their polices have thus focused on protecting health systems, perhaps to a greater extent than populations. In the developing world, due to a very limited health infrastructure that is often already overwhelmed, the immediate focus should thus be on developing resilience by resourcing community-led care and homecare strategies.

***Prevention and Treatment Campaigns***: The promotion of health information might include basic measures, such as, guidelines on water and sanitation health (WASH), risk factor recommendations such as on smoking, and locally-relevant advice, such as avoiding the use of indoor fires and other environments and activities that exacerbate pulmonary and respiratory conditions.

***Industrial Change Preparations***: Industries likely to be highly affected in developing countries should receive advice as soon as possible on possible policy changes and resulting consequences. Recommendations need to be provided on the need to diversify away from sporting events, tourism, alcohol sales, restaurants, and other congregation-based services to more sustainable activities. This proactive forewarning will assist industries to prepare for changing operational environments and become resilient in the face of reduced financial flows.

***Local Ownership***: In many cases, government policies are conflated with other agendas, which makes it crucial to make a strong case for civil obedience and social authority in emergency situations. Establishing trust is fundamental to helping local populations make informed decisions based on local circumstances, rather than exclusive reliance on often unenforceable, overly-paternalistic or controlling efforts that might be construed as didactic or authoritarian.

***Protected Health Information***: Developing countries must consider the risks and shortcomings of protected health information in the emergency context. The provision of granular health information to the public is essential to empowering their adaptability and resilience in disease outbreaks. This acts to support epidemic control efforts by addressing different cultural contexts, including religion and political climate. Greater clarity and granularity and resolution in the local control of outbreaks will help with *cordon sanitaires*, and will likely reduce, rather than increase, fear, damaging stigma and paranoia.

***Overreliance on Testing***: Currently, large-scale testing strategies are unfeasible for almost every country, let alone the developing world. Associated costs and logistics are likely to continue to be prohibitive for some time. In the HIV/AIDS realm, testing has been of limited practical use in controlling epidemics unless partnered with community referral systems. Likewise, contact-tracing strategies, particularly when

epidemics take place on large scales, are unlikely to be effective in the developing world. Efforts in this area should focus on point-of-entry/exit strategies.

***Geography***: As with many other infectious disease outbreaks, the nature of the current epidemic is inherently urban, with transmission, incidence and prevalence rates all significantly higher in high-density population areas. As such, developing countries should focus efforts, *cordon sanitaires*, and other border control measures on protecting rural areas, and associated essential food production efforts, by limiting non-essential population movement between different geographic areas.

***Demographics***: The current pandemic affects elderly and other vulnerable populations with much greater severity that other demographics. Developing countries may wish to make this an inherent part of their response strategies by emphasizing the importance of protecting those population groups, without limiting their basic personal freedoms. Where possible, such endeavors should be undertaken from a humanitarian, rather than a health system, perspective.

Based on a combination of the above two considerations, there may be a particular need for developing countries to focus on protecting vulnerable or elderly populations in urban areas. Though less common in low-resource settings, populations in hospices, aged care homes, and retirement centers remain at high risk and lessons learned from more developed countries.

***Beyond Treatment or Prevention***: Too often, epidemic responses are simplistically divided between treatment or prevention. In the current pandemic, treatment options are limited, particularly for severe cases in the developing world. Even with less severe cases, limited curative or treatment options exist beyond basic recovery measures. Likewise, in terms of prevention, no vaccine exists or is likely to exist for some time. Similarly, social distancing measures, while effective, are unlikely to be effective in many places due to educational, literacy, and population density considerations.

***Containment***: Containment strategies, in geographical terms, are essentially large-scale infection prevention efforts. Even at the micro level, they reduce risk within restricted areas. With such a community-level focus, geo-containment strategies therefore represent one of the few feasible alternatives to micro level prevention efforts in developing countries.

***Feasible Local Responses***: The use of local resources and expertise is key to epidemic containment in any setting, but particularly important in low-resource areas, because donor funding is likely to be severely curtailed as affluent countries count the cost of the pandemic on their populations. The advancement of practical and culturally-acceptable measures such as sneezing in to elbow crooks, recommendations on time limits spent in close proximity to others, or the use of home-made face masks may be far more appropriate and effective for the developing world than more socially or resource-demanding recommendations.

***Conclusion: A Need for Bipartisan Health Security Approaches***

It is critically important that developing countries and Pacific nations avoid over-reacting and conflating health security policies with other political agendas, for to do so will undermine public health efforts and

erode public trust in authority. Rather, it is vital to steer a moderate line that balances fear, hype, paranoia, and despair (as characterized by many liberal-democratic responses) on the one side, with political or social recklessness (associated with more conservative, libertarian, or authoritarian regimes) on the other.

Disease control must never become an excuse for authoritarianism or the limitation of human rights, such as occurred around internment camps in the 2014 Sierra Leone Ebola outbreak. Extreme health security measures should not, above all, be allowed to excessively or unnecessarily affect other areas of public health, human rights, or economic productivity beyond emergency circumstances. Moderate bipartisanism may thus be the best overarching advice for any developing country and Pacific nation that is concerned with preserving quality of life.

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