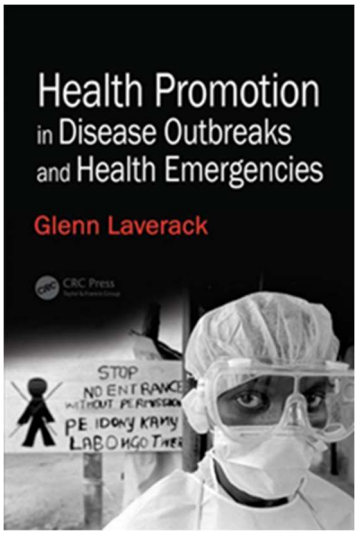

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Dr Glenn Laverack has 35 years experience in public health and has worked in 50 countries. He was a community engagement and communication adviser to UNMEER during the Ebola Virus Disease outbreak in West African. He has also been involved in international responses for SARS and Zika Virus Disease as well as national level responses for cholera and dengue.
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Other papers on COVID-19 outbreak of Glenn Laverack are available on www.dors.it (https://www.dors.it/page.php?idarticolo=3406) in the Diary from Outbreak.

Learning to live with COVID-19

updated to the 4th of September 2020

Learning to live with COVID-19 is officially a reality as the Director General of the World Health Organisation announced that the pandemic will continue until at least 2022. Lock-downs and quarantines, imposed without consultation or incentives, have been used in many countries. These have had a negative impact on people´s lives, livelihoods and health and have been especially damaging on national economies, further impacting on people´s wellbeing. Living with COVID-19 must avoid national lock-downs by maintaining low community transmission, shielding the vulnerable, maintaining social responsibility and empowering communities to protect themselves and others.

Living with COVID-19 (with or without vaccines) **depends on maintaining low community transmission** by ensuring everyone complies with current preventive measures (based on scientific evidence and experience) including face masks, social distancing, hand-washing,

testing and self isolation. Maintaining low community transmission means maintaining social responsibility to comply with preventive measures to protect ourselves, to be vigilant, and to protect others, including the vulnerable.

Living with COVID-19 depends on shielding and supporting the vulnerable in society including the elderly, people with underlying health conditions (1/3 of COVID-19 deaths in the UK had diabetes), a disability, refugees and migrant workers and the homeless. Managing the outbreak in vulnerable settings has been problematic including in care homes (in the UK 40% of deaths), in quarantine hotels for travellers, migrant worker dormitories and in mixed generational families. Other vulnerable settings including prisons, factories and educational institutions continue to pose a potential risk for an accelerated spread of the virus. Encouragingly, people have voluntarily helped to shield and support members of their extended family and others in their communities including by making face masks, delivering essential items or doing essential tasks and by organising ´balcony entertainments´. Living with COVID-19 depends on harnessing the potential and systematically supporting the involvement of communities.

Living with COVID-19 depends on maintaining social responsibility by empowering people to have more control in their lives to protect themselves and others. Social responsibility will not be achieved by changing behaviour, person by person, because there is insufficient time (the first enemy in any outbreak), resources and capacity in many countries. Political action (policy, legislation and enforcement) that supports social action (mobilization, norms, values) can, when coordinated, help to maintain social responsibility. Stopping passive smoking is an example of how both political and social action were used together to protect public health.

Maintaining social responsibility depends on building trust between governments and communities. This can be facilitated through community-based organisations (charities, voluntary, faith based and social organisations) and local leaders that have an established network of contacts. Community-based organisations provide a bridge between political action and civil society and can quickly increase awareness about the need for personal protection and identify ways to comply with preventive measures at an individual, family and community levels. It is important to recognition that the role of community-based organisations in a disease outbreak goes beyond service delivery at a local level. By increasing their profile (representation at advisory meetings and press briefings) and by providing stronger funding streams they can engage with and empower people through a broad range of activities.

Building trust requires a source of accurate, evidence-based information (to counter misinformation) and an opportunity for people to engage in a dialogue with a trusted source such as peer educators and health counsellors, using a safe means of communication. The purpose is to help to clarify people´s concerns and to identify solutions to protect themselves and others against COVID-19. It is also important to enable people to be more critically aware of their personal circumstances (why they are more at risk or more vulnerable, for example, because they live in an overcrowded environment). There are established techniques that have been used during the pandemic, such as fotovoz, to facilitate critical awareness and help people to identify how to protect themselves.

Living with COVID-19 depends on reaching those who cannot or will not maintain low community transmission including the vulnerable, people who lack social responsibility or who oppose preventive measures. Mass gatherings such as raves and protests (including anti vax, anti-mask and anti-testing) are occurring in Asia, Europe and the USA without the proper use of preventive measures. Tailored interventions, with a clear understanding of the socio-cultural context, must be used to target individuals and groups that present a high risk of spreading of the virus. Tailored interventions have been successful in controlling the spread of STIs and to promote immunisation by engaging in a dialogue and by working with leaders to address local concerns. Reaching those who cannot or will not maintain low community transmission through tailored interventions is a crucial step towards living with COVID-19.

A paradigm shift for the response to the pandemic is now needed to better engage with communities and to empower people to protect themselves. The epidemiological perspective remains essential but living with COVID-19 depends on controlling the virus as it circulates at the local level. Public health systems must be able to work alongside politicians to guide government policy in each step of the disease outbreak response. There is not a definitive approach for the management of COVID-19 because context (socio-cultural, political, economic and historical) has a direct influence on any response. It is therefore difficult to compare and contrast response outcomes between countries because what works in one country may not work in another. Living with COVID-19 depends on each country response being analysed within a full consideration of its context. A paradigm shift for the response to the pandemic must therefore include an emphasis on the social sciences, on data collection and on the translation of the findings into practice. This will help us to better understand the context and how to develop a culturally competent workforce that can engage with hard-to-reach groups in society.

The conditions that may have led to the development of COVID-19 (and to MERS and EVD) still persist in many countries because of weak capacity and political commitment for surveillance, prevention and enforcement. Ongoing and emerging communicable disease outbreaks will continue to have a devastating impact on people´s health and on national economies unless we invest in strong, effective and well funded public health systems.

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