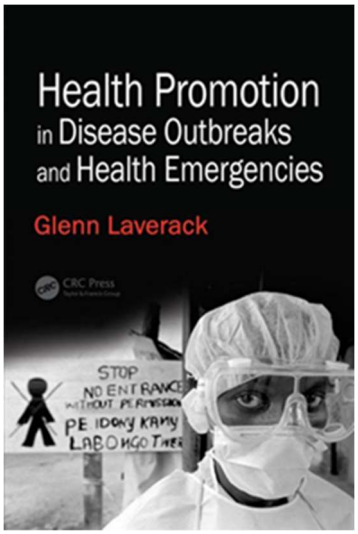

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Dr Glenn Laverack has 35 years experience in public health and has worked in 50 countries. He was a community engagement and communication adviser to UNMEER during the Ebola Virus Disease outbreak in West African. He has also been involved in international responses for SARS and Zika Virus Disease as well as national level responses for cholera and dengue. He is collaborating with Andalusia Government (in Spain) for health promotion action during the COVID-19 outbreak.
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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.

Desperate COVID-19 times, desperate measures

updated to the 13th of November 2020

COVID-19 is here to stay. We are not in control of a highly infectious virus that is rapidly spreading. Preventive measures have not worked, the number of cases, hospital admissions and deaths are increasing and a resurgence is now a reality. We have been unable to protect our seniors in care homes, unable to prevent our adolescents from spreading the virus, but worst of all, we have not empowered communities to protect themselves. In desperate COVID-19 times, desperate measures have been necessary but these have led to many businesses failing and many people have lost their livelihoods. Employment retention schemes have helped some people to stay at home but severe economic and social hardships will continue unless we do everything we can and use every opportunity and every tool to avoid harsh measures. It is important to understand that there is not a clear top-down solution to the pandemic. Governments must gain the confidence of their citizens and bring

local leaders, local authorities and the public with them when making difficult decisions, especially about population control measures.

The pandemic response has been driven by the epidemiological data that can only provide a broad interpretation of what is actually happening. It is the social and behavioural sciences that allow us to better understand the context, how people spread the virus, how to engage with hard-to-reach groups and how to target high risk settings. The social and behavioural sciences have been a missing feature of the pandemic response and would have helped us to understand cross-infection in the care homes, mixed generational families and amongst adolescents. We must question public health policy decisions that do not have a thorough understanding of both the epidemiological and social science data. In a rapidly changing pandemic environment it is possible to include the social sciences if we are prepared to learn from the lessons of previous disease outbreaks [1].

The pandemic response is now under scrutiny for not actively involving local leaders and communities early enough in decisions about how to prevent the spread of the virus. Governments should have given an equal priority to top-down (policy, regulation, and enforcement) and bottom-up (communities, local leaders) actions. There is still an important role for communication, the middle-ground, especially in providing clear and consistent messaging. Governments must now find a way to harness the potential of individuals, families and communities to address the spread of COVID-19. Community-based organisations can play a pivotal role in establishing confidence and in providing a bridge between government and the local level. It is important that governments recognize the value of community-based organisations, to help to strengthen their capacity, to build partnerships with them and to provide more resources for prevention activities at a local level. Stronger funding streams for community-based organisations, directed through local leaders and local authorities, must become a core part of the pandemic response.

In desperate COVID-19 times, a vaccination is the most viable means to prevent the spread of the virus. However, even if an effective and safe vaccine can be mass produced there is no guarantee that enough people will voluntarily use it to achieve ´herd immunity´. Government regulations, including the use of vaccination certificates for employment and travel, could become a control feature of the future. The anti-vax and human rights movements and misinformation from various sources including the social media have helped to create a hesitancy to accept a COVID-19 vaccine. Reaching those who cannot or will not use vaccination services will be critical for controlling the spread of COVID-19 by engaging in a dialogue with communities, by creating support networks and by working with local authorities and local leaders.

Interventions for a single, specific behavioural risk such as social distancing have little impact on the determinants that cause the risk in the first place. Complying with preventive measures is especially difficult when living and working in overcrowded conditions. The focus on individual behaviour can create a culture of 'victim-blaming', by making people feel guilty because they are exposed to risk, when it is often outside of their control. Communication, regulation and enforcement have not been enough to ensure that everyone complies with the recommended COVID-19 preventive measures. Non compliance will continue to be a feature during the pandemic unless behaviour change is accompanied with a policy

framework that creates a supportive environment and helps to empower people to be able to take control of their own circumstances [2].

In the time of COVID-19 there is an important role to help people to empower themselves, and others, in regard to making the right decisions and accessing resources to prevent the spread of the virus. This can be achieved by increasing personal skills and supporting community-based organisations and social networking towards maintaining low community transmission. In particular, raising awareness and mobilising people at a local level to use vaccination services and reduce vaccine hesitancy can be supported through tailored intervention that are sensitive to the context. Reaching those people who cannot or will not maintain social responsibility to comply with preventive measures will also be an important and ongoing role. Public health has had some success in addressing non-communicable diseases and this will remain important alongside addressing the chronic effects of ´long-COVID´, in particular, the psychosocial complications. Long-COVID is an emerging health problem that will require service support through accurate information, survivor support schemes and helping to reduce stigma associated with infection.

COVID-19, although deadly to some, is relatively benign to most people. We must learn from the lessons of this pandemic to be professionally better prepared for more severe disease outbreaks of the future. Responding to a pandemic demands a unique set of competencies and this new role for health promotion professionals has already been mapped out [3] which combined with a more culturally competent and flexible workforce presents an exciting challenge to strengthen our work in the future.

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[1] Laverack, G. and Manoncourt, E. (2015) Key experiences of community engagement and social mobilization in the Ebola response. Global Health Promotion. 1757-9759. Vol (0): 1-4.
[2] Laverack, G. (2017) The challenge of behaviour change and health promotion. 8, 25. Challenges. doi:10.3390/challe8020025C. https://www.mdpi.com/2078-1547/8/2/25
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