

Editorial

Are countries preparing for a responsible lockdown exit strategy?

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Maybe, or truly, in barely some weeks, leaders across the world should start making decisions about lifting lockdown policies, with considerable social, economic and political consequences. We aim to propose a strategy for what could even be arguably the foremost challenging health challenge that governments globally have faced since the beginning of this century: a responsible lockdown exit strategy. Several Asian countries are successfully combating their COVID-19 pandemics through a mix of assorted measures like large-scale testing, isolation and quarantine, in parallel with moderate countries like Asian countries or much stronger China social-distancing measures. They have also relied on a rapid upscaling of testing capacity and up hailed by mobilization of thousands of physicians recruited to perform measures.

Many European countries, additionally, because the USA, Canada, has, in contrast, been overtaken by initial little non-serious attitude, the speed of the establishment and spread of the causative virus and have didn't anticipate the supply and logistics of large-scale testing and personal protective equipment. Since no vaccine is obtainable for several months or even over a year, the control of this pandemic is achieved only by a significant social reorganization. Therefore, some of the countries will be left with no choice but to choose aggressive social-distancing measures to fight the pandemic.

Maybe a unique state is that somewhere down the line delayed control of these pandemics through social distancing could have left these countries

with a comparatively higher fraction of an immune population than in countries within which the pandemic was quickly contained, which could play within their favour within the prevention disease. The current global nature of this pandemic and so the indisputable fact that some countries are at different pandemic levels suggests that the pandemic crisis is here to stay for ages. However, from an economic and social point of view, drastic lockdown measures don't seem to be sustainable within the long run. Besides, social tensions linked to severe prolonged confinement, which negatively affect people quite differently, financially additionally as non-financially, may get out of hand. A well-designed exit strategy is, therefore, crucial. Here we suggest a framework for a gradual exit strategy from lockdown that relies on three complementary and continuous efforts. We understand that its implementation is deemed with several challenges, which can be harder to handle in low- and middle-income countries than in high-income countries.

First, social-distancing measures should be maintained to cut back the transmission up to some extent at which hospitals can accommodate the resultant much lower number of patients. This can be ready to allow some time and rest for mainly stretched health systems and workers and would allow time to handle the logistics of stocking protective equipment in sufficient proportions for the primary and secondary physicians to forestall future nosocomial infections. The extra capacity built up during this first wave of the pandemic should obviously be structurally secured for possible second waves.

Secondly, the diagnostic capacity should be massively upscaled for the detection of the virus and so the identification of immune people. However, RT-PCR and rapid antigen tests available in quite significant numbers than the estimated infected population would be used to quantify ongoing infections and inform contact tracing, isolations and/or quarantine.

Thirdly, the human resources and procedures needed to implement systematic tests and phone tracing at scale would want to be put in place. These tests should first be targeted at workers providing essential services. With scaling up the diagnostic capacity, the tests would support the progressive confinement of groups of populations supported their expected contribution to the transmission and risk profile and so the results of both RNA tests and serology tests to gradually restore economic and act safely. As an example, de-confinement may be a smaller amount urgent for retired senior citizens and for folks that can work from home. An important question that cannot be avoided at an early stage is whether or not or not schools should be reopened, providing tykes are less in peril of contracting COVID-19. This could be a complicated question that lack of space prevents us from addressing here. Suffice it to say that if a government decides to reopen all or a part of the educational establishments of the country, care should be taken to attenuate the prospect of transmission to the teaching staff and their families, with the help of high-priority testing. And if the selection is that the alternative, maximum effort should be deployed to cut back the blatant inequalities that result from distant schooling

Moreover, people of working age but with a high-risk profile for COVID-19 should be exempted from the duty to return to the workplace. The various target groups would wish to be defined transparently, in step with each country's specific demographic and socio-economic context, and with the active involvement of the various stakeholders to maximize the social acceptance, which will be key to successful implementation. In countries where there are problems with financial

access to healthcare, the price of testing would wish to be subsidized, so cost isn't an obstacle to its full application.

At first, only immunized but virus-free people may return to their healthy lives. When the pandemic subsides, gradually younger people - age being a key risk factor who are virus-free but not immunized could also be considered too. Priority for testing such low-risk people should incline to those operating in sectors considered essential. Such an approach would slowly build up 'herd immunity,' which might reduce the intensity of the pandemic's future waves. The goal should be for everybody to eventually rejoin their everyday lives and thereby avoid the stigma of two 'types' of citizens: people who are immunized and risk-free, and people who don't seem to be. In any case, this risk isn't permanent, since it'll be much reduced once a cure or a vaccine is (are) found. Such a combined strategy would allow countries to progressively shift from collective and large social-distancing measures to systematic testing of symptomatic cases, isolation of COVID-19-positive people, and identification and quarantine of their exposed contacts, in association with the discharge of immune people from any preventive measure. Quantitative mathematical modelling should be used as soon as possible to confirm that the proposed set of actions is safe, make sure the level of transmission and severe cases remain below the health system's capacity and fine-tune the timing and phasing of actions, and to inform the choice on track groups which will be gradually released from confinement.

This would make it quite possible to reconcile the benefits of the opposing strategies that are proposed up to now. The strategy of world containment of the population, which is economically and socially costly, and therefore the strategy exclusively supported 'herd immunity,' which potentially involves an awfully substantial human cost can be done too fast at an early day of the pandemic. However, for the successful management of this health crisis will depend mainly on the support of the population at large.

Allowing some sorts of workers to return to figure while preventing others from doing so is vulnerable to cause tensions aroused by feelings of positive or negative discrimination. These feelings may differ depending upon whether the worker may be a jobholder or an independent worker or entrepreneur. This dimension has got to be thought over, and therefore the rationale of any measure must be carefully explained to the population. The identical applies to the questions of the way to organize the quarantine of infected people to avoid a resurgence of the pandemic and the way to manage inequalities in access to healthcare. Citizen ownership is going to be essential to confirm that solidarity prevails over discrimination.

Disclaimer

The information shared in this article is based on author(s) personal views. The aim of sharing this piece is to increase understanding of lockdown strategies combating COVID-19. The author can be reached at saziz@uottawa.ca.

