

The World's Response to Covid 19

A report on AEJ's Meeting with Professor David Heymann of the London School of Hygiene and Tropical Medicine

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Professor Heymann started his talk with a story of how, in the 1990s in central Africa, journalists were distracting him and his colleagues from what they were trying to do to contain the Ebola outbreak. However, he eventually managed to distract them into travelling, at his direction, into some remote parts of the Democratic Republic of Congo where they assisted directly with the work of the vital contact and trace programme. Most importantly, while journalists can be a nuisance to health professionals in an emergency, they always have an enormously important role in disseminating information and understanding.

In the case of the Covid pandemic, journalists' task was made more difficult not just by the torrent of misinformation from Covid deniers and anti-vaxxers but also from misleading analysis by experts. For example, some said that achieving "herd immunity" could be the way eventually to stop the spread of the disease but in fact it should have been known that people infected with Covid, a form of coronavirus along with many varieties of the common cold, do not gain full immunity from future infection and therefore retain the ability to spread it. He also noted that the vaccines so far developed, while acting strongly to hold back severe disease, do not prevent infection and contagion.

Secondly, there was confusion over the role of masks, despite well established evidence from their use to hold back previous epidemics in Asia, that they do reduce air born infections like Covid, because some people including some experts did not understand that the wearer of masks is acting primarily to protect others, as they are not very effective in protecting the wearer.

In general, World Health Organisation (WHO) recommendations can be misinterpreted. The WHO does not make recommendations unless there is definitive scientific evidence, because it is difficult to withdraw them and it is likely to be criticised if recommendations prove unnecessary. Similar reasoning delayed its declaration of Covid as an official pandemic. However, it makes good sense to adopt precautionary measures when there is a reasonable chance – short of certainty – that they will be effective. Measures taken to contain mad cow disease in the 1990s were later proved to have been effective, although at the time it was not known for sure whether they would be.

Thirdly, relations between Western and less developed countries are still hampered by attitudes and lack of trust inherited from colonial times. When Western countries at the time vaccines were being developed proposed that the existing Covax facility intended to provide sufficient vaccines to less developed countries be adapted to Covid, many less developed countries felt they were being told what to do and insisted then that their priority was malaria vaccines.

On the origin of Covid 19, it is still not known whether it originated from a market or a laboratory. The important point is that there needs to be better regulation of both animal markets and laboratories testing infectious diseases, whether in China or elsewhere.

While efforts must be made to prevent future pandemics, we also need to be prepared for the possibility that they may well happen. Lessons learnt from Covid 19 should make it possible, if intervention is earlier, care homes protected, and other methods utilised, to avoid the full lockdowns which took place in 2020 and 2021.

Heymann expressed his admiration for the strong leadership Gro Harlem Brundtland's provided as DG of the WHO in the late 90s and early 2000s. She pushed through important reforms and had the authority to publicly upbraid China for withholding information, which led to China gathering and providing more information from then on. Although strong leadership is desirable, its HQ should do less, concentrating on upholding norms and standards and communicating essential information. Interventions to combat health challenges are better managed at a regional level because eg Africa is very different from Latin America. There is significant tension between HQ and regional offices with the regional offices understanding better the situation in their regions but with less power than the centre in Geneva.

The danger of future pandemics has increased due to increasing intensive livestock agriculture, in many cases near highly populated cities, and because loss of wildlife habitat has pushed wild animals closer to populated areas. The jump could happen anywhere in the world and there is indeed a concern with the present epidemic of avian flu affecting the UK. The UK Human Animal Infections and Risk Surveillance group (HAIRS) has been monitoring the interface between animals and humans since the early 2000s both domestically and worldwide, and continues to do so. The UK has been a world leader in this, although its ability to continue in this role could be constrained by cuts in UK funding to the WHO and local agencies which work with the WHO.

Heymann is participating in one of the modules of the ongoing UK inquiry into its Covid response. He said that what will be important is not the allocation of praise or blame to events in the past but whether the recommendations of the inquiry are implemented.