

Critical Factors in Containing COVID-19: Lessons from Selected Countries

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Received: August 1, 2020

Accepted: August 7, 2020

Online Published: August 13, 2020

doi:10.22158/csm.v3n3p94

URL: <http://dx.doi.org/10.22158/csm.v3n3p94>

1. Introduction

The coronavirus pandemic (COVID-19) has affected over 190 countries. In responding to the pandemic, countries around the world have developed their own containment strategies, with varying degrees of success: some have achieved nearly total success in containing the disease, while others have seen a constant rise in infections and deaths. The successful countries have evidenced common responses and strategies, linked in large part to a firm commitment by their leaders to confront the pandemic matched by a strong sense of social cohesion by the countries' citizens. This paper explores five factors that have been critical to the progress achieved in containing the coronavirus in a few selected countries and their lessons for Kenya and other African countries.

2. Critical factors for Containing COVID-19

2.1 Public Buy-in

First, before many countries went into lockdown, governments had to inform their citizens about what they were planning to do to contain the coronavirus. There were sporadic protests, but in some countries, people were not given a choice: this was the case in China, India, Nigeria, South Africa and elsewhere. For example, in India, many migrant workers found themselves stranded in major cities such as Delhi and Mumbai and unable to return to their home states and villages once public transport was suspended.

According to Flournoy and Morell (2020), communist regimes like China boasted that they had performed better than the rest of the world because they had used a draconian approach to ensure that their citizens had no choice other than to respect the lockdown and other measures put in place to contain the coronavirus. Western countries dispute this claim, arguing that China was not transparent and withheld information about its coronavirus situation. Other communist countries such as Viet Nam and Cuba followed different approaches. In Viet Nam, the buy-in was accepted with a sense of

patriotism (Alam, 2020). The country used a propaganda approach, aimed at convincing its citizens that the novel coronavirus was an enemy with whom they were at war and, to win that war, every citizen had to be patriotic and supportive of the cause (Alam, 2020). In the case of Cuba, the government made its citizens fully aware of the extreme danger of coronavirus disease and the consequent need to contain it (Mehmood, 2020). The Cuban government undertook a successful and cost-effective, door-to-door screening campaign.

Citizen buy-in to stringent controls was significant in New Zealand (Parker, 2020), Uruguay (Mander, 2020), Viet Nam (Dabla-Norris, Guide-Wolf and Painchaud, 2020), and Costa Rica (Medical Press, 2020; UN News, 2020). In Uruguay, citizens agreed to stay at home without a mandatory lockdown. The exercise was performed smoothly without the need for police or the military to patrol the streets (Mander, 2020). From these examples, it cannot be disputed that when people themselves support the government action, as was the case in Uruguay, New Zealand and Costa Rica, the process is more likely to be sustainable.

2.2 Well-focused Messages

A second factor relates to public communications and messaging. Following the release of information about the pandemic by the World Health Organization (WHO), various governments customized the information and translated it into their national and local languages, as appropriate, to enable their citizens to understand and participate in the solution. Ministries of health in each country were designated as focal points for the dissemination of official information. Since the outbreak of COVID-19, misinformation and disinformation have been the cause of the biggest bottlenecks. In this connection, Germany, Kenya, New Zealand, South Africa, the Republic of Korea, Uruguay and other countries have done well in terms of sharing information with the public. For example, the Prime Minister of New Zealand has been credited with communicating with empathy the seriousness of COVID-19 and why it was necessary to have a national lockdown (Parker, 2020). This is also the case in Uruguay (Pribble, 2020) and Viet Nam (Alam, 2020; Pollack et al., 2020). The daily press briefings given by the health ministries have not only been critical in strengthening public trust, but have also helped societies to adhere to protective and containment strategies. Alam (2020) also notes that, in Viet Nam, anyone found spreading untruthful information causing public concern and social instability has been strictly dealt with. In China, the government requested some universities to develop easy-to-understand educational materials about COVID-19 and how to prevent its spread for students and the general public (Wu, Yu, & Wang, 2020).

So far, one of the biggest challenges surrounding the coronavirus has been misinformation and disinformation coming from various sources, including political leaders such as President Bolsonaro of Brazil and President Trump of the USA. For developing countries, the way forward is to come up with bottom-up messages taking into account the level of education of each community. The examples of

Costa Rica and Uruguay (Medical Press, 2020), both middle-income but third world countries, are particularly instructive in this regard.

2.3 Quick Response

Third, once the coronavirus disease outbreak was announced by WHO, a number of countries immediately started preparations to mount a comprehensive response. For example, by 21 January 2020, Viet Nam had finalized risk assessments and thereafter established a national steering committee on epidemic prevention to manage the coronavirus containment measures (Pollack et al., 2020). Similarly, Uruguay, with a population of 3.5 million people, immediately appointed a scientific commission to lead the response, including the establishment of 24 laboratories capable of carrying out tests (Mander, 2020). To date, the country has carried out over 400,000 tests and, as at 11 July 2020, had 986 cases of coronavirus and 30 deaths. In Costa Rica, the government established a committee involving all sectors of the economy, including the private sector. This committee was responsible for rolling out the government's coronavirus containment measures (UN News, 2020). In Jordan, the government not only established a committee to combat the coronavirus disease, but also declared a state of emergency including a curfew and quarantine restrictions enforced by the military (Aytekin & Kabakci, 2020). Clearly, these positive examples indicate that the countries did not delay the decision to act once COVID-19 was declared a pandemic. Again, the Republic of Korea, Uruguay, Viet Nam and Kerala state in India (Mathew, 2020) took quick decisions to stop the spread of the virus. Moreover, they made good progress in maintaining low numbers of positive cases and also low death rates (Beaubien, 2020).

2.4 Testing and Contact Tracing

A fourth factor understandably relates to the efficacy of testing and contact tracing. After people have been tested and found to be positive for COVID-19, comprehensive contact tracing is critical. For example, contact tracing by the Republic of Korea has been very effective (Aytekin & Kabakci, 2020), thanks to efforts by the government to scale up its network of contact tracers. In addition, the government has used public communication to empower citizens to assist the health systems with contact tracing (Aytekin & Kabakci, 2020). In Viet Nam, the contact tracing system is very thorough and the government has been able to trace contacts and to quarantine citizens suspected of carrying the virus (Alam, 2020). In Taiwan, the country has been using mobile SIMs for contact tracing and quarantining contacts to avoid the risk of them turning COVID-19-positive and infecting others, an approach that has proved to be very successful.

Other countries which have done well in contact tracing include Iceland and Singapore. The success of Singapore has been based on the use of the national health service, police detectives and a contact-tracing application to track the spread of the virus (Yea, 2020). In some countries, however, people who being tested have given incorrect contact details, making it very difficult to trace their

contacts if they test positive. Kenya has been confronted with this problem (Kabale, 2020). Other countries that have fared badly in contact tracing include Brazil and the USA. Testing alone, without contact tracing and isolation, has little impact. In short, thorough contact tracing can help to facilitate a targeted containment strategy and in turn save lives.

2.5 Strong Health-care Systems

Fifth, the countries that are doing well so far in containing COVID-19 can ascribe this success in part to strong health-care systems. According to Wieler, Rexroth and Gottschalk (2020), Germany's success rate is a result of the country's strong enabling environment, which includes a good public health-care system and expert scientific institutions. Similarly, Uruguay has fared well because of its strong public health-care system (Mander, 2020). Uruguay has the highest number of hospital beds per person in Latin America. Cuba is another country with a robust health-care system, which has complemented efforts to contain the coronavirus disease. According to Mehmood (2020), Cuba has a strong primary health-care system and almost 87 percents of COVID-19 patients have recovered, the highest recovery rate in South America. For its part, Viet Nam has invested in public health infrastructure (in particular, emergency centres and surveillance systems) based on the lessons learned from the SARS and Avian influenza epidemics (Dabla-Norris, Guide-Wolf, & Painchaud, 2020). In the case of Taiwan, the success can be correlated with its innovative electronic health records system: every person in Taiwan has a health identity card that all hospitals and doctors can access (Emanuel, Zhang, & Glickman, 2020). When COVID-19 hit the country, the cards were reprogrammed to support efforts to limit the spread of the disease. Another instructive example is furnished by Rwanda, which has a strengthened health-care system with well-coordinated prevention measures against COVID-19. Thanks to these, the country has been able to record zero deaths from the disease (Condo, Uwizihiwe and Nsanzimana (2020). Moreover, the national community health-care network, with the support of the private sector, has enabled the government to identify areas that need to be targeted. Similarly, Costa Rica, which provides another good example, has a robust, universal health-care system which covers approximately 95 per cent of the population and which has assisted in containing the coronavirus disease in the country (UN News, 2020). In short, countries that lack adequate health-care systems, such as Brazil, India, the Russian Federation, South Africa and other developing countries, national responses to the coronavirus disease are severely constrained.

3. Challenges of Inequality

The five factors highlighted above share a single and important common denominator. The countries that have made good progress so far are those that have been able to reduce the inequalities between the rich and the poor. Mander (2020) confirms that Uruguay, for example, has been able to contain COVID-19 thanks to its reduced gap between the rich and the poor. In addition, a large proportion of

the Uruguayan population is well educated, with the ability to understand and respect the government directives about staying at home, observing social distancing, and sanitizing and washing hands. This was achieved without any form of lockdown.

In contrast, in other countries such as India, Kenya and South Africa, governments are struggling to contain the rising number of cases of COVID-19. The areas hardest hit in those countries are the informal settlements or slums within the major cities which are home to most of the poor and illiterate population. As a rule, slum dwellers have very low incomes and lack access to government-provided social safety nets. Under these circumstances, people in these settlements have found it difficult to respect government health directives—notably lockdowns—occasioned by the COVID-19 pandemic. In South Africa, the government had to bring in the military to enforce the lockdown. As Sachs (2020) argues, the higher inequality rates in these countries mean that a larger proportion of their low-income workers, including cleaners, cashiers, guards, delivery staff, and construction and factory workers, must continue their daily work, even at the risk of COVID-19 infection. Widened inequality also results in more people living in crowded conditions and therefore being unable to shelter safely. The areas that suffered the worst casualties in New York and London were the poor neighbourhoods (Strandberg, 2020). To make matters worse, the pandemic is further widening inequalities in many developing countries, notably those that already suffer from inept governance, corruption and social distrust.

4. Conclusion

The issues discussed above are all intertwined. Successful countries have benefited from their adoption of a combination of some or all of the more effective response measures. No doubt the main lesson to be learned from this country comparison is that, if the war against COVID-19 or any future infectious disease is to be won, countries need a well-functioning and effective primary health-care system that can identify and respond quickly to emerging health challenges, disseminate accurate and transparent public health information, and undertake testing and contact tracing in a rapid and cost-effective manner to reduce the spread of the disease. Such a well-run health system will ensure buy-in from the public and offer the best chance of containing future pandemics.

Disclaimer

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