Webinar Summary

Ethics of the Humanitarian and Social Aspects in Responding to COVID -19

Sunday 26th April 2020; GMT +0.50; 5:00 PM (India)

Webinar Lead and Chair: Prof Russell DeSousa, Chair, Dept of Education, UNESCO Chair of Bioethics, Australia.

Moderator & Compere: Prof Mary Mathew, Head Indian Program of the UNESCO Chair of Bioethics, India.

Panellists:
Prof. James J James, Exec. Director, Society for Disaster, Medicine, and Public Health, USA.
Prof. Kamila Hawthrone, Head, Graduate Entry Medicine, Swansea University, Wales, UK.
Prof. Ravi Wankhedkar, Treasurer, World Medical Association, India.
Prof. Joachim Osur, Dean, Medical Sciences, Amref International University, Kenya.
Prof. Rajan Sharma, President, Indian Medical Association, India.
Prof. Unni Karunakara, Shinhan Distinguished Visiting Professor, Yonsei University, South Korea.

At the outset, Prof. Russell introduced the distinguished panellist and the topic for discussion. In opening remarks, he mentioned that, currently the world is witnessing 'Global Humanitarian Emergency' and there is a breakup of the structures providing safety and security to the population. It's vital to uphold fundamental ethical principles in such scenarios. The COVID-19 pandemic has affected all segments of the population especially the vulnerable social groups such as poor people, homeless, refugees, migrants, persons with disabilities, and displaced persons are suffering disproportionately due to pandemic and its aftermath.

Recognizing and protecting social solidarity is more important than ever in this unprecedented time. Unfortunately, the poor people have only two choices...either dying of hunger or from infection. Hence, the government needs to ethically engage with the affected communities and be accountable to them. Exclusion and stigmatization of the vulnerable is a critical issue and needs to be addressed.

As the world races to respond to the global outbreak of COVID -19, it is vital that we keep the views, rights and dignity of people at the forefront of our work. Human dignity is the essence of the core humanitarian standards. Humanitarian organizations should work collaboratively with civil society in response to the pandemic. The people should have access to all essential social and health services without discrimination.
The current global pandemic is an unprecedented situation where the survival resource of the world's most vulnerable people is their social networks. Social connectedness is the first source of help and support for vulnerable populations, particularly in crisis. Social network in itself has now become a threat that might be compromised further due to pandemic.

All these issues have massive implications for responses to the pandemic and may amplify the existing humanitarian crises. With this context, Prof. Russell put forth following key questions to be deliberated in panel discussion:

1. What are ethical and humanitarian implications of imposing a full lockdown?
2. What are the challenges and barriers in implementing lockdown and social distancing in humanitarian settings?
3. What are the alternative and humane approaches to managing COVID 19 in humanitarian settings?
4. What is the role of government in times of stress, financial distress where there is breakdown of social order, families, law and systems?

Prof Russell called on Prof. Marry Mathews for moderation and further proceedings.

In response to Dr. Mary's question around ethical and humanitarian implications of lockdown done in responding to the COVID 19; Prof James who belonged to the Military and also witnessed the anthrax outbreak shared about the two distinct views - 'Individual medical views' by private health care practitioners and another one is of 'Public health and population health views', both having different conclusions. Medical healthcare system is not able to do the job they are supposed to deliver due to various reasons. From Population perspective, the full lockdown has a social and economic impact that varies across regions/states. He further opined that there is no fixed definition or criteria for 'Full lockdown'. Secondly, one needs to look for strong and enough evidence to answer if lockdown as an intervention is effective? Even among the countries which have implemented physical distancing it, there is no consistent pattern. Hence, such restrictions or interventions should be practiced but at a far lesser cost to society. Prof James further shared that the only history where some parts or regions of the USA had a complete lockdown was the 1918 influenza pandemic. However, keeping quarantine healthy people needs careful scrutiny form ethical and legal viewpoint

Prof Unni from South Korea shared that South Korea did not have a lockdown. South Korea acted early, focused more on improving access to testing, contact tracing, quarantine and isolation (even if the test is negative) were key strategies that worked. Prof Unni said lockdown is a blunt instrument. Rigorous contact training is far more effective than the complete lockdown. Further what worked well in South Korea was their culture is to maintain the distance. Government was transparent from the beginning and the community has a certain level of trust in the government. This is seen across the country, and in some other countries as well such as Taiwan and also in the state of Kerala in India.

Prof Mary also shared that in addition to trust on government, Kerala state of India has a recent experience of dealing with the NIPAH virus and those experiences helped the government in response to COVID 19 as well.
Prof Kamila from the UK shared that social distancing was more effective than the full lockdown. In the UK, the leader himself was infected, was serious one time and now is back to office. The government and organisations allowed people to work from office if necessary and encouraged people to work from home. NHS rose to the challenge to the COVID 19 crises and responded well.

Prof. Joachim from Kenya informed that in Africa, many countries are in very early stages. As soon as one case is diagnosed, the government enforces containment measures. Africa is different from the other countries, due to already being in humanitarian situations due to political issues, social reasons, flood and calamities etc and a weaker health system. COVID response in Africa needs contextualisation and needs different approaches compared to developed countries. However, the great concern is that, in Africa, countries are replicating what is done in the west even if the single case is detected, which may have a negative impact in countries who are already under humanitarian situations. Weak health systems can further break down and leading to collapse of other basic essential health services, e.g. immunization, antenatal care, Tuberculosis control etc. African countries are already managing the cases which are life threatening and therefore need to contextualize the intervention

Dr. Rajan from India opined that, in India, lockdown was the only possible way to prepare the population to respond to COVID-19, as the situation was unfolding. The options like testing the entire population and/or vaccination may not be feasible. Moreover, any amount of effort on medical equipment and drugs will be challenging in India due to the huge population. So, the country needs to have a practical solution. India is able to reduce the transmission to a significant extent due to lockdown.

Prof. Unni shared that South Korea has seen a resurgence of cases in the last few days and therefore suggested the need to ramp up the testing. Equitable access to testing, protection material and other supplies etc. is the key for response to COVID crises. He further stated that testing doesn't imply universal coverage. What we need is the enough coverage of testing and access to quality testing services. Usually high risk vulnerable individuals are least likely to have access to these needful services. One needs to believe in government and be disciplined at individual level.

Prof. Ravi Wankhedkar from India shared that any pandemic is a humanitarian crisis and social discrimination, mass hysteria will always be there during and after pandemic. Discrimination against the specific community / group of population are often seen and may pose a significant challenge in addressing the pandemic crises. Social discrimination is seen in both rich and poor countries. In India, even doctors and health care providers who are on one side called as 'Corona warriors' are facing challenges due to social discrimination. Prof Mary shared in India doctors are evicted from the quarters in India due to fear. Two incidences from India where after the death of the doctor, villagers were not allowed to bury the body. However, Government of India has proposed a stringent punishment enforced for assault on health care workers who are working round the clock the COVID crises. Social media influences community thinking, rationality, memory and likely to have an impact on the response to COVID crises. Onus of response to COVID 19 is totally shifted on the community by government in India
However in Africa, Prof Joachim shared that not much violence against doctors or Health Care Workers (HCW). However, HCW are feeling insecure for lack of Personal Protective Equipments (PPE) and are feeling at risk of COVID. They may go on strike due to lack of PPE.

Prof. Marry later raised the issue around 'inequity'. She asked 'Why are people so comfortable with inequity?' She also shared stories from India where vulnerable and poor are more at risk and are also affected. In India, due to lockdown the reverse migration began and migrants were walking long distances, in some cases even more than 200 km to their native villages without food and water. Dharavi in Mumbai is one of the largest slums in Asia, where people are living overcrowded, without sanitation and water facilities. It is very challenging to follow physical distancing norms in such situations.

Prof Joachim said in Africa, where they have complete lockdown, people getting out on the street and looting. Many people are hand to mouth and are currently left with no jobs, no money, no food. Government is trying to provide food and money. Due to limited water supply and financial distress physical distancing and maintaining personal hygiene is a significant challenge. In slum settlement water and sanitation is also a big problem. They need to buy water. COVID 19 crisis has a negative impact on availability and access to other essential services, such as safe delivery, malaria, tuberculosis etc. This is likely to have severe economic, medical consequences in future. Moreover, in Africa, human freedom is also at stake, especially for vulnerable populations. Civil society organizations and donations may be helpful, however How sustainable is the donation?

Prof Kamela from the UK shared that the country has taken very special measures such as housing and protective accommodation for homeless people and the aged population. Older population is very vulnerable and has a lot of challenges in dealing with these. NHS staff are also at risk of infections and are dying as well.

Prof Uni mentioned that we used to say that Ebola affected west Africa more because of various reasons such as poor health care system, poverty and other social and political problems. However, COVID 19 showed that a well resource system may fail due to a variety of reasons. In response to COVID 19, protecting HCW, reaching the vulnerable people and improving the access to testing and care services is the first level of business.

The next issue discussed was for the panellist was about the other possible alternative and humane approaches to make the situation better.

Prof. James shared that globally around 210 countries are facing the COVID 19, however the governments are worrying for their own population/ countries. We need to have a global and integrated effort to effectively respond to the COVID 19 crises.

Prof. Kamela also supported Prof. James' view of global response. She further added that we have limited knowledge about how this virus behaves and how it will change itself in future. We need to educate and create awareness among the public to reduce the fear.

Prof Joachim informed that, in Africa, most of the countries adopting the intervention that developed countries are implementing. What else can we do to address COVID crises in Africa is a larger question and need to be addressed differently as most countries in Africa are already facing humanitarian challenges, even before the COVID 19 crises. Africa needs short term and long-term strategies which may include integration of services for tackling resurgences of other diseases and COVID; effective risk communication and community engagement approaches to continue protecting groups with high risk or mortality etc. In Africa, countries need to build the trust between community and health care system, communication system at family level and between health systems and trust of Community health workers or frontline health workers

Prof. Ravi, was also in agreement for the need of a global response which is contextualized locally for dealing with the current COVID 19 crises.

Role of herd Immunity in COVID 19

Prof. James mentioned that today we have very little idea about the ratio of susceptible to non-susceptible population. Moreover, a large proportion of the infected population has no clinical manifestations. How many people are exposed need to be answered before the herd immunity approach? Most infections required more than 80% levels for herd immunity.

Prof. Unni also raised the ethical aspect of achieving herd immunity by letting people exposed to disease. In India, the demographic profile of the population, less proportion of elderly people may be the reason for considering the herd immunity approach to address COVID crises. However, shielding as well as exposing specific subgroups of population groups has both risks as well as benefits. For example, shielding vulnerable people at one place may be a risk as well if the virus is introduced in this place accidently. In Kerala state of India, we have started seeing our communities having some agency that they can protect their family members.

Prof. Ravi, agreed with another panellist for discussion on herd immunity. He further expressed his concern that the huge population getting exposed to infection may result in more people infected with risk of serious disease and dying, which may be a disaster in a country like India. If the herd immunity approach is a poison pill or a good pill, is a million-dollar question and we have no answer right now. Few isolated studies in other countries have found out a seroprevalence rate of around 30%. However, for herd immunity we need seroprevalence of more than 70% prevalence.

Prof Joachim also expressed that antibody testing is really important for herd immunity and there is a need to work on vaccines.

Moving on, Prof. Russell put forth the question ‘How can we enhance social solidarity (one of the principles adopted by countries).

In response Dr. Mary replied that, in India, when the Tamil Nadu state was facing the COVID problem, the Hon’ble Chief Minister of neighbouring state Kerala extended a helping hand.
and expressed the wish for everybody to be safe and free of disease.

However, Prof. James stated that it is extremely difficult to achieve solidarity and integration, if the population group is diverse with different ethnic groups having their own social habits. At global level, several months from now we are going to talk about the global effort, not a blame game, but to come together, build interactions between countries and then countries to act at local level. Media created a narrative by showing the incorporated figures and stories that created a global bed of fear and lead xenophobic policies.

Prof. Unni further opined that the conditions do not exist at the moment for global coming together for the crises. We are divided. High income countries have not even figured out what to be done. Currently, what we can see, a regional solidarity – African, Asian etc. Global consensus on resource sharing is essential and somewhere the instrumentalizing health / pandemic for the political purposes must be stopped. IT has nothing to do epidemiologically.

Prof Joachim mentioned COVID has made no distinction between the rich and poor countries, North Vs South. Somalia contributed doctors to Italy. Africa can contribute in many other ways with others. Countries in Africa have learned many lessons to share with the rest of the world. The south has experiences in managing Ebola outbreak, effective community engagement.

Prof. Russell further opined that a new outbreak is inevitable unless other reasons are dealt with. We are only safe as the most vulnerable amongst us globally.
Equity and public health go hand in hand. Rich and poor does not matter. Hence, solidarity is a global issue.

Prof. Kamela summarized that this panel discussion was very much enlightening and this is what’s needed is to know what's happening in various countries across the globe. She further said that from Top to bottom, each and every individual is playing an important role in combating COVID crisis.

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