LOCKDOWN

A whole-of-society framework for removing COVID-19 lockdown and restarting the economy

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BLUF (Bottom Line Up Front)

- Our leaders are responsible for restoring a state or normality after a crisis

- The way they manage the lockdown removal process will have a high impact
  - How long the effects of the pandemic persist
  - How fast our economies recover
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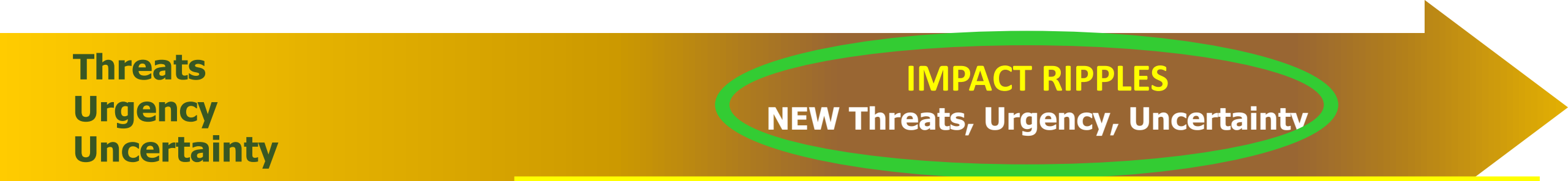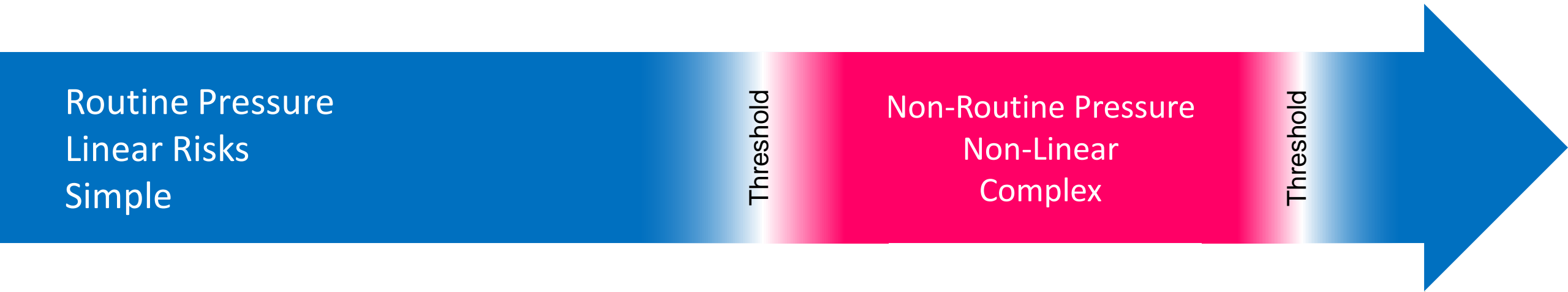- Our leaders need a framework and process to make lockdown decisions

Where are we now with COVID-19?
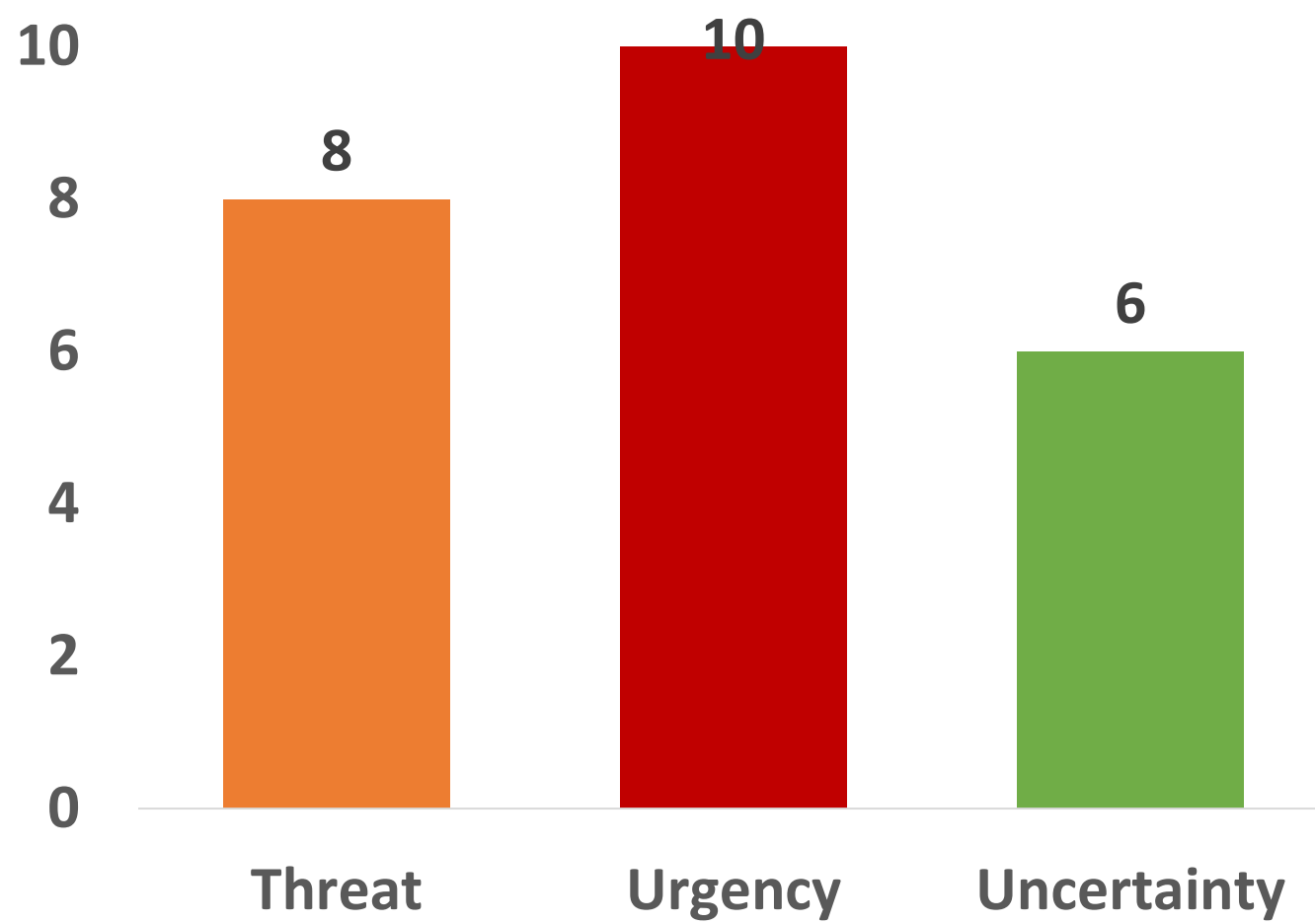
Crises = ultimate test for the resilience of our systems and their elites

Where are we now with COVID-19?

Incidents	Emergencies	Crises & Disasters	Recover & Learn

Routine Pressure
Linear Risks
Simple

Threshold

Non-Routine Pressure
Non-Linear
Complex

Threshold

Threats
Urgency
Uncertainty

IMPACT RIPPLES
NEW Threats, Urgency, Uncertainty

What emerging factors affect our communities, organizations, economies and governments?

EM Cycle: We are mid-crisis and already thinking about post-crisis
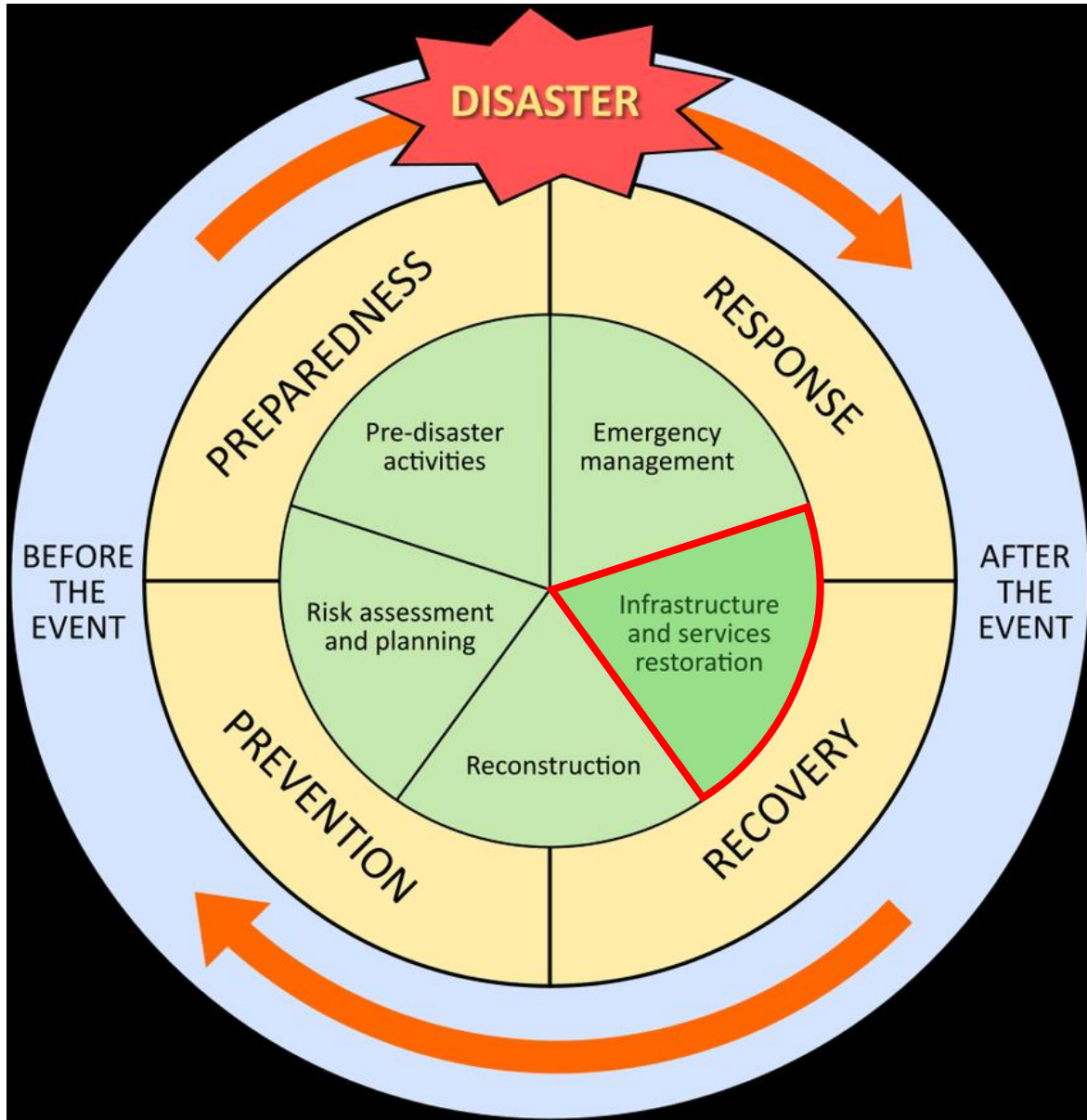
- Mitigation
  - Reduce the chance of crises happening
  - E.g. Infrastructure improvements

- Preparedness
  - Increase ability to respond
  - E.g. Training

- Response
  - Mobilize services and resources to reduce suffering or damage
  - E.g. Activate NDMO & Cluster system

- **Recovery**
  - Return community to near-normal
  - E.g. Repair infrastructure

Elements of Lockdown

- Restrictions on movement
- Closures
- Sport
- Evacuations and airlifts
- Events
- Schools
- Self Quarantine
- Protective sequestration
- Transportation
- Travel
- Congregation – bans, number limits

- Social distancing
- Curfew
- Boundaries & Borders
- No work vs. telework (Blue vs. White)
- Price hiking
- Hoarding
- Disinformation
- Enforcement
- Durations
  (45d US Presidential Guidelines)

"Flatten the Curve"

1. SLOW DOWN the rapid cycle of transmission, incubation, and presentation of symptoms FOCUSING ON reducing exposure and transmission in most vulnerable populations

2. Maintain medical capacity (hospital beds, doctors, nurses, equipment, supplies) at adequate levels over time

V.S.

- Immediate and striking cost

- Millions of jobs lost

- Trillions of dollars (in economic and social support)

- A dramatic cessation of basic community function in all cities, towns, and villages

- Recession/depression

Decisions, decisions, decisions

- National
- State
- Local

- Decisions on restrictions largely fall on local and state leaders
- Do they have a guide?
- A framework?
- How will they determine when it is safe enough to ease restrictions?
- What restrictions should be reduced and when?
- Will any such actions help or harm society in the short /mid/long term?
- Will decisions be guesses at best?

Framework for an incremental approach

A PLAN for Community Leaders

- Gradually restart the function of society within their jurisdiction
- Must have minimum public health system capacity
- Must enable multi-stakeholder coordination
- Must achieve a baseline level of disease suppression
- Must maintain most public health lockdown benefits

OBJECTIVES

- Infection control <u>balanced</u> with gradual opening of social networks and their associated economic drivers
- Risk control remains the primary goal of all efforts, with an understanding that the relative risk of COVID-19 infection differs greatly between populations

PRESSURES

ANTI Lockdown reduction

- Demand 100% safety
- 'Keep the door shut!'
- 'No avoidable casualty is acceptable!'
- 'No level of Risk is tolerable!'
- Fear
- Paranoia
- Xenophobia

PRO Lockdown reduction

- Economically vulnerable populations
- Nationwide relief not happening
- Absence of international assistance
- Pressure by failing businesses

Crisis management perspective

- Prepare, prevent and mitigate because <u>society will never be risk free</u>

- Aim: reduce impact on society (life and property)

- Every crisis has more problems than there are resources

- Must accept non-zero risk

Every Restriction or Easing of Lockdown =

financial, social, physical, and other costs

financial, social, physical, and other benefits

- Risk acceptability changes over time as understanding about individual risk increases and/or the different costs associated with risk management options improve

COVID-19

- Decision makers have:
  - Little useable data to assess risk
  - Value of each lockdown measure?
  - Which lockdown measure is worse or better than a risk already accepted by the public?

- Lack of knowledge = no choice
  - An over-reactive approach aimed at saving as many lives as possible

Makes sense to some people
  - HIGH UNCERTAINTY + HIGH THREAT = ANY JUSTIFIED LOCKDOWN MEASURE

Makes no sense to some people

- 3-4 out of 5 people have no symptoms – '**no threat**'

- Most recover '**low uncertainty**'

- No/low Risk people

- Antibodies & Immunity

- **Lockdown is the new Threat, the new Urgency and the new Uncertainty!**

Incorporate Maslow's *Society Needs Approach* into policy discussions

Goal (basic need)	Examples of requirements	Possible COVID-19 lockdown impact on individuals and society
1. Physiological needs	Breathing, homeostasis, water, sleep, <u>food</u>, sex, clothing, <u>shelter</u>, <u>mobility</u>	
2. Safety needs	<u>Employment</u>, resources, <u>property</u>, <u>health</u>, stability and security	
3. Social needs	Love, affection, family, friends, relationships and belongingness	
4. Esteem needs	Recognition, respect, achievement, self-confident and self-worth	
5. Self-actualization	Creativity, acceptance of facts, morality and problem solving	

Aim for a High Standard of Care

NATIONAL					
National Public Health Direction & Coordination	National Infection Tracking Capabilities	Financial Assistance	Disaster Relief Fund Access		

STATE					
Crisis Management Decision-Making Body	Pass Emergency Laws and Ordinances	Lockdown Enforcement Mechanisms	Identify Immune & Protect Vulnerable	Centralized Public Health Data	Capacity to Conduct Contact Tracing/Monitoring

LOCAL					
Local COVID-19 Task Force	Pass Emergency Laws and Ordinances	Quarantine & Surveillance	Hospitals can treat all patients without resorting to crisis care	Community Wide Monitoring (fever testing)	PPE & Medical Equipment

Investment in these key public health (PH) indicators will reduce time in lockdown

Govt crisis agencies **include PH professionals**	Disaster risk planning **includes PH emergencies**	When planning for a crisis, consider **subsequent PH impacts**
Earmark $$ for PH impacts of crises	Sufficient, skilled health professionals to **maintain PH around crises**	**Share PH data** with all stakeholders
Prepare communities to maintain PH during/after crises	Ensure community accesses and trusts **PH information**	Existence of **health infrastructure** besides hospitals
Ensure health facilities can **manage a surge** of patients	**Early warning systems** exist for impending healthcare emergencies	**Stockpile** PH items, PPE, medications and equipment

Source: Disaster Resilience Scorecard for Public Health

Local Government Lockdown Framework – map your own path

Baseline	Regulation/Recommendation	Triggers	Implementation

• **Minimum set of requirements**
• Need information
• Open-data disaggregated public health tracking database
• Technical and financial support for testing and tracing
• Social programming so vulnerables maintain long-term protection (shelter-in-place)
	• **Apply a scale** – e.g. Health Condition (HEALTHCON)
	• Apply to each sector and activity
	    • E.g. patrons/area, PPE, masks, 6ft distancing, limits to congregation, sanitization rules
	• Apply to groups based on vulnerability
	    • High – no easing Medium – activity + PPE Low – increased mobility and activity
		• **Resource-Heavy** - Use data-based indicators to shift between HEALTHCON levels (e.g. positives vs. medical capacity)
		• **Resource-Light** – Use the **Disaster Resilience Scorecard for Public Health**
		    • Rapid & easy
		    • Multidisciplinary conversations
		    • Collective decision recommendations
			• **Convene local Crisis Mgt Task Force**
			• Examine data, people at risk and thresholds for determining risk
			• Communication across multiple levels
			• Pooling of resources
			• **Collaborative governance** and shared planning with the community
			• **Collective decision** on when it is "safe enough"

Aitsi-Selmi, A. and V. Murray, The Sendai framework: disaster risk reduction through a health lens. Bulletin of the World Health Organization, 2015. **93**(6): p. 362-362. Donahue, J.D. On collaborative governance, corporate social responsibility initiative working paper. 2004; Available from: https://pdfs.semanticscholar.org/2af4/e247c96854cad9aacfc74f21648a94bafc7f.pdf.

Incremental easing/restricting capacity baseline for local government

Incremental easing/restricting capacity baseline for local government

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Decreasing Risk		Local Govt 🏛	Medical ⚕	Private Sector	NGOs & CBOs	Schools	Public	Security 🛡	Local Govt 🏛	Increasing Risk
Increasing Public Health Coping Capacity	**STEADY**								New cases elsewhere in State	**STEADY** (Decreasing Public Health Coping Capacity)
	GUARD	14 days sustained reduction							New local cases	**GUARD**
	HIGH	7 days sustained reduction							3 days increasing local cases	**HIGH**
	CRITICAL	7 days sustained reduction							3 days increased local cases	**CRITICAL**
	LOCK DOWN	7 days sustained reduction								**LOCK DOWN**

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Questions

- Every pandemic plan has failed

- How would you adjust this framework to work in your jurisdiction?

- Is there sufficient delegation of authority to local government?

- Is the establishment of minimum baseline requirements possible?

- Can governments balance the costs/benefits and make decisions?

- Is there political will to restart society?

- Is there political will to be better prepared?

- Crisis & Opportunity – what are the opportunities as crisis leaders?