To What Extent Outbreak Preparedness Can be Done or/and What Does it Take to be Sufficiently Prepared

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Abbreviations: COVID-19: Coronavirus disease; SARS: Severe Acute Respiratory Syndrome; MERS: Middle East Respiratory Syndrome; IHR: International Health Regulations; SOPs: Standard Operating Procedures.

Editorial

While the novel coronavirus disease outbreak, also called COVID-19 heads the news, the current Ebola outbreak in DRC; Polio and other vaccine preventable disease outbreaks are still continuing to negatively impact people's lives and country's healthcare system. Now, one could argue that these diseases are far away, henceforth have no real impact in western countries. And yet, the COVID-19 has already shown its capacity to rapidly spread across continents. However, it is influenza season, which along with common cold and the COVID-19 are showing similar signs and symptoms in their early stages. With this, countries with limited healthcare system capabilities may become quite easily overwhelmed with regards to outbreak preparedness and planning, not to mentioning readiness.

In events such as SARS, MERS, and most recently COVID-19, public health is of high concern and at high stakes. Outbreaks like these can help or break a government, can collapse already weak healthcare systems, can overstretch fragile critical infrastructure and logistics, can lead to high economic loss and companies to be heavily impacted due to loss of sick work force and negative impact on the supply chain given on one hand higher demand for goods and services, and on the other hand experiencing a shortage/ bottle neck for various reasons. The recent developments in the COVID-19 outbreak show tremendous efforts from countries most affected to contain the outbreak. However, population movement and the virus ability to literally "race beyond borders", highlight the importance of healthcare systems being ready for any kind of outbreak scenario.

Apart from preparedness, readiness and proper planning, reliable real time data acquisition, their in-depth analysis and evidence-based decision-making are equally important and critical. In addition, continuous information provision from credible sources and accurate risk communication including what is known and yet to be discovered are among the vital and rapid trust building components. It is also noticed that ordinary, yet often undervalued measures such as regular hand washing with soap and water, respiratory hygiene, and more do make a big difference at a small individual, and eventually at a larger collective scale. The use of suggested masks serves to protect others from oneself having signs and symptoms.

From my own experience of working in different outbreaks across the globe, I consider the following approaches as best practice because they ensure rapid trust building, continuous communication and information exchange. Having a crisis center which receives and provides reliable sources, data, information and analysis through a two or more ways feedback paths. This crisis hub or any delegated authority is also operating a hotline for queries, so that the senior outbreak management team can focus on its tasks, while consistent and reliable information is being provided in real-time to all relevant stakeholders and the public.

The current fast developments in the COVID-19 outbreak and their management suggest that previous lessons learned were actually integrated to a certain degree in current outbreak management approaches. Own previous experiences have shown how important outbreak preparedness, planning and readiness are as a continuous process involving all stakeholders, particularly governments, institutions, public and private sector, and most important the public. We all have busy lives, while fulfilling multiple roles and responsibilities. As part of these roles, one might be the role of a healthcare provider, health worker or someone who

is on the frontline when dealing with sick patients. While we are performing in our professional roles and responsibilities, we are part of the communities and society at large. In this respect, each and one of us individuals has the responsibility to contribute to the collective. Hence this topic is important; it can be further discussed from a sociological perspective in a later edition.

What does it actually take for a country to consider itself ready, fully planned and prepared/fit for disasters and outbreaks? For disease outbreaks, the International Health Regulations (IHR) are effective as of June 2005 for public health emergencies of international concerns such as Polio, Ebola, COVID-19. In this regard, certain measures to minimize the spread of diseases are anticipated. The intention/goals of IHR are to rapidly minimize the spread of an infectious disease and to contain it as soon as possible. IHR also enables governments to initiate and execute measures related to the freedom of movement, and alike. There seems to be a multi-fold trend in perception. On one hand, preparedness is seen at the strategic level as a one-time investment without further need to continuation. A one-time interventions that will cover all potential future possibilities. Starting to prepare once something has already happened is sufficient. Preparedness is only needed for big countries, big companies and other public entities. An individual does not need to be prepared and cannot do anything anyways. On the other hand, it is known that governments and civil society can already contribute a lot in preparedness by being aware of their assets and utilizing them in times of crisis.

Retrospective reviews on disaster incidences have shown that countries that were/are prepared were easier and quicker recovering, had more trust from their populations, had less economic loss, and more.

Now, better prepared meant having a national disaster plan with all relevant stakeholders involved with clearly defined roles and responsibilities, and their own Standard Operating Procedures (SOPs). Apart from written SOPs and plans, exercising and regularly practicing the plans at small and large scale has helped to fine-tune internal processes and collaboration in non-disaster times. One might argue that such kind of exercises or practices are very costly. Now, with increased technologies, alternative opportunities arise on how to exercise and practice virtually. Moreover, the question is how much does it cost to be completely unprepared and fully dependent on something which might or might not function? How much can one afford not to practice and not to be prepared and to be completely dependent on something which may or may not work? These plans being exercised on a regular basis in form of table top and actual field exercises, just like exercising the fire alarm and assembly points. Unless everyone knows in peace-times, no one will know once

needed the most.

Disaster plans are developed to fulfill a purpose in times of crises. So high intention and low attachment towards the initiators, the initial goal and openness to development provide the flexibility to amend the baseline frame of cooperation to any newly arising situation. Core aspects are rapid information and communication, which entail regular information to the public and a two-ways communication to all partners to maximize joint efforts and collaboration. Information of what is possible and what is not is vital; as is the guidance and instructions for people on where to seek healthcare, when to go and what to do with concrete examples. Repetition of messages is vital to ensure the right messages are being heard in times of information overflow or myths.

People are easily discouraged by lacking information of what they can do on an individual basis. It is utterly important to keep people informed on how they can contribute and what they can do for/by themselves. This again shows why connecting the dots, joint efforts and a strong disaster management plan are so critically important. This national disaster management plan or baseline frame may serve for any type of disaster and can be amended easily accordingly needs-based. Whether Ebola, SARS, MERS or now COVID-19, there are similarities one can learn from. The initial phase of uncertainty with lots of data influx, diverse information, potential duplication or underestimation. Particularly, infectious diseases outbreaks which are either unknown or those assumed to be already tackled through efficient immunization programs in place create a lot of uncertainty, confusion and potential myths. Lack of or misinformation can further decrease trust and lead to non-compliance among the affected population. Reliable information is a key. That also includes that some of the facts are simply yet unknown or in the process of clarification.

With lots of assumptions based mainly on assumptions with limited real evidence, where does all the expertise come from? How is it backed up by real-time reliable data and information rather than myths and random (silent post-technique) messages? It is understood that apples cannot be compared to oranges, so it is not advisable to compare different diseases and outbreaks. However, the current hype around COVID-19 with its incredible rapid transmission across borders seems to override other important health-related matters and even more so related containment measures and (in-) actions taken so far.

Without doubt, the COVID-19 spread needs to be contained as soon as possible and in joint efforts across borders. While harmonized measures across countries are anticipated and suggested by national and international

health authorities, the final decision on measures implementation still lays at the governmental level of each country. While taking measures to contain the outbreak, it is suggested to avoid unnecessary panic. In addition, it is also advised to keep sight/view on the bigger picture, which goes far beyond one disease outbreak. What is it, what countries need to strengthen in their own healthcare systems? What cooperations/collaborations are still showing space for further improvement?

In fact, the current rapid developments emphasize again on the critical importance to have functioning SOPs, a working/functional stakeholder system and a disaster plan framework in place which involves stakeholder engagement, critical risk communication, pro-active media engagement and all other components which have been preached to exhaustion-but so far were mainly ticked off a check-list when convenient to fulfill an objective rather than to be utterly prepared for crisis situations which can arise in various forms. So, in conclusion-is this COVID-19 attention out of proportion in comparison to other really important health-related and geopolitical matters? What would it take to ensure this is serving better in-country and inter-countries crisis and disaster planning and preparedness?