

Μαθήματα από την Επιδημιολογία και τη Δημόσια Υγεία στην αντιμετώπιση του COVID-19

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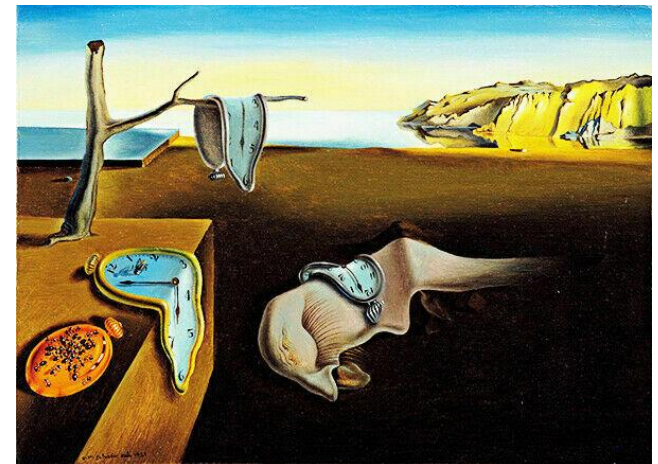
WHO Collaborating Centre of Oral Health Inequalities and Public
Health

Presentation Outline

- ✓ Covid-19 preparedness and Time
- ✓ What has happened to public health and evidence?
- ✓ The UK peculiar route to a catastrophe
- ✓ Different facets of the crisis – the view from social epidemiology
- ✓ Myth busting
 - ✓ We follow the science
 - ✓ Health vs Wealth
 - ✓ We are all in it together
- ✓ Way forward – making an opportunity out of a crisis

Never underestimate the importance of time

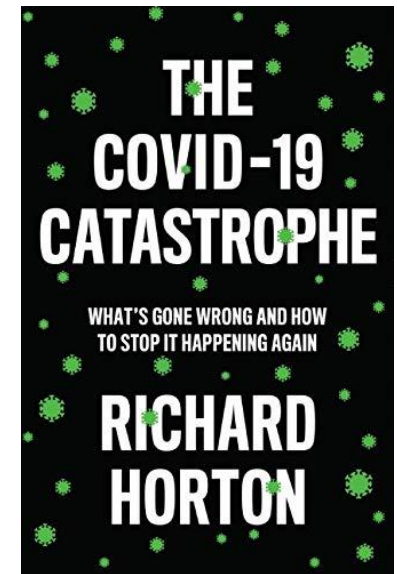
- Many things we did not know...
- ... but we knew it was coming since January
 - “On the present trajectory, covid-19 could be about to become a global pandemic” ¹
- The lost February 2020
 - Public Health on alert
 - Boost testing capacity
 - Preparedness (staff re-deployment)
 - PPE and care resources
 - Training
 -



1. Wu JT, Leung K, Leung GM. Lancet 2020; 395: 689-697.

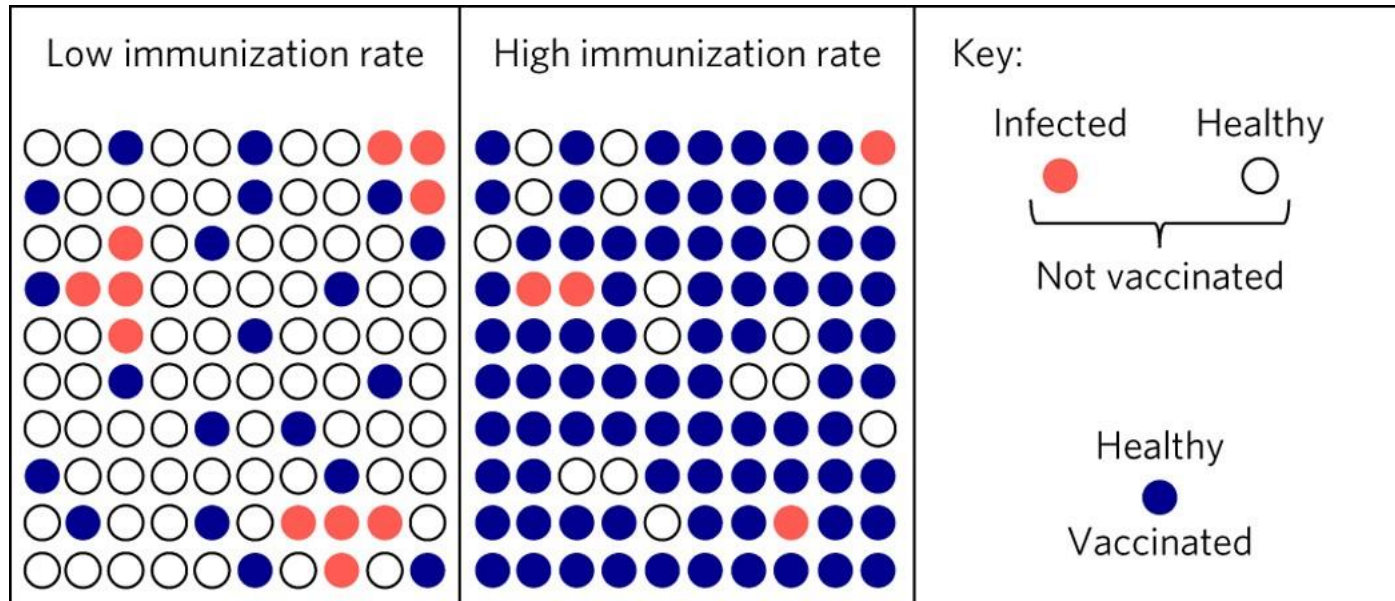
Why ignore evidence from previous crises?

- “National scandal”
- WHO: “test-test-test”! Test – Trace – and Isolate in order to control the spread of the virus
- UK on a totally different route:
 - Contain-Delay-Mitigate-Research
 - Suppress-Shield-Treat-Palliate
- Operational chaos
 - Nosocomial transmission
 - Care homes
- Lack of clinical leadership
 - “The country has a perfectly adequate supply of PPE” (Deputy Chief Medical Officer, March 20, 2020)



UK on a totally different route...

➤ The bizarre “theory” of herd immunity



- ...but pre-vaccination! Even before getting close to having a vaccine!
- Delay action – allow epidemic to “work” until 60% are infected

<https://www.bbc.co.uk/programmes/p086hjgc>

Leadership matters

- Decision about measures to address the pandemic and its consequences are not simply health decisions. They are utterly political.
- Political decisions require political leadership
- “We follow the science”
- ... Public inquiry looming?
- But do they really?
 - Lockdown timing?
 - Forget about testing?
 - Behavioural only focus?
 - Independent advice?



Excessive focus on behaviours and individuals

- **“The propensity for risk behaviours to cluster indicates that they are embedded in the social environments and conditions in which people live” ¹**
- **To change behaviours you have to change the environment – “causes of the causes” ²**
- **“Rather than focus on individuals alone, the approach needs to achieve a better balance of targeting both individual level factors and also the social environments in which health behaviours of individuals are developed and sustained” ³**

1. Ma J, Betts NM, Hampl JS. Clustering of lifestyle behaviours. Am J Health Promot 2000; 15: 107-117.

2. Rose G. Sick individuals and sick populations. Int J Epidemiol 1985; 14: 32-38.

3. Sanders AE, Spencer AJ, Slade GD. Evaluating the role of dental behaviour in oral health inequalities. Community Dent Oral Epidemiol 2006; 34: 71-79.

Do political leaders understand science?

➤ Depends on the leader...

➤ But do they get the caveats?

➤ What exactly have we measured? How consistently?

➤ Excess mortality

➤ Death certificates

➤ Care homes and community vs hospital only

➤ Methodological issues about international comparisons

➤ If the don't, how come we do not see international comparison graphs once the data are not so "favourable" for a country?



Public campaign messaging confusion

- Clarity of message is essential
 - Stay home vs stay alert
 - Protect the NHS!! What about funding attrition over a decade? What about social care?
 - Wider picture is missing but “passing the bucket” of responsibility is present



Covid-19 is a crisis in many fronts

- **Biology / health**
- **Political**
- **Economic impact - recession**
- **Social – Inequalities / unemployment and poverty**
- **Intellectual – dent in trust in science ¹**
 - **Medicine**
 - **Public health absent**
 - **Economic modelling**
 - **Behavioural sciences**

1. Laura Spinney (2017). Pale Rider: The Spanish Flu of 1918 and How It Changed the World.

Blurred policy dichotomy: Health vs Wealth?

- **Save lives vs Make money “dilemma”**
- **Covid-19 kills but so does the lack of wealth**
- **Lockdown “blues”**
 - **Psychological impact – mental health, suicide, domestic violence**
 - **Health impact – from other NCDs**
 - **Major economic impact - poverty**
 - **Jobs and services**
 - **Social care**
 - **Food security crisis**
- **Striking the right balance will be even more relevant as we go forward to wave 2**

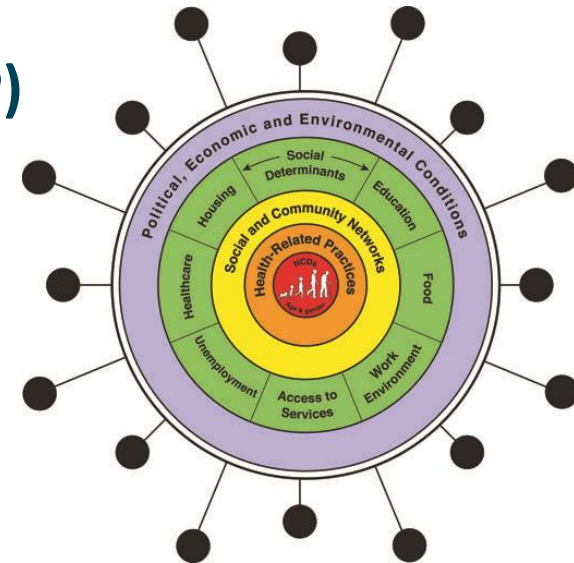
Health and Society: did all roads lead to austerity?

- Austerity in the last decade (across governments) led to...
- Life expectancy stalling overall
- Declining life expectancy for the worst off
- Social care spending in last decade in the UK:
 - -7% overall; -16% in 20% most deprived areas; -3% in 20% least deprived areas
- Now, governments spend their way out of the covid-19 crisis...
 - “With Covid-19, everything [on austerity] went out of the window. It turns out austerity was a choice after all” (Marmot, March 2020)
 - Call to put health equity at the heart of policy making post-covid ¹

1. <https://www.theguardian.com/world/2020/mar/28/coronavirus-tackle-climate-crisis-and-poverty-with-zeal-of-covid-19-fight-scientists-urge>

“We are all in it together”: Is covid-19 a socially neutral disease?

- Syndemic nature of Covid-19, Chronic Disease and Social Determinants of Health
- Prevalence and severity of covid-19 magnified by pre-existing epidemics of socially determined NCDs
- Lack of health care to those with NCDs (↓ SEP)
- Housing (smaller; lack of outside space)
- Inequalities of the lockdown
 - Health consequences of policy responses
- All socially patterned



Independent scientific advice for way forward

- Financial security for the most marginalised (inc. BAME)
- Community Public Health and Primary Care systems strengthen
- Better long-term planning (eg ICU capacity etc)
- Border control policies
- Emphasis on vaccines – realistic approach



What next?

- Careful easing – Collect evidence for Wave 2 preparedness
- Policies to reduce inequalities
- Social Protection – vulnerable groups
- Strengthen public health and health care systems
 - Find – Test – Trace – Isolate - Support
- Global issue, global response - more effective global health / human security arrangements – WHO+
 - “It is in all our interests to prevent a second or third wave starting in the poorest, least protected countries with the most underdeveloped health systems. So a threat to others is a threat to us, and we help ourselves by helping others. Protecting ourselves locally means we need to act globally” (Gordon Brown, May 2020).

Thank you for your attention

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