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Commentary

From the “new normal” to a “new future”: A sustainable response to COVID-19

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We are nine months into the COVID-19 pandemic and infections and deaths are accelerating in many parts of the world. There are now more than 33.7 million confirmed cases and over one million deaths.

The Asia Pacific Region has comparatively low COVID-19 figures today, partly because countries have built up the capacities and mechanisms for emergency response over the years guided by the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*, or APSED.

However, as the pandemic in the Asia Pacific Region is entering a “new phase” of the outbreak, governments and individuals need to take further actions to mitigate risk and minimize transmission while maintaining social and economic activities.

While several countries have managed to contain outbreaks early on, many are now tackling new surges. For some, these new clusters have been larger and more complex than their initial outbreaks.

For example, the highest number of cases reported by Japan to WHO on a single day prior to 01 July was 743 (11 April 2020) [1]. Between 29 July and 22 August, Japan reported more than 1000 cases on 19 separate days. Viet Nam reported 383 cumulative cases as of 19 July [2] and 72% of them were acquired abroad. From 25 July to 20 August, 525 locally acquired cases were detected – 98% linked to an outbreak in the city of Da Nang [3].

In recent months, young and healthy people in their 20s, 30s and 40s have been driving transmission in the region—young adults who are socially and economically active, mobile and returning to work and school. Many are often asymptomatic or present only mild symptoms if infected and therefore, may unknowingly spread the virus to co-workers, family members, fel-

low students and others. These transmissions remain challenging for countries to detect, despite improved surveillance, expanded testing and screening programs, better lab capacity and increased health-care-seeking practices.

In Australia and the Philippines, for example, the percentage of reported cases of people under 45 years was at or below 50% prior to 01 June. The same age group came to represent more than 60% of reported cases since 01 June [4].

Relaxed control measures, declining risk perception and the understandable desire to return to normalcy have led to reduced protective behaviors and more social and workplace interactions, often in confined, close-contact and crowded settings, where the virus spreads efficiently.

At WHO, we are investigating the extent to which silent spreaders are contributing to COVID-19 transmission. Preliminary whole genome sequencing in Japan shows that recent clusters have links to outbreaks from April, suggesting there has been continuous—essentially undetected—transmission.

These trends pose worrying risks, particularly to vulnerable and disadvantaged groups: older people, people with chronic conditions and/or disabilities, people living in populous urban areas or under-served rural areas and others who are marginalized and have limited access to information and services. If not immediately tracked and traced, infections among some of these populations can result in more severe and fatal outcomes. In our region, we've seen multiple residential care facilities experience outbreaks in Hong Kong [5], as well as in Australia [6], where 580 out of 788 deaths (as of 11 September) were associated with outbreaks in long-term care facilities. In many countries, more than 40% of COVID-19 related deaths have been linked to long-term care facilities, with figures being as high as 80% in some high-income countries [7].

The recent resurgence of cases and undetected transmission among younger and healthier populations suggests that the COVID-

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19 outbreak will likely continue for the foreseeable future until a safe and effective vaccine becomes widely available.

In response to these emerging trends, some countries in our region are starting to explore more sustainable and targeted response models that proactively work to suppress new COVID-19 outbreaks while reviving their economies and societies, rather than taking a reactive approach to outbreaks and having to repeat nation-wide “lockdowns”.

In the short-term, governments should continue strengthening public health and health system capacity, especially the early detection of and targeted response to asymptomatic transmission among younger populations. Experience in our region suggests that rapid detection coupled with robust contact tracing, can control clusters of infection [8]. In parallel, countries should continue strengthening the capacity of their healthcare systems, including health facilities to ensure enough space and equipment to care for people who are severely sick, and intermediate facilities for those who have milder symptoms. A strong public health and healthcare system enables countries to accommodate more infection without overwhelming the health system and having to trigger drastic public health measures.

Governments should further strengthen efforts to prevent the virus from spreading into vulnerable communities by identifying vulnerable populations, implementing infection prevention and control measures and strengthening surveillance among these populations.

Preventing COVID-19 transmission is contingent on public compliance and private sector cooperation to suppress human to human transmission. Countries of the Western Pacific have adopted new behaviors to prevent infection, such as mask-wearing, physical distancing, tele-working and hand hygiene as part of daily life. Now the challenge is to make these new behaviors part of our everyday habits. One key lesson learned from this pandemic is that clear, caring, inclusive and regular communication from authorities contributes to public trust in the government's response, which leads to improved understanding of individual responsibility and, subsequently, a greater willingness to adopt infection prevention practices as part of “the new normal”. Embedding these practices as part of our “new normal” can be a stepping stone to a “new future”, with benefits for other health issues, far beyond the response to COVID-19.

Recognizing that the virus will be with us for a long time, governments should also use this opportunity to invest in health systems, which can benefit all populations beyond COVID-19, as well as prepare for future public health emergencies. These investments may include: 1) capitalizing on COVID-19 enhancements to surveillance, lab, risk communications and other core capacities, 2) back casting to identify gaps and steer resources to future health needs like genetic sequencing and contact tracing with Information Technology, 3) building on COVID-19 innovations to accelerate recovery and address other pressing health problems, and 4) strengthening multi-sector collaboration to improve health services and reduce health inequity.

After 9 months of the pandemic, we are starting to see a way to restore health, economies and societies together. Long-term planning and investments will enable us to rebuild more resilient societies and help achieve our common vision to become the healthiest and safest Region.

Declaration of Interests

No conflict of interest.

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