

Offline: COVID-19—a reckoning

“To be clear we have one strategic aim: save lives.” So stated a UK Government health adviser in an email sent to me last weekend. It was an email filled with frustration. “Part of the considerable difficulty in managing this epidemic”, he wrote, “where we know a number of things but have some major gaps in knowledge (especially around asymptomatic transmission by age, which has major implications), is to do this in a way where we minimise the negative health impact of interventions on other aspects of health, both physical and mental...And try to think through the endgame from the start, where the endgame is quite some time off.” The UK Government at last announced this week a series of emergency—Prime Minister Boris Johnson called them “drastic”—powers to address the escalating public health emergency that is coronavirus disease 2019 (COVID-19). He had no other option. Politicians were behind the public curve. People were already acting ahead of the government. But this emergency is more than a public health catastrophe. It is a full-blown political crisis, one that is afflicting every nation in the world. As Nirmal Kandel and colleagues reported this week in *The Lancet*, countries vary widely in their abilities to prevent, detect, and control new infectious outbreaks: “Only half of the [182] countries analysed...have the provision for adequate resources for emergencies.” Given the political shock of COVID-19, “Urgent action is needed to ensure that capacities are in place to prevent and manage health emergencies.” The world is dangerously unprepared. And this global political crisis isn’t over yet. It has barely begun.

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The UK should have been a country that was prepared for an emergency of the scale of severe acute respiratory syndrome coronavirus 2. Johnson had said that, “We have a clear plan.” That plan was set out with stark clarity by Graham Medley, one of the UK Government’s expert advisers on pandemics. He was speaking on the BBC’s *Newsnight*. “We are going to have to generate what we call herd immunity. So that’s a situation where the majority of the population are immune to the infection. And the only way of developing that, in the absence of a vaccine, is for the majority of the population to become infected.” He advocated “a nice big epidemic” to infect

and render immune as many healthy people as possible. He went on, “So what we are going to have to try and do ideally is...manage this acquisition of herd immunity and minimise the exposure of people who are vulnerable.” Patrick Vallance, the UK Government’s Chief Scientific Adviser, endorsed this strategy. The government proposed to delay action to enable a controlled epidemic to ensue. Vallance suggested that 60% of the population must be infected for the whole population to acquire herd immunity. With a 0.3–1% mortality, that meant a plan that would accept somewhere between 117 000 and 390 000 deaths. But when the brutal consequences of this strategy became clear, it was quickly ruled impermissible. The goal changed to saving lives. It is not surprising that one professor of public health informed about the UK’s COVID-19 response talked of “serious disarray” in government.

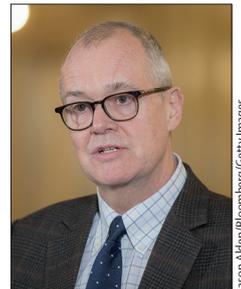
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Some commentators believe the political reactions to this pandemic have undermined global cooperation. As former UK Prime Minister Gordon Brown wrote last week, countries “are fighting their own individual battles against coronavirus and in their own way”. I don’t believe these gloomy assessments. In truth and out of public view, governments are talking with one another, they are cooperating, and they are forging common purpose. G7 health ministers, for example, have been discussing their responses to COVID-19. It was one such conference call that may have helped the UK to reshape its response away from herd immunity and towards saving lives. But cooperation came too late. When the COVID-19 pandemic has subsided, there will be a reckoning. As the government adviser I quoted earlier noted, “pretty clearly this is going to be the biggest health challenge in my tenure, and every country is having to find its way through...this is not for me a passionate debate, full of emotion; it is a major emergency I am trying to help manage in real time (with many others, all working very hard)”. Too few people paid attention to China’s well documented clinical experience. The present outcome was all too plain to predict. This pivot was preventable.

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