

Webinar Brief

June 18, 2020

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Implementing Strategies for Easing Off COVID-19 Restrictions

Introduction

In June 2020, the Eastern Mediterranean Public Health Network (EMPHNET) launched its Webinar initiative (WEBi) Series, as a virtual dialogue platform to engage a broad range of audience in an online discussions that serves pertinent public health issues and problems challenging the Eastern Mediterranean region (EMR). By launching its WEBi Series during COVID-19, EMPHNET anticipates to fill a knowledge gap in the EMR through the exchange and provision of COVID-19 knowledge, in addition to enhancing coordination and networking between stakeholders, health professional, and the community. The overall aim is to leverage a broader direction whereby webinars will become a major advocacy and knowledge exchange tool for EMPHNET. The WEBi Series comes as an attempt to optimize timely and efficient use of information that can foster actions and decisions.

Since the beginning of the COVID-19 pandemic, EMPHNET has been actively supporting EMR countries strengthen their preparedness and response to the pandemic. However, with the escalating nature of COVID-19 outbreak, EMPHNET's efforts diversified to meet the demanding nature of the outbreak and the complex structure driving efficient supportive action, particularly in the form of technical support, capacity building, research, exchange and networking.

About EMPHNET

EMPHNET is a regional network that was founded in 2009 with the focus on strengthening Public Health Systems in the Eastern Mediterranean Region (EMR). EMPHNET works in partnership with Ministries of Health, non-government organizations, international agencies, private sector, and other public health institutions in the region and globally to promote public health and applied epidemiology. In 2015, EMPHNET created Global Health Development (GHD) as a regional initiative to advance its work in the EMR and support countries strengthen their health systems to respond to public health challenges and threats.

Therefore, in considering the difficult context created by COVID-19 and the need to increase collaboration and exchange of information specific to the stage of the pandemic, EMPHNET launched its first Webinar on June 16, 2020, from 17:00 – 18:30 Jordan local time (UTC +3), titled *“Implementing Strategies for Easing off COVID-19 Restrictions”*. In doing so, EMPHNET wanted to savor the privilege of the digital world at a critical time and use that to close the growing gap in coordination, experience sharing, capacity building and relationship building.

Webinar Specifics

COVID-19 has touched the lives of all and EMPHNET wanted to play an important role in accelerating the exchange of information and to foster a mixture of knowledge and experience, thus capturing the momentum for affecting change and transformation that accompanies dialogue, coordination and communication in the presence of travel limitations.

During the COVID-19 pandemic, countries around the world have been implementing various mitigation and prevention measures with the aim to control transmission and reduce mortality rates. The transition out of lockdown is a complex and uncertain process governed by healthcare capacity challenges and risks of second waves of resurgence.

Webinar Objectives

“Implementing Strategies for Easing off COVID-19 Restrictions” Webinar was conducted with the following focus:

- Ensuring appropriate measures are satisfied when easing off COVID-19 restrictions
- Adopting a flexible and informative approach for easing off COVID-19 restrictions
- Country experience with easing off COVID-19 restrictions

Webinar Speakers

In seeking to bring experts opinion and experience in discussing the enablers of transitioning out of COVID-19 restrictions - including data-driven decisions based on risk assessments, effective communication, and innovative/digital solutions – and elaborating on the process of weighing the advantages and disadvantages of easing COVID-19 restrictions, the Webinar hosted the following experts:

- Dr. Seif Al-Abri

Director General of Disease Surveillance and Control, Ministry of Health, Sultanate of Oman and Senior Consultant of Infectious Diseases

- Dr. Mark Salter

Consultant in Global Health, Communicable Diseases and Senior Medical Advisor, Public Health England

- Dr. Mohammed Youbi

Director of the Directorate of Epidemiology, Ministry of Health, Morocco

- Dr. Wessam Mankoula

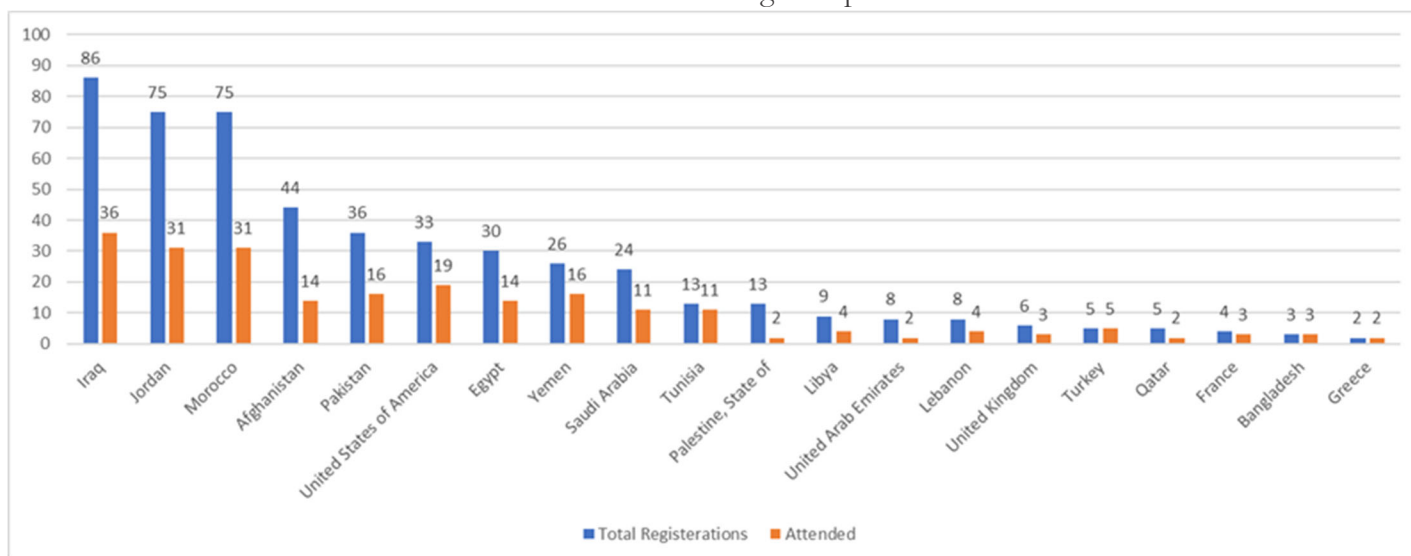
Lead of Emergency Operations Centre, Africa Centre for Disease and Control (CDC)

The webinar was facilitated by:

Dr. Faris Lami - *Public Health Expert, Associate Professor, Baghdad University - Iraq*

Webinar Attendees

Registration was open one week prior to the webinar and was announced through EMPHNET's communication and networking channels. In total, 597 registered to attend, 45% (n= 269) attended the webinar. The following graph displays the distribution of registered and attendees by countries.



Overview of Presentations

The webinar was conducted in English and included four presentations (10-15 minutes each), on different aspects and issues related to implementing strategies for easing off COVID-19 restrictions. The presentations focused on general notations from England and Africa, while bringing in country experience related to easing off measures from Oman and Morocco. A discussion session followed the presentations which centered around important and relevant questions received from the attendees. Following is a brief of these presentations in the order that they were presented. The webinar started and ended on scheduled time, with a duration of 1.5 hours.

Webinar Introduction

Dr Faris Lami

As the webinar facilitator, Dr Lami gave a brief on COVID-19 and introduced the webinar topic mentioning the variation in preparedness and response by countries and the restriction measures imposed with various intensity depending on countries, all of which, he said, served to flatten the epi curve. Dr Lami also highlighted the importance of the webinar explaining how countries are reporting less cases with the epi curve flattening, noting that there is a need to attend to the debilitating political, social and economic consequences, thus the need for developing strategies to ease off restrictions, he said.

Dr Lami presented the guest speakers, the focus of the webinar, the two scenarios to be presented from Oman and Morocco, while referring to the main setup of the webinar and directing attendees to send their questions to the question platform. Later, and prior to each presentation, Dr Lami presented a biography of each guest speaker.

Implementing Strategies for the Easing Of COVID-19 Restrictions

Dr Mark Salter

Dr Salter put COVID-19 into context by presenting major respiratory virus outbreaks like SARS, MERS, Asian Flu and others, stressing on the need for vaccinations, while explaining the biology of coronaviruses. Dr Salter explained how COVID-19 emerged and how it was declared a pandemic, touching on the spread of the outbreak globally, mentioning variation between some countries and highlighting the spread in the different regions around the world while focusing on the European case, where he said that the peak was reached in early April with a recent slow decrease, indicating movement to endemicity.

Dr Salter moved to sharing figures on COVID-19 from the UK mentioning reaching 300,000 cases at the current rate of 1,000 new cases daily, but with a significant reduction in mortality. He mentioned the variation in the intensity of the outbreak between the regions, highlighting the variation in R0 which affects the release of restrictions, displaying different graphs to present the outbreak situation in the UK and the lockdown measures. Dr Salter moved to explain how the contact tracing is done in the UK, the guidelines and material developed and used, touching on the importance of communicating to the population what is being done and why (risk communications).

In presenting measures, Dr Salter mentioned the importance of behavior to handwashing, wearing face masks and highlighted the importance of quarantine and isolation, mentioning the staying home guidelines and guidance for employers and business, and the importance of social distancing. Dr Salter explained how the Scientific Advisory Group for Emergencies (SAGE) advises the government on decisions, with different scientific and advisory groups feeding into SAGE, and highlighted the importance of identifying key factors needed to monitor the lockdown and the release of measures which is done through modeling. He emphasized the importance of establishing any changes on evidence, cautioning the political ramifications if this is followed to the letter.

Africa CDC Guidance on Easing Lockdowns

Dr Wessam Mankoula

Dr Mankoula started by presenting the global epidemic situation mentioning more than 7.7million cases and more than 430 thousand deaths to-date with over quarter million cases and more than 6,700 deaths in Africa, specifying a 20% increase in cases in the last

week compared to the previous one, with significant increase in all regions. Dr Mankoula highlighted the importance of lockdown measures in controlling COVID-19, which he said came as control measures following experience of China and Europe. Dr Mankoula explained how lockdown and social measures were key components for controlling COVID-19 pandemic, which Africa CDC recommended, and with countries easing off lockdown and social measures, Africa CDC developed guidance for easing lockdown and social measures to prevent rapid increase of cases due to easing lockdown.

Dr Mankoula explained public health social measures describing community and individual physical distancing giving examples of each and exposing the status of some of these measures by member states, such as travel restrictions. Dr Mankoula presented a summary of mitigation measures taken by member states mentioning that 28 countries started easing lockdown emphasizing that lockdown measures have helped countries in preparing health services and testing, giving examples of assistance provided by Africa CDC. Dr Mankoula mentioned the drawbacks of the lockdown, giving economic, mental health, immunizations as examples. Dr Mankoula moved to present the three main questions recommended by WHO to answer before easing lockdown: Is epidemic controlled? Is the HCS able to cope with resurgence? Is the surveillance system able to detect, identify and manage cases?

Dr Mankoula presented six conditions that need to be met, highlighting the need to move gradually from local to national easing measures with recommended three-step approach that has two weeks gap between each while the need to assure stable number of cases. Dr Mankoula gave a detailed description of these steps with examples, bringing to focus the importance of protecting vulnerable groups, case detection, physical distancing, isolation, wearing masks, handwashing and more. Dr Mankoula moved to explain how Africa CDC assists member states presenting the structure that includes a steering committee, technical working groups, and regional health coordination committees, and concluded with key messages for member states.

Oman Experience with Easing COVID-19 Restrictions

Dr Seif Al-Abri

Dr Al-Abri started by presenting COVID-19 epidemic situation in Oman where to-date over 143 thousand new cases, a CFR of 0.4%, and daily new cases ranging between 700 and 1,400, mentioning that the epi curve

has flattened. Dr Al-Abri mentioned that the majority of cases are non-Omani, males, and young (15-50 years), mentioning that the majority of Omani population (40%) are non-Omani, 90% of which are males. With 11 governorates, Dr Al-Abri said that most cases originated from capital Muscat where the majority of cases are non-Omani, similar to Wusta governorate which is an industrial area mainly populated by non-Omanis. Dr Al-Abri presented the epi curve indicating that the outbreak was initially travel related with clusters that moved to what can be now referred to as community transmission.

Dr Al-Abri mentioned that Oman started working on public health emergency since six years, where in 2017 they developed the All Hazard Public Health Emergency Preparedness and Response Plan. He added that with the start of the outbreak, Oman developed COVID-19 Preparedness and Response Plan which was built on the National Emergency Preparedness and Response Plan, mentioning that the plan was built on several pillars, first of which is governmental leadership that was crucial during the response and is helping with the recovery phase. Dr Al-Abri gave a brief of this plan mentioning that its implementation is spearheaded under a National Supreme Committee for COVID-19 headed by H.M Sultan with many stakeholders including Commander of the police and Army. Dr Al-Abri also mentioned the technical committee headed by the Minister of Health, in addition to a national incident command system.

Dr Al-Abri further explained the Surveillance as the second pillar in the plan indicating that it is electronic and real-time involving the public and private sectors, mentioning that Oman is planning to do a sero-survey for COVID-19 in two weeks over four stages, three weeks apart for a 20,000 population. Dr Al-Abri went on to present communication, expertise, and research, preparedness, and logistics as the other pillars in the preparedness and response to COVID-19 plan.

Dr Al-Abri moved to presenting the R0 which reached 3 in mid-March thus necessitating implementation of Public Health measures, followed by a lockdown in mid-April between different governorates and in specific areas when the R0 started going up after reaching one, following which he explained the change that took place during Ramadan leading to increase in cases. Dr. Al-Abri mentioned that since 22 May, and with R0 being 2 easing off started. He explained how the supreme Committee formed a recovery task force which produced a recovery plan and guidelines, indicating the engagement with the different sectors to

increase ownership. Dr Al-Abri described the different documents prepared for recovery stressing on the importance of looking at the peculiarity of the country.

Epidemic Covid-19 in Morocco and containment raising strategy

Dr Mohammed Youbi

Dr Youbi started by presenting the pillars of the National COVID-19 Surveillance and Response Plan for Morocco: early case detection, case management, IPC, contact tracing, communication. In displaying the epi curve, Dr Youbi explained how Morocco chose to flatten the curve and adopt a lockdown strategy. Dr Youbi went through the different measures implemented based on the case count and the progress of the outbreak leading to the progressive lifting of containment measures on 11 June, 2020 explaining the rationale for the lifting as Morocco managed to reduce the spread of COVID-19 as the long term containment measures became unrealistic.

Dr Youbi presented key indicators reflecting the status of the epidemic at the start of lifting containment measures (12 June, 2020) including: 8610 confirmed cases, 88% recovery rate, and 2.5% CFR, mentioning that the majority of cases during the recent weeks (60%) became asymptomatic, which can be attributed to the national strategy of screening.

Dr Youbi explained how the containment lifting strategy will allow Morocco to avoid thousand of cases, deaths and intensive care. He further noted that lack of knowledge on transmissibility, immunity, asymptomatic forms and compliance with measures can pose as a risk for resurgence after lifting containment measures. Dr Youbi presented some principles that are core to containment lifting: prerequisites, gradual process with geographic focus, reversibility option, highlighting the importance of monitoring criteria according to these principles. Dr Youbi stressed on the importance of using data from the regions (12 regions) thus the gradual lifting based on regional data.

Dr Youbi presented the steps included in the lockdown lifting process and the indicators used: R0, prevalence of active case ≤ 10 , ICU occupancy $< 65\%$, and proportion of contacts followed 90%. Dr Youbi concluded by stressing on the importance of maintaining obligatory measures: physical distancing, wearing masks, and frequent handwashing.

Click [here](#) to listen to the recorded webinar

Discussion

The webinar concluded with Dr Lami facilitating the question and answer session. After filtering the questions, the following questions were presented and answered by relevant speaker.

Q1. How are lessons learnt both successes and failures being documented in Oman? How are SOPs and guidelines building in accountability for implementation?

Answer: Dr Seif Al- Abri

We have produced policies and guidelines that have been approved by the MoH and the steering committee. Media started documenting the experience with the positives and negatives, which will be used as an opportunity to improve.

Q2. Is there any country which assesses the containment measures implemented during this pandemic?

Answer: Dr Mark Salter

Most countries will be determining their containment measures in one form or another. There is no widespread comparison between countries Ex: the UK has been running significant models for various groups based on what was done and lockdown easing measures, to establish where there will be issues and to ensure adding mitigating measures. This is an ongoing process.

Answer: Dr Wessam Mankoula

In Africa CDC, the knowledge management team that check the social distancing measures the countries are taking and are using the mobility indicators produced by Google and are comparing the impact of these measures among countries.

Q3. What would be the main reasons for low number of cases in deaths in Africa?

Answer: Dr. Wessam Mankoula

A combination of different factors. Stage of the epidemic, the first reported case was in mid February. Member states were more prepared (early social distancing measures, border closures). Number of tests performed are still low

Q4. What are the most recent international travel recommendations?

Answer: Dr Mark Salter

Many countries are determining their own travel policies for instance the UK announced a 14-day isolation period when you arrive to the UK. PHE is collating information to categorize countries as high risk or low risk.

Q5. How do you see the value of Pulsed Approach (Alternate periods of going to work/school and periods of quarantine)?

Whole population moves in and out of quarantine (intermittent quarantine)

Alternating half the population is at work/school and half at home (alternating quarantine)

Answer: Dr Mohammed Youbi

We are at the beginning of this process, we have a gradual approach and we ease restriction in certain provinces by looking at established indicators and other governorates will follow based on the weekly evaluations by local committees.

Answer: Dr Seif Al-Abri

We didn't try it in Oman, because you can see the interface of science and politics with COVID-19. It is easier said than done.

Q6. Which model is better for Morocco? Lockdown or open stores like Sweden?

Answer: Dr Mohammed Youbi

We have at least 3 models, one developed by the University of Science of Casablanca (mathematical models), another model developed by a private bureau and one developed by our team. The three models gave the same projections.

Q7. Most of countries that started to lift restrictions increase testing and some of them witnessed increase of positive cases. Some of them explain that by the increase of the testing strategy. The question is how can we sure about that and how this can affect the easing continuation?

Answer: Dr Mark Salter

There is an inevitable potential risk and there is a significant political/economic. The benefits of lockdown should be weighed against mental health, physical violence, and education. People should be assured that with social distancing they can minimize the risk. People are not fully complying with messages from government which refers to the pulsed approach where people will become very confused as you change messages.

Q8. Some countries in the ME started already to experience the (second wave) of COVID-19, what is the possibility of having this in other countries in the ME, and should this affect the easing plan?

Answer: Dr Seif Al-Abri

It is still a vague situation. Most countries are still going through the first wave. The main thing was to implement preventive measures. Now with easing up, we are learning that lockdown helps us in preparing our healthcare system. Oman is trying to improve its capacity to deal with the influx of cases.

EMPHNET WEBi Series
Implementing Strategies for Easing off COVID-19 Restrictions

Tuesday, June 16, 2020
17:00 to 18:30 Jordan local time (UTC+3)

EMPHNET
The Eastern Mediterranean
Public Health Network

Facilitator

Dr. Seif Al Abri
Director General of Disease
Surveillance and Control, The Ministry
of Health of the Sultanate of Oman

Dr. Mohammed Youbi
Director of the Directorate
of Epidemiology, Ministry
of Health Morocco

Dr. Mark Salter
Consultant in Global Health
Senior Medical Advisor
Public Health England

Dr. Faris Lami
Public Health Expert
Associate Professor, University
of Baghdad, Iraq

Dr. Wessam Mankoula
Lead of Emergency
Operations Centre, Africa
Centers for Disease Control
and Prevention (ACDC)

The webinar will focus on

- 1- Ensuring appropriate measures are satisfied when easing off COVID-19 restrictions
- 2- Adopting a flexible and informed approach for easing off COVID-19 restrictions
- 3- Country experience with easing off COVID-19 restrictions

COVID-19 Response
GHD | EMPHNET | with you against COVID-19

Biographies of Guest Speakers and Facilitator

Dr. Seif Al-Abri

Dr Seif Salem Al-Abri studied medicine at Sultan Qaboos University in Oman and qualified in 1993. He has done his training in Infectious diseases at the Royal Liverpool University hospital and Liverpool School of Tropical Medicine, Liverpool, UK. He became a fellow of the Royal College of Physicians in 2008. Dr Al-Abri is a practicing consultant in Infectious Diseases at the Royal Hospital, Oman, and he was the head of the infectious diseases department from 2006 until 2014. He was appointed the head of medicine at Royal Hospital in 2009, Deputy Director General of Royal Hospital for medical affairs in 2011, and Director General for Disease Surveillance and Control at the Ministry of Health of Oman in 2014. Dr Al-Abri has interest in medical education and he is an accredited Royal College of Physicians educator; he is an international advisor for the Royal College of Physicians of London and the Lead Examiner for the MRCP (UK) Examination in Oman from 2011 until 2015, and he was the chairman of the Governing Council of Oman Medical College from 2015 until 2018, and is currently a member of the governing council of the National University of Science and Technology. Dr Al-Abri is an associate editor to the Journal of Travel Medicine, Sultan Qaboos Uni

Dr. Mark Salter

Dr Salter has over 40 years of experience of working on global health security issues. He currently works for Public Health England (PHE) establishing bilateral and multilateral links with partners as well as strengthening public health capacities and capabilities and moving towards the establishment of Public Health Institutes. Mark has extensive experience of public health systems development, disease control, emergency planning, resilience and response and CBRNe having worked during outbreaks and incidents in: Central America (dengue haemorrhagic fever, measles, and cholera), Africa (Lassa, SARS, EVD, post-conflict) and Asia (MERS, SARS, H5N1, and flooding response). In the last 5 years he has worked across EMRO to enhance capabilities and capacities to respond to CBRN events. Since the beginning of the COVID-19 he has been supporting the development and implementation of public health measures in England. Mark has worked on elements mass gathering medicine for more than 10 years and was one of the initiators of the first WHO collaborating Centre for mass gatherings at PHE.

Dr. Mohammed Youbi

Dr Mohammed Youbi is currently the Director of the Directorate of Epidemiology and Disease Control at the Ministry of Health in Morocco. Formerly, Dr Youbi held several positions at the Ministry where he was Head of Division of Communicable Diseases, Deputy Director of the National Institute of Hygiene, and Chief of the Epidemiological Surveillance Service.

Dr Youbi holds a Doctorate in Medicine from the Faculty of Medicine and Pharmacy of Rabat in 1991, National qualification in preventive medicine, public health and hygiene in 2012, and Master in Epidemiology in 2012 (FETP Morocco – First cohort).

Dr. Wessam Mankoula

Dr Wessam Mankoula is a healthcare professional with over eleven years' experience in public health emergency management, epidemiology, and practicing medicine. Worked for governmental, non-governmental, and international organizations. On 2016, he was selected as one of 10 African public health professionals to support establishment and operationalization of Africa CDC under AU. He is currently serve as the lead of Africa CDC Emergency Operations Centre. He has established a coalition in collaboration with WHO and US CDC to push the agenda of PHEOCs in Africa and support member states. He led Africa CDC missions to respond to various outbreaks in the continents such as ebola in DRC 2019, RVF in Kenya, and cholera in Zimbabwe 2018; and currently is the Africa CDC Incident Manager for COVID-19 in Africa.

Dr. Faris Lami

Dr Faris Lami