



Letter to the Editor

Societal reopening after the COVID-19 pandemic



The COVID-19 pandemic is not over, and in many places around the world, populations are either unable or unwilling to be vaccinated, either because of logistical supply issues or because of vaccine scepticism. Despite these problems with vaccination coverage, there are plans to relax social distancing rules and the wearing of masks throughout Europe. This strategy is likely to be followed by many nations around the world; however, it has the potential to reverse gains that have been attained on COVID-19 control thus far.

The continuing emergence of novel viral variants to which the current vaccines (raised against the original alpha variant) are less effective is a distinct possibility. In addition, there remain huge unvaccinated populations, for example, in Africa, India and Brazil, some of whom it is predicted will not be immunised until 2023. Proposals to irreversibly relax current COVID-19 control policies in Europe, without global consensus and for a pandemic of this magnitude, therefore seem to be ill-informed.

Globally, there is an escalating counter-reaction to COVID-19 containment protocols as communities start to question ongoing approaches to the pandemic. This is fuelled by either bored or misinformed social media opinion, often in response to confusing public health messages from both medical authorities and governments.

As this new pressure to liberalise COVID-19 containment policy grows, it is likely that populist politicians around the world will give way to the perceived desire for relaxation of the rules from the general public, who now see few good options from their national leaders. Despite a surge in cases across Africa, for example, in Tanzania, a vaccination programme is not taking place.¹ Furthermore, with business continuing as usual in Zambia, most of the population do not use masks or practice social distancing.^{2,3} Hybrid approaches in Kenya and Uganda with intermittent lockdowns need to be further evaluated for effectiveness.^{2,3} Moreover, Somalia, in the horn of Africa, has abandoned all COVID-19 containment measures, perhaps because governance and implementation systems remain fragile.¹⁻⁴ In South America, Brazil has a leadership that is in COVID-19 denial, despite the country being severely impacted by the pandemic. In the East, India is struggling to cope with COVID-19, both in terms of providing acute medical services and an effective vaccination programme.

So, the authors argue that the 'reopening' of countries and the approval of mass travel is driven by new pressures from the public to counter and question current or previous public health policy.⁵ With the notable exception of New Zealand and Australia, where

case numbers have, not coincidentally, remained low, these issues seem too great for elected politicians to ignore. In the long run, this is foolhardy, given the potential of viral variants to take hold even in the double-vaccinated sections of society.

The authors recommend that governments think carefully about actioning populist policies that counteract evidence-based public health consensus in the global pandemic.

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