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What do we know about the coronavirus and the global response?
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DOLLAR: Hi, I'm David Dollar, host of the Brookings trade podcast Dollar and Sense. Today we have a special episode focusing on the Wuhan coronavirus. Our guest is Amanda McClelland, senior vice president of Resolve to Save Lives, a nonprofit working on global public health issues. Amanda heads up their work on preventing epidemics. So welcome to the show, Amanda.

MCCLELLAND: Thank you so much.

DOLLAR: So as we've been following the development of this virus there seems to be a lack of clarity around some of the basic facts about the disease, such as how deadly it is, how likely it is to become a global pandemic. So what do we know about the virus and these prospects right now?

MCCLELLAND: So given that this is a new virus we've learned a lot in the first month, or five weeks, but there's still a lot that we don't know. And as you said, we don't know how many people it infects. It's what we call the "are not number." We still don't really know the case fatality rate at the moment. There is an estimate of about 2 percent, which is which is relatively high, but there's lots of reasons why we don't know that. And some of those reasons are that it takes time to collect the data, it takes time to test in the lab and confirm cases. But also, there's a spectrum of disease here and some people are only mildly affected and some people are critically ill. And what we really focus on is that denominator — the number of people that are sick. And we might not necessarily be getting a lot of information on those people that are mildly unwell. And so that can really change things like the case fatality rate, for example, how many people die. If 31,000 people have been affected and 600 people have died, you know, that gives us a number of about 2 percent. But if the number that is sick is actually 200,000 in than that case fatality rate is very different and our response to the disease overall is very different. So there's still a lot that we don't know, but we're finding out more every day.

DOLLAR: Is it also possible that there are a lot more deaths? You mentioned the denominator. The numerator is the deaths. So is it possible there are a lot more people dying and somehow this is not being counted?

MCCLELLAND: To put it almost crudely: it's easier to count dead people than to count sick people. So it's unlikely that there's a lot more deaths than we know of, but it does take a longer time for people that are sick to die. And so there might be a lot of people that are critically unwell now that will take time to die. So there is a lag between when we declare someone sick and then how long it takes them to succumb to the illness. So there is definitely a lag in counting the deaths as well. So there's a lot of challenges in terms of how we put these figures together. People get sick on day one but might not

pass away until two days seven or eight. So there's definitely a time lag between counting the denominator and the number of deaths for sure.

DOLLAR: So the Chinese authorities were slow to acknowledge the severity of this new virus at first. It appears to have originated in an animal market in Wuhan. But after that slow start, they've taken some pretty dramatic measures – really eye-catching measures. Notably, closing off travel in and out of Wuhan and nearby cities with total population of more than 50 million people.

So how do you evaluate those measures? Is it really necessary to close off these cities? Is this going to be effective?

MCCLELLAND: I mean, it's unprecedented measures. I don't think we've seen quarantine at this level. Not in the experience that I've had, for sure. And I don't think you could have done it in many societies outside of China. I think, the way the Chinese people have come together in solidarity and [are] working together I think we should commend and, you know, work with the Chinese on this.

Whether it's worked I think we'll start to see in the next few days. We've had two days of declining caseloads. That's too early to know if that's good news or not. But in terms of how long the disease takes to spread, you know, we're working on an incubation period of seven to 10 days. So we'll only really start to see the impact of the isolation and quarantine measures in the next couple of days. If we start to really see a decrease in cases. So I think only history will tell. Isolation is critical to stopping the spread of the illness. It is respiratory droplet-based and so social distancing and isolation is critical here. And so it will definitely have slowed the virus down for sure. Whether it's stopped the virus I think we won't know for a week or so.

DOLLAR: So most of the cases so far are within this restricted area in China, which basically corresponds to Hubei Province. Do the public officials there, the health officials, have the tools they need to deal with this epidemic? Do they have diagnostic kits, enough hospital beds, medical personnel?

MCCLELLAND: You know, I think there's mixed reports coming out of China. They've built a 1,000-bed hospital in ten days. As someone who had to build hospitals very quickly in previous outbreaks, that that is extremely quick. And the infrastructure that they've put in and the extra supplies they've put in is unprecedented. But, you know, there are requests for more equipment, more ventilators, more protective equipment, for sure. So it's hard to know without being on the ground there. In these emergencies and in the “fog of war,” almost, as we call it, in the beginning of these big outbreaks, you never have enough until the outbreak starts to go down. So you only know you've got

enough when the outbreak really starts to turn. But, you know, the response by the Chinese government now in terms of trying to control the outbreak is...it looks extremely robust from the outside. There's definitely gaps, and more things that could be done in terms of the data and sharing, but without being there on the ground it's hard to tell exactly where the gaps are.

DOLLAR: So are there things that the U.S. and the international community should be doing to help more than it's already occurring?

MCCLELLAND: I think we're responding based on the risk that we have. It's been it's been very encouraging as we've reached out, especially from our perspective, we've been reaching out to our partners in Africa and already seeing most, you know, almost all countries already preparing and mobilizing their coordination teams and looking at what they're going to do if and when the virus arrives.

I think the main thing to reflect on is, you know, it's important that we prepare for these events. It's very difficult to start from scratch once one of these new novel viruses begin. And so I think we could all do more. Every country in the world could do more to better prepare, to invest in health systems, to make sure that that we have the right equipment and the right people in the right place for these types of events. And so if we reflect back on this, I think again it'll be on our level of preparedness and what we do before these events start rather than how we respond once they once they kick off.

DOLLAR: So you mention Africa. Your organization Resolve to Save Lives has partnerships in Africa. And I want to ask about Africa's vulnerability to this virus.

There are an estimated 1,000,000 Chinese living and working in Africa. This is a topic we've covered on earlier podcasts, just focusing on the economic dimension of that. I've seen reports of suspected cases of this Wuhan virus in Africa, but I'm not aware that there are any confirmed cases. So, what are the challenges for African public health facilities in dealing with this virus?

MCCLELLAND: Yeah, I think there's a lot of challenges for the region. At the moment that the only continent without confirmed cases, but they're also, you know, the continent with potentially the weakest health systems. And that's for a number of reasons, including economic development, but also conflict and underinvestment.

We've seen a big emphasis on permit preparedness. The West Africa Ebola crisis really drove home the need for better preparedness and highlighted to African governments the economic

challenges that large outbreaks cause. And so we have seen countries improve their preparedness, but there is still significant gaps and they have a lot to do.

Some of the clear challenges, I guess, especially as you said with a million Chinese coming in and out of the continent, is initially in this initial phase of containment making sure that they're able to get the message out to the Chinese populations without causing stigma and fear of those communities, but making sure that they're responding based on risk and not necessarily only race. And then the real challenge for them is if we start to get active transmission at community level, how to maintain their existing health systems and to be able to continue important things like immunization programs and also control of outbreaks that are already ongoing.

I think some of our biggest concerns is the year-and-a-half battle in the Democratic Republic of Congo against Ebola is, you know, was a tough battle. And they're down to tens of cases instead of hundreds of cases, but that really needs an ongoing commitment by the global community and the DRC teams. And if we give Ebola any room it could flare again and spread. Nigeria is facing a large Lassa fever outbreak. We have yellow fever in Uganda and a number of other outbreaks. So the challenge for Africa is dealing with high-risk outbreaks that are currently ongoing while preparing for the potential spread of the coronavirus. So this double-burden is a challenge for what could be considered weaker health systems. But we've seen a very good response so far, at least in terms of reactivity to get ready and to be prepared.

DOLLAR: So you mentioned the Ebola epidemic. I know that for your organization, you played a leading role in the response to the West Africa Ebola epidemic. So perhaps you could say a little bit more about your experience on the ground. What were the biggest challenges and are there similarities and differences between this new Wuhan coronavirus and dealing with Ebola?

MCCLELLAND: Yeah, I was heavily involved in the Ebola response in West Africa from early on working with the Red Cross actually, and across the three main countries heavily affected. I think there's some lessons to learn here – more around understanding that no countries are isolated. What affects one country spreads very quickly. And even for countries that don't have cases, there's impact because of fear and stigma and economic downturn, reductions in tourism and trade and travel. So, you know, there's definitely lessons to be learnt there.

I remember trying to build a hospital in the middle of the jungle in Sierra Leone the day that the airlines decided to stop flying to Sierra Leone. And I had equipment in eleven locations around the world

and staff in five or six locations and our pipeline just stopped. And we were in the middle of the peak of the outbreak in Sierra Leone with very little equipment and no supply chain, no planes flying in. And so there's definitely lessons around the trade and travel and economic impact.

There's also a lot of differences. Ebola transmits in a very different way. The mortality rate is much higher. You know, initially the mortality rate in Ebola is around 80 percent. And it does come down. You know, with the new countermeasures that we have it's sitting around 40 percent now. So there are a lot of differences, but there are some similarities in terms of global solidarity and preparedness. And essentially that diseases know no boundaries and will move and we have to work together if we're going to control and mitigate the impact of the coronavirus just the same way that we needed global solidarity to meet the challenges in Ebola.

DOLLAR: Yeah, that seems like a very powerful lesson. The temptation is to try to cut yourself off from the world when these pandemics threaten to develop, but that's almost certainly not going to be effective. So it's really...as I see it as an economist, it's a question of having public health interventions to deal with the health issues, not cutting off your economy from the world system.

MCCLELLAND: Yeah, the economic impact is significant and long running. I was in Gambia a few months ago and it was interesting. Gambia is a very small nation in West Africa that didn't have any cases of Ebola. That was actually several countries away. [Gambia] didn't even share a border with the West African countries affected, but had a massive downturn in tourism that almost led to their bankruptcy. And so, you know, these diseases don't just impact the countries involved, but a downturn in trade and travel can affect many countries and is often driven by fear, not even necessarily the actual cases.

And there are real economic impacts of a disease like this will potentially... even if only mild people will need to have time away from work to recover, could potentially affect a large amount of the workforce. And so there is a need for business contingency plans and how trade, travel, and economics continue. And so this is part of the work that Resolve has been doing before this virus even started, which was really trying to make the case that we need to invest in preparedness.

The only economic answer is to invest in preparedness and build robust systems to reduce these risks because they're not going to go away. We are going to see more of these outbreaks. I think, you know, as reflecting with a friend yesterday that we really haven't had a break since 2014. I was busy in a very large cholera outbreak in 2012, 2013. And we went straight into Ebola. We went into yellow fever

in Angola. It spread to several countries. Then we got Zika. You know, Ebola came back in DRC, and now the new coronavirus. This is the new reality. As climate change and globalization increase [and as] travel all increase, these types of outbreaks in these types of risk are only going to increase. And we need to make the investments now to protect against that.

DOLLAR: The last question I want to ask you, Amanda, follows from that discussion just then. If we step back from the specific virus for a moment, could you go in a little bit more detail about what the world should be doing to prepare more effectively for future pandemics, which, as you say, are almost certain to occur on a regular basis?

MCCLELLAND: Yeah, I think the main lesson is that we've been caught in this cycle of panic and neglect. We have government's attention while these viruses are circulating, and we get an injection of funds and support, and then as the risk goes away so does the money. And so it's really about sustained funding for preparedness both domestically but also internationally. Understanding that we can have a strong health system here in the U.S., but if there's other systems around the world that can't detect and contain these diseases, then, you know, we are all connected. We are all on the same planes and the same planes and eat the same food and breathe the same air. And so this solidarity in terms of investments, both domestically and internationally, are extremely important.

And the best estimates are one dollar per-person per-year would build the systems globally that we need to be able to better respond to these outbreaks. And so the coronavirus is really a reminder of the importance of those long term investments in health systems and their preparedness to be able to detect early and respond robustly to reduce the risks that we face.

DOLLAR: I'm David Dollar and I've been talking to Amanda McClelland who is senior vice president of Resolve to Save Lives, a nonprofit working on global public health issues, and she's walked us through understanding this Wuhan coronavirus, the measures the Chinese are taking, some of the global measures, and then what we need to do to control these kind of pandemics in the future. So, thank you very much for joining us, Amanda.

MCCLELLAND: Thanks so much for having us.

DOLLAR: Thank you all for listening. We'll be releasing new episodes of Dollar and Sense every other week, so if you haven't already, make sure to subscribe on Apple podcasts or wherever else you get your podcasts and stay tuned.

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