Zero-COVID policies reemerge, with cruel inherent biases

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The omicron variant has revived nations' consideration of "zero-COVID" policies and travel bans—public health measures, that outside of China, had been largely abandoned for their futility.

Trying to halt the COVID-19 at national borders is not only impractical,

but also a divisive strategy that disproportionately burdens [vulnerable populations](link), according to a paper published Nov. 28 in the *Journal of Medical Ethics*.

"A more equitable approach is for governments to ramp up testing, surveillance, vaccine sharing and last-mile efforts to get shots in arms in under-resourced settings," said the paper's lead author, Nancy Jecker, a professor of bioethics at the University of Washington School of Medicine. "As long as low-income countries in Africa and elsewhere remain unprotected, we are likely to see more variants of concern arise."

Instead of imposing restrictions on public access, nations should think beyond their borders to foster a global mindset toward the shared health threat, Jecker said.

The paper, co-authored by Dr. Derrick Au, director of the Centre for Bioethics at the Chinese University of Hong Kong, contrasts the strategies of virus elimination and mitigation. Elimination, or zero-COVID, emphasizes a duty to protect lives at all costs, the paper said, while mitigation regards some loss of life as inevitable as efforts are focused on managing risk and reducing communities' transmission rates.

While most nations' governments aimed to mitigate COVID-19's impact, Pacific Rim societies embraced elimination, anticipating that their geographies, many of them islands, could be more readily sealed. Although elimination might seem more equitable than mitigation, Jecker said "zero-COVID's effects on marginalized groups are more devastating."

The paper cites the secondary health crises caused by strict travel bans within neighborhoods and cities. These actions suddenly cut off people from their jobs and income, and keep people in crowded, unsanitary conditions. People who don't have large stores of food can go hungry

over the days or weeks that COVID-19 investigations take to run their course.

"Evidence suggests that travel restrictions are often ineffective because they are imposed by geographical areas in an uncoordinated way and not enacted at optimal times and locations," Jecker said. For instance, "shutting down borders and banning travelers from southern Africa accomplishes little, and even may deter countries from sharing information about future variants."

She acknowledged that no nation has adequately built health-equity concerns into its COVID-19 policies. The United States, with its backdrop of structural racism and poverty, has ably demonstrated the health-equity flaws of mitigation strategies, she noted.

Initially reported by South Africa, omicron-variant cases have been detected in 14 other nations within two days. This supports Jecker's contention that nations should work in concert on a global policy framework to combat infectious diseases, as climate change and air travel make pathogens increasingly transmissible.

And these policies, she said, must address health equity at their foundations.

"Ignoring health-equity concerns only makes them more entrenched. There's reason to face these problems with more solidarity, not with nationalism run amok."

More information: Nancy S Jecker et al, Does Zero-COVID neglect health disparities?, *Journal of Medical Ethics* (2021). DOI: 10.1136/medethics-2021-107763

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