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WHITEPAPER

Lockdown Exit Plan:

How should it look like for GCC?

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According to the United Nations, seven lockdown exit strategies are emerging from experiences around the world. In most of the cases, nations are applying a combination of several strategies. The strategies broadly following the pattern outlined in Exhibit 1.

Exhibit 1: Lockdown exit options

Strategy	Description
Improve testing	Rapidly scale-up testing to give greater clarity to the geographic extent and growth of COVID-19.
Lockdown until preventive or curative medicines are developed	Retain reasonably heavy suppression measures until preventive or curative medicines are developed and distributed. Vaccines could take 12–18 months and considerable efforts in manufacture, distribution and administration. Existing medicines could be tested within 6 weeks, but may have limited, if any, impact on COVID-19.
Contact tracing and mass testing	Identify those who have the disease and everyone they have come into contact with, then isolate, test and monitor those people. Typically requires considerable human, financial and logistical resources. Effectiveness could be supplemented with advanced surveillance technology, such as TraceTogether (Singapore).
Immunity permits	Antibody tests to identify and grant permits to those with immunity to return to work. May create perverse incentives for people to contract the virus as a way to get back to work or to forge permits.
Gradual segmented reopening	Gradual opening up certain regions or businesses, or restricting lockdowns to certain hours (curfews) or high-risk demographics (shielding). Can be combined with adaptive triggering to reimpose restrictions if COVID-19 cases begin to rise rapidly. However, some modelling suggests that even a gradual relaxing of some suppression measures will see infections quickly spread again.
Adaptive triggering	Ease lockdown once infections decline, reimpose when they begin to rise above intensive-care capacity, repeat. Would require regular shutdowns lasting two-thirds of the year, making little difference to permanent lockdown from an economic perspective.
Mitigation	Gradually allow the infection to spread across the population with some social distancing measures in place. Reportedly working in Sweden, where an estimated 25–40 per cent of Stockholm have contracted COVID-19, but relies on good adherence to basic social distancing measures and stronghealth-care capacity.

Source: United Nations Economic Commission for Africa (Verbatim)

Internationally, acclaimed success stories in terms of lockdown exit options are countries like South Korea and Taiwan. Some of the common themes emerging from these models include[1]–

- Ramping up testing and deploying technology to better understand local spread or epidemiology, meticulous contact tracing and testing, and collating data to provide tailored insights to communities.
- Greater use of location-specific or cluster-oriented measures instead of blanket lockdowns.
- Methodically following legacy measures such as social distancing, restrictions on mass gatherings, etc., while enforcing sanitation (e.g., use of facemasks in public spaces).

The philosophy guiding the selective use of lockdown appears to revolve around the concept that thought it is an effective tool to limit interaction to control spread, it is not a panacea for the range of challenges that the health emergency presents. Thus, the exit strategies hinge around identification of suspect cases, quarantine protocols, widespread testing, and contact tracing. In other words, there is realization that this is a cyclical flow that will have to be continued until all those being treated are cured and those in quarantine are certified as negative.

[1] Global Health Governance Programme, Edinburgh University

However, the examples from South Korea, Singapore, and Hong Kong (China) also show that the virus can re-emerge if tight control measures, even if only partially, are relaxed. Since lockdowns have heavy economic costs, more targeted measures are necessary. For e.g., case studies are emerging from these locations on containment efforts that are more focused on populations at the highest risk (like those over 65 or those with chronic health conditions). These groups could be shielded and supported through periods of containment measures that may extend farther than for the rest of the general society.

With respect to the GCC, a phased opening may be suitable. A preparatory phase can commence with lockdown de-escalation with minor easing of people movement restrictions, including permitting personal daily walks and physical exercises with prescribed time slots for residents to leave their homes. Then, some businesses can be allowed to reopen, but with appointments only, with people aged over 65 as part of 'vulnerability shielding'.

Several GCC nations have begun partially relaxing lockdown-related restrictions as part of facilitating the economies back into momentum. For e.g., in end of May 2020, the overnight curfew in Dubai was shortened by three hours, and the emirate allowed many businesses to reopen (such as gyms and cinemas), with the condition that social distancing measures are always mandatory. Around the same time, Kuwait announced a five-phase plan to fully exit lockdown, starting from partial curfew in Phase 1 to all activities resumption in the final phase.

A staggered percentage-based opening could be considered too. For e.g., restaurants can be allowed with 30 per cent capacity at any one point, while open-air markets could be placed at about 15 per cent. Outdoor events involving convergence of a number of people should have in place strong social distancing measures, with strict capacity caps. Deploying an optimal control strategy, with a gradual staggered release of the population in tranches will help ensure that the GCC health systems are not unduly overwhelmed by an increased surge in infections.