



# Addressing the challenges of the COVID-19 pandemic in low- and middle-income countries

## Executive summary

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**Declared a global pandemic by the World Health Organization (WHO) in March 2020, COVID-19 has swept across the world, the epicentre of the pandemic shifting sequentially from East Asia to Europe and to the Americas. Because of these pandemic dynamics, different countries are at different stages of a COVID-19 epidemic, and countries have varied markedly in how well they have controlled the disease. While a complete understanding of these differences is still to be established, enough is already known for key lessons to be learned, and to inform the next phases of COVID-19 control.**

COVID-19 has affected almost every country in the world, high-income countries as well as LMICs. Notably, middle-income countries in Asia and Latin America were among those most affected in the early months of the pandemic, and have achieved decidedly different successes in controlling the spread of the virus. LMICs face a number of challenges that are likely to affect the course of the COVID-19 epidemic in their countries and the effectiveness of public health control measures, but some also have valuable experience in dealing with previous outbreaks, including SARS-CoV-1.

To encourage the sharing of experiences and the identification of key unanswered questions, and to explore how evidence has been used to guide pandemic responses, in June 2020 the AMS organised a four-day virtual meeting with participants from a range of LMICs in Africa, Asia and Latin America, as well as from the UK and USA, focusing on public health, social and behavioural responses, and clinical care. Key themes to emerge from the meeting were:

- **International interdisciplinary collaboration:** Participants emphasised the importance of sharing data and experience, and of collaborative research efforts to close key evidence gaps. The need for interdisciplinary collaborations and early and ongoing involvement of social and behavioural scientists in country responses was stressed.
- **Innovation and adaptation:** While fundamental principles of infectious disease control and epidemiology need to be followed, there is considerable scope for innovation to increase their effectiveness. Innovation could be based on new technologies, but community resourcefulness and adaptation may also be an important 'bottom-up' source of innovation.
- **Leadership, evidence and trust:** Effective responses to COVID-19 have been based on timely, well-organised and integrated government-wide responses informed by scientific advice. Public trust has been a critical component of adherence to COVID-19 control measures, and scientists have acted as important independent and trusted sources of information.

Immediate responses to the COVID-19 pandemic have typically been universal and centrally imposed. During the next phase of the pandemic, COVID-19 responses need to be more contextually sensitive, more consensually developed with community input, and more integrated with a wider range of health and social issues. Scientists from multiple disciplines have key roles to play in the generation of evidence to support the development of these more nuanced control strategies, alongside continuing engagement with policymakers and communication with the public.



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