



DIALOGUE

OUR VULNERABILITY TO THE “GLOBAL” VIRUS

Covid-19 has underscored the importance of global health for the entire world, highlighting not only how such viruses spread through human movement and interactions, but also the links between health and other aspects of our lives such as the economy, jobs and the environment. It is clear that we are now all at risk, our lives made precarious by this daunting new disease.

TEXT BY / DON DANTE CARRARO / DIRECTOR OF DOCTORS WITH AFRICA CUAMM

As of today, 25 June 2020, there have been 9,296,202 confirmed cases of Covid-19 globally, and 479,133 deaths. The hardest-hit regions in terms of infection rates are the Americas and Europe: the United States tops the list with 2,329,463 cases, followed by Brazil with 1,145,906¹. And Italy is not far behind: given the country's much smaller size, the case number is surprisingly high: 239,410, with incidences varying greatly from region to region; Lombardy, in the north, has been the hardest-hit². Covid-19 has also reached Africa, with confirmed cases in all 54 of its nations, although case counts there are still relatively low, with the only significant spikes being seen in South Africa and the coastal Maghreb³. But this in no way means that Africa is "safe" from the virus: the reliability of case data remains problematic, and even while the numbers have been less dire than expected, the impact of lockdowns on such a fragile continent is taking a heavy toll on its economies and people's survival, as Rino Scuccato and Giovanni Putoto describe in this issue of our magazine. The usual global health "maps" seem to have been turned upside down⁴, with the lives of people in normally "safe" parts of the world now also at risk, their eyes opened to how tenuous and labile the borders between themselves and their counterparts in the global South are. Indeed, people are truly starting to grasp the circular and global dimension of our lives that has made it possible for a virus to travel so easily from one corner of the planet to another, following the paths taken by the world's economies, travelers and other human beings and exposing everybody to this disease. It has also become clear that our ability to treat the disease depends on the tools available to us: perhaps for the first time in recent memory, we too in Italy have experienced the fear of not necessarily being able to receive proper care, due to the insufficient availability of hospital beds, staff and equipment. People being unwell yet unable to access treatment is precisely what we've witnessed daily over the past seventy years in "our" beloved Africa, where we work to eliminate the cultural, physical and economic barriers that keep people from getting to health facilities and receiving care. Now this same sense of powerlessness is being experienced in many other spots around the world. The interconnections between health and other life dimensions – including, of course, the economy – are evident. The consequences of this disease, and of lockdowns, are far more negative for those who possess few means and lack safety nets to help them go on. It underscores once more how, on any latitude of our globe, it is the most vulnerable who bear the heaviest burden. Covid-19 has shown yet again how in terms of both morbidity and mortality, diseases hit hardest those already living precariously in terms of health and income, those on society's margins⁵; and how over the long term, the most severe repercussions of underdevelopment will impact the poorest communities, such as those found in so many parts of Africa, the worst⁶. In a nutshell, the pandemic has laid bare how disease intensifies social inequities. Let's start from this reading, then, looking at facts and interconnections through the conceptual lens that goes by the name "global health", i.e. something that affects us all – in Africa, in Italy, around the globe. To do so means to understand health not only as a clinical matter, but also in its cultural and ethical dimensions, as something that must be concretely cultivated and practiced both today and in the future. It means viewing the present, and the global dimension of our lives, with sensitivity, solidarity and an awareness of our limits, as we open our eyes (and, I hope, also hearts) to what Covid-19 is telling us: that we are all tied together by a single thread. I'd like to wrap up my editorial for this issue, which features important pieces by authors both from Italy and elsewhere, by expressing my gratitude towards everyone who has fought on the front line in recent months: the nurses and doctors working exhausting shifts in every region of Italy, and the development workers who opted to stay on in Africa despite their own vulnerability to the virus, in order to continue to serve needy communities and ensure the right to health everywhere.

REFERENCES

¹ WHO Coronavirus Disease (COVID-19) Dashboard (<https://covid19.who.int/>), data retrieved on 25 June 2020

² The infection/population ratio in Italy is around 0.398%; in Lombardy it has reached 0.933%. Data: <https://www.epicentro.iss.it/coronavirus/bollettino> e Elaborazione Sole 24 Ore https://lab24.ilsole24ore.com/coronavirus/#box_4

³ WHO - Africa Dashboard data (<https://www.afro.who.int/health-topics/coronavirus-covid-19>)

⁴ Cash R., Patel V., *Has COVID-19 subverted global health?*, in *The Lancet*, 5 May 2020, [https://doi.org/10.1016/S0140-6736\(20\)31089-8](https://doi.org/10.1016/S0140-6736(20)31089-8)

⁵ <https://24plus.ilsole24ore.com/art/cosi-coronavirus-fa-esplodere-disuguaglianze-sociali-italia-ADsrL2I>

⁶ <https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest>