



DIALOGUE

AN UNEQUAL PANDEMIC

In 2020, as the Covid-19 pandemic raged on, nearly every development indicator worsened – an unprecedented phenomenon. Indeed, it has been estimated that the first 25 weeks of this global health crisis set development back by 25 years. But what does this actually mean, and who is bearing the greatest burden? Here we take a closer look at the pandemic’s health and societal impact.

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Just as powerful storms churn up what lies below the sea’s surface, nine months of devastation by the Covid-19 pandemic have revealed not only the magnitude of cases and deaths, but also a stark picture of problems that have been ignored for too long. We’ve seen clinical excellence in the wealthier parts of the world crushed almost from the start by the novel virus; the limits of health systems whose links with local territories, people and community medicine have been weakened or severed, at least in our part of the world; Western countries caught unawares by their own vulnerability as death tolls rocket, and struggling to come up with a collective response that addresses both health and political concerns; and economies ravaged by the cyclone-like pandemic. Recent data reported by international agencies show that nearly every development indicator worsened in 2020 – an unprecedented phenomenon. In September the Institute for Health Metrics and Evaluation (IHME) estimated that 25 weeks of the pandemic had set development back by some 25 years, with vaccine coverage dropping to levels not seen since the 1990s. It has been estimated that interruption to therapies and other disruptions could lead to an increase in deaths due to malaria, tuberculosis and HIV by up to 36%, 20% and 10%, respectively, over five years (Lancet, July 2020).

How is it possible for advances in development to be swept away so abruptly? I believe that the dramatic period we are living through has revealed the underlying fragility of our societies. We were under the illusion that we “would stay healthy in a world that is sick”, as Pope Francis put it on World Environment Day last June. But now, having failed to grasp the deep interconnections between places, fields of research and human beings, we are witnessing the havoc wrought by a pandemic that has cast its long shadow over multiple facets of society, a kind of domino effect where the dominoes fall hardest on the poorest. The general reduction in access to health care, including treatment for chronic diseases and prevention, has heightened morbidity and mortality risks. Economic fallout and job loss has brought insecurity, which has in turn engendered greater social and health risks among the most vulnerable populations, including child marriage in Mozambique (see p. 12), and worsening political instability, for example, the civil conflicts in Ethiopia (Tigray) and Mozambique (Cabo Delgado, p. 13).

In this issue we have tried to interpret the global impact of the pandemic through this lens, focusing on these secondary – but certainly no less significant – repercussions, which are unfortunately going to be with us for a long time to come. Seven decades of work with African communities have taught us the importance of taking into account all the factors in a given society, tackling complexity by recognizing the social, economic and anthropological aspects that underlie it. This is the challenging vision that continues to guide us, in our knowledge that there are no simple solutions to multifaceted problems.

Although the situation is still very critical, it is also important to note some positive signs: CUAMM’s experience in Uganda, for example, where we have seen therapeutic indicators for tuberculosis actually improve during the pandemic. This wasn’t by chance, but rather the outcome of a response that adapted rapidly to the imposition of lockdown in the country; to lower the risk of sick individuals no longer accessing health services, we quickly reorganized the health care system to monitor and administer medicines to patients in their homes. In Sierra Leone, despite almost 11% of health workers having been infected with the virus, Princess Christian Maternity Hospital has managed to provide healthcare services almost without disruption since March 2020. We’ve been active in recent months in Italy, too, to mitigate the pandemic’s negative impact, especially on the most vulnerable, making improvements to residential and territorial health facilities and hospitals, as well as providing support to the “new poor”: migrant agricultural workers, the homeless and Italian families who have been particularly hard-struck by the crisis (see p. 18).

This issue of our magazine is very much an “on-the-ground” one that aims to give a voice to those working on the front line in some of the most challenging areas in Africa and Italy. But wherever each of us may find ourselves right now, we are all experiencing firsthand what a pandemic feels like. Hopefully, we are close to the time when we will be able to share best practices and processes in order to identify an optimal way of envisioning global health and undertaking its challenges.

BIBLIOGRAPHY

1 Sustainable Development Report, 2020.

2 Bill and Melinda Gates Foundation, Report 2020.