



PANDEMIC WITHIN A PANDEMIC

Alongside figures on case counts, overwhelmed intensive care units and an ever growing death toll, we're now also beginning to see data on the indirect impact of the Covid-19 emergency – a pandemic within a pandemic where women and children are both the first to stop using health care and the hardest-hit by the social and economic repercussions of the crisis.

CHIARA DI BENEDETTO INTERVIEWS FLAVIA BUSTREO, CHAIR OF THE GOVERNANCE AND NOMINATION COMMITTEE AT THE PARTNERSHIP FOR MATERNAL, NEWBORN AND CHILD HEALTH AND CO-CHAIR OF THE LANCET COMMISSION ON GENDER-BASED VIOLENCE AND MALTREATMENT OF YOUNG PEOPLE

For the last nine months, we have been immersed in a global health crisis, constantly bombarded with numbers on the state of the pandemic: case counts, intensive care unit capacity and death tolls. But this data on the "direct" impact of the crisis has left in the shadows other, equally important health and social repercussions, which are so extensive that people speak of "a pandemic within a pandemic". Flavia Bustreo, who served for many years as the Assistant Director-General for Family, Women's and Children's Health at the World Health Organization and is now Chair of the Governance and Nomination Committee at the Partnership for Maternal, Newborn and Child Health (PMNCH), is here to discuss the situation with us.

o Recent reports show that those worst affected by the pandemic are women and children. This might seem paradoxical, given that Covid-19 has generally been shown to affect men more severely than women. So what do the reports actually mean?

We're seeing a direct short-term impact on the health of women and children due to their lack of access to reproductive, prenatal and delivery health services. In addition, there's been a drop in the number of vaccinations for under-5 children, heightening the risk for potential outbreaks of more common diseases such as measles, which can be fatal in malnourished children. So in terms of morbidity and mortality, the primary impact of the pandemic on these populations is their reduced access to health care. There are two main reasons for this: health workers are busy taking care of other patients, and women are also reluctant to seek out care due to their fear of being infected.

Secondly, we are seeing a significant impact on the mental health of both women and children, a consequence not only of the pandemic itself but also the lockdowns. In Wuhan, China – the first country to impose a significant lockdown – one child out of three has had post-traumatic stress symptoms. Another critical consequence is the rise in domestic violence, a phenomenon which has yet to receive sufficient attention. Data show that one out of every three women is subjected to such violence at some point in her lifetime, most frequently perpetrated by an intimate partner; and in many countries the phenomenon has intensified during the lockdowns.

Finally, it's important to underscore the social impact of the pandemic on women and children, and the additional workload that

this social and health crisis has brought for women. Seven out of ten healthcare workers are women, who after battling on the front lines of the pandemic must then also shoulder the burden of the unpaid labor of caring for children, the elderly and unwell men. Thus they are dealing not only with a heavier workload, but also a weakened capacity for paid employment; in the United States, for example, two-thirds of the 30 million individuals who have lost their jobs as a result of the pandemic are women, for whom it is more difficult to return to paid work and make their contribution to societal progress.

These phenomena are being seen both in higher-income European countries (including northern Europe) and in lower- and middle-income ones in sub-Saharan Africa and Asia, for example in India, where data has shown the pandemic's significant impact vis-à-vis women's unpaid work burden.

o Are there any strategies or good practices that could be undertaken at the global level so that progress made in terms of women's empowerment, and the focus on women and children, will not suffer major setbacks?

Yes, there are, in different forms in different countries. One example is Latin America, where economic support strategies using vouchers for women and their families have been developed as a mechanism to tackle poverty in the continent's poorest countries, including Brazil, and among the most vulnerable population groups. This helps women to access health care, and can be especially crucial at a time like this.

But there are also other experimental forms of support including microcredit for women, something that's particularly widespread in Asia. Bangladesh is well-known for its own such programs, which make it possible for women to access credit at very low interest rates and thus avoid losing their access to health services even during crises. There are also additional strategies to help women and children at such times, such as those enabling them to take part in active citizenship networks or to tap into sources of organized human capital through interest groups.

I'd also like to call attention to the importance of female leadership. Seven of the twelve countries that have responded best to the pandemic, in fact, are led by women. Such leadership isn't sufficient to ensure a scientific approach, but it can be of great importance when leveraged during emergencies, as women understand not

only the urgency of these crises, but also their broader repercussions for society and the production of human capital within families.

o So could we say that wide-ranging health policies are beneficial to human development?

Absolutely. Human development is measured in terms of the capability of individuals to reach their objectives without having to face steep barriers. And the ability of more than half of the world's population – women – to do this is central. It's equally important to keep a focus on other aspects of inequality that are being underscored by the pandemic. For example, in many countries around the world, the pandemic has amplified racial disparities, making it disproportionately more difficult, in the United States for example, for many Black Americans to access services and hold on to their jobs. Over the long term, the Covid-19 crisis is going to generate an extensive and protracted economic crisis, particularly in lower-income countries, and this impoverishment of populations will have a direct impact on development. So, it's absolutely critical that we not fail to focus on developing long-term policies to ensure sustained human development even during such crises.

o Experts are warning that crises like the current zoonotic pandemic, but also environmental and climate-related ones, are going to become ever more frequent. What can we do to prepare for these emergencies?

It has been obvious now for a decade that an acceleration of epidemics and pandemics is underway. Although the last major pan-

demic was the Spanish Flu in 1918, in 2009 the World Health Organization issued a statement on the swine influenza H1N1 in humans, which affected some 70 countries around the world even though it fortunately did not have as dire an impact in terms of mortality as Covid-19. Since then we've seen SARS, MERS, Ebola and Zika, and are beginning to understand the ways in which this rise in epidemics – and unfortunately pandemics, as well – is associated with climate change. The latter's impact shows up in various ways, for example, by altering the biology and epidemiology of disease vectors, as well as heightening the risk of diarrheal diseases in the aftermath of floods and other severe climate events (e.g. typhoons, tsunamis, and hurricanes), particularly in Asian countries such as Bangladesh. So the links between climate change and epidemics and pandemics are among the areas that require further study, to enable us to develop long-term policies and actions.

In the short term, there needs to be a focus on preparing public health systems to handle pandemics like this one. As we saw, Italy itself was insufficiently prepared, and our Ministry of Health's response plans were outdated. Public health system readiness must encompass health workers' capacity to handle outbreaks and equipment and materials for the containment of infectious diseases both in hospitals and peripheral health facilities.

Another vital aspect involves communicating with communities and readying local health systems. One of the things that made a difference in Asian countries was their curbing of the virus's spread through contact tracing, early case identification, and isolation and treatment of infected individuals. And I'd like to underscore one last aspect: investments in research. What we are seeing now vis-à-vis the response to the Covid-19 emergency is very encouraging, and it has already paid off with the development of vaccines in record time.