

Invited Editorial

The Paradox of the COVID-19 Pandemic

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The global nature of COVID-19 has called for a global response, both in the geographic sense and across the whole range of sectors involved. Nobody has been exempt from the problem!

Since the rise of globalisation, the world has become more closely connected and people can easily interact with each other without facing any serious barriers. The free movement of people, goods, and services brought about by globalisation has stimulated socio-economic development, but it has also become a channel for the spread of diseases. As a result, because of the technological developments associated with globalisation, an outbreak such as COVID-19 has turned into a major pandemic that have affected people around the world regardless of their geographical location. The ease and accessibility of travel, at least in normal times, contributes to the rapid and wide-ranging spread of viruses. Once you are able to get back on an airplane, you will be able to reach anywhere in the world within few hours, and a recently infected, asymptomatic traveler can bring a deadly virus from virtually anywhere in the world. This much is certain; we're connected. We have all the power in the world to talk to each other—distance, language, geography offer no barriers—and yet we don't take advantage of it. It's clear that there is no better time than now to start really looking at healthcare from a global perspective.

On 31 December 2019, health authorities in China reported to the World Health Organization a cluster of viral pneumonia cases of unknown cause in Wuhan, Hubei and an investigation was launched in early January 2020 the World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January, 2020, and the status of pandemic on 11 March, 2020. As of 3 August 2021, more than 198 million cases have been

confirmed, with more than 4.23 million confirmed deaths attributed to COVID-19, making it one of the deadliest pandemics in history 1.

Recommended preventive measures have included social distancing, wearing face masks in public, ventilation and air-filtering, hand washing, covering one's mouth when sneezing or coughing, disinfecting surfaces, and monitoring and self-isolation for people exposed or symptomatic. Several vaccines have been distributed in most countries since December 2020.

Since globalization has contributed to the quick spread of the COVID-19 pandemic around the world, people could be tempted to retreat into narrow national strategies for fighting it. However, it would be an enormous error. What COVID-19 has taught is the need for a globalization of scientific, medical, and public health efforts with shared purposes and goals, as well as wider cooperation to counter this and future pandemics. The world needs to create a shared global health system to identify and spread innovative approaches for combating pandemics.

During the pandemic there have been an explosion of research activities and clinical trials to find a vaccine for COVID-19. Most of these activities have occurred on a local level. However, at the same time, there has been a need for coordination of international efforts and the formulation of a common global sharing. In our countries we have needed to study what other countries have done, how they have combated COVID-19, where they have been successful, and where they could have done better. This type of analysis has helped, all people around the world, tackle COVID-19 more effectively.

In this time, there has been impressive progress on the vaccination front. Scientists have come up with multiple vaccines in record time. Unprecedented

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public and private financing has supported vaccine research, development and manufacturing scale-up. But a dangerous gap between richer and poorer nations persists and the pandemic has stressed it! It is now accepted that the only way to end COVID-19 pandemic, minimize loss of life and return to some semblance of normality is through vaccination. Maximizing the vaccination diffusion and vaccine accessibility is of outmost importance whatever it costs. However, even as some affluent countries are still discussing the rollout of booster shots to their populations, the vast majority of people in low-income (LMICs) countries—even front-line health workers— have still not received their first shot. The worst served are LMICs which have received a small part of the vaccines administered so far. Increasingly, a two-track pandemic is developing, with richer countries having access and poorer ones being left behind. Even before the COVID-19 pandemic, social, economic, and health inequities were the prevailing global narrative. COVID-19 amplified long-standing systemic inequalities, including access to health care. Infectious diseases should affect populations similarly, but COVID-19 demonstrated that low-income people, those who are less educated, and ethnical minorities are disproportionately affected. Finally, the case for global vaccine equity is not just based on an ethical or moral argument.

There are epidemiological, as well as financial arguments to support vaccine equity. SARS-CoV-2, like any other virus, mutates. In order to defeat this pandemic we need to call on high-income countries to do what is in the interests of global health, starting to surpass the good proposals and promises to make the vaccine accessible to all. To do this, we also need a scientific community that meets and does not indulge in nationalistic positions. We won't be safe until everyone is safe.

During crises, difficult choices are generally made to allocate scarce resources. How the global community makes these choices reflects our values, morals, and priorities. Behind an apparent global sharing, on the contrary we have also seen nationalistic counterproductive and immoral stances.

Even where disparities will continue to exist it is risky and almost unacceptable the continuation of present status. International organizations should prepare an action plan to moderate disparities and increase the access to fundamental health support for as many people as possible, starting from prevention.

Conflict of Interest

None

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References

1. World Health Organization. [WHO Coronavirus \(COVID-19\) Dashboard](https://covid19.who.int/). <https://covid19.who.int/>. Accessed on 3 August 2021
2. World Health Organization. A New Commitment for Vaccine Equity and Defeating the Pandemic. <https://www.who.int/news-room/commentaries/detail/a-new-commitment-for-vaccine-equity-and-defeating-the-pandemic>. Accessed on 3 August 2021