

Editorial

Facing the future—what lessons could we learn from Covid-19?

It is perfectly true, as the philosophers say, that life must be understood backwards. But they forget the other proposition that it must be lived forwards.¹

When the last editorial was written just 2 weeks into the 1920s and the emergence of a new strain of coronavirus in China was noted, little did any of us imagine the devastating effect this would have on the entire globe.

In October 2014, Ian Goldin in *Future Opportunities, Future Shocks*² warned ‘our world will change more this century than during any other time in human history. Change will happen faster than ever before. It will also affect more people than ever before’. Goldin identified ‘supply chain risk, cyber security and risks to physical infrastructure, natural disasters and climate change as the major systemic risks with aftershocks potentially felt far away from any given epicenter’.² He goes on to warn that, ‘while all of these risks are severe, none is as threatening as the specter of a virulent, deadly global pandemic. In terms of likelihood and potential damage that may be caused, pandemics pose a significant risk to both global health and economic stability’.² Six years on and this has come to pass.

Modelling, R0, flattening the curve, herd immunity, are now part of the general public’s everyday parlance. However, while the scientists, politicians and journalists have familiarized the public to the jargon, they have not always explained the nuances and the context—for example—numbers as opposed to rates, the issues of the importance of a denominator when presenting data, the concept of excess winter deaths or even the vagaries and pros and cons of mathematical modelling. We have had epidemiologists of every hue and persuasion putting forward their interpretations and views, journalists asking banal and repetitive questions at the daily UK press conferences and the mantra of ‘stay home, protect the NHS, save lives’ being repeated in response to the majority of questions. This is not the time to apportion blame though and as the Swedish state epidemiologist, Anders Tegnell said in an interview on BBC Radio 4 this is a new virus, different countries are dealing with it in different ways. It will be a while before we can learn which approach or combination of approaches was the most efficient and effective in dealing with the pandemic.

In this issue, there are articles on a range of public health issues including two systematic reviews: one reviewing the association of smokeless tobacco and cerebrovascular accident³ and the other a review of physical and psychological health and wellbeing of older women in Sub-Saharan Africa.⁴ Langthorne and Bamba⁵ used archival methods to examine local health inequalities during the 1930s period of austerity. The insights should contribute to understanding the impact of recent austerity policies on health inequalities.

The Public Health Ethics collection is very welcome and timely, the articles include thought provoking and learned articles from eminent scholars working in public health ethics and law.

In the online articles related to Covid-19, Miglietta and Levi⁶ document the circulation of COVID-19 in Florida, USA, since February 2020. Bäuerle *et al.*⁷ make the point that while ‘little is known about treatment options and potential vaccinations to effectively combat COVID-19, the same applies to the impact of COVID-19 on people’s mental health’. Rufai and Bunce⁸ in their article analysing the content of world leaders’ usage of Twitter in response to the pandemic warn that while Twitter may be a powerful tool, caution needs to be exercised when using Twitter for health information.

‘Lessons learned’ is a rather over used and perhaps trite phrase. However, now is possibly the time to learn lessons from the experiences of living through a pandemic. Looking ahead and planning for the future is presently a necessity.

At the time of writing this editorial, the countries that seem to have tackled the pandemic are those with good leadership—Germany and New Zealand are two of the examples cited. The small state of Kerala in South India has received international praise for the ‘Kerala model’ of dealing with Covid-19;⁹ ‘the system had effective protocols in place, and stuck to the time-tested strategy of case isolation and contact-tracing, combined with an alert community surveillance system’. Kerala seems to have learned lessons from the experience of dealing with the Nipah outbreak in 2018. The internal migrants (called guest workers) who are a significant economic force in the state were treated with respect and consideration and provided with appropriate facilities during the lockdown. The consensus is that Kerala’s success was due to the strong leadership provided by its Chief Minister Pinarayi

Vijayan. This is in sharp contrast to Brazil (not having learnt any lessons from the outbreak of Zika in the country) dealing with the pandemic under the leadership of Jair Bolsonaro.

In the UK, the pandemic has brought into focus the running down of health and social services and the widening of inequality following austerity. Any semblance of austerity appears no longer present and the UK Chancellor seems to have thrown open his coffers for the greater good.

While international agencies like the WHO have played their part in eradicating diseases in the last century, as Goldin² points out, ‘their mandates have mushroomed and their capabilities have not evolved as quickly as the challenges they face’. The solution lies not in abolishing these institutions but reforming and reframing them to enable them to undertake their roles and responsibilities effectively in the 21st century.

In the commentary (in the ethics collection) entitled ‘Global health without justice or ethics’, Venkatapuram¹⁰ argues that the ‘singular failure of philosophers and global health policy planners and practitioners has been our failure to create and engender moral motivation, a will— among those who are able—to prevent millions of human deaths and create conditions for good health within and across countries’.

The term global village seems more applicable now than ever before. Looking back to understand, learn lessons, reflect and reprioritise should go some way to facing the post Covid future.

References

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