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# Editorial

# COVID-19: What have we learned? What are the public health challenges?

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Here, we are in November 2021, nearly 2 years after the start of the COVID-19 pandemic. Much has been learned, but much is still to be learned. And in particular, society and global leaders must act on what we already know and take appropriate decisions to mitigate the harmful effects and inequalities aggravated on regional, national and global level.

While the virus SARS-CoV-2 is the agent causing disease in individuals, the pandemic is a behavioural and social phenomenon that has to be controlled by public health measures, of which adequate treatment and vaccination only are parts in a complex network of social, economic and political interventions necessary to cope with the pandemic. Also, Richard Horton has pointed out[1,2] that an adequate term for COVID-19 would be a 'syndemic'—a synthesis of epidemics—rather than a pandemic. Meaning with this that the harms particularly affect older persons, persons with chronic diseases, persons in socioeconomic disadvantaged groups.

From the beginning, it was clear that the pandemic for several reasons, and as so often before in history, in particular affected socially and economically disadvantaged groups.[3–5] After nearly 2 years, it is clear that the pandemic has significantly amplified and continues to amplify the health inequalities. It is imperative that all national responses to COVID-19 should include specific responses for migrants and ethnic minorities. And that vaccines can be distributed in rich as well as in poor countries. As WHO and European Union declared: 'no one is safe until everyone is safe'. [Available at: https://www.who.int/news-room/commentaries/detail/a-global-pandemic-requires-a-world-effort-to-end-it-none-of-us-will-be-safe-until-everyone-is-safe (31 August 2021, date last accessed).]

The global effort by researchers to synthesize knowledge and make knowledge available to policymakers worldwide should be appreciated and should be used. At the moment, it is countered by the infodemic of false information and fake news and by a growing distrust in political institutions.

And when we thought the pandemic could be beaten with the development of several effective vaccines, new important problems arose, including the efficiency of vaccines, global equitable access to vaccines and vaccination passports to allow those vaccinated to travel. An ongoing discussion is taken place on whether there should be restrictions for those not vaccinated, not only in travel and indoor activities, but also in the workplace. The debate reflects a classical public health ethical problem, formulated around 20 years ago as a preamble to a code of public health ethics: 'The need to exercise power to ensure the health of populations and, at the same time, to avoid abuses of such power are at the crux of the public health ethics.'[6]

In this year of the health workforce, this workforce has been pushed to the extreme and the result is that many health care workers are close to or are having a burn-out. The health care workforce is underpaid, underappreciated and stretched to the maximum. On top of that, health care has been so focused on COVID-19 patients that normal health care has come to a slowdown or even to a stop, leading for instance to late diagnosis and delayed treatment of cancer. It is clear that health care will continue to be a bottleneck even after COVID-19 has been vanquished.

The economic impact of COVID-19 is enormous and should not be underestimated. The fact that parts of European industry are now going all time high, makes us forget the many closures that have occurred and that over a year of education and training has been lost to large groups. Public health professionals have proposed measures and interventions, but not to the liking of the population, as these measures intrude on the right to freedom and on the economy. Numerous workers were fired in one profession (e.g. restaurant staff) and have managed to retrain to ensure some degree of economic stability. This means that when the economy opens up again, it may be difficult to find staff in specific settings.

The impact on mental health has been enormous. Anxiety, fear, uncertainty and fear of dying have all increased. Some population groups have been hit harder than others. For instance, stress and burn-out can be seen in the health workforce and in social services that have had to cope with reduced staff but higher demands. Lockdowns and school closures have isolated persons and groups, families have been split and there are reports of increased partner violence. While highly educated, well of groups have been able to cope with the pandemic—even benefiting from home work—others have suffered unemployment or lack of support and company.

One positive outcome of the pandemic is the reduction of environmental pollution, especially air pollution. The pandemic also showed the importance of reducing air pollution as it has an effect on the spreading of the virus. In the future, environmental policies should be included everywhere to reduce air pollution and develop new urban planning interventions.

So, what have we learned so far? How can we build back better? For a start, we should build back fairer, taking into account and finally clearly addressing the health inequalities that were already existing, but have been amplified so clearly by the pandemic. We need to invest in the health care system and health care workers, not

just when another epidemic comes around the corner, but for now and forever. Public health should play a vital role in the future planning: environmental policies can contribute to the health and wellbeing of all, urban planning needs to include health factors. But most and before all, public health should be in the driving seat. A pandemic, the health of a population should not be a political issue where you can win or lose votes. Public health is the cornerstone of a functioning and healthy society. And public health is there for everyone, not just national and European but also at globally.

This supplement is by no means an exhaustive account of all challenges and lessons learned in relation to the COVID pandemic. The aim is to focus on some issues on which the European Public Health Community should continue focusing on, and that we will come back to in conferences, workshops and this journal.

*Conflicts of interest*: None declared.

## Additional Content

A video to accompany this paper is available at https://youtube.com/playlist?list=PLv5eq4ZCoNWubJurAJ-7Ht33cjNshLw7R.

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