



## A global health perspective on SARS-CoV-2—hazards, disaster and hope

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Dear editors,

undoubtedly, the SARS-CoV-2 pandemic is an unprecedented, highly dynamic, global threat to humanity that entails a multilayered set of problems, including medical, financial, political, and ethical issues. While the current number of deaths attributable to COVID-19 are highest in high-income countries, but decreasing in numbers with regard to new daily death rates, disastrous effects by COVID-19 must be anticipated for and will be felt by many middle- and low-income countries in the weeks and months to come. As a matter of fact, now lower income countries (e.g., in Central and South America as well as in India) are highly affected and have become the new hot spots of the pandemic worldwide. While COVID-19 mortality rates are significantly related to age and pre-existing health disorders such as diabetes, hypertension, and chronic obstructive pulmonary disease [1], other important factors such as race, inequality in social status (wealth), gender, as well as environmental issues (air pollution; preliminary, unpublished data) appear to be at play as well. Whereas some political leaders have resorted to xenophobic statements, describing COVID-19 as a Chinese and foreign-seeded disease, the current situation rather requires a cosmopolitan and comprehensive response on a global scale.

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First, sound scientific and medical guidance has informed politicians to put in place concerted and effective measures to control infectious kinetics (“flatten the curve”): In those countries initially affected most severely by the SARS-CoV-2 pandemic, this approach included different, albeit substantial degrees of societal lockdowns, and was effective in reducing the number of new COVID-19 cases [2]. Conversely, resorting to more symbolic and nationalistic politics including the closures of borders between countries—as done by many European countries—may turn out to be less promising in controlling the spread of SARS-CoV-2.

Second, data from the SARS-CoV-2 pandemic may be used to analyze local and national health care services with regard to their capacities and potential deficiencies, which are at least in part attributable to the implementation of past and ongoing austerity politics [3]. In doing so, experts should refrain from analyzing health care systems with a too myopic, superficial vision, but should also address more relevant, underlying systemic shortcomings (e.g., lack of a universal health care coverage, health as a human right, social inequities leading to stunted life expectancies) [4].

Third, in parallel to these actions, intensified global cooperation between a number of highly relevant governmental and nongovernmental bodies and agencies (medical, scientific, political, economic) is key in confronting the SARS-CoV-2 pandemic, including the effective exchange of knowledge on local levels of affected communities [5]. Importantly, major medical and scientific efforts in fighting SARS-CoV-2 may be best accomplished by international cooperation [6]. This endeavor requires to summon together key global players and will only be successful if cooperating bodies, institutions, and governments acknowledge that this pandemic necessitates a “global governance” approach [7]. Given the catastrophic economic con-

sequences of the SARS-CoV-2 pandemic that will affect both high-income and middle- and low-income countries, it will require large-scale economical efforts to rebuild economies around the globe [8] to prevent further global repercussions (e.g., migration) from this pandemic. On an international level, the World Health Organization as well as key political and economic institutions (e.g., U.N., European Union) will be instrumental in orchestrating global efforts to ameliorate COVID-19-related health and economic consequences. While politicians are inclined to use military language to describe COVID-19 calamities (e.g., the French President, Emmanuel Macron: “Nous sommes en guerre”), a more responsible political leadership should include comprehensible and transparent communication, at the same time providing our communities with hope in the face of this human tragedy. While at first politicians guided by scientists were at the forefront of implementing societal shutdown in many countries, the process of returning to “normality” will require a concerted, interdisciplinary approach by politicians, economists, scientists, and epidemiologists. This delicate process will demand a balanced, yet health-centered approach.

A number of injustices and insufficiencies (political, social, medical) are woven into the fabric of our modern, globalized societies. SARS-CoV-2 pandemic may serve as a magnifying glass in bringing to daylight these fundamental frictions. By making substantial, burdensome, and seismic structural societal readjustments and changes at both national and supranational levels, we may bring ourselves into a position to build a better future, and be prepared for natural hazards, thus, preventing the next disaster.

**Author Contribution** The comment was conceptualized by all three authors.

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