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One virus, many pandemics

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In May 2020 when pandemic was raging in India, Lakshmi Sirinivasan, India born physician in US penned an opinion piece "New (Ab) normal: A tale of two pandemics" in JAMA comparing the situation in India and US.[1]

While vaccination centres in US was underutilized and authorities were trying to encourage citizens to immunize themselves, video clips depicting bodies of dead COVID 19 patients floating in the River Ganges in India were aired world over. Family Members of the dead were shown in TV assaulting health staff that could not do anything for respiratory distress for lack of oxygen. The CEO of the major vaccine producing company in the country fled, for he feared worst.

The situation has improved dramatically from May 2020 and India has more or less controlled the mortality numbers with no bodies floating in rivers or no fumes emanating from mass crematoria aired in TV.
Dr. Sirinivasan was alluding to the disparities in access to health care when she contrasted the situation in India and US in May 2020.

While rich countries now focus on booster doses and return to normality, some parts of the world still struggle with far low vaccination rates and socioeconomic consequences of SARS CoV2 pandemic. Impact of latter has been particularly strongly felt by the poorer parts of the world.

Even within the countries the disparities in outcome have been noted in marginalized and deprived groups, especially in relation to economic and educational sectors.

The long-term impact of poor educational outcomes is well-known. It is estimated 1.6 billion school children were affected by pandemic. In addition to affecting the ultimate skill level attained, the disruption of education will have a lasting impact on health outcomes well, more for girls. It is ironic that school closures meant to preserve health could have long term impact on health outcomes themselves.

While in developed countries pandemic killed older people, the socioeconomic consequences pushed the people to death in the developing world. The deprived are more affected is valid for such segments in developed countries as well.

Globally, the rate of extreme poverty has increased for the first time since last century and a segment of new poor has emerged as a result of the pandemic, while existing poor falling further into the depths. In Sri Lanka the rate of poverty has increased in all the provinces post COVID 19. New poor is more in urban non-agricultural setting where service sectors are located.[2]It is clear that the urban landscape is the most vulnerable for pandemics.

The socioeconomic consequences have been described as a "shadow pandemic". COVID mental health collaborators have estimated an additional 53.2 million cases of major depressive disorder and additional 76.2 million cases of anxiety disorders globally to occur due to impacts of pandemic on mental health determinants.[3]

The socioeconomic factors driven consequences are best described as many pandemics within the COVID 19 pandemic. There is no single intervention that fits all.

It is patently clear that health systems driven at curtailing the acute effects of infection are not envisioned to handle this fallout. It requires new mindsets, new plans and new actions.

References

1. Srinivasan L. New (Ab) normal: A Tale of 2 Pandemics. JAMA. 2021;325(23):2345.
2. World Bank. 2021. The COVID-19 Impact on Livelihoods and Poverty in Sri Lanka: Background Note to Sri Lanka Poverty Assessment. World Bank, Washington, DC.
3. COVID-19 Mental Disorders Collaborators. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Lancet. 2021 Nov 6; 398(10312):1700-1712.

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