Preventable? Between science, global health, and the challenges of an uncertain world

Gustavo Corrêa Matta
(https://orcid.org/0000-0002-5422-2798) [1]

[1] Núcleo Interdisciplnar sobre Emergências em Saúde Pública, Centro de Estudos Estratégicos - CIDACS/IGM, Fundação Oswaldo Cruz. Salvador BA Brasil.

Preventable is the latest publication by Professor Devi Sridhar from the University of Edinburgh in Scotland. Professor and Coordinator of Global Public Health, Sridhar is also a columnist for several newspapers, including the renowned The Guardian, and a BBC, Scottish, UK, and German Governments' consultant.

Expectations surrounded the book. Published by the giant British publisher Penguin, it went on pre-order in early 2022 and was released in April of the same year. The book also gained an audio-book version narrated by Devi Sridhar, available on several platforms, even before its release.

Besides the academic interest concerning the author's analyses and narratives about the COVID-19 pandemic, this book also attracts attention for its production, dissemination, advertising, and public consumption. Apart from a publication aimed at scientific dissemination, this book investigates the most significant recent health and humanitarian crisis in accessible language and extensively discusses topics hitherto limited to specialized scientific and journalistic circles. It was published in time to join the numerous initiatives to historicize and analyze the epidemic that has haunted the world since 2020, but with a wealth of technical and political details narrated in its more than 420 pages. In other words, it is a reasonably large volume for a publication that aims to reach a broad audience and influence global health policy.

However, what interpretation does the author offer us about the crisis resulting from COVID-19 and her proposals to avoid the next pandemic?

Initially, it is essential to highlight that the book is dated, that is, it was written during the first two years of COVID-19 and highlights the identification of the virus, its controversial origin in China, its expansion in several countries and continents, the countries' responses, and the development and production of vaccines. The author proposes an interdisciplinary analysis focused mainly on political, economic, and epidemiological analysis, with inputs from virology, communication, and monitoring of the actions adopted by different heads of state. The book contains more than 70 pages of bibliographic references, composing a robust historical, technical and analytical foundation that deserves to be followed for in-depth analysis and to broaden the views on the subject.
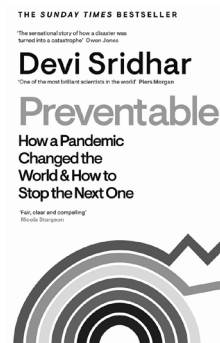
Sridhar focuses her analysis on some "model" countries, such as the United Kingdom, the United States, China, South Africa, Sweden, New Zealand, and Australia, among others, with less attention and depth.

Here we can distinguish two stages and three strategies that serve as categories of analysis for the different arguments that organize the book structure. The first stage is characterized by the strategic choices to respond to COVID-19 without the vaccines. The second stage features political-health strategies after developing and producing vaccines. In the absence of immunobiological drugs to contain COVID-19, three non-pharmacological strategies were adopted, classified as follows: a) Mitigation - the virus transmission through the population until achieving the so-called herd immunity; b) Suppression - keeping the number of cases very low through prolonged control measures with lockdown cycles; c) Elimination - disrupting community transmission at the country and region borders, and then establishing strategies to prevent virus reintroduction.

Although the methodology and classification adopted by the author are not original, it has the virtue of harshly criticizing the denialist actions and omissions of leaders of countries such as the USA, the United Kingdom, and Brazil, identified as irresponsible, and which put at risk their populations and the entire world, producing preventable deaths and increasing the emergence of new SARS-CoV-2 variants. Moreover, the difficult access to vaccines denounced the nationalism and securitization devices of the so-called Global North countries. The latter exposed the lack of solidarity, cooperation, and alignment between nations.

This is the author's main argument for global governance of emerging and reemerging events in Public Health and its ability to influence effective local scientific evidence-based responses. While clearly criticizing the WHO's delay in responding to the virus threat multiplying in China and the failure to satisfactorily coordinate the global effort in a comprehensive and equitable response to COVID-19, Sridhar presents more questions than answers. "Will countries learn from mistakes and rebuild society more resiliently and equitably? Will governments cooperate to make things better, or the opposite, will they become more selfish?"(p.320).

We can ask the author, who did not dwell on these socio-political "details": what are countries and governments? What internal and external historical dynamics determine or influence their positions

THE *SUNDAY TIMES* BESTSELLER

Devi Sridhar

Preventable

How a Pandemic Changed the World & How to Stop the Next One

and actions? What does the predominance of ne-oliberalism, conservatism, and populism have to do with the (im)postures we have seen during the pandemic? These are questions that the book does not propose to answer or debate. A huge absence when one intends to analyze the global dynamics of health and its relationships with multilateralism and health diplomacy.

In this sense, the author cannot fulfill what she promised in the title of her book: *How to stop the next pandemic?* We can reflect, with other critics, that it would be impossible to prevent COVID-19 due to its efficient respiratory transmission, although we may have acted nationally and globally to prevent many of the deaths[1]. Indeed, the author, who, on the one hand, seems to be unaware of the historical trajectory of our health surveillance, points to Brazil, along with India and South Africa, as countries without surveillance and monitoring of COVID-19 cases. A sad observation of the recent dismantling of the Health Surveillance Secretariat (SVS) of the Brazilian Ministry of Health, which depended on the states and municipalities to gather and consolidate the available data and guide this immense country called Brazil.

On the other hand, the lack of geopolitical criticism, a decolonial perspective, and the very severe social, economic, and cultural repercussions among neglected populations makes the rhetoric of global governance sound at least naive and, at most, one more colonial agenda of the adequacy of the Global South to hegemonic guidelines founded on universalist scientism.

In other words, the lack of critical contribution of the Human and Social Sciences, especially those derived from the trajectory of Brazilian Collective Health, reproduces the naturalism and reductionism found in the uncritical epidemiological surveillance and biomedicine model, making global and normalizing what is characterized by being particular and diverse.

COVID-19 is not limited to its numerical and epidemiological representation to be monitored and evaluated by country strategies based on their performance in terms of infected, hospitalized, deaths, and vaccinated. Despite its relevance in surveillance and planning actions, we understand that the pandemic affected countries, populations, groups, and individuals differently[2,3]. Besides the humanitarian dimension of the crisis generated by COVID-19 is the dimension of the structure, response, and reach of health systems; the production, access, and availability of equipment, biopharmaceuticals, and services; the care and appreciation of health professionals; gender, work, race and ethnicity relationships; the mental health, among others, that made the pandemic a plural, multiple, and polysemic signifier.

Sridhar seems to be aware of this, but her concern about how to influence the governance of Global Health imposes a trans-territoriality of health and social protection policies and systems[4]. This perspective establishes an abyssal line constituted by the production of discourses and practices based on the solid economic and political power dominant in the global arena, making populations, knowledge, practices, and contexts of the so-called Global South invisible[5].

The book unequivocally presents a finding: Public Health is political. The statement reminds us of the maxim of the Brazilian health reform movement in which Health is Democracy. We must, therefore, identify the silenced and excluded segments of the colonial arena of Global Health. Among them is global health, which still insists, in its hegemonic version, on depoliticizing science, its relationship with societies and other knowledge, cultures, environments, and, above all, viruses. Yes, the viruses that manage their relationships with animals, humans, and the environment in a coordinated, solidary, and competent fashion. We have a lot to learn from virus politics.

References

1. Anthony A. *Preventable by Devi Sridhar review - inside the fog of war on Covid* [Internet]. The Guardian; 2022 [cited 2022 jun 8]. Available from: https://www.theguardian.com/books/2022/may/08/preventable-by-devi-sridhar-review-inside-the-fog-of-war-on-covid.

2. Carrara S. As ciências humanas e sociais entre múltiplas epidemias. *Physis* 2020; 30(2):e300201.

3. Matta GC, Rego S, Souto EP, Segata J, organizadores. *Os impactos sociais da Covid-19 no Brasil: populações vulnerabilizadas e respostas à pandemia*. Rio de Janeiro: Observatório Covid-19, Editora Fiocruz; 2021.

4. Matta GC, Moreno AB. Saúde global: uma análise sobre as relações entre os processos de globalização e o uso dos indicadores de saúde. *Interface (Botucatu)* 2014; 18(48):9-22.

5. Boaventura SS, Meneses MP. *Epistemologias do Sul*. Coimbra: Almeidina; 2009.