

COVID-19 pandemic: a health and humanitarian crisis

A pandemia de COVID-19: uma crise sanitária e humanitária

La pandemia de COVID-19: una crisis sanitaria y humanitaria

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In 2020, the COVID-19 pandemic has plunged nearly the entire planet into a health and humanitarian crisis, testing the human species in various dimensions. So many doubts raise the following question: is COVID-19 an inevitable phenomenon, given the relationship humans have with the various ecosystems and the other animal and plant species? Or in a simplified approach, is COVID-19 the episodic (but recurrent) outcome of the way goods and services are produced in the world?

The current pandemic magnifies the dilacerating tensions of social organization in our time: globalized in economic exchanges, but fragile as a global political project, digitally interconnected, but impregnated with misinformation, wavering on environmental collapse, but predominantly unsustainable, lacking in political ideals, but so averse to politics and common projects. The pandemic places us in front of the mirror, revealing a world traversed by many crises and lacking in effective changes.

In 1993, Richard Krause observed the persistence of infectious diseases which he viewed as a permanent threat to all countries, regardless of their degree of economic development and health conditions. For Krause, “*plagues are as certain as death and taxes*”¹ (p. xvii). Shortly before the AIDS epidemic struck, the American virologist and likeminded experts already questioned one of the dominant public health hypotheses in the latter half of the 20th century, characterized by the prediction of the elimination of diseases resulting from affluence and urbanization. Thus, many diseases could purportedly be prevented by technological advances, universal basic sanitation, and especially the development of antibiotics and vaccines. In this theoretical model, infectious diseases would lose their importance in the wealthier countries, where diseases of poverty would inexorably give way to diseases of abundance and excess. Still, in many countries, an unequal distribution of epidemiological patterns would persist, indicating that the prevalence of infectious diseases, malnutrition, and even short life expectancy would be inversely proportional to the size of the countries’ economies. The unequal distribution of epidemiological patterns in the world would be a function of the unequal distribution of socioeconomic conditions and the means for prevention and treatment of diseases.

The COVID-19 pandemic revealed a profound change in the relations between space, time, and infectious diseases. People have realized that the world is more vulnerable to the occurrence and global spread of existing and novel diseases alike. The planetary integration of economies allowed a huge increase in the circulation of people and merchandise, intensive and unsustainable use of

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natural resources, and increasing social changes favoring transmission of infectious diseases, i.e., higher urban population density, mass mobility of populations in these spaces, and large contingents of poor people occupying precarious housing with limited access to basic sanitation. These conditions allowed the development of “globalization of disease”, in this case COVID-19, drawing here on the definition by Fidler ² for the severe acute respiratory syndrome (SARS) pandemic in 2002-2003.

Nemesis and the challenge of new epidemics

Still, are pandemics inevitable? Victories of Nemesis, the Greek goddess of revenge, as recounted by Philip Roth ³ in his novel on the relations in the United States between the polio epidemic and World War II? Here, we repeat the question addressed at the beginning of the article. To answer it, we have to consider epidemics and especially pandemics like COVID-19 as a multidimensional phenomenon, at once biological, environmental, and social, with intense economic and political implications. Both the accelerated spread of the disease around the world and its side effects, such as the strategies for the response to the health and humanitarian crisis, indicate a juxtaposition of times and places in human experience when confronting powerful shocks.

This context reveals a return to socially inadequate practices recorded in scientific and literary texts: denial of the situation’s seriousness, unachievable technological promises, culture of fear, mysticism towards immunity and cure, commodification of care, exhortation to avoidable sacrifice by others, and clumsy management of the available means to fight the disease, leading us all to suffer unnecessarily.

The organized social responses also contain cumulative aspects that we have learned in fighting diseases. The apparatus used to combat the pandemic has combined technologies in different historical periods. Quarantine measures were consolidated in the 14th century in Mediterranean port cities as a strategy to control the bubonic plague. Modern hospitals and antiviral drugs are legacies of the 20th centuries. Added to these technologies is a contemporary apparatus developed since the late 20th century, such as reverse-transcriptase polymerase chain reaction (RT-PCR), smartphones, genomic biotechnology, big data, artificial intelligence, monitoring cameras, geolocation, drones, and telemedicine. According to their availability, this set of solutions has been used to some degree by the 181 countries affected by COVID-19. The coverage and intensity of use of these technologies by countries indicate that the industrial capacity, volume of wealth, social adaptability, and political management capacity are the most important assets to be mobilized in the face of global shocks with multiple dimensions. In a sense, they are sensitive indicators of the ways economic and management capacities are distributed around the planet.

As in all crises, each country tends to mobilize its best assets to deal with the problem. Obviously, their weaknesses are also revealed along the way. Thus, in the confrontation of these antagonistic forces, lives are either saved or uselessly lost.

The industrialized countries of Asia dealt with the pandemic with exceptional mobilization of physical and technological resources. They also mobilized trained personnel while immobilizing huge population contingents, imposing various modalities of social isolation. Whether by imposition or adherence, China (including Hong Kong), Japan, Taiwan, and South Korea applied various forms of restricted mobility, generally with intensive use of technologies. Counting on more modest resources, Vietnam and Thailand (besides Costa Rica in the Americas) managed to contain the pandemic’s spread in their respective populations.

After Asia, the pandemic’s epicenter shifted to Europe. Theoretically, this would have been the best territory to fight the virus: the most economically and socially homogeneous continent on the planet (although very culturally diverse); the birthplace of the industrial revolution, national health systems, and social protection models; a space densely populated by highly qualified personnel and with the planet’s best highway and railway system. Italy, United Kingdom, Spain, and France experienced major difficulties with the disease, with surprising numbers of deaths. Next, the pandemic’s epicenter shifted to the United States, which is more unequal than the European countries but boasts the planet’s largest economy and a huge concentration of resources to tackle big shocks like COVID-19. The latest edition of the *Global Health Security Index* ⁴ classified the United States and

United Kingdom as the best prepared countries to deal with emerging health crises. In the same edition, New Zealand and China occupied more modest positions, ranking 35th and 51st, respectively. However, various countries with diverse accumulated skills, including in health, came out much worse than expected in dealing with the pandemic, due to inadequate choices, while China and especially New Zealand obtained better results in controlling the disease. One lesson already learned with the COVID-19 pandemic is the need to value public management and the response time in the criteria for measuring the installed capacity for dealing with emergency health and humanitarian crises. Rapid, consistent, and sustainable response by political leaders has also proven essential in countries that have achieved better results in the fight against COVID-19.

Although expected, the pandemic's arrival in Latin America met a continent weakened by modest economic growth when compared to the other continents; with the public sector (health, science, and education) debilitated by the reduction in investments in public policies as a consequence of fiscal austerity policies; with greater political instability than in the previous decade; and with frayed regional ties in structures such as UNASUR (Union of South American Nations), Mercosur (Southern Common Market), and OAS (Organization of American States), besides timid implementation of CELAC (Community of Latin American and Caribbean States). Several countries in the region display overlapping weaknesses, where the shortage of resources and the national conflicts are aggravated by the weaknesses in regional governance instruments in countries already suffering from the undercutting of global governance mechanisms, even including the WHO (World Health Organization).

An opportunity for changing course

Misfortune is never distributed equally, even in huge catastrophes. The historical and even centuries-old accumulation of resources has left countries and individuals with different capacities to deal with crises, even after errors in the initial approach to the problems. We thus know that overcoming the pandemic and regaining more comfortable social and economic standards will occur unequally.

It is necessary to mobilize the means at the global, regional, and national levels to detain the exacerbation of socioeconomic (and thus of health) inequalities that will result from the economic downturn from COVID-19, estimated at 5.3% for Latin America, pushing more than 30 million inhabitants of the region into poverty ⁵.

Economic policies, especially the resource allocation model in relation to essential areas for confronting this shock (health, science and technology, education, and social protection) must be revised in order to increasingly protect these countries from future shocks. Employability will have to be recovered while seeking to mitigate the effects of changes in technological production standards, which already tended to have perverse effects on jobs. Health economists have contended that the activation and prioritization of an adequately designed and implemented health and medical industrial complex can be part of the solution, creating economic dynamism and improving the capacity to respond to existing health problems in the population and other epidemics that may come in the future ⁶.

Finally, we must not overlook the individual dimension, after all, where life takes place, although heavily influenced by the broader phenomena discussed above. We are helped in this endeavor by the sociological perspective proposed by Norbert Elias ⁷, in which social interdependence shapes an economy of affects, linking the collective and individual dimensions. Such an approach helps us develop a more integrated vision of the phenomena in the years in which we are living with COVID-19.

Contributors

N. T. Lima proposed and wrote the manuscript's core. P. M. Buss contributed to writing and revising the manuscript. R. Paes-Sousa contributed to writing the manuscript and organized the final editing.

Additional informations

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References

1. Krause RM. Foreword. In: Morse SS, editor. *Emerging viruses*. Oxford/New York: Oxford University Press; 1993. p. xvii-xix.
2. Fidler D. *SARS, governance and the globalization of disease*. New York: Palgrave Macmillan; 2004.
3. Roth P. *Nêmesis*. São Paulo: Companhia das Letras; 2011.
4. Cameron EE, Nuzzo JB, Bell JA. *Global health security index: building collective action and accountability*. Baltimore: Johns Hopkins, Bloomberg School of Public Health; 2019.
5. Comisión Económica para América Latina y el Caribe. Informe especial COVID-19 nº 2: dimensionar los efectos del COVID-19 para pensar en la reactivación. https://repositorio.cepal.org/bitstream/handle/11362/45445/4/S2000286_es.pdf (accessed on 16/Jun/2020).
6. Gadelha C. O Complexo Econômico-Industrial da Saúde no Brasil hoje. Série especial FES-Brasil; 2020. <https://www.nexojornal.com.br/ensaio/debate/2020/O-Complexo-Econ%C3%B4mico-Industrial-da-Sa%C3%BAde-no-Brasil- hoje> (accessed on 16/Jun/2020).
7. Elias N. *O processo civilizador: uma história dos costumes*. Rio de Janeiro: Jorge Zahar; 1994.

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