

## COVID-19 Crisis and Global Healthcare Delivery: Lessons to Be Learned

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### Abstract:

The COVID-19 crisis has brought unprecedented strain on healthcare systems around the world. It has perhaps taught us some key lessons that are worth considering and addressing to help build more sustainable health systems as well as improve our ability to combat future epidemics.

**Keywords:** COVID-19; Pandemic; Global health; Health inequalities

## 1. Introduction

The COVID-19 pandemic is the greatest challenge humanity has faced since the Second World War and the most crucial global health crisis of our time. Since its emergence in China in late 2019, the novel coronavirus has spread to 216 countries and territories, with over 30 million confirmed cases and 940,000 deaths globally as of mid-September 2020 [1]. The pandemic is much more than a health crisis; it is already causing unprecedented socioeconomic and political challenges that will continue for years to come.

As the pandemic rages, it has brought unprecedented strain on healthcare systems around the world. It has perhaps taught us some key lessons that are worth considering and addressing to help build more sustainable health systems as well as improve our ability to combat future epidemics.

## 2. The World is a Global Village

The astonishing speed at which the novel coronavirus has spread around the world shows that all countries are living in a global village. The term 'global village' was coined in 1967 by Marshall McLuhan, a Canadian media theorist. He predicted that the world would be interconnected by an electronic nervous system due to pervasive technological advances that would enable instantaneous sharing of culture [2]. With globalisation, the world has become more closely connected. Rapid development of global transport networks and urbanisation inevitably increased the risk of disease spread. The world now seems to have become a new form of global village united by a common enemy (COVID-19) that has dictated a universal code of social ethics and interpersonal behaviour. For instance, social distancing and the use of face coverings have become the norm rather than the exception. Everyone has been affected in one way or another: we are all in this together, and no one is safe until everyone is safe. Progress in finding an effective COVID-19 vaccine has been encouraging. However, we may face enormous challenges, including vaccine deployment and creating high public

demand, to ensure that more than 60% of the world's population is immunized to achieve the level of herd immunity required to eliminate the virus. In our global village, we need a strong, coordinated and coherent international response based on solidarity in the fight against COVID-19 and future pandemics.

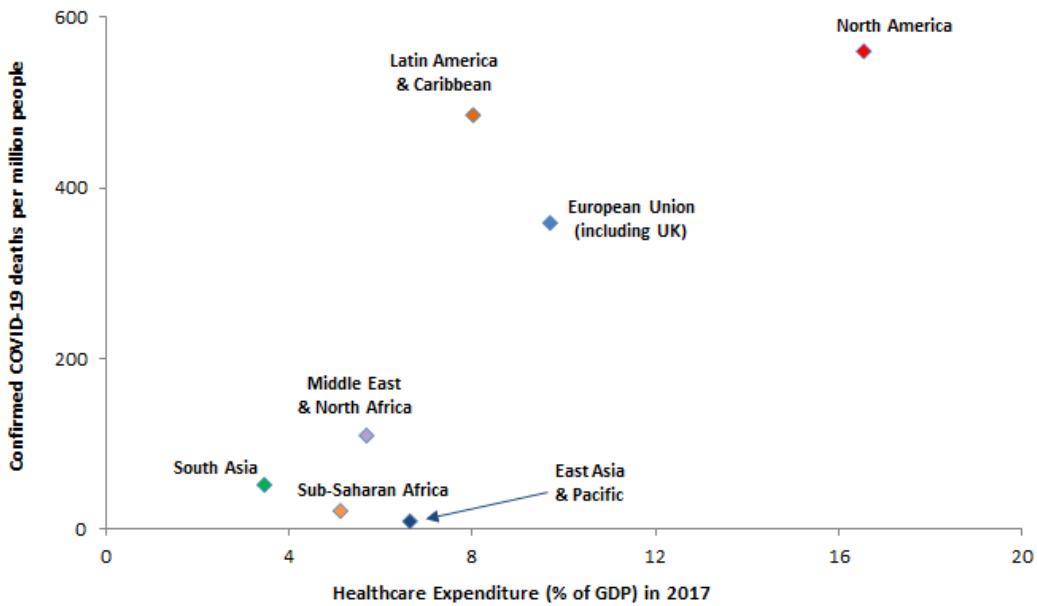
### **3. The Heroism of Health Workers**

Health workers are the backbone of effective health systems and a country's most valuable resource during a disease outbreak. They have played an extraordinary role in the global response to the COVID-19 pandemic. The current challenges faced by health workers are substantially greater than those encountered in their normal work. Despite the challenging circumstances and inadequate resources, health workers have put their health and wellbeing at risk to save the lives of others. In some countries, they have faced reprisals from the authorities and their employers for raising safety concerns and have been subjected to violence and stigma from the public [3]. Frontline healthcare workers are at increased risk of COVID-19 compared with the general population. A report from Amnesty International estimates that as of 6 July 2020, over 3000 health workers around the world have died from COVID-19, and many others have worked in unsafe environments due to shortages in personal protective equipment (PPE) [3]. This figure is likely to be a significant underestimate due to underreporting. A recent study showed that frontline healthcare workers with adequate PPE have at least a threefold increased risk of COVID-19 infection [4]. The risk is higher in those with inadequate PPE. The study (in line with other studies) also showed that health workers from Black, Asian and minority ethnic (BAME) backgrounds are at especially high risk. In many countries, health workers have repeatedly been praised for their 'heroic' work in the fight against the pandemic [5]. However, there is a danger that the language of heroism could shift attention away from systemic failures of our healthcare systems. 'Heroes' should not have to risk their lives to treat COVID-19. Protecting and supporting our health workers, especially those from BAME backgrounds, is paramount in the global

fight against the virus. Healthcare systems should continuously develop strategies to protect health workers (including availability of appropriate PPE) and address their evolving needs.

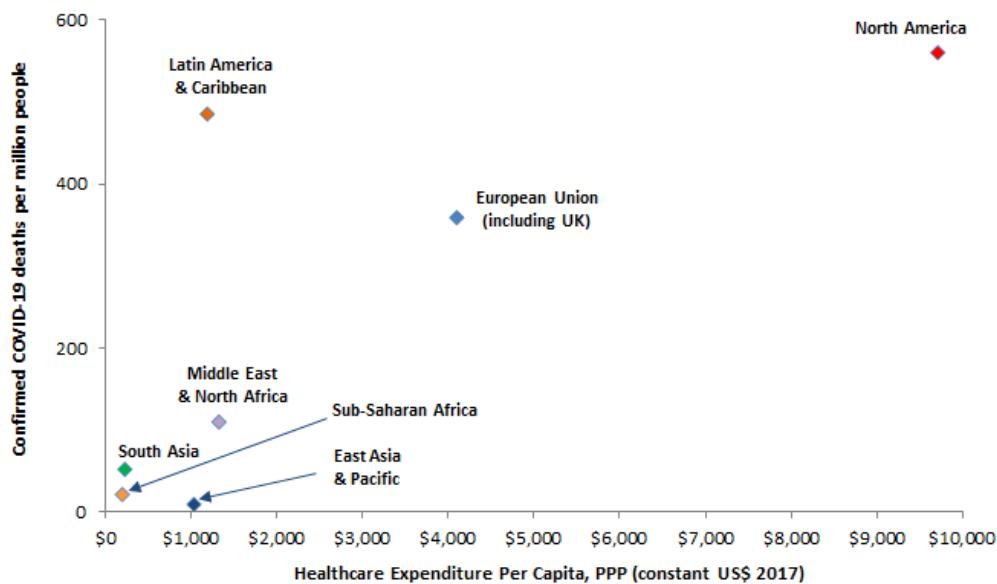
#### **4. There is no Perfect Healthcare System**

The COVID-19 pandemic has both revealed and exacerbated longstanding failures in our healthcare system. In many countries, it has exposed chronic underfunding, shortages of critical supplies and lack of coordination among political leaders, policymakers and healthcare authorities. The rapid global spread of the outbreak reflects a deep crisis in our global and national public health systems. Infectious disease outbreaks are often depicted as a scourge of the developing world. However, with COVID-19, we have seen a reversal in the countries that are massively affected by an outbreak. Globally, the quality of care and the health impacts of the pandemic have not been a reflection of national healthcare spending. The highest-spending country, the United States (17 percent of GDP spent on health care in 2019) [6], accounted for 22% and 21% of global COVID-19 cases and deaths, respectively, as of mid-September 2020 [1]. However, in many African countries, despite the poor health infrastructure, the reported death rate per capita has been relatively low. This could be partly due to the relatively young population and low prevalence of pre-existing comorbidities in Africa. Figures 1 and 2 show confirmed COVID-19 deaths per million of the population, as of 16 September 2020, against healthcare spending as a percentage of gross domestic product (GDP) and per capita (purchasing power parity based), respectively. There is no better time than now to start reforming our broken healthcare systems – including a review of current funding mechanisms and strengthening national and global public health capacities to reduce the chance of future pandemics.



<sup>Y</sup>GDP = Gross Domestic Product. Source: World Bank [11-13]

**Figure 1.** Total confirmed COVID-19 deaths per million vs health expenditure in % of GDP<sup>Y</sup>, 16 Sept. 2020



<sup>S</sup>PPP = Purchasing power parity. Source: World Bank [11-13]

**Figure 2.** Total confirmed COVID-19 deaths per million vs health expenditure per capital in PPP<sup>S</sup>, 16 Sept. 2020

## 5. Global Health Inequalities

The COVID-19 pandemic has highlighted existing socioeconomic disparities and inequalities in social determinants of health. Although we are all in it together, some are more than others. The impact of the pandemic is highly unequal, and it has aggravated existing inequalities. Age, sex, ethnicity, poverty, occupation, education, region of residence, deprivation, obesity and pre-existing comorbidities (primarily non-communicable diseases such as diabetes, cardiovascular disease and chronic respiratory disease) have been shown to be determinants of poor outcomes [7-9]. The inequalities in infection and mortality rates appear to be a result of a syndemic of COVID-19, inequalities in chronic diseases and social determinants of health [10]. The prevalence of noncommunicable diseases (NCDs) and obesity will continue to rise. However, the healthcare system alone cannot solve this problem since social determinants of health originate outside health care. As global recession is inevitable, health inequalities could be exacerbated, especially if austerity measures are enforced. In the recovery phase, public policies and strategies must focus on universal health coverage, health promotion and wellbeing, disease prevention and protection of our most vulnerable populations.

## 6. Conclusions

It is time that we started looking at healthcare from a global perspective and redefined our broken healthcare systems. We must not allow the lessons of this pandemic to be forgotten - but only time will tell!

**Conflicts of interest:** None

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