

“Can we afford to Choose Economy over Health after this COVID-19 Pandemic?”

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First COVID-19 case was reported on 31st December 2019 in Wuhan, China. The virus transmission was very rapid across countries and in a short period, new cases started reporting in many parts of the world, especially in persons who had travel history to COVID-19 affected areas. World Health Organisation (WHO) declared it as pandemic on March 11, 2020. To contain the spread of the virus, many countries adopted the non-pharmaceutical interventions such as lockdown measures, social distancing, closure of schools and colleges and restriction on public gatherings. The studies have shown that these measures can flatten the curve and reduce the deaths, but the effect of these interventions can have a varying effect on economies of different countries depending on the economic sector in which they are engaged. COVID-19 has left many countries in the world to restart from its devastating impact on the economy. According to the International Monetary Fund (IMF), COVID-19 can contract global GDP by 3%. The virus has affected most of the countries in the world, the situation of the progress of disease and the effect of these measures are not similar among them. Many countries are trying to reform their economy through new economic strategies to boost up the economy. As many developed and undeveloped countries are focussing toward providing newer opportunities to the unemployed and social security benefits to boost up the economy.

While many countries are relaxing their lockdown measures to resume economic activities, there is a big difference in the revival of the economy between the developing and developed countries. In developed countries, as the number of new cases was decreasing after adopting these measures, the economic resumption was smooth due to a more efficient and rational public health system. Many countries resumed their economic activities when R_0 is below 1 or are approaching near 1. The basic reproduction number (R_0) represents the number of secondary cases being infected by a single infective case. The developed countries reached its peak number of cases within the strict lockdown period of 2 months due to its demographic structure and less population when compared to the developing countries. The developing countries even after many months of lockdown and social distancing measures are not able to curb the virus spread or attain its peak. WHO warned countries to remain cautious while easing out the lockdown restrictions and other measures. However, in most of the developing countries larger population depend on their daily wages for food and other essentials. Thus, authorities in these countries are left with no option but to ease on its lockdown measures to revive some economic activities.

The virus has taught us the lesson for an urgent need of an efficient public health system in every country irrespective of their rank among economies. The non-pharmaceutical measures

such as lockdown, social distancing will work in the future pandemics, but can every country or a developing country can afford to implement lockdown now and then. While the number of new cases still rising, economic activities are now being resumed in many developing countries and the progression of disease remains in quandary. The weakened health system in these countries in terms of workforce and adequate financing cannot be made ready instantly during a pandemic. The public health system in developing countries is not structured enough to tackle the crisis of such a nature. This is clear from a WHO report, 2019 on global spending on health which stated that in 2017 most (81%) of global health spending is done by High-Income countries which cover only 16% of world's total population. In terms of per capita health expenditure, there is 70 times higher difference in High-Income countries when compared to Low-income countries. Lower health expenditure remains a major issue in developing countries to strengthen and prepare the existing health system. Increasing public healthcare financing for the masses in these developing countries should be given prime importance. Developing countries were already facing the double burden of diseases in term of communicable as well as non-communicable diseases. Many countries are still struggling to provide basic amenities such as safe drinking water and proper sanitation in these countries. Malnutrition and many endemic diseases are still persistent in many of these countries. The primary healthcare remaining deficient, the occurrence of such a pandemic crisis calls for an advanced system of tertiary as well as the primary health system in these countries.

Being optimistic, most of us are hoping that the virus crisis will be ended in a year and can be tackled with the development of a vaccine regime against it. While its economic impact can be reduced with the new economic reforms. However, the scenario will be different for many developing countries even if the pandemic gets over or vaccine becomes available. The public health system remains the core of any country's administration, which must be strengthened to encounter such unpredictable outbreaks. The system should be made such that it can handle the pressure on the system arising out of such a crisis in future. In developing countries, the economic crisis affects every section of society but in different manners. The rich may have fewer profits, middle-class will fight to survive for their daily chores and the poor will become starved due to the economic sluggishness. At the end of the pandemic, the global trade will begin and the global economy will again get back to its track but with the caution for the probability of new infectious outbreaks in future. The question still lies: Are we adapting ourselves to prevent further pandemics in future or we are still looking out for re-establishing economies?