

# The COVID-19 Pandemic: A Typical Public Health Issue – More than a Public Health Issue

## INTRODUCTION

Etymologically, the COVID-19 is a code given to the coronavirus disease; severe acute respiratory syndrome (SARS) CoV-2 to curtail unacceptable references to the disease as the ‘Chinese virus’. The trajectory of the viral disease and its outbreak fits textbook definitions of a public health problem, first appearing in China where it spread becoming an epidemic and then to other countries of the world, becoming a global pandemic. The University of Nevada defines a ‘public health problem’ as ‘a medical issue that affects a significant portion of a specific population’.<sup>1</sup>

‘SARS CoV-2’, ‘The Novel Coronavirus’, or ‘COVID-19’ is a viral respiratory disease that has morphed into a global pandemic surpassing recent outbreaks such as The Ebola virus, SARS, Middle East respiratory syndrome and Swine flu.<sup>2</sup> Over 3 million deaths from the disease that is reported to have first appeared at a seafood market in Wuhan, China, in December 2019 have been confirmed globally.<sup>3,4</sup>

The pandemic has had far-reaching effects on social interactions, global politics and trade, education, economies and a plethora of other facets of human civilisation, a bulk of which have been extensively studied. Needless to say, the pandemic has also been very detrimental for running health facilities and accessing the global populace to health services.<sup>5</sup>

The unprecedented global spread of the disease has since driven a flurry of political and scientific activities. On 30<sup>th</sup> January 2020, the World Health Organization declared the disease a Public Health Emergency of International Concern for only the sixth time since 2009 – owing to its international spread and the perceived need for an internationally coordinated effort towards containing the pandemic.<sup>6</sup>

A lot of progress has been made towards dealing with the pandemic. Research, evidence-based policy formulation and implementation, adequate information curation and sharing are some of the efforts that have been taken to contain the spread and effects of the disease. There have also been significant differences in the responses to the pandemic from various regions and governments. A very well coordinated effort would require in developing the tailor-made interventions to the peculiarities of various regions by involving multiple stakeholders. A deep dive into the timeline of the pandemic and critical appraisal of key events exposing phenomena could help to address the significant public health issues, maybe even ethical issues.

First, we discuss the disease itself and how it has affected healthcare. The novelty of the disease posed a therapeutic conundrum. Emphasis was laid on empirical and palliative treatment; care was multidimensional, highly complex and thus could hardly be ambulatory. The situation provided ample bases for exacerbation of financial inequalities within and among various regions. The resultant impact was that due to increased hospitalisation, healthcare facilities that could barely manage patients became overwhelmed and people with other conditions who also could not afford the direct and indirect economic costs of patronising higher-end healthcare facilities could not receive adequate care.

## THE COVID-19 VACCINATION AND FIELD REALITIES

In December 2020, an mRNA vaccine (the Pfizer/BioNTech candidate) became the first to receive both the US FDA Emergency Use Authorization and the WHO Emergency Use Validation for the prevention of COVID-19.<sup>7,8</sup> While both organisations among many others emphasised the need for there to be a framework for equitable distribution and access to the vaccine with priority given to the most vulnerable populations globally,<sup>9</sup> the reality that has unfolded months after that major scientific breakthrough slaps the cold hard truth on the face of every keen observer. Specifically, the inter- and intra-regional inequities in access to and distribution of the vaccine cannot be properly explored without regard to political and socio-economic factors.

In March 2021, when the first few doses of the COVID-19 vaccines were delivered in Africa, for example, the world was in a congratulatory mood, the greatest vaccine roll-out in history was on the horizon truly by 9<sup>th</sup> March 2021, 12 million doses of the vaccine had been distributed to 29 countries.<sup>10</sup> The cause for global equitable distribution of the vaccine with emphasis placed on providing access to the most vulnerable populations regardless of economic factors was championed in part by the COVAX facility.

However, we quickly find that COVAX is unequipped to fully ensure equitable distribution on a global scale of the vaccine. As demand is expected to trump supply for a long time,<sup>11</sup> more economically prosperous countries have simply paid lip service to COVAX and the entire idea of providing vaccines in an equitable manner globally and made bilateral deals with vaccine manufacturers to covet the first few batches for nationalistic purposes. As the result of countries donating money to COVAX while scrambling for available

vaccine doses, politics that constitute only 16% of the world's population have purchased and received 70% of the five leading vaccines in circulation.<sup>12</sup> These countries have effectively by virtue of their purchasing power, prioritised inoculation of the majority of their own adult population over healthcare and front-line workers in poorer countries.

This perceptible lack of global solidarity is not unexpected. A similar incident was reported during the 2009 H1N1 pandemic, where richer countries have purchased the majority of the available Avian flu vaccines by leaving the most affected poorer countries. These countries went as far as blocking export of vaccines from domestic manufacturers to other countries.<sup>13</sup>

## CONCLUSION

These issues raise questions to whether the approaches to public health problems on a global scale are appropriate without adequate regard to economic inequalities, geopolitical alliances and other socio-economic factors that have, time and time again, significantly affected the progressions of public health issues of global concern. The COVID-19 pandemic has provided numerous teachable moments for players in the clime on the inseparability of public health from external factors such as political and socio-economic factors. This COVID-19 pandemic ominously serves as a tool to predict the significance of external factors that have once been erroneously viewed as purely public health issues.

**Khalid-Salako FA<sup>1</sup>, Dodoh MT<sup>2</sup>, Pallerla S<sup>3</sup>**

<sup>1</sup>B-Pharmacy, Assistant Pharmacist, <sup>2</sup>Masters in Science, Department of Public Health, Nigeria, <sup>3</sup>Department of Psychiatric Social Work, NIMHANS, Bengaluru, Karnataka, India

**Address for correspondence:** Mr. Pallerla S, Department of Psychiatric Social Work, NIMHANS, Bengaluru, Karnataka, India. E-Mail: [sripharma55@gmail.com](mailto:sripharma55@gmail.com)

**Submitted:** 17-Jun-2021 **Revised:** 22-Aug-2021

**Accepted:** 12-Apr-2022 **Published:** 31-Oct-2022

## REFERENCES

1. University of Nevada, Reno. Top Public Health Problems & Concerns | UNR Online Degree. Top Public Health Problems & Concerns | UNR Online Degree. Available from: <https://onlinedegrees.unr.edu/blog/top-public-health-problems-concerns-unr-online-degree/>. [Last accessed on 2021 Jun 15].
2. Rogers K. 1968 flu Pandemic | History, Deaths, & Facts | Britannica. Encyclopaedia Britannica. Available from: <https://www.britannica.com/event/1968-flu-pandemic>. [Last accessed on 2021 May 23].
3. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, *et al.* Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet* 2020;395:497-506.
4. Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, *et al.* A novel coronavirus from patients with pneumonia in China, 2019. *N Engl J*

- Med 2020;382:727-33.
5. Adebisi Y, Alaran A, Carolyn O. Coronavirus disease-19 and access to medicines in Africa. *Int J Health Allied Sci* 2020;9:S120-1.
6. World Health Organization. Statement on the Second Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of Novel Coronavirus (2019-nCoV). World Health Organization; 2020.
7. World Health Organization. WHO Issues its First Emergency Use Validation for a COVID-19 Vaccine and Emphasizes Need for Equitable Global Access; 2020. Available from: <https://www.who.int/news/item/31-12-2020-who-issues-its-first-emergency-use-validation-for-a-covid-19-vaccine-and-emphasizes-need-for-equitable-global-access>. [Last accessed on 2021 Jun 16].
8. U.S. Food & Drug Administration. FDA Takes Key Action in Fight against COVID-19 by Issuing Emergency Use Authorization for First COVID-19 Vaccine | FDA. Available from: <https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19>. [Last accessed on 2021 Jun 16].
9. Alaran A, Adebisi Y, Badmos A, Khalid-Salako F, Gaya S, Ilesanmi E, *et al.* Uneven power dynamics must be levelled in COVID-19 vaccines access and distribution. *Public Health Pract (Oxford, England)* 2021;2:100096.
10. The Lancet. Access to COVID-19 vaccines: Looking beyond COVAX. *Lancet* 2021;397:941.
11. Access to COVID-19 vaccines: Global approaches in a global crisis [Internet]. OECD. [cited 2022 May 12]. Available from: <https://www.oecd.org/coronavirus/policy-responses/access-to-covid-19-vaccines-global-approaches-in-a-global-crisis-c6a18370/>.
12. Wouters OJ, Shadlen KC, Salcher-Konrad M, Pollard AJ, Larson HJ, Teerawattananon Y, *et al.* Challenges in ensuring global access to COVID-19 vaccines: Production, affordability, allocation, and deployment. *Lancet* 2021;397:1023-34.
13. Fidler DP. Negotiating equitable access to influenza vaccines: Global health diplomacy and the controversies surrounding avian influenza H5N1 and pandemic influenza H1N1. In: *Negotiating and Navigating Global Health: Case Studies in Global Health Diplomacy*. Switzerland: World Scientific Publishers; 2011. p. 161-72. [doi: 10.1142/9789814368049\_0008].

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
<b>Quick Response Code:</b> 	<b>Website:</b> <a href="http://www.chs-journal.com">www.chs-journal.com</a>
	<b>DOI:</b> 10.4103/njhs.njhs_10_21

**How to cite this article:** Khalid-Salako FA, Dodoh MT, Pallerla S. The COVID-19 pandemic: A typical public health issue – More than a public health issue. *Niger J Health Sci* 2021;21:1-2.