Tackling deadly diseases in Africa

DAI global health

Health equity is key to global health security goals: What we must learn from the COVID-19 pandemic

Blog by Jeffrey Mecaskey, FFPH (May 2021)

We've all heard the adage that "COVID-19 does not discriminate". The reality is very different. The current pandemic has in fact shone a light on stark health inequalities around the world. The consequences of coronavirus are experienced very differently by people from different circumstances, whether they be in North America, Europe or Asia, or sub-Saharan Africa, where Tackling deadly diseases in Africa (TDDA) operates.

When the COVID-19 outbreak began, the people at greatest risk of catching and spreading the virus were global travellers—those who flew from country to country. Relatively speaking, many of these travellers were among the world's wealthy. Now the pandemic is established, the threat is greatest for poorer parts of society. The way the infection is transmitted—through droplets emitted by close contacts—means the virus thrives where there is poverty. Poorer people are often unable to adapt their work and living conditions to avoid infection. Their access to healthcare is limited and often they suffer from underlying health conditions in the first place, which put them at an even greater risk. And the consequence of the disease, whether short term sickness, longer term disability, or death, are far more severe for those with less economic capital to fall back on than for their more wealthy neighbours.

This picture of health inequity in the light of a pandemic is, sadly, by no means unique to COVID-19.

Since the Spanish Flu in 1918/9, there has been a heightened anticipation of a disease that would have similarly devastating effects on lives around the globe. Currently, Ebola, Marburg virus disease, Lassa fever, MERS COV, SARS, NIPAH, ZIKA, Crimean Congo haemorrhagic fever, rift valley fever and monkeypox are all prioritized by WHO for research and development, as diseases of pandemic potential. It's a soberingly long list. And, while it's true every pathogen has its own pathway, social determinants are critical. These are the factors that dictate who must work in a market versus work at home, who might fall into debt versus those who have insurance, and those who have means to fall back on versus those who must pull their children from school or work. It is these factors that determine who suffers most from these diseases. The differences in risk, access to prevention and treatment, and resilience between rich and poor, which we see with COVID-19, play out in similar ways with most so-called "life style" non-communicable diseases as well as those infectious diseases.

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Aside from the ethical considerations, there are public health and economic arguments for putting equity at the centre of health security. The example of effective disease control makes a compelling case for it to be given greater importance in International Health Security policymaking. We have some way to go on this front. “Leaving No One Behind” is a central tenet of health equity and the United Nations’ Sustainable Development Goals. Yet, the technical documents related to International Health Security do not explicitly mention equity. As a result, many decision-makers do not see it as a major factor when shaping policy and programming. When politicians neglect considerations of equity, scarce resources are inefficiently allocated, preparedness and response fall short, and social inequities are perpetuated. More lives are lost.

At TDDA, we target our activities carefully and monitor how effectively our programme reaches vulnerable and marginalized groups, and disadvantaged geographical areas. For example, our partnership with Centre Pasteur in Cameroon supports the rollout of mass COVID-19 testing to rural areas. The testing is free – which is rare in countries in this region of Africa. And by making tests available outside the capital city and removing financial barriers, we have helped to significantly improve case detection.

TDDA is conducting desk research into equity and health security, examining the evidence of the unequal distribution of risk, access and severity of consequences of diseases with epidemic potential. We will publish our findings in June 2021.

To make significant progress towards global health security, policy and programming must respond to the needs of all people. Unless services are available to high-risk populations, we won’t achieve the effect on global health we wish to see.

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