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Perspective

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Suffering with COVID-19 and preparing for future pandemics revisiting HIV pandemic lessons

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DESCRIPTION

The COVID-19 pandemic has resulted in disproportionate rates of the infection, hospitaliz ation, and death among marginalized ethnic and racial groups, people with disabilities, socioeconomically disadvantaged communities, and people with higher clinical risk factors for COVID-19 severity and associated mortality.

In addition to the direct health effects of infection, when countries restricted economic and social activity in response to the COVID-19 pandemic, the effects were disproportionately felt by people who were already poor. A World Bank study on the unequal impact of the COVID-19 pandemic on income, employment, and food security (as defined by national income levels and select socio demographic variables) discovered that social and economic restrictions in 59 countries resulted in larger and more durable income and employment losses and greater food insecurity in low-income countries than in other countries, with the effects being most pronounced for women, young people, and those with lower education. Moreover, a review of empirical studies on the impact of school closures revealed that, while learning loss was less severe than predicted, the pandemic increased learning inequality and hampered educational paths in older students. Learning loss and dropout rates were higher in rural communities versus urban communities, and among students with lower socioeconomic status versus students with higher socioeconomi c status, especially among adolescent girls and young women.

COVID 19 inequalities between nations appeare- d quickly. One of the most egregious examples was the competition among High Income Countr ies (HIC) to secure safe and effective COVID 19 vaccines to protect their populations t hrough bilateral purchase agreements with man ufacturers who monopolized vaccines and suppli -es, resulting in vaccine acquisition and roll-out delays. A similar situation is arising with the announcement of a new WHO vaccine-sharing mechanism that will distribute scarce monkeypox vaccines to countries that can afford them rather than African countries that have been plagued by outbreaks for decades. With COVID-19, some LMICs were forced to use lower-cost, lower-efficacy COVID-19 vaccines, resulting in increased health-care costs and negative social and economic outcomes as a

result of the prolonged attempt to stop transmission.

Humans expected the importance of addressing the social structures that constrain or enable health-related behaviours based on our HIV experience. In 2020, we proposed, based on a social ecological model30, that for clear public health messaging to be effective in COVD-19 control, there would need to be strong political leadership, constructive citizen involvement, and avoidance of stigma and marginalization. However, some political leaders in other countries engaged in information withholding, denial, and misinformation about COVID-19, which hampered the initial pandemic response, vaccination uptake, infections, and deaths. Local officials in China were held accountable for delaying the release of information about the emergence and spread of SARS-CoV-2 in the early days of the outbreak. Engaging community -es in the control of COVID-19 has been influenced in many contexts by misinformation, which in turn has proven to be one of the most important dynamics of the COVID-19 pandemic.

Greater understanding of the mechanisms and effects of misinformation, including the role of social media, in various settings is critical for mitigating future pandemics. Early in the pande mic, the risk of COVID-19-related stigma was also recognized. Racism and discrimination directed towards people from east Asia emerged quickly. The term "China virus" spread on social networks and fueled racist acts. During the early stages of the pandemic, people in Sub-Saharan Africa blamed race and wealth for bringing the virus to the continent.