

Pandemics in the future: neglecting to plan is planning to fail.

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Received: 28-Oct-2022, *Manuscript No. AACIR-22-74457*; **Editor assigned:** 31-Oct-2022, *AACIR-22-74457 (PQ)*;

Reviewed: 14-Nov-2022, *QC No. AACIR-22-74457*; **Revised:** 27-Dec-2022, *Manuscript No. AACIR-22-74457 (R)*;

Published: 03-Jan-2023, *DOI:10.35841/aacir.6.1.125*

Abstract

Governments of high income nations with high SARS-CoV-2 vaccination rates have been encouraged by evidence of reduced COVID-19 associated morbidity and mortality and they can now begin to think about the change from pandemic to endemic and the prevention of future pandemics. While this is going on, a number of LMICs are still having trouble with high COVID-19 infection, hospitalisation and mortality rates as well as subpar immunisation rates. Just a few of the prior pandemics that had a similar pattern were TB, malaria and HIV/AIDS. These diseases are commonly described to as endemic despite the fact that millions of people die from them every year.

Keywords: COVID-19, Immunization, AIDS, Public health, Healthcare system

Introduction

Evidence of declining COVID-19 associated morbidity and mortality has encouraged governments of high income countries with high SARS-CoV-2 vaccination rates and they can now start to consider the transition from pandemic to endemic and the prevention of future pandemics. Meanwhile, several LMICs continue to struggle with high rates of COVID-19 infections, hospitalizations and deaths, as well as poor immunisation rates. HIV/AIDS, TB and malaria are just a few of the earlier pandemics that followed a similar trend. Despite the fact that these illnesses claim millions of lives each year, they are frequently referred to as endemic. Africa was not given an equal share of resources by the global public health leadership and wealthier countries breached their commitments to vaccination fairness and resource allocation. This state of affairs must change [1]. A global response is necessary to combat a pandemic. Although each nation must make preparations, progress will be hampered if certain nations are left unable to respond to a fresh danger [2].

Description

Haldane and colleagues analysed 28 countries reactions to the COVID-19 pandemic in the first year were [3]. High performing nations were able to "partner, coordinate, develop and reinforce" diverse socioeconomic, public health and healthcare system strategies. In the end, these initiatives resulted in a decline in disease transmission and a reduction in fatality rates. Robust resource acquisition and the conversion of evidence based policy into practise were made possible by government collaboration, successful community participation and coordination across all levels of response.

In another study by Bollyky also discovered that in middle income and high income nations, lower infection rates and better SARS-CoV-2 vaccination coverage were related to

indicators of government trust and reduced government corruption [4]. Therefore, initiatives to enhance disease risk communication and community engagement tactics may contribute to greater public trust in pandemic response strategies.

Four themes were common to low performing nations: Devaluation of effective pandemic preparedness plans due to inadequate infrastructure and underfunded health systems; denial by heads of state of scientific evidence that COVID-19 was a serious health risk; lack of support for those most vulnerable to COVID-19's economic risks; delays in enacting rapid responses to various stages of the pandemic despite supporting evidence and lastly, mistrust between the public and government. Unfortunately, the politicisation of numerous actions, such as the usage of facemasks and vaccinations, has exacerbated these concerns.

Many nations are currently woefully unprepared to implement any preparations for pandemic prevention or response. They struggle to provide residents with universal health coverage and are unable to devote enough money or resources, for instance, to hiring more workers who are prepared to handle pandemics now or in the future.

Early warning monitoring should be implemented at the environment animal human interface, combined with sustained support for global genomic surveillance to sequence pathogen genomes and share this knowledge internationally, as the majority of new infectious illnesses have animal origins. Not least in LMICs, vaccination programmes and other public health activities are crucial for the prevention and monitoring of new zoonotic illnesses. As a result, when such operations are decreased, there is a significantly increased danger of new zoonotic disease outbreaks with the potential to spread globally [5].

To increase the likelihood of finding zoonotic infections with pandemic potential before they infect humans, one health approach is essential. It is imperative that nations that report novel varieties are not maligned or held accountable for their development since any negative publicity or humiliation could discourage them from disclosing vital information. One Health is a useful framework for efficient data exchange as well as for fostering increased collaboration between various fields of study and nations.

Conclusion

We should adopt an integrated, multifaceted strategy that addresses these dangers as a whole, rather than allowing attention and resources to be divided among the COVID-19 pandemic, other ongoing pandemics and upcoming threats. To ensure equitable pandemic preparedness in the future, we must take lessons from how other nations handled the COVID-19 pandemic and develop on their strategies.

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