



Renewing Relationship

COVID-19 AND THE FUTURE OF GLOBAL HEALTH:
CHALLENGES AND OPPORTUNITIES



INTRODUCTION

The global nature of the COVID-19 pandemic offers an unprecedented opportunity for those of us involved in global health to look at current philosophy and practice.

We've had a universal experience of isolation, of shortages, fear and new rules. How might those shared realities help us consider new ways to renew our solidarity with our partners in low- and middle-income countries and to assist us as we build something different through our global health strategies?

“The pandemic is a crisis and we do not emerge from a crisis the same as before: either we come out of it better or we come out of it worse. We must come out of it better, to counter social injustice and environmental damage. Today we have an opportunity to build something different,” said Pope Francis.*

In order to come out better, we will need to identify where breakdowns occurred when travel was banned and consider if new paths need to be created. Many public health and access challenges have become more evident, requiring lengthy research and analysis, but, overall, how do we emerge from quarantine with greater meaning and purpose? What are we learning from all that is happening amid this global pandemic?

The following essays are an offering to set the stage for collective consideration of how the complexities and challenges of the pandemic create an opportunity for us to rethink, reset and renew our global health relationships. While COVID-19 and the isolation we have experienced inspires more questions, they provide us with renewed hope and inspiration to do it better in the future. We hope you will take this time “apart” to reflect on our future opportunity to be brother and sister to our global neighbors.



A handwritten signature in black ink that reads "Bruce Compton". The signature is written in a cursive, flowing style.

BRUCE COMPTON

*Senior Director, Global Health
Catholic Health Association of the United States*


*From Pope Francis' General Audience on Aug. 19, 2020.



COVID-19 AND
THE FUTURE
OF GLOBAL HEALTH:
CHALLENGES AND
OPPORTUNITIES

COVID-19 and the Future of Global Health: Challenges and Opportunities

BY PETER CARD. K.A. TURKSON

 he coronavirus pandemic started as a health care emergency causing the loss of many lives and went on to become one of the most disruptive events of recent human history. It has wreaked havoc on the economy, forced millions out of jobs and adversely affected lifestyles. Subsequent lockdowns, while helping to control infections, have aggravated the isolation and loneliness of many, especially the most vulnerable, cutting off their food supplies and medical services. It has undeniably affected all spheres of human life and culture. One of the major questions now is how do we emerge from a crisis of such magnitude? What are the lessons that can help us shape a better future, especially with regard to the health of populations in the global context?

It is rightly said that times of great challenges can also be moments of discovery of our significant opportunities. That is why Pope Benedict XVI could write the following about the financial crisis of 2008 – 2009: “The complexity and gravity of the present economic situation rightly cause us concern, but we must adopt a realistic attitude as we take up with confidence and hope the new responsibilities to which we are called by the prospect of a world in need of profound cultural renewal, a world that needs to rediscover fundamental values on which to build a better future. The current crisis obliges us to re-plan our journey, to set ourselves new rules and to discover new forms of commitment, to build on positive experiences and to reject negative ones. The crisis thus

becomes an opportunity for discernment, in which to shape a new vision for the future. In this spirit, with confidence rather than resignation, it is appropriate to address the difficulties of the present time.”¹ How true are the words of the Pope about the current crisis of the COVID-19 pandemic: “The current crisis obliges us to re-plan our journey, set ourselves new rules and discover new forms of commitment to build on positive experiences and reject negative ones!”

The pandemic has reminded us of the vulnerability of life and the fragility of human existence.

The pandemic has reminded us of the vulnerability of life and the fragility of human existence. It has exposed the limits of our health care systems: their accessibility and affordability, their robustness and preparedness; and it has badly exposed the shortfalls in our eldercare structures. But, most importantly, it has exposed the role of politics and governance in health care policy formulations and their possible conflict with science and health experts. Moreover, the fact that COVID-19

is the latest in a series of zoonotic infections prompts us to ask why such infections have increased and what ought to be done to detect, reduce and control future outbreaks.

Taking a cue from Pope Benedict XVI, let us begin by *adopting a realistic attitude* toward the pandemic, dispassionately studying the consequences and the breakdowns that occurred during its outbreak (challenges). This will dispose us for the next step of *taking up with confidence and hope the new responsibilities* before us.

A Realistic Attitude Toward the COVID-19 Pandemic: The Challenges

The Emergence and Re-Emergence of Zoonotic Diseases

Scientists claim that “about 75% of the new diseases that have affected humans over the past 10 years have been caused by pathogens originating from an animal or from products of animal origin.”² COVID-19 is the third zoonotic coronavirus, after SARS-CoV and MERS-CoV. Recurring outbreaks of zoonotic infectious diseases like Ebola, SARS, Avian influenza and now COVID-19, prompt us to strongly consider the interconnections between human health and the environment in the efforts for health promotion, disease prevention and control. It has been observed that the emergence of

several new infectious pathogens has coincided with the increased destruction of wildlife habitats and the violation of ecosystems at unprecedented rates in history.

The Weakness of Health Care Systems

The current COVID-19 pandemic has overwhelmed public health and health care delivery systems in almost all the affected countries, revealing their low level of preparedness for a pandemic, and the limited equipping of the health care systems. Most health care systems were found to be lacking in health care personnel. Countries had to call into service retired personnel and volunteers. Governments were caught unprepared, having badly cut and reduced budgets for health emergencies. The predictable occurred: there has been high incidence of infections and deaths among health workers due to lack of personal protective equipment (PPE) at the beginning, meaning heavy workloads and high stress for the remaining personnel. In many places, there were uncertainties about the availability of test kits and drugs, PPE and ventilators. The high infection rates caused not only Wuhan, but Italy, the United Kingdom and New York to develop emergency hospitals and to even use medical ships. Many hospitals ran out of beds, especially in the intensive-care units, and prescribed death for patients who arrived at hospitals with other debilitating diseases such as diabetes, cancers, obesity, etc. Even old age (over 80) became an exclusionary criterion.³

The COVID-19 pandemic created an unprecedented influx of patients that overwhelmed many health systems and taught a lesson: “improved performance in controlling emerging and re-emerging diseases...is dependent on the quality, equity and efficiency of health systems.”⁴ The coronavirus tragedy should be a wake-up call for countries to finally *walk the talk* about strengthening health care systems and making services accessible!

The Shortfalls in Elderly Care Systems

On April 23, 2020, Hans Kluge, the director general of the World Health Organization for Europe, expressed his concern about the tragedy caused by the coronavirus in the long-term care centers for the elderly. He declared in an interview that a “deeply concerning picture is emerging about residents of homes for the elderly ... up to half

The coronavirus tragedy should be a wake-up call for countries to finally walk the talk about strengthening health care systems and making services accessible!

of those who have died from COVID-19 in Europe were residents in long-term care facilities. This is an unimaginable human tragedy.” He went on to say, “this pandemic has shone a spotlight on the overlooked and undervalued corners of our society.”⁵

The high death rates in care centers have caused concern on the part of many relatives whose outcry has caused the establishment of groups of fact-finding experts to inquire into the causes of deaths. One may readily identify reduced immune system as a cause, but there could be several other factors involved. The one thing, however, which relatives and non-relatives are quick to observe is that COVID-19 exposed the sorry state of many homes for the elderly and the living conditions of the elderly in our society. The balance between *care* and *economics* (finance) was always the key. In many countries, resources dedicated to elderly care have shrunk dramatically; and those to whom we owe our lives and who are responsible for the establishment of the many structures on which our own lives now depend are made to feel that they are dispensable and victims of a prevailing *throw-away culture!*⁶ But, the right to health is a fundamental right that the elderly in our communities should not be denied.

Still about the elderly, COVID-19 has also revealed what poor care some elderly people received in their own homes from family members.⁷ I have just learned of a case in a European country, where an elderly mother is held at home and prevented from going to a care-home, because the sons wish to claim the benefit of a visiting nurse! There are growing cases of abandonment and ill treatment of the elderly by family members. “COVID-19 has also brought out of the shadows how many elderly people have simply been abandoned by families.”⁸

Opportunities: Re-planning Our Journey, Setting New Rules for Ourselves and Rediscovering Fundamental Values and Commitment for a Better Future

When shortly before Easter Pope Francis constituted an Inter-Dicastery Vatican Commission for COVID-19 and entrusted its management, operations and activities to the Dicastery for the Promotion of Integral Human Development, he charged the Commission, as a matter of priority, to be prophetic and to “prepare the future,” the future of a post-COVID-19 world. Accordingly, the Vatican Commission has set up a fund-raising group and four working groups to help it envision a post-COVID-19 future.

Working Group One, since Easter, has held video conferences with bishops, health care operators of the Church, religious congregations in health care and chaplains of prisons about the experience of COVID-19 in their areas of ministry: their challenges and needs. The Vatican Commission extends the solicitude of the Holy Father (Holy See) to all of these groups to affirm them as local actors and protagonists and to lend support necessary for their protagonism and strengthening of the health care structures. It is about creating synergies and a world Church-based network of actors to overcome COVID-19. They are given a sense of not being alone, of being a part of a worldwide Church group acting in solidarity to offset the effects of COVID-19.

Working Group Two, through its task forces on ecology, economic, public health and security, has created networks with centers of research and learning over the world to collect data on the four areas of study, and is analyzing them with a view to making forecasts and describing broad trajectories along which a post COVID-19 world may travel to humanity's surpassing dignity and vocation.

Working Group Three is the communication group. It brings the world to the Commission through a survey of prominent international news outlets, and brings the work of the Commission to them.

Working Group Four represents the Vatican, as a state, and with other state actors it shares information and data from Working Group Two with a view to building an advocacy force for policies, decisions and positions conducive for the outcomes and proposals of the task forces of Working Group Two.

Concerning Zoonotic Diseases

Following the claim of scientists that “about 75% of the new diseases that have affected humans over the past 10 years have been caused by pathogens originating from an animal or from products of animal origin,” the works of the Taskforces on Ecology and Public Health recommend an urgent need to re-balance our relationship with the environment and wildlife. We need to take care of our common home, for “societies cannot be healthy unless the planet and its ecosystems are healthy.”⁹ In this regard, the Vatican COVID-19 Commission proposes, among other measures, that the Vatican as a state engage other state-actors in favor of stronger global policies to protect the environment and the ecosystem. At the heart of the Vatican's engagement are three actions:

1. to “put nature and the climate at the center of post-pandemic reconstruction;
2. to end the wildlife trade to help prevent the spread of zoonotic diseases;
3. and to link increased agriculture production with an ecosystem protection.”¹⁰

These are but some of the ways our common action can help to reduce the pressure of human activity on the natural world and its damaging consequences, both for the benefit of the planet and of global human health.

Concerning Health Care Systems

The COVID-19 crisis has underscored the need for stronger health systems so as to enhance universal health coverage and health security, especially for vulnerable people. Countries must invest more in health in order to guarantee access to quality and affordable health care, which is a fundamental human right. Besides ensuring access, health system strengthening will boost the capacity to prevent, detect and treat emerging health threats.¹¹ In many developing countries the disease burden is aggravated by avoidable health conditions. If these were addressed by a stronger health system, there would be immense benefits to individuals and societies. Unlike high income countries, developing countries are still lagging behind in improving health outcomes. Therefore investing in health will have significant economic payoff for these nations.¹²

In his Message for International Nurses’ Day (May 12, 2020), Pope Francis urged “leaders of nations throughout the world to invest in health care as the primary common good.”¹³ And this invites policymakers to address the problems and needs at the various levels of the system. These include, among other things: poor stewardship and governance; inadequate human resources;¹⁴ lack of access to essential medicines, vaccines and technologies; inadequate financing; poor infrastructure and service delivery;

Countries must invest more in health in order to guarantee access to quality and affordable health care, which is a fundamental human right.

poor health information systems; low investment in health research; and lack of community ownership and participation in health care delivery. These make one thing very clear: in dealing with all crisis situations, the concurrence of politics and science, government and public health experts in providing direction is crucial. Moreover, the public and private sectors will have to work together to build resilient health care systems. In many developing countries, the private and not-for-

profit health institutions are the primary partners of the state in health services delivery, especially in hard-to-reach areas, inhabited by the most vulnerable populations.

Concerning the Shortfalls in Elderly Care Systems

Just last January, Pope Francis invited humanity to reflect seriously on the plight of the elderly in our society. He observed that: “the indifference and rejection that our societies manifest toward the elderly demand . . . of all of us, a serious reflection to learn to grasp and to appreciate the value of old age.”¹⁵

The health crisis caused by the pandemic highlighted and aggravated pre-existing structural problems in the elderly care sector. Some priorities for action are:

1. Enhance government oversight in the elderly care market to ensure a functional system of funding, standards, measuring and enforcing continuous improvement in the quality of care across all service providers. Risks faced by the elderly in accessing services, age discrimination, neglect, maltreatment and violence should be monitored and addressed. Indeed all have a moral and ethical responsibility to denounce abuses on the elderly.
2. Address the structural problems of underinvestment, staffing and safety.
3. Health care is a human right and every life has equal value. Thus, health care decisions concerning the elderly must be guided by a commitment to dignity and the right to health.
4. Integrate mandatory educational standards for gerontology in every health care curriculum, expand the availability of formal home-based care and empower caregivers, especially those in home- and community-based care, through appropriate ongoing formation.
5. Family caregivers remain important in many countries. However, government oversight and specific funding models are needed to support the elderly and their families.
6. Today we have an increasing number of older people in our families and communities. The civil society and communities have a role to play by promoting volunteer services that form a network of closeness and support to the sick and elderly in our society.

The harms that COVID-19 caused to the elderly, their families and caregivers are troubling. This leaves us with a responsibility to address the problems identified in long-term care homes, so as to avoid additional situations of abandonment and denial of rights. We hope that the attention drawn to inequalities experienced by older people during the pandemic will blossom into stronger commitment for social justice and health equality.

Conclusion

This pandemic with no boundaries has reminded us that we share a common home and daily depend on each other. Inhabiting the Earth as a common home “requires solidarity in accessing the goods of creation as a ‘common good,’ and solidarity in applying the fruits of research and technology to make our ‘home’ healthier and more livable for all.”¹⁶

In conclusion, I wish to reiterate the words of Pope Francis that underscore the awareness we have come to as a human family during this pandemic:

*... we were caught off guard by an unexpected, turbulent storm. We have realized that we are on the same boat, all of us fragile and disoriented, but at the same time important and needed, all of us called to row together, each of us in need of comforting each other... we have also realized that we cannot go on thinking of ourselves, but only together can we do this.*¹⁷

This awareness and concern for our common destiny requires collaboration among nations, from actors at all levels and from each one of us, to embrace the common responsibility for the health of humanity through appropriate policies, strategies and actions. We are in the same boat and we can only overcome the disaster through cooperative efforts.



CARDINAL PETER KODWO APPIAH TURKSON is Prefect of the Dicastery for Promoting Integral Human Development, and Archbishop Emeritus of Cape Coast (Ghana). In September of 2013 Pope Francis confirmed him as head of the Pontifical Council for Justice and Peace and, in 2016, appointed him as the first Prefect of the new Dicastery for Promoting Integral Human Development. On March 20, 2020, Pope Francis created the Vatican COVID-19 Commission and placed it under his responsibility at Dicastery. He previously served as Archbishop of Cape Coast. He was made a cardinal by Pope John Paul II in 2003.

ENDNOTES

- 1 Pope Benedict XVI, *Caritas in Veritate*, 2009, n.21.
- 2 Nusirat Elelu, Julius Olaniti Aiyedun and Others, "Neglected zoonotic diseases in Nigeria: role of the public health veterinarian," in *Pan African Medical Journal*, Jan 18, 2019, accessed on 17/7/2020 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6522207/>
- 3 Cfr. Luara Palazzani, "La pandemia da COVID-19 e il dilemma etico: chi curare?" in *Pandemia e resilienza: Persona, comunità e modelli di sviluppo dopo la COVID-19*, A cura di Cinzia Caporale e Alberto Pirmi, Consulta Scientifica del Cortile dei Gentili, Cnr Edizioni, Roma 2020, pp. 79-84. accessed on 16/7/2020 at <https://www.cortiledeigentili.com/wp-content/uploads/2020/05/2020-6-18-Pandemia-e-resilienza-Consulta-Scientifica-Cortile-dei-Gentili.pdf>
- 4 WHO, *Strengthening health systems: the role and promise of policy and systems research*, accessed on 15/7/2020 at https://www.who.int/alliance-hpsr/resources/Strengthening_complet.pdf, p.vii.
- 5 Michael Birnbaum and William Boot, in https://www.washingtonpost.com/world/europe/nursing-homes-coronavirus-deaths-europe/2020/04/23/d635619c-8561-11ea-81a3-9690c9881111_story.html accessed on 16/7/2020
- 6 In his Day and in the face of an emerging culture of euthanasia, abortion, assisted suicide, etc., St. Pope John Paul II identified in them a culture of death, and affirmed in opposition to these trends a respect for the sanctity of life of all people, including the unborn (*Evangelium vitae*). In our day, Pope Francis has affirmed again the sanctity of life of all people, including the unborn and the poor in our midst. By contrast to this and in opposition to it, Pope Francis describes a throw-away culture that considers everything dispensable! (*Laudato si*).
- 7 Cfr. Francesco D'Agostino, "La Pandemia da coronavirus e la quarta età: problemi di giustizia," in *Pandemia e resilienza: Persona, comunità e modelli di sviluppo dopo la COVID-19*, pp. 71-77.
- 8 *The Daily News*, Editorial April 14, 2020, accessed on 16/7/2020 at https://tdn.com/opinion/editorial/out-of-the-shadows-covid-19-exposes-sorry-state-of-washingtons-nursing-homes/article_8d25b5eb-ae1-5b0c-acfc-f19c726947de.html
- 9 Vatican COVID-19 Commission, Executive Summary: Ecology Taskforce, accessed on 16/7/2020 at <http://www.humandevlopment.va/content/dam/sviluppomano/vatican-covid19-response/doc-newsletter/ecology/book/COVIDComm-Wk4-ecology-3-May-2020.pdf>
- 10 Vatican COVID-19 Commission, opus cit.
- 11 Kiény M.P, Bekedam H. and Others, "Strengthening health systems for universal health coverage and sustainable development." in <https://www.who.int/bulletin/volumes/95/7/16-187476.pdf>, pp. 537-539, accessed on 15/7/2020.
- 12 Jaana Remes, Matt Wilson, and Aditi Ramdorai, "How investing in health has a significant economic payoff for developing economies," July 21, 2020, in *Future of Development*, accessed on 24/7/2020 at <https://www.brookings.edu/blog/future-development/2020/07/21/how-investing-in-health-has-a-significant-economic-payoff-for-developing-economies/>
- 13 Francis, Message to Mark the International Year of Nurses Day, Rome 12 May 2020, accessed on 14/7/2020 at http://www.vatican.va/content/francesco/en/messages/pont-messages/2020/documents/papa-francesco_20200512_messaggio-giornata-infermiere.html
- 14 It is estimated that health workforce shortage can amount up to 9.9 million physicians, nurses and midwives globally by 2030. Moreover, given the current population growth, ageing societies and changing disease patterns, there will ever be greater demand for well-trained health workers. Cfr. WHO, *Global Strategy on Human Resources for Health: Workforce 2030*, Geneva 2016, pp. 44ff.
- 15 Francis, Address to participants in the international congress: "The richness of many years of life," 31 January 2020.
- 16 Peter K.A Turkson, We must think of the aftermath of COVID-19 so we are not unprepared, Interview by Massimiliano Menichetti, accessed on 17/7/2020 at <https://www.vaticannews.va/en/vatican-city/news/2020-04/turkson-think-covid19-aftermath-to-not-be-unprepared.html>
- 17 Francis, Extraordinary Moment of Prayer, Sagrato of St. Peter's Basilica, 27 March 2020.



The current pandemic has highlighted our interdependence: we are all connected to each other, for better or for worse. Therefore, to emerge from this crisis better than before, we have to do so together; together, not alone. Together. Not alone, because it cannot be done. Either it is done together, or it is not done. We must do it together, all of us, in solidarity.

POPE FRANCIS

General Audience, Sept. 2, 2020

Washington Office

1875 Eye Street NW, Ste. 1000
Washington, DC 20006-5440
(202) 296-3993

St. Louis Office

4455 Woodson Road
St. Louis, MO 63134-3797
(314) 427-2500

