

IS COVID-19 BECOMING ENDEMIC?

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The COVID-19 pandemic has changed life as we know it. It also had profound influences on our individual lives as we can see from our routines and priorities. Many say the world has changed forever. But 2022 could be the year of return to near normal, if the vaccines drive down infections and variants are kept at bay. At that point, what will we glean from the past years? Are there silver linings or lessons learned with regards to health policy-making?

Human memory is short, and what is not ever-present fades quickly. The Bubonic Plague, for example, ravaged Europe in the Middle Ages, resurfacing again and again, but once it was under control, people forgot about it. However, bacterial, viral, or parasitic pathogens that have ever affected people over the last several thousand years remain with us because it is nearly impossible to fully eradicate them. Smallpox was the only exception. Mass vaccination campaigns led by the World Health Organization (WHO) in the 1960s and 1970s were successful and in 1980, smallpox was declared the first and still the only human disease to be fully eradicated.

Diseases such as malaria, tuberculosis, leprosy, and measles have been with us for several millennia. Despite all efforts, immediate eradication is still not in sight. Add to this mix

relatively younger pathogens such as Human Immunodeficiency Virus (HIV), Ebola, Influenza, and Coronaviruses, and the overall epidemiological picture becomes clear. Research on the global burden of disease reveals that annual mortality caused by infectious diseases, most of which occur in developing countries, accounts for nearly one-third of all deaths worldwide. Today, in an age of global air travel, climate change, and ecological disturbances, humans are continuously exposed to the threat of emerging infectious diseases while continuing to suffer from much older diseases that remain alive.

Yet, the real threat for the world today is from the non-communicable diseases (NCDs), which kill 41 million people each year, equivalent to 71% of all deaths annually. According to WHO, cardiovascular diseases account for most NCDs deaths, around 18 million people annually, followed by cancers (9.3 million), respiratory diseases (4.1 million), and diabetes (1.5 million). People of all age groups, regions, and countries are affected by NCDs. These conditions are often associated with older age groups, but evidence shows that more than 15 million of all deaths attributed to NCDs occur between the ages of 30 and 69 years. Children, adults, and the elderly are all vulnerable to the risk factors contributing to

NCDs, whether from unhealthy diets, physical inactivity, and smoking, etc.

Among other factors driving this trend are rapid unplanned urbanization, globalization of unhealthy lifestyles, and population ageing. Unhealthy diets and a lack of physical activity may show up in people as increased blood pressure, high blood glucose, elevated blood lipids, and obesity. These are called metabolic risk factors that can lead to cardiovascular diseases.

The NCDs burden in Pakistan is also growing rapidly and little attention has hitherto been paid to it for checking this disturbing trend.

Pakistan is, moreover, not prepared to deal with a new epidemic that may insidiously hit its people.

After devolution, the provinces are responsible for developing policies suitable to their local needs. At present, provincial governments are the single largest institutional entity spending on health care and allocations have increased substantially. However, large part of it is spent on curative care, and consequently health system lacks the ability for NCDs prevention and control. Meanwhile, international donors that account for a relatively small portion of total health spending, have considerable influence on policy making. Their attention

has traditionally been geared towards communicable diseases and mother and child health. They remain aloof from the emerging challenges of NCDs. Pakistan, however, has internal resources that can be tapped. Health philanthropy in the country, although poorly recognized, is one of the largest in the world and is growing markedly. Pakistan also has an expanding private sector even in rural areas. Primary care for NCDs — early detection, early management, prevention — remains unaddressed by all these three sub-sectors and the public and private sectors. Even philanthropy continues to concentrate the available resources on expensive tertiary care contributing little to avert the tide.

Researchers have identified key risk factors that if addressed will result in averting more than six hundred thousand deaths due to major NCDs in ten years. These include simple measures such as reduction in tobacco use, a 3mm reduction in systolic blood pressure, increased consumption of fruits and vegetables, and an increase in physical activity. Four cost-effective interventions including low salt intake, tobacco cessation, exercise, and cost-effective pharmacotherapy have been suggested to reduce NCDs-related mortality and morbidity across the country.

Pakistan was one of the first developing countries to come up with a comprehensive National Action Plan to address NCDs. What is required now are the functional platforms for providing stewardship on NCDs control and a multi-pronged approach involving regulation, primary care interventions, awareness, and surveillance to reduce NCDs on a national scale. The current focus of policy and planning is disease-oriented, but it has to become health-oriented with an enhanced focus on primary care, prevention, and health promotion. Optimum strategy to handle NCDs is primary prevention. There can be many interventions including taxation, law enforcement by governments in addition to using part of philanthropic funding for primary care. It is proposed that Provincial Commissions for Prevention and Control of Non-communicable Diseases be established as statutory bodies with the participation of professional and public sector representatives to design effective public health response to reduce NCDs risk factors, undertake legislations and set service targets and standards across the public and private sector.

Primary prevention programmes with the least cost and higher benefits should be prioritized in national and provincial resource allocation. Population-based cost-effective interventions must become priority agenda for future

research. Time has come for key decisions in the light of future trends in health to ward off an epidemic that may very well deprive it of its most productive individuals.

The COVID-19 pandemic has tested the country's health infrastructure and identified the need for more investment in the health sector especially for diagnostic facilities, disease surveillance, disease prevention, and spread, training of health personnel and their protection, vaccine development, upgrading healthcare infrastructure, emergency wards, intensive care units, and public awareness.

Pandemics do not die—they fade away. And that is what COVID-19 is likely to do in 2022. There will be local and seasonal flare-ups, especially in chronically under-vaccinated countries. Epidemiologists will also need to watch out for new variants that might be capable of outflanking the immunity provided by the vaccines. Over the coming years, as Covid settles into its fate as an endemic disease, like flu or the common cold, life in most of the world is likely to return to normal—at least, the post-pandemic normal.

Behind this prospect lies both stunning success and a depressing failure. The success is that very large numbers of people have been vaccinated and that, at each stage of infection from mild symptoms to intensive care.

Moreover, new medicines can now greatly reduce the risk of death. The rapid creation and licensing of so many vaccines and treatments for a new disease is a scientific triumph. The polio vaccine took 20 years to go from early trials to its first licence. In contrast, by the end of 2021, just two years after SARS-COV-2 was first identified, the world was producing nearly 1.5bn doses of vaccines every month.

However, on the flipside, a very large numbers of people are either protected from current variants of Covid only because they have already been infected, or many more, particularly in the developing world, will remain unprotected by vaccines or medicines long into 2022.

This immunity has been acquired at a terrible cost. According to an estimate, on October 22nd there was a global total of 16.5m deaths (with a range from 10.2m to 19.2m), which was 3.3 times larger than the official count. Working backwards using assumptions about the share of fatal infections, a very rough estimate suggests that these deaths are the result of 1.5bn-3.6bn infections—six to 15 times the recorded number.

The virus is constantly mutating and the more of it is in circulation, the greater the chance that an infectious new strain will emerge. However, even if Omicron and Rho variants strike, they may be no more deadly than Delta is. In

addition, existing treatments are likely to remain effective, and vaccines can rapidly be fine-tuned to take account of the virus's mutations.

Increasingly, therefore, people will die from Covid only because they are elderly or infirm, or they are unvaccinated or cannot afford medicines. Sometimes people will remain vulnerable because they refuse to have a jab when offered one—a failure of health education.

Regrettably, vaccine doses are also being hoarded by rich countries, and getting needles into arms in poor and remote places is hard. Livelihoods will be ruined and lives lost, all for lack of a safe injection that costs just a few dollars.

Covid is not done yet. But by 2023, it will no longer be a life-threatening disease for most people in the developed world. It will still pose a deadly danger to billions in the poor world. But the same is, sadly, true of many other conditions. Covid will be well on the way to becoming just another disease.

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