

Letter to the Editor

Fragile states and the politics of pandemic management

Saverio Bellizzi¹, Giuseppe Pichierri², Catello M Panu Napodano³, Osama Ali Maher⁴

¹ *Medical Epidemiologist, Independent consultant, Geneva, Switzerland*

² *Microbiology, Torbay and South Devon NHS Foundation Trust, Torquay, United Kingdom*

³ *University of Sassari, Sassari, Italy*

⁴ *Division of Water Resources Engineering, Lund University, Lund, Sweden*

Key words: pandemic; emergency management; fragile countries.

J Infect Dev Ctries 2023; 17(9):1346-1347. doi:10.3855/jidc.17976

(Received 21 January 2023 – Accepted 03 August 2023)

Copyright © 2023 Bellizzi *et al.* This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Dear Editor,

Since the onset of the COVID-19 pandemic, there have been several queries around the figures reported from China and the measures taken to control the outbreak [1]. When the virus became a reality in developing countries, reporting of cases were again a major issue: underreporting in surveillance system is a fact in many countries with weak health systems [2]. Surveillance systems can often capture various diseases. But in specific cases like the Rift valley fever or cholera, countries might opt not to share information for economic reasons, such as in the case of reliance on animal or crops export. Countries may also attempt to hide diseases identified in population by naming it in different manners, such as in the case of cholera, which was referred to as acute watery diarrhea (AWD), severe diarrhea, or simply only as suspected case with a very fluid case definition. In other cases, the surveillance system is weak and has a very low coverage which, by default, leads to very few cases reported. The issue of low case reporting has led to the critical question on the feasibility of using such an indicator as a proxy for the size of the outbreak. When lack of trust in the public health system is present for reasons like conflicts or perceived capacity/quality, the private sector, which often lies outside the public health disease surveillance network, becomes a major player in dealing with cases. Countries with ongoing conflict contexts started reporting some sporadic statistics on COVID-19 without proper epidemiological investigation and on very irregular frequency [3]. Additionally, movement restriction, closure of ports and hostilities in conflict-torn countries complicated the procurement and

delivery of testing equipment and reagents, thus resulting in a compromised capacity to detect cases. Due to all these reasons, it may not be realistic to use reported cases in countries with conflicts as a descriptive tool for the pandemic situation. Having said that, it is obvious that in such contexts we need to rethink our way of dealing with pandemics and seek innovative modality around figures and indicators. Political analysis of the conflict itself, emergency management of the pandemic and some epidemiological intelligence is needed. A striking example is represented by the northern, Houthi-controlled Yemen, where few cases of COVID-19 were reported over time in addition to a weak reporting system from the southern part. It is to be noted that in this case, the politics of communicable diseases led to the race between the south and the north to inflate the number of suspected cases of other communicable diseases. This was explained by the competition for resources between the two sides. The opposite was witnessed during the COVID-19 crisis, with one possible explanation being the community panic and fear, thus impacting the capacity of dealing with the crisis and undermining their military capacity. Major lessons can be learned from the pandemic. These include the crucial need of having some more pragmatic indicators and multi-sector analyses. Epidemiology in conflict zones cannot be isolated for political context and some realistic scenarios, should be in place as a crucial part of the preparedness and the response for any outbreak in these contexts.

References

1. Li R, Pei S, Chen B, Song Y, Zhang T, Yang W, Shaman J (2020) Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV-2). *Science* 368: 489-493. doi: 10.1126/science.abb3221.
2. Nsubuga P, Nwanyanwu O, Nkengasong JN, Mukanga D, Trostle M (2010) Strengthening public health surveillance and response using the health systems strengthening agenda in developing countries. *BMC Public Health* 10 Suppl 1: S5. doi: 10.1186/1471-2458-10-S1-S5.
3. Devi S (2020) Fears of "highly catastrophic" COVID-19 spread in Yemen. *Lancet* 395: 1683. doi: 10.1016/S0140-6736(20)31235-6.

Corresponding author

Saverio Bellizzi, MD, MSc, PhD
Avenue Appia, Geneva 1202, Switzerland.
Tel: +39 339 5381265
Email: Saverio.bellizzi@gmail.com

Conflict of interests: No conflict of interests is declared.