

COVID-19 MARKS A NEW AGE FOR GLOBAL PUBLIC HEALTH IN ASIA AND THE PACIFIC

Posted on October 3, 2020 by Edmond



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The pandemic has likely changed the way we live forever. Not long ago, who would have imagined that a fast-paced world could be brought to a standstill. A beautiful pick-up moment for nature to recover from the mess made by humanity. But can this mark a new age for health and development?

Global efforts have allowed us to enhance testing, build makeshift hospitals, encourage manufacturers of [Personal Protective Equipment \(PPE\)](#) and also slow the spread of the contagion, thereby enabling preparation for surge in critically ill patients.

They have also exposed the marketed idea that American healthcare is the best in the world, showing us that good health systems like those in Europe can crumble too; while ill-prepared systems like those in Asian and African settings are surviving provided timely action is taken and life is placed before profits.

This could be that moment when government leaders, policy makers, development sectors, educators, e-commerce portals can think of new ways of what is considered normal now.

Bureaucracy could become history as official communication has moved to e-platforms.

Towards a new reality for global health ?

The pandemic has told us upfront that high cost of healthcare like that in the US is not necessarily the best in the world. Civilisations have survived for centuries not with high costs or private sector markets, but by strong government sector establishments that protected welfare and promoted quality.

Countries like India stand to learn a lot from a virus. Investing in healthcare is not a privilege but a fundamental obligation, which defines the game of life and death. Private corporate hospitals exist to make money, that is why strengthening primary healthcare, investing in quality level labs, working with non government organisations to build community ownership in healthcare and building a model of social health would empower a new age for health and development.

Many people with vested interests are using the pandemic to further their agenda, to seek profit and popularity, using their networks to brainwash an ill-informed bureaucracy to make things in their favour, without keeping national interests in mind.

Policymakers must rise to understand that decisions in public welfare cannot be made by those championing private profits. We need minds whose heart and soul functions in social impact and quality impact. We need war-rooms for disease combat, governed by those with global health expertise and infectious disease experts, not by some market savvy names driven by mere populism.

What remains to be built for a new age?

Imagining a post-coronavirus world makes us recognise that health is too serious a matter to be left in the hands of World Health Organisation (WHO) alone. National governments equipped with ample talent must work with sectoral organisations and build better. Other arms of the United Nations must be given the mandate to engage in sectoral health convergence, now more than ever, and corporate industries must invest in social responsibility at the grassroots, rather than for optics.

We need to learn lessons: Building new-age health systems, investing once again in efficient, quality community hospitals, in research and development without immediate results, and engaging corporate social responsibility. The planet has also conveyed in very simple terms that we must understand who we are and where we come from and not just run a globalisation-driven programme that does not include the idea of all.

A new age for health and development can only be built when we create social policies that include all, without a building a big gulf which is difficult to bridge later on. To what extent humanity learns from these unprecedented times in our lifetime, only time can tell. But we must start now.

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