

Global Failure of Leadership and the COVID-19 Pandemic: A Lesson for the World

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INTRODUCTION

Novel coronavirus disease-2019 (also called COVID-19 or 2019-nCoV or SARS-CoV-2) is an unprecedented pandemic¹ and is taking its toll on the lives, health, and the socioeconomic well-being of the human race. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency.^{2,3} On March 11, 2020, the WHO declared COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009.⁴ In such hard times, a focused and resilient leadership that will coordinate and channel all efforts to eliminate/mitigate the consequences of the raging pandemic is desperately needed. Such leadership is clearly missing at this critical time and that is why we are hearing discordant voices and incoherent approaches to sorting out the mess that COVID-19 imposed worldwide. This commentary is meant to highlight where leadership has failed, the lessons therein and how to leverage on these lessons to manage future pandemics.

SITUATION IN NUMBERS (BY WHO REGION)

Total (new cases in the last 24 hours)

	<i>19,184,943 cases</i> (284,441)	<i>716,075 deaths</i> (6,565)
Globally		
Africa	872,501 cases (11,994)	16,041 deaths (389)
Americas	10,290,444 cases (155,122)	380,894 deaths (4,288)
Eastern Mediter- ranean	1,623,451 cases (12,653)	42,759 deaths (356)
Europe	3,545,395 cases (31,409)	216,097 deaths (458)
South-east Asia	2,496,001 cases (16,417)	51,608 deaths (1,037)
Western Pacific	359,410 cases (5,846)	8,663 deaths (37)

Situation Report—201

Data as received by WHO by national authorities by 10:00 CEST, August 8, 2020

By early May 2020, more than 90% of reported deaths from coronavirus 2019 (COVID-19) have been in the world's richest countries; if China, Brazil and Iran are included in this group, then that number rises to 96%.⁵

The evolution and spread of the COVID-19 occurred gradually but steadily and if we have noticed and took proactive measures, we would have averted the catastrophe we are experiencing now. The series of statements released on the evolution and possible

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spread of the disease that were timely should have spurred political leaders in to action, instituting appropriate measures and gathering resources in anticipation of an impending doom. This however was not the case. Some leaders took it as a joke referring to it as a Chinese virus and when it begins to appear in their countries they took it lightly despite the warnings from experts. When the disease begins to take its toll on their people, the blame game started. The United States and China started trading blames among themselves and later the United States accused the WHO for not doing enough in timely information sharing and conniving with the Chinese to hide information. Obviously, global problems can only be solved by global efforts.⁶ We cannot solve global challenges through rancor or accusation and counteraccusations. In Brazil, two health ministers were dismissed for insisting that measures must be taken as advised by experts, while the president dismissed those measures and insisted that life must continue as usual. Today, we all are witnesses to the fact that Brazil is now the epicenter of the pandemic. The Zambian president publically refused to accept the number of positive cases as released by the National laboratory creating doubt in the mind of the citizens.

Conspiracy theories begin to appear in the horizon; some linked the disease to the 5G technology, some say the virus was created in the laboratory to be used against their enemies, and others linked it to vaccine advocates like Bill Gates. All these are going on while the pandemic is raging, taking lives, and destroying economies and social life of the people. This is a classical example of failure of leadership on a global scale. Political leaders made very little or no attempt to dispel these conspiracy theories. The origins and reality of this disease do not lie in politics but in sound scientific principles and knowledge. Experts in an emergency situation like the COVID-19 pandemic should take the center stage, provide the right answers and solutions, and counsel political leaders. However, when political leaders refused to hid the advice of experts because of political

expediency and become the experts themselves, then there is problem. We see instances where politicians advocate for certain treatment modalities, e.g., hydroxychloroquine (the US president), or when a political leader advertises certain herbal preparations as cure of the disease (the Madagascar president) without subjecting its standard scientific evaluation and certification, then there is a problem. Political leaders are not ordinary people; they have followers who listen to them, accept what they say, and apply it in their lives and should therefore be mindful of making statements that could potentially put the lives of their people at risk by causing unnecessary loss of lives and suffering.

Coronavirus disease 2019 is now raging in Africa, with more than 63,000 cases and 2,200 deaths in 53 countries, as of May 11, 2020.⁷ The measures adopted to control the COVID-19 pandemic in Africa are the same as those used in the developed world. This is a wrong approach as the socioeconomic and demographic situations are not the same and this leads to undesirable outcomes. In global health whatever strategy you apply in managing a certain disease, context is crucial. Leaders in Africa, Central and South America, and South and South East Asia should have analyzed the prevailing demographic and socioeconomic circumstances of their people and design containment measures to suit their circumstances. In these regions, the health infrastructure is fragile and the economic conditions precarious; additional pressure through lockdowns will cause systemic health infrastructure and socioeconomic collapse. We are beginning to see a manifestation of this.

Large numbers of African patients with HIV and tuberculosis depend on functional health services, with substantial and public health consequences if treatment access is disrupted.⁸ These disruptions will lead to resurgence of these diseases. In the same vain childhood immunizations programs will also be disrupted, which will lead to resurgence of diseases for which children are immunized. Most people in these region depend on daily earnings to survive and when lockdown is imposed without palliation the result will be hunger and malnutrition and this in themselves can lead to death. Domestic violence has increased worldwide during the COVID-19 pandemic. One of the most vulnerable parts of population are women, especially those of reproductive age and pregnant women.⁹

Leaders should put up strategies that are less disruptive to the already weak healthcare system so that other services would continue. Adopt aggressive testing, contact tracing and quarantine, and protect the elderly who are more at risk. Where testing is not feasible, syndromic clinical diagnosis should be employed and those with constellation of symptoms should now be tested to diagnose and isolate positive cases. Intensive care is not possible in most developing countries because of lack of intensive care units and experts to manage such units. This does not mean nothing can be done as critical cases can be offered supportive care. One such approach is the use of convalescent plasma. This has been used over the years in the management of other viral infections. Convalescent plasma has been proposed¹⁰ and approved to treat COVID-19 based on experience acquired treating other viral diseases such as influenza, Ebola, and SARS.¹¹ This is not beyond the ability of the healthcare systems of developing countries. Another treatment option that should be explored in developing countries is treatment with the antiviral agent remdesivir. This is a drug that is available in most health centers treating HIV patients free/subsidized. On May 1, 2020, the U.S. FDA issued emergency use authorization (EUA) of remdesivir to allow emergency use of the agent for

severe COVID-19 (confirmed or suspected) in hospitalized adults and children.^{12,13} Most countries in Africa have set up committees responsible for managing the COVID-19 pandemic. From the onset, such committees should have factored all situations as stated and come up with strategies that are appropriate in addressing the peculiarities of their countries.

In the current pandemic, so much is expected from medical experts to provide guidance and direction to manage the situation. What we see playing out is conflict between medical experts and politicians on the one hand and among the medical experts themselves on the other. Medical experts should stand their ground and not allow politicians to manipulate scientific facts. Throughout the years, there are established scientific standards and protocols in managing epidemics—in areas of standard care, drug manufacturing, and vaccine production and use. Cross exchange of ideas and free expression of opinions is the hallmark of scientific discussion. It is common knowledge that without the uncertainty of the new nothing new is possible.¹⁴ This is what create new treatment pathways, new protocols, and standards. When these principles are violated, the window is open for failure. We are today witnessing situations where experts use treatment protocols in contravention of the standards accepted and validated over the years. There is a gradual murder of scientific rationality and scientific discussion. Under the stress and the strain of the pandemic, doctors are treating patients with the COVID-19 infection with multiple drugs at once without subjecting the drug combination to randomized control trial that is the acceptable scientific standard. The situation is baffling: If the patient recovers, we will never know if one, all, or some combination of these drugs helped, hurt, or didn't matter at all. If the patient dies, all of these same questions remain unanswered.¹⁵ Hydroxychloroquine is one the drugs that is given to patients with COVID-19; however, a recent study found that 93% of patients with COVID-19 treated with hydroxychloroquine had increased QTc intervals. Several other studies have shown the drug to be ineffective in COVID-19 infection.¹⁶ Another study also found an increased risk for death associated with the administration of hydroxychloroquine alone.¹⁶ However, flawed research results appeared in the most prestigious world medical journals, but fortunately scientific community quickly responded and the publications have ultimately been retracted.^{17,18} This means that physicians should not lose their heads when managing patients even under the stress of a pandemic. We should always be guided by standard principles and the Hippocratic Oath. There is an emerging threat to scientific discussion where physicians who voice their positions on certain debatable issues were asked to retract their statements and in some instances are reported to their superiors. This is alien to scientific progress and should be eliminated if we are to have new discoveries beneficial to humanity. Innovation can be described as applied creativity or successful application of ideas.¹⁹ When individuals are denied exercising their creative minds, problems will persist and solution will continue to elude us. Commitment to implementing proven public health strategies will require bold public health leadership, rapid innovation, and courageous acts by politicians.²⁰ COVID-19 virus affects equally hard celebrities (actor Tom Hanks), royalties (Crown Prince Charles), politicians (Brazilian and Belarusian presidents, British prime minister), and commoners. This fact had a "positive" effect on awareness and preventive measures to slowdown the spreading of COVID-19 pandemic.

CONCLUSION

The COVID-19 pandemic is a reality and we have to live with it as long as there is no cure or vaccine. The current pandemic has exposed our weaknesses in managing a new disease where there are more questions than answers.

We have thus far seen the failures in political and expert leadership, which made it difficult to manage the pandemic.

We need strong, focused, and resilient political and expert leadership that should work harmoniously and seamlessly to eliminate the threat posed by the COVID-19 pandemic and indeed future pandemics.

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