

## Post-COVID-19 Reflections Around the World: A New *AJPH* Forum

 See also the COVID-19 International Forum, pp. 1794–1804.

“The history of epidemics is therefore the history of disturbances in human culture.”

—Rudolph Virchow, 1870

This new *AJPH* forum theme—post-COVID-19 reflections around the world—is an invitation to specialists and officials from all over the world to evaluate the world’s response to the pandemic, the adequacy (or inadequacy) of public health organizations and structures, and what has been (or is being) learned from the experience of facing this new challenge.

Although much has been published about COVID-19, we invite critical analyses on the aspects of the public health system and infrastructure that allowed the strategies employed to deal with this crisis to be implemented successfully or that contributed to their failure. We hope that through a broad international conversation on these important topics we can stimulate a debate on how to build a strong and resilient public health infrastructure that will ensure that future health challenges can be confronted successfully at the local, national, and international levels.

The responses to this new challenge have varied a lot, between and within countries, creating situations that have amounted to a sort of set of natural experiments on the different measures and approaches

used to face the pandemic. This has become a stress test for public health systems, health care infrastructures, and social and political organizations and values. This test allows us to look at critical issues in the response to the pandemic, such as the hesitation in adopting stringent measures of containment, the strength of the public health infrastructure, and the level of coordination and communication among the different structures involved in the country or community response. Other important issues include the balance between the value of human life and the value of the economy; the level of coordination of communication with the public, the nature of social discourse, and the resulting social cohesion in responding to this unprecedented challenge; the public trust in institutions; and the balance between individual liberties and the public good.

Because we do not yet have the traditional biomedical resources to deal with COVID-19 (i.e., vaccines and medication), various attempts to create barriers to interpersonal transmission of the virus have been put in place. The necessary restrictions, which have included various forms of voluntary and forced confinement of individuals and communities, have had a devastating impact on economies, generating

dissent and even open conflicts about the correct course of action.

Countries differed significantly in their initial approaches, for example, hesitating in Italy and the United Kingdom and using a deliberate strategy in Sweden. Some countries (e.g., the United States and Brazil) have had erratic responses, with wide regional variations in their approach because of ineffective communication or coordination among the various institutions, agencies, and offices charged to respond to the pandemic. High caseloads in these countries have shown the pitfalls of a weak policy approach to the pandemic.

Preparedness for this event was an important factor in determining a successful initial response to the pandemic. The fact that most Asian countries have been able to deal successfully with the pandemic is partly attributable to the knowledge acquired facing the devastating 2002 through 2004 SARS (severe acute respiratory syndrome)

epidemics. Although it may be unfair to expect that all governments (especially in the West) should have been prepared for such a devastating event (despite the warning from many epidemiologists and microbiologists), it seems reasonable to expect that they were “prepared to get prepared,” that is, that adequate responses would have been put into place with the necessary speed and adequate resources.

Although the lockdown measures have been shown to be effective in reducing the spread of the disease, they have resulted in significant declines in the output of the economies of many countries,<sup>1</sup> calling into question the role of public health in informing the debate on these critical aspects of life and death.

Science has been rushed to generate eagerly sought-after responses; this urgency has created its own problems, with conflicting viewpoints from various “experts,” publication and wide distribution of data before peer review, and the retraction of multiple articles from multiple venues, including prestigious medical journals. Scientific and medical controversies have spilled over from their respective domains and reached the front page of the traditional press and news outlets: Should the

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