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Covid-19: Failures of leadership, national and global

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How well prepared were countries for this pandemic? Back in October 2019 the US and the UK were top of the world rankings as scored by the Global Health Security Index. The Epidemic Preparedness Index also gave them a thumbs up. And yet both countries are among the world's worst performing, whether judged by numbers of deaths from covid-19 or economic outcomes. How could these indexes have got it so wrong?

Although the GHSI warned that, overall, the world was not well prepared, Fran Baum and colleagues concluded that a range of assumptions led to it overestimating the preparedness of richer nations while overlooking key social, political, and geographic weaknesses that the pandemic has so cruelly exposed (doi:10.1136/bmj.n91).[1] These included having wider socioeconomic inequality, less social solidarity, and weaker public health systems that rely on private companies (reference the UK's privatised track and trace debacle, masquerading under the NHS logo). "The crucial lesson from the covid-19 pandemic is that an effective response . . . requires a society that is fair and offers all its citizens and residents social and economic security," Baum and colleagues concluded.

Good governance and political leadership must also be factored in. Corrupt and opaque procurement has tainted the UK government's response, to which Stephen Reicher and colleagues add other charges: namely, this government's damaging tendencies towards popularism, paternalism, UK national exceptionalism, and "anti-welfarism" (https://blogs.bmj.com/bmj/2021/06/09/why-groupthink-detracts-from-an-explanation-of-the-organisational-failures-of-the-uk-pandemic-response).[2]

Both the US and the UK might have made up for their failings at home by stepping up on global leadership. Sadly, there's little evidence of this. Boris Johnson's promise to "vaccinate the world" has already fallen short, with the G7 nations committing to only one billion vaccines in the coming year, well short of the 11 billion needed (doi:10.1136/bmj.n1520),[3] effectively renouncing their role as global health leaders in what Kent Buse and Katri Bertram call a "historic missed opportunity" (https://blogs.bmj.com/bmj/2021/06/13/g7-leaders-made-few-concrete-strong-or-deep-health-related-commitments-at-carbis-bay).[4] Waiving intellectual property rights on the vaccines seems a vital next step, but commitments from several countries have yet to be enacted (doi:10.1136/bmj.n1344).[5]

Meanwhile the pressure on healthcare staff continues to take its toll. Relying on individual resilience is clearly not the answer (https://blogs.bmj.com/bmj/2021/06/11/david-wrigley-dont-call-us-resilient).[6] Staff face the mammoth task of dealing with the covid backlog and the emotional and practical challenges of growing waiting lists, which are especially dire in Northern Ireland (doi:10.1136/bmj.n1479).[7] A new approach to tackling surgical waiting lists is welcome but must take account of training needs if the workforce is to be safely expanded (doi:10.1136/bmj.n1499).[8]

The delta variant's role in the latest increase in cases and hospital admissions remains unclear (doi:10.1136/bmj.n1513),[9] but there is little doubt in the minds of Deepti Gurdasani and colleagues that spread in schools is a cause for grave concern and requires immediate action (https://blogs.bmj.com/bmj/2021/06/11/covid-19-and-the-delta-variant-we-need-an-urgent-focus-on-mitigations-in-schools).[10] Given these challenges and uncertainties, the UK government has made the right decision in delaying further relaxation of restrictions. We will have to wait and see whether other more difficult lessons can be learnt.

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