

World Health Organization (WHO) epidemiologists tasked with tracking the spread of diseases around the world have a saying – “remember that viruses don’t lie ever, and that humans lie, always”. I have been frequently reminded of this saying over the past months as the world has gone from total lockdown to swift re-opening, and then a revision of re-openings, based more on politics and wishful thinking than on science. In the U.S. – despite the fact that over the past weeks case counts have increased quite dramatically and infections across the country last week passed 330,000 – President Trump as recently as 4 July misleadingly claimed that a rise in testing was a reason behind new coronavirus outbreaks, and that 99 percent of the nation’s cases were “totally harmless”.

While March and April were characterized by the world in lockdown and gripped by the fear of COVID’s spread (informed, in part, by the crisis in Italy, Iran and New York) by May and June, fear was replaced by the blind hope that some months of lockdown would rid us of COVID. We allowed ourselves to talk openly about a return to work, air travel, school and ‘normal’ life. By June it seemed that even the science of the virus came into doubt and questions were raised as to why Africa and South/Central Asia appeared somewhat immune to COVID’s spread. Perhaps July will be the month where we begin to comprehend the full meaning of the above saying – viruses don’t lie. We are still in the middle of what should be considered the first of likely multiple waves of COVID-19 outbreaks. Australia, New Zealand and some other countries have gone to great lengths to contain outbreaks and stop reintroduction, but ongoing local outbreaks in Melbourne highlight how vulnerable communities are to rebounds in transmission, despite strict enforcement.

Despite Africa and South Asia being cited as examples of the West’s overreaction and of the supposed phenomenon that COVID is only spreading in the ‘West’, a closer look at Nigeria and India paints a different picture. India went into full lockdown almost two months after its first case was detected in late January. After 10 weeks of lockdown, and much criticism of the economic fallout of the lockdown on India’s poor, India implemented a phased reopening. Despite India still falling short on testing, by the end of June its official COVID-19 count neared 600,000 with almost 20,000 dead. While India’s death rate is relatively low, India has not even come close to reaching its peak caseload and accordingly should not be cited as an anomaly. Equally, a look at Nigeria, Africa’s largest economy, is quite sobering. Despite a population of 200 million, Nigeria has just 450 ventilators in the country. Nigeria also desperately lacks adequate testing capacity. Nationally, Nigeria is currently testing only 1250 samples a day. As of June 30, only 138,000 samples had been tested in Nigeria. Like India, Nigeria is still seeing a steady growth in case counts and is not yet at its peak.

In this context, it would be foolish to make too many predictions on when life may return to ‘normal’. In the U.S. alone it is estimated that almost 95% of the population has not been exposed to COVID-19 and are therefore still susceptible to the virus. Containing community spread of the virus globally is inconceivable and until there is a proven vaccine and adequate vaccination coverage, we would do well to heed epidemiologists’ warnings.

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