# **International Journal of Epidemiologic Research**

doi:10.34172/ijer.2020.25 2020 Autumn;7(4):142-143 http://ijer.skums.ac.ir



Letter to the Editor

# Lessons Learned on How to Manage a Crisis: Coronavirus Disease-19 and Healthcare System Weaknesses

Morteza Arab-Zozani<sup>1</sup>, Hosein Ameri<sup>2\*</sup>

<sup>1</sup>Social Determinants of Health Research Center, Birjand University of Medical Sciences Sciences, Birjand, Iran.

<sup>2</sup>Health Policy and Management Research Center, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.

\*Corresponding Author: osein Ameri, P.Box: 89151713160. Mobile: +989132541173, Fax: +983537240171, Tel: +983537240171; Email: hamery7@yahoo.com

Received: 08 June 2020 Accepted: 11 July 2020 ePublished: 30 Dec. 2020



#### **Dear Editor**

We have witnessed many advances in all fields of science over the years, especially in the field of health. However, various facts can be obtained in times of adversity. Although programs usually work well until a crisis occurs, they do not well continue during the crises. In addition, there are some experiences in every crisis although they are insufficiently used in future plans. Accordingly, we frequently experience various problems in face of similar crises. The outbreak of coronavirus is considered as one of these crises.

The world has embraced a new unknown virus called the novel coronavirus disease 2019 (COVID-19, previously known as 2019-nCoV) since late December 2019. The first outbreak of this virus was reported in Wuhan, China. Further, it has been reported in all countries worldwide as a pandemic. In the information era, conflicting news exists about the origin of the disease and there is still no general agreement in this respect although we do not intend to discuss it clinically in this article. Some helpful lessons on managing the condition are as follows.

From this point of view, the virus revealed some interesting facts about governments and health systems around the world. First, this pandemic showed us that we cannot claim that health systems are capable of responding to emergencies. There are several reasons regarding the inability of a system to respond to a crisis. The weaknesses of governance in health systems worldwide are considered among the substantial reasons. Many health systems do not yet have a clear arrangement, and health decisions are outside the purview of health professionals. For example, when it comes to quarantine a city, many factors affect it and different institutions have to consider it no matter whether they have a health professional.

Furthermore, the second point is about how we think about health. Various countries still do not view health as a universal phenomenon and have not realized that their decisions at the level of one country and one system can affect all systems worldwide. Whether or not, there is good thinking among health leaders although the absence of systemic thinking is undeniable. For example, some countries are still blaming each other for the statistics and how they manage the disease after several months of illness and are more looking for the culprit than the solution. Moreover, there are rumors that some countries do not publicly announce their achievements in disease management.<sup>7,8</sup>

The third point is the transparency of governments and health systems in presenting the realities of a disease or crisis. Many health systems in different countries of the world either do not have or publish accurate statistics, and this can be related to a variety of economic, private, political, and other reasons.

Additionally, the next point is the lack of cross-sectoral cooperation that can be observed at all international, national, and regional levels. The lack of proper collaboration leads to scattered decisions confusing the general population in a society. The most important issue in times of crisis is to keep calm although this calmness must be accompanied by the expression of reality instead of concealment.

Crises have been permanently present and will continue to exist from epidemics to disasters, war, and the like. However, the question remains why responding to a crisis and being prepared for it are always considered as a challenge. Many crises occur unnoticeably and unexpectedly, which is true for China. Nonetheless, the question arises whether the rest of the world consider this

© 2020 The Author(s); Published by Shahrekord University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

crisis as an unexpected one. The other question is why countries are not taking advantage of Chinese experiences and delaying reality.

It is assumed that policymakers, especially those in the health area, need to address the behavioral causes of this issue and provide sound and rational decision-making models in times of crisis. The era of hopeful closure is over, and the international community requires a holistic approach for decision making. It should be noted that the implementation of any program necessitates a mutual commitment between the government and the community, and even the best advice will not work well without the commitment of people in the community. Accordingly, it is necessary to comprehensively study why the people of society do not pay enough attention to the recommendations of the government and health systems.

### **Conflict of Interest Disclosures**

The authors declared no conflict of interests.

### **Ethical Approval**

Not applicable.

## **Funding**

None.

#### References

- 1. Xu Z, Shi L, Wang Y, Zhang J, Huang L, Zhang C, et al. Pathological findings of COVID-19 associated with acute respiratory distress syndrome. Lancet Respir Med. 2020;8(4):420-2. doi: 10.1016/s2213-2600(20)30076-x.
- Arab-Zozani M, Hassanipour S. Features and limitations of LitCovid Hub for quick access to literature about COVID-19. Balkan Med J. 2020;37(4):231-2. doi: 10.4274/balkanmedj. galenos.2020.2020.4.67.
- 3. Velavan TP, Meyer CG. The COVID-19 epidemic. Trop Med Int Health. 2020;25(3):278-80. doi: 10.1111/tmi.13383.
- Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. JAMA. 2020;323(13):1239-42. doi: 10.1001/jama.2020.2648.
- 5. Mahase E. Coronavirus covid-19 has killed more people than SARS and MERS combined, despite lower case fatality rate. BMJ. 2020;368:m641. doi: 10.1136/bmj.m641.
- Lipsitch M, Swerdlow DL, Finelli L. Defining the epidemiology of Covid-19 - studies needed. N Engl J Med. 2020;382(13):1194-6. doi: 10.1056/NEJMp2002125.
- Spalluto LB, Planz VB, Stokes LS, Pierce R, Aronoff DM, McPheeters ML, et al. Transparency and trust during the coronavirus disease 2019 (COVID-19) pandemic. J Am Coll Radiol. 2020;17(7):909-12. doi: 10.1016/j.jacr.2020.04.026.
- Love JS, Blumenberg A, Horowitz Z. The parallel pandemic: medical misinformation and COVID-19: primum non nocere. J Gen Intern Med. 2020;35(8):2435-6. doi: 10.1007/s11606-020-05897-w.