



## REVIEW ARTICLE

# A HOLISTIC PERSPECTIVE ON THE IMPACT OF COVID-19 ON THE GLOBAL POPULATION IN TERMS OF MORBIDITY AND MORTALITY RATES: IS HUMANITY READY TO FACE FUTURE PANDEMICS?

Mostafa Essam Eissa <sup>id</sup>

Independent Researcher, Pharmaceutical Research Facility, Cairo, Egypt.

### Article Info:



#### Article History:

Received: 6 October 2023  
 Reviewed: 7 November 2023  
 Accepted: 28 December 2023  
 Published: 15 January 2024

#### Cite this article:

Eissa ME. A holistic perspective on the impact of covid-19 on the global population in terms of morbidity and mortality rates: Is humanity ready to face future pandemics? Universal Journal of Pharmaceutical Research 2023; 8(6):68-71.  
<https://doi.org/10.22270/ujpr.v8i6.1044>

#### \*Address for Correspondence:

**Dr. Mostafa Essam Eissa**, Independent Researcher, Pharmaceutical Research Facility, Cairo, Egypt; Tel- +201006154853.  
 E-mail: [mostafaessameissa@yahoo.com](mailto:mostafaessameissa@yahoo.com)

### Abstract

For now, the spotlight is turning away from the recent Corona epidemic, but this should not pass without some important lessons being learned. Knowing that the epidemic is continuing and spreading, with 662 million new cases recorded in the year 2023. The arms race between countries has led to increased investment in biological weapons, highlighting the military human participation in spreading epidemics. Despite scientific and technical progress, humanity is not equipped to deal with microbial epidemics, and therefore the safeguards taken by public health officials in combating epidemics must be re-evaluated. The current mortality rate for SARS-CoV-2 is low, but some other viral diseases have high mortality rates, so if a pandemic occurs due to it worldwide, as happened with COVID-19, it will be a disaster. The WHO database provides a comprehensive view of COVID-19 cases and deaths, enabling public health measures to be implemented globally according to a recent revision until the end of 2023. Major affected countries in terms of total morbidity and mortality include the USA, India, France, Germany, Brazil, Japan, Russia, Turkey, Spain, Viet Nam, Australia, China, Argentina, Mexico, Indonesia, Poland, Colombia, Austria, Portugal, Greece, Ukraine, Chile, and Malaysia. The Coronavirus appears to affect developed countries more than developing countries, but the efficiency in collecting cases affects the reliability of interpreting data in this way in general. Despite the progress made, much effort remains to be made to combat the disease in its mild form at this time. Modeling disease spread helps understand community characteristics and assists public health authorities with management and control measures. Collaboration and quantitative risk index projections are crucial for pandemic prevention and control.

**Keywords:** COVID-19, modeling, morbidity, mortality, public health, pandemic.

## INTRODUCTION

### Importance of projection for the impact of COVID-19 on human health globally

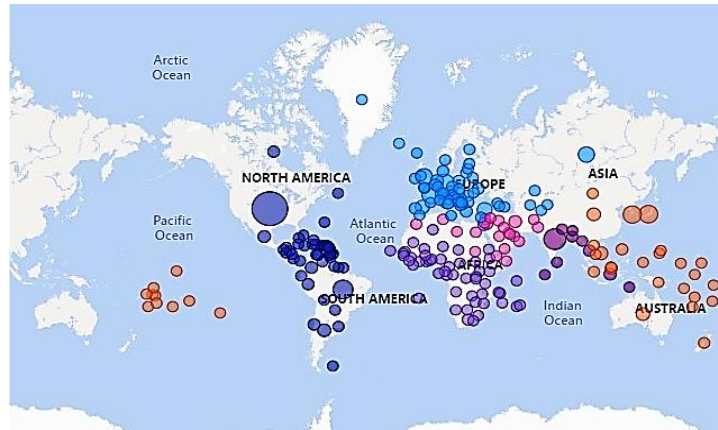
Despite the fact that the world has been watching the most recent horrific conflicts and catastrophes around the globe, particularly given the disastrous fallout that has negatively impacted the economies of nearly every nation on the planet<sup>1,2</sup>. The media's preoccupation with the ongoing military and political conflicts, arms competition and the following economic distress distracted them from covering the most recent updates about the coronavirus outbreak and its associated tragedies at all levels, including political and economic. By focusing on a holistic view, the realistic impact of the outbreak on human communities and countries could be understood and prediction of future catastrophic events could be made.

Humanity might deviate from the sight of the reality that, despite widespread evidence of significant scientific and technological advancements, the world is still ill-equipped to handle microbial epidemics<sup>3</sup>. It is impossible to completely rule out the possibility of further deadly virus outbreaks in the future; thus, public health officials have to reevaluate their safeguards and readiness. When expressed as a daily mortality/morbidity percent of the infected population, the reported deaths from the severe acute respiratory syndrome Corona virus2 (SARS-CoV-2) are very low, ranging from less than 5% to less than 2% in the current outbreak (if compared with other more dangerous viruses that might reach 50% to 80% lethality rates)<sup>4,5</sup>.

Fruit bats (*Rousettus aegyptiacus*) are a natural host of Marburg viral disease (MVD), an example of the latter with high case fatality rates.

To implement public health measures for the pandemic within the community, the chance to view the daily cases and fatalities recorded in the complete database of COVID-19 was therefore taken advantage of<sup>6</sup>. Data processing was carried out by calculating daily records throughout the WHO regions and countries subcategories, which will shed light on the holistic

picture of the pandemic around the world till the beginning of the year 2023<sup>7</sup>. In the same vein, previous studies focused on cumulative datasets that provided different perspectives for pandemic data analysis<sup>1-8</sup>. Figure 1 shows the distribution of disease severity based on the countries within the WHO categories.



**Figure 1: Emerging cases and deaths globally by country and WHO regions.**

### Distribution and pattern of the recent global COVID-19 pandemic and what is behind it

Major affected nations as total morbidities and mortalities were shown, starting with the USA, followed by India, then France, Germany, Brazil, Japan, the Republic of Korea, Italy, Great Britain, the Russian Federation, Turkey, Spain, Viet Nam, Australia, China, Argentina, the Netherlands, the Islamic Republic of Iran, Mexico, Indonesia, Poland, Colombia, Austria, Portugal, Greece, Ukraine, Chile, and Malaysia. The European (EURO) and American (AMRO) regions contributed more than 65% of the total casualties<sup>6,8</sup>. The comprehensive contributions, as illustrated in Figure 2, showed that the major affected countries were from the northern hemisphere of Western nations. Also, the number of affected populations increased every year from 2020 to 2022 globally.

The overall picture shows that the pandemic waves would not subside swiftly, and the virus would find its way to last for longer periods with variable symptoms, with the total sum of new emerging cases reaching a census of 662 million of the global population by the beginning of the year 2023<sup>9</sup>. The arms race between the leading nations in military advancement has stimulated investment in the application of bioweapons with genetically modified virulent microbes as a source of weapons of mass destruction and devastation of life<sup>10</sup>. Thus, the role of human involvement in such incidents cannot be ruled out.

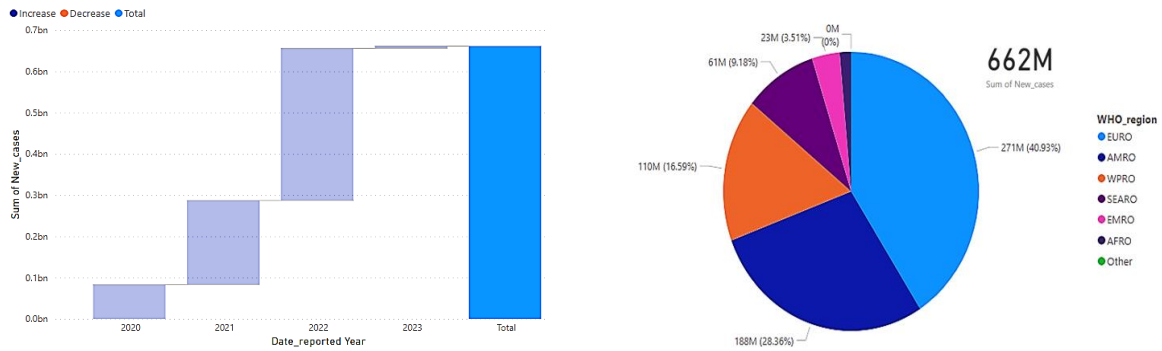
The COVID-19 pandemic has had a profound impact on global populations, both in terms of morbidity and mortality<sup>11,12</sup>. As the virus continues to spread, it has become increasingly clear that humanity is ill-prepared to face such a devastating global health crisis. In order to effectively combat future pandemics, a holistic

perspective is needed to address the various factors that contribute to their spread and severity<sup>13</sup>. One important lesson that must be learned from the COVID-19 pandemic is the need for increased investment in public health infrastructure<sup>14</sup>. This calls for a reevaluation of the safeguards put in place by public health officials, as well as a commitment to strengthening global health systems.

While the current fatality rate of SARS-CoV-2, the virus that causes COVID-19, is relatively low, other viral diseases have much higher fatality rates<sup>15</sup>. Therefore, it is crucial to take a comprehensive view of COVID-19 cases and fatalities in order to implement effective public health measures<sup>15</sup>. The World Health Organization's database provides valuable data that can be used to guide global pandemic response strategies.

### Understanding the impact of COVID-19: A drive for preparedness for future catastrophes

In order to combat the spread of COVID-19 and future pandemics, it is crucial to understand how diseases spread within communities<sup>16-19</sup>. Tracking disease spread can provide valuable insights into the community characteristics, which can then be used to inform the public health authorities on management and control measures<sup>20,21</sup>. Collaboration between countries and the use of quantitative risk index projections are essential for effective pandemic prevention and control<sup>22,23</sup>. The consequences of the recent outbreak of coronavirus disease in 2019 on human populations can be psychosocial due to the mental health implications of increased stress, anxiety and depression<sup>24</sup>. Also, social isolation and loneliness affect well-being and resilience<sup>25,26</sup>. Needless to say, under stressful situations of epidemics, stigmatization and discrimination would impact psychological health and access to healthcare facilities.



**Figure 2: Contributions to total cases and deaths by time and WHO regions.**

The economic impact of COVID-19 cannot be underestimated<sup>27</sup>. For instance, consideration of unemployment and poverty would be challenging in accessing healthcare and essential resources<sup>28</sup>. Moreover, the disruption of supply chains with implications for food security and access to medications should also be borne in mind<sup>29-31</sup>. Another aspect that should be emphasized is economic inequality and the associated exacerbation of existing disparities and social determinants of health<sup>32</sup>. Although the available information shows that developed countries are more affected by the coronavirus than developing countries in terms of the number of cases and deaths, the difference in the efficiency of the system of collecting cases by official authorities plays a major role in the credibility of the recorded information<sup>33,34</sup>. They include a complex combination of community variables embracing:

1. Disparities in access to healthcare, poverty, education level.
2. Age, gender, pre-existing health conditions.
3. The capacity of healthcare systems and availability of resources, respectively.

#### **Epidemics and modeling for effects of diseases on communities**

Modeling of the disease has helped in understanding the characteristics of the disease spreading through the community, and the theoretical aspects of the dissemination process should support the public health authorities in a holistic understanding of the management and control measures needed to mitigate the risk of the epidemic effect on the community and the consequent outcomes for the countries<sup>35</sup>. This would be predisposing for the projection of a quantitative risk index to identify and control the influential factors that contribute to the persistence of the disease<sup>36</sup>. In the end, national and international collaboration in the face of pandemics would be indispensable to save humanity during the time of catastrophic events to protect future generations and keep their rights to a safe and healthy life.

However, it cannot be underestimated that although many studies have been done regarding this epidemic, on the ground it cannot be ignored that despite the amazing progress that humanity has achieved in all areas of life, there is still much that must be done to establish effective foundations to confront epidemics practically, especially the much more dangerous types, taking into consideration that this disease is considered

much milder than many others that have struck humanity before. This signals an alarm that should not be passed unnoticed; otherwise, the hard lessons that have been delivered by the latest pandemic will be wasted.

#### **CONCLUSIONS**

In conclusion, the COVID-19 pandemic has highlighted the need for a holistic perspective when assessing the impact of infectious diseases on the global populations. The ongoing pandemic and the potential for future pandemics underscore the importance of investing in public health infrastructure and reevaluating existing safeguards. The long-term psychological impact of the pandemic on human health might directly or indirectly affect the political elites and decision-makers, with the consequent actions not affecting national states but spreading internationally to impact other countries with unmeasured effects. By taking a comprehensive approach to the pandemic prevention and control, humanity can better prepare itself to meet the challenges of more hazardous infectious diseases and fatal epidemic incidents.

#### **DATA AVAILABILITY**

Data will be made available on request.

#### **AUTHOR'S CONTRIBUTION**

**Eissa ME:** Writing original draft, review, methodology, data curation, literature survey, editing.

#### **CONFLICT OF INTEREST**

None to declare.

#### **REFERENCES**

1. Eissa ME, Rashed ER. Analysis and modeling of morbidity and mortality from coronavirus outbreak in Brazil: A case study of public health challenge using unique statistical tools. *J Health Sci Res* 2023;8(2):57-61. [https://doi.10.25259/JHSR\\_3\\_2023](https://doi.10.25259/JHSR_3_2023)
2. Eissa DE, Rashed ER, Eissa ME. A study of morbidity and mortality from COVID-19 in India. *SciMed J* 2022;4(1):25-38. <https://doi.10.28991/SciMedJ-2022-0401-03>
3. Eissa ME. COVID-19 kinetics based on reported daily incidence in highly devastated geographical region: A unique

- analysis approach of epidemic. *Universal J Pharm Res* 2022; 7(6):58-62. <https://doi.org/10.22270/ujpr.v7i6.870>
4. Eissa ME. Studies on morbidities and mortalities from COVID-19: Novel public health practice during pandemic periods. *Asian J App Sci* 2023; 16(3):84-94. <https://doi.org/10.3923/ajaps.2023.84.94>
  5. Sibomana O, Kubwimana E. First-ever Marburg virus disease outbreak in Equatorial Guinea and Tanzania: An imminent crisis in West and East Africa. *Immunity, Inflamm Dis* 2023 Aug; 11(8):e980. <https://doi.org/10.1002/iid3.980>
  6. Eissa ME, Rashed ER, Eissa DE. Implementation of the Pareto principle in focus group generation based on global coronavirus disease morbidity and mortality rates. *Highlights BioSci* 2022;5. <https://doi.org/10.36462/H.BioSci.202204>
  7. EİSSA M. Descriptive epidemiological study of Coronavirus disease distribution in specific geographic location: Unique public health practice in outbreak analysis. *Turkish J Public Health* 2023; 21(1):144-51. <https://doi.org/10.20518/tjph.1112614>
  8. EİSSA D, RASHED E, EİSSA M. Measuring public health effect of Coronavirus disease 2019: A novel perspective in healthcare in pandemic times. *BatıKaradeniz Med J* 2023;7(2):266-8. <https://doi.org/10.29058/mjwbs.1257163>
  9. Telenti A, Arvin A, Corey L, *et al.* After the pandemic: perspectives on the future trajectory of COVID-19. *Nature*. 2021; 596(7873):495-504. <https://doi.org/10.1038/s41586-021-03792-w>
  10. Rose S. The coming explosion of silent weapons. *Naval War College Review* 1989 Jul 1;42(3):6-29.
  11. Banerjee A, Pasa L, Harris S, *et al.* Estimating excess 1-year mortality associated with the COVID-19 pandemic according to underlying conditions and age: a population-based cohort study. *The Lancet* 2020;395(10238):1715-25. [https://doi.org/10.1016/S0140-6736\(20\)30854-0](https://doi.org/10.1016/S0140-6736(20)30854-0)
  12. Aburto JM, Schöley J, Kashnitsky I, *et al.* Quantifying impacts of the COVID-19 pandemic through life-expectancy losses: a population-level study of 29 countries. *Int J Epidem* 2022 Feb 1; 51(1):63-74. <https://doi.org/10.1093/ije/dyab207>
  13. Eissa M, Rashed E. Descriptive analysis of coronavirus disease cases based on geographical distribution in canadian provinces/territories: Statistical investigation into epidemiological pattern. *Academia Letters* 2022;2. <https://doi.org/10.20935/AL5191>
  14. Timmis K, Brüssow H. The COVID-19 pandemic: Some lessons learned about crisis preparedness and management, and the need for international benchmarking to reduce deficits. *Environ Microbio* 2020; 22(6):1986. <https://doi.org/10.1111/1462-2920.15029>
  15. Petersen E, Koopmans M, Go U, *et al.* Comparing SARS-CoV-2 with SARS-CoV and influenza pandemics. *The Lancet infectious diseases*. 2020; 20(9):e238-44. [https://doi.org/10.1016/S1473-3099\(20\)30484-9](https://doi.org/10.1016/S1473-3099(20)30484-9)
  16. Talic S, Shah S, Wild H, *et al.* Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: Systematic review and meta-analysis. *BMJ* 2021; 375. <https://doi.org/10.1136/bmj-2021-068302>
  17. Qian X, Ren R, Wang Y, *et al.* Members of steering committee, Society of global health, Chinese preventive Medicine Association. Fighting against the common enemy of COVID-19: A practice of building a community with a shared future for mankind. *Infect Dis Poverty* 2020;9(02):8-13.
  18. Van Damme W, Dahake R, Delamou A, *et al.* The COVID-19 pandemic: Diverse contexts; different epidemics—how and why? *BMJ Global Health* 2020; 5(7):e003098. <https://doi.org/10.1136/bmjgh-2020-003098>
  19. Coccia M. Factors determining the diffusion of COVID-19 and suggested strategy to prevent future accelerated viral infectivity similar to COVID. *Sci Total Env* 2020; 729:138474. <https://doi.org/10.1016/j.scitotenv.2020.138474>
  20. Roche B, Garchitorena A, Guégan JF, *et al.* Was the COVID-19 pandemic avoidable? A call for a “solution-oriented” approach in pathogen evolutionary ecology to prevent future outbreaks. *Ecol Lett* 2020 Nov;23(11):1557-60. <https://doi.org/10.1111/ele.13586>
  21. Ding C, Liu X, Yang S. The value of infectious disease modeling and trend assessment: A public health perspective. *Expert Review Anti-infective Ther* 2021; 19(9):1135-45. <https://doi.org/10.1080/14787210.2021.1882850>
  22. Boon-Itt S, Skunkan Y. Public perception of the COVID-19 pandemic on Twitter: Sentiment analysis and topic modeling study. *JMIR Public Health and Surveillance* 2020 Nov 11;6(4):e21978. <http://doi:10.2196/21978>
  23. Chowdhury R, Heng K, Shawon MS, *et al.* Dynamic interventions to control COVID-19 pandemic: a multivariate prediction modelling study comparing 16 worldwide countries. *European J Epidemiol* 2020; 35:389-99. <https://doi.org/10.1007/s10654-020-00649-w>
  24. Zhou C, Su F, Pei T, *et al.* COVID-19: Challenges to GIS with big data. *Geography and sustainability* 2020; 1(1):77-87. <https://doi.org/10.1016/j.geosus.2020.03.005>
  25. Shah SM, Mohammad D, Qureshi MF, Abbas MZ, Aleem S. Prevalence, psychological responses and associated correlates of depression, anxiety and stress in a global population, during the coronavirus disease (COVID-19) pandemic. *Community Mental Health J* 2021; 57:101-10. <https://doi.org/10.1007/s10597-020-00728-y>
  26. Shah SS, Memon FA, Qureshi F, *et al.* Mental well-being during COVID-19 pandemic: the role of fear, social isolation and psychological resilience. *Cogent Psych* 2022; 9(1):2006993. <https://doi.org/10.1080/23311908.2021.2006993>
  27. Khan A, Khan N, Shafiq M. The economic impact of COVID-19 from a global perspective. *Contemporary Economics* 2021 Feb 3:64-75.
  28. Panneer S, Kantamaneni K, Palaniswamy U, *et al.* Health, economic and social development challenges of the COVID-19 pandemic: Strategies for multiple and interconnected issues. *Healthcare* 2022; Apr 21; 10(5): 770. <https://doi.org/10.3390/healthcare1005077>
  29. Aday S, Aday MS. Impact of COVID-19 on the food supply chain. *Food Quality and Safety* 2020;4(4):167-80. <https://doi.org/10.1093/fqsafe/fyaa024>
  30. Grandin T. Methods to prevent future severe animal welfare problems caused by COVID-19 in the pork industry. *Animals* 2021; 11(3):830. <https://doi.org/10.3390/ani11030830>
  31. Bogdanova E, Andronov S, Asztalos Morell I, *et al.* Food sovereignty of the indigenous peoples in the Arctic zone of Western Siberia: Response to COVID-19 pandemic. *Int J Environ Res Public Health* 2020 Feb;17(20):7570. <https://doi.org/10.3390/ijerph17207570>
  32. Bamba C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. *J Epidemiol Community Health* 2020 Nov 1; 74(11):964-8. <http://dx.doi.org/10.1136/jech-2020-214401>
  33. Ahadu E. Novel corona virus Covid-19: Impact on economic development and mitigating solution for developing countries. *J Human Social Sci* 2020;8(3):86-91. <http://doi.10.11648/j.hss.20200803.11>
  34. Sharifi A, Khavarian-Garmsir AR. The COVID-19 pandemic: Impacts on cities and major lessons for urban planning, design, and management. *Sci Total Environ* 2020 Dec 20; 749:142391. <https://doi.org/10.1016/j.scitotenv.2020.142391>
  35. Funk S, Salathé M, Jansen VA. Modelling the influence of human behaviour on the spread of infectious diseases: a review. *J Royal Society Inte* 2010 Sep 6;7(50):1247-56. <https://doi.org/10.1098/rsif.2010.0142>
  36. Becker AD, Grantz KH, Hegde ST, Bérubé S, Cummings DA, Wesolowski A. Development and dissemination of infectious disease dynamic transmission models during the COVID-19 pandemic: what can we learn from other pathogens and how can we move forward? *The Lancet Digital Health* 2021; 3(1):e41-50. [https://doi.org/10.1016/S2589-7500\(20\)30268-5](https://doi.org/10.1016/S2589-7500(20)30268-5)