Throughout the past 15 months, our world has dealt with the immeasurable toll of COVID-19. Not only have we lost nearly 3.5 million lives globally,¹ we have seen economies crumble, individuals lose their livelihood, and education and health services get disrupted. We have grappled with whether or not these severe impacts of the pandemic could have been prevented with more honest communication and a better uptake of scientific information. While we have a response to these questions, we rarely ask ourselves how the example leaders have set will impact the coming generations.

During this pandemic, inequity has emerged as the most recurring theme and has manifested in three different ways. Firstly, the pandemic exacerbated existing inequities globally. The socioeconomic impacts of public health measures have disproportionately impacted the vulnerable, with the World Bank estimating that global extreme poverty will rise for the first time in 20 years.² Moreover, inequities in health outcomes have also increased with, for example, black people in the US being more likely to get infected and die from the virus.³ Secondly, countries that failed to support their vulnerable during lockdowns through the provision of social safety nets have endangered their citizens’ livelihood. This inequitable response has reduced adherence to COVID-19 guidelines, further exacerbating the health and safety of the vulnerable as well as entire nations.⁴ Thirdly, COVID-19 preparedness and response efforts across the globe have been marred with inequitable policies and programs. A prime example is the distribution of COVID-19 vaccines that has prioritized the global North. 87% of the vaccines have been distributed to rich countries while only 0.2% has been distributed to low-income countries.⁵

These manifestations of inequity during the COVID-19 pandemic are not novel. However, given that this is the first health crisis that has affected the globe at this scale, children, adolescents and young adults have witnessed this inequity across the world to a greater degree. We need to examine the impact of such global exposure to lies and the denial of science on the next generation.

Let us focus on the example of COVID-19 vaccine distribution. High-income countries (HICs) such as Canada hoarded enough vaccines to inoculate their populations multiple times.⁶ Some states in the US have started vaccinating children 12–15 years old.⁷ For months, these actions have generated a lot of debate and controversy. This is because countries across the globe had, at the beginning of the pandemic, committed to first vaccinating the most at-risk worldwide i.e., healthcare workers, through the COVAX initiative. However, for months, HICs are refusing to share vaccines with low- and mid-income countries (LMICs), who are still yet to vaccinate their populations at high risk. The next generation is listening to these debates, face to face or through e-meetings at all levels (regional, national and at community level), and to the comments on radio and social media. The lesson they may learn from this is that lack of solidarity and sacrificing the lives of people in danger is normal when they are poorer than you.

They will grow up with the idea that lives of people in HICs are worth more than the lives of people in LMICs, and believe that an individual’s human rights are tied to the wealth of their country of origin.

Witnessing inequity and the lack of solidarity can have long-lasting implications for the functioning of our future societies as ideas and convictions are built, strengthened, or changed by observing the actions of leaders around us and the norms created by what is accepted and tolerated in the society we live in. These examples of shameful, open lack of solidarity in response to inequities may set
the idea in the mind of children and young adults that inequity is the norm or the correct world order. They will grow to accept ideas that the vulnerable are deserving of their unfortunate state of being – globally, nationally, and in their communities.

We have to stand and act quickly to denounce the current situation and to teach the next generation the values of trust, solidarity and equity and that all lives have equal value. However, we must do this not through mere declarations of commitment but through actions to educate the next generation. If we do not respond to this challenge by focusing on equitable policies and building a culture of solidarity and equity, then it is not a stretch to guess that future generations will respond to the next health threat even in a way even worse than what has happened during this pandemic.

Notes
1 Ritchie / Mathieu / Rodés-Guirao et al. 2020.
3 Rashawn 2020.
4 Rutayisire / Nkundimana / Mitonga et al. 2020.
5 UN News 2021.
6 Cohen 2021.
7 BBC News 2021.

References


Agnes Binagwaho, MD, M(Ped), PhD is the former Minister of Health of Rwanda and current Vice Chancellor of the University of Global Health Equity.
Email: dr.agnes.binagwaho@gmail.com

Kedest Mathewos is a Research Associate to the Vice Chancellor at the University of Global Health Equity.
Email: kmathewos@ughe.org