Three years into the pandemic, it’s clear COVID won’t fix itself. Here’s what we need to focus on next

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On March 11 2020 the World Health Organization classified COVID as a pandemic. Three years on, it remains just that.

As much as we don’t want it to be, and as much as it is off the front pages, COVID is still very much with us.

But how bad has it really been? And, more importantly, what have we learned that could help us accelerate a real and sustained exit?

Read more: Friday essay: COVID in ten photos

COVID has hit us hard

There was a slow initial global response to what we now call SARS-CoV-2, the virus that causes COVID. This allowed the virus to get a foothold, contributing to unexpectedly rapid viral evolution.

Three years into the pandemic, with the removal of almost all mitigation measures in most countries, it’s clear the virus has hit the world very hard. So far, almost 681 million infections and more than 6.8 million deaths have been reported.

This is perhaps best visualised by its impact on life expectancy. There were sharp declines seen across the world in 2020 and 2021, reversing 70 years of largely uninterrupted progress.

The excess mortality driving this drop in life expectancy has continued. This includes in Australia, where over 20,000 more lives than the historical average are estimated to have been lost in 2022.

Read more: Thousands more Australians died in 2022 than expected. COVID was behind the majority of them

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Not just COVID deaths

The indirect impacts on the health systems in rich and poor countries alike continue to be substantial. Disruptions to health services have led to increases in stillbirths, maternal mortality and postnatal

depression.

Routine child immunisation coverage has decreased. Crucial malaria, tuberculosis and HIV programs have been disrupted.

A paper out this week highlights the severe impact of the pandemic on mental health globally.

Read more: My kids are behind with their vaccines. How do they catch up?

Then there’s long COVID

Meanwhile, more evidence of long COVID has emerged around the world. At least 65 million people were estimated to be experiencing this debilitating syndrome by the end of 2022.

The Australian Institute of Health and Welfare estimates 5-10% of people who are infected with SARS-CoV-2 will develop long COVID, with symptoms persisting more than three months. That’s between 550,000 and 1.1 million Australians, based on the more than 11 million cases reported so far.

Read more: We got some key things wrong about long COVID. Here are 5 things we’ve learnt

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COVID highlighted inequalities

The pandemic has also had a huge economic impact, both directly and indirectly.

The United States alone spent US$4 trillion on its response. Economists have estimated the pandemic will contribute an average 0.75% reduction in GDP in countries with high infection rates and high productivity in 2025.

Studies in the United Kingdom, US and Australia show COVID has had a disproportionate impact – including higher death rates – in disadvantaged communities and ethnic minorities.

The causes range from high exposure in low-paid jobs to inadequate access to health care. And poorer countries have fared terribly on all fronts from COVID, including inequitable access to vaccines.

Read more: Wealthy nations starved the developing world of vaccines. Omicron shows the cost of this greed

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There’s no end in sight

We cannot assume there will be a natural exit to the pandemic, where the virus reaches some benign endemicity, a harmless presence in the background.

In fact, there is little indication anything like that is imminent.

In Australia, since the beginning of January, more than 235,000 COVID cases have been reported, almost as many as in 2020 and 2021 combined. Since the start of January, there have been 2,351 COVID-related deaths, more than twice as many as in the whole of 2020 and around the same as in the whole of 2021.

What needs to happen next?

The future response can be practically distilled into three overlapping actions.

1. Politicians need to be frank

Our political leaders need to communicate frankly with the public that the pandemic is not over. They need to stress we still have an exceptional problem on our hands with acute disease as well as worrying concerns about long COVID. It's crucial politicians acknowledge sufferers and those who have died. They need to do this while delivering the good news that addressing COVID does not require lockdowns or mandates.

If our politicians did this, the public would be more likely to have their booster vaccines, get tested and treated, and adopt measures such as improving indoor ventilation and wearing high-quality masks.

The health system also needs to be greatly strengthened to deal with long COVID.

Read more: Yes, masks reduce the risk of spreading COVID, despite a review saying they don't

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2. Avoiding infections is still important

Suppressing the virus is still important. We still can and should reduce the burden of newly acquired COVID and, therefore, long COVID. We have the tools to do this.

We need full recognition that COVID is transmitted largely through the air. As this just-published article in the journal Nature discusses, there are things we can do right now to ensure we all breathe air that is safer, not just from SARS-CoV-2 but from other respiratory viruses.

Read more: Ventilation reduces the risk of COVID. So why are we still ignoring it?

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3. Adopt new knowledge and technology

We should be focusing on the science and be ready to adopt new knowledge and products rapidly.

Just a few days ago we had trials of a promising new approach to treat long COVID with the diabetes drug metformin.

There is also intriguing research that has identified persistent infection as a potential underlying cause of organ damage and disease after COVID and in long COVID. This suggests anti-viral drugs such as Paxlovid may have an important role to play in reducing the impact of chronic disease.

Many types of new COVID vaccines are being trialled, such as versions administered by nasal spays, which may be game changers.

Read more: COVID nasal sprays may one day prevent and treat infection. Here's where the science is up to

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The virus won't fix itself

As we enter the fourth year of the pandemic, we must not leave it up to the virus to fix itself.

The biggest lesson of the past three years is there's little chance that is going to work, at least without an intolerably high cost.

Rather, we can end the pandemic by choice. We know what to do. But we are simply not doing it.
