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"IMPACT OF COVID 19 ON HUMAN LIFE IN CURRENT YEARS"

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Abstract

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year. Millions of enterprises face an existential threat. Nearly half of the world's 3.3 billion global workforce are at risk of losing their livelihoods. Informal economy workers are particularly vulnerable because the majority lack social protection and access to quality health care and have lost access to productive assets. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food.

1.1 Introduction

The pandemic has been affecting the entire food system and has laid bare its fragility. Border closures, trade restrictions and confinement measures have been preventing farmers from accessing markets, including for buying inputs and selling their produce, and agricultural workers from harvesting crops, thus disrupting domestic and international food supply chains and reducing access to healthy, safe and diverse diets. The pandemic has decimated jobs and placed millions of livelihoods at risk. As breadwinners lose jobs, fall ill and die, the food security and nutrition of millions of women and men are under threat, with those in low-income countries, particularly the most marginalized populations, which include small-scale farmers and indigenous peoples, being hardest hit.

Millions of agricultural workers – waged and self-employed – while feeding the world, regularly face high levels of working poverty, malnutrition and poor health, and suffer from a lack of safety and labour protection as well as other types of abuse. With low and irregular incomes and a lack of social support, many of them are spurred to continue working, often in unsafe conditions, thus exposing themselves and their families to additional risks. Further, when experiencing income losses, they may resort to negative coping strategies, such as distress sale of assets, predatory loans or child labour. Migrant agricultural workers are particularly vulnerable, because they face risks in their transport, working and living conditions and struggle to access support measures put in place by governments. Guaranteeing the safety and health of all agri-food workers – from primary producers to those involved in food processing, transport and retail, including street food vendors – as well as better incomes and protection, will be critical to saving lives and protecting public health, people's livelihoods and food security.

In the COVID-19 crisis food security, public health, and employment and labour issues, in particular workers' health and safety, converge. Adhering to workplace safety and health practices and ensuring access to decent work and the protection of labour rights in all industries will be crucial in addressing the human dimension of the crisis. Immediate and purposeful action to save lives and livelihoods should include extending social protection towards universal health coverage and income support for those most affected. These include workers in the informal economy and in poorly protected and low-paid jobs, including youth, older workers, and migrants. Particular attention must be paid to the situation of women, who are over-represented in low-paid jobs and care roles. Different forms of support are key, including cash transfers, child allowances and

healthy school meals, shelter and food relief initiatives, support for employment retention and recovery, and financial relief for businesses, including micro, small and medium-sized enterprises. In designing and implementing such measures it is essential that governments work closely with employers and workers.

Countries dealing with existing humanitarian crises or emergencies are particularly exposed to the effects of COVID-19. Responding swiftly to the pandemic, while ensuring that humanitarian and recovery assistance reaches those most in need, is critical.

Now is the time for global solidarity and support, especially with the most vulnerable in our societies, particularly in the emerging and developing world. Only together can we overcome the intertwined health and social and economic impacts of the pandemic and prevent its escalation into a protracted humanitarian and food security catastrophe, with the potential loss of already achieved development gains.

1.2 Review of Literature

A new study published in *The Lancet*(link is external) reveals never-before-seen details about staggeringly high mortality from the COVID-19 pandemic within and across countries. Places such as Mexico City, Peru, and Bolivia had some of the largest drops in life expectancy from 2019 to 2021. The research, which presents updated estimates from the Global Burden of Disease Study (GBD) 2021, provides the most comprehensive look at the pandemic's toll on human health to date, indicating that global life expectancy dropped by 1.6 years from 2019 to 2021, a sharp reversal from past increases. Among GBD's other key findings, child mortality continued to drop amid the COVID-19 pandemic, with half a million fewer deaths among children under 5 in 2021 compared to 2019. Mortality rates among children under 5 decreased by 7% from 2019 to 2021.

"For adults worldwide, the COVID-19 pandemic has had a more profound impact than any event seen in half a century, including conflicts and natural disasters," says co-first author Dr. Austin E. Schumacher, Acting Assistant Professor of Health Metrics Sciences at the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. "Life expectancy declined in 84% of countries and territories during this pandemic, demonstrating the devastating potential impacts of novel pathogens."

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Researchers from IHME identified high mortality during the COVID-19 pandemic in places that were previously less recognized and/or reported. For example, the study reveals that after accounting for the age of the population, countries such as Jordan and Nicaragua had high excess mortality due to the COVID-19 pandemic that was not apparent in previous all-age excess mortality estimates. In analyzing subnational locations not previously investigated, the South African provinces of KwaZulu-Natal and Limpopo had among the highest age-adjusted excess mortality rates and largest life expectancy declines during the pandemic in the world. Conversely, the places with some of the lowest age-adjusted excess mortality from the pandemic during this period included Barbados, New Zealand, and Antigua and Barbuda.

During the COVID-19 pandemic, mortality among older people worldwide rose in ways unseen in the previous 70 years. While the pandemic was devastating, killing approximately 16 million people around the globe in 2020 and 2021 combined, it did not completely erase historic progress – life expectancy at birth rose by nearly 23 years between 1950 and 2021.

GBD 2021 analyzes past and current demographic trends at global, regional, national, and subnational levels. The study provides globally comparable measures of excess mortality and is one of the first studies to fully evaluate demographic trends in the context of the first two years of the COVID-19 pandemic. In estimating excess deaths due to the pandemic, the authors accounted for deaths from the virus that causes

COVID-19, SARS-CoV-2, as well as deaths associated with indirect effects of the pandemic, such as delays in seeking health care.

Employing innovative methods to measure mortality, excess mortality from the COVID-19 pandemic, life expectancy, and population, the study authors estimate that the pandemic caused global mortality to jump among people over age 15, rising by 22% for males and 17% for females from 2019 to 2021.

GBD 2021 goes beyond assessing the impact of the first two years of the COVID-19 pandemic. As the authors note, it also offers "implications for the future of health-care systems, economies, and societies and ... a valuable foundation for policy evaluation, development, and implementation around the world."

GBD 2021 indicates that, despite early warnings that COVID-19 could threaten the gains that the world had made in saving children's lives, these improvements continued during the pandemic, albeit at a slower pace. Still, stark differences in child mortality persist between regions. In 2021, one out of every four children who died worldwide lived in South Asia, while two out of every four children who died lived in sub-Saharan Africa.

"Our study suggests that, even after taking stock of the terrible loss of lives the world experienced due to the pandemic, we have made incredible progress over 72 years since 1950, with child mortality continuing to drop globally," said co-first author Dr. Hmwe Hmwe Kyu, Associate Professor of Health Metrics Sciences at IHME at the University of Washington. "Now, continuing to build on our successes, while preparing for the next pandemic and addressing the vast disparities in health across countries, should be our greatest focuses."

"Even after taking stock of the terrible loss of lives the world experienced due to the pandemic, we have made incredible progress over 72 years since 1950."
The GBD 2021 study also assessed population trends. Beginning in 2017, the rate of global population growth began to drop following years of stagnation. Then, during the COVID-19 pandemic, these declines accelerated. As of 2021, 56 countries have reached peak population. Now, these countries are seeing their populations shrink. However, rapid population growth has continued in many lower-income countries. In addition, populations around the world are aging. Between 2000 and 2021, the number of people who were 65 and older grew faster than the number of people under age 15 in 188 countries and territories.

"Slowing population growth and ageing populations, along with the concentration of future population growth shifting to poorer locations with worse health outcomes, will bring about unprecedented social, economic, and political challenges, such as labor shortages in areas where younger populations are shrinking and resource scarcity in places where population size continues to expand rapidly," says Dr. Schumacher. "This is worth restating, as these issues will require significant policy forethought to address in the affected regions. As one example, nations around the world will need to cooperate on voluntary emigration, for which one source of useful guidance is the UN's Global Compact for Safe, Orderly and Regular Migration.(link is external)"

1.3 About the Institute for Health Metrics and Evaluation

The Institute for Health Metrics and Evaluation (IHME) is an independent research organization at the University of Washington (UW). Its mission is to deliver to the world timely, relevant, and scientifically valid evidence to improve health policy and practice. IHME carries out its mission through a range of projects within different research areas including the Global Burden of Diseases (GBD), Injuries, and Risk Factors; Future Health Scenarios; Cost Effectiveness and Efficiency; Resource Tracking; and Impact Evaluations.

IHME is committed to providing the evidence base necessary to help solve the world's most important health problems. This requires creativity and innovation, which are cultivated by an inclusive, diverse, and equitable environment that respects and appreciates differences, embraces collaboration, and invites the voices of all IHME team members.

1.4 Losses around the world, by dimension

The world has seen significant losses in each dimension. Had these losses been distributed equally around the world, every person would have spent about two weeks in poverty in 2020–2021 (the *CPY* estimate), lost eight days of life (*YLL*, discounted to the present), and would expect to spend an additional month in poverty (*FPY*, again discounted to the present) after 2021 due to the pandemic. However, these losses were not distributed equally. Instead, lower- and middle-income countries bore a disproportionate burden. The results, summarized in Figure 1 below, indicate:

1. The years of life lost (*YLL*) rise with national income until upper-middle levels, then fall, due to younger populations in poorer nations and better healthcare and vaccines in richer ones.
2. Contemporaneous poverty years (*CPY*) is high in poorer countries, decreases with national income, and can be near zero for the richest nations, reflecting the effectiveness of their social policies during the pandemic.
3. Future poverty years (*FPY*) decreases with income as lower-income countries experienced sustained school closures with younger populations, meaning a larger future workforce impact. Well-being loss from school closures dominates the loss from *CPY* at any level of national income—*FPY* is at least twice as large as *CPY* and sometimes three times as large.

1.5 Total well-being loss

When aggregating the total well-being costs from the pandemic, we need to consider the value of a year of life lost relative to an additional year of life spent in poverty, which we call α. We don't choose a specific value for α as reasonable views on this valuation differ. Instead, we present results for a range of plausible valuations of α=1, 4, and 10 as well as country-specific values that were calibrated from a specified utility function.

Regardless of the specific valuation chosen in our range, the analysis consistently shows that high-income countries experienced the smallest total well-being losses, while low- and middle-income countries collectively experienced much higher losses (Table 1.1). Regarding regional differences, countries in the Latin America and the Caribbean region experienced the greatest losses, as they suffered both large learning losses and significant mortality shocks (see paper for details).

Table 1.1:

Average total well-being loss by income group in life-year equivalent terms (not weighed by population)

	α = 1α = 4α = 10country-specific α			
	(*YLL* per 100)	**(*YLL* per 100)**	**(*YLL* per 100)**	**(*YLL* per 100)**
LICs	18.7	5.3	2.7	13.6
LMICs	18.3	5.8	3.2	9.2
UMICs	17.2	7.2	5.2	8.1
HICs	7.4	3.0	2.1	2.6
World	14.7	5.1	3.2	7.7

Note: Total well-being loss is measured as YLL+(CPY+FPY)/α, where the normative parameter α captures the number of years lived in poverty deemed to yield the same well-being loss as one year of life lost.

Our loss estimates naturally come with caveats, including the exclusion of income losses for those above the poverty line and uncertainty surrounding the impact of learning loss on future poverty (as well as the effectiveness of any remedial learning).

1.6 Conclusion

In earlier years, around 100 years ago the Science magazine demonstrated a work on the Spanish Flu pandemic. The paper contended that three principle factors hold up traffic of counteraction: (i) individuals don't welcome the dangers they run, (ii) it conflicts with human instinct for individuals to quiet themselves down in unbending disconnection as a method for ensuring others, and (iii) individuals frequently unknowingly go about as a proceeding with risk to themselves as well as other people. This paper is a summarized work

which provides few experiences from the previous reported works related to the issues in the social and economic sectors that may help general wellbeing authorities relieve the effect of the current pandemic. In particular, we examined research on danger observation, social setting, science correspondence, adjusting individual and aggregate interests, initiative, stress and coping associated with the pre-and post-pandemic conditions due to COVID-19. Impending actions are estimated to restrain the possibly obliterating influences of COVID-19, activities that could be indorsed by the behavioural and sociologies. Furthermore, a large number of the ideas out-lined here might be pertinent to upcoming pandemics and common wellbeing crises.

We must recognize this opportunity to build back better, as noted in the Policy Brief issued by the United Nations Secretary-General. We are committed to pooling our expertise and experience to support countries in their crisis response measures and efforts to achieve the Sustainable Development Goals. We need to develop long-term sustainable strategies to address the challenges facing the health and agri-food sectors. Priority should be given to addressing underlying food security and malnutrition challenges, tackling rural poverty, in particular through more and better jobs in the rural economy, extending social protection to all, facilitating safe migration pathways and promoting the formalization of the informal economy.

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