

Letter to the Editor

Political stigma of communicable diseases in complex emergencies

Saverio Bellizzi¹, Quique Bassat^{2,3,4,5}, Giuseppe Pichierrì⁶, Luca Cegolon⁷, Catello Panu Napodano⁸, Gabriele Farina⁸, Paola Murgia⁸, Osama Ali Maher⁹

¹ Medical Epidemiologist, Independent Consultant, Geneva, Switzerland

² ISGlobal, Hospital Clínic - Universitat de Barcelona, Barcelona, Spain

³ Centro de Investigação em Saúde de Manhiça (CISM), Maputo, Mozambique

⁴ ICREA, Pg. Lluís Companys 23, 08010 Barcelona, Spain

⁵ Consorcio de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Madrid, Spain

⁶ Kingston Hospital NHS Foundation Trust, Microbiology Department, Kingston upon Thames, United Kingdom

⁷ Local Health Unit N. 2 “Marca Trevigiana”, Public Health Department, Treviso, Italy

⁸ University of Sassari, Sassari, Italy

⁹ Division of Water Resources Engineering, Lund University, Lund, Sweden

Key words: COVID-19; Cholera; Yemen; Health information.

J Infect Dev Ctries 2021; 15(5):747-748. doi:10.3855/jidc.14056

(Received 02 October 2020 – Accepted 22 April 2021)

Copyright © 2021 Bellizzi *et al.* This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

In 2018, after the massive cholera epidemic affecting Yemen since the year 2016 had caused over one million suspected cases, the Johns Hopkins Center for Humanitarian Health conducted an exercise to draw on the lessons learned from the biggest Cholera outbreak recorded in modern history.

One of the major findings of the report was that the large number of suspected cases notified was likely much higher than the actual number matching the Cholera suspect case definition [1]. Among possible reasons for such an inflated number of suspected cases was the lack of tools for confirmation of cases, including the systematic use of laboratory means, whether Rapid Diagnostic Tests (RDT) or culture confirmation.

One year later, the Pulitzer Center of the Associated Press (AP) published a report named “In Yemen, Corruption Worsened World’s Worst Cholera Outbreak” [2]. The report added several other non-health related reasons as additional contributors to possible inflation of suspected case figures.

While on one hand healthcare professionals have been without salaries for years, thus totally depending on aid from humanitarian actors, on the other hand a profound corruption within the political system fed this mechanism. In a country politically divided by two main fractions, reporting of Cholera cases became a

race for competing financial resources, resulting in huge media attention to this catastrophic humanitarian situation.

Within the context of conflicts, there is a need to shed some light on what can be called the *political stigma* towards public health. In general, stigma has been defined as a social attitude of communities towards certain identities deviating from the “normal”, which can be a fundamental cause of population health inequalities [3]. The same can be applied at the political level. For some regimes their population cannot be perceived as affected by diseases that might cause financial loss or that might generate a sense of weak people through the lens of the other parties in the conflict.

Cholera has been stigmatized in political rhetoric for decades. In fact, one of the major challenges for the International Health Regulations (IHR) of the WHO is to force countries to declare such outbreaks. Several countries bypassed the need to acknowledge the presence of Cholera epidemics by simply calling it Acute Watery Diarrhea (AWD). Similarly, the Rift Valley Fever (RVF) has frequently been hidden, especially if the country depends on livestock for economic activities. Interestingly, stigmatization of Cholera at political level was absent on both fighting sides for Yemen.

As far as COVID-19 is concerned, the first cases in Yemen were reported in the southern Region of Hadhramaut as early as April 10, 2020 [4]. By mid-May, the capital Sana'a reported its first case of COVID-19. By the end of July, there were around 1,700 confirmed cases [4], without any robust confirmation that this number reflects the actual size of the community spread. With a Case Fatality Rate (CFR) of maximum 5% reported around the world, the almost 30% CFR among confirmed cases in Yemen is highly suggestive of massive under reporting of cases [4].

Notwithstanding the poor health system capacity, the high political stigma associated to the life-threatening COVID-19 cases in terms of the health of population is undoubtedly a major determinant for underreporting in a state of war.

Between a CFR of Cholera of around 0.02 and 30% for COVID-19, there is a need to add a political aspect to the reporting of the size of an outbreak. Political stigma for diseases needs to be reviewed in a systematic matter, where non-health contexts, particularly in complex emergencies, need to be taken into consideration. This will then allow for better analysis and preparedness for the possible for the possible scenarios of the attitude of the political system towards specific diseases.

References

1. Spiegel P, Ratnayake R, Hellman N, Ververs M, Ngwa M, Wise PH, Lantagne D (2019) Responding to epidemics in large-scale humanitarian crises: a case study of the cholera response in Yemen, 2016-2018. *BMJ Glob Health* 4: e001709.
2. Michael M (2019). In Yemen, Corruption Worsened World's Worst Cholera Outbreak. Pulitzer Center. Available: <https://pulitzercenter.org/reporting/yemen-corruption-worsened-worlds-worst-cholera-outbreak>. Accessed 1 October 2020.
3. Hatzenbuehler ML, Phelan JC, Link BG (2013). Stigma as a fundamental cause of population health inequalities. *Am J Public Health* 103: 813–821.
4. Ghobari M (2020) War-ravaged Yemen confirms first coronavirus case, braces for more. Reuters. April, 10, 2020. Available: <https://www.reuters.com/article/us-health-coronavirus-yemen-case/war-ravaged-yemen-confirms-first-coronavirus-case-braces-for-more-idUSKCN21S0EI>. Accessed 1 October 2020.
5. Worldometers Coronavirus COVID-19 outbreak (2020). Available: <https://www.worldometers.info/coronavirus/>. Accessed 1 October 2020.

Corresponding author

Saverio Bellizzi, MD, MSc, PhD
Independent Consultant, Medical Epidemiologist
Avenue Appia 20, 1202, Geneva
Email: saverio.bellizzi@gmail.com

Conflict of interests: No conflict of interests is declared.