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No more normal

Do you long for a return to normal after COVID-19?

Before the pandemic, 734 million people lived in extreme poverty, 690 million people went hungry, and 79.5 million people were forcibly displaced. Bill Gates and the late great Hans Rosling would tell you that the world is in a better state than you might expect, and that huge progress has been made. They would be right. Yet for billions of people, normal—ie, life before COVID-19—was not working. We might not be able to return to normal, but perhaps we should not want to. With the climate crisis pressing in, we cannot afford to. COVID-19 is a human catastrophe, but it gives the health community an opportunity to rethink the purpose of society in a fractured world and to redefine what we want normal to mean.

The pandemic has two salutary lessons for societies. First, it has reminded us who truly keeps society functioning: key workers. Health workers and care workers, shop workers and social workers, bus drivers, teachers, bank tellers, police officers, farmers, and cleaners. Society often takes these workers for granted, but without them, we would sink into chaos.

The second is that society and its systems are much more fragile than many of us appreciated. Some of the very best health systems have so far averted total collapse only through extreme emergency measures and heroic personal efforts, with ventilator shortages, crises over personal protective equipment, oxygen stockouts, and the pressure on the health workforce. Food systems have proven flimsy when faced with stockpiling and disruptions to just-in-time supply chains. Job markets have evaporated in a matter of weeks. The decline of the high street and a hollowing-out of city centres are accelerating. Fragility is not some special property of war-torn countries; it is here, among us all.

While many countries face a worsening epidemic, there is talk of recovery and what form it should take. If we are to learn from these lessons, we must make equity, resilience, and sustainability the priorities for our future.

The pandemic is amplifying inequalities. The direct health effects of COVID-19 differ by race, gender, wealth, and comorbidity. Disruptions to wider health services, such as routine vaccination and the prevention and treatment of non-communicable diseases, are likely to worsen existing health inequities. The effects on social

determinants of health are devastating too. School and university education has stalled. Businesses have closed and 1.6 billion workers in the informal economy, many with no other means of support, are affected by COVID-19 restrictions. At least 70 million more people will be pushed into poverty because of the pandemic. John Alston, the outgoing UN Special Rapporteur on Extreme Poverty and Human Rights, argues that extreme poverty has been neglected and that we need to reconceive the relationship between growth and poverty elimination. Decreasing the Gini coefficient, a measure of equality, in each country by 1% per year could have a bigger impact on global poverty than increasing annual growth by 1 percentage point. Wealth redistribution, not growth alone, is essential.

To address the fragility in our systems, we need resilience: an ability to cope with stresses, shocks, and change. A resilient health system has effective responses to health emergencies. It has surge capacity. It has a commitment to quality improvement. It is flexible and can adapt. A resilient health system would not plan for an influenza pandemic and then follow that plan when a coronavirus outbreak occurs. Economic systems need to be resilient too. The focus of orthodox economics on efficiency needs to be reconsidered. Pandemics, climate disasters, and financial meltdowns might feel exceptional, but they are not unexpected. We ought to recalibrate our priorities towards resilience to have a chance of coping with them.

We need to focus on sustainability for health, society, and the planet. The idea of a Green New Deal, which links the climate agenda to economic justice and redistribution, and a green and healthy recovery from the pandemic, have been gaining political support, at least in rhetoric, but they will only scratch the surface of what is needed. The opportunity to sharply accelerate climate policy must be embraced.

The need to challenge society's normal obsessions—efficiency, consumption, and growth—is not a new idea, even to economists. But the health community has a renewed moral authority to call for this challenge. This will require a change of culture as well as a change of metrics. The individuals, institutions, organisations, and societies that have these obsessions at heart need to think again. Normal will no longer do. ■ *The Lancet*



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For more on the **worsening pandemic** see [Editorial Lancet 2020; 396: 71](#)

For more on the **disruption of routine vaccination** see <https://www.who.int/news-room/detail/22-05-2020-at-least-80-million-children-under-one-at-risk-of-diseases-such-as-diphtheria-measles-and-polio-as-covid-19-disrupts-routine-vaccination-efforts-warn-gavi-who-and-unicf>

For more on **non-communicable diseases** see <https://www.who.int/news-room/detail/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases>

For more on **informal workers** see https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_744005/lang--en/index.htm

For **Alston's critique** see <https://hrj.org/wp-content/uploads/2020/07/Alston-Poverty-Report-FINAL.pdf>

For more on **reducing inequality for poverty** see <http://documents1.worldbank.org/curated/en/765601591733806023/pdf/How-Much-Does-Reducing-Inequality-Matter-for-Global-Poverty.pdf>

For more on the **UK's pandemic response** see <https://www.theguardian.com/world/2020/may/21/did-the-uk-government-prepare-for-the-wrong-kind-of-pandemic>

For more on the **need for resilient economic systems** see <https://www.theguardian.com/commentisfree/2020/jul/05/pandemic-orthodox-economics-covid-19>

For more on the **need for healthy recovery** see <http://www.ukhealthalliance.org/>