

Lockdown is not egalitarian: the costs fall on the global poor

We support Richard Horton's call for a post-COVID-19 health recovery programme,¹ but his lack of attention to so-called lockdown victims is disappointing.

Evidence of avoidable non-COVID-19 deaths (eg, cancer deaths,² child deaths from measles,³ women dying in labour⁴) is mounting. We are disappointed by the false dichotomy implicit in the assertion that there "should be no trade-off between health and wealth". The wealthy might profit from the economy, but the poor live by it.

Like UNICEF⁵ and others, we believe that lockdowns kill people through disruption of health services and deprivation of livelihoods. At the bottom of the global pile, recession is not just a matter of having less: it is a matter of life and death.

When we lockdown, we cause deaths in the developing world to prolong lives in the developed world. Too poor to weather the storm, and lucky to make it to adulthood (according to [UNICEF](#), over 5 million children under age 5 years die annually, and according to [UN World Population Prospects 2019 data](#), the median age in Africa is 19.7 years), those near or below the poverty line stand to benefit little from lockdown, but they bear the lion's share of the cost. Children are especially vulnerable to malnutrition and diseases of poverty—and especially not vulnerable to COVID-19.

It is unhelpful to characterise lockdown scepticism as a neoliberal political stance. Lockdown is demonstrably not egalitarian in either its costs or its benefits. We must assess lockdowns and other measures holistically,⁶ remembering that the costs will mostly fall, as ever, on the global poor.

We declare no competing interests.

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For UN World Population Prospects 2019 data see <https://population.un.org/wpp/DataQuery/>

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