

# Study finds that COVID was the leading cause of death globally in 2021

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The scale of human devastation caused by the COVID-19 pandemic is emerging more clearly as scientists and epidemiologists pore over the available data and draw inferences where data are lacking. A major study released last week found that COVID-19 was one of the leading causes of death in 2020 and the leading cause of death in 2021 globally, ahead of even ischemic heart disease, which killed 8.9 million in 2019, and cancer, which killed 9.5 million in 2018.

The study was a follow-up on the World Health Organization (WHO) Technical Advisory Group's May 2022 report on excess deaths associated with COVID-19. The authors estimate that global excess deaths had reached 14.83 million by the end of 2021, a figure 2.74 times higher than the 5.42 million reported deaths due to COVID-19 for the period.

Excess death is defined as the difference between the total number of deaths in a crisis and the number expected under normal conditions. As the authors note:

Excess mortality accounts for both the total number of deaths directly attributed to the virus and those resulting from the indirect impact, such as disruption to essential health services or travel disruptions. Excess mortality is a well-established concept dating back centuries and has been used extensively to estimate the toll of past health crises and pandemics such as the 1918 "Spanish Flu."

When the two years—2020 and 2021—are compared to each other, what is striking is that deaths sustained in the first year paled in comparison to the second year, despite the initiation of mass vaccination campaigns in many countries. The profit-driven promotion of vaccine nationalism led to a vastly unequal distribution of vaccines globally, causing millions of needless deaths in predominantly lower income countries. While in 2020 approximately 4.47 million excess deaths were estimated, in 2021 the figure surged to 10.36 million.

One of the study's authors, Ariel Karlinsky, the creator and maintainer of the World Mortality Dataset, told the *World Socialist Web Site* that the current study attempts to develop and improve on the models to estimate excess deaths for

countries which did not provide all-cause-mortality data. He added that the current study includes more data from more countries from more time periods during the pandemic. It also includes sub-national data to aid in estimating national level mortality from countries where reporting is lagging or unavailable for an assortment of reasons.

To appreciate the scale of death wrought by the policies that allowed SARS-CoV-2 to spread unchecked globally, one would have to reach back to World Wars I and II. Indeed, the massive death toll that is being witnessed first-hand isn't just a byproduct of the coronavirus' particular virulent characteristics, but the international policy of finance capital, which decided that the cost of eliminating the virus was too onerous to their financial interests and therefore not worth the saving of millions of lives.

More than at any other point in human history, the technical capacity and scientific comprehension of how to rapidly eliminate the virus and quickly end the pandemic were within the grasp of world leaders. The principle guiding their decisions has aptly been defined by the WSWWS as "malign neglect," which continues into the third winter of the pandemic.

As the authors of the study note, lack of accurate standardized definitions of COVID-19 deaths and access to requisite all-cause mortality data through civil registration and vital statistics systems posed tremendous challenges to quantifying these estimates across every country and WHO world region. Only 100 countries (52 percent) could provide monthly national data on excess deaths. The study notes:

In the two years within which the COVID-19 pandemic has severely impacted humanity, important lessons remain to be fully documented and harnessed as part of the global public health surveillance capacity. First, the urgent need to improve data and health information systems and the way data are collected, analyzed, shared and reported. Second, the required alignments of communicable disease surveillance with the continuous strengthening of health information systems and their integration with other existing routine surveillance systems, and with demographic and

geographic monitoring systems to facilitate timely and targeted interventions. COVID-19 surveillance must also be combined with Universal Health Coverage and the International Health Regulations monitoring and related indicators for health-system preparedness, including vaccine coverage and water, sanitation, and hygiene services.

Without a doubt, the World Bank and the International Monetary Fund are fully aware of every country's complete financial health, having extensive and meticulous historical data on nearly every transaction and payment ever made. But to ask how many have died and the cause of these deaths remains in the realm of speculation throughout much of the world.

A rational response to the current pandemic and the outbreaks and epidemics of the future will require internationally coordinated databases and infrastructure that can meet these challenges in real time, allocating resources and manpower efficiently and effectively.

The report provides important analysis on the countries worst impacted by the pandemic, both in absolute terms of excess deaths and relative to their population size and age structure. It notes:

The 20 countries with the highest excess estimates represent approximately half the global population and account for over 80 percent of the estimated global excess deaths... Bangladesh, Brazil, Colombia, Egypt, India, Indonesia, Iran, Italy, Mexico, Nigeria, Pakistan, Peru, the Philippines, Poland, the Russian Federation, South Africa, The United Kingdom, Turkey, Ukraine and the United States of America.

When excess deaths were analyzed in the context of each country's population size and age structure, it became clear that impoverished countries took the brunt of the pandemic, with more than 50 percent of all deaths occurring in lower-middle economies.

Although India, the Russian Federation, Indonesia, the United States, and Brazil were the countries that suffered the highest total estimated excess deaths, in descending order of magnitude, when these were adjusted for expected deaths considering a country's population size and age structure, an appreciable shift to the pandemic's deadly toll on low-income countries was seen. In particular, Peru, Ecuador, Bolivia, Mexico and Armenia were the five top countries with the highest excess deaths relative to expected deaths.

Though the report doesn't directly take account for the first six months of the pandemic, in a previous discussion with Karlinsky, he noted that the efforts to contain the virus and

protect the population, especially in the South-East Asian Region, led to excess deaths relative to expected deaths (see below) going negative. In other words, there were many excess lives saved. This also raises the important question as to why expected deaths are the figure they are. What interventions or social changes can be made that protect lives over and beyond what is considered the pre-pandemic "normal"?

Estimates by the *Economist* have correlated closely with those presented by the WHO's COVID-19 mortality assessment technical group, with their central estimate at the end of December 2021 standing at around 15.9 million, a difference of around one million with the WHO's 14.83 million excess deaths.

As 2022 draws to a close, the *Economist's* central estimate has climbed to 20.9 million, meaning that the Omicron phase of the pandemic may well have contributed to approximately five million deaths, upending all the lies of the capitalist elites and their media that Omicron is "mild." In fact, the death toll associated with COVID-19 in 2022 will likely be similar to that of 2020, meaning the virus will likely once again be among the top three killers in the world.

With the pandemic entering its fourth year, the reckless opening of China to mass infection is exposing one-sixth of the world's population to COVID-19 for the first time. As a result, viral evolution may very well spawn a new variant of concern in the coming months, potentially more infectious, vaccine resistant, pathogenic or any combination of the three.

The international working class must assimilate the political lessons of the past three years, in which the capitalist ruling elites globally have allowed a novel virus to rip through society and rapidly become one of the leading causes of death globally. This social system is irrational and obsolete and must be replaced with a planned world socialist society, in which humanity's social needs are guaranteed and public health is allowed to flourish.



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