Understanding The Health Impacts of and Response to COVID-19 in Africa

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Overview

Main objective: Examine the impacts of COVID-19 on health outcomes and health systems in Sub-Saharan Africa compare to US and Europe and the contributors to the pandemic response.

Structure:
- Provide an overview of the status of COVID-19 cases in Africa and compare to the US and Europe.
- Discuss the impacts on African health systems and health workers and compare to the US and Europe.
- Examine the colonial mentality with regards to Africa’s response.
- Explore contributors to Africa’s preparedness and response: Lessons learned from Rwanda.
- Provide an overview of the challenges faced by African countries.
Distribution of COVID-19 cases worldwide


Distribution of COVID-19 deaths worldwide
Wrong predictions
• Self indulgence.
• Currently: 1,365,689 cases.
• Lower confirmed case-death rate in Africa.
  • Africa: 2%, North America: 4%, Europe: 6%.

Avoid the single story for Africa
• Rwanda ≠ South Africa, Egypt
• Italy ≠ Norway
Impacts on Health Systems in sub-Saharan Africa

Increased stress on health systems worldwide.
- Italy
- US

Higher risks in developing world.
- Rwanda
- South Africa
Impacts on Health Workers and Health services in sub-Saharan Africa

Compromised safety, increased responsibilities.
• 10,000 health workers in Africa infected as of July 23.
• US: 160,000+ (as of September 15), Europe: 150,000 infections in only 9 European countries (as of July 3).

Disruption of healthcare services
• Increase in deaths caused by other diseases worldwide.
  • 90% of countries reported a disruption in services.

Widening of preexisting health disparities.
• The poor are left worse off.
  • Vaccination, delivery.

WHO, July 2020

WHO, July 2020

UN, March 2020

Impact on Health Systems: Comparison with the US and Europe – regions that are better equipped

Overburdened health system and healthcare workers worldwide.

• Shortage of PPE in the US and Europe.
• Equipment bought by vulnerable countries and stolen by the powerful ones.
• CDC Africa pooled procurement (issues due to powerful countries 'need).

Disruptions in healthcare services across the globe.

• England: postponement of cancer services is projected to cause 18,000 deaths/yr.
• In Africa, where there are few cancer services, new progress was slowed down.

Deepening of inequities worldwide.

• Black people in the US comprise 13% of the population but make up 30% of COVID-19 cases. Studies need to be conducted in Africa – we don’t know.
• Health insurance tied to employment in the US. In African countries, few have health insurance.

Western Supremacy Mentality with regards to Africa’s response

Expectation that Africa will fail in our response

• Expected 10 million COVID-19 deaths in Africa.
• Need new metrics in global health.
  • Global Health Security Index: the US as the most prepared country.
  • Challenge: Lack of research capacity in Africa to tell our own story.

Focus on our limitations as factors of response

• Lack of testing etc. instead of factors of success.
• Lack of testing and denial in some countries and might be linked to non-scientific reasons? (e.g. elections in Tanzania and the US).

The North-South paradigm

• “Solutions originate from the North”.
• Refusal to learn from the south except when presented by a “Western savior”.


Contributors to Africa’s Preparedness & Response

Lessons from Rwanda

Contextual factors

Barriers
- Transport across country, transit hub, commerce
- Access to running water
- Spread of the disease
- Financial instability

Facilitators
- Strong national leadership
- Culture of accountability
- Internet, mobile money

EBIs
- Washing hands
- Testing & contact tracing
- Quarantine, isolation
- Lockdown
- Border closing
- Social distancing
- Focus on the truth and cultivation of trust
Key implementation strategies to implement EBIs

Use data
- Review the science of the new virus generated worldwide
- Daily data on disease spread in Rwanda

Integrating in policies and guidelines
- Education of health providers, population…

Border and travelers’ control
- Airport check of all passengers in January
- Close land border: Tanzania, Uganda, RDC

Multisectorial coordination
- Immigration, police, local government, education

Maintain focus on primary care (MCH, vaccinations)
Key implementation strategies...

Promotion of Innovation
- Drones, robots

Accountability
- Local leaders, Head of villages to implement policies

Strength of Health Sector, including community health
- Education of health professionals, CHWs and the population

Focus on equity
- Providing food, free testing, quarantine & treatment

Providing financial and facilities support
- Reduce socioeconomic hardships, bank, renting
However, amidst this crisis...

Rwanda is showing promising trends in health services coverage.

• Severe malaria dropped by 38% in Rwanda.
• Maternal health services.

Moving forward

We can’t simply wait for the vaccine. We need to:

• Track emerging contextual factors.
• Continue implementing the known EBIs.
• Support the most vulnerable in our communities.
• Innovate ways to reduce spread and provide care.
• Be flexible and prepare for any scenario.

Build partnerships based on mutual respect.

• Learn from each other, respect human rights and share knowledge:
  • E.g. International COVID-19 Data Research Alliance

Rely purely on facts and scientific evidence

• Avoid politically motivated statements.

Challenges faced by African countries

**Economic threat**
- Unemployment is worsened by COVID-19 (same in other continents)
  - Half of households in the four largest U.S. cities are facing financial problems
- Large informal sector
- Economy is contracting by 7-8% (US: 32.9% , Europe: 11.9%)

**Difficulty of contact tracing**
- Cross border traveling of humans and goods
- Limited number of testing centers and contract tracing capacity

**Limited research and health services capacity**
- Lack of strong research capacity to develop testing tools or a vaccine
  - Senegal is challenging this: $1 COVID-19 test kits are in the testing phase
Thank you!