Implications of Coronavirus Pandemic on public health policy in Africa

Afrika'da Koronavirüs Pandemisinin halk sağlığı politikası üzerine etkileri

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SUMMARY

The coronavirus outbreak has reached a pandemic status and continues to spread across the globe. The devastation of the pandemic has overwhelmed even countries with sound health systems. This circumstance has spread panic among citizens of many nations especially with unfavorable outlooks being predicted. Africa hitherto is burdened with a series of health issues occasioned by poor health systems. The absence of robust policy direction in many African nations is a major contributing factor. Even where obtainable, implementation of the policies is another challenge. The world has witnessed a series of successive highly infectious disease outbreaks in the last few years. This is besides the already existing disease burden, especially in Africa. Fortunately for Africa, coronavirus did not break out from Africa like the last wave of Ebola. Never the less, the current coronavirus pandemic calls for a reappraisal and strengthening of public health policies across Africa. Such action will place Africa in a position to better respond to any disease outbreaks aside ensuring overall health security for her populace.
Keywords: Africa, COVID-19, emergency preparedness, health systems, health planning, and policy

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ÖZET

Koronavirüs salgını, bir pandemi durumuna ulaştı ve tüm dünyaya yayılmaya devam ediyor. Salgının yıkımı karşısında iyi düzeyde sağlık sistemlerine sahip ülkeler bile ezilmekte. Bu durum özellikle umutsuz tahminler yürütülmesi ile pek çok ülkede halk arasında paniğe yol açıyor. Afrika bugüne kadar kötü sağlık sistemlerinin neden olduğu bir dizi sağlık sorunuyla mücadele etmektedir. Pek çok Afrika ülkesinde güçlü bir politikanın olmaması bu duruma katkıda bulunan en önemli faktördür. Politikası sağlam olan yerlerde de uygulanması başka bir zorluktur. Dünya, son birkaç yılda birbirini izleyen bir dizi yüksek derecede bulaşıcı hastalık salgınına tanık oldu. Bu durum, özellikle Afrika'da zaten var olan hastalık yükünün yanı sıradır. Neyse ki Afrika için koronavirüs, Ebola'nın son dalgası gibi Afrika'dan çıkmadı. Yine de, mevcut koronavirüs salgını, Afrika genelinde halk sağlığı politikalarının yeniden değerlendirilmesi ve güçlendirilmesi çağrısında bulunuyor. Böyle bir eylem Afrika'yı, halkı için genel sağlık güvenliğini sağlamanın yanı sıra herhangi bir hastalık salgınına daha iyi yanıt verecek bir konuma getirecektir.
Anahtar sözcükler: Afrika, COVİD-19, acil durum hazırlığı, sağlık sistemleri, sağlık planlaması ve politika

INTRODUCTION

The current outbreak of the novel coronavirus (SARS-CoV-2) which emanated in Hubei Province of China has spread to almost every country in the universe [1]. Though the outbreak was officially reported in late December 2019, it was not until January 30, 2020, that the World Health Organization (WHO) declared it a Public Health Emergency of International Concern (PHEIC) [2]. Since then, infection and mortality rates have continued to increase globally. The greatest concern for stakeholders is the potential of the infection spreading and spiking in countries with weaker health systems [3, 4]. This is considering the ravaging impact of the virus even in countries with strong health systems.

In Africa, the long-anticipated and inevitable introduction of SARS-CoV-2 was confirmed in Egypt on February 14, 2020 [4, 5]. So far, all the 54 countries in Africa have reported cases. As of June 21, 2020, over 298,370 people have been infected with 7,944 deaths recorded in Africa [6]. As infection rates increase, African countries are confronted with the challenge of how to forestall local transmission while managing already existing cases. The ability to contain local transmission after importation of the disease depends largely on the enacting and implementation of strict measures for detection, prevention, and control [5, 7]. These measures are hinged on surveillance and rapid identification of suspected cases, contact tracing, followed by patient transfer and isolation, rapid and widespread testing, and follow-up of potential contacts [2].

The ability to sufficiently implement these measures is a reflection of the country's public health policies and the overall health system built over time. However, in Africa, most countries have weak public health leadership and management capacity [8], and inefficient resource allocation, and use [9]. In some of these countries, like Nigeria and Kenya these have often been demonstrated by poor working conditions or non-payment of remunerations resulting to industrial actions by the various health workers unions [10, 11]. These problems encompass weak institutions, manpower, funding, and politics [12]. These have hindered the continent's capacity to detect and manage global threats such as SARS-CoV-2. In the last decade, improving health indices through health systems strengthening has been at the front banner globally [13], though many countries in sub-Saharan Africa have often ignored it. The Abuja Declaration, for instance, had African leaders commit to increasing

their healthcare budgets to 15% of the total budgets [14]. However, most countries are yet to fulfill those commitments, which have translated to decayed healthcare infrastructure and hence poor health indices [12].

Though funding of the health sector is an important component, the lack of leadership and strategic planning is one of the greatest detriments in the development of a robust health system in the continent. The Ouagadougou Declaration advocated that member states improve their health policies and orient them along with primary health care, as well as enhance staff training and absorption; infrastructure, information systems, finance, and health promotion were also to be improved upon [15]. These policy documents, though ingenious have not been implemented in most African countries due to lack of political will and poor health governance.

Health like other social systems is complex and adaptive, continually adjusting to societal dynamics and sometimes in unpredictable ways to changes within the system itself or in the context in which it operates [16]. To this end, governments across Africa must adapt to cope with outbreaks of pandemics such as COVID-19. The rapidly growing global interconnectedness has led to an increased potential for the rapid spread of emerging or re-emerging infectious diseases across international borders [17]. There are questions over the preparedness and long-term sustainability of the structures being built during previous outbreaks.

This lack of deliberate preparedness towards pandemic is obvious in many African countries, perhaps, except for South Africa as can be seen from the Global Health Security Index ranking of global pandemic preparedness [18]. South Africa remains the only African country that ranks within the top 50 countries on the Global Health Security Index [18]. These pandemic preparedness measures were pivoted on prevention of emerging pathogens, early detection and reporting of epidemics of international concern using the WHO protocols, putting in place measures that will reduce the spread of the pathogens, an effective health system that caters for the sick, at the same time complying with the global best practices [18]. With its proactive approach in early detection and rapid testing of its population, it is, therefore, not surprising that the country leads the continent in the fight against COVD-19.

Given these, African leaders must learn from the COVID-19 pandemic and use the knowledge and

experience gained in building health infrastructures, training and retaining an efficient workforce, and having proactive pandemic preparedness measures to prevent and control future emerging threats that could arise [19]. It is recommended that the African Union (AU) and its sub-regional organizations establish early warning systems about epidemics, natural disasters, and other threats that may derail health governance in the region [20]. These arrangements will not just encourage the rapid transmission of information and shared technology but also help the more deprived countries on the continent to cope with local epidemics or global pandemics. Research must also be conducted on how this technology will address the health challenges of the continent based on the peculiarities of its people rather than adopting foreign technology that might not be compatible with the ideals of the people.

The current pandemic has proven that prioritizing human health to ensure survival takes primacy over several aspects of human endeavors [21]. Therefore, Africa needs to strengthen its public health policies to align with public health resources, scientific expertise, experience, and political commitment so that any future infectious disease outbreaks can be mitigated or contained before they become an epidemic in Africa [4]. Where such are deficient, active steps are needed to be taken in providing or improving the system, resources as well as perpetuating them. It is common practice in Africa to allow structures put in place in the management of epidemics decay once the disease has been curtailed. Thus, the policies to be formulated have to take into account the sustainability and perpetuation of resources deployed in times of disease outbreaks. One cardinal way of achieving this is by enhancing the capacity of the public health workforce in the continent. If health the workforce is armed with the necessary skills and expertise, they will ensure proper implementation of policies that will improve the health outcomes of the African continent. Once this is achieved, any emerging disease can effortlessly be tackled falling back on the already existing structures. Africa countries will need to collaborate with other countries that have the institutions, expertise, and experience for transfer of such knowledge, such that those will be entrenched within the continent. Deliberate policies that gravitate to improved public health must be religiously implemented by all governments in Africa for the immediate and the future.

Conflict of interest statement

The authors declare that there are no conflicts of interest.

Authors' contributions

TC conceived the study. SSI wrote the first draft. TC, SSI and OIO critically revised the manuscript for important intellectual content. All authors read and approved the final version of the manuscript.

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