COVID-19: Public Health and Lessons for Africa

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When the state rolled back funding for social services such as healthcare, education and housing under the neo-liberal Structural Adjustment Programs (SAPs) implemented from 1980 to 1999, healthcare standards in many African countries deteriorated, while the now-privatized healthcare services became unaffordable to the majority.[1] The poor were the most affected. The rich had the resources to seek treatment in local private healthcare institutions and in foreign countries with world-class hospitals staffed by well-trained and well-remunerated medical personnel.

A decade after the SAPs had run their predominantly devastating course in

[1] Kawewe, Saliwe M. and Dibie, Robert 2000. The Impact of Economic Structural Adjustment Programs [ESAPs] on Women and Children: Implications for Social Welfare in Zimbabwe. *The Journal of Sociology and Social Welfare* 27(4): 79–107.

countries such as Ghana and Zimbabwe, African governments pledged to channel more investment into healthcare. In the Abuja declaration of 2001, African leaders committed to increasing their national health budgets, pledging to allocate at least 15% of their annual budget to improve the health sector and urged donor countries to scale up support. They would renew this commitment in subsequent declarations, namely Ouagadougou (2009), Tunis (2012) and Luanda (2014). Budget allocation to public health is said to have increased over time in many African countries.[2] Countries such as Ethiopia, Côte d'Ivoire, Rwanda, Senegal, Ghana, Benin, Kenya, Uganda, Burkina Faso and Tanzania were forecast to experience a growth rate of between 6 and 8.5% for 2019.[3] In addition, calls for a complete overhaul or refurbishment of existing public health institutions, especially in the media and among ordinary citizens with online platforms from which to speak, have been growing in numbers.

Against this background, are these countries and the rest on the African continent now ready to deal with a pandemic with effects as cataclysmic as COVID-19?

COVID-19 provides a reality check on whether the commitment to invest more in healthcare, and the economic growth that has been witnessed in some countries, have translated into better public health systems for ordinary citizens, especially the poor. Have African countries gone far enough to be able to handle a disease as highly infectious as the coronavirus without external aid, which has hitherto been an integral component of the continent's fight against various calamities?

Although numbers of infections in the majority of African countries remain much lower than the projected worst-case scenario so far, the fact they are growing even at a relatively slow pace is worrisome, especially when COVID-19 has generally confirmed Africans' worst fears about their countries' preparedness for disease epidemics. In countries such as South Sudan and Zimbabwe, COVID-19 has exposed the persistent fragility of healthcare systems. It is surprising that a continent that has experienced epidemics and the more salient HIV/AIDS pandemic that exploded

[2] World Health Organization 2016. Public Financing for Health in Africa: From Abuja to SDGs. Geneva, Switzerland.

[3] Yinka Adegoke. Quartz Africa, "Africa will have some of the world's fastest growing economies in 2019—and a looming debt crisis." https://qz.com/africa/1522126/african-economies-to-watch-in-2019-and-looming-debt/ (accessed on June 03, 2020).

in 2001 has not done enough introspection and come up with strong healthcare systems. It also seems that countries that did not grapple with Ebola in recent years did not learn much from the experiences of those that did. Despite having a bit more time to prepare for coronavirus, many countries were caught almost flat-footed by the virus. Although there was general awareness in Africa of the sobering reality that not many countries could handle a disease as highly infectious as the coronavirus, reactions to the spectre of the virus infecting people on the continent have been varied. Countries such as Rwanda and Uganda immediately sprang into action to implement measures recommended for curbing the spread of the virus. In Senegal, scientists cranked up things in the laboratory as they worked hard to develop relatively affordable test kits. Madagascar courted controversy when it announced that it had found a cure in the form of what it termed COVID Organics.

As countries such as Rwanda and Senegal responded immediately through robust measures meant to curb the spread of COVID-19, health delivery systems across the continent came into the spotlight. It is now clear that many countries on the continent have a long way to go as far as healthcare provision is concerned. Voices that have been urging prioritization of public health systems while pleading for decent salaries for medical staff have gone largely unheeded by governments, some of whose leaders have externalized their healthcare needs to countries such as the United Kingdom, France, Germany, India, China and Singapore, among others.

As the rich normalize externalization of their medical needs, healthcare systems across the continent remain fragile. A considerable number of African leaders have died outside their own countries, and sometimes outside the continent altogether, while seeking specialized, world-class treatment. Examples include Gnassingbé Eyadéma of Togo, who died in 2005 on board a plane south of Tunis as he was being evacuated for medical treatment abroad; Levi Mwanawasa of Zambia, who died in France in 2008; and Robert Mugabe of Zimbabwe, who died in Singapore in 2019. African elites' quest for treatment outside the continent has become the norm, notwithstanding ordinary people's strident protests or muffled disapproval. Nigeria's President Muhammadu Buhari spent more than three months receiving treatment for an undisclosed "health challenge" in London, sparking protests by

Nigerians who wanted him to either return or resign.[4] Many political elites around the continent preside over healthcare systems in which they have no confidence, yet no state-of-the-art medical facilities are built in their countries each time they return from treatment on foreign soil. Africa's preparedness for COVID-19 or any other pandemic remains questionable as long as people tasked with ensuring this preparedness do not have vested interest in building systems that can offer a robust reaction to health crises.

Perhaps as a psychological way to cope with the anxiety driven by the knowledge that most African countries are ill-prepared to handle an infectious outbreak, bizarre claims racializing susceptibility to the virus swirled in the early stages of COVID-19, one of them being that Africans were immune to the coronavirus. When the disease landed in Africa, focus rapidly shifted from rumour and speculation to the sobering question of African countries' ability to handle the virus. As African countries started registering infections and putting in place measures to curb the spread of coronavirus, the shambolic state of healthcare systems in many of these countries was unmasked. People learned that the virus caused severe respiratory problems, which made ventilators one of the main topics of discussion. As evidenced by the insufficient numbers of ventilators, it became clear that many countries were not prepared for the virus, despite pronouncements to the contrary. This remains a cause for concern as numbers of infections spike. Inadequate testing is making it difficult for countries to determine the extent to which they have been affected, thus placing them in a quandary: Maintaining the lockdown means the poor who draw livelihoods from the informal sector will suffer, and lifting the lockdown without adequate information on infections means reversal of the gains made through the lockdown.

The degree of exposure to the virus varies on the basis of adherence to the recommended safety measures, living conditions and socioeconomic status. However, once infected, who dies becomes a matter of both the individual's physical capacity to fight the disease and the quality of healthcare provided. In this respect, COVID-19 does not attack with an eye on class or status; since many

[4] Al Jazeera, 19 August 2017. "Buhari Returns after Lengthy UK Medical Treatment." https://www.aljazeera.com/news/2017/08/nigeria-buhari-return-lengthy-uk-treatment-170819134302820.html (accessed June 03, 2020).

countries frequented by Africans for medical treatment have closed their borders, what does this mean for them?

The irony of COVID-19 is that its rapid spread through global mobility, which prompted closing of international borders and global restrictions on international travel, means that African elites who become infected are not able to travel to their preferred foreign destinations for treatment. Suddenly, the rich face the same spectre as the poor in terms of seeking treatment in the same country for a disease that transcends socioeconomic status, privilege and class boundaries. At a time when the closed borders mean money can no longer buy health, it is dawning on many elites that their fate is inextricably linked with that of the poor who work in their homes providing domestic and security services. Infections in poor neighbourhoods can migrate to affluent neighbourhoods, and vice versa. The rich who are accustomed to world-class treatment in foreign countries are now faced with the unsavoury prospect of being treated in the same local healthcare institutions they have normally avoided. Once again, the question of ventilators, competence of medical staff and availability of necessary drugs becomes too urgent; if numbers of infections keep rising, the implications are too ghastly to ponder.

COVID-19 also shows that healthcare is not only about building well-equipped and staffed health institutions. Deprivation and denial of basic needs such as clean water and decent housing have negative implications on health. For instance, personal hygiene involving frequent hand washing and social distancing are among the key global safety measures recommended by the World Health Organization and Centers for Disease Control and Protection. For people living without a dependable supply of clean water in overcrowded spaces and structures, how do they adhere to guidelines on personal hygiene, social distancing and self-isolation? For many citizens in African countries, the terms lockdown, social distancing and self-isolation are contradictions; a lockdown, a shelter-in-place directive, makes social distancing impracticable where large numbers of people reside in the same space. There are also no rooms for self-isolation in the overcrowded dwellings. The irony in this situation is that poor urban dwellers can only maintain social distancing in their homes by breaking the lockdown and going outside. For those who do not have much space around their dwelling, this means going into the streets where

the police, and in some instances the army, wait to mete out punishment for defying the lockdown. It should have been clear from previous disease outbreaks such as cholera and typhoid that sanitation, availability of clean drinking water and decent accommodations are integral to citizens' health.

One of the major lessons of COVID-19 in Africa and, indeed, the world, is that the state of any nation's healthcare system is the state of every citizen's health and prospects for recovery after infection. Healthcare must be prioritized, and governments must invest more and provide universal healthcare. Entrusting citizens' healthcare needs to the free market on a continent where many people cannot afford treatment for even mild ailments spells disaster in the event of diseases as brutal as COVID-19. Fragile healthcare systems reflect the widening gap between the rich few and the majority poor, who wallow in desperate material conditions; these weak systems are dangerous during pandemics such as COVID-19. The free market only widens the gap between the rich and the poor in terms of access to healthcare. The fragility of health-care systems existing on the continent means that infectious diseases, if not properly managed, will affect the poor more. And this will ensure that, contrary to the adage that death is the greatest equalizer, death will be the end result of socioeconomic inequality.

Many Africans earn their livelihoods in the informal sector's crowded markets. Diseases such as COVID-19 should jolt African governments into establishing the necessary preventive measures for future disease outbreaks, whether that be another round of COVID-19, a new pandemic/epidemic or those health events the continent has grappled with before. Considering the latter and the fact that the continent was among the last regions to be affected, African countries should have been the first to reduce international traffic or engage in thorough screening and isolation measures.

With the frailty of healthcare systems on the continent, Africa should understand, better than many other regions, that prevention is better than cure. As noted above, this prevention starts with acknowledging that clean water and decent living conditions are exactly what their classification suggests – basic. The poor who constitute the majority in many countries on the continent cannot afford to meet their basic needs without government intervention. It follows, therefore, that if governments do not intervene to ensure that these needs are addressed

and met, prevention will be difficult and infections that could easily be contained could become widespread. Since most African countries can hardly afford such a huge investment, failure to start from the basics could spell disaster for the continent, now and in future.

Equally important is the need for Africa to wean itself from dependence on aid and donations. The usual donor countries are currently overwhelmed by the impact of the coronavirus and are giving primacy to domestic solidarity over international solidarity as each country focuses on getting better first. It also turns out that the Western countries Africa often taps for aid are among the most affected. For many of these countries, humanitarianism toward Africa is difficult to prioritize when the situation at home is dire and overwhelming. As these countries struggle to treat their infected and flatten their still-growing case curves, they can hardly be amenable to the idea of accepting foreign patients who are fleeing decrepit healthcare facilities in their own countries.

It is time for Africa to be proactive and to actively participate in finding solutions for itself instead of waiting for richer nations to assist. The continent can no longer afford to rely on handouts after the uncertainty that COVID-19 has generated on a global level. Although COVID-19 has provided lessons on the need for well-maintained public health systems in Africa, it remains to be seen whether the continent will finally learn the lessons the pandemic has so cruelly provided. In countries such as Zimbabwe, lessons from prior outbreaks of cholera and typhoid go forgotten once the outbreaks are contained; the cycle repeats itself. As each country looks for coping mechanisms tailor-made to its health needs and economic dynamics, it can only be hoped that African governments will adequately prepare for what could come next: another COVID-19 outbreak or any other pandemic that may follow COVID-19, be it previously experienced or novel.

About the Author

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