



COVID-19 Pandemic and its Potential Impact on The **Health Sector** in the COMESA Region

Special Report

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This brief seeks to analyse the possible impact of COVID-19 on the health sector in the COMESA region. The brief utilizes the four WHO pillars of health delivery which include, service delivery, health workforce, access to essential equipment and medication and adequate resources. The WHO framework seeks to build the resilience of health systems in countries as a way of achieving the Sustainable Development Goals (SDGs). This framework is in tandem with the COMESA Early Warning System's (COMWARN's) Structural Vulnerability Assessment (SVA) model that seeks to support long term vulnerability of Member States towards sustained peace and prosperity by identifying projected vulnerabilities in respective countries

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Introduction

Since the World Health Organization (WHO) declared COVID-19 a world pandemic in March 2020, the virus continues to spread in different parts of the world as governments continue to put in places measures to contain the pandemic. The virus has created a vicious circle impacting all spheres of life – security, political, economic, social or technological. In March 2020 for instance, the International Monetary Fund (IMF) reported that investors had withdrawn US\$ 83 billion from emerging markets since the outbreak of the pandemic¹. This is to the extent that the Organization for Economic Cooperation and Development (OECD) has had to downgrade its forecast for the world economy growth to 1.5 % in 2020, half the rate projected prior to the virus outbreak². The COMESA Governance Peace and Security programme has therefore embarked on understanding the impact of COVID-19 on the vulnerability of the region and this paper attempts to tease out some of the issues related to the health sector. This is done within the context of the COMESA COMWARN Peace and Prosperity Index model.

The health sector which is the epicentre of dealing with the virus has been the worst affected. The health systems, in many countries are overstretched as cases continue to rise. Even High-Income Countries (HIC) have not been spared by the impact of COVID-19 especially in the health system. For instance, Italy with the eighth highest nominal gross domestic product (GDP) with a superior health system with approximately 3.2 hospital beds per 1000 people has been overwhelmed by the high numbers of COVID-19 patients who require specialized care.³ The impact of COVID on HIC reflected by the high numbers of infections and deaths demonstrates the fact that despite the perceived resilience of the health systems in these regions, they are still vulnerable to the spread and impact of COVID-19. As for the COMESA region with relatively weak health systems characterised by inadequate health personnel, inadequate equipment, inadequate budgets and a high burden of infectious diseases (such as Ebola, TB, HIV, Malaria), it was expected that the continued spread of the virus would overburden the health systems in the region. On worst case scenario, it was predicted that most of the health systems would be overwhelmed and collapse due to the unprecedented spread of the virus. Despite these challenges and the predictions, anecdotal evidence based on country specific interventions indicates that countries in

1 African Union (2020) The impact of Coronavirus on Africa economies. Available at https://au.int/sites/default/files/documents/38326-doc-covid-19_impact_on_african_economy.pdf

2 Ibid,

3 Nuwagira, E and Muzoora C. (2020) Is Sub-Saharan Africa prepared for COVID-19. Tropical Medicine and Heal.

the region have appeared quite resilient or somewhat immune to infections and studies on the effect in Africa are ongoing. The region has, however put in place stringent measures that include, mandatory quarantine, curfews, closure of social and entertainment venues, closure of schools, encouragement of basic hygiene measures among other interventions.

This brief seeks to analyse the possible impact of COVID-19 on the health sector in the COMESA region. To achieve its objective the brief utilises the four WHO pillars of health delivery which include, (i) service delivery (ii) health workforce (iii) access to essential equipment and medication and (iv) adequate resources/finance. The WHO framework seeks to build the resilience of health systems in countries as a way of achieving the Sustainable Development Goals (SDGs). This framework is in tandem with the COMESA Early Warning System's (COMWARN's) Structural Vulnerability Assessment (SVA) model that seeks to support long term vulnerability of member states towards sustained peace and prosperity by identifying projected vulnerabilities in respective countries. Among the key sectors that is addressed by COMWARN include the health sector which not only affects peace and prosperity, but it is also affected by it.

The status of health systems in the COMESA region

Since the adoption of the Millennium Development Goals (MDGs) in 2000 and the launch of the Sustainable Development Goals (SDGs) in 2015 as part of the 2030 agenda for sustainable development, countries in the region have registered important milestones in terms of improving healthcare. Governments in the region have made policy commitments to implement universal healthcare (UHC). The UHC is premised on the idea that every citizen should receive health services they need without financial burden. UHC is primarily based on the recognition of the intrinsic value of health and the right to health⁴. It is imperative to note that five countries in the region (Tunisia, Seychelles, Rwanda, Mauritius and Egypt) have already rolled the UHC programme. Improvements have been recorded in the following areas.

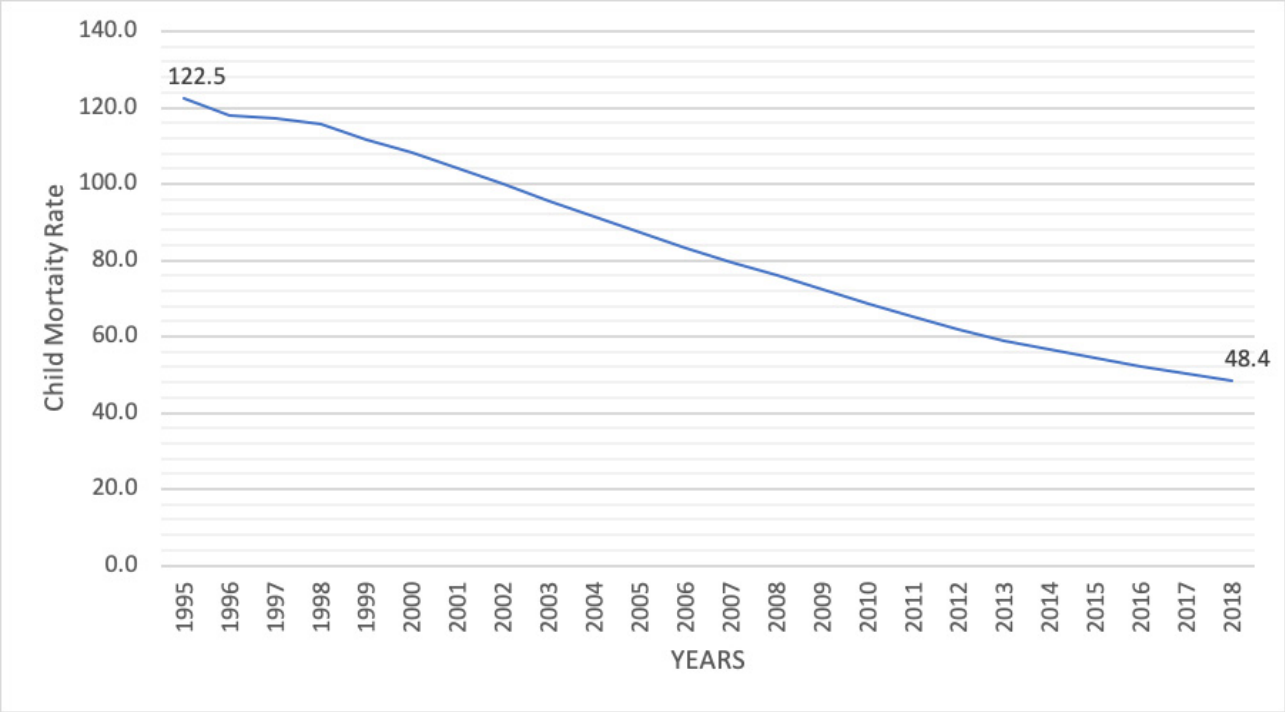
Reduction of mortality rate

More importantly, most governments in the region have introduced health reforms that have led to the reduction of the child mortality rate, improved maternal healthcare and redoubled efforts towards

⁴ World Health Organization (undated) UHC in Africa: A framework for action. Available at https://www.who.int/health_financing/documents/uhc-in-africa-a-framework-for-action.pdf

combatting HIV/AIDS, malaria, tuberculosis among others. COMWARN regional data indicate that progress towards reducing child mortality has been accelerated from 2005 – 2018 period compared to the 1990s. During this period, the average child mortality rate reduced from 8.8 percent to 4.8 percent.⁵

Figure 1 A sample of COMESA Country Child Mortality Rate 1995 – 2018



Source: COMWARN SVA Data extracted from the World Bank

Data at country level support this observation. A sample of countries in the region indicate that by 2017, Libya, Tunisia, Mauritius, and Seychelles had reduced their share of child (born alive) who die before they are five years old to 1.4 percent, the lowest in the region (these figures are within the SDGs target). Other countries have also made tremendous progress in reducing the number of mortality rate – Egypt

5 World Bank. (2020, May 10). The World Bank Data. Retrieved from World Bank: <https://data.worldbank.org/indicator/SH.DYN.MORT>

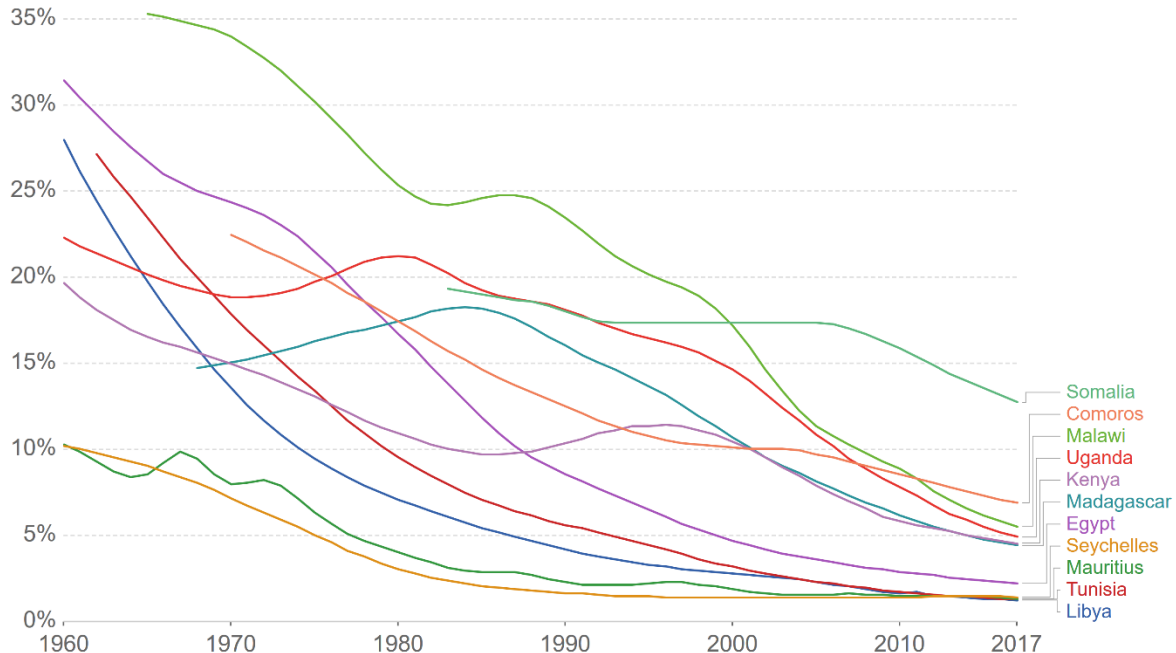
2.3 percent Madagascar 4.2 percent, Kenya 4.5 percent, Uganda 5.2 percent and Comoros 6.9 percent as compared to the figures in the 1980 and 1990s. The reduction in child mortality can be attributed to improvement in the healthcare system – immunization and vaccination, good nutrition, neonatal and postnatal care among other factors. The improvement notwithstanding, some countries in the region are still recording high levels of child mortality linked to nutritional deficiencies, HIV/AIDS, Malaria, diarrhea among others.

Sampled COMESA Countries, Reduction in Mortality Rate

Child mortality rate, 1960 to 2017

The share of newborns who die before reaching the age of five.

Our World
in Data



Source: UN Inter-agency Group for Child Mortality Estimation

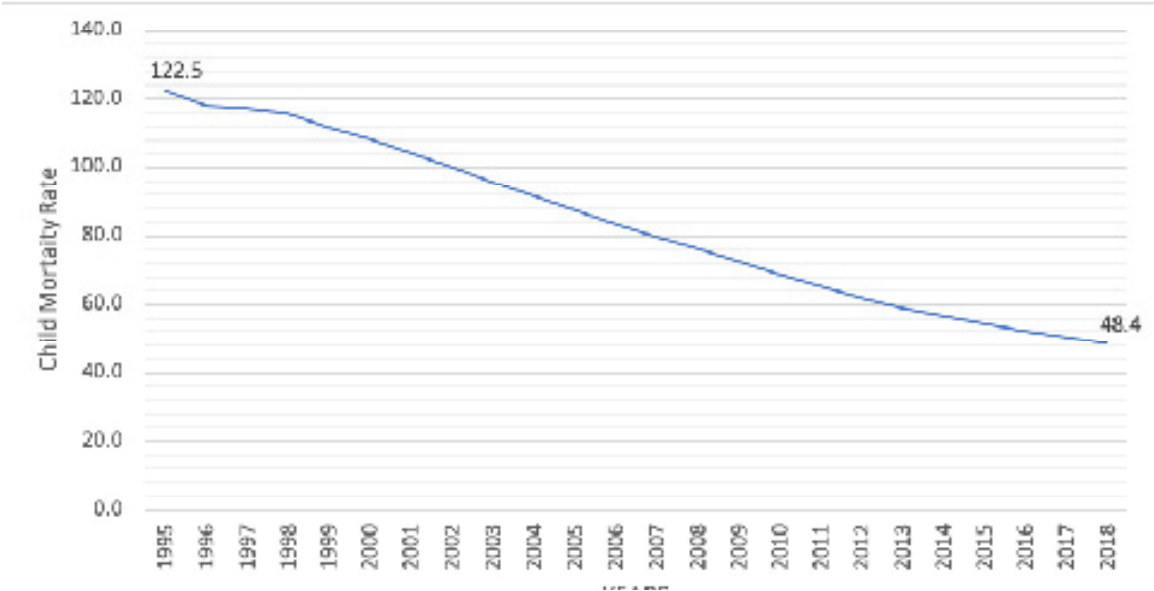
OurWorldInData.org/child-mortality • CC BY

Note: The child mortality rate expresses the probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period. This is given as the share of live births.

Improved life expectancy

Reforms in the health sector have further led to improvement of life expectancy for both males and females in the region. In the context of the COMWARN SVA model, life expectancy is defined as the number of years a new-born infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life. The regional life expectancy for example improved from an average of 61.60 years in 2010 to 66.07 years in 2018. This improvement suggests an improving trend in overall health and well-being of both male and female in the region.

Figure 1 A sample of COMESA Country Child Mortality Rate 1995 – 2018



Source: COMWARN SVA Data extracted from the World Bank

As indicated in figure 2 below, five countries in the region Tunisia (76.7 years), Mauritius (75.0 years), Seychelles (73.4 years), Libya (72.9 years), Egypt (72.0 years) have a better life expectancy as of 2019. It should however be noted that the top 5 countries with high life expectancy in the region, with the

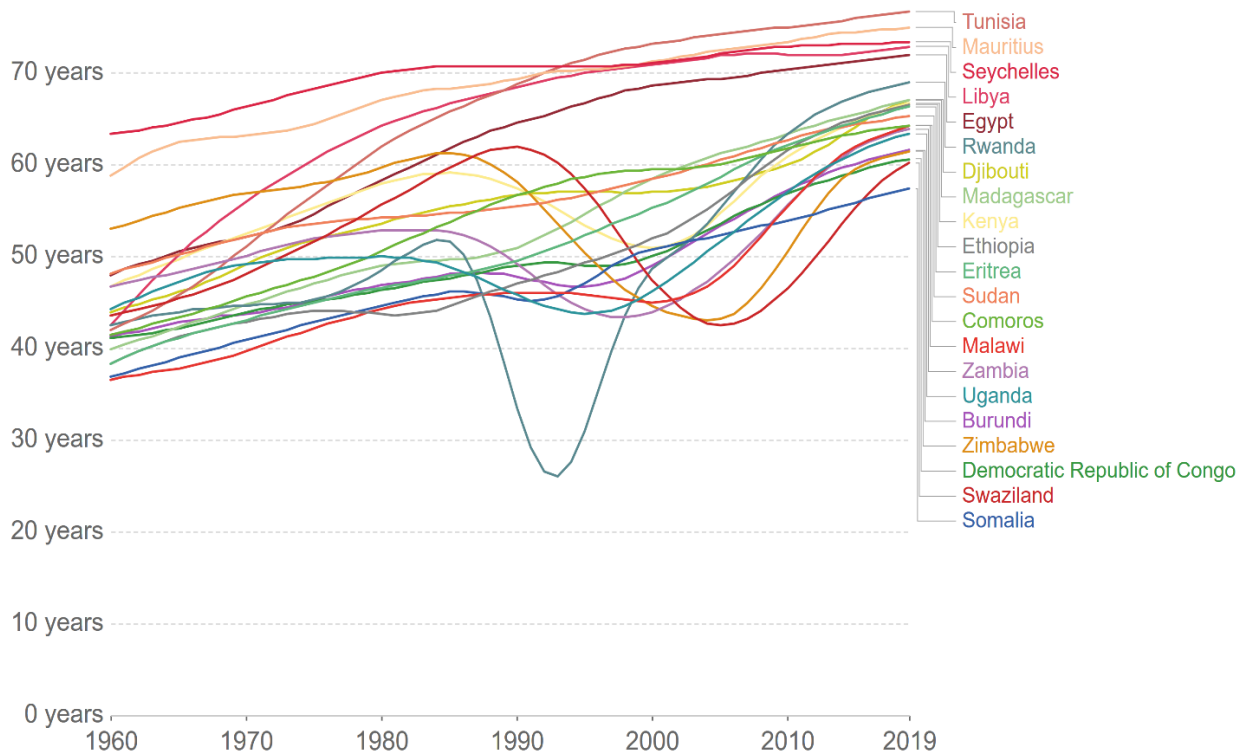
exception of Egypt, have low population density. The high life expectancy in these countries can partly be attributed to dividends accrued from improved health sector overtime.

While Libya is under this category, the impact of the protracted conflict that has characterized the political life in Libya is likely to erode the gains made in improving the general wellbeing of citizens achieved in the past decades. The Libyan case supports the notion that public health is an important indicator of the level of human security enjoyed by the population of a state, and it demonstrates that public health is adversely affected by violent conflict.⁶ The resilience of the health system accrued over time has been weakened by the conflict. This, in the long run is likely to have significance on the level of life expectancy. Other countries have a healthy life expectancy of above 60 years representing a high gain in life expectancy over the years. For instance, in Rwanda the life expectancy has risen from a low of 26.7 years between 1992 – 1993 to 69.0 years in 2019. The remarkable improvement in life expectancy recorded in Rwanda can be linked to, among other factors, the reforms and health initiatives being implemented by the government.

⁶ Iqbal, Z. (2006, September). Health and Human Security: The Public Health Impact of Violent Conflict. *International Studies Quarterly*, Vol. 50, No. 3 (Sep., 2006), pp. 631-649, pp. 631-649.

Figure 2 Life expectancy in the COMESA countries 1960 – 2019

Life expectancy, 1960 to 2019



Source: Riley (2005), Clio Infra (2015), and UN Population Division (2019)

OurWorldInData.org/life-expectancy • CC BY

Note: Shown is period life expectancy at birth, the average number of years a newborn would live if the pattern of mortality in the given year were to stay the same throughout its life.

Improved public health expenditure

Government health expenditure is the main source of health funding in most parts of the world. In 2015 for instance the total health spending by governments was at 59.7 percent of the total global spending in the health sector⁷. Africa has followed the global trend in terms of increasing public health expenditure.

⁷ Angela E Micah et al. (2019) Trends and drivers of government health spending in sub-Saharan Africa, 1995–2015. available at <https://>

According to WHO, the average level of per capita public spending on health rose from about US\$70 in the early 2000s to more than US\$160 in 2014 (Parity Purchasing Power PPP)⁸. The reason behind the increase in expenditure is mainly to provide health services to a greater number of citizens.

In line with the Abuja Declaration of 2001 that provided a rallying call for governments in Africa to allocate 15 percent of public expenditure to the health sector, governments in the region have bolstered their efforts in order to make the declaration a reality. As such, governments in the region have progressively increased their expenditure on health. Malawi, Djibouti and are the countries in the region with high health expenditure, total of the GDP. Djibouti for example increased its public health expenditure as a percentage to GDP from 5.32 percent in 2013 to .75 percent in 2014. Within the same period Libya also increased its expenditure from 3.02 percent to 3.65 percent. While most countries in the region have endeavoured to increase their expenditure on health, others have reduced their expenditure (% to GDP) and allocated more resources to other sectors of the economy. The reduction of expenditure has a definite ramification on provision of health services in the long run. In the period between 2010 and 2014 for instance Burundi had reduced its expenditure from 5.50 percent to 3.97 percent. On the other hand, Ethiopia reduced its expenditure from 3.72 percent to 2.87 percent in the same period. Despite the positive improvement discussed above, the health sector in the region continuous to face a number of challenges.

- Health care facilities especially in the rural and peri-urban areas is limited in comparison to the population.
- The resources for healthcare provision are very limited. Most health facilities still lack basic equipment's.
- Malaria, Cancer, HIV and AIDS, Cholera, Ebola and other communicable diseases are still a burden to the health system in many countries in the region.
- Limited personnel.

The governments in the region have supplemented their expenditure with support from development

gh.bmj.com/content/4/1/e001159.

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World Health Organization (2016) Public Financing for Health in Africa: from Abuja to the SDGs. Available at <https://apps.who.int/iris/bitstream/handle/10665/249527/WHO-HIS-HGF-Tech.Report-16.2-eng.pdf>.

partners and local stakeholders have increased funding in the health sector. The increased domestic health funding has in turn enhanced infrastructure development, acquisition of equipment, purchase of pharmaceutical and recruitment of health workers among others.

The continued spread of the virus has triggered more financial investments in the health sector. Countries in the region have increased health funding to deal with the emergencies associated with the spread of the virus. Extra budget allocations have been provided by governments to enhance for instance surveillance, purchase of medical supplies, construction of isolation centres, recruitment of more health personnel among others. Egypt for instance allocated USD 227 million to the Ministry of Health to meet the urgent needs of the sector including medical supplies, and allowances for medical teams.

The impact of COVID-19 on Health sector in the region

While governments in the region have made efforts to strengthen the various aspects of the health system to cope with the pandemic, it is expected that the continued spread will significantly impact the health systems in various ways. Certainly, the impact will vary from country to country. It can be argued that countries that have strong health systems in the region are mostly likely to endure the impact of the virus as compared to countries that have relatively weak health systems especially if the numbers increase rapidly. This reality calls for collective efforts both at national and regional levels to support countries with weak health infrastructure. This will ensure that these group of countries cope with the effects of the virus and emerge stronger post-COVID. The possible impact (positive and negative) of the pandemic on the health system is discussed as follows:

Service delivery in the health sector

The health sectors in the region provide essential services to the citizens. This includes, among others, provision of maternal and antenatal care, immunization, nutrition services, and testing. These services are beneficial to the most vulnerable groups in the society. The continued spread of the COVID-19 virus is likely to impact negatively on the provisions of these services as focus and efforts shift towards controlling its spread. Since the World Health Organization's (WHO's) Strategic Advisory Group of Experts on Immunization (SAGE) suspended mass vaccination campaigns in March 2020 for instance, immunization programmes in some countries have been delayed. In Ethiopia for example, the measles

preventive mass vaccination campaign was suspended due to COVID-19⁹.

In some cases, the delay in immunization programmes is linked to lack of shipment due to flight cancellation or limited cargo flights. UNICEF estimates that there has been a 70-90 percent decline in planned vaccine shipments¹⁰. If this trend continues, some countries in the region are likely to run out-of-stock of essential vaccines. Measures limiting movement of populations have also impacted immunization outreach programmes. If this scenario continues, the region is likely to experience a surge in measles, polio, yellow fever, human papillomavirus and other diseases – this will definitely roll back gains made in reducing child mortality. Currently, it is estimated that 13.5 million children in the world have already missed vaccinations for various diseases¹¹.

Secondly, if the numbers of COVID-19 patients continue to surge the available health care systems (public hospitals, isolation centres) are likely to be overwhelmed by the huge numbers of patients. As a result, the healthcare centres won't be able to cope with numbers. What this means is that most healthcare systems will not be able to provide sufficient health care services especially those relating to non-communicable diseases. Thirdly, the spread of the virus has impacted on the number of patients visiting health facilities. This has been further worsened by the stigmatisation of COVID-19 patients. Country-specific reports indicate that many patients avoid visiting health care facilities and prefer to remain at home for fear of being exposed. The Kenyan government for example reported that few people were visiting health facilities since the advent of COVID-19. With targeted information dissemination, stigmatisation will reduce considerably with time as was the case with HIV/AIDS. In other instances, measures restricting travels have influenced patient behaviour as a result of this, most prefer to remain at home. Fourthly, the on-going pandemic and mitigating measures, has an impact on mental health. Many citizens with mental health conditions are experiencing challenges linked to limited access to health care services. prolonged social isolation and stresses related to the impact of COVID-19 are likely to increase the incidences of mental health conditions and stress levels within certain segments of the society. As a result, governments in the region should ensure that mental health is integrated in the

9 World Health Organization (2020) Africa Vaccination Week 2020 kicks off as COVID-19 threatens immunization gains.

10 UNICEF (2020) Impact of COVID-19 on vaccine supplies. Available at <https://www.unicef.org/supply/stories/impact-covid-19-vaccine-supplies>.

11 Roberts, L (2020) Polio, measles, other diseases set to surge as COVID-19 forces suspension of vaccination campaigns. Available at <https://www.sciencemag.org/news/2020/04/polio-measles-other-diseases-set-surge-covid-19-forces-suspension-vaccination-campaigns>.

current response initiatives.

Adequate resources/finance

On a positive note, governments in the region have responded by increasing budgetary allocation to the health sector. The increased budgetary allocation is already alleviating some the envisaged challenges in terms of service delivery. The additional resources have been used to create isolation centres. The centres have eased pressure on the existing health care systems. In addition, some countries have employed more healthcare workers to cope with anticipated increase in the number of cases. The increase in the number of health workers will bolster the much-needed numbers in provision of services. In Zambia, the government have employed 400 doctors and 3,000 paramedics to speed up response to the fight while in Kenya 6,000 healthcare workers¹² have been employed.

Multilateral agencies such as the World Bank have also provided financial resources to support the strengthening of health care systems in order to combat the pandemic. The funding is going to boost healthcare systems that are considered vulnerable in the region. The funding is geared towards strengthening detection, surveillance, response and strengthening health care systems. The World Bank for example has approved USD 37 million to support Malawi's response to COVID-19¹³. Other countries in the region that have benefited from the World Bank support include, Kenya, Djibouti, Ethiopia, Rwanda, and DR Congo, among others. Apart from enhancing the number of healthcare personnel, training and procuring equipment for emergency care, the funding in the long-term will support and strengthen the capacity of the national healthcare systems in these countries.

Access to essential medical equipment and health workers

As the COVID-19 pandemic continues to spread in the region, concerns have been raised on whether the healthcare workers will be protected as they are highly vulnerable as they diagnose and treat patients. In Europe for instance the unprecedented spread of the virus in Italy, Spain, France has significantly generated shortages in healthcare workers due to either infection or death. This situation is likely to be

¹² Business daily (2020) Covid-19: Kenya begins hiring of 6,000 more health workers. Available at <https://www.businessdailyafrica.com/news/Coronavirus-Kenya-begins-hiring-of-6000-more-health-workers/539546-5512298-274046z/index.html>.

¹³ World Bank (2020) World Bank Approves \$37 Million Support for COVID-19 Response in Malawi. Available at <https://www.worldbank.org/en/news/press-release/2020/04/15/world-bank-approves-37-million-support-for-covid-19-response-in-malawi>.

worse in the region if precautionary measures are not established by governments. Suffice to mention that the number of healthcare workers in Africa in general and COMESA region in particular is low. The situation is worse in those countries in the region classified as low income countries. The Centre for Global Development, for example, estimates that most countries in Low income have a ratio of 0.2 physician and 1 nurse to 1,000 as compared to 3 and 8.8 in high-income countries. What these statistics mean is that, the continued spread of the virus will likely overwhelm healthcare workers thus impacting service delivery.

Dynamic data from open sources indicate that most countries in the region lack Basic Infection Prevention (BIP) materials and Personal Protective Equipment (PPE). Inadequate testing kits have also been reported in some countries. The reported global shortage of PPE has exacerbated the situation. In Zimbabwe, Malawi and Kenya healthcare workers went on strike due to the lack of PPEs. Cases of inadequate ventilators have also been reported. While governments in the region strive to provide the necessary equipment the continued lack of or insufficient equipment and materials will significantly slow down the fight against the virus. Frenk argues that the imperative to improve health system performance is underscored by the fact that we are living in a time of unprecedented change.¹⁴

On a positive note, the inadequacy of equipment and other medical essentials has triggered local invention and production. Necessity has compelled countries in the region to use local resources to fight the spread of the virus. Local innovators are already inventing ventilators to support the fight against COVID-19. In Tunisia for example, the National School of Engineering in Sousse has started a programme to manufacture ventilators. Similarly, in Kenya, students from Kenyatta University have invented ventilators to aid in the fight against COVID-19. In terms of PPE, local entrepreneurs and local companies have been in the forefront in making face masks and other PPE materials to meet local demand. Drones have been deployed to enhance communication and surveillance. This is the case in Rwanda where the government is using drones to sensitize the masses. These are positive initiatives that will have a positive impact on the health sector in the short and long term. In Madagascar, a herbal medicine "COVID-Organics" is being used in the treatment of COVID-19. The herbal medicine has gained popularity in the region resulting to its exportation to DR Congo, Tanzania and Comoros for example.

Conclusions

The spread of COVID-19 has emerged as a health emergency of international concern. The risk that the pandemic poses on the health and socio-economic wellbeing of citizens can not be underestimated by countries in the region. The pandemic calls for concerted efforts both internationally and regionally. Countries in the region should continue strengthening preventive measures to contain the spread of the virus. Sharing of experiences within the region will be critical in this endeavour. The 2030 Agenda for Sustainable Development should provide the necessary framework for response and a path for recovery from the effects of the pandemic in the health sector. The framework provides the mechanisms that countries in the region need to put in place in order to build resilience in the health sector in order to fight future pandemics.

Recommendations

Based on the analysis, below are a few recommendations the region could consider:

- I. More attention could be placed on isolation centres to ensure they are adequate, secure and essential services provided to hasten recoveries and encourage more citizens to volunteer for testing.
- II. The threat of a rise in mental illnesses from depression, especially in response to shut-downs, economic downturns, uncustomary care and burial of affected relatives, etc should be anticipate and efforts made to start to proactively address the mental health needs including those of the health workforce.
- III. More efforts could be geared towards identifying training gaps among the health providers and make available targeted training. More so repurpose and mobilize the health workforce according to priority and need for services. In addition, the capacity of essential public health services to support and respond adequately to emerging emergencies should be strengthened
- IV. Information dissemination to the population on measures aimed at preventing the spread of the virus should be enhanced. This should be done in a simplified format and where

necessary they can be done in local dialects.

- V. Prioritize investment in research and development (RD) to spur innovation in health sector including in the area of medicine and member states could consider including this in the stimulus packages.
- VI. Governments could consider aligning funding to the health sector with the Abuja Declaration of 2001. This will ensure adequate infrastructure; health equipment and sufficient human resource is put in place to deal with emerging health challenges.
- VII. Given that COVID-19 is a global issue, also given that no country is safe if any country is weak, and also given that funding to improve the health sector is a key concern globally as well as among cooperating partners; COMESA could consider identifying any weak links in the region and mobilise resources to ensure that these are prioritized with capacity building programmes for their health sectors.

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