COVID-19 and Disruption of Essential Health Services: The African Realities

Written by

Dr Aminu Magashi Garba (MBBS, DLSHTM, MSc.PH)

Coordinator & Founder, Africa Health Budget Network (AHBN) and Global Co-convener, Community of Practitioners on Accountability and Social Action in Health (COPASAH)

The Realities

According to the Africa Center for Diseases Control Dashboard's update of 13/October /2020, Africa has 1,593,472 cases, 38,884 deaths and 1,319,118 recoveries.[1] The COVID-19 pandemic has swept the globe, has become a major public health crisis. The experience of the Ebola outbreak in 2014-15 and other crises have taught Africa that both the supply and demand for health services are likely to be impacted by COVID-19. New estimates by researchers based at the Johns Hopkins Bloomberg School of Public Health suggest that, under a scenario in which COVID-19 produces similar disruptions to what was seen in West Africa during the Ebola outbreak, these disruptions would result in the deaths of an additional 1.2 million children and 57,000 mothers from non-COVID-19 causes over just the next six months.[2]

Essential health services for women and children in many lower-income countries are being disrupted by COVID-19, according to new findings released by the Global Financing Facility for Women, Children and Adolescents (GFF). For example, a substantial disruption has been seen in outpatient visits and vaccinations for young children in most countries. Disruptions in care for pregnant women and new mothers, and safe deliveries by skilled health workers were also seen in several countries. Childhood vaccination was the most disrupted service among the countries studied, with a significant drop in the number of children fully vaccinated in Liberia (35% drop), Nigeria (13%) and Afghanistan (11%). With vaccine programs protecting millions of children from a wide range of common childhood killers – and significantly reducing childhood mortality – these disruptions are deeply concerning. Survey results from Nigeria show that 26% of respondents who needed health services said they could not access the services they needed. Of those, a majority – 55% - said they could not access because they could not afford to pay, while a quarter of respondents said this was due to lockdowns and movement restrictions imposed to control the pandemic. Disruptions vary across indicators and countries. For example, in Nigeria, there was a more than 10% decrease in April and in May a 15% decrease in family planning services,

[1] Coronavirus Disease 2019 (COVID-19). Latest updates on the COVID-19 crisis from Africa CDC. Online at https://africacdc.org/covid-19/ (09.11.2020)

[2] The Role of Country Platforms in Maintaining Essential Services and Delivering on The Investment Case in The Time of Covid-19. Online at https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Country-Platforms-Guidance-Note-Covid-19.pdf (09.11.2020).

and a 6% decrease in women delivering babies at health facilities. However, there are mixed results across indicators in most countries.[3]

Another report has exposed significant disruptions to essential life-saving health services. Beginning in late March/early April 2020. For example, in Liberia fears of contracting COVID-19 are preventing parents from taking their children to healthcare facilities. In Ghana, some pregnant and lactating mothers have elected to postpone antenatal services and routine immunizations for fear of contracting the virus. In Liberia, between January and April 2020 there was a nearly 40% drop in outpatient visits per capita. In Sierra Leone, the number of children under 5 weighed to monitor and provide counseling on malnutrition dropped by 40% in March 2020 from the prior year. In Guinea, the government is reporting a 31% reduction in visits to health facilities in the capital city of Conakry. In Mozambique, in the capital city of Maputo, child vaccination rates dropped by 21% in April, while in Nampula province, ante-natal visits dropped by 24%.[4]

The frontline workers, both at health facilities and in communities, and both public and private providers, who are addressing COVID-19 are typically the same workers who provide essential services for women, children, and adolescents. Even with this, COVID-19 may cause (or exacerbate) shortages in the health workforce. In some countries, it will be necessary to take steps such as shifting some tasks to other cadres (e.g., community health workers [CHWs], administrative staff in facilities who can be trained to help with basic tasks to free up the time of medical personnel) or temporarily augmenting the health workforce such as by bringing back retirees, by shifting health workers who are regularly employed in administrative roles into clinical services, and/or by shifting health workers from less affected parts of a country to more affected areas. COVID-19 has also highlighted gaps in the provision of commodities such as personal protective equipment, oxygen, and ventilators. Considerable concerns have been raised about the availability of family planning products, but other key RMNCAH-N products and essential medicines are also vulnerable.[5]

New data from Somalia, Mali, and Liberia shows up to a 40 per cent reduction in essential health services such as childhood immunization, antenatal care and safe childbirth. More children are missing vaccinations, and more women are giving birth without medical help. Surveys show that in nearly all of our 36 lower-income countries, the pandemic has disrupted the ability of health care workers to stay on the job for a number of reasons, including high rates of infection, lack of personal protective equipment, and inability to travel because of lockdown measures.[6]

Mortuary workers in Ghana complain that they have not received any training or safety tools in handling coronavirus infections. Doctors in Nigeria have also complained of insufficient

[3] New findings confirm global disruptions in essential health services for women and children from COVID-19, 18 September 2020. Online at https://www.globalfinancingfacility.org/new-findings-confirm-global-disruptions-essential-health-services-women-and-children-covid-19?cid=GFF_TT_theGFF_EN_EXT (09.11.2020).

[4] The Global Financing Facility Emerging Findings and Policy Recommendations on Covid-19, June 2020. Online at https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF_GlobalCitizen_Brief_Digital.pdf (09.11.2020).

[5] The Role of Country Platforms in Maintaining Essential Services and Delivering on The Investment Case in The Time Of Covid-19. Online at https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Country-Platforms-Guidance-Note-Covid-19.pdf (09.11.2020).

[6] Covid-19 has already killed 500,000, but a larger health catastrophe looms for women and children, The Telegraph 14 July 2020. Online at https://www.telegraph.co.uk/global-health/science-and-disease/covid-19-has-already-killed-500000-larger-health-catastrophe/ (09.11.2010).

infrastructure and non-payment of salaries. Healthcare professionals on the frontline in the fight against coronavirus in Ghana and Nigeria were downing tools, complaining about the negligence of their safety and livelihoods by the higher authorities. In Ghana, where six COVID-19 infections were confirmed as on March 15, the mortuary workers have warned of strike action should the government not provide them with the necessary safety gear and training to dispense their work in time of such a pandemic.[7]

In another development, a health financing twitter chat in Nigeria has observed that many women of reproductive age group were at risk of been disfranchise for getting family planning contraceptives because of COVID19. As Nigeria largely depends on selling petroleum products at the international market for its revenue, which is affected due to COVID19, sells have drop exponentially which weaken the local currency to USD and affected the national approved budget for family planning commodities that was approved in December 2019. National Budget for Family Planning (FP) which was N1.2Billion in December, 2019, at an exchange rate of N305 per USD, was still N1.2Billion when the budget was revised in June 2020, but at an increased exchange rate of N360 per USD, that has created a funding gap of about USD601, 093 in the funds available for Family Planning commodities. The implication to this, would be, fewer commodities to be procured and fewer commodities to be distributed to health facilities and fewer women to access them.[8]

Many African countries have deployed emergency measures to slow the spread of the virus and treat the critically ill. Many of them have establish national and sub national COVID19 task forces and committees leading in the coordination of countries' responses as well as issuing guidelines and advising on surveillance and testing. Such taskforces also interphase with private sector and philanthropists to raise more funds to help address critical financial challenges and gaps. To buttress this point, some governments have moved toward harnessing the capacity of private health providers. Options include supplying private providers with protective gear and purchasing their services, which may require temporarily relaxing regulations on licensing and liability insurance. COVID-19 has hit African countries with a double shock: both health and economic. Especially in low- and middle-income settings, policy makers face unprecedented challenges in financing health. Many health systems were overstressed and underfunded to begin with, and the pandemic's economic fallout further constrains national fiscal capacity.[9]

How much money has been mobilized to fight the spread of COVID-19 in Africa? It is difficult to say. However, the International and regional finance institutions, private individuals, governments, and other development partners and donors have contributed substantial funds to provide personal protective equipment (PPE), test kits, surveillance, drugs, and relief materials for people in vulnerable countries in the continent. Government, International and regional finance institutions, commercial banks, and wealthy individuals have contributed billions to fight COVID-19. For example, in Nigeria; the government approved a 10-billion-naira grant (about USD27 million) to fight the spread of COVID-19. In Liberia, USD7.5 million was approved on 9

[7] Healthcare workers in Ghana and Nigeria strike, demand tools to fight Coronavirus spread. Peoples Dispatch, 19 March 2020. Online at https://peoplesdispatch.org/2020/03/19/healthcare-workers-in-ghana-and-nigeria-strike-demand-tools-to-fight-coronavirus-spread/ (09.11.2020).

[8] AHBN's Press Statement on Nigerian and Family Planning Funding Gap ;16 September 2020.

[9] COVID-19 (coronavirus) and the future of health financing: from resilience to sustainability. World Bank Blogs, 4 May 2020. Online at https://blogs.worldbank.org/health/covid-19-coronavirus-and-future-health-financing-resilience-sustainability (09.11.2020).

April 2020 by the World Bank to help Liberia respond to the threat posed by the COVID-19 outbreak, according to a World Bank Report. These complements ongoing support provided through the Second Regional Disease Surveillance Systems Enhancement (REDISSE II) project which has made available millions of dollars to Nigeria, Sierra Leone, and Liberia for the response. Sierra Leone also got approval for USD7.5 million International Development Association (IDA) grant to help respond to the threat posed by the COVID-19 outbreak and to strengthen national systems for public health preparedness. The funds will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by the global pandemic.[10]

While many countries in Africa including Nigeria have set up presidential or national COVID-19 taskforce comprising various respective government agencies and development partners, unfortunately many of such high level committees are devoid of seats for country level civil society organizations, this continues to shrink civil society space for meaningful engagement and participation. Civil society organizations are only allowed to engage at lower levels in the areas of risk communication and awareness creation but not at the level of decision making been made at the presidential or national COVID-19 taskforce.

Another worrisome development has to do with how funds mobilized or allocated for COVID-19 are being managed and administered. Resources committed to COVID-19 response by international financial institutions, government and private sector are not properly announced with detail breakdown to allow scrutiny and ensure accountability and transparency. The various central banks in African countries that are collecting, collating and keeping these funds lack public online portals for civil society organizations and media to access and ensure public analysis and engagement and lack clear accountability mechanism put in place to promote citizens engagement, dialogue and participation. These challenges could breed corruption and defeat the effectiveness of government's efforts to provide equitable and transparent services. Government in many African countries have not establish clear accountability mechanism structures to track and monitor the utilization of resources committed to the COVID-19 response and civil society organizations who are independent observers are not adequately involved in the implementation of countries' COVID-19 response to effectively track COVID-19 resources.

Key Recommendations

1. Major investments in disease surveillance, including large-scale testing and contact tracing must be deployed in all African countries. This will require innovative and sustainable health financing mechanisms that could be catalyze by the support of the international and local health financing institutions.
2. African countries should and must invest in continental and local manufacturing of personal protective equipment (PPE) to ensure adequacy and availability. This could be achieved by making sure the Africa Medicine Agency of the African Union is fully funded to galvanize actions for PPE
3. Protecting all health workers from infection and ensuring that they have the support to be at work consistently is critical by providing them with personal protective equipment,

[10] Africa Health Budget Network; COVID-19 Finances Accountability Position Paper, first edition, August 2020.

training, hazard allowance and ensuring health facilities have adequate Water, Sanitation and Hygiene Services.

4. Engage to strengthen government and civil society organizations dialogue aimed at improving accountability and transparency in the way COVID-19 finances are being mobilized and channeled for the implementation of agreed activities.
5. Strengthen the voice of civil society organizations and build their capacity on budget analysis, tracking of finances, monitoring the utilization of resources, and providing feedback to presidential or national COVID-19 taskforce across African countries and citizens via media and advocacy.
6. Advocate to African countries to ensure effective accountability mechanisms for COVID-19 finances are put in place with adequate participation of civil society organizations and media as well as expand membership of presidential or national COVID-19 taskforce across African countries to include civil society organizations and media and other health professional bodies as members for effective coordination, accountability, and transparency of the entire process.