KEMRI Wellcome Trust

COVID-19 and Health System Resilience: Some Reflections on Africa

Edwine Barasa

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What is Resilience

 Health systems are resilient when they have reduced vulnerability to crisis by being <u>better prepared for</u>, and <u>effectively respond</u>, to crisis, while at the same time <u>maintaining the delivery of core healthcare</u> services



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Systematic Review

What Is Resilience and How Can It Be Nurtured? A Systematic Review of Empirical Literature on Organizational Resilience

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From lit review: Factors affecting Resilience

- Preparedness and planning
 - Think epidemic preparedness plans
- Material resources
 - Think Financing, hospitals, labs
- Information management
 - Think surveillance, information flows, analytics
- Collateral pathways and redundancy
 - Think alternative supply chains, private/public/community health systems/telemedicine

- Governance processes
 - Think coordination of response, decision making structures
- Leadership practices
- Human capital
 - Think HRH numbers, skills, distribution, motivation, tooling
- Social networks and collaboration
 - Think: International/ national/ regional/ local/public/private/com munity

Daily new confirmed COVID-19 cases per million people



Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Daily new confirmed COVID-19 cases per million people

Our World in Data

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: Johns Hopkins University CSSE COVID-19 Data - Last updated 16 December, 06:07 (London time)



Daily new confirmed COVID-19 deaths

Our World in Data

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data - Last updated 16 December, 06:07 (London time), Our World In Data

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Pandemic in Africa characterized by

- Higher cases of **asymptomatic** infections
- Lower cases of severity and hospitalization
- Lower cases of deaths
 - Young population? other



Government response in Africa: A Range of Measures



Strong public health response

COVID-19: Government Response Stringency Index, Dec 14, 2020

This is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.



Our World in Data

Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last updated 15

Strong public health response

Coronavirus: South Africa prepares for three-week lockdown Tanzania's Lavered Covid Denialism At midnight on 26 March St against the coronavirus. Kenya extends COVID curfew for two months but reduces hours

Africa's response characterised by

- Timeliness measures imposed early in the pandemic
 - Airport screening
 - Physical distancing restrictions
 - Closure of boarders etc
- Lessons learnt from other epidemics e.g. Ebola
- Relatively strict measures but varied across countries

Inadequate health system response

Africa	Tests/1m population	Asia	Tests/1m population	Tests/1m population	Europe
Mauritius	227,593	UAE	1,892,153	Denmark	1,5009,020
Botswana	296,171	Bahrain	1,281,800	UK	712,544
Madagascar	3,447	Afghanistan	4,443	Ukraine	117,522
Niger	2,204	Yemen	578	Albania	77,215

Inadequate health system response

UNDER PRESSURE

Lack of oxygen leaves patients in Africa gasping for air

HEALTH NEWS 18 AOÛT 2020 / 5:50 PM / UPDATED IL Y A 4 MOIS

Dozens of Kenyan doctors strike over lack of PPE, delayed pay

Inadequate health system response



- 537 ICU's/256 Ventilators
- Only 22% of Kenya's population lives within 2 hours of a facility with an ICU available,



Indirect health effects: Outpatient visits per capita

Indirect health effects: TB case detection



Socio-economic effects: Sexual violence cases



Socio-economic impacts: Economic Impacts

- 50% of the existing jobs could be lost in Africa due to COVID-19 (Oxfam 2020)
- People working in the informal sector and small and medium enterprises (SMEs) are the most vulnerable
- Out of an estimated 49 million people who will be pushed into extreme poverty in 2020 due to the COVID-19 pandemic, 23 million will be from SSA (*Mahler et al 2020*)

Mitigating Socio-economic impacts

- Solidarity funds
- Safety net programs
- Reduced taxation
- Cash transfers to the vulnerable
- Food distribution
- Temporary employment program for youths rendered jobless
- Subsidies and soft loans to SME's and farmers

Strong regional coordination and leadership from Africa CDC

- Information sharing and coordination
- Development and dissemination of guidance for response
- Mobilizing resources and coordinating pooled procurement of laboratory reagents



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Additional Reflections

1) Whole of Society Resilience vs Health (care) System Resilience: Tear down arbitrary boundaries

Within the health sector:

- Public vs Private Engage and integrate private sector in policy, planning and implementation
- Curative facility based care vs preventive/promotive care (public health care)
- Facility based care vs Community Health Care
- Research systems vs Health systems

1) Whole of Society Resilience vs Health (care) System Resilience: Tear down arbitrary boundaries

Beyond the health sector:

- Multi-sectorial approaches Health, transport, security, education, housing, urban planning, social protection etc
- Social Determinants of Health: Informal settlements, homelessness, poverty, water and sanitation, disability, gendered effects, the elderly etc
- Community resilience: Recognizing, supporting, leveraging on bottom-up community responses

1) Whole of Society Resilience vs Health (care) System Resilience: Tear down arbitrary boundaries

Awareness of Private Sector/Non-Governmental Organizations That Have Made Donations to the Needy



2) Cognitive Capacity: What Sources of Knowledge are recognized? How do we make sense of our problems

- What Voices are heard? Who (Consciously or sub-consciously) determines LMIC priorities?
- Example Why are LMICs talking more about ventilators/ICUs and less about essential interventions such as oxygen|Health workers etc
- Example Physical distancing measures without taking into consideration the potential health and social economic impacts



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3) Beyond Hardware: Leadership, Governance etc

Global Health Security Index

Rank	Country	Index Score 🔻
1	United States	83.5 ⊢
2	United Kingdom	77.9
3	Netherlands	75.6 ⊢
4	Australia	75.5 ⊢■
5	Canada	75.3
6	Thailand	73.2
7	Sweden	72.1 \
8	Denmark	70.4
9	South Korea	70.2
10	<u>Finland</u>	68.7





Thank you