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Public health fault lines in the fight against COVID-19: Lessons from Africa

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Abstract

On 31st December 2019, the World Health Organization (WHO) was notified of a cluster of cases of pneumonia of unknown cause detected in the Wuhan, Hubei Province of China which eventually was named to be the Corona virus disease. In response to the rapid spread of the virus, WHO declared it a public health emergency of international concern (PHEIC) on 30th January, 2020. As per the quest to recharge the COVID-19 response power, there is seemingly little or no tangible plans to help permanently reorient Africa's health care system. In the wake of widespread vaccine nationalism, donor countries continue to secure large quantities of vaccines from developers and manufacturers, causing global disparity in access to COVID-19 vaccines.

Keywords: COVID-19 Pandemic; Africa; Lessons, Public health

1. Background

On 31st December 2019, the World Health Organization (WHO) was notified of a cluster of cases of pneumonia of unknown cause detected in the Wuhan, Hubei Province of China which eventually was named to be the Corona virus disease (COVID-19) [1]. The outbreak poses a serious challenge to Africa's socio-economic and political struggle [2]. The systemic fault lines of public policy are glaringly evident across the continent because of the COVID -19 pandemic. The world became troubled within no time, with the marginalized becoming visible in even rich, global core economies. Western governments started battling with their own outbreaks, leaving African nations largely on their own.

2. Discussion

In response to the rapid spread of the virus, WHO declared it a public health emergency of international concern (PHEIC) on 30th January, 2020? Subsequently, the epidemic was declared pandemic by the WHO on the 11th of March 2020 [1]. Western governments started battling with their own outbreaks, leaving African nations largely on their own. Beyond the failure of meeting the three core public health functions, the COVID-19 pandemic has exposed the impacts of the inequalities faced by the continents health care system. Beside this, a bigger problem is the fact that Africa's health care power is grossly inadequate with limited capacity and capability to cater for the anticipated COVID19 cases. Isolation facilities further discourage symptomatic patients from seeking care [3]. In fact, a lot of households in the continent do not have access to basic facilities such as water and soap [4]. Self-isolation and lockdown in Africa further present additional challenges due to factors such as poor housing and congested settlements.

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Africa still suffers limited laboratory capacity. Many labs have inadequate human and material resources, creating much more problems in the handling of COVID-19 test samples. With high numbers of tests received daily at these facilities, the dispatch time of results is delayed because the demand exceeds the capacity. Here, such delays have a serious consequence as possibly the current COVID-19 figures could be far lower than the true sum of infections [5]. As per the quest to recharge the COVID-19 response power, there is seemingly little or no tangible plans to help permanently reorient Africa's health care system. Figuratively, close to 56% of its urban population is camped in crowded and poor serviced slums. Again, it has been reported that only about 34% of the population have access to properly wash their hands. Diseases such as tuberculosis, malaria and HIV/AIDS continues to be recorded in Africa with the continent recognized to have the highest prevalence of these diseases [4]. In the wake of widespread vaccine nationalism, donor countries continue to secure large quantities of vaccines from developers and manufacturers, causing global disparity in access to COVID-19 vaccines. And with the current trends of international politics influenced by geographical factors surrounding procurement of vaccines, Africa has been disadvantaged and unable to maintain adequate supply for her people [6]. A significant number of the population remains unvaccinated.

In Zimbabwe, the wave of COVID-19 arrived when the country was suffocating a deteriorating health care power with very bad disease trends. Death trends showed that the population was still suffering infectious diseases such as TB, lung diseases and HIV/AIDS, with pockets of diarrheal conditions including nutritional deficiencies. The Gambia, a country with 48% poverty rate, the decision to choose an efficient and complete lockdown is never likely as the Government lacks resources to support the population. In Nigeria, it is evident that the country was caught off guard with the COVID-19 outbreak due to widespread corruption. The healthcare system is dilapidated and weak for many years [9]

3. Conclusion

The challenge now is for Africa to increase productivity that will support its public health power, economic diversification, and structural reforms. Africa will require the strategic production and retention of many highly skilled and employable graduates, particularly in key fields related to science and technology. It must also adjust its health financing power. Africa's clinicians should dual track the health care power and adjust its referral pathways, patient consultations and assessment guidelines to avoid mix and match diagnosis of disease events and commence aggressive networked laboratory surveillance in order to help better situate the covid-19 pandemic and enhance rapid and adequate response to the event.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that they have no conflict of interest. No commercial organization with a direct or indirect interest in the content of this study has conferred or will confer a benefit on the authors or any organization with which the authors are associated. This study has not previously been presented in any form.

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