Aidspan
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A SILVER LINING IN THE FACE OF THE COVID-19 PANDEMIC

The coronavirus disease 2019 (COVID-19) pandemic has caused havoc across various sectors all over the world. The pandemic has strained healthcare systems and caused the loss of lives and livelihoods. However, the disruptions caused by the pandemic have catalyzed actions that will likely outlive the pandemic. Some of the interventions that most governments, private sectors, and civil societies, have put in place to fight COVID-19 may have future long term effects, such as improved healthcare systems, increased global and regional cooperation, and enhanced local production of pharmaceutical products.

An improved health sector

So far, substantial funding has been directed to the health sector to fight COVID-19. This includes the significant funds that most governments have diverted from other sectors and from international health financiers, such as the Global Fund, the International Monetary Fund (IMF), the World Bank, and the African Development Bank (ADB). The Global Fund availed $1 billion to 102 countries in the form of grant flexibilities and through the COVID-19 Response Mechanism (C19RM). The IMF provided financial assistance amounting to $87.8 billion to 80 countries and grants for debt relief amounting to $251 million to 28 countries, to address the COVID19 pandemic. The World Bank availed $160 billion, of which $50 billion was to African countries, to combat COVID-19, save lives, protect livelihoods, and secure the future. ADB availed $10 billion to regional member countries to curb the spread of COVID-19. Some of these funds have been invested in improving the healthcare system to better respond to the pandemic. These funds have been deployed strategically for the purchase of medical and laboratory equipment, the improvement of healthcare skills, and to rehabilitate health facilities.

According to the World Health Organization (WHO), about 14% of people with COVID-19 require inpatient care for oxygen support, while 5% require a ventilator. Thus, COVID-19 has increased the global demand

for critical care facilities, such as intensive care unit (ICU) beds and ventilators, to cater for the critically ill. However, the availability of these critical care facilities in limited-resource countries is low. Data available in May 2020 indicated that the 54 African countries had, on average 135.19 hospital beds, 3.1 ICU beds, and 0.97 ventilators per 100 000 people. This critical care capacity is low when compared to developed countries such as China, Germany, Italy, and the United States (US), which has between 280 and 1 200 beds and between 240 and 710 ICU beds for every 100 000 people. In terms of absolute numbers, Egypt had the highest number of ICU beds in Africa at 11 000, while Djibouti had none.

COVID-19 has forced most countries to increase their capacity to fight COVID-19 by increasing the number of isolation and ICU beds in readiness for the admission of those requiring inpatient care. For instance, the government of Kenya increased the number of isolation beds by 440 and ICU or high-dependency units by 60, at the Kenyatta University Teaching, Referral, and Research Hospital. According to the Ministry of Health of Kenya, Murang'a County, a devolved government in Kenya, increased its bed capacity from 96 to 349, of which 36 were ICU beds, during this period. In Spain, some regions such as Catalonia tripled the number of ICU beds to 1 970 in two weeks, while , the number of ICU beds tripled from 582 to 1 995 within a month (from 8 June to 8 July 2020) in New Delhi in India.

Some countries resorted to building temporary hospitals or rehabilitate the existing ones. For instance, in England, an exhibition center in London was converted into a temporary hospital with a 4 000-bed capacity. China also built two temporary hospitals in Wuhan within ten days to fight COVID-19. One of the temporary hospitals had a 1 000-bed capacity while the other had 1 500 beds. Although temporary hospitals were reported to be ten times cheaper than building a comprehensive COVID-19 care facility, they don't offer long-term solutions in terms of building a stronger health system.

Increased uptake of digital technologies

To contain the spread of COVID-19, countries have resorted to using a wide range of interventions, such as early surveillance, testing, contact tracing, and quarantining suspected cases. For better planning and coordinated response, some countries have resorted to the use of digital technologies. Countries such as China, Singapore, Taiwan, Sweden, and the US used real-time data from smartphones to track the movement of people. In China, Iceland, Singapore, and Taiwan, health authorities deployed the use of artificial intelligence, digital thermometers, mobile phone applications, and thermal cameras to screen for COVID-19 infections.

Digital technologies such as global positioning systems (GPS) and real-time monitoring of mobile phones were deployed in Germany, Singapore, and South Korea for contact tracing, quarantining suspected cases, and isolating confirmed cases. Virtual care or telemedicine was deployed for clinical management of COVID-19 patients in countries such as Australia, Canada, China, Ireland, and the US. Communities and civil societies have increased use of technologies, particularly in reaching out to those in need, through online platforms.

Improved regional cooperation

Although COVID-19 has created political tension among countries, for instance it created diplomatic tensions in the East African Community, the pandemic has strengthened global and regional partnerships to form a common front in the fight against the pandemic. It is for the purposes of fighting COVID-19 that the Access to COVID-19 Tools (ACT) Accelerator was launched in April 2020. This global partnership brings together global health actors such as the WHO, Bill & Melinda Gates Foundation, Coalition for Epidemic Preparedness Innovations, Gavi, the Vaccine Alliance, Unitaid, the Wellcome Trust, the Global Fund, and the World Bank. The partnership was established to accelerate the development, production, and access to tests, drugs, and vaccines for COVID-19.

At the African level, the pandemic has further strengthened the role of the Africa Centers for Disease Control and Prevention (Africa CDC) in dealing with health issues on the African continent. Africa CDC has been at the forefront of coordinating Africa's response to the pandemic and has provided technical and logistical support to African countries. The center has established an African Union COVID-19 response fund to raise resources to strengthen Africa's response to the pandemic. It is leading efforts to negotiate debt relief in order to increase local resources to combat COVID-19. Furthermore, it has established the COVID-19 African pool procurement portal to facilitate sourcing, procurement, and distribution of critical medical equipment by Africa Union member states.

The formation of partnerships, and global and regional cooperation should be encouraged and maintained beyond COVID-19 to catalyze the response to other diseases. They are important to help the world to achieve sustainable development goals (SDGs), particularly Goal 17, on revitalizing the global partnership for sustainable development. Importantly, they provide an opportunity for communities through civil society to have a voice on issues affecting them.

Increased awareness of personal hygiene

WHO, other global health actors and governments are promoting personal hygiene, particularly the washing of hands with soap and running water, as one of the COVID-19 containment measures as per a 2019 study that documented that handwashing with soap and running water was more effective in curtailing the spread of a virus than ethanol-based sanitizers. The action of rubbing hands thoroughly with soap under running water kills and washes away the virus.

Washing hands with soap and running water is also important to prevent and control the spread of other infectious diseases, particularly those that spread from person to person, such as flu, colds, strep throat, and cholera. Although the WHO-led Save Lives: Clean Your Hands campaign targets the prevention of the spread of COVID-19 among health workers, it will have a bigger impact in the fight against other infectious diseases. It is necessary to sustain handwashing campaigns beyond COVID-19 to help stop the spread of infectious diseases.

Enhanced local production of medical products

COVID-19 has caused serious disruptions in the supply of medical products globally. This has partly been due to the high global demand for some medical products, such as personal protective equipment (PPEs), testing kits, and ventilators. The overreliance on a few developed countries, particularly China, to manufacture and supply medical products has also played a part in the shortage of these products.

These disruptions have led governments to support the private sector and use internal resources to manufacture medical products locally. For instance, amidst a shortage of ventilators, which are essential devices to help critically ill COVID-19 patients increase their blood oxygen level, a 12-member team of Senegalese researchers developed a low-cost prototype ventilator. Still, in Senegal, researchers developed a $1 COVID-19 home test kit with the intention of producing millions of them and exporting them to African countries. The kit gives test results within ten minutes. In Uganda, a partnership of Makerere University and Kiira Motors Corporation, an automotive manufacturer, developed a low-cost ventilator, according to the East African newspaper. In Ghana, researchers from Kwame Nkrumah University of Science and Technology developed an antibody-based rapid diagnostic test (RDT) for COVID-19. This RDT can produce test results within 12-20 minutes.

Home-grown solutions such as these should be nurtured to improve self-reliance. Research in low-income settings should be encouraged and supported to enable the development of locally produced products to meet local demands. There is also a need to fast track locally grown technologies to make them

internationally competitive.

Further resources

- The Center for Disease Dynamics, Economics & Policy Paper, “National estimates of critical care capacity in 54 African countries”, 2020

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