



COVID-19: trigger of better health systems in Sub-Saharan Africa?

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ABSTRACT

COVID-19 pandemic affects all industries around the world including health. While all health systems are facing a major challenge, low and low- to middle-income countries, with their strained resources, have significant preexisting challenges with health services. The advent of the pandemic in Sub-Saharan Africa prompts countries to take important measures and adopt better health policies, these new measures could be of great help in improving current health systems even after the pandemic.

Introduction

The advent of the COVID-19 pandemic has affected all sectors around the world [1]. One of the most disrupted sectors is health. COVID-19 is troubling the fragile and overstretched health systems of low- and low- to middle-income countries. The response to COVID-19 in the countries has been different depending on the pre-existing health system. This measures that have been taken can later on ameliorate the existing health system.

In the world

The COVID-19 has spread around the world at an alarming speed and has overwhelmed even the most resilient health and social care systems [2]. As health care systems have been challenged by the growing number of COVID-19 cases, health care delivery is being transformed and systems scaled up by new measures, new infrastructures and digital technologies [2].

Most countries in Asia Pacific have higher out-of-pocket health care expenditures. Bhutan, China, Georgia, the Maldives, Sri Lanka, and Thailand are some of the few developing countries with established universal health care systems [3].

Although these systems have been existing for a while, the pandemic has pushed them into the mainstream of health care delivery, with the aims of reducing risks to patients and health care workers and mitigating barriers to care access [3].

In India, there were no laws on the practice of telemedicine until March 2020, when the Indian Ministry of Health drafted guidelines to allow providers to harness the full potential of technology in health care delivery [3]. This telemedicine has various aids that can be used, such as video and audio software and apps, online chat and messaging platforms, and e-mail, this can help to ease the accessibility of physicians during and after COVID-19 pandemic.

In Africa

In Africa the high burden of infectious diseases, weak health systems and poverty are some major factors which particularly make the continent one of the most vulnerable to this current pandemic [4]. According to the Infectious Disease Vulnerability Index (IDVI) 2016, out of 25 countries most vulnerable to infectious diseases, 22 are in the African region [5].

Low and low- to middle-income countries (LMICs), with their strained resources, have significant preexisting challenges in availability, access, and affordability of health services [2].

Only ten African countries currently provide free and universal health care to their citizens [1].

Transport infrastructure failures prevent health workers from reaching the affected populations on time, while poor communication systems slow the transmission of reports and diagnoses. Strengthening services in these areas has been shown to have an immediate positive effect [1]. For example, the repair of roads could facilitate the descent of health teams towards the affected patients, the setting up and the legislation of a telemedicine cell could clearly improve the management while limiting the risk of transmission and the propagation of the disease. Nevertheless the existence of statistics robust and autonomous national statistical institutes and adequately funded is an essential foundation for any political decision who wants to be effective, especially in health [2].

The first cases of COVID-19 in Africa were imported; in Cameroon the first case reported on the sixth March 2020 was imported from Europe [6]. In their riposte strategy, Cameroonian authorities systematically quarantined patients coming from international flights.

They set up security protocols at airports with thermic cameras aimed at early detection of potentially sick subjects [7]. These various measures, even after the COVID-19 pandemic, will lead to raise the level of health security in the country.

In Cameroon, as part of the fight against COVID-19, the government has set up rehabilitation works for certain hospitals, intrahospital communication systems and information management cells [8]. All of these measures, even outside the pandemic, could have a little effect of improving the health system.

Most African countries have taken important measures within the burden of this pandemic which will enable them to fight against the COVID-19 this measures could scaled up the health system but above all to prepare for possible other pandemics.

Conclusion

COVID-19 is exposing the shortcomings and limits of health cares, thus is an opportunity to challenge our health systems.

After the Ebola epidemic of 2015, the COVID-19 pandemic is a wake-up call for Africa. It is an opportunity to improve its health system and their accessibility. The installation of videoconferencing systems and telecommunications between hospitals, can allow better coordination of cares. These devices can also be valuable for

patients who can stay in contact with their families when visits are prohibited. The use of telemedicine, the computerization of medical records can assure a good follow up of patients who are far from hospitals and it also strengthen the statistical capacities. All this measures could be valid during and after COVID-19.

Competing interests

The authors declare no competing interests.

Author's contributions

Study conception: EGA, ARN; manuscript writing: EGA; critical revision: SPM, GN, NVN, EAK; supervision: EAK. All the authors have read and agreed to the final manuscript.

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