The Impact of COVID-19

Help avoid the risks COVID-19 poses to health systems.

The threat from COVID-19

The COVID-19 virus has spread across the globe, and we are seeing rises in cases in countries with far weaker health systems than our own, especially in Africa and among displaced communities, with many more people likely to become infected and die where hospitals and emergency systems are unable to cope or simply aren’t there. Against a backdrop of severe malnutrition, high burdens of other infectious diseases, overcrowded living conditions, poor access to clean water and sanitation, the challenges of climate change, and with education for most children and economic activity suspended around the world, the virus creates a huge risk of being pushed into poverty for millions of people, reversing many of the development gains of recent decades. Overcoming the current crisis mustn’t come at the expense of even more vulnerable people being left behind.

Tuberculosis (TB)

COVID-19 presents a double threat to the people and communities affected by infectious diseases like TB. People living with TB are likely to have compromised lungs, meaning that they are more susceptible to complications associated with COVID-19. Groups of people who are vulnerable to both diseases overlap, such as people living with HIV, diabetes, those who are malnourished, who lack access to health care or people who live in close proximity to each other. The pandemic will also make it more difficult to diagnose and treat people with TB, due to the disruption of routine health services and supply of essential treatments. Currently, only around 6 million of the 10 million people who contract TB each year are ‘found’, and this figure is likely to fall further as the pandemic persists. During the 2014-15 Ebola epidemic, Guinea saw a 53% decrease in the diagnosis of TB, and a doubling of the TB mortality. GeneXpert – the most widely used equipment for rapid TB testing – has recently been approved as a new way of testing for COVID-19, but the news is bittersweet; Nigeria has already seen 300 machines re-purposed for testing the new disease, and in India, the country with the highest number of TB cases globally, the number of cases being identified is already dropping.

The effects of the pandemic on services is already being seen around the world. TB treatment depends on regular meetings with health workers, often multiple times a week, which can’t happen under current social isolation guidelines. Lung specialists, equipment like chest X-Rays, surgical masks and negative air pressure wards (used to help patients with multi-drug resistant TB) are being reprioritised to treat COVID-19 patients.
The livelihoods of people living with TB are hard hit by indirect costs such as losing out on work and the cost of travel to health centres. We cannot afford to lose focus on promises made to end TB by 2030. This is a key part of ending poverty, and inaction risks also exacerbating the loss of livelihoods caused by COVID-19.

**Essential immunisation**

COVID-19 poses a major risk of secondary outbreaks from other vaccine-preventable diseases. During the Ebola outbreak in the Democratic Republic of Congo, more people died of measles than Ebola itself. The poorest and most marginalised groups are least able to access health care, making them more vulnerable to COVID-19. Travel restrictions within and between countries are disrupting the availability of vaccines, which is expected to worsen as the pandemic develops. Services still running are being used less, due to parents feeling reluctant to risk infection, and a lack of personal protective equipment for health workers.

Multilateral organisations like Gavi, the Vaccine Alliance and the Global Polio Eradication Initiative (GPEI) play a big role in supporting national health systems, with capacity to respond to outbreaks globally. Gavi has already provided millions of dollars of additional support to 21 countries so far, and is well positioned to help with the roll-out of a COVID-19 vaccine in lower-income countries when one becomes available. In order to avoid outbreaks of vaccine-preventable diseases like measles and pneumonia, disruption to routine immunisation must be kept to a minimum. The UK’s pledge to Gavi on 29 April will be a powerful contribution to this, and will support the immunisation of 75 million children over five years.

The GPEI’s polio programmes have been paused temporarily, to minimise the risk of door-to-door health workers increasing the transmission of COVID-19. It is already lacking sufficient funding to achieve polio eradication, so donors must step up to ensure that its work can continue as soon as it is safe to do so. Polio infrastructure is integral to providing medical advice and surveillance for COVID-19, reaching vulnerable and remote communities, demonstrating GPEI’s crucial role in responding to global health emergencies. In Pakistan, for example, polio helpline staff are receiving up to 70,000 calls every day about the new disease.

**Nutrition**

Good nutrition is a vital foundation for the ability to live a healthy and productive life, and should be a key focus of a strong health system. Losing focus on nutrition during the pandemic could prove more deadly than the disease itself, with potentially an additional 5 million children’s lives put at risk due to increases in malnutrition. There is evidence this is already happening in fragile states like Burkina Faso. Healthy, balanced diets are key to boosting immunity and preventing non-communicable diseases that are risk factors for higher COVID-19 morbidity and mortality. Malnourished people have weaker immune systems and are both more likely to get ill and to die as a result. Efforts to preserve and promote proper nutrition, including breastfeeding, must be part of COVID-19 prevention strategies to build the resilience of individuals and communities in the long-term.

COVID-19 presents serious challenges in the delivery of nutrition programmes, given that many are delivered through already-stretched health services or involve gathering large groups of people. Travel restrictions on humanitarian staff and disruptions to supply chains are making it harder to distribute essential supplies to vulnerable and remote communities. The pandemic is also causing loss of livelihoods and income to buy food. In Burkina Faso, the number of food-insecure people is set to triple to 2.1 million due to the pandemic. Women’s livelihoods, which often rely on the informal sector, are particularly at risk, and the burden on women’s time is likely to increase due to additional unpaid domestic labour and care work.

**Education**

While governments try and prevent the spread of COVID-19, 1.37 billion children and students have been affected by school and university closures in 138 countries. When governments can reopen schools, funding for global education should support schools to develop plans for setting-up safe learning spaces, in which young people can learn, free from the threat of COVID-19. Governments should provide teachers with accurate information and training on public health crises. Leaders must remember the role that education plays in communities’ resilience to future public health crises and emergencies.
The UK Government has already announced it will invest a very welcome additional £5 million to help maintain education in light of the pandemic.

**What can the UK do now?**

This is vital moment for countries to work together to ensure that health for all is a cornerstone of our resilience to pandemics and the fight against poverty, with a particular focus on the needs of the most vulnerable and marginalised, including equal access to new COVID-19 vaccines and treatments.

In addition to the UK Government’s recent pledge to Gavi, we welcome the contributions of £744 million the Government has made so far to the COVID-19 response, and are proud to know that the UK is playing a leading role in finding a vaccine and has recently pledged to make a COVID-19 vaccine accessible to all. These commitments put the UK at the heart of the global leadership needed in the response. The UK must now help ensure that disruption to health and education services is kept to a minimum during this time of crisis, and should make an ambitious financial pledge is made to nutrition programmes. Any additional funding for COVID-19 should also be channelled through existing structures like the Global Fund to enable a quicker and more effective response.

The UK Government should also play its part in the collaboration and coordination needed between global health stakeholders in response to the global pandemic. One opportunity to do this will be at the Global Vaccine Summit in June 2020, hosted by the UK, when it will ask other donors to make financial pledges. To mitigate the impact of future crises, the UK must promote a holistic approach to health systems strengthening to ensure quality primary healthcare and achieve universal health coverage (UHC). This must include efforts to avoid losing the gains of recent years from a diversion of resources to the fight against COVID, such as by halting vaccination and malnutrition programmes, or treatments for diseases such as TB. This will be particularly important as a recession could cause the value of the UK’s aid budget (0.7% of gross national income) to shrink.

**What can advocates do now?**

Public awareness of the issue, for both a local and global response to the pandemic, is vital. We have already heard encouraging words on the importance of international collaboration from International Development Secretary Anne-Marie Trevelyan. It is vital now that this emergency response is part of a long-term strategy to strengthen health systems, to continue the fight against other diseases of poverty, and to make the global community as a whole more resilient to future pandemics, if we are to achieve the Sustainable Development Goals by 2030.

Health interventions for one disease are a vital part of strengthening overall health systems, fighting other diseases, and overcoming poverty. We must continue to champion the UK’s involvement in these life-changing and life-saving global health partnerships.

This month, pleases help publicise the importance of working in partnership with other countries to build resilient global health systems as a key part of the international COVID-19 response. Please write a Letter to the Editor of your local paper or online local news outlet (either as an individual or collaboratively as a group) explaining why the fight against the pandemic must be part of our larger goal to eradicate poverty and disease.

**Take action!**

1. Please write a Letter to the Editor of your local paper or online local news outlet (either as an individual or collaboratively as a group) explaining why an international response to the COVID crisis is important, and why the fight against the pandemic must be part of our larger goal to eradicate poverty and disease. See advice on writing to the media in the Background Sheet.

2. Why not email the Secretary of State for International Development, Anne-Marie Trevelyan MP, thanking her for the UK’s strong pledge to Gavi, the Vaccine Alliance. Email: DFIDCorrespondence@dfid.gov.uk

Let us know that you’ve taken action by emailing Dela at dela.anderson@results.org.uk.