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Impact of Covid-19 on access to care in sub-Saharan Africa

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The number of COVID-19 cases and deaths in sub-Saharan Africa, excluding South Africa, which accounts for almost half of the reported Covid-19 cases, has been lower than in other continents for reasons that remain unclear. This study aims to assess the impact of the pandemic on the supply and use of health care by the population in sub-Saharan African countries (excluding South Africa).

A PubMed® search using the keywords "Covid, Africa, Public health, Impact" from 31 March 2020 to 26 March 2002 identified 1,151 articles. After a selection on content and methodology, 105 articles were retained. The impact was assessed on the basis of comparisons with the months preceding the outbreak of COVID-19 or an identical season in previous years.

As soon as the first cases were diagnosed in March 2020, a significant decrease in health activities affecting all sectors, often associated with a reduction in the quality of care, and the closure of services were reported. Some of these have been particularly affected, such as routine immunisation, maternal and reproductive health, blood donation, HIV testing and distribution of antiretrovirals, rabies prevention, endemic disease control programmes including measles, tuberculosis, malaria and neglected tropical diseases. Large-scale distribution of drugs, impregnated mosquito nets and public health interventions have been interrupted in many countries, putting these diseases at risk of resurgence. The supply and use of health products has been profoundly disrupted due to transport restrictions or postponements of consultations, with adverse effects on chronic diseases such as hypertension, diabetes and cancer, and stock-outs. De-motivation or demoralisation of health personnel was reported. Particular vulnerability was observed among the disabled, PLHIV, slum dwellers, displaced people and sex workers.

However, the impact on health services was very heterogeneous depending on the locality - higher in urban than in rural areas - with a strong increase in the first months of the pandemic, then according to the epidemic waves which were not synchronised in the different countries. Access to health facilities was considerably reduced due to the containment and transport restriction measures taken by the authorities, and the lack of human and material resources, particularly personal protective equipment. Increased costs, coupled with impoverishment of the population, and the fear of being infected and diagnosed positive or stigmatised have also deterred patients from visiting health centres. Several studies highlight a gradual recovery between epidemic waves and a certain capacity to adapt the health care offer, or even a good resilience of the health services or the patients themselves.

A few articles make recommendations aimed at mitigating the impact of epidemics: early implementation of interventions, development of appropriate information strategies, regulation of patient flows, supply of health products, particularly personal protective equipment, training of health personnel in the reception and management of patients, improvement of alternative diagnostic and therapeutic techniques such as the appropriate dispensing of medicines, the use of self-tests, drones or telemedicine, organisation of catch-up routine vaccinations and adaptation of legislation on domestic violence.