

Some Lessons from the COVID-19 Crisis

Amb. John O. Kakonge PhD^{1*}

¹ President of the Association of Former International Civil Servants, Kenya

* Amb. John O. Kakonge, President of the Association of Former International Civil Servants, Kenya

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Since the outbreak of the novel coronavirus early in 2020, many lessons have been learned, both positive and negative. This paper considers some general lessons that can be drawn and the implications for future health crises. Specifically, it considers the need for preparedness of countries, the necessity of having available Personal Protection Equipment (PPE), the value of nurses, and the importance of scientist participation in decision-making. The article draws from examples across the world but pays special attention to Africa.

1. Need for Countrywide Preparedness

With a few exceptions (notably, countries in Asia), most countries were not prepared for the coronavirus disease (COVID-19) pandemic. These include almost all developing countries and developed countries such as France, Italy, the United Kingdom, and the United States. The countries that were better prepared were predominantly in East Asia and Southeast Asia, namely, China, Hong Kong, Japan, Singapore, the Republic of Korea, Taiwan and Viet Nam.

According to Gudi et al. (2020), one of the reasons why Southeast Asian countries have been able to keep their morbidity and mortality rates relatively low, despite their strong links with China where this novel coronavirus originated, is because of their previous experience with the SARS pandemic of 2002-2004. Most of these countries have established central epidemic centres focusing on biological pathogens, bioterrorism and medical emergencies. Gudi et al. (2020) note that within a few days of the outbreak, China was able to combat the fast spread of the virus by building two hospitals, each having around 30 intensive care units and with over 2000 beds. In contrast, hospitals in the United States were not prepared to deal with COVID-19, while in the United Kingdom, the health system lacked a sufficient number of beds and PPE to assist affected patients.

In the case of Africa, a report by the African Development Bank (AfDB, 2020) confirms that the majority of African countries were ill-prepared to handle the COVID-19 pandemic. Based on the Global Health Security (GHS) Index, which measures the health security capabilities needed to prevent, detect, and respond to significant infectious disease outbreaks, African countries mostly rank between the 101st and 195th positions on the index, with those ranking below 150 considered to be the least

prepared (AfDB, 2020). This level of ill-preparedness has been associated with weak health-care capacity, poor facilities and infrastructure, and inadequate budgetary resources. Furthermore, many African countries face an acute shortage of health-care professionals, with some having little or no testing capacity at all, as is the case in Lesotho. Some African countries, like Senegal, have well-established baseline health-care systems (AfDB, 2020). These, however, could be overrun should the number of patients rise (AfDB, 2020).

Clearly, there is a need for all countries, including those in Africa, to have active contingency plans for pandemics and other medical emergencies which should be regularly updated. If countries had these pandemic contingency plans in place in 2020, it appears that they were either inadequate or were ignored.

2. Access to Personal Protection Equipment (PPE)

Once the coronavirus disease was declared a pandemic by the World Health Organization (WHO) in March of this year, there was a rush by health-care facilities and practitioners to buy PPE. Given that the pandemic took the world by surprise, many countries, including developed countries in Europe and the United States, had either inadequate stocks or none at all. Large-scale manufacturers of PPE in Brazil, China, India and Turkey were unable to meet the demand. In addition, prices went up and developing countries, including those in Africa, found themselves at the end of the queue. Moreover, once international flights were suspended around mid-March 2020, it was foreseen that there would be delays in receiving supplies. These delays were estimated to be between three to six months. A number of African countries, including Kenya, judged the initial supplies that they received to be of very poor quality. In the words of former President John F. Kennedy, a crisis represents both danger and opportunity (Hoffman, 2018). A number of African countries resolved to produce their PPE locally. For example, the Kenyan manufacturing sector has been very active in producing PPE of good quality. There are also small-scale vendors in the country producing masks. These factories and vendors are now employing their own staff and providing them with an income source. In Tunisia and Morocco, factories have been repurposed to produce protective masks. In Morocco and South Africa, domestic manufacturers have started to produce ventilators and venturi masks on an industrial scale for the treatment of patients with COVID-19.

All in all, African countries, with a relatively strong manufacturing base and local capabilities, seem to have been better able to produce medical equipment for dealing with COVID-19. These countries are also working with their universities to produce prototype ventilators for critically ill patients. In any event, given that no one knows when this pandemic is going to end, the African countries producing PPE should sustain the capacity that they have developed for future pandemics. Moreover, they should stockpile essential items so that they will not be taken by surprise in the future.

3. Value of Nurses

Another lesson to be learned from the pandemic relates to recognition and appreciation of the role of nurses in providing health care services. Until the outbreak of the coronavirus pandemic, the role of nurses in health care was often overlooked or discounted, especially in Africa. As a profession, nursing has little prestige; nurses are poorly paid and, prior to the advent of COVID-19, patients did not take nurses seriously, preferring to be attended to by doctors. During the ongoing coronavirus pandemic, however, nurses have been heralded as lifesaving heroes on the frontline of the pandemic. According to Choi and Dermenchyan (2020), the fight against COVID-19 is a team effort; 87 per cent of the time patients spend in intensive care units (ICU), they are under the care of nurses and only 13 per cent under that of physicians. In addition, as the pandemic intensifies, treating the human effects of COVID-19 calls for nursing science (Choi & Dermenchyan, 2020). Wu et al. (2020) endorse the above observation by expressing their highest gratitude and respect to all the nurses who worked with them during the coronavirus pandemic in Beijing. Without the nurses, they would not have been able to treat the critically ill patients.

During this pandemic, one lesson which has become heartbreakingly clear is that patients must be isolated from their families and loved ones. Families say goodbye at the door of the hospital, knowing that they may not see one another again. But they are not alone; nurses and other health-care professionals administer to these patients as if they were their sisters, brothers, mothers, fathers, or significant others. “They are with the patient during intubation, proning, procedures and even when death is inevitable” (Woods, 2020). They celebrate the wins and cry with the losses. Nurses are our heroes!

By an ironic but felicitous coincidence, WHO had declared 2020 to be the “International Year of the Nurse and Midwife” in celebration of the 200th birthday of Florence Nightingale. Phillips and Catrambone (2020) conclude that nurses will always be on the frontlines of global pandemics. Nurses are the real cause for celebration, both during and beyond the COVID-19 crisis.

4. Importance of Scientist Participation

The role and importance of scientists and public health experts has become increasingly clear during the continuing coronavirus pandemic. Most of the countries that appear to have contained the coronavirus, such as China, Costa Rica, Germany, New Zealand, Republic of Korea, Taiwan, and Uruguay, have done so owing to the guidance and support of public health experts and infectious disease scientists. Under normal circumstances, subjects like epidemiology, virology, immunology, molecular microbiology, biochemistry, biophysics and infectious diseases have never received much attention in academic circles, especially in Africa. There is no doubt, however, that the COVID-19 crisis has highlighted the fact that science plays a vital role in supporting public health and, in fact,

returning countries to earlier economic levels.

Since the outbreak of the COVID-19 pandemic, many medical scientists have worked closely with doctors and nurses to contain or combat the disease. Despite the delays in political recognition of the coronavirus, the scientific community was already on the front lines. For example, by the time that politicians and the world at large began taking the virus seriously, scientists had already determined the full genome sequence of the virus itself, SAR-CoV-2, isolated clinical samples, and were searching for drug combinations that could be used to fight this new strain (Straiton, 2020).

The skills of the scientific community are needed now more than ever. They will be helping the world not only by finding solutions to the unknown, but also by sharing information that can allay public fears about COVID-19 while encouraging public participation in recommended prevention methods. For example, in the United States, Dr. Antony Fauci, the US government's top infectious diseases scientist, has helped to curtail the panic about COVID-19 and "continues to engage with the public in all sorts of settings and on their terms" (Sholts, 2020).

According to the United Nations Department of Economic and Social Affairs (UN DESA, 2020), public trust in science is essential for science-based policies to succeed, and science-based policies are essential to resolving global challenges. In the case of COVID-19, all individuals must trust scientific guidance if they are to alter their behaviour and lower the rates of transmission. Public confidence in science-based approaches to the pandemic is demonstrated by the uptake by the general public of such scientific phrases as "flattening the curve", which has proved effective in encouraging people to remain indoors to limit the spread. Thus too, science will provide us with an "exit strategy" from the pandemic when a vaccine is finally developed; in the meantime, scientists are helping us to understand the origin of the virus, how it spreads, what treatments are most effective, and indeed if a cure is possible. As acknowledged by Scholts (2020), "the fewer people in the dark, the better off everyone will be. We are in this together".

5. Summary and Conclusion

The topics discussed are related and are critical for the successful containment of the novel coronavirus disease. Clearly, health-care workers must be protected with quality PPE to avoid infections and contamination in Africa and elsewhere. Moreover, the knowledge and expertise of scientists and researchers are critical in the war on COVID-19. African governments need to be well equipped, including having stocks of PPE, and well-trained nurses, physicians, and scientists in essential fields. According to the United Nations Secretary-General's policy paper on the impact of COVID-19 in Africa (Human Rights Watch, 2020), Mauritius has the second-highest level of preparedness on the continent. This is because the country has universal health coverage, a strong laboratory system to conduct relevant research, and strong political will. This should be instructive to all other African

countries.

Under the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases of 2001, Member-States of the African Union pledged to allocate a minimum of 15 per cent of their national budgets to the improvement of their health sectors. Therefore, African countries should honour their financial pledge towards their health sector. Further, African countries need carefully to review the current state of their health-care infrastructure and make meaningful investments, which in turn will enhance the capacity and abilities of the health workers to fulfill their duties, especially during a pandemic such as the current one. Moreover, because of low investment in the health-care sector, nurses and doctors in most African countries are not adequately remunerated and this, in turn, has affected their morale.

As one African medical professor has noted, “Africa is a continent that fails to learn lessons. Every time we have a Lassa outbreak, we always approach it as a new one” (Human Rights Watch, 2020). Obviously, this should not be the case post COVID-19. In short, the issues discussed earlier about COVID-19 are interrelated, namely the nature of preparedness, the importance of PPE availability, and the recognition of the invaluable role of nurses and scientists. These issues must be prioritized by developing countries, including those in Africa, as health crises will continue to challenge aspects of our everyday lives.

Disclaimer

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