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GLOBAL HEALTH UNDER CRISIS

The impact of Covid-19 on health care in Peru, Ghana, South Africa and North Rhine-Westphalia, Germany

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CONTENT

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Following symbols make reading easier:

Covid-19


Tuberculosis


HIV/Aids


Cancer, Diabetes and other non-communicable diseases


Maternal and Child Health


Malaria and Dengue


Germany


Peru


Ghana


South Africa

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With the onset of the pandemic, the world came apart at the seams.
Photo: © Valebodnar

GRIT YOUR TEETH AND GET TO IT?

The Corona pandemic collapsed health systems or pushed them to their limits. Globally, it had a massive impact on patient care far beyond Covid-19. The goal of universal access to quality health care is receding even further into the distance. Together with partners in Peru, South Africa and Ghana, we have investigated the situation in these countries, analysed existing data material and conducted more than 30 interviews. This Pharma-Brief Special presents the results. At the same time, it is a plea to learn from this crisis, to strengthen public health systems and to better equip them against future crises.

With the onset of the pandemic, health systems around the world came under pressure. Even in wealthy countries, surgeries were postponed, consultations were cancelled and counselling services were reduced in order to avoid infection and to be able to treat the large quantity of Covid patients. The situation was far more serious in many poor countries: According to the World Health Organisation (WHO), in almost half of all low-income countries, three-quarters of all basic health services were at least partially compromised. 70% of outreach services or routine immunisation services were limited in the first year of the pandemic. Services for diagnosis and treatment of non-communicable diseases (69%) or for family planning and contraception (68%) suffered almost as much. Treatment of mental illness (61%) was also cut short, as was maternity care (56%) or cancer diagnosis and treatment (55%).[1]

"Maybe the important lesson here is we should not drop the messaging about other health priorities when a major new problem comes to the door. We should not drop these other aspects!"

Prof. Linda-Gail Bekker, deputy director of the Desmond Tutu HIV Centre at the Institute of Infectious Disease and Molecular Medicine at the University of Cape Town, South Africa

A nap in times of pandemic. Photo: CC John desos

Gaps in health care often continued

During the second year of the pandemic, there continued to be disruptions in all health sectors worldwide. However, significantly more services were interrupted in low-income countries as compared to rich countries.[2] Besides primary care, rehabilitative and palliative care, but also long-term care for patients were significantly affected. While more than half of all health services were suspended in the second half of 2020, "only" one third of essential care services were still affected during the first months of 2021. According to the WHO, this continuing shortage of services is likely to have even more serious consequences than the brief state of shock at the beginning of the pandemic.[2]

Devastating developments are already becoming apparent: Widespread poverty-related diseases are being lost from sight and patients' health care is far worse than in 2019. For the first time in its history, the Global Fund, for example, reported a decline in the control of HIV, tuberculosis and malaria and fears a renewed increase in deaths. While nearly 22 million people received life-sustaining HIV treatment in 2020 (8.8% more than in 2019), AIDS prevention programmes reached about 11% fewer people than in 2019 and 22% fewer people were tested for HIV. Tuberculosis treatments decreased by about one million (18%), and there was even a 37% decrease in treatments for extremely resistant TB. Likewise, there was a slight decline in testing and treatment for malaria - and all this despite a massive increase in funding from the Global Fund.[3]

The pandemic has thus widened many already existing gaps in health care. The disruptions to health care could undo two decades of progress, the WHO warns.[2] The noble goals of the sustainability agenda thus seem to have receded into the distance, and all the greater efforts are needed to make up for lost ground.

Before the lockdown in Ghana: people stock up on food. Photo: CC Owula Kpakpo

A VIRUS SHOCKS THE WORLD

Hundreds of millions of people have been pushed into poverty by the global spread of SARS-CoV-2. Precarious living conditions made them more vulnerable to diseases and reduced their chances of a healthy life. At the same time, the direct and indirect consequences of the pandemic widened existing gaps in health care coverage and worsened access to essential health services.

The pandemic - and the measures to control it - have caused an economic crisis worldwide, affecting national economies as well as individual livelihoods. People working in the informal sector in particular have lost their income, but many in the formal sector have also become unemployed. Millions of people - especially in sub-Saharan Africa and Southeast Asia - were additionally pushed into poverty in 2020. For the first time since 1998, global poverty is growing again, the World Bank reported.[4]

"On a global level, the pandemic has set back poverty reduction by twelve years. This definitely has an impact on people's living conditions, on their families, on the community."

Julia Ríos Vidal, Executive Director of the Tuberculosis Prevention and Control Program, Ministry of Health, Peru.

Catastrophic health care costs

More and more often, patients in need of treatment or medication have to pay more than they can spare.[5,6] In addition, starting in spring 2020, curfews for months and restrictions on public transport made it more difficult to reach the nearest health centre. "We fear that these measures could create insurmountable barriers for vulnerable populations to access essential health services (...)".[7] This could not only further increase existing inequalities in health care, but also encourage the use of substandard medicines and incorrect treatment.

Those who were already poor before the pandemic became even poorer because of it. This has made large populations more vulnerable to poverty-related diseases such as HIV/AIDS and tuberculosis. Lost livelihoods, interrupted access to education and the erosion of humanitarian rights fuelled stigma and discrimination in many settings and did much to hinder the fight against social diseases such as HIV and TB.[8]

Prevention programmes steamrolled

In addition, the burden of SARS-CoV-2 on health care systems was and still is enormous. In many places, especially at the beginning of the pandemic, staff were withdrawn for the Covid response, facilities shifted their focus and all energies were concentrated on prevention, testing, treatment and follow-up of Corona cases. The guidelines and restrictions in the health care sector made customary direct contact between health workers and patients more difficult. In particular for HIV and TB, where outreach and testing of at-risk groups are the backbone of prevention work, this situation caused huge problems.[8] Numerous prevention services were curtailed and testing also declined rapidly - in some countries, testing numbers had still not reached 2019 levels by the end of 2020.

Rigid infection control measures increased discrimination and stigma in many settings. Photo: © Ministerio de Defensa del Perú

Supply chains disrupted

Another concern was the restricted access to important medicines or preventive goods such as condoms. Supply chains were disrupted as flights were cancelled or cargo ships were quarantined. Cargoes could not be unloaded and many urgently needed goods were stored in port for long periods. Furthermore, freight costs exploded and many containers were stranded in ports far from their destination.[9] Last but not least, India - one of the main exporters of medicines - banned the export of all medical goods at the beginning of the pandemic, including antiretroviral drugs for the treatment of HIV. After two weeks, the Indian government lifted the export ban. But even this relatively short state of emergency caused shortages of HIV therapies in several countries: A total of 36 countries, in which 11.5 million people were on treatment, reported an interruption of their therapy programmes between April and June 2020. Many more countries warned of impending shortages or had very low drug stocks.

Disrupted supply chains caused bottlenecks for pharmaceuticals and medical devices. Photo: USAFRICOM/Flickr

HIV/Aids: Reduced testing and prevention

Monitoring of the viral load of infected persons and HIV testing were particularly severely restricted. The Global Fund reported that the number of people who had themselves tested for the HIV virus in 2020 fell by 22% compared to 2019.[3] But there was also a sharp decline in prevention services, such as the distribution of condoms or male circumcision.[10] The reasons for the plight are manifold: testing and treatment capacities in several countries were diverted to the treatment of Covid patients. Curfews, staff shortages or lack of protective equipment also prevented patients from receiving necessary treatment. The Covid-19 pandemic has almost certainly brought the global HIV response to a standstill and caused crucial progress to be lost, wrote the children's charity UNICEF on World AIDS Day in November 2020.[11] But research in the field of HIV/AIDS has also suffered greatly. Academic institutions have frozen or modified their research projects and turned their attention to the pandemic.[12]

Severe cuts in TB monitoring

It is in the newly diagnosed TB cases that the big drop is most obvious. They fell from 7.1 million in 2019 to 5.8 million in 2020 – a drop of 18% - back to the level of 2012. The cuts were particularly pronounced in Southeast Asia and the Western Pacific region, while the African continent saw only a moderate decline in TB testing. Of the estimated ten million new TB cases each year, over four million remained undetected. There was a decrease of 15% in the treatment of resistant TB, and even more than 20% in preventive therapies. Reduced access to diagnostics and treatment also led to a higher number of deaths than in previous years: for the first time since 2005, the absolute number of deaths from TB rose again in 2020, exceeding 1.5 million. Mortality from TB was thus more strongly influenced by the pandemic than mortality from HIV/AIDS - where a decline in deaths continued to be recorded.

"Covid-19 has really been a disaster when it comes to TB-services and care seeking."

Dr Jennifer Furin, Doctors without borders, Cape Town, South Africa

At the same time, global spending on TB prevention, diagnosis and treatment fell substantially - by around US$ 500 million. This meant that investments reached only about 40% of the amount that would actually be necessary for an effective global TB control. The WHO estimates that the true extent of the consequences of the cuts in TB control will only become apparent in 2022 - with even more deaths and a higher burden of disease. The achievement of the SDGs is no longer on track and this alarming trend must be reversed urgently.[13]

"Although TB was still a real issue, it was sidelined because Covid was brand new and it was killing people at an alarming rate."

Emmanuel Owusu, Stop TB Partnership, Ghana

Neglected diseases out of control?

The pandemic is likely to have had a devastating effect on the area of neglected tropical diseases (NTDs). For example, since campaigns for the administration of prophylactic drugs were suspended. The control of diseases such as trachoma, filariasis and schistosomiasis, for example, requires annual mass treatments that must reach a large part of the population. Suspension of these measures inevitably leads to the spread of the diseases and can undo the success of years of persistent efforts to control them.[14] On the other hand, NTDs remain severely underfunded and funding for control programmes is largely dependent on the goodwill of the private sector and philanthropic donors.

Mosquito nets are essential in the fight against malaria. Photo: ©WHO / Hollyman

Standstill in malaria prevention

Success in the fight against malaria had already been rather sparse in the years before the pandemic and the repeatedly modified WHO measuring instruments further complicate the comparison of data.[15] Problems include increasing resistance to common therapies and insecticides as well as the lack of an effective vaccine. There is some hope, however, with the approval of the first malaria vaccine, which was tested in Ghana, Kenya and Malawi. This vaccine is expected to reduce the hospitalisation rate for malaria by 30%. The vaccine is administered in four doses to babies between five and 17 months of age.

Women particularly suffered from the pandemic and its consequences.
Photo: CC Amuzujoe

In 2020, the World Malaria Report reported 241 million cases of the disease. 232 million malaria cases occurred in African countries alone (96% of the global burden) and nearly 612,000 Africans died from the disease. The 2030 Agenda target to reduce malaria incidence and mortality by 40% compared to 2015 will be missed by a wide margin on that continent. Admittedly, the WHO still predicted a doubling of malaria deaths at the beginning of the pandemic. The fact that it ultimately remained at (only) a 9% increase may be owed to improved prevention measures and a massive increase in funding.[16] The Global Fund has significantly increased its funding for malaria control for 2021-2023, and the additional funds have enabled many countries to design malaria interventions or adapt them to pandemic conditions.[17]

Nevertheless, prevention work largely came to a standstill with the onset of the pandemic. In particular, the distribution of bed nets treated with insecticides was suspended in many places. Yet these mosquito nets must be renewed on a regular basis to provide effective protection. Diagnostics and therapies also became scarce and patients were reluctant to visit health care facilities for early treatment. The fact that health crises have a devastating impact on malaria control is nothing new. During the Ebola epidemic in West Africa, for example, deaths from malaria increased massively and exceeded deaths from Ebola by far. Again, prevention measures came to a halt and access to treatment deteriorated. In the case of the Covid pandemic, similar scenarios are not improbable.

Forgotten: Women and children

Those who suffer most are children, who are at high risk of severe malaria or death, while Covid is much less likely to cause complications and deaths in this age group.[18] 24 million children are infected with the malaria pathogen every year and need rapid diagnosis and correct treatment. Pregnant women exposed to malaria need prophylaxis as part of their prenatal care, but these preventive services have also been stagnating.[7]

Children's health has suffered in the pandemic worldwide.
Photo: © Ministerio de Defensa del Péru

In general, sexual and reproductive health is at risk in pandemic times. Pregnancies, gender-based violence and sexually transmitted diseases become a particular challenge in times of crisis.[19] India, for example, reported twice as many cases of domestic violence as is customary during the first week of the nationwide mobility restrictions alone. South African police reported 87,000 cases of sexual violence in the first week of the lockdown[20] and also in Germany, sexual assaults and physical violence apparently increased during the lockdown.[21]

It is true that fewer women have died from Covid than men. But women have otherwise been much harder hit by the consequences of the pandemic and the measures to combat it. In many areas fundamental to health and well-being, they have lost out over the past two years: reproductive health

care services, for example, have been disrupted for extended periods in many places. Millions of additional unwanted pregnancies and unsafe abortions, as well as a significant increase in maternal mortality, are just some of the consequences that have been observed worldwide.[22] Women and children were also more exposed to sexual violence. Women were much more likely to become unemployed than men and were particularly affected by financial constraints and insecurity. Girls dropped out of school 20 times more often than boys and women bore the greatest burden of unpaid care for relatives.[23] These are all worrying indications that Covid-19 is causing women particular hardship. Successes already achieved have been scaled back in many countries. And it is to be feared that the gender-specific effects of the pandemic will last for a particularly long time. This makes it all the more urgent to finally put women's health and well-being at the top of the political agenda.

Vaccinations against measles and polio suspended

Children's health may also be in poorer shape now than it was before the Covid-19 pandemic: routine vaccinations and vaccination campaigns were cancelled in many countries owing to the unavailability of vaccines or because mass vaccinations could not take place due to contact restrictions.[24] The WHO conducted several surveys. By the end of April 2020, routine vaccinations had been interrupted in the majority of all countries.[25] 40 million children in Pakistan, for example, did not receive the polio vaccination that was actually due from April to June 2020, since all mass vaccinations in the country were stopped because of Covid.[26] In 2021, this trend continued worldwide and about half of the vaccination programmes were still interrupted.[27]

Children - whether in Ghana or in Germany - did not have much to laugh about in the pandemic. Photo: CC Saforoyal

Left alone: Patients with cancer

Health care for patients with chronic and non-communicable diseases has also suffered as a result of the pandemic.[28] Cancer diagnoses and therapies were severely delayed almost anywhere in the world, and research came to a standstill.[29] Most of the non-profit service providers in India who care for cancer patients at home had to cut back their activities, because public transport was not running, there was a lack of staff or even of protective equipment. This affected the psychological and social care of the patients - just at a time when they desperately needed this support. Only patients with very severe symptoms and dying patients were admitted as inpatients. Cancer patients with milder symptoms, on the other hand, were left to fend for themselves. Since very few of them had a large supply of strong painkillers at home, this situation probably had dramatic consequences. Because of the travel restrictions, they could neither go to the next bigger town or the next cancer centre to get urgently needed medicines themselves, nor were the clinics equipped to send medicines by post.[30]

"The focus had been on screening of Covid patients who had symptoms of Covid. So screening services had moved, diagnostic services had moved and there were less patients being diagnosed with cancer."

Prof. Vikash Sewrum, Director of the African Cancer Institute, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

Exhausted doctor during the first wave of Covid-19 in Italy. Photo: CC Alberto Giuliani

Even in developed countries, there were massive cuts in cancer care - most notably in the first wave of the pandemic: in the USA, for example, service utilisation dropped sharply and in New Zealand 40% fewer cases of cancers were diagnosed.[31] The United Kingdom expects breast cancer mortality to increase by 10% due to delayed diagnosis and treatment.[32] In Germany, there were also delays in cancer diagnosis and a considerable decline in the number of diagnosed cases. For example, mammograms for breast cancer screening were temporarily stopped completely and many patients avoided visits to the doctor for fear of infection. In addition, hospitals had to keep considerable capacities free for Covid-19 patients following legal regulations.[33]

Virtual approaches and online services were urgently needed during the pandemic. Photo: CC Joe Amuzu

The need for innovative approaches

The pandemic also opened up opportunities for change in many places and promoted innovative approaches to health care.[20] We have searched for such solutions in our country studies and found them: In HIV and TB health care, it was mainly community-based outreach services that worked even under Corona conditions. They offer integrated health care, i.e. they provide care for Covid as well as for other diseases. They are patient-centred, flexible and responsive and pay particular attention to the realities of the communities in which they operate. HIV self-testing was introduced or drug rations were given out for several months. The marginalised population groups received financial support and food parcels or shelter. Authorities set up online platforms that process data and information and make it available to health professionals or patients. Mobile apps were developed and introduced, allowing for easy monitoring of TB therapy at home or strengthening contact between health care providers and clients. In many settings, such innovative models have contributed to compensating for the collapse of public health care, in some places even improving the service compared to earlier times.

The lessons learned from the pandemic could provide an opportunity for profound systemic change: creating systems of health care that focus on people and all their health care needs, providing universal health care and leaving no one behind.

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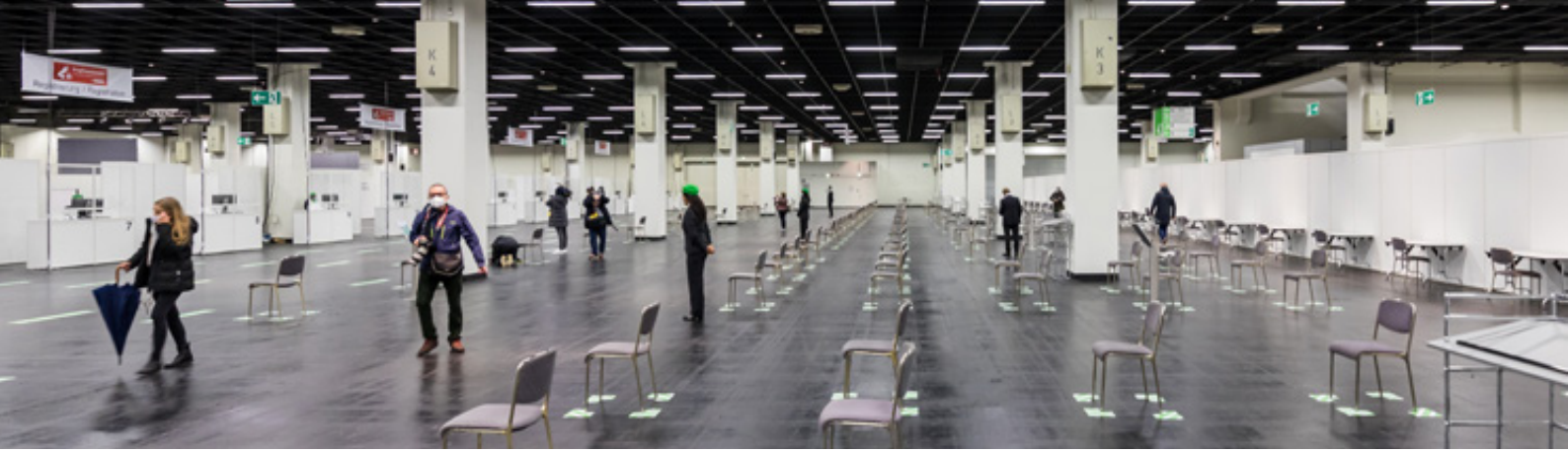


Corona test centre in Cologne.
Photo: Raimond Spekking

GERMANY: FEWER CANCER DIAGNOSES AND HOSPITAL TREATMENTS

From March 2020 to February 2021, almost 71,000 people more died in Germany than in the previous twelve months. But the excess mortality can only be partially explained by deaths from Covid-19. It may also be due to the impact of the pandemic on our health system and the reduced use of health care services.[1]

Mandatory masks in Aachen city centre.
Photo: Túrelio

In the first year of the pandemic, the high utilisation of hospitals by Corona patients, keeping beds free and tightened hygiene concepts led to almost 690,000 fewer operations being performed in German hospitals than in 2019. Plannable treatments and operations such as tumour operations or heart valve operations were postponed and there were almost two and a half million fewer hospital treatments.[1] Rheumatology, ear, nose and throat medicine and paediatrics were particularly badly affected with a minus of 20% each. In the case of cancer, it was still six percent, i.e. around 100,000 treatments fewer.[2]

Fear of the hospital

Experts are concerned about the change in the use of emergency care in the first and - even more so - in the second year of the pandemic. Far fewer patients went to hospital with heart attacks or strokes. Therapies were delayed and the recovery process also took longer.[3] According to the AOK hospital report, treatments for less severe conditions decreased, which could be related to the fact that patients with milder symptoms avoided hospitals for fear of a Covid infection. In relation to the decrease in the number of cases, however, the mortality rate for treated infarctions increased and more neurological symptoms occurred in cerebral infarctions and haemorrhages, because those affected were already seriously ill on admission.[4]

The situation is also dramatic when evaluating the case numbers of individual hospitals. For example, around 37% fewer patients were admitted to the emergency room at Düsseldorf University Hospital in spring 2020 than in the same period of the previous year. The treatment rate for vascular diseases was reduced by almost 60% in the spring and still by a good 50% in the autumn.[5] The Alfred Krupp Hospital in Essen, which treats around

1,000 stroke patients a year, recorded a 45% drop in the number of cases of transient ischaemic attacks (TIAs) - temporary circulatory disorders in the brain - during the lockdown from 16 March to 19 April.[6]

Fewer screenings - fewer diagnoses

The pandemic also affected cancer diagnostics: almost 30% fewer cases were reported from general and specialist practices between March and April 2020. The decline was particularly noticeable in skin and lung cancer - in men and women of all age groups.[7] There were far fewer colonoscopies in the past two years and far fewer colon cancer surgeries were performed in the second year of the pandemic. For breast cancer surgeries, meanwhile, the number had returned to almost normal in 2021.[8]

Excess mortality in Germany in 2020/2021 can only partly be explained by deaths from Covid-19.
Photo: CC Ralf Roletschek/Rechtsmedizin Charité Berlin

To learn more about how the pandemic has affected patient care in this country, we surveyed medical professionals, counselling centres and self-help groups in North Rhine-Westphalia, Germany, in spring 2022. For this purpose, we sent an online questionnaire by email to relevant actors from our database. The non-representative survey was sent to 202 pregnancy counselling centres, 14 diabetes counselling centres, 65 HIV/AIDS counselling centres, 15 cancer counselling centres and self-help groups as well as ten counselling centres for medical assistance to refugees and six health shops. We also sent the questionnaire to 103 doctors from the outpatient and inpatient sector. Although our survey does not permit any general statements to be made, it does shed light on the care situation in times of the pandemic and reveals worrying trends.

Prevention and counselling services reduced

38 counselling centres and self-help groups responded to us - the majority (36/38) of these facilities work in pregnancy and pregnancy conflict counselling. With a little more than a quarter, the sector HIV/AIDS was also well represented. Other areas of work were medical aid for refugees, child health, diabetes or cancer (1/38).

More than half (20) of the facilities reduced their opening hours because of the pandemic. Nevertheless, in most cases there do not seem to have been longer waiting times. A large proportion of respondents (27) reported that clients were less likely to use usual services, five organisations observed a very strong decrease in the use of their services.

"Fear is the problem" says this sign at a protest against Covid-19 measures. The Corona measures have aroused fear and mistrust in many people.
Photo: CC Ivan Radic

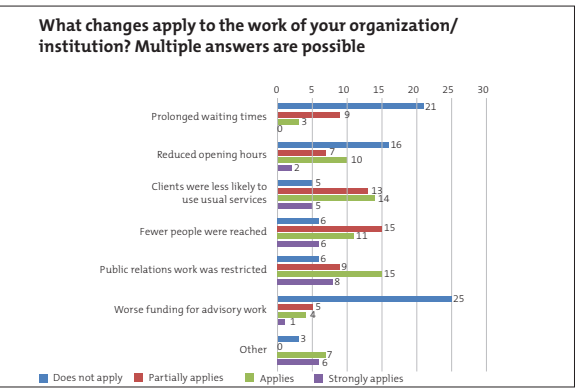
32 Facilities reached their target groups less easily, public relations work and also service offers suffered: self-help groups, for example, could no longer meet and due to the school closures in NRW, pregnancy counselling centres had to completely stop their prevention work at schools. The same applied to services in institutions for the disabled, because strict visiting bans applied here. According to the feedback from the stakeholders, it took some time to create the technical prerequisites for telephone or digital counselling. And it was not possible to replace all the services that had been cancelled with online services.

Psychological stress and deteriorated care

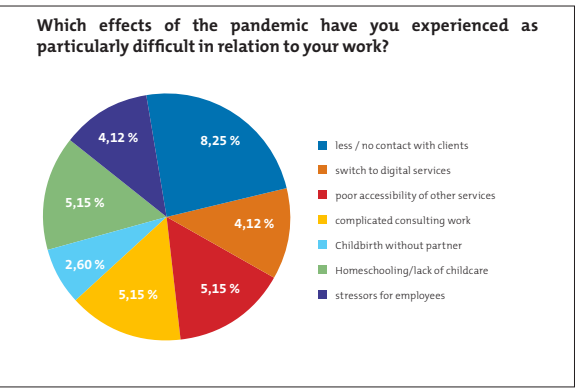
The restrictions were experienced as particularly massive during the first Corona wave in spring 2020. However, more than half (22/38) of the respondents say that restrictions will continue to exist.

A large part of the counselling organisations observe that their clients are increasingly struggling with mental stress (35/38). 21 out of 38 organisations report a deterioration in care, 10 see a worsening of the clinical picture or the health situation of their target groups. For example, there were hardly any birth-related services for women because attendance events were not possible. Women were more reluctant to seek help and were often affected by isolation and loneliness, especially after childbirth. Covid-19 has caused great difficulties and uncertainty, especially in the field of abortion. After all, testing is compulsory before surgical interventions and in the case of a positive result, the pregnancy can only be terminated at a later point in time. The reduced accessibility of authorities or medical practices often led to delays that put the women under time pressure. One counselling centre states that this "often resulted in a situation that threatened the existence of the families". The interviewees see serious consequences of the pandemic, not least for children and adolescents. "The fact that so little prevention work has taken place in schools is an untenable state of affairs that will also have consequences," says a family counselling centre.

Stress factors have also increased among staff: an increased administrative burden is criticised as well as an increased psychological strain on employees - for example due to the risk of infection, remote working or the implementation of constantly changing legal requirements..



Pandemic-related changes at the counselling centres and self-help groups



Effects of the pandemic that were experienced as particularly problematic by counselling centres and self-help groups

Impact on medical practices and clinics

20 medical facilities, mostly outpatient (17/20), returned the questionnaire. Three quarters of them (15) stated that the pandemic had a middle to strong impact on their work. In most cases, fewer services were offered and, most importantly, there were longer waiting times. However, opening hours had hardly decreased. In some cases, medical practices (e.g. in cancer or gynaecology) even stayed open longer so that fewer patients were in the waiting room. The majority of respondents (15), however, stated that their focus had shifted towards Covid-19 - for example by offering vaccinations and time-intensive Corona consultations. The majority (16) observed that patients used the usual services less frequently. In most practices, fewer preventive examinations and screenings were carried out.

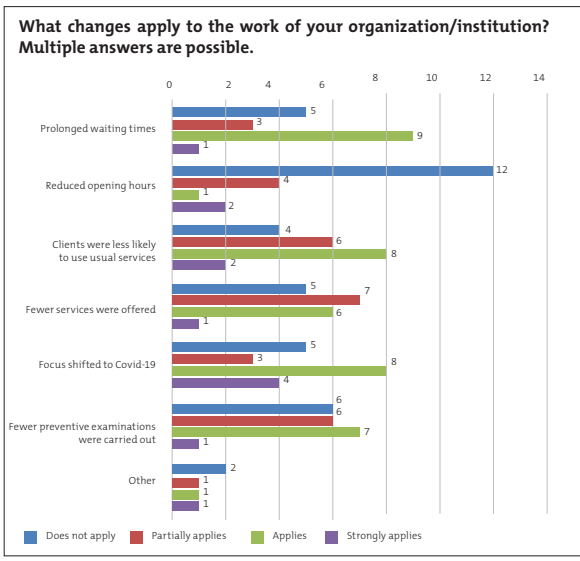
The majority (16/20) of respondents felt the constraints were particularly severe during the first Corona wave in spring 2020. Presumably because the challenges were new and recommendations for action had yet to be developed at that time. However, the restrictions associated with the third Corona wave in winter 2021/2022 were also experienced as very constraining by almost half of the respondents. In most cases, these constraints persist.

Increased morbidity

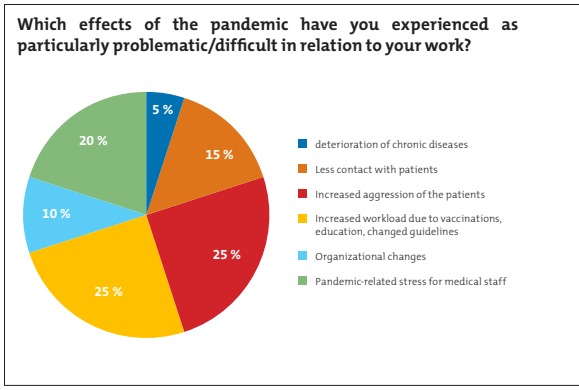
All medical practices observed health effects of the pandemic on their target groups. The majority of them saw their patients confronted with greater psychological stress (17) and also worse care (13). Almost half of the respondents (8) observed an increased morbidity of their clientele, some even an increased mortality. In particular, chronic diseases were "delayed in diagnosis and therapy". Complaints included reduced hospital admission capacities and longer waiting times for certain examinations.

The pandemic changed the daily work routine and had a significant impact on staff. All medical practices introduced additional infection control measures and many set up additional video consultations or online information services. The additional time required for vaccinations, educational talks and the constantly changing guidelines and requirements was also high. Moreover, about a quarter of the respondents saw an increased potential for aggression in their patients and found this very stressful. Dealing with vaccination opponents was particularly problematic, but also the reduced personal contact with patients. Staff shortages and the "complete wearing out of the staff" were mentioned in the answer sheets, as well as the great time pressure and the necessity to react to external circumstances at very short notice.

The pandemic is therefore likely to have had a considerable impact on health care in NRW as well. Both patients and health professionals were and are affected by many restrictions.



Pandemic-related changes within the practice/clinic



Effects of the pandemic that were experienced as particularly problematic by practices/clinics

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Combating Covid-19 with military assistance. Photo: © © Ministerio de Defensa del Perú

PERU: CLOSED FACILITIES, CONFUSED PEOPLE

Peru emerged as a Corona hotspot in South America in the spring of 2020. The country has one of the highest death rates from Covid-19 in the world.[1] But health also suffered from the collapse of the primary care system.

People queuing outside a health care facility in Lima. Photo: © Salud con Lupa

As early as 18 March 2020, the government imposed drastic curfews. Despite this, only a few months later Peru had a much higher mortality rate than its neighbouring countries.[2] There was a shortage of doctors and nurses, of hospital beds and testing laboratories, but also of personal protective equipment. As a consequence, a particularly large number of health workers died from Covid-19 during the first and second Corona waves.[3] Inadequate equipment in hospitals did the rest, forcing patients to buy essential therapies such as oxygen at astronomical prices from private providers.

Many of the government facilities were already poorly equipped in 2019 and there was a shortage of thousands of health care workers. The pandemic brought the situation to a head. Hospitals were running short of staff. In order to increase staffing, retired doctors were reactivated, bonus payments were introduced and the permitted working hours in hospitals were extended to 12 hours per day.[5] In addition, many professionals were withdrawn from other areas. Most basic health care facilities in Peru remained closed for at least five months as a result.

"There are many people who feel abandoned because the state just disappeared and their health care centre was closed."

Prof. Camila Gianella Malca, Faculty of Social Sciences, Pontificia Universidad Católica del Perú

If you don't have electricity, you can't stay at home

The devastating impact of the pandemic was also caused by social factors: only 74% of Peruvians have basic sanitation, 70% work in the informal sector and more than half live in poverty.[2] Such social determinants are not least decisive in the spread and control of the pandemic. If you do not have

a water connection you cannot stay at home, but have to venture out every day to fetch drinking water. If you do not have electricity, you do not have a refrigerator and you have to buy food at markets every day.[6]

Covid-19 has further impaired the social situation: the World Bank conducted a survey in Peru between May and July 2020 and found that 30% of respondents had lost their jobs, in one in four households a family member could not afford necessary medical treatment and in one in five households there was less food to eat. Pandemic and lockdown hit vulnerable groups hard, especially families living on odd jobs.[7]

Cancer care deteriorated further

In order to release funds to fight the pandemic, the government made cuts in a number of areas: the budget for government measures to control vector-borne diseases such as malaria and dengue was cut by about 37%. For tuberculosis and HIV it was 28%, for cancer prevention and control 25%.[4] Previously poor care for patients with non-communicable diseases worsened and this in turn increased the number of those admitted to hospital for severe covidity.[8]

The HOLA-COVID study investigated the impact of the pandemic on cancer care in Latin America and surveyed 704 oncologists in 19 countries. They concluded that there were significant delays in access to diagnostic tests, radiotherapy, surgery and supportive health care for patients.[9] Although more than 70% of the specialists stated that they had made greater use of telemedicine. However, in Peru in particular, it is likely that very few of those affected benefited from this. While almost 64% of the population in the coastal region have internet access, only 36% in the Andes and 33% in the jungle do. Apart from that, nowhere in Latin America is internet use as expensive as in Peru. All of this made the transition of medical services difficult.[10]

Neglected malaria and dengue

The fight against and treatment of dengue and malaria also suffered greatly. Correct diagnosis and treatment of febrile diseases was hardly possible in spring 2020 because all health care stations were closed. Health care posts as well as hospitals treated almost exclusively Covid patients and many of the sick shied away from visiting the doctor for fear of infection. The strong decrease in officially reported malaria cases - for example in the Amazon region of Loreto - is therefore not surprising. From March to April, the number of cases here declined by 20%, from April to May by 88% and from May to June by 99%, so that in the last week of June only 35 cases were reported.[11] Yet malaria is a major problem, especially in the Amazon region.[12]

Oxygen was in short supply in hospitals and private suppliers sold it at horrendous prices. Photo: Ministerio de Defensa del Perú

Highly fragmented and chronically underfunded

"Our country is currently fighting a 21st century virus with a health care system from the last century," says Fabiola Torres, journalist and founder of the organisation Salud con Lupa, describing the glaring health care emergency that has arisen in Peru as a result of the pandemic.[4] Primary health care had been neglected for years and the budget of the state basic insurance for poor population groups, SIS (Seguro Integral de Salud), was meagre and had not been increased between 2015 and 2020, although the number of insured persons had increased significantly. Chronic underfunding and corruption were key features of the ailing Peruvian health care system.

Effective pandemic control was also made difficult by the fragmentation of the system. In addition to the services of the Ministry of Health (MINSA), which reach about 60% of the population, there are separate health care systems for the police and the military or Es-Salud for employees who pay health insurance contributions (30%). The remaining 10% of the population are privately insured and use health care services of private providers or the non-profit sector.[5]

Vector control in particular was neglected during the pandemic. Photo: © Ministerio de Salud del Perú

Fewer dengue cases due to lockdown?

Dengue cases and deaths decreased worldwide in 2020.[14] Chen and colleagues also credit the Covid protection measures with a positive impact on dengue spread. As of March 2020 - when the lockdown measures began - dengue cases decreased by almost 45% in many regions of Southeast Asia and Latin America. The risk of dengue, the authors conclude, was significantly reduced by movement restrictions such as school closures and shorter outdoor stays. Nearly one million cases prevented were due to Corona restrictions.[15] It is to be feared, however, that neglected measures to control vectors will cause the number of infections to rise sharply in the coming years.

Similarly, the number of dengue cases decreased with the start of the lockdown.[13] It is true that curfews and shorter stays outdoors may have reduced the risk of infection. But the main reason for the reduced number of cases in Peru was the closing of health care facilities, says César Munayco from the National Centre for Epidemiology, Disease Prevention and Control: "During the first year, the number of reports decreased because there was no one to report the cases and, of course, no one to take care of them." To counteract this, regions with a particularly high incidence of dengue were declared distressed areas. This made it possible to hire additional staff for surveillance, treatment and vector control.

Although dengue is a mild disease in most cases, fatal complications can occur and need to be detected and monitored early. Closed health care stations had therefore probably increased the number of severe cases, Munayco said. But neglected vector control was a particular problem. The spread of the transmitting mosquitoes had greatly increased "because there was no one to go house to house to control the vectors." In 2021 and 2022, the number of dengue cases had then risen massively, even in regions of the country where the disease had previously been rare. In the spring of 2022, for example, there was an outbreak in Lima. Although the measures have been restarted, the pandemic has made people suspicious. Many do not let the health workers into the house.

The lack of vector control also worries Juan Carlos Alvarez Salinas, infectiologist and head of department at the Loreto Regional Hospital in Iquitos: "We had a big outbreak in 2021 that surpassed the one in 2020 (...) and it looks like it's going to be even worse than the previous two years." This, he said, was the result of all attention being focused only on Covid. "The number of deaths has not doubled or tripled, but it has increased." Fortunately, the Ministry of Health has now stepped up the fight against the vectors: there are house calls again, mosquitoes are fumigated and online training is offered to inform people about dengue - especially in regions where the disease had not been common so far and where people were less aware of it, such as in urban areas.

Women's health is not a priority

Maternal mortality in Peru has been falling since the 1990s. The country was well on the way to achieving its health goals here, writes social scientist Camila Gianella Malca. But the pandemic has set Peru back by years, she says. Official figures show a sharp increase in deaths around childbirth in 2020. Gianella and her team of researchers have analysed the causes. Excluding Covid cases, she said, there was still a 33% increase compared to 2019. Preeclampsia and eclampsia were the most common complications resulting in death, she said, and it was here that the lack of screening became apparent because risk factors such as high blood pressure were not recognized. Increased rates of preterm birth, growth retardation, and fetal malformations also indicate a lack of preventive care as well as a lack of access to appropriate emergency care.[16] A study by the Pan American Health Organization (PAHO), which examined deaths among pregnant women in several Latin American countries, reached a similar conclusion: 35% of the women who died with or from Covid-19 had not received intensive care. Their average age was 31 years.[17]

Especially in remote areas such as the Amazon region of Loreto, access to routine obstetric care deteriorated dramatically. Although emergencies continued to be treated, the stipulations of isolation, lack of transport and fear of infection meant that far fewer deliveries were attended by skilled personnel and in the event of complications, help could not be called in time.[18]

The Ministry of Health ordered the closure of all primary care facilities in the first wave of the pandemic, reports Margarita Pérez Silva, president of the Peruvian Association of Midwives. "We are talking about more than 8,000 primary care health facilities nationwide, as well as hospitals. That means that all the maternal care and sexual and reproductive health services, which we also consider essential services, were closed." This should not have happened, she says. "At that time, pregnant women had nowhere to go to continue their preventive health care. From one moment to the next, they were cut off from that care." To this day, care has not been restored to previous levels, since 30-40% of staff still work in home offices, Pérez Silva stated in Spring 2022. To address the health care shortage, she said, they created the "Birthing at Home" program; it airs for an hour every Tuesday to educate pregnant women about warning signs in pregnancy, nutrition and other topics.

Neonatal care in times of pandemic
Photo: © Salud con Lupa

"In 2019 we had one of the lowest maternal deaths, we celebrated because it was the lowest rate in the past ten years. We had 302 deaths related to childbirth. But with the arrival of the pandemic, we ended 2020 with 439 cases."

Margarita Pérez Silva, President of the Peruvian Association of Midwives

"The difficulty we had in San Mateo was that we had twelve-hour shifts. Twelve-hour shifts! There was no care at night, but the population knows that if there is an emergency at night, they have to go to a bigger hospital. But during the pandemic, everything changed! Because people were afraid to leave the district. After all, they would have had to go to Lima, and the city of Lima was completely contaminated."

Yessika Martínez, gynecologist at the San Mateo Health Center, Lima Province

Unwanted pregnancies

Gynecologist Yessika Martínez, who works at the San Mateo Health Center in Lima province, describes the state of emergency in 2020: "There was one month when the number of deaths was particularly high. It could have been between July and August when we had a complete suspension of care. We only took care of some emergencies, or emergencies that we referred further, giving priority to patients who were positive. Then all the care was done by phone." Some of the women also refused to come to the facilities because they were afraid of infection, she said. "We took turns going to their homes to continue prenatal care." In case of complications, patients have to be referred to a larger hospital in Lima. But that in particular was difficult, she said, "They would turn you away and you would run from one hospital to the next." During this time, a lot of organizational effort was put into finding out the women's phone numbers, keeping in touch via mobile phone or WhatsApp to ensure the best possible support for the pregnancies. Nevertheless, many things had been neglected: "We neglected not only the care of pregnant women, but also the whole issue of family planning. We saw a negative result, because after one month there were unwanted pregnancies, unwanted pregnancies, unwanted pregnancies (...) More than half of our clients did not use their contraceptive method because they had to stay at home. "

Fear and mistrust were also high, she said, and sophisticated strategies had to be developed to deal with the new situation. "In the beginning, they said go out with your PPE [personal protective equipment]. So we went there dressed up. But people saw us and everyone was hiding." That's why they switched to putting on the protective gear only at the patient's home. "We did everything and when we left the house, we put everything in the red bag at the door. (...) It was a ritual."

If there are complications at birth, secondary or tertiary care is needed, elaborates Enrique Guevara, director of the Institute of Maternity and Perinatal Medicine in Peru. And here lies a core of the problem, since there were too few intensive care units for Covid-infected pregnant women. Guevara sees better equipment for hospitals and better hospital management as essential.

She died because there was no intensive care bed

"In 2021, a pregnant woman came in with preeclampsia. This is a condition in pregnancy where blood pressure rises, and it is very serious because it leads to the death of the mother if not treated properly. At that time, we admitted the patient, transferred her to the ward and performed a caesarean section. (...) But we had no room for this woman who needed intensive care. At that time, there were no intensive care beds for mothers with Covid. We did have two, but they were for pregnant women without Covid. We didn't think pregnant women could get so complicated. The patient spent two days in the operating room. Imagine that! Finally, we were able to refer her to Villa El Salvador Hospital, but it was too late and the patient died."

Enrique Guevara, director of the Institute of Maternity and Perinatal Medicine in Peru

Growing gap in undetected TB cases

In 2019, nearly 33,000 new TB cases were reported in Peru. Even then, around 7,000 new infections went undetected. Today, there are more than three times as many. So the gap has widened dramatically. Researchers speak of a "destructive synergy" between TB, covid-19 and poverty.[19] Oswaldo Jave, a pulmonologist at Dos de Mayo Hospital and former coordinator of the TB Prevention and Control Program at the Ministry of Health, knows the problems. All TB control activities had decreased significantly, he says. Consequently fewer people were tested and fewer cases were detected: "That means there's a gap with undetected TB patients who are passing the disease on in their community." As a result, he said, cases of TB and multidrug-resistant TB were to be expected to rise in the next few years.

"TB was not given priority when Covid broke out - even though so many people in our country are dying from it," complains Melecio Mayta of ASPAT, a self-help organization of TB sufferers in Peru. Especially at the beginning of the first wave, he says, the pandemic had a major impact on TB care: "Many of the patients did not take their medication in the first few days, and the facilities were closed. (...) They didn't know what to do to get their treatment." In addition, access to general practitioners, psychologists and gynecologists was impaired. "All these activities were interrupted. Patients were practically left to fend for themselves to some extent in the beginning." It took a year before these services could be resumed. In addition, he says, it was almost impossible to know whether a disease was TB or covid because of insufficient testing capacities.

The pandemic has clearly aggravated the situation of those affected, says Mayta. Social hardship has also increased. For example, the delivery of food baskets, which are part of the state TB program, had been suspended for several months.

Julia Ríos, Executive Director of TB Prevention and Control at the Peruvian Ministry of Health, explains that the pandemic has caused multidisciplinary teams to fall by the wayside. Whereas previously there was a team of doctors, nurses, psychologists and nutritionists caring for the patients, suddenly there were only individual specialists. This is problematic. For example, 10% of TB patients also suffer from diabetes, and 5% are co-infected with HIV. Neglecting these comorbidities leads to more complications and hospitalizations.

People in protective clothing were linked to the deadly virus. Whoever the blue coats sought out was avoided.
Photo: © Ministerio de Defensa del Perú

"We observed that people come to the health facilities with very, very severe symptoms. The fear of getting Covid-19 keeps them away from going earlier."

Julia Ríos executive director of TB prevention and control at Peru's Ministry of Health.

Monitored therapy via phone app

Experts are concerned that funding for the TB and HIV/AIDS program in the 2022 budget has been cut and medicines could become scarce. However, Ríos is confident that funding will be increased again. She said the ministry plans to introduce preventive therapies and also new treatment regimens for resistant and extremely resistant TB - that is, replacing painful injections with shortened oral therapy. Mobile X-ray units have been purchased for the various regions of the country in order to carry out more screening examinations. In addition, civil society is to be more closely involved in the future, for example in monitoring preventive therapy.

A tuberculosis patient receives food.
Photo: © PANTBC-Programm Peru

In order to facilitate the WHO-mandated supervised TB therapy, a video-assisted therapy monitoring via mobile phone has been introduced. The application can be downloaded from the App Store. The video of medication intake is recorded and then sent directly to the server of the relevant health facility and checked by a nurse. However, patients must have a mobile phone. An application for the treatment of resistant TB is also currently being developed with the support of the Global Fund, Ríos said.

"One lesson from this pandemic is that we need to prioritize measures to prevent and control pandemics and epidemics and strengthen health services accordingly."

Dr César Cabezas Sánchez, Scientist at the National Institute of Health and Professor at the University San Marcos, Lima

Covid-19 has exposed and exacerbated the weaknesses of Peru's health care system, say Camila Gianella and her team. It is true that Peru has made progress in recent years with regard to the Sustainable Development Goals (SDGs). However, the strong focus on meeting individual indicators and the financing of these vertical programs through public-private partnerships is problematic. After all, diseases such as malaria or tuberculosis cannot be effectively combated without addressing the structural problems that cause poor health and unhealthy living conditions. The idea of Universal Health Coverage therefore needs to be again linked more closely with social justice.[20]

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Many people in Ghana are critical of the Covid vaccination. Photo: © Nana Kofi Acquah, WHO

GHANA: MORE STIGMATISATION AND SELF-MEDICATION

As recently as the beginning of January 2022, the number of new infections per day exceeded 1,000.[1] In the meantime, the situation in Ghana has eased. Many believe Covid-19 is over and vaccination is only hesitantly being accepted. Only 20% of the population are fully immunised. But the pandemic and its social and health consequences continue to be a bitter reality.

The number of Ghanaians who have died from Covid-19 is rather lowcompared to the rest of the world, with around 1,500 cases reported. Shortly after the first cases of the disease appeared in March 2020, the government ordered a lockdown in the particularly affected urban regions, markets and truck terminals were sprayed with disinfectants, and the country's borders were closed.[2] Many people became unemployed and food prices rose rapidly. To cushion the impact of the pandemic, a government Emergency Preparedness and Response Programme was launched – financed with a US$100 million loan from the World Bank. Covid patients were treated free of charge, vulnerable population groups received food, water bills were suspended for three months and electricity costs were reduced. Health workers on the Covid frontline received an insurance package and bonus payments.[3]

"In the case of Covid-19, it was quite clear that the health system was not put in the position to face a pandemic of this sort. It was quite clear that we were unprepared for something like this to happen."

Emmanuel Owusu,
Stop TB Partnership, Ghana

With the drone into the lab

In addition, local production capacities for protective equipment were created, Ghanaian companies developed Covid rapid tests as well as solar-powered devices for hand washing. The Ghana Health Service had already traced 86,000 contacts and tested nearly 70,000 by 19 April 2020.[4] Hospitals were converted into Covid clinics, government labs and hospital labs were used for the testing strategy, and construction of new clinics was begun. Even drones were used to pick up samples from remote areas and transport them to city labs.[2,5]

Mask production in Ghana.
Photo: CC unknown author

Patients in Ghana often have to spend a lot of money on their treatment:

Only slightly more than half of the population is covered by the National Health Insurance Scheme. Although the compulsory contributions are low and pregnant women, old people or children are insured free of charge, many poor people cannot afford even these small amounts.[9,10] In addition, many medicines have to be paid for by the patient.[11]

Covid-19 prevention was capitalized.
A schoolboy washing his hands.
Photo: CC Just Swanzy

So far for the success stories. But the situation in the health care sector is precarious: hospital beds, especially intensive care beds, are scarce. Only ten of the 23 larger state hospitals and teaching hospitals had an intensive care unit in 2020.[6] There are not even two doctors and just 42 nurses and midwives per 10,000 inhabitants in Ghana.[7] There is also poor coverage in rural areas, as professionals migrate to urban areas of Accra and Kumasi, or even abroad. During the pandemic, staff shortages worsened, promoting stress and burnout among medical staff and hindering adequate health care.[8] Joseph Ntiful, senior community nurse of the Ghana Health Service in the Accra region, reports: "Another challenge was the staff strength. When Covid came, we had to set a team for Covid and a team that would run the routine activities." Contact tracing and testing had to be done and many employees had dropped out: "The pregnant nurses went home, so we were only three nurses running the whole facility. For close to nine months! It was not easy."

Covid-19 was the top priority

Numerous steps were taken and there was close collaboration with the WHO to prevent a major collapse in essential health care services, says Dr Patrick Kuma-Aboagye, Director General of the Ghana Health Service. Special Covid outreach teams were sent to all regions so that not everyone had to worry about Covid-19.[12] Nevertheless, many key areas of health care suffered greatly, especially at the beginning of the pandemic. Several prevention programmes were suspended and vaccination campaigns stalled. Dr Adomako Boakye-Yiadom, who is responsible for the malaria control programme at the Ghana Health Service, recalls: "Right from the beginning when the first Covid-19 case was reported most of us in the national malaria control program, had to put on hold everything we were doing in terms of malaria control." Thus, he says, work came to a virtual standstill for some time, as senior officials were busy with contact tracing and other Covid activities for about two months.

For months, the pandemic was the top priority - not only of national authorities, but also of major donor organisations such as the Bill and Melinda Gates Foundation. The fact that all these actors constantly prioritised Covid-19 over other health needs has had a negative impact on health programmes on HIV, mental health, tuberculosis and malaria, according to an analysis by the University of Ghana.[3]

Meningitis outbreak in the middle of the Corona pandemic

While the health care system has been busy fighting the spread of corona, other local disease outbreaks have been criminally neglected, Derrick Mensah and colleagues complain.[13] For example, over 400 cases of cerebrospinal meningitis were reported on 15 April 2020. Five of Ghana's 16 provinces were affected by the epidemic. Forty people died in the second week of April alone - far more than the nine Corona deaths in the same period. The outbreak was not only particularly severe. The lack of response by the authorities, which is due to the current overload of the health system, is also worrying, the scientists say. The health system needs to be strengthened in the long term to ensure continuous care for patients even in times of crisis, Mensah and his team conclude.

Those who were already poor before the pandemic - like this coconut seller - have become even poorer because of it.
Photo: CC Dozzymanchiedozie Sunyani

The Corona virus also put an abrupt end to efforts to combat a polio outbreak that had already begun in 2019. The vaccination campaign launched in December stopped in March 2020 and could only restart in September. Before that, infection control measures had to be established, staff trained and protective equipment procured. A broad-based information campaign was also necessary to ensure the success of the intervention, as rumours were circulating in Ghana that vaccinations were being used specifically to test Covid-19 vaccines or to spread the Corona virus.[14,15] Experts fear that the postponement of immunisations could lead to higher mortality from measles, polio and yellow fever in the coming years. Many children may also miss their vaccinations because parents have become unemployed and have had to return to their home communities from urban areas.[16,17,18]

Children's health has suffered

Even before the pandemic, the health of Ghana's youngest children was in bad shape, and the deteriorating nutritional situation is likely to exacerbate the situation further.[19] At the same time, paediatric and neonatal health care has suffered across the country. Abdul Mumin and colleagues observed a sharp decline in the admission of sick babies at the Tamale Teaching Hospital in northern Ghana, for example.[20] By contrast, referrals for premature births and birth complications from other facilities had increased and the mortality rate among the infants treated had risen. One reason for this could be that many primary facilities are no longer operating at full capacity and that preventive care services for pregnant women have been suspended or not used. In northern Ghana, where many poor people live, 40% of mothers give birth at home. Here in particular, the lockdown measures may have further undermined the low level of trust in medical facilities, the researchers conclude. However, the pandemic has also brought improvements: it has put more focus on infection control measures and better hygiene, thereby reducing infections. Such positive learning effects could also have an impact beyond the pandemic.

Child health care in particular has suffered in the pandemic.
Photo: CC President´s Malaria Initiative/ Erin Schiavone

Deteriorating health care for women and mothers

A considerable proportion of medical emergencies in Ghana are pregnant women - also because of frequently practised unsafe abortions.[11] The pandemic may have exacerbated the situation here as well, as statements by our interviewees attest. Joseph Ntiful, a senior community nurse from Accra, states: "Family planning services were the only services which were high during the peak of the pandemic in 2020. (...) In a day you can see about 20 clients only on family planning services."

Encouraging development: the pandemic has brought infection control measures and better hygiene into focus - including the hospital sector.
Photo: © S. Pilivarti/US Army

Maternal mortality is high in Ghana: for every 100,000 live births, 319 mothers die in Ghana,[21] compared to seven in Germany.[22] The main reason for this is the lack of preventive care during pregnancy: about one third of all women giving birth do not attend or have no access to preventive care appointments. Covid-19 has dramatically worsened this situation: In the first half of 2020 there was a sharp decline in health checks and blood tests in the urban regions particularly affected by Covid-19.[23] To avoid contact, screening appointments were moved to the second trimester of pregnancy and examination intervals were increased unless there was a high-risk pregnancy. Many pregnant women also avoided visiting health care facilities for fear of infection. The country's largest health care facility recorded a 65% drop in usage between January and May 2020. A worrying trend that could undo the achievements already made in maternal health care.

Health care facilities were shunned

"More education is needed so that people will regain the confidence that they used to have in our conventional health systems."

Samuel Dodoo, executive director of the NGO Media Response, Ghana

Everywhere, infection control was given top priority: Corona education was considered and practised - in government health care programmes as well as in primary health care at the community level. Rachel Mensah, community nurse at the Komenda Health Centre, reports: Covid has not led to the disappearance of other diseases such as malaria. But in the prevention work, there has been a strong focus on infection control measures and the need to educate the population, for example about hand washing or wearing masks. Emmanuel Owusu of the Stop TB Partnership Ghana also confirms that education was the order of the day. This has also helped to reduce people's fear of being infected at the health facilities. And this fear was great, reports Samuel Dodoo, executive director of the NGO Media Response: "What we observed was that there was a sharp reduction in hospital attendance, especially OPD cases [...] And then we realized that it was as a result of apprehension of most clients or patients due to the fear of maybe being infected with the Covid-19 virus."

People were avoiding health care facilities, Rachel Mensah also says, and she adds, "So if we would just sit down in the facility like the patronage waiting for them to come, the attendance was low. We realized that this client was supposed to come today be she's not in. So we traced her and then rendered the services for her at home."

Home visits were the only solution, says Emmanuel Owusu of the Stop TB Partnership Ghana. "We didn't want to gather too many people at a place but also we still wanted to do the screening." So, they went from house to house, asking at every door if anyone was coughing or sick. Only in the completely sealed-off districts did the screening work come to a complete standstill for a while.

Those were the days... crowds at a health screening in Accra.
Photo: CC Kwameghana

Cuts in HIV care

Overburdened hospitals, a week-long lockdown in the urban areas of Accra and Kumasi and also stockouts of medicines hindered access to diagnosis and treatment of tuberculosis and HIV/AIDS.[24] The executive director of the NGO Hope for Future Generations, Cecelia Senoo says: "We clearly saw a negative impact of Covid on these young people living with HIV. Many of them could not get their ART [antiretroviral therapy] drugs because services were not available and people were not allowed to go out during the lockdown. So many of them had to interrupt their treatments."

"When you take TB sputum samples to the lab for testing you are likely to be sidelined because everybody is running around COVID these days."

Emmanuel Owusu,
Stop-TB Partnership, Ghana

Dr Ashinyo, Deputy Programme Manager of the National HIV Control Programme also observed major cuts in patient care, partly because of shortages of drugs: "We had problems clearing goods at the port and it was all because of the lockdown." Particularly difficult, he said, was the reduced use of services - from testing to treatment to regular check-ups for HIV patients. It was worst in the Ashanti and Bono regions, where HIV/AIDS is widespread. New approaches were therefore taken and drug rations were distributed for several months so that those affected did not have to come so often. The distribution of self-tests was also started - initially only among the HIV risk groups.

Shortage of money and equipment

Money and equipment became scarce in many places since both were needed for Covid activities. Stephen Kwame Boahen, disease control officer at Komenda Health Centre, reports that his facility ran out of containers for sputum samples. „We have containers we use for TB samples, but because Covid came, we were also using them for Covid samples [...] If we go for sputum containers for TB, we don't have it because everything was being used for Covid-19. So that was a big challenge." Laboratory capacity was also severely limited: "Sometimes you would send in samples and then it would take about two weeks to get the results because it was all about Covid." In addition, necessary medicines could not be bought because "we had to buy PPE's [Personal Protective Equipment], sanitizers, face masks and other things with the money we had used to buy drugs for other diseases".

Equipment became scarce in many places.
Photo: CC B.J.B Nyarko.GAEC/IAE Imagebank

"Although tuberculosis was still a real problem, it was suppressed because Covid was brand new and killing people at an alarming rate."

Emmanuel Owusu,
Stop TB Partnership, Ghana

Conspiracy theories and self-medication

Malaria prevention in pre-pandemic times.
Photo: CC President´s Malaria Initiative/Flickr

Covid-19 is very much stigmatised in Ghana, hampering the fight against the pandemic and causing problems for health care workers.[25] In the case of TB, for example, identifying cases became much more difficult, says disease control officer Boahen: "TB comes with a cough and Covid came with cough. So people were like 'Okay, I'm coughing. If I go now, they will say it's Covid.' And because Covid came with some stigma, people were afraid of it." Because of the great stigma, he says, you even have to use tricks to transfer sick people to the hospital without others noticing. "We have a high demand for the ambulance [...]. Before you take somebody to a treatment center, you inform the person to stand at a bush, so the ambulance will go there and pick up the person. "

Rumours and conspiracy theories surrounding Covid are causing headaches for many stakeholders in the health sector. Samuel Dodoo, executive director of the NGO Media Response, reports the misconception of many people "that the whole Covid-19 stuff was a planned kind of thing that was being plotted against them." In general, he says, the pandemic has created a strong distrust of modern medicine and many people have turned back to more traditional healing methods. A big problem is increasing self-medication. This is precisely why it is now enormously important to take countermeasures to restore the damaged trust in the health care system.

Standstill in malaria prevention

Mosquito nets can save lives, but their distribution was suspended during the lockdown.
Photo: President´s Malaria Initiative/Flickr

Dr Adomako Boakye-Yiadom, who works in the malaria control programme of the Ghana Health Service, shares this evaluation: patients even hid symptoms such as fever because they were afraid that they would be diagnosed with Covid-19. "So [people] were not even going to the hospital, they rather go to the pharmacy to get medications." What had a particularly negative effect, he says, was that at the beginning it was said that anti-malarial drugs could cure Covid. This drove up the price and led to a shortage in pharmacies.2 People were buying anti-malarials like crazy, Boakye-Yiadom said. "Anytime someone had fever, some of them went ahead to buy ACT's that we used to treat malaria, an artemisinin-based combination therapy." He fears that this has fuelled resistance.

Malaria is already one of the main causes of illness and early death in Ghana. Around five million cases occur annually and cause about 12,000 deaths.[26] It is in particular pregnant women and small children who need to be protected. But prevention work has largely come to a standstill due to the pandemic. Malaria expert Boakye-Yiadom explains that it was not possible to distribute insecticide-treated bed nets because schools were closed and because women and mothers did not come to the facilities. Measures such as treating the walls of houses with insecticide also suffered because people were suspicious and did not let anyone into their houses.

> *"We have a lot more people resorting to unorthodox medicine due to Covid-19. And this will be attributed to the myths and misconceptions that surrounded the whole pandemic."*
>
> *Samuel Dodoo, executive director of the NGO Media Response, Ghana*

Positive developments initiated

However, the pandemic also brought about welcome changes, says Elsie Ayeh of the National Network of Association of Persons living with AIDS (NAP+). "People started learning about how to make liquid soap, how to make hands sanitizers, and that sort of things. So that was what was needed." And eventually, she says, Covid got everyone "go digital, learn how to do that, because otherwise you'd be isolated. So that was the positive side. [...] But then we also have many members who were not Internet savvy, so they appeared to be left behind."

Many health care providers and organisations have increasingly used mobile phones to fill gaps in health care coverage. Ghana is very well positioned for this, as most people own a mobile phone. This opens up additional perspectives where staff are scarce and the distances to the next health care station are particularly long.[27] Cecilia Lodonu-Senoo from the organisation Hope for Future Generations, however, also sees disadvantages of virtual communication: for example, the willingness to donate has declined because there are no more personal communications. During the pandemic, active persons from civil society had proven that they were very well capable of carrying information into the communities. It would be desirable to build on this and involve them more in the future. But social determinants of health and disease prevention should also play a greater role: "We urgently need to invest more in prevention, instead of just treating diseases!"

"If we had involved civil society and communities from the beginning, community systems would have achieved more and people would not have died the way they did."

Cecilia Lodonu-Senoo, executive director, Hope For Future Generations (HFFG)

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Attracts travellers from all over the world in normal times: Cape Town Bay. But tourism collapsed with the discovery of the Omikron variant. Photo: CC Alter Vista

Panic shopping before the lockdown left supermarket shelves empty. Photo: CC Brandon Gregory

SOUTH AFRICA: FEWER HIV TESTS AND HIGHER MATERNAL MORTALITY

South Africa was the country with the highest number of Covid-19 infections and deaths of all African countries, with over 100,000 people dying.[1] The virus spread fear and terror and put a lot of pressure on the health care system. The situation remained tense in 2021: In November, the authorities reported the discovery of a new variant of the virus (Omikron), which spread rapidly in South Africa and worldwide.

After the first infection by SARS-CoV-2 became known on 5 March 2020, the trajectory rose rapidly. As early as 27 March, the government imposed "one of the strictest lockdowns outside China", which was only gradually eased after more than a month.[2] In addition to the closure of schools, universities and shops, there were strict curfews. Only those who wanted to get food, medicine or fuel for heating were allowed to leave the house. The lockdown mainly affected people in precarious living conditions, i.e. the three million who work in the informal sector and live from hand to mouth. It increased inequalities and social tensions in the country and blocked access to many areas of health care. Some facilities were closed or only open for emergencies, others restricted their services. In addition, poor people had hardly any chance to reach health stations or clinics because public transport was restricted.

Covid patients are taken to quarantine stations by ambulance. Photo: CC Khethukuthula

Fear was running rampant

But fear was also rampant, causing sick people to forgo necessary medical care: Across the country, hospitals recorded severe cuts in acute care in April and May 2020: Non-Covid-related inpatient stays - for heart attacks, strokes or acute cancer, for example - fell by almost half in the wake of the lockdown. Burger and his team prove with a nationwide survey of more than 7,000 adults that many people who would have needed medical help did not visit a facility. The main reason for this was the great fear of infection, but also transport problems, long waiting times or lack of money.

Over 3,000 pregnant women and mothers with newborns were also surveyed. Many had delayed visits to the doctor since the start of the lockdown, i.e. had not visited a health care facility for two months. Every fourth mother had not had her child presented, even though basic immunisations were due. Almost a quarter of the respondents had not had

access to contraceptives, condoms or medication in the past four weeks.[3] Poor people were cut off from health care far more than the affluent part of the population.

The South African government showed its leadership in the crisis and acted quickly. Additional health care workers were recruited: Temporary contracts were offered to unemployed or retired professionals and doctors were even hired from Cuba.[7] Hospitals and other health care facilities diverted their limited resources to keep up with global efforts to fight the pandemic. But the strong focus on Covid-19 resulted in other health problems being neglected that are prevalent in South Africa. Yet it may just be the heavy burden of HIV/AIDS and tuberculosis, as well as chronic conditions such as diabetes and cardiovascular disease, that contributed to the rapid spread of Covid-19 and the comparatively high mortality rate.[2]

Good health care guaranteed

By constitution, South Africa guarantees all citizens access to quality health care. However, the health care system, which is divided into a public and a private sector, and a highly uneven distribution of resources, creates major challenges: Almost 83% of the population is covered by the state system.[4] Only about 17% are privately insured, but cause 50% of all health care expenditure.[5] While for expensive private care, the bulk of intensive care beds [6] and 60% of all medical specialists are available, the public health care system lacks equipment and staff. In the nursing sector, for example, about 20% of the positions are not filled. Especially in rural regions, health infrastructure leaves much to be desired, and there are also great differences between the individual provinces. However, as more and more people are moving to the cities, the pressure on urban facilities is also increasing and many clinics are heavily overloaded.

From May 2020 to March 2021, there were almost 150,000 more deaths in South Africa than what would normally have been expected. But only 51,000 deaths from Covid-19 were recorded in the same period. It is hard to imagine, Smart and colleagues say, that 93,000 Corona deaths would have remained under the radar in a country like South Africa, when the whole world was staring at this very disease. It was more likely that many people died because they could not or did not want to take advantage of necessary medical treatment.[8] After all, access to basic health care was severely impaired in all provinces during the first year of the pandemic. The decline in preventive check-ups, access to contraceptives and screening services was particularly noticeable. In the most populous province, Gauteng, primary health care services recorded around 500,000 fewer visits than usual in March and April 2020 alone - a decline of 30%.[9]

More mothers and infants died

"Everyone was in a state of panic and yet we had to try and find some sort of calm, some sort of order to still deliver high quality cancer care in the midst of all of this chaos."

Prof. Vikash Sewrum, Director of the African Cancer Institute, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

Maternal deaths around childbirth increased in almost all provinces in South Africa. Maternal mortality in health care facilities increased by almost 23% nationwide in the first year of the pandemic - and even by 82% in the Western Cape. Likewise, more infants died.[10, 11] Not least, the reduced use of health services is likely to have put mothers and children at risk.[12] In KwaZulu-Natal province, for example, visits to health care facilities declined significantly between April and June 2020.[13] Data from a rural hospital show: daily admissions of infants and young children decreased significantly during the strict Stage 5 curfew and remained at low levels until October, even though the restrictions were relaxed in the meantime.[14]

All reproductive health care services were severely affected - at least until the autumn: Fewer contraceptives were prescribed, fewer pregnant women attended check-ups and fewer abortions were performed.11 At the same time, gender-based violence grew with the onset of the Covid crisis: within just three weeks, the national emergency call centre for victims of sexual violence recorded 120,000 calls. The lockdown and temporary disruption of sexual and reproductive health care services had led to more unwanted pregnancies and, as a result, more abortions, experts judge.15 Tshino

Ramaite, Policy Advisor at IPAS, an organisation that supports women and girls in accessing affordable contraception and abortion, shares this assessment. Between March 2020 and April 2021, about 23,000 minors had given birth to a child.[16] In the previous year, the figure was 14,000. „So that gives us a sense that during the pandemic, we definitely saw an increase with gender based violence."

On 18 March 2020, all schools in South Africa were closed. 17 million children and young people had to stay at home. Photo: CC Godot13

"A decrease in the rates of abortion services was reported in 2021. Woman who otherwise would have terminated the pregnancy have given birth or turned to unsafe abortions."

Dr Jill Hanass Hancock, South African Research Council

Backyard providers advertise their services

South Africa's abortion law is one of the most progressive in the world and grants the right to a safe and legal abortion. Only the consent of the pregnant woman is required. But the services available are limited and the pandemic increased barriers to access: Médecins Sans Frontières, for example, observed that abortion services were suspended because they were not considered essential services.[17] Especially at the beginning of the lockdown, it was not clear to many stakeholders in the health care sector which services were considered essential and could remain open without restriction, says Tshino Ramaite. "So some facilities were not quite sure how to proceed." In addition, she says, it was difficult for those affected to go to a facility, given the travel and movement restrictions. "That created a market for these backyard providers." On the internet, on social media and even on the streets, these illegal providers offered their services on a massive scale: "The posters are everywhere around taxi ranks and public areas. All you need to do is: Send a message or call them and they promise a very quick, pain-free service." In their distress, many women turned to it, she said. As many as 50% of all abortions in South Africa already take place in the informal sector. Covid-19 is likely to have increased the proportion significantly again.[19]

The business with illegal abortions flourished. Photo: CC Vgrigas

"If President Cyril Ramaphosa had spoken every day about PrEP [HIV prophylaxis therapy]the way he spoke about Covid, we'd have the biggest PrEP-program in the world, I think."

Prof. Linda-Gail Bekker, director of the Desmond Tutu HIV Center, Cape Town

Faux Pas in HIV testing and prevention

South Africa is one of the 20 countries with the highest burden of HIV/AIDS, tuberculosis and multi-drug resistant TB.[18] Because of the Covid pandemic, these diseases fell behind and prevention and testing services in particular were restricted or suspended altogether. So the cards were stacked against those who did not yet know their HIV status. The prospects were better for those who were already in treatment.[19] Thus, a survey of 65 primary clinics found that treatment was largely maintained for people already receiving antiretroviral therapy (ART), but screening services were capped.[20]

"I would say that we mitigated the impacts of the pandemic quite a lot in this country simply because of our differentiated service delivery models.", says Prof. Linda-Gail Bekker, Director of the Desmond Tutu HIV Centre in Cape Town. Even before the pandemic, South Africa played a pioneering role in differentiated service delivery. This means that people living with HIV can get their medication at nearby health care posts or have it couriered to them, rather than having to go to a health care centre or clinic. All of this was a significant advantage in the pandemic, Bekker says. "Secondly, I think there was this mobilization even at community level, to say: 'Let's make sure, people don't run out of treatment', which I think was very important!"

With the beginning of the lockdown, however, there was a significant decline in HIV testing. Nationwide, almost 3.5 million fewer HIV tests were carried out between March and December 2020 than in the same period of the previous year. This corresponds to a decline of about 22% - in the Western Cape province it was even 36%.[21] In Kwa Zulu-Natal, where 1.7 million people live with HIV, the number of HIV tests even dropped by almost half (47.6%) in April. On average, 200 fewer people started treatment each week than before Corona. With the end of the restrictions, the values recovered again.[21] Yet thousands of HIV infections may have gone undetected and thus led to further infections. Reasons for the greatly reduced HIV testing were reduced opening hours, lack of protective equipment and withdrawn staff. For example, 28,000 health care workers have been withdrawn from HIV outreach programmes to support Covid-19 testing. But many people have also shied away from going to the health care facility.[21]

HIV prevention at Valhalla Park in the province Western Cape. Many such projects came to a halt as a result of Covid-19. Photo: © Lindsay Mgbor/ UK Department for International Development

Life-saving drugs became scarce

"So, again, there was an anxiety about venturing out and being exposed to the virus", Linda-Gail Bekker reports. At the same time, health care facilities had been somehow overwhelmed by the Covid problem and "been quite hostile towards other problems". This overburdening had also led to longer waiting times, according to Dr Thompson, an HIV specialist: "The health facilities were overwhelmed by Covid issues, and in some ways, they were quite hostile to other kinds of problems."

"The other aspect that was very frightening for us in this region of the world, was just with all this stoppage of airplanes, and flights, and logistics, the continent was running short of, anti-retroviral commodities", Bekker adds and emphasizes: "There's a lesson there that we have to take forward into the next potential crisis or pandemic: That we really are never in a position, where we'll run out of lifesaving therapy." Not least in mother-to-child transmission and also in preventive HIV therapy, it is now necessary to regain lost ground: "Where are we with our pPrEP rollout, stalled during Covid? How much ground have we lost concerning antiretroviral therapy? Who out there has gone off treatment? How do we get this back on track?"

"A lot of the resources were redirected to Covid-19 response, even the human resources. So maybe you could turn up in the clinic and want an HIV test and end up in a long queue because there's no one focusing on that."

Dr Thompson, HIV specialist, South Africa

Weakening tuberculosis control

Tuberculosis control was also severely curtailed: TB centres were partially converted into Covid-19 centres and staff were withdrawn for testing and treatment of the SARS-CoV-2 virus. According to government health care system laboratories, the restrictions of the highest lockdown level 5 resulted in a 48% drop in the number of TB tests in the first month of the pandemic. 33% fewer tuberculosis cases were diagnosed as compared to before.[22] The number of TB-related diagnostic tests was reduced by a total of 17 million. By February 2021, test numbers were still below usual pre-pandemic levels.[10]

Dr Norbert Ndjeka, Director of TB Control and Management, at the South African Department of Health, states: "The numbers went down, particularly because initially we had to issue guidance to colleagues in the provinces to say that it's risky to allow TB patients to come every day like before. So we took decisions." This ultimately led to people not being screened for TB and thus fewer cases of the disease being detected – also with regard to multi-drug resistant TB: „During the year 2018 and 2019, we had approximately 10,000 patients treated that year. But at the end of the year 2020, we had only approximately 6700 on treatment. And what's interesting in 2021, despite the fact that we didn't have had lockdowns and all that 2021, we treated less patients than 2020." And another issue caused deep cuts in TB control, says Jennifer Furin, TB specialist at Doctors Without Borders (MSF): "I have many colleagues who were excellent TB-doctors who died from Covid. So how do you quantify something like that? They were really driving forces."

"While all this attention was given to Covid-19, this other respiratory illness - tuberculosis - really lost gains that have been made in the last decade."

Jennifer Furin, TB specialist at Médecins Sans Frontières

Tuberculosis services have suffered greatly in the pandemic. Photo: © Health-e

Reinforcing community-based services

Covid-19 is really a disaster when it comes to TB services and care utilisation, Furin said. Together with the Western Cape Provincial authorities, MSF has therefore moved TB services more into the communities and provided outreach health care, for example in the township of Khayelitsha near Cape Town. „Because of that, in many areas of Khayelitsha we have actually seen an increase in TB diagnosis, whereas in most parts of the Province, the TB diagnosis have dropped off." Among other things, when testing the household members of TB patients, many more TB-infected children were found than had previously been the case. „What we were able to do was increase access to diagnosis for children. [...] During that time period, that was a big achievement."

Empty corridors in a healtheare facility during lockdown. Photo: © Anel Steg

Chronically ill people: left alone and isolated

There were also serious cuts in the care of patients with non-communicable diseases (NCDs), such as cancer: in 28% of the hospitals surveyed in South Africa, tumour operations were cancelled or reduced. Preventive measures were also restricted and there were, among other things, significantly fewer screenings or HPV vaccinations to protect against cervical cancer.[23] Research projects were put on hold because staff and PhD students had to stay at home. Health care services could no longer be provided because staff were withdrawn from oncology wards or used to care for Covid patients. In addition, there was a shortage of cancer drugs and other essential medical products due to interrupted supply chains, the closure of national borders and reduced production.[24]

The vast majority of chronically ill patients continued to receive care, but again, patients were left behind because they suddenly stopped coming to the facility, reports Dr Masangu Mulongo, who works in clinical research on

cancers in women: "I do have patients who would have been on treatment since last year, but no one is coming because of Covid." In early cancer detection, too, opportunities were missed due to suspended screenings and thus more severe courses of the disease were accepted: "Those people would have needed to be treated. There will be loss of life because they might be diagnosed at the late stage."

Prof. Vikash Sewram of the African Cancer Institute fears that oncology in South Africa will come under heavy pressure because so many diseases remained undetected, were detected too late and more complex disease patterns have emerged. He observes a "ripple effect", and that only now, two years after the pandemic, "we are starting to pick up these pieces and get back to this new normal." He still sees problems in terms of unequal treatment, which has been exacerbated by the pandemic. „All of our patients go to the public healthcare sector. The majority of the spending of the health budget goes into the private sector. And the greatest of all: Most of the advancements in terms of immunotherapeutics or drugs and the best treatments in terms of therapy, they are all found in the private sector. [...] So the greatest beneficiaries of these advancements in oncology are a minority of the population in the country."

Community-based services in the townships are essential for good health care.
Photo: CC Andrew Shiva_Zwelihle

Much has been set in motion

But something has also been set in motion. The pandemic has clearly shown the opportunities for community-based and civil society commitment: The achievements of all the people who collected relief supplies, cooked for those in need or compiled neighbourhood phone lists. This health crisis could thus also provide an opportunity to rethink and reshape community health services and the role of informal networks.25 Covid-19 has taught that working with community partners, with NGOs, is important, confirms Prof. Vikash Sewrum. After all, you cannot be successful "unless you have the understanding and the buy-in of communities" to health policies and processes. But they have also learned "to organize the hospital settings much better. So less crowding and a bit of vigilance to take into account the social distancing".

"There were no more peer-to-peer and patient interactions, so support groups had come to a halt. Screening services had come to a halt. Diagnostic services had moved."

Prof. Vikash Sewrum, director of the African Cancer Institute

Eight billion rand, almost 500 million euros, was made available by the South African government to provinces in addition in the 2021/22 financial year to enable them to continue to respond adequately to Covid-19.[26] But it takes more than that. Something crucial has changed as a result of the pandemic, says Dr Norbert Ndjeka, Director of TB Control and Management, at the South African Department of Health: "We think that, maybe, people are really still not trusting in these congregate settings or in visiting hospitals." They obeyed the instruction to stay at home during the lockdown and the lesson was engrained in their minds. Better research is needed into what happened and swift countermeasures must be taken.

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Many people in Peru and elsewhere have lost confidence in their health care systems. Photo: © Ministerio de Defensa del Perú

LEARNING FROM THE CRISIS!

Grit your teeth and get to it - that cannot be the motto in the face of the Covid-19 pandemic. In order to make global health care better and fairer, a fundamental change is needed.

When all eyes turned to Covid-19, not only did the treatment of many other diseases fall by the wayside, but it was prevention activities in particular. Whether in education, maternity care, cancer screening or testing for HIV and TB, there have been serious cuts everywhere. “Sometimes we focus too much on curing those who are already sick,” warns Julia Ríos, Executive Director of TB Prevention and Control at the Peruvian Ministry of Health, for example. She pleads for more health care to be provided. Finally, our country study has once again shown how important it is to understand health not only as the absence of illness, but in terms of a healthy life that includes access to clean water, good hygiene and food. In line with the 17 Sustainable Development Goals (SDGs), it is urgently necessary to finally focus more on the social determinants of health - in Germany and North Rhine-Westphalia as well as in Ghana, South Africa or Peru.

The full extent of the pandemic’s impact will probably only become apparent in a few years’ time, when the consequences of neglected prevention and control programmes become visible. However, health care systems and treatment programmes already need to change fundamentally in order to leave no one behind in terms of health care on the one hand and to be better prepared for health crises in the future on the other.[1]

“People are distrustful, they don’t trust the health care sector in many areas, and they are right. Covid has added to that mistrust.”

Prof. Camila Gianella Malca, Universidad Católica del Perú

Health care workers became scarce in many places during the pandemic.
Photo: © Ministerio de Defensa del Perú

Strengthen personnel capacities

The core element of resilient health care systems is a well-trained specialist staff. But this is precisely where there is a shortage - in Germany as well as in the countries of the global South. Instead of luring professionals from poorer countries to Germany with incentives, better working conditions and fair wages are needed here. It is also important to support sustainable self-financing in poor countries, i.e. to set incentives so that more resources are made available for the health care systems. A multilateral health care system fund, for example, would be conceivable to strengthen systems in the short and medium term - because we all benefit from resilient public health care systems.[2]

Regain trust

The Covid-19 pandemic has massively undermined people's trust in state care systems and in medical health care - this applies to Ghana or Peru as well as to Germany, where to this day a not inconsiderable part of society clings to obscure Covid myths. To regain the lost trust, it would be urgently necessary to further research and establish patient-centred and needs-oriented approaches instead of punitive ones. Reliable data are just as indispensable as open and honest health communication. It needs to communicate the advantages and disadvantages of medical interventions comprehensively and in an understandable way, and in doing so, it needs to involve especially vulnerable population groups more and take their special health needs seriously.

Strengthen primary health care

Efficient health care systems need solid funding and good equipment. It is counterproductive if resources have to be diverted from other important areas when crises arise - in part because international donors shift their areas of interest. This is where the great weakness of vertical health programmes and public-private partnerships becomes apparent. Primary health care, i.e. high-quality basic health care, should be brought back into focus. According to the Organisation for Economic Co-operation and Development (OECD), this would ensure continuity of care even in times of crisis: Strong primary health care organised in multidisciplinary teams, integrated with community-based services, digital technology and well-designed incentives contribute to a successful health care system response. In particular, community-based services and outreach health care are central pillars of this response.[3]

The Covid-19 crisis has shown once again that countries with effective social protection systems and good health care are best placed to respond to crises. So what we need now is not just short-term Corona aid and global availability of vaccines. The consistent implementation of universal health coverage belongs at the top of the political agenda.[4]

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GLOBAL HEALTH UNDER CRISIS

The impact of Covid-19 on health care in Peru, Ghana, South Africa and North Rhine-Westphalia, Germany

The Corona pandemic ignited a global health crisis. It caused care systems to collapse or brought them to the brink of their breaking point. Worldwide, this had a massive negative impact on patient care and also on the goal of universal access to good health care. Even in affluent countries, surgeries were postponed, consultations cancelled and counselling services reduced in order to avoid infection and treat the many Covid-19 patients. The situation was far more serious in many poor countries: According to the World Health Organisation, the majority of basic health care services were at least partially impaired. Routine vaccinations, diagnosis and treatment of non-communicable diseases or family planning and contraception were particularly badly affected. Also severely affected was the control of tuberculosis, HIV and malaria. Together with partner organisations in Peru, South Africa and Ghana, we investigated the situation in various countries, analysed existing data material and conducted more than 30 interviews as well as a survey in NRW. This Pharma-Brief Special presents the results. And it is also a plea to learn from this crisis, to strengthen public health systems in the South and North and to better equip them against future crises.

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