Advocacy Network for Africa (AdNA)

Statement in Honor of International Human Rights Day, December 10, 2020

Protect Healthcare Workers to Save Lives

Globally, health care workers are vital members of our communities; indeed, our communities' health depends on them. In African countries, there is always a shortage of healthcare workers. It takes years for doctors to graduate from medical school and go through residency before fully operating as doctors. It takes additional years for specialized doctors to complete training. Although more nurses graduate from college, the number falls short in the face of the great demand for nurses and health care workers in African countries. The health infrastructure in African countries makes it extremely challenging for healthcare workers to provide essential health services safely and puts health care workers at high risk.

The shortage of doctors in African countries has forced many nurses and clinical officers to treat patients, in place of doctors. Role shifting is a common occurrence throughout the continent. In rural areas, clinics and hospitals are staffed by nurses and only a single doctor, if they are lucky enough to have one. Most rural people are seen by visiting doctors instead of doctors in residence. Compounding the acute shortage of healthcare workers in Africa is the phenomenon of brain drain. Many health workers from Africa are recruited to work in the developed world, where they get better remuneration than in their countries of origin.

Now COVID-19 has hit health care very hard, killing hundreds of healthcare workers and forcing the older workers and those who have pre-existing conditions into early retirement. Despite these precautions, the rate at which healthcare workers are dying is quite alarming. Health care-associated COVID-19 infections are happening globally.[i] Many African health care workers operate with limited Personal Protective Equipment (PPE) in small, congested hospitals without ventilation and are there for days on end. Running water, if any, is a scarce commodity, even in hospitals. Such spaces provide a recipe for COVID-19 disaster, making health workers much more vulnerable to the coronavirus than is the general population.

Many health care workers are overworked, under-compensated, and have no proper health insurance. In November 2020, the Associated Press published a story of a Kenyan doctor who died because there was no ICU bed for him. Health care workers explain they cannot afford the very COVID-19 medications that they administer to their patients, even those who work in private hospitals, where the medicine is available. The medicines are simply too expensive for most people.[ii]

According to Kenya Medical Practitioners and Pharmacists and Dentist's Union (KMPDU), many health workers are infected and succumbing to the coronavirus primarily due to a lack of proper personal protective equipment (PPEs) which leads to the dire shortage of personnel to take care of COVID-19 patients. Kenya, which has 9,068 licensed doctors, has lost 25 doctors and ten specialized doctors, four within 24 hours in the first week of December 2020. Over 2200 healthcare workers are infected with COVID-19 in Kenya as this statement is issued on December 10, and thousands of health workers are infected; some have died. Frontline health care workers have warned of a pending strike if the government does not provide enough PPEs, proper medical care for health workers, and better compensation.[iii]

According to the Ministry of Health in South Africa, 27,000 health workers have the coronavirus, and 240 have succumbed to COVID-19, which continues to spread.[iv] In Nigeria, Africa's most populous country, over 16,000 resident doctors have gone on strike twice, demanding PPEs and hazard pay for COVID-19. Over 1000 Nigerian doctors and thousands of healthcare workers are infected, and a dozen doctors have died.[v] In Sierra Leone and Liberia, health care workers account for 12% of all COVID-19 infections.[vi] In addition to the risk of COVID-19 infection, many health care workers are operating under stressful conditions, facing exhaustion, financial constraints (as some of their family members are out of work), mental illness (because of the trauma of caring for dying patients and family members), isolation (as some cannot go to their families to protect them from the virus), and some are stigmatized (by ill-informed community members who think they health workers are spreading the virus).[vii]

Acknowledging the global challenges related to corruption and illicit profit-taking in the midst of the COVID crisis and the rush to boost funds, medications and equipment, we urge that creative mechanisms for transparency accompany every aspect of the transfers of funds, vaccines and much-valued supplies.

To prevent a COVID-19 related health catastrophe, the global community must act through as many channels as possible to protect healthcare workers.

Advocacy Network for Africa specifically calls upon the US government to support African governments to:

1. Supply adequate and effective personal protective equipment (PPEs), including N95 masks, full gown protective gear, face shields, and gloves. Health care workers who are

constantly exposed to the virus, need full protection while risking their physical and emotional health to treat patients and comforting patients or relatives.

2. Provide appropriate compensation to health care workers, including hazard pay, overtime pay and adequate health care for all categories of health care workers. Given their sacrifice and commitment to work on the frontline of the COVID-19 pandemic, governments should take steps to ensure appropriate compensation for health care workers.

3. Provide mental health services to health workers. In African countries, psychotherapy or mental health services are minimal and even nonexistent in some places. Health workers need all their mental capacity and psychosocial support to step into the breach to provide health services to millions of people in Africa.

4. Provide appropriate housing for such health workers instead of living in storage rooms in hospitals or makeshift tents/cardboard shacks outside the hospital. Many health care workers are stranded in hospital facilities, unable to return to their families because of the high risk of infecting their family members.

5. Establish hospital/clinics to provide incoming COVID-19 screening, including testing. While the testing rate is very low in African countries, governments must ensure that anyone encountering the medical system, especially health care workers must be tested for the coronavirus.

6. Set up facilities to treat doctors who become infected in the line of duty. Access to ICU beds and medicine should be treated as a right of service in the health care system during COVID. No health worker should fail to access ICU beds or medicines, when they need it. As governments designate hospitals for high-level officials, diplomats and UN agencies, they should equally designate such facility and consideration to frontline healthcare workers.

7. Provide running water and electricity or generators to all healthcare facilities to improve hygiene.

8. Recruit more cleaning services and supply adequate cleaning products and equipment for these service workers. Cleaners should have access to testing before entering patient areas. Health care workers tending to patients should not be expected to clean the space as well.

9. Recruit more health workers to serve in public health facilities. There are many trained health workers operating in private clinics. African governments need resources to recruit these capable health care workers to join the government in a collective response to COVID-19.

10. Recruit, train, and pay health care community workers to assist and support health workers in the COVID-19 response. Many community workers are already trained to work during infectious disease emergencies such as Ebola and HIV.

11. Designate COVID-19 specific hospitals, offering spacious facilities with proper ventilation. Many countries are treating COVID-19 patients in the same facilities used for

all other health care cases. Sometimes, they have designated rooms, but because of limitations of ICU equipment, the ICU exposes all patients to COVID.

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[i] https://khn.org/news/lost-on-the-frontline-health-care-worker-death-toll-covid19-coronavirus/

[ii] https://apnews.com/article/health-coronavirus-pandemic-africa-kenya-nairobi-ba02c148539fdf14d3e2a264df9be625?utm_campaign=SocialFlow&utm_source=Twitter&utm_medium=AP

[iii] https://www.aa.com.tr/en/africa/kenyan-medics-vow-to-strike-over-covid-19-doctor-deaths/2045831

[iv] https://en.as.com/en/2020/08/14/latest_news/1597361222_915673.html

[v] https://www.bbc.com/news/world-africa-53013413

[vi] https://www.bbc.com/news/world-africa-53013413

[vii] https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00574-3