

World Health Organisation warns pandemic could “turn the clock back” on other killer diseases in Africa

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Health experts are warning that deaths from preventable diseases could rise in Africa. The spread of the coronavirus pandemic could mean many are forced to forgo treatment or are unable to gain help for diseases such as malaria, tuberculosis (TB), HIV, measles and polio due to the disruption to health care and other essential services.

Africa has nearly 90,000 confirmed cases of COVID-19 and more than 2,800 deaths. This is likely to be a gross underestimate, as only a fraction of the number of tests compared to other regions have been carried out, at around 685 per million people.

Many African countries face difficulties in purchasing test kits, which are the subject of fierce international competition. Others, such as Nigeria, are unable to produce some of the key chemical reagents needed locally. Getting tests to where they are needed and setting up the labs to process samples are no small task for impoverished and under-resourced public health systems.

With Africa’s health care the least able to confront the deadly virus, the World Health Organisation (WHO) has predicted that some quarter of a billion Africans will become infected and as many as 190,000 will die within the first year of the pandemic.

It has warned that while it might not “spread as exponentially in Africa, as it has elsewhere in the world, it likely will smoulder in transmission hotspots” unless urgent action is taken to test, track and trace the disease, a forlorn hope.

The back-to-work drive by African governments that goes against the recommendations of the WHO and other medical and academic experts will only increase the number of infections and deaths.

The continent’s former colonial and oppressed countries also confront the problem that the pandemic is

“stealing” already meagre resources away from other communicable diseases, further fuelling its impact.

The virus is claiming the lives of health care workers and others directly. Meanwhile, the lack of access to health systems due to lockdowns, curfews and transport disruptions, along with the loss of infrastructure and preventive measures as the coronavirus spreads, means the number of deaths from other diseases could soar into the millions. This further highlights the terrible prevalence of diseases long ago eradicated in the advanced countries. Indeed, the indirect effects of the 2014 outbreak of Ebola virus in West Africa were more severe than the outbreak itself.

Malaria, Africa’s most prevalent infectious disease, kills a shocking three-quarters of a million people a year, 94 percent of whom are found in sub-Saharan Africa. It is estimated to kill a child every two minutes and at least 1,100 people every day.

The coronavirus has curtailed treatment efforts and stalled widespread prevention programmes such as insecticide bed net distribution and spraying. The WHO’s Africa director, Dr. Matshidiso Moeti, said, “While COVID-19 is a major health threat, it’s critical to maintain malaria prevention and treatment programmes.” He warned that without preserving the delivery of bed nets and access to antimalarial medicines, “The new modelling shows deaths could exceed 700,000 this year alone. We haven’t seen mortality levels like that in 20 years. We must not turn back the clock.”

The prevalence of malaria—405,000 deaths in 2018 or more than 1,000 a day—a disease that is both preventable and treatable, long after the WHO began its first eradication measures in the 1950s, is an indictment of both the imperialist powers that fund the WHO and Africa’s bourgeois nationalist governments.

There was a successful campaign in Europe, Australia and several other countries targeted during the 1950s by the WHO's Global Malaria Eradication Programme (GMEP), with 37 of the 143 "malaria-endemic" countries seeing a complete eradication of the disease. However, slow progress was made in Africa as DDT became ineffective against the Anopheles mosquito and the disease developed plasmodium resistance to chloroquine.

In 1969, the WHO abandoned the GMEP, which together with recurring funding shortfalls in the 1970s and 1980s led to the elimination of much of the progress made in many countries. Decades were to pass before malaria in Africa became the focus of an international effort to tackle it. But even today, eradication remains a distant prospect. The cost of eradicating malaria by 2040 has been estimated between \$90 billion and \$120 billion—far less than the wealth of Amazon boss Jeff Bezos or Microsoft's Bill Gates. But in 2016, the WHO said that the miserly annual funding of \$6.4 billion per year would need to double by 2020 to reduce global malaria incidence and mortality by 40 percent.

Now, even the limited gains made over the last two decades are under threat as already meagre funding is diverted to fight COVID-19.

Richard Mihigo, co-ordinator of the WHO's immunisation programmes in Africa, voiced his concerns about a range of health issues, including a drop in blood donations and disruptions in the supply of vital medicines due to flight cancellations and border restrictions, but particularly vaccination programmes. Five African countries have already halted measles campaigns covering 31 million children, and the prospect of declaring the continent free of polio this summer has dimmed.

Mihigo said, "The postponement and cancellation of planned activities is really putting at risk some of the vaccine-preventable diseases." The London School of Hygiene and Tropical Medicine has warned that there could be 140 deaths from diseases such as measles due to stopping vaccination visits for every death caused by COVID-19 if the programmes continued.

Borry Jatta of the International Rescue Committee, speaking about the Democratic Republic of Congo, where at least 2,200 people died in the 2018-2019 Ebola outbreak, warned that the coronavirus was affecting a range of health care services. He said, "Critical vaccinations, maternal and child health and other life-saving activities are [being] reduced and in some cases stopped completely due to fear of the spread of COVID-19. The risk is that we will see an increase in

other epidemic outbreaks."

UNICEF has warned that 1.2 million children under the age of five could die in six months from acute malnutrition (wasting) and several other non-communicable diseases as the continent's health systems are overwhelmed by the spread of the coronavirus and treatment for other diseases becomes impossible. These deaths would occur in addition to the 2.5 million children under the age of five who die from preventable diseases, particularly malaria.

According to a modelling study in *The Lancet*, reductions in vaccination coverage of between 9.8 percent and 18.5 percent and an increase of 10 percent in child wasting would lead to 253,000 additional deaths from malnutrition (18 to 23 percent of additional child deaths) and 12,200 maternal deaths. Other scenarios produced far more dire results.

A decrease in neo-natal care across three crucial areas—parenteral administration of uterotonics (used to induce labour and to reduce postpartum haemorrhage), antibiotics and anticonvulsants, and clean birth environments—will result in a month-on-month increase of 8.6 to 36.8 percent in maternal deaths. The study also concluded, "Additional child deaths and reduced coverage of antibiotics for pneumonia and neonatal sepsis and of oral rehydration solution for diarrhoea would together account for around 41 percent of additional child deaths."

In Africa, the worst affected countries would be some of the largest: Democratic Republic of Congo, Ethiopia, Nigeria, Tanzania, and Uganda.

According to the UN population programme, pandemic-linked disruptions to health services in the world's poorest countries will leave 47 million women without access to contraceptives and lead to an additional 7 million unintended pregnancies, with the largest share in Africa, further exacerbating poverty.



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