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The Royal College of Emergency Medicine – Global Emergency Medicine Committee response – 30 March 2019

The summary note should be reviewed considering the fast-evolving nature of the COVID-19 outbreak and given the current requirement of RCEM GEM committee members to focus on providing clinical support within their respective domestic healthcare systems.

As of 30th March 2020, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic had infected over 724,000 people in more than 170 countries and territories. As this situation escalates there are increasing fears relating to how weak health systems will cope with the global spread of COVID-19 given some common concerns:

- Many nations have weak health care systems that are already overstretched and facing significant issues, including with medical supplies and staff capacity.
- Health spending in Low income countries is substantially less, at only US$41 a person, compared with US$2,937 in high income countries[i], who have themselves faced significant challenges in dealing with the COVID 19 pandemic.
- 4.2 billion people do not have safely managed sanitation services and 3 billion lack basic handwashing facilities.[ii]
- Many countries also have issues with refugees, internally displaced people and porous borders.

In particular, there are growing concerns that a large number of countries across sub-Saharan Africa are not prepared for an epidemic of coronavirus.[iii] A recent Rand report identified that of the 25 Most-Vulnerable Countries, to infectious diseases, 22 were in Africa.[iv] Furthermore, a recent modelling analysis in the Lancet, highlighted that large outbreak of SARS-CoV-2 in sub-Saharan Africa (SSA) could rapidly overwhelm existing health services.[v]

When the virus emerged, WHO prioritised support for 13 countries on the basis of their close transport links with China: Algeria, Angola, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mauritius, Nigeria, South Africa, Tanzania, Uganda, and Zambia.[vi]

As of the 30th March, there are now more than 4,760 confirmed cases of Covid-19 across 46 countries, with 146 deaths and 335 recoveries across Africa. There is also concern that these numbers reflect a significant underestimate of the reality and as such the pandemic does look likely to cause major challenges for the continent's under-resourced health services.

Excellence in Emergency Care

African Union Member States reporting COVID-19 cases

30 March 2020 - 9am EAT
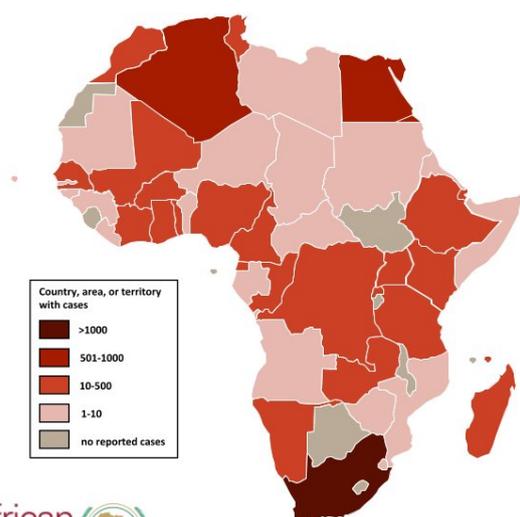
African Union Member States (46) reporting COVID-19 cases (4,760), deaths (146), and recoveries (335) by region:

Central (257 cases, 11 deaths, 9 recoveries): Cameroon (125, 2, 3), Central African Republic (6, 0, 3), Chad (5, 0, 0), Congo (19, 0, 2), DRC (81, 8, 1), Equatorial Guinea (14, 0, 0), Gabon (7, 1, 0)

Eastern (374, 6, 6): Djibouti (19, 0, 0), Eritrea (6, 0, 0), Ethiopia (21, 0, 4), Kenya (42, 1, 1), Madagascar (43, 0, 0), Mauritius (110, 3, 0), Rwanda (70, 0, 0), Seychelles (8, 0, 0), Somalia (3, 0, 0), Sudan (6, 2, 0), Tanzania (13, 0, 1), Uganda (33, 0, 0)

Northern (1,922, 105, 223): Algeria (511, 31, 77), Egypt (609, 40, 132), Libya (8, 0, 0), Mauritania (3, 0, 0), Morocco (479, 26, 13), Tunisia (312, 8, 1)

Southern (1,346, 2, 31): Angola (3, 0, 0), Eswatini (8, 0, 0), Mozambique (8, 0, 0), Namibia (11, 0, 0), South Africa (1,280, 1, 31), Zambia (29, 0, 0), Zimbabwe (7, 1, 0)

Western (861, 22, 66): Benin (6, 0, 0), Burkina Faso (222, 12, 23), Cape Verde (5, 1, 0), Côte d'Ivoire (140, 0, 3), Gambia (4, 1, 0), Ghana (152, 5, 2), Guinea (16, 0, 1), Guinea-Bissau (2, 0, 0), Liberia (3, 0, 0), Mali (18, 0, 0), Niger (10, 1, 0), Nigeria (111, 1, 3), Senegal (142, 0, 27), Togo (30, 1, 7).

Country, area, or territory with cases

- >1000
- 501-1000
- 10-500
- 1-10
- no reported cases

African Union

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

vii

Many African countries have taken preventative measures that saw improved airport surveillance and temperature screening at ports of entry[viii], international flights have been stopped, early cases were isolated and now in South Africa have now enforced a 21-day lock down nationwide. These actions will hopefully help reduced the potential impact but there is still a growing concern as African countries move from COVID-19 readiness to response.

Whilst the focus for many has understandably been channeled towards a localised response, there is an increased awareness of the potential impact that COVID-19 may have in nations with less resources and weaker health systems, who are likely to urgently require support. Given the challenges observed in China, Europe and America it is clear that a global approach will be required.

On 25th March, the United Nations launched $2 billion Humanitarian Response Plan to counter the global public health and humanitarian consequences of COVID-19. A commitment and release of financial resources from partners and donors will go some way to help support the expected demand and address supply chain management, mapping, and stockpiling of COVID-19 response needs.[ix]

This recent UN appeal should be welcomed as an essential move to mobilise the international community to fight the common threat of Coronavirus. It is essential that donors urgently ensure that financial resources are made available for the UN humanitarian appeal supporting frontline efforts to combat the virus and to ensure a consistent supply personal protective equipment, medical supplies and critical equipment reaches those most in need.

References

i https://www.who.int/health_financing/documents/health-expenditure-report-2019.pdf?ua=1

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iii COVID-19: too little, too late?, The Lancet, March 07, 2020, DOI: https://doi.org/10.1016/S0140-6736(20)30522-5

iv Identifying Future Disease Hot Spots, Infectious Disease Vulnerability Index, Melinda Moore, Bill Gelfeld, Adeyemi Theophilus Okunogbe, Christopher Paul (2016) Rand Report - https://www.rand.org/pubs/research_reports/RR1605.html

v Preparedness and vulnerability of African countries against importations of COVID-19: a modelling study, Marius Gilbert, PhD et al., Published, February 20, 2020, DOI: https://doi.org/10.1016/S0140-6736(20)30411-6

vi Africa prepares for coronavirus, Munyaradzi Makoni, The Lancet, Vol. 395, No. 10223, p483, February 15, 2020

vii Map of African Countries with COVID-19 cases (30th March 2020 – 9:00 am EAT), Distributed by APO Group on behalf of Africa Centres for Disease Control and Prevention (Africa CDC)

viii Preparedness and vulnerability of African countries against importations of COVID-19: a modelling study, Marius Gilbert, PhD et al., Published, February 20, 2020, DOI: https://doi.org/10.1016/S0140-6736(20)30411-6

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