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COVID-19 & HEALTH SYSTEMS IMPACT

May 6th, 2020



The current Corona Virus Disease (COVID-19) pandemic has created a wave of shock across the world and a debacle on all sectors, with health care, travel retail, informal sector, aviation, trade & tourism, transport and entertainment being majorly affected.

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. [1]. A person infected with COVID-19 may show signs & symptoms within 14 days of contracting the disease. These include fever,

dry cough, difficulty in breathing, tiredness and sore throat. The virus stemmed from Wuhan, China with early cases reported to the World Health Organization (WHO) in December 2019 and the outbreak declared a Public Health Emergency Of International Concern on 30th January 2020 [2]. As spread spilled off to the rest of the World, the World Health Organization on the 11th March 2020 declared this a pandemic and a global crisis of our time [3].

According to WHO situation report as of May 6th 2020, there are currently 3,557,235 confirmed COVID-19 cases, with 245,150 deaths resulting. The African continent so far has registered 20,385 confirmed cases, 11,375 recoveries and 1,193 deaths [4].

In an urgent response to this global pandemic, different governments have put in place different measures to prevent transmission. In some countries, closing crowded areas like schools & churches, banning public transport or imposing a curfew, seem to bear results. On the other end of the spectrum, these same measures may inflict additional hardship on the preexisting dwindling sectors of the economy.

BUT WHAT THREATS DOES THE PANDEMIC POSE TO HEALTH CARE, SOCIAL & ECONOMIC WELL-BEING, AND WHAT AGE GROUPS STAND TO BE AFFECTED MOST?

Lack of or inequitable access to health care in Africa is a key concern when addressing the social determinants of health, and this pandemic stands to exacerbate the status quo. With the average poverty rate for sub-Saharan Africa standing at 41 percent (and with 27 out of the world's 28 poorest countries being in sub-Saharan Africa), access to proper healthcare is limited which poses a heightened threat to contagion.

Furthermore, the health seeking behavior of the African population is poor. Spurred by the fear of contracting the virus in ill-maintained and ill-equipped health facilities, mothers may



be even more reluctant to take their children for immunization. As such, a possible rise in immunizable diseases could ensue. Given the youth form the largest proportion of the African population, a subsequent effect on this active population as unimmunized children transition would be felt in the long run. Furthermore, the elderly are already struggling to get refills for their medications, especially those with chronic comorbidities such as hypertension and diabetes among others. Whereas this is short term impact of the pandemic, the long term might be a rise in complications resulting from these Non-Communicable Diseases.

Following the global financial crisis in 2007–08, many countries saw higher rates of depression and anxiety and an increase in alcohol and drug use. In 2008, the Great Recession ushered in a 13 percent increase in suicides, attributable to unemployment with over 46,000 lives lost due to unemployment and income inequality in that year alone [5]. As such, a big impact of the pandemic which should not be neglected is mental health. With some companies resorting to lay off employees to cut overhead expenses, unemployment is on the rise, which is taking a heavy emotional toll on people. Added to that come the behavioral changes of isolation and social distancing, making it inevitable that the global pandemic, compounded by the entailing financial difficulties, will have an important impact on the mental health of people.

The Covid-19 outbreak is presenting an economic resource litmus test in Africa and the world at large regarding their preparedness for pandemics. National preparedness to detect, manage and control emergencies or pandemics like COVID-19 requires adequate financial resources and investment in public health systems. The same is true for response: evidence points to a direct link between the adequacy of health financing and key metrics associated with effective response, including the quality of clinical care and health outcomes. Most countries in Africa and the world at large are introducing stimulus packages to help them cope with the economic ravages of COVID-19 let alone the urgent need by governments to rapidly scale up surveillance and health provision activities. The question is, can African countries afford and sustain the mounting costs brought about by the outbreak of COVID-19?

AFTER ALL IS SAID, WHAT LESSONS CAN POLICY MAKERS AND CORPORATIONS TAKE AWAY AND WHAT ADJUSTMENTS WILL SHAPE THE NEW NORMAL?

Governments and corporations would want to turn guns and invest more in preventive health care and impose more stringent public health measures. These measures should become cheaper and easier to access as evidenced when hit by pandemics.

Also, we learn big on the advantage of local industrialization. Whereas ministries have sparked off local manufacture of Personal Protective Equipment (PPE) for frontline health workers and testing kits to detect contagion, there should be more diversification in the long term to accommodate all sectors that deliver essential services. A more proportionate distribution of industries across the country would significantly contribute to employment in the long term.

A multidisciplinary and all-inclusive effort is essential from all sectors at all levels to design, characterize, evaluate, mobilize and implement interventions to combat the economic ravages and global burden of Covid-19. Looking at Uganda for instance, the Insurance Regulatory Authority (IRA) saw within its mandate to engage all regulated medical insurance and reinsurance providers on possibilities of extending existing medical insurance policies to cover cases of COVID-19. COVID-19 cases should have been classified as an exclusion as the majority of insurance policies do not cover for pandemics due to their catastrophic nature. In effect, on the 8th of April 2020, the insurance players unanimously agreed to support Government efforts in preventing the spread of COVID-19. As a result, the cover for COVID-19 was to include testing, treatment and care at



Government designated facilities. Whereas this is an advantage for the already insured employees, it is also a wakeup call for companies to have inclusive health cover policies for their employees ahead of unprecedented times. Likewise, companies should adopt health screening protocols to curb any contagious disease that could be a possible threat to its employees. Furthermore, post COVID-19, it should be within the oblige of companies to assess mental health of its employees, given the important mental toll the pandemic is having on people. Whereas Health and Economy might not be seen as one, one is a direct contribution to the other. That is, a surge in the economy would have a negative impact on health and a decline in health (and an increase in the disease burden) would have a negative impact on the economy.

Sustaining businesses in the turmoil created by the pandemic is a big challenge and it is during times like these that leadership plays a key role. Learning fast from the black Swan theory [6], leaders must adapt and adjust to the change in the normal. The private sector needs to make significant contributions to the agenda through thought leadership; one way to do so is by redistributing its CSR to support prevention and spread of COVID-19. Also, legal frameworks should be analyzed, and employee contracts may need to be re-negotiated. As highlighted by Dentons [7], one of the world's leading law firms, employers need to understand and potentially revise their policies of annual leave, leave without pay, employer's exemptions from paying wages, and the 15 days exemption from liability to provide work.

Despite our human instincts to endure crises and return to normal, tragic events like a pandemic, war and famine alter systems in fundamentally irrevocable ways. New beliefs and mindsets take shape and behaviors evolve. This is as true for businesses as it is true for humans. We are entering a Great Reset, and it's happening quickly. Many companies could be lost to the economic fallout of the pandemic, and those that survive will most probably exist in different forms. Employees working afar with less oversight will crave the same autonomy going forward. As such, leadership remains a golden tool to inspire, redirect and repurpose employees' behavior and in the long run, those of society for positive impact.

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