



SDD Ghana

...evidence for change

Statement by Savings and Development Dialogue (SDD) on COVID-19

The novel coronavirus (Covid-19) is routing the health systems and economies of technologically advanced countries generally considered to have robust health systems with universal health care access. Indeed, the WHO has expressed justifiable concern over the [inadequate] preparedness of African countries to handle any explosion of Covid-19 cases if the crisis that has beset countries like Italy and the US are any indication of what is to come.

The WHO's fears are not trivial. They are aware that the patient /doctor ratio is about 1 per 8000 Ghanaians (in the UER it is 1 per 25,000). By contrast, Italy has 3.6 doctors per 1000 people and 6.4 nurses per 1000. The WHO standard is 1 to 1320. While the global north is well-resourced in infrastructure for health research and health delivery, Africa particularly suffers a chronic shortage on both counts. There are only few laboratories in Ghana currently conducting the tests to confirm COVID-19 cases. It is instructive that we owe the two top-tier laboratories to Japan and Germany. In this crisis, early and mass testing have been critical to success in fighting the virus. The South Koreans credit their ability to quell Covid-19 to the decision to begin mass testing for the virus, which enabled them to get ahead of the pandemic. Their success is brought into sharp relief by the results in the US which recorded their first case on the same day as South Korea but did not start testing early enough and now lead the world in total number of infections.

While the request for ventilators is being expressed in tens of thousands in the developed world, we are assured that we have 200 to 400 spanking new ones for a population of 30 million. Field experts maintain that these ventilators are the ones fitted in the ambulances recently acquired by government and are reported to run on batteries. They cannot therefore be used for prolonged periods.

SDD will like to commend government and stakeholder efforts thus far even with the knowledge that much more work is required. We may very well be headed for a humanitarian crisis if we do not adhere to social distancing strictures, which in the absence of a vaccine, is our best hope of tapering the steep rise in cases, allowing health systems and personnel some breathing room to catch up. While lockdowns in the developed world have been instituted and enforced with ease (with notable exceptions in the US), already, it is becoming clear that lockdowns in the 3rd world are not such a practical matter. There is no one size fit all strategy for dealing with this pandemic. Each country ought to adopt measures based on their unique context realities. For example given the polarised nature of our space economy, a total lockdown of Accra, Tema and Kumasi, which hold the highest concentration of economic and governmental power, will only take a few days to manifest in a complete lockdown of Ghana. This is the spatial structure we have collectively built and nurtured for over 6 decades now and it is for the same socio-spatial realities that our approach to a lockdown thus far, may not have resembled the experiences of China or Italy.

Mass education systems must therefore be deployed to adequately inform citizens of the uniqueness of this monster that confronts us.

The world will recover from this pandemic, with near certainty of another pandemic within a few years or decades from now. We can be better prepared next time with investment in our health

systems when that time comes. There has never been a more opportune time for the aggressive pursuit of ONE HEALTH, a concept that anticipates the need for a holistic approach to global health which rightly recognizes that humans, animals and the environment are intertwined and need to be considered together in any attempt to address health. That means the collaborative work of human and veterinary health professionals conducting the necessary research and surveillance to prepare us for future outbreaks.

An increase in investment in the health system should be considered non-negotiable now, and not just to fight Covid-19. As of March 2020, more than 30 deaths of Meningitis had been reported in the Upper West region of Ghana, with another 200 cases suspected. This should not be downplayed because coronavirus is what grabs attention now. A robust health system pays for itself in the long run when the greatest resource of the state, the people, are kept healthy enough to pursue their full potential.

SDD will like to remind government and other stakeholders that post COVID-19, there is the urgent need to prioritise social protection safety nets including leveraging on informal social protection systems to reduce protection risks for the vast majority of our people who are rarely captured by formal systems even in normal times.

In conclusion, SDD urges all to strictly adhere to the safety protocols and preventive measures and to cooperate with the health and other lawful authorities to stem the tide. We will also use this opportunity to call on corporate bodies, civil society, traditional authorities and the media to enter into strategic partnerships with Government since public health is a collaborative endeavour.

Signed;

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