



Reports monitoring covid-19 pandemic in countries and regions of the Global South Nº 24 28th November 2020

Working in health care in Africa and Latin America during the pandemic

Since the beginning of the pandemic, workers who have performed essential tasks are those who have been and are most exposed to covid-19. Among these groups are health workers, but also cleaning workers, public transport drivers, food chain workers, etc.

At present there are no totally reliable data on the number of infected and dead health workers, however different agencies have made accounts and estimates. The *World Health Organisation (WHO) African Regional Office* reported on the 23rd of July that over 10,000 health workers in the region had been infected (WHO, 2020). These preliminary data indicated that in 14 countries in sub-Saharan Africa, health workers accounted for 5% of the infections and in four of these countries they accounted for 10%. A *WHO* assessment conducted on the continent itself at the beginning of the pandemic indicated that only 16% of the hospitals and clinics surveyed were prepared to implement the prevention and control measures of covid-19, and only 7.8% had the capacity to isolate them.

On September 2, the *Pan American Health Organization* reported that 570,000 health workers had been infected with covid-19 and 2,500 had died in the region (PAHO, 2020).

According to an *Amnesty International* report released on July 13 investigating the situation of health workers in 79 countries and territories around the world, the countries with more dead health workers from covid-19 were: Mexico (1320), (1077), United Kingdom (649), Brazil (634), Russia (631), India (573), South Africa (240), Italy (188), Peru (183), Iran (164) and Egypt (159) (AI, 2020) The same report indicates that within health and essential worker groups (thus including cleaning workers, maintenance technicians, food chain workers, etc.) in countries such as the UK and the United States, people who identify themselves as black, Asian or ethnic minority have been particularly affected.

Working in health care during the pandemic in Latin America and Africa is therefore a challenge that many professionals are paying with their lives. The map below (**Figure 1**) shows the countries covered in this report. We do not intend to make an extensive analysis of these two world regions, but to show the information found in the media.

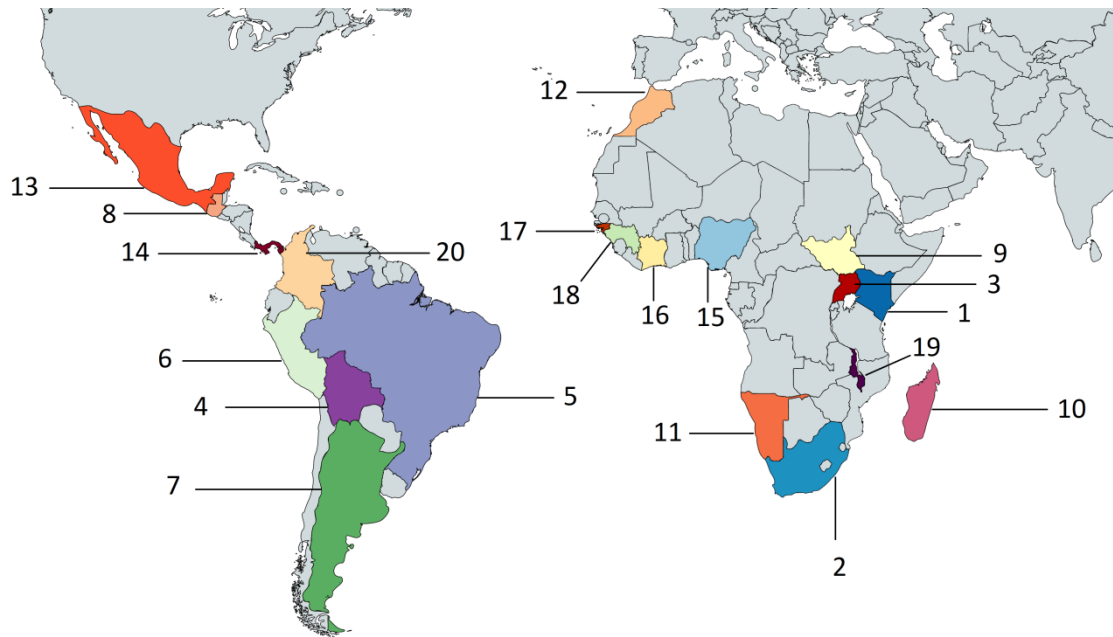


Figure 1. Latin American and African countries for which information is shown in this report. Source: Self-produced

Kenya (1), according to *The Standard Health* newspaper, has only 9826 physicians for 47 million people. During the last months, several specialist physicians with decades of experience have died from the virus. The newspaper stresses that the death of a physician adversely affects the mental health of his or her colleagues and that the mental health situation of the professionals is currently delicate.

Several national and international bodies have criticised the fact that the high incidence of mortality among health workers could be avoided with the necessary and appropriate equipment and training.

In South Africa (2), a survey conducted by the *Human Sciences Research Council* reveals that the most at risk health workers are nurses, who represent 65% of the country's health workforce. Only 41.7% of the nurses felt having the sufficient knowledge about covid-19 in order to work safely. They actively denounce it through *News 24* newspaper.

In Uganda (3), according to a survey conducted at the beginning of the pandemic among nurses and midwives at *Clarke International University (CIU)* in Kampala, only 25% had access to personal protective equipment (PPE). This lack hampered the work of 69% of them and 22.6% decided not to work because they lacked the necessary protection.

Complaints by health workers

Health workers across Africa and Latin American countries have reported a lack of preparation and adequate equipment to be able to carry out their work safely and securely.

The president of the *Bolivian Medical School* (4) said in late August in *The Associated Press* that between 360 and 400 health workers have died in the country since the beginning of the

pandemic. In Brazil (5), at the end of August, 226 health professionals had died from the pandemic. Also at the end of August, Peruvian (6) physicians held a day of protest to demand better working conditions since according to the President of the *Peruvian Medical Federation* the country had 300 health professionals dead.

In Argentina (7), health workers are demanding the implementation of the Silvio law that was passed at the beginning of the pandemic and which established basic protection measures for physicians and nurses during the pandemic. By mid-August the country had 17,000 infected medical personnel and 60 deaths (FESPROSA, 2020).

In Guatemala (8), physicians and nurses are demanding that the government respect their basic rights and dignity at work. They ask for adequate and adapted facilities to be able to work in times of pandemic, not to have to buy their own PPEs and to receive timely salary payments.

In South Sudan (9), according to *Sudan News Gazzete*, health workers were complaining at the end of September that they still did not have the PPEs that the government had promised them and that they were working totally unprotected.

In Uganda (3), the *Daily Nation* reported that the government received many PPEs as international donations but that those did not reach the health workers. In fact, the *Ministry of Health* itself asked to health workers who did not directly work with covid-19 patients to buy their own PPEs. Finally, both workers who worked and did not work with covid-19 patients had to buy their own PPEs. As Professor Peter Baguma of *Makerere University* warned, using material of dubious quality (as there is still a lack of a certification process for PPEs produced in the country) implies a huge risk for the health workers. Indeed, the end of September 2020 some departments of the Kapchorwa Hospital, located in the east of the country, closed due to high incidence of covid-19 among its workers.

In South Africa (2) at the end of May, paramedics reported not having received any training on the use of PPEs and having only one pair of gloves and a mask since the beginning of the pandemic. In Madagascar, according to *Midi Madagasikara* newspaper, medical personnel also denounced the lack of equipment as well as the non-payment of risk insurance.

In Namibia (11), nurses from a hospital in the country's capital reported in August in *The Namibian* newspaper that there was no internal organisation within the hospital on who was treating covid-19 patients and who was not. So without the necessary protection nurses were treating covid-19 patients one day and non-covid-19 patients the next day, thus increasing their risk of infection and their patient's. They also reported that if they protested or questioned how things were being done, they were threatened with being fired. At the same time, the *National Federation of Anaesthesiologists and Resuscitators* in Morocco (12) denounced through the newspaper *La Opinion* the same lack of organisation and the danger that this entails.

Also in Mexico (13) and Panama (14), physicians and nurses denounced that they have to buy their own PPEs and when one of their colleagues goes in sick leave, they do not look for a

replacement but rather distribute the work among the working staff, increasing considerably the workload.

Health professionals have not only had to cope with the insecurity of working without adequate equipment but have also found themselves in situations where they are not paid what was previously agreed on.

On 15th of June, 19,000 Nigerian (15) physicians went on strike to claim the unpaid payments to health workers promised by the government during the pandemic. Similarly, at the end of August, health sector strikes with similar demands were organised in Côte d'Ivoire (16) and Guinea Bissau (17).

In three districts of Kenya (1), according to *The Standard* newspaper, all health workers went on strike in early September to demand subsidies for medical training on covid-19 and the review for possible change of the region's senior health officials due to incompetence. This strike added to a series of demands by health workers that have taken place since 2017.

In Morocco, (12) the *National Federation of Social Security* denounced the employment situation of nurses who earn little more than the country's minimum wage and work more hours than the contract stipulates.

Physicians in Guinea Conakry (18) denounced the government's failure on paying them the promised financial compensation during the months of the pandemic. The government arguments that there are too many physicians to pay (3,000) when according to this group they do not even reach 1,000.

According to the newspaper *La Jornada*, in Mexico (13) several demonstrations have taken place throughout the country to denounce the precariousness of the contracts of health workers, especially of the new 50,000 physicians and nurses hired as a result of the pandemic.

As reported by *Amnesty International* several health workers have suffered reprisals by the authorities, the contracting entities (including detentions and dismissals) and in some cases have even by the society because of for denouncing these problems of security and wages. Health workers have been in many cases victims of violence and stigmatization by the population.

Reactions of the population to workers

The *International Committee of the Red Cross (ICRC)* has documented 611 cases of violence, harassment and stigmatization in 40 countries between 1 February and 31 July 2020. More than 20% of these cases involved physical assault, 15% discrimination and 15% verbal assault or threats (ICRC, 2020).

Physicians and nurses in Malawi report experiencing stigma from the population. As reported by *Malawi 24* newspaper, these professionals have suffered both physical and verbal assaults. For example, people in their religious communities have been separated from them when they learn that they are health workers. They have also been discriminated against in spaces such as

the bus where other passengers through their comments have forced them to get off and have to take a taxi to work. One physician explains that they did not want to rent him a flat because he was a physician and the fear that he was a carrier of covid-19.

In Colombia (20), nurses reported in the newspaper *El Tiempo* that they had received verbal attacks as well as death threats from relatives of patients who had died from covid-19, accusing them of receiving money from the state for each death of covid-19. One physician reported that his neighbours forced him to leave his home. Another physician explained that they had threatened his family to death if they did not leave the living place. A nurse was also beaten while waiting for the bus to go to work.

In Mexico (13), the *ICRC* has documented 74 cases of violence against health-care personnel and facilities since the beginning of the pandemic. These cases include physical assaults and discrimination against workers and damage to clinics, hospitals and ambulances. These acts of violence have affected 79 nurses, 35 physicians, 5 hospitals and 4 ambulances.

In conclusion, the pandemic has highlighted the importance of health systems as well as their personnel. Although the essential nature of their work is generally recognized, there are many cases where they do not work under the best working or salary conditions. It is thus important that as a society we demand safety for health workers inside and outside their workplace as well as being economically decently rewarded.

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The research group BIOCOS-SC from the Polytechnic University of Catalonia is in contact with different research groups and governmental offices in order to jointly predict the evolution of the pandemic covid-19. Moreover, we follow up local media in 35 African countries and 9 Latino American countries and complemented it with interviews to field experts.

<https://biocomsc.upc.edu/en/covid-19>