Politics and implications on the health systems preparedness to COVID-19 pandemic response: The Malawian experience

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Abstract
The spread of the COVID-19 disease to Africa has raised concerns around the resultant effects on the fragile and non-resilient health systems. Malawi reported its first COVID-19 cases in early April 2020 at the time of the country’s political turmoil, as the courts ruled for a re-run of presidential elections in July 2020 due to irregularities observed in the May 2019 elections. Therefore, assessing the implications of politics on the COVID-19 health systems preparedness is critical to design health systems strengthening efforts during the pandemic. We applied the WHO health systems framework to assess the implications of politics on the COVID-19 on the Malawi health systems preparedness. There was the population’s lack of trust in government hampering government efforts, which posed as a huge concern for Malawi to navigate through the pandemic including the health systems preparedness for the pandemic. This, coupled with mass demonstrations by the public disagreeing with the Lockdown and health service providers put across their COVID-19 related demands.

The political environment and the trust people have in the government determines a country’s response to a pandemic. In a pandemic situation like COVID-19, the government’s ability to coordinate the various key stakeholders while instilling trust in people remain critical in strengthening health systems to contain and mitigate the pandemic. However, the Malawian political turmoil highlighted in this paper derailed the process and efforts to contain the and timely prepare the health systems to manage the pandemic whilst maintaining its core functions of delivering essential health services. Therefore, governments should consider the effects of political challenges in supporting a country’s health system to prepare for pandemics.

Keywords
Politics, Covid-19, Health systems preparedness, WHO Health systems framework, Malawi.

Introduction
In December 2019, the first Coronavirus cases were reported in Wuhan, China. The virus spread across the continents on the globe and the World Health Organisation (WHO) named the disease Covid-19 (1). The spread of the disease to Africa raised concerns around the resultant effects on the fragile health systems (2). Evidence suggests that delayed response and action to the COVID-19 pandemic, coupled with incorrect messages and misguided epidemic control strategies, can derail even the best public health systems under huge pressure as seen in Europe and the US (3). Regardless of the economic status, Health systems’ resilience is a key factor in how countries respond to pandemics (4). A resilient health system is the one that can effectively respond to and contain public health disasters like COVID-19 and at the same time maintain its core functions (5).

Malawi, a landlocked country has a population of about 19 million (6) with a GDP of 7.67 Billion US dollars in 2019, and about 40% of the health budget is donor-funded (7). On a positive note, several partner organizations availed financial and technical support for Malawi to respond to the COVID-19 pandemic even before the first case was registered (8, 9). Malawi reported its first COVID-19 cases on April 2, 2020, amid political wrangles secondary to a Malawian court ruling for a re-run of presidential elections in July 2020 due to irregularities observed in the May 2019 elections (10). The announcement of the first cases escalated the pre-existing mistrust Malawians had in the then government (11). Generally, there were antagonistic efforts by both government and opposition parties, for instance, the two main opposition parties at the time organized a COVID-19 community education campaign which got barred as the government viewed it as a political agenda (12). The majority of the populations’ mistrust in government hampered efforts posing a huge concern for Malawi to navigate through the pandemic (13).

The Malawi national level response and preparedness included restrictions of public gatherings, visitors entering borders, national sensitization through interviews, press

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Methodology

At the emergence of the COVID-19 pandemic in Malawi between 6th of April to 6th of May 2020, we used the World Health Organization (WHO) health systems framework and its six building blocks to assess how politics have affected the health systems preparedness at the emergence of the COVID-19 pandemic in Malawi (24, 25). The WHO blocks comprise Service delivery, Health workforce, Access to essential medicines, Financing, Leadership/governance, and Health information systems (25).

Results

Using the WHO health systems framework building blocks (25) we highlight Malawi COVID-19 preparedness and related gaps on the ground as of May 2020. The gaps in Malawi regards COVID-19 preparedness are summarized in the table below:

- bove highlights the challenges encountered by each WHO health systems building block in response to COVID-19 in Malawi. Partisan public health leadership led to the ungovernable public following the national COVID-19 committee decision as well as a lack of trust in the then leadership. This negatively affected the process of health systems preparedness to contain the CVID19 pandemic.

Discussion

The COVID-19 pandemic requires a timely response to ensure the health system and other relevant structures are prepared to contain the disease. In this case, the national leadership is key in mobilizing and engaging stakeholders to ensure the country’s preparedness and response is timely (30). In Malawi, the pandemic came amidst political leadership challenges, making the smooth transition to preparedness and response difficult as the majority of the population mistrusted the then leadership (10, 18). Due to the political wrangles at the time, efforts from both government and opposition parties to help control, contain, and curb the COVID-19 pandemic were met with resistance and consequently paralyzed (19, 20, 29). Such a situation wrecks efforts to positively respond to pandemics even in well-resourced health systems (4). We, therefore, recommend that there is a need to identify, prioritize, and support such countries during pandemics to ensure timely preparedness and response by health systems.

Notably, the ability of a health system to respond to a pandemic is dependent on the burden and the baseline capacity of the health system (31). However, the Malawi health system remains fragile and non-resilient with existing gaps in the delivery of essential health services (4, 23). This, coupled with the existing political wrangles, and the pandemic highlights Malawi as a high priority country needing support in responding to the pandemic.

Conclusion

Political environment and the trust people have in government is a major determinant of how a country responds to a pandemic (13). In emergencies like COVID-19, the ability of the government in coordinating the various key stakeholders while instilling trust in people remains fundamental in strengthening health systems to contain the pandemic (13). However, the Malawi political turmoil, at the emergence of the COVID19 pandemic, as highlighted in this paper, led to the population to mistrust the then government’s leadership consequently derailing the process and efforts to contain the pandemic and timely prepare for the health systems readiness (19, 20, 29). Therefore, to contain such pandemics, there is a need for nonpartisan leadership with efforts to ensure public trust. In addition, it is important to consider the effects of political challenges in supporting the country’s health system to prepare and respond to such pandemics like COVID-19. The influence of leadership and political priorities observed in Malawi on the response to COVID-19 is likely to affect other countries in similar state.

Information

Conflict of Interest- The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.

Authors’ contributions.

The two authors were both involved in the development and finalization of this paper. They both were involved from the conception of the topic and writing up of this paper. Both authors read and approved the final manuscript. JCYN is the guarantor of the manuscript.

References


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Figure 1. Health workers’ demonstrations (Left) and Luwinga residents protesting over an identified COVID-19 isolation Centre (19, 20).