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Eswatini's formidable task of fighting against COVID-19

Mutale Diluxe[1]✉, Alemayehu Lelisa Duga[2], Gilbert Girinshuti[3], Attaullah Ahmadi[4], Don Eliseo Lucero-Prisno III[5,6]

[1] Faculty of Dental Medicine, Mohammed V University Souissi, Rabat, Morocco.
[2] Baylor College of Medicine Children's Foundation, Mbabane, Eswatini.
[3] Department of Pharmacy, Eswatini Medical Christian University, Mbabane, Eswatini.
[4] Medical Research Center, Kateb University, Kabul, Afghanistan.
[5] Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, United Kingdom.
[6] Faculty of Management and Development Studies, University of the Philippines (Open University), Los Baños, Laguna, Philippines

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Commentary

COVID-19 is a global health emergency (1) threatening human lives across Africa (2). The first case of COVID-19 in the Kingdom of Eswatini, a southern African country, was detected on 14 March 2020. Eswatini's health service delivery is structured around a four-tier system of service provision, comprising: the community, clinics and public health units, health Centers and regional referral hospitals, and national referral hospitals (3). This paper aims to explain how a weak healthcare system and with high prevalence of other diseases presents a major challenge in addressing the COVID-19 situation in the Kingdom. We also provide some key recommendations for addressing the healthcare system challenges against Eswatini's COVID-19 response.

The preparedness of Eswatini in responding effectively to the pandemic is waned due to its fragile healthcare system. Despite the partial development in the provision of health facilities, quality healthcare access remains limited thus, the health system functions poorly, and cannot meet the demands of the people (4). Some of the constraints that burdens Eswatini's healthcare system include; lack of health workers such as doctors with a staff-population ratio of 1.62 per 1000 population falling below the World Health Organisation recommendation of 2.5 per 1000 (4-5). Dearth of commodities such as personal protective equipment (PPE) has exposed a many health workers to the virus, and limited COVID-19 diagnostic kits and other essential medical equipment still remain unsolved (4). These lacunae in the health care system pose a detrimental effect on the management of this global public health emergency.

Another concerning issue of public health worth noting apart from the dearth of essential commodities needed in the fight against COVID-19, is that the health care system is already burdened with many infectious diseases such as HIV, tuberculosis, diabetes, ischemic heart diseases, stroke (4,6). With the fact that Eswatini has one of the highest prevalence

✉ Corresponding Author: Mutale Diluxe
Email address: diluxe_mutale@um5.ac.ma

of HIV/AIDS in Africa, representing 27 per cent of the people infected, a large number of people are at great risk of COVID-19 complications due to their weakened immune system. With the imposition of frequent lockdowns, HIV, TB, Diabetes and other patients with chronic infections could neglect their treatment, due to fear of exposure to the virus when visiting the health facilities. These patients need a constant provision and access to essential medical care and drugs. Any shortage of these medical supplies such as antiretroviral for the HIV patients and insulin injections for the diabetes patients could increase the COVID-19 associated mortalities and put additional strain on the health care system (4).

Sex workers who are mostly coming from food insecure homes are vulnerable to spreading not only HIV[6] but also COVID-19 each time they come in contact with various people. People living with tuberculosis are even more susceptible to contracting COVID-19 due to lung damage caused, thus making them more vulnerable to COVID-19 which in the same way targets the lungs (4). Furthermore, the health management system including its financial and budgeting systems are centralized, inefficient and not responsive to new needs which makes COVID-19 management difficult (7). Thus, the government needs to decentralize its financial system to scale up its efficiency in the fight and control of this public health emergency.

The pandemic has affected more the vulnerable population groups such as women, children, elderly, poor and disabled persons, informal sector workers, migrants, small and medium enterprises (SME's) / entrepreneurs (8). The majority of these citizens are experiencing financial crisis and cannot afford to access to clean water. This makes it nearly impossible for the people to follow the government's health guideline of handwashing and social distancing (9).

Despite the government's efforts to keep the situation under control, as of this writing, there is a current surge in the COVID-19 cases in the Kingdom as seen from the number of infected people that has almost doubled within a month (10). This has overwhelmed the health system due to high number of daily new cases. Hospital staff are exhausted and there is inadequate oxygen in the health centres for the patients in critical conditions, resulting in lots of deaths. Because of this surge, the government re-imposed new restrictions (7).

With the emergence of COVID-19 vaccine, Eswatini is also participating in the COVAX global vaccine distribution scheme and plans to vaccinate its entire population. The government has allocated at least $14 million for the vaccine (11). This will help in the prevention and management of the pandemic. In a country where the virus has ravaged the elderly and those afflicted with comorbidities, and also the health workers whose deaths comprise 3% of total COVID-19 deaths it is of paramount importance that the vaccination administration should start from these risk populations (11). Securing the COVID-19 vaccine may not tackle the issue in short time, it will surely reduce COVID-19 related deaths and save lives. Therefore, the government through its relevant authorities should ensure that all the population at risk (people with chronic medical conditions and the elderly, and health workers) are prioritized and have equal access to the vaccine.

The pandemic has affected the livelihood of the people in the kingdom of Eswatini. The health care system, already overwhelmed by the diseases such as HIV, TB and other chronic diseases, faces a lot of challenges in the fight against the pandemic. The government's plan to participate in the COVAX global vaccine distribution, will certainly help bring things to normal in the kingdom and get the economy back on track. The government should ensure that all the population at risk are prioritized and have equal access to the vaccine. This will ease the burdens on the healthcare system and save those with underlying conditions.

Author Contributions

Don Eliseo Lucero-Prisno III and Alemayehu Lelisa Duga conceived the idea. Mutale Diluxe, Attaullah Ahmadi and Gilbert Girinshuti wrote the draft of the manuscript, data collection and literature. Don Eliseo Lucero-Prisno III, Attaullah Ahmadi and Alemayehu Lelisa Duga assisted in article interpretation and language edit. All the authors read and approved the final manuscript.

Competing interest

The authors declare no competing interests.

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References

1. *Dzushupov K, Lucero-Prisno III DE, Vishnyakov D, Lin X, Ahmadi A. COVID-19 in Kyrgyzstan: Navigating a way out. Journal of Global Health. 2021;11. DOI: 10.7189/jogh.11.03020*
2. *Juma CA, Mushabaa NK, Salam FA, Ahmadi A, Lucero-Prisno III DE. COVID-19: the current situation in the Democratic Republic of Congo. The American journal of tropical medicine and hygiene. 2020 Dec 2;103(6):2168-70. doi: 10.4269/ajtmh.20-1169. PMID: 33050981.*
3. *Summary of Indicators and Targets [Internet]. 2014 [cited 2021 Mar 20]. Available from: http://www.gov.sz/*
4. *The Kingdom of Eswatini Ministry of Health KINGDOM OF ESWATINI COVID-19 DAILY SITUATION REPORT-#12 [Internet]. Government of Eswatini. [cited 2021 Apr 1]. Available from: http://www.gov.sz/images/CORONA/ESWATINI-_COVID-19-SITREP-12.pdf*
5. *Dinyo DG, Ahmadi A, Okereke M, Essar MY, Lucero-Prisno DE. South Sudan: a young country's fight against COVID-19. The Pan African Medical Journal. 2020;37(Suppl 1). DOI: https://doi.org/10.11604/pamj.supp.2020.37.1.27327*
6. *UNDP Eswatini socioeconomic assessment [Internet]. UNDP Africa; [cited 2021 Apr 1]. Available from: https://www.africa.undp.org/content/dam/rba/docs/COVID-19-CO-Response/UNDP-ESwatini-Socio-Economic-Assessment-EN.pdf*
7. *HIV and AIDS in Eswatini [Internet]. Avert. [cited 2021 Mar 30]. Available from: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/swaziland*
8. *National Health Policy [Internet]. Ministry of Health and Social Welfare; [cited 2021 Mar 30]. Available from: http://www.africanchildforum.org/clr/policy%20per%20country/swaziland/swaziland_health_en.pdf*
9. *Socio-economic impact of COVID19 in Eswatini [Internet]. UNDP; [cited 2021 Apr 1]. Available from: https://www.undp.org/content/dam/rba/docs/COVID-19-CO-Response/ESwatini-economic-analysisreport-1.pdf*
10. *Eswatini Coronavirus [Internet]. Worldometer. [cited 2021 Mar 20]. Available from: https://www.worldometers.info/coronavirus/country/swaziland/*
11. *Eswatini receives 12,000 doses of COVID-19 vaccines [Internet]. [cited 2021 Apr 1]. Available from: https://www.afro.who.int/news/eswatini-receives-12-000-doses-covid-19-vaccine-through-covax-facility*