

Effects of COVID-19 on Sustainable Development Goal 3 in Sub-Saharan Africa

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Abstract: Achieving the Sustainable Development Goals has been a considerable challenge in Africa, especially with the advent of the COVID-19 pandemic. Africa has been struggling to deal with the repercussions of the pandemic as well as other deadly diseases such as tuberculosis, malaria, diabetes, and HIV, which are widespread in all African countries. The purpose of this paper was to assess the impact of COVID-19 on the vulnerable healthcare system on the African continent. The study's primary objective is to explore the impact of COVID-19 on achieving Sustainable Development 3 (Good Health and Well Being). The paper reviewed literature on health-related issues and the effects of COVID-19, including mortality rates, and correlates the findings to the Goal Setting Theory. The study utilised a qualitative research design, with the researchers using secondary data to understand how the pandemic has jeopardised the accomplishment of good health and well-being. The conclusions of the researchers were based on numerous organisation reports, scholarly articles, media articles, and internet sources. The data was evaluated using a thematic technique with all findings organised into themes. Given the negative impact of the pandemic, the researchers gave recommendations towards the African Healthcare System.

Keywords: Sustainable Development Goals; covid-19; health care; Sub-Saharan Africa

Introduction

To attain universal health coverage, which is a major goal of the United Nations' Sustainable Development Goal 3 (SDG3), all people must have access to health care services. The fundamental goal of SDG3 is to reduce mortality, eliminate diseases, and, most notably, achieve universal health care coverage. This involves the safe delivery of healthcare services, pharmaceuticals, and immunizations to everyone. More than half the population in Sub-Saharan Africa (SSA) generally live several hours away from a public hospital, although one out of every eight people live no more than one hour away from the nearest health institutions (Falchetta et al., 2020). Sustainable development is a multidisciplinary, multifaceted, and systematic approach. As a result, defining the concept is undoubtedly a challenging task. The most prevalent issue with the concept of sustainable development is the vast number of definitions widely available (Islam, 2012).

That being said, the most frequently quoted definition of sustainable development stems from the Brundtland Report (1987), also known as "Our Common Future," which states that "sustainable development is development that meets the needs of present generations without jeopardising future generations' ability to meet their own needs." The COVID-19 pandemic highlighted the need to prioritise the SDG3. Given the destruction caused by COVID-19, aggressive measures are required to accomplish SDG3 goals. The pandemic spared no one, and the world saw a record number of deaths until the end of 2021 (Schröder et al., 2021). The increase in daily infections and high death toll, overburdened numerous countries' healthcare systems. Among

the tragedies of this frightening scenario was the amount of health care workers who were harmed by the pandemic. WHO estimated that between 80000 and 180000 health care workers died from COVID-19 (WHO, 2021). Death and destruction have been caused by the new corona viruses, which spread over the world between the first discovery of the first COVID-19 case in Wuhan, China, in November 2019 (Mundzedzi, 2021). COVID-19 was declared as pandemic by WHO on the 11th of March 2020 (Durokifa & Ajadi, 2022). Aside from the tragic impact on human lives, the pandemic's effects on the global economy, including as unemployment, inflation, and the future of sustainable development, are also cause for concern. As a result of lockdown measures put in place to control the spread of the pandemic, several countries' economies experienced a decline (Srivastava et al., 2020). The fragility of the health system in Sub Saharan Africa was heavily exposed during the pandemic as many healthcare facilities were unable to cope with the increased number of people affected and infected by COVID-19. In addition, COVID-19 has made it hard for countries in the SSA to achieve the SDG3 (Diop & Asongu, 2020); numerous countries in SSA have also faced huge socioeconomic and political issues. Some of the socio-economic and political challenges, which were exacerbated by the COVID-19 pandemic and the lock-down measures put in place to contain its spread include political instability and conflict, poor leadership, food scarcity across the African continent and increased cases of corruption in countries such South Africa, Malawi, Ghana, Nigeria, to name a few. Poor governance and infrastructure challenges made SSA particularly sensitive to the COVID-19 pandemic's consequences (Fagbemi, 2021), and have had devastating effects on SSA countries' progress towards achieving the UN SDG3.

Healthcare quality is routinely monitored using country-level data on morbidity and mortality rates, as well as availability to vaccines and medications. (Falchetta et al., 2020; Gulseven et al., 2020). The COVID-19 pandemic hit Africa's health system, which was under-governed and under-funded, with a scarcity of healthcare personnel and pharmaceuticals, as well as a poor health infrastructure and service delivery. To suit people's needs, service delivery is becoming less accessible, efficient, low-quality, and acceptable (Dube, 2021). The study responds to the following questions:

- What are the effects of COVID-19 on achieving SDG 3 in selected African countries?
- Which strategies were adopted by selected African countries to attain SDG 3 during COVID-19?

LITERATURE REVIEW

1. Theoretical and Conceptual Narrative

Conceptualising sustainable development in the context of Sub-Saharan Africa

Economic theorists including Adam Smith sparked interest in development issues in the 18th century. Various issues concerning sustainable development were explored further in the 19th century, and subsequently the neoclassical economic theory highlighted the need for clean air and water, as well as renewable resources (Tomislav, 2018). The phrase "sustainable development" was frequently used in the context of forestry to describe measures of forest conservation and management of contiguous forests that did not interfere with forest biological restoration (Scott, 2015). Ciegis et al. (2009) noted that when scholars and researchers discuss the contexts of sustainable development, they exclude the notions' institutional and academic surroundings. The institutional posture refers to the agreements and initiatives underlying the internationally agreed-upon notion of sustainable development. Institutions can be thought of as a system of rules that govern who may make judgments in particular markets, what activities are permissible, and what actions are prohibited. The academic setting is connected to the scientific method, which was founded on political-institutional arguments and was the first catalyst for the concept's birth.

The primary goal of Sustainable Development (SD) is long-term environmental and economic stability, which can only be attained by incorporating and addressing economic, environmental, and social factors throughout the decision-making process (Dernbach & Cheever, 2015). In a system where nature-society imbalances can undermine economic and social stability, sustainable development is primarily concerned with individuals' well-being and impartiality in their interactions among themselves. When taking

into account climate change, its drivers, impacts, and policy implications, economic output and services, human settlements, and societies will interact. Climate change is expected to play an essential role in several sectors of sustainable development (Dernbach & Cheever, 2015; Ravindranath 2010; Kenig-Witkowska, 2017).

However, the pandemic has altered the primary goals of sustainable development. Sustainable development provides an overview of how critical it is for people's well-being and harmony in their relationships. Several groups and organisations established the concept of sustainable development. In 1945 the United Nations (UN) was established in New York, presently has over 190 member countries. The primary objectives are to promote global peace and security, sustainable development, human rights and freedoms, the rule of law, poverty eradication, and mutual tolerance. The UN has been involved in the domain of sustainable development from its establishment, holding conferences, adopting initiatives, and releasing publications to achieve the SDGs. Some of the UN's initiatives, associated organisations, specialised agencies and funds are crucial to the formulation and implementation of the concept of sustainable development. Furthermore, the United Nations Division for Sustainable Development (UNSD) was created to promote and administer sustainable development, particularly intergenerational and inter-cooperation constraints (Grunkemeyer & Moss, 2020; Tomislav, 2018).

Theoretical support: Goal Setting Theory

Edwin Locke proposed the goal setting theory in the 1960s focusing primarily on the relationship between objective and performance (Locke & Latham, 2019). The goal setting theory offers a definitive inference that when performance goals are set, there is an incentive to achieve those goals (Fred, 2011). SDGs prompt eliminating poverty and inequality, protect the environment, and guarantee access to health and justice for everyone. Countries should work toward achieving the SDGs based on the theory's assumptions. In the context of this paper, it is imperative for the African continent to secure the wellbeing and health of its people.

Goal setting is a variance generating process with goals being future valued outcomes (Locke & Latham, 2006). It implies dissatisfaction with one's current situation and a desire to achieve a goal or outcome (Locke & Latham, 2006). Locke sought to illustrate the correlation between a specified and complex goal and how it affects performance. As a result, Locke determined that specified and complex goals were more likely to be attained than imprecise and simpler goals. Locke also noted the importance of providing adequate resources in order to achieve goals (Ajulor, 2018). The SDGs are specific and therefore it is important for the continent to attain them and ensure good health and well-being of citizens.

2. Impact of Covid-19 on SDG3 in Africa

Overshadowing development

The pandemic has overshadowed developmental initiatives across the world and thus had tremendous influence in Sub Saharan Africa. The global, financial and technical resources have been mobilised to contain the pandemic. The African continent, however, was not adequately equipped for the COVID-19 pandemic. Developmental operations including the ambitious and aspirational sustainable development goals were impeded by the pandemic (Khetrapal & Bhatia, 2020). The pandemic affected the health system of the continent. Pandemic evoke nationwide focussed response and during the period other services of health care are neglected. Pandemic test the efficiency and effectiveness of the health system. Therefore, aggressive efforts have become necessary in meeting the SDG3 (Hopman et al., 2020). However, the African continent has been lagging in achieving most of the SDGs and the pandemic didn't make easy for the health system. The health system in Sub Saharan Africa has been stretched to its limits. The tragedy of this is the number of health workers who were affected by the pandemic. The continent did not have the adequate resources to deal with the resources and because of that most front-line workers lost their lives (Falchetta et al., 2020).

The continent's mortality rate was a problem before the pandemic hit, the pandemic has increased due to the poor health system that failed to manage the effects of COVID-19 (Gulseven et al., 2020). The majority of Sub-Saharan African countries are under economic pressure, both on a national and personal level. The African continents' health systems have a limited number of intensive care units (Schröder et al., 2021).

Health infrastructure

A study by Diop and Asongu (2020), reveals another pandemic brewing in Africa. In African countries, there is an intolerable shortfall of healthcare capacity and infrastructure, as well as a shortage of emergency care capacity, particularly on the distribution of hospital and ICU beds, and ventilators. These findings suggest that African healthcare systems are not best equipped for the present COVID-19 pandemic, additional wave of the underlying pandemic, or a future pandemic (Moodley et al., 2021). Furthermore, the COVID-19 pandemic may exacerbate inequality and socioeconomic inequities, preventing Africa from achieving the SDGs. The SSA healthcare system was already concerning prior to the advent of the COVID-19 pandemic. Most African countries experienced dysfunctional infrastructure, shortage of healthcare resources, particularly PPEs, therapeutic pharmaceuticals, and overworked and underpaid healthcare personnel. Additionally, in terms of health services, the region remained unprepared for future pandemics (Chitungo et al., 2022).

The universal health coverage

The Universal Health Coverage (UHC) programme assures that all communities and individuals have access to healthcare without facing financial hardship (Kruk et al., 2018). This includes critical, prime health services ranging from prevention to treatment, palliative care and rehabilitation. Africa had committed to incorporating UHC into national health strategies on a large scale. All of these efforts have made little progress (Inzaule et al., 2021). According to a study, Inzaule et al. (2021), nearly half the population receives the essential healthcare services, whilst up to 8.2 percent of the population face catastrophic healthcare costs. It is also expected that as many as 15 million people will fall into extreme poverty each year as a result of exorbitant out-of-pocket healthcare costs.

Low health coverage

Various reasons contribute to Africa's low health-care coverage; In many African countries, low population density makes service delivery more expensive, as do insufficient finances, supply constraints, and low health-professional efficiency. Given the region's inadequate healthcare infrastructure, including overburdened healthcare practitioners (doctors, nurses, and midwives) and a scarcity of hospital beds and equipment, widespread, long-term community transmission may be challenging in Sub-Saharan Africa, potentially leading to a significant number of deaths (Azevedo, 2017). In some instances, there is a critical shortage of skilled health personnel; Considering a vulnerable country such as Togo, as of 2018, only had 8 doctors and 14 nurses per 100,000 people, considerably below WHO recommendations (100 doctors and 35 nurses). Furthermore, there are considerable distribution disparities; 64 percent of health professionals work in the capital region. The Zambian population, on the other hand, receives basic health services; nonetheless, coverage is limited in rural areas, and overall health service quality is poor (Zeufack et al., 2020).

Out of pocket payment

The out-of-pocket payment for health care services demonstrates unequivocally that the bulk of the African population lacks health insurance and cannot afford it. It is imperative to note that the out-of-pocket payment exacerbated the consequences of the pandemic because the majority of the people could not afford to pay for health care services. Even so, when compared to other parts of the world, health indices across the continent are inadequate, with a large financial gap that must be rectified in order to meet SDG3 (Odey et al., 2021). Given the global economic downturn, African countries will struggle to maintain present levels of health spending. COVID-19, like Ebola in West Africa, could divert resources away from fundamental healthcare services. Africa's limited funds for medical research and development may potentially be dwindling (Rosenthal et al., 2020). Governments must guarantee that their focus on COVID-19 does not lead to a rise in diseases such as malaria, HIV/AIDS, and tuberculosis (TB), among others. They should also invest in the many technologies that can be utilised to manufacture vaccines (Oosthuizen et al., 2020).

All countries share the goal of developing strong health-financing systems. Even the richest countries are struggling to keep up with rising healthcare expenditures, and the current economic crisis is adding to the strain. The lack of financial resources for healthcare is a particularly tough barrier especially in low-

income and middle-income countries, which include a substantial number of African countries (Buell et al., 2021). The weaknesses of health financing have been the cause of failure to achieve SDG3.

Low level testing

The continent also faced challenges of low-level testing, and hence the increase in COVID 19 death. An example of the challenges inherent in reliance on testing to diagnose illnesses and mortality has been widely documented in relation of the northern Nigerian city of Kano, the second largest in the country (Oosthuizen et al., 2020). Most countries had a limited country-based test plan and a lack of adequately trained personnel to carry out the testing. Malawi struggled with virus screening owing to insufficient capacity, a lack of competent laboratory personnel, and a lack of policies (Munharo et al., 2020).

Rural and urban health disparities

In Africa, rural and urban health services have always been different. Rural communities endure water and sanitation issues, medicine shortages, and lengthy distances to healthcare facilities. These difficulties were exacerbated when the pandemic reached Africa. COVID-19 requires hand washing and wearing masks, but poor water and sanitation will only make it even more challenging for communities to minimize COVID-19 transmission. African communities lack effective and sufficient health care facilities. As a result, meeting people's healthcare needs becomes more challenging. Poor healthcare service delivery has long been a challenge, particularly in rural communities, and much more needs to be done to improve it (Oosthuizen et al., 2020). Furthermore, the situation in the rural communities is worsened by the health personnel (Nabukalu et al., 2020).

Methodology

The study relied on both qualitative and documentary analysis. Documents and websites were used to acquire information. The desktop strategy was utilized by the researchers to accomplish the research. The study focused on Sub-Saharan Africa. The researchers were able to refer to multiple sources courtesy of document analysis, and the documents were also manageable (Morgan, 2022). Because of the consistency of the data, the researchers used document analysis. Document analysis, unlike interviews, has no influence on the participants. The data were analysed using a thematic approach. By gathering information from reputable sources, including reports and other articles, the researchers ensured that there was no bias.

Findings and Discussions

The pandemic has made it difficult for SDGs to be achieved and thereby making health care services inefficient and ineffective. The African continent has been disadvantaged because of the disparities between the rural and urban health services. The pandemic did not only expose these disparities but worsened the poor health system in the rural areas.

1. Insufficient Investment

A significant barrier to improving healthcare in Africa is inadequate investment in the health sector or in initiatives that address the environmental and social determinants of health, especially given that the continent carries the majority of the global burden of morbidity and mortality for maternal and infant mortality as well as HIV/AIDS. Additionally, the increase in noncommunicable diseases and injuries has increased the strain on many nations (Fagbemi, 2021; Schröder et al., 2021). In most African countries, the fundamental barrier resulting from a lack of finances is that the methods and procedures that provides healthcare funding systems are unsustainable. The most regressive means of funding healthcare is through household out-of-pocket expenditures, which account for 40% or more of total healthcare costs in more than half of the African countries. The reliance on this method of payment places people at risk of poverty and imposes financial restrictions on their ability to seek healthcare. The lack of healthcare financing is a significant stumbling block in Sub-Saharan Africa. The attainment of SDG3 becomes unrealistic because of unexpected circumstances such as the COVID-19 pandemic (WHO, 2013).

2. Dependency Syndrome

Development assistance is intended to strengthen the economy, but in order to improve the economy, most countries have become completely reliant on aid (Niyonkuru, 2016). Most low-income countries rely on foreign assistance for healthcare which adversely affects the achievement of sustainable development goals. Dependency syndrome has devastated Africa's health system, and the pandemic has only exacerbated the failure to achieve the SDG3. Prior to the pandemic, the government was failing to meet SDG3 because of the heavy dependence on foreign aid. The majority of SSA, like the rest of the world, is facing a unique blend of challenges as a result of the political and economic crises (Shumba et al., 2020). COVID-19 exposed most African governments' reliance on foreign aid, with the majority of these countries neglecting to use indigenous remedies (Nyabeze & Chikoko, 2021).

3. One Size Fit All Approach

In healthcare services, the African continent employs a one-size-fits-all approach. This technique, however, impacts the majority of the population because it relies on out-of-pocket payments, and only a minority of the population has health insurance. The healthcare system treats everyone the same; nonetheless, the vast majority of the population lacks medical insurance. Because public access to health services is limited, the effects of pandemics such as COVID-19 are detrimental. There is a significant disparity between the rich and the poor (Nyabeze & Chikoko, 2021). In most African countries, the majority of the labour force is self-employed in the informal economy and may not be able to afford self-isolation. Additionally, the implementation of income-support programmes and countercyclical measures to safeguard people and enterprises is hampered by a lack of budgetary resources. Consequently, one size does not fit all (OECD, 2020).

Conclusion

The pandemic had an enormous impact on Sub-Saharan Africa, notably the SDG3. COVID-19 has the potential to exacerbate Africa's economic and political crises. Because of the economic crisis, the continent was unable to accomplish sustainable development targets. The pandemic exacerbated the situation, and most countries battled to achieve the SDG3. The primary goal of this study was to evaluate the influence COVID-19 had on achieving the SDG3. The findings of the study reveal that the pandemic had a significant impact on SSA by exposing the vulnerability of SSA's healthcare system. Health financing is essential for the delivery of efficient and effective health care services; consequently, the absence of investment has an influence on the delivery of health care services, resulting in the struggle to achieve SDG3. The fact that the majority of SSA countries rely on aid slowed down the immunisation procedure, as SSA nations had to wait for vaccines from aiding nations. The one-size-fits-all approach deprived the poor because the majority of the SSA population relies on out-of-pocket expenditures because they lack health insurance. These repercussions have a tremendous impact on achieving SDG3, therefore, the region should work to develop healthcare services so that any pandemic outbreak does not have harmful consequences.

As a result, the SSA should remove any financial constraints to healthcare services and enhance service delivery settings. As shown with the COVID-19 experiences from various countries, the more information countries can access and analyse, the more effective nations will be. As a by-product, it guides stakeholders, including multilateral organisations and citizens, in exploring and determining solutions to catastrophes like the COVID-19 epidemic. Africa requires more effective and efficient disaster management measures to ensure that pandemics like COVID-19 do not disrupt healthcare systems.

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