Act Local, Impact Global - Community Health Matters

By Sara Kurtovic

People often think of global health problems from a narrow perspective, imagining diseases affecting people and communities outside of the United States, usually in low-income countries. However, our current situation gives us another perspective, one where we are all experiencing the same challenges. After emerging in China in late 2019, the novel coronavirus disease (COVID-19) has quickly revealed how connected we really are. We can now see that what happens in one community can quickly affect everyone's community. COVID-19 has infected more than 1.3 million people around the world, with that number growing every day. We are all fighting the same virus, despite where we are located geographically.

From the claps heard in Italy to those in New York City, there has been an increase in appreciation of our health workers who are risking their lives on the frontlines. From doctors to community health workers (CHWs), the entirety of the health workforce is needed to fight this pandemic. Countries with limited resources and preparedness are particularly vulnerable to COVID-19. In sub-Saharan Africa, community health is already underfunded by an estimated $2 billion every year, according to USAID. Additionally, the United States has 25 doctors for every 10,000 people, compared to 4 in Nigeria, 2 in Kenya, and 1 in the Democratic Republic of the Congo, according to the World Health Organization. Strong community health is the key to Universal Health Coverage and can be a vulnerable country's most valuable resource during an outbreak. Increases in cases will overwhelm health systems that already face shortages of health workers, which is why a whole of society response is needed. Community health programs are the first line of defense for many to prevent, detect and respond to this outbreak.

Strong community health programs have shown how fundamental they are to the health system in previous outbreaks such as the Ebola epidemics in the Democratic Republic of the Congo and Liberia, Guinea and Sierra Leone. These nations trained and equipped CHWs to expand their health care teams. CHWs helped reduce transmission by promoting social distancing, participating in contact tracing and encouraging testing among patients. It is important to note that more people died of malaria than Ebola during this time; therefore, as we collectively respond to COVID, we cannot ignore the fight against the current disease burden in these countries.

It is clear that a community response is needed to stop this virus, which is why supporting these local programs is so vital. Dr. John Nkengasong, head of the Africa Centers for Disease Control and Prevention said that the virus "is an existential threat to our continent." African governments do not have the financial capabilities to counter a decrease in economic activity and officials warn that 5-10 percent of African GDP could be wiped out. CHWs must be equipped with the information, resources and protection they need to provide the necessary care during this pandemic and future emergencies. Weak health systems are not a single country's problem because what happens in one community can easily affect another on the other side of the world. We are only as strong as the weakest health system. A virus knows no borders and community health is truly global.

Sara Kurtovic is a global advocacy fellow with Living Goods and an MPH candidate at The George Washington University.

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