

**Covid-19: evolving for better health
in the current environment.**

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Where are we now?

- Uganda: 10,000 cases. 100 deaths
- Global: 40 million 1.1 million deaths
- Africa: 1.2 million 28,000 deaths
- Case fatality Rate
- Uganda 1%
- Global 3.6%
- Africa 2.3%

Infection Fatality Rates

- Depends on several factors:
- Average age of the population
- Mortality reported per million of the population
- Median estimated at 0.28%
- But in Africa thought to be much lower

Outlook

- **Northern Hemisphere rates rising sharply:**
- Change of weather conditions
- Colder, less humid
- People staying indoors
- **Sub-Saharan Africa**
- Cases also rising but not as fast – due to lack of social distancing, not wearing masks
- Weather warm and humid which slows spread
- More outdoor living much better than indoors

Tanzania model

Business as usual

Not reporting cases, but hospitals not congested with Covid-19 patients.

Probable has a higher number of Covid cases than Uganda, but less interference with economic activity

Uganda

- Early action definitely slowed the spread – good epidemiology approach with diagnosis, isolation, contact tracing (Track and trace)
- Now community spread, so this approach is difficult to maintain
- Brought serious disruption of business
- Low reported number of deaths
- Best approach now masks, social distancing, hand-washing

Outlook for Uganda/sub-Saharan Africa **Pros**

Lower number of cases/reported cases

Lower case fatality rate

Young population: Uganda median 15 years

Britain 47 years

Better weather conditions: warm and humid

Outdoor living

Less urbanization

Sub-Saharan Africa - Cons

- Less disciplined population c.f. Korea, Taiwan, Singapore, Japan
- This reduces effectiveness of known measures to slow the spread.
- Prone to lack of science and 'Fake News' – 'Corona is not real'.
- More vulnerable economically, pushing more people into absolute poverty and susceptibility to shocks.

Experience of cases in ICU in Mulago

- 200 cases admitted
- 50% mortality
- Higher number of Muslims - Possibly related to earlier Eid gatherings
- All deaths had co-morbidities: Diabetes, hypertension, history of smoking, heart disease, lung disease, old age

Covid-19 in sub-Saharan Africa

- Low mortality unlike other viral epidemics such as Ebola
- Young population
- Weather conditions not favorable to Covid spread
- It will still spread with most people being asymptomatic
- Picks off the vulnerable

Effect of Covid-19 on Insurance

- Greatest expense is PCR tests
- Private hospitals do not want to be Covid hospitals, so with current government policy they will refer on to government.
- Bills, when incurred will be for ICU, so caps may be necessary unless re-insured
- Mortality when at stage of needing ventilation is high.

Vaccination

- Support for poor countries from WHO has been assured
- Most optimistic time frame is 6 months
- Realistically 12 months or beyond
- Still too early to estimate effectiveness, but likely to be two dose vaccine
- Vulnerable populations such as healthcare workers should receive it first

Outlook for Insurance

- The epidemic has had two effects on employers regarding insurance
- The poor business environment has caused contraction so companies have had to reduce costs and benefits including medical insurance
- However, Covid has also focused the mind on the necessity of having healthcare insurance.

- Thanks for listening