PANDEMIC COMPLICATIONS: THE CASE OF WOLISSO

The Covid-19 pandemic is taking a devastating toll even in countries that have managed to mitigate its direct impact, such as Ethiopia. Despite a relatively low death rate, the country has seen dire consequences vis-à-vis hospital admissions for in-patient visits, hospitalization and deliveries; and the drop in payment for services has brought grave financial consequences for health facilities.

The Saint Luke Hospital in Wolisso, Ethiopia, is located about 100 km from Addis Ababa, the nation’s capital. Owned by the Ethiopian Catholic Church, it is a non-profit private facility supported through the partnership of Oromia Regional State, Doctors with Africa CUAMM, other donors and patient contributions. It serves an area with some 1.2 million inhabitants. The first suspected case of Covid-19 was recorded in Ethiopia on 13 March 2020. Although it turned out to be negative, and notwithstanding the containment measures already instituted, fear of a potentially swift and dire pandemic scenario began to spread among the population (health workers included), leading to a plunge in hospital admissions. Immediate steps were taken to curb the spread of the virus, including setting up:

- systems for triage and entry screening in a tent in front of the hospital, in order to isolate patients suspected of infection before allowing them to enter the premises;
- training and awareness-raising activities for all hospital workers to ensure adequate containment measures and management of suspected or confirmed cases;
- a task force to handle the emergency in line with Health Ministry guidelines, which called for a Covid-19 point person inside the hospital.

Infected patients – most of whom were asymptomatic – were kept in a special facility outside the hospital, while the most serious cases were treated in special isolation rooms inside.

The first case, in a patient who passed away, was recorded on 3 August 2020. Thereafter there were few other cases up through 1 October, when the numbers began to climb. Overall, 30 positives cases were found after 162 swabs; 18 were asymptomatic, 7 had moderate symptoms and were sent home to isolate, 3 were hospitalized and 2 died. Despite the limited number of severe cases and total of three dead, a disproportionately steep drop was seen in both out-patient visits and hospitalizations: compared to 2019, 2020 end-of-year projections estimated a 24% drop in the former, an 18% drop in the latter, a 9% drop in deliveries, and a 17% drop in pediatric and neonatal admissions. Only in September 2020 was there a partial recovery (figure 1).

It is not difficult to understand how people’s failure to access visits and treatments had an indirect impact in terms of their health, bringing a risk of increased complications. But it also weighed heavily with regard to the revenue of the hospital, which as a private non-profit facility depends on the payment of certain fees by patients to cover part of its expenses. Overall, in 2020 the hospital will see a 20% drop in the revenue derived from such fees – equivalent to some 150,000 Euros. At the same time, due to an increase in health workers’ wages instituted by the Ethiopian government, its expenses will actually rise slightly. A way had to be found to cover these costs in order to maintain the hospital’s appeal. The difficult situation has been managed thanks to extraordinary donations.

In conclusion, the indirect effects of the pandemic have been far greater than the direct ones in terms of both people’s health and the hospital’s financial stability. Further fallout from the macroeconomic situation, including even greater impoverishment, are a cause for concern in terms both of the former and of the capacity of hospitals like Saint Luke and public health care systems overall to cope with expanded health needs.

NOTES

1 Delivery, which is always free, is an exception.