

Looking Back Mapping Forward: Navigating Healthcare Terrain Post-COVID-19 Period

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Abstract

The COVID-19 pandemic presented significant challenges to healthcare systems worldwide necessitating a proactive and strategic approach to navigate the post-COVID-19 healthcare landscape. This research paper delves into multifaceted challenges that healthcare systems face in the aftermath of the pandemic and emphasises the importance of equitable sustainable and ethical policy making. The research highlights the persisting mental health burdens, the long-term effects of COVID-19, the threat of antimicrobial resistance, strained healthcare infrastructure, healthcare provision disparities, climate change impacts, the influence of inflation on healthcare, the integration of artificial intelligence and the specific challenges related to aging populations. To address these challenges effectively, policymakers must focus on developing policies that ensure equitable access to healthcare services, facilitate sustainable healthcare practices, uphold ethical standards, encourage collaborative efforts among policy makers, healthcare providers, researchers and communities. Such an approach is essential for successfully navigating these post-COVID-19 healthcare challenges. By adopting a comprehensive and proactive approach, healthcare systems could work with efficacy.

Keywords: policy making, healthcare challenges, artificial intelligence, health disparities , inflation in healthcare, resilient healthcare, inclusive healthcare.

Introduction

The COVID-19 pandemic has presented significant challenges to healthcare systems, especially in resources constrained countries where healthcare delivery deteriorated significantly. Resource constrained nations across the globe found it difficult to cope with impact of the COVID-19 pandemic. The already weakened healthcare systems in developing countries in Africa, particularly Zimbabwe, faced unfathomable deterioration of service delivery due to the COVID-19 pandemic. These countries now need to quickly adapt frameworks to this new context. The COVID-19 outbreak led to unprecedented loss of lives with devastating impacts on societal and individual health. As a result, this paper argues for

the need for a proactive and strategic approach to navigate the post-COVID-19 healthcare landscape.

Methodology

There has been limited scholarship on strategies for navigating healthcare post-COVID-19 pandemic in developing countries. Studies on the phenomenon remain very scanty, especially in Zimbabwe. Using qualitative content analysis of several published empirical studies on the COVID-19 and its impact on healthcare delivery, this paper sought to assess strategies for navigating healthcare post-COVID-19 pandemic in Zimbabwe. Hsieh and Shannon (2005) define qualitative content analysis as a research method for the subjective interpretation of content of a text data through the systematic classification process of coding and identifying themes or patterns. Patton (2002) asserts that qualitative content analysis refers to any qualitative data reduction and sense-making efforts that take a volume of qualitative material and attempts to identify core consistencies and meanings. This type of design is usually appropriate when the existing theory or research literature on a phenomenon is limited.

Mayring (2000) asserts that content analysis uncovers patterns themes, and categories important to social reality. The method analyses social phenomena in a non-invasive way, in contrast to simulating social experiences or collecting survey answers. There are unlimited number of materials such as journals, books, papers and other relevant sources on COVID-19, but the majority of the materials can be traced from the advent of the pandemic in 2019 to as recent as 2024. Classical literature was also analysed. The researcher used themes as a unit of analysis. The results and discussion of the finding are therefore based on the defined unit of analysis (themes).

Results: Interpretation and synthesis

Using a qualitative research methodology, this paper reviewed and drew insights from extant literature to demonstrate that current conceptualisations and approaches to coping with pandemics and disease outbreaks in Zimbabwe were inadequate. There is therefore a need to give attention on how to navigate healthcare post-COVID-19. Results of the study were an unexpected scenario of the predominance of the indigenous knowledge system, the socially constructed nature of community resilience and rejection by local communities of norms and values prescribed as a panacea to the pandemic but perceived by them to be alien and antagonistic to their socio-economic cosmology. Insights from this study assisted in the development of a map for the road ahead in terms of healthcare post-COVID-19 (actionable

public health guidelines). As a point of departure and to demonstrate an appreciation of how the road ahead is supposed to be, we need to have an appreciation of how the road ahead is supposed to be, we need to have an appreciation of the success stories, if there were any, of the COVID-19 pandemic prevention protocols adopted by the authorities. An interrogation of these strategies would provide valuable insights in shaping and forging the new road ahead in healthcare delivery.

Strategies adopted by authorities to deal with COVID-19 and vital insights for the future

In efforts to stem the tide of the pandemic, the government and all active stakeholders in the fight against the pandemic activated several communities to disseminate information about the pandemic to caution the public.

Communication

The synthesis of extant literature on COVID-19 pandemic illustrate a plethora of communication strategies used in preparing countries for the impending COVID-19 pandemic as well as at the height of the pandemic. A scan of extant literature indicates various communication strategies that the countries employed in the preparation for pandemics (WHO, 2020; Huang, 2020; Haslett, 2020). As the national governments escalated their authority during national disasters or emergencies, effective communication strategies became progressively important for fighting plagues and stabilising society (Huang, 2020).

Media coverage of a possible COVID–19 pandemic has the potential to either accurately and successfully inform the public or to mislead and cause unwarranted public alarm and unfavourable reactions (Kim & Kreps, 2020). Evidence from the study findings highlighted several communication platforms used to inform the public of the impending COVID–19 pandemic. Some of these communications strategies included the radio, televisions, social media platforms such as WhatsApp and texts, the print media, health workers, amongst a host of others.

Generally, it can be said that the communication strategies initially achieved success in terms of communicating the intended messages. However, they failed to lead to the anticipated behavioural changes due to other challenges to do with the state of livelihoods as the majority lived from hand to mouth. WhatsApp was used by communities to stay in touch with loved ones, get information about the pandemic, among a number of other uses. Social media platforms thus played an important role in authorities' communication with citizens as the

pandemic led to a narrowing of the topic agenda on these platforms, with an increased level of WhatsApp activity by political and health experts (Rauchfleisch, Vogler & Eisenegger, 2021). Even print media such as newspapers and pamphlets were central in relaying information about the pandemic.

Over time, there was a lot of infodemic as almost everyone had a right to relay messages about the pandemic to the public causing panic and fear. The absence of a centralised and regulated platforms contributed to the recorded rise of infodemic, which was characterised by widespread misinformation, deception and so-called “fake news”, which hindered the adoption of protective personal actions.

Vital communication strategy insights for mapping healthcare post-COVID-19

The COVID-19 pandemic triggered a need for a proper and fact-checked reporting. The need for proper fact checking and reporting was further heightened by social media networks that also added some elements of misinformation or fake news circulating about the pandemic (Mututwa & Matsilele, 2020). During the pandemic, the media were a conduit for communication from public officials and experts to the broader public (Perreault & Perreault, 2021) and, in turn, playing a facilitative role (Christians et al., 2010). Effective communication guides the public, health providers, and other groups in responding appropriately to outbreak situations and complying with public health recommendations (Reynold & Quinn, 2008). Thus, it can be constructed from the above findings that responding to COVID-19 pandemic reporting required critical preparedness and responses, that is, including effective communication as an essential strategy.

Evidence from the study highlights that marginalised communities and the vulnerable members of society, especially in the remote rural communities, found it difficult to access both print, television and social media platforms. The print media is regarded as expensive and, in some areas, remain largely inaccessible. Hence, the use of print media in information dissemination saved its purpose only to a limited number of people, especially those in urban communities, whilst the rural communities were left lagging behind. Dube et al. (2021) also share similar misgivings about over-relying on print media to disseminate important information to the public such as that of the impending pandemic. It can therefore be construed that the print media, as a communication strategy, should be part of an integrated communication framework rather than a solitary approach.

There is a need to have customised communication channels for the different strata of society at large. Effective communication can lead to more constructive management of fear and anxiety that may emerge because of a global health pandemic. This could only be possible with freedom of the press. By ignoring effective communication, newsrooms left gaps for vulnerable people and made the COVID-19 epidemic harder to contain. Therefore, it makes sense to contend that efficient government communication influenced the propensity of people to use self-defence healthcare measures and, in turn, reduced deaths in large proportions. The evidence of fewer deaths and more citizen adoption of self-protective behaviours should be used to gauge the “success” of a communication campaign. After such a post-mortem of communication strategies, insights on the most effective strategies can be mapped out for future use.

Furthermore, messaging needs to address community risks (e.g., disproportionate impact on racialised communities) and be framed in a way that is culturally relevant to the target audience (Airhihenbuwa et al., 2020). Drawing on behavioural insights and social sciences can serve as a starting point for communication strategies that target specific behaviour change interventions. Protocols should take into account the livelihoods of the communities for which they are made.

Discussions

In order for any healthcare prevention protocol to work, it has to be communicated to the recipients in a timely and effective manner. Evidence from the study illustrate communication challenges that affected efforts to mitigate the spread of the pandemic. A close analysis of extant literature on COVID-19 points towards several obstacles that militated against the effective dissemination of information on the pandemic. Viral social media platforms contributed to the recorded rise of infodemic, which was characterised by widespread issues of misinformation, deception and so-called “fake news”. This hindered the adoption of self-protective healthcare actions. Effective communication guides the public, healthcare providers, and other groups in responding appropriately to outbreak situations and complying with public health recommendations (Reynold & Quinn, 2008). Thus, it can be construed from the above findings that responding to COVID-19 required critical preparedness and response, which includes effective communication as an essential strategy.

Evidence from the study highlight that soon after the adoption of lockdown, Zimbabwe was confronted a triple threat of the COVID-19 pandemic, food shortages and economic meltdown.

This effectively forced people in the informal sector to defy state-gazetted lockdown regulations in order to avoid starvation. Hence, from the findings, it can be concluded that there when navigating health post-COVID-19, there is a need to consider the livelihoods of the local communities for which the disease prevention protocols are being designed. The enforcement of government pandemic prevention protocols affected everyone, however, they had more negative impacts on the most vulnerable members of society. The ability to abide by the protocols was clearly determined by economic needs. Some individuals thought there was a hierarchy of needs within communities and these were shaped by financial resources that influenced who was able to follow prevention measures and protect themselves. As Mukeredzi (2020) argued, “If vendors and other self-employed workers are barred from leaving their homes to ply their trade, how are they to feed their families?” Informal workers were therefore forced to defy state lockdown regulations and resume informal activities in order to survive. For some, ‘survival’ was a matter of life and death; for others it was more a crisis of accumulation.

General recommendations for navigating healthcare post-COVID-19

- (i) Improving communication strategies.
- (ii) Ensure that the design and implementation of any healthcare disease prevention strategy considers the existing livelihoods of the local communities for which with they are designed.
- (iii) Integrate IKS into healthcare practices as most communities, especially those in rural areas cannot afford the modern disease prevention protocols such as drugs.
- (iv) Authorities to move away from the “copy and pasting” kind of strategy in handling disease outbreak, but design prevention practices that are culturally embedded.
- (v) Ensure coordinated approaches in strategy implementation in disease outbreak handling (who does what/ proper delimitation of duties).
- (vi) Provide adequate funding to the health sector.
- (vii) Efforts should be directed toward building health system resilience through local, national and global engagement and improving healthcare financing.

- (viii) African countries, Zimbabwe included, should focus on a coordinated approach to build capacity for vaccine development, transport and roll-out of vaccination for healthcare professionals and high-risk individuals, including those in rural areas.
- (ix) High-quality time-trend analyses are needed to understand better the extent and nature of on-going changes and responses of the African health systems to the pandemic.
- (x) Post-COVID-19, healthcare systems need to assess and strengthen their infrastructure, capabilities, and human capital to be better prepared for future healthcare emergencies and actual burdens.
- (xi) The pandemic has highlighted existing health disparities and inequalities in access to healthcare services. COVID-19 health inequalities persist globally, with marginalised and disadvantaged populations facing disproportionate health burdens. Post-COVID-19, healthcare systems ought to address these disparities, particularly among marginalised communities, to ensure equitable access to healthcare and reduce health inequalities.
- (xii) There is a need to improve healthcare policies. Addressing social determinants of health reducing health disparities and promoting health equity requires comprehensive policies and targeted interventions (Puska, 2007).
- (xiii) Comprehensive approaches could also include initiative of education and skill-building programs, affordable and safe housing programmes, economic development and employment opportunities, accessible transportation, nutritious food access, income, Special support, poverty reduction, community empowerment, and engagement.
- (xiv) Implementing policy/ strategy review. There is a need for data-driven approaches and evaluation to improve on the healthcare programmes and policies. Data reporting allows for comparisons and benchmarking across provinces. Data reporting allows for comparisons and benchmarking across provinces, enabling evidence-based decision making and accountability.

- (xv) Mitigating the negative impacts of climate change. Mitigating climate change and building resilience in healthcare systems are crucial for protecting public health and ensuring sustainable development.
- (xvi) Managing inflation to reduce the burden on society in acquiring healthcare services.
- (xvii) Initiating health support for the elderly.
- (xviii) Many countries have fragmented healthcare systems with multiple stakeholders, such as government agencies, private insurers, healthcare providers, and pharmaceutical companies. Coordinating and aligning the policies of these diverse entities can be complex and challenging.
- (xix) Policies must adapt to new treatment options, diagnostics, and digital health innovations while ensuring their safety, efficacy and accessibility to all individuals. Special attention is needed from policy makers regarding the ethical challenges associated with the fast development of medical technology. Laws, rules, regulations, and policies must be regularly adjusted. Again, with the increasing use of electronic health records and digital health platforms, ensuring the privacy and security of personal health information becomes critical (Zaguia, 2023).

Conclusion

The pandemic exposed the inadequateness of healthcare systems across the globe, particularly in developing countries like Zimbabwe. As a result of the COVID-19 pandemic, healthcare plans are facing a difficult road ahead. Health plans are currently focused on safe operations, directing scared and vulnerable members to the right care options, and helping.

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