Covid-19 Messages, Mental Health and Foreign Aid

Victor Zacchaeus[1], John Ijaja[1] and Tegan Mosugu[2]*

1 Kogi State University,Nigeria
2 University of Pittsburgh, United States

*Corresponding author:
Tegan Mosugu

✉ teganjmosugu@pitt.edu

University of Pittsburgh, United States

Abstract

The dissemination of public information during pandemics leads to fear mongering and misinformation. In the context of health communication, this paper suggests that health communication ought to be as clear as possible and easily interpretable. This can be achieved by broadcasting public service announcements through radio, television, and billboard platforms in local dialects and official languages. Furthermore, clear and effective messaging would empower people with the necessary tools to prevent infectious diseases and take control of their well-being. Moreover, this paper also explores the mental health burden that people have during the pandemic and the role that foreign aid can play in alleviating human suffering. In Africa, very little is known or researched when it comes to mental health which becomes a great issue of concern during the COVID-19 pandemic. As people experience different forms of anxiety and depression resulting from fear, uncertainty, and loneliness, there are very limited resources for seeking help. When compared to the global rate, the number of Africans who receive care for their mental health is extremely low due to cultural norms and the limited number of mental health facilities and professionals. Nonetheless, the ability to achieve desirable health outcomes can significantly be boosted by foreign aid.

Foreign aid has proven to be a tool for alleviating human suffering during pandemics. Most developing countries rely on foreign aid in the wake of a pandemic either through monetary (bilateral/multilateral) assistance or relief items. In addition to providing emergency relief measures in highly informal sectors, foreign aid can be used as a tool to channel liquidity to small and medium-sized enterprises (SMEs), households, and informal workers. This paper takes a systems approach in highlighting the ways in which some of the aforementioned factors can be efficiently leveraged to curb the rate of disease spread, which in turn alleviates the burden of human suffering.

Keywords: Covid-19; Mental health; Foreign aid

Introduction

Health communication can be defined as the process of disseminating information for the purpose of changing individuals' perceptions through their awareness of an issue, problem or solution that pertains to their state of health [1-5]. The knowledge that is impacted through health communication activities seeks to achieve the tripartite goal of: i. supporting behavior change, ii. Increasing knowledge about the necessary abilities for behavior change, iii.Motivating individuals and communities to change their norms and behaviors. Amid the COVID-19 pandemic, health communication campaigns are essential for promoting hand washing with soap and water across all spheres of life [6-25]. Health communication promotes positive health behavior practices since it shifts attitudes which in turn enables people to make healthier choices. In a country like Nigeria, having a two-pronged approach to delivering health messages is essential. According to national media statistics, only 40% and 77% of people have access to television and radio, respectively [26]. However, access does not equate to constant use, which is often as little as once a week. Thus, it is paramount to have health communication infrastructure that is ingrained in the daily practices of the citizenry which can range from PSAs in indigenous languages to digital billboards to social media applications [27-30].

Health communication can be used as a pivotal tool in providing people with the necessary information that they need to stay safe from contracting the coronavirus. Likewise, it can also stress on the need to shy away from risky practices that make people more susceptible to COVID-19. In today's society, designing health communication requires an understanding of the different ways that people receive their messages, and ensuring that evidence-based messages are accessible so that people are equipped to

make informed decisions. However, the ability for the public to be receptive of such said information is predetermined by the level of trust that they have in the communicating agency **(Figure 1)**.

Types of health communication

Health communication occurs through traditional and nontraditional approaches in order to reach audiences across demographics [31-44]. Mass media campaigns through traditional platforms are "used to expose high proportions of large populations to messages through routine uses of existing media such as television, radio, and newspapers" [45]. Other traditional approaches to health communication range from development to distribution of communication materials either through billboards, brochures, posters, etc. Okunna [22] suggests that development media in Africa is predetermined by the political system of a country and what government stakeholders allow. Therefore, the ability for health campaigns to engage with traditional media platforms is predicated on the nation building objectives of the nation. However, this theory does not hold true especially for infectious diseases that have a high morbidity and mortality rate.

African nations are leveraging new and innovative ways to disseminate information to the mass public. Fayoyin [10] suggests that "communication is central to public health delivery, and advances in digital media and communication hold significant prospects for addressing major public health and development issues confronting the continent" (p. 1). One of the ways in which development agencies and stakeholders reach newer audiences is through nontraditional avenues of digital media engagement (social media engagement, SMS, MMS, etc). Platforms such as WhatsApp and wide-scale text messages via mobile carriers can be used for sharing messages faster and efficiently. That said, the degree of control to which messages can be authenticated/verified significantly decreases.

Public administration learnings from health communications

In Nigeria, public sector organizations such as the Nigeria Centre for Disease Control (NCDC) - As an organization, NCDC dutifully serves the public by "protecting the health of Nigerians through evidence-based promotion, integrated diseases surveillance, and response activities" (Nigeria Centre for Disease Control, n.d). An application of public service motivation theory highlights that as a public health organization, NCDC is committed to the public interest and plays a pivotal role in promoting knowledge sharing between experts and the general public.

Estevez, Tomasz and Fillottrani point out that information sharing in traditional public administration and management must often overcome a range of technical, organizational, and cultural barriers. Despite the challenges, information sharing can be addressed through a whole-government response that is driven by explicit information sharing across the technical intra-and-inter organizational levels.

Sinno [37] notes that "organizational leaders are sometimes pressured by particularly influential outside sponsors to adopt centralized structures, even when it is not in the interest to do so" (p. 93). NCDC is a centralized agency, headquartered in the nation's capital, Abuja. Sinno notes that decentralizing an organization immediately calls for the need to adopt a governance board, a low-cost structural addition that bestows considerable advantages. Although this can be a panacea for ensuring that there are checks and balances, it is very much possible that the process of having information go through multiple checks might slow the rate at which the public receives information.

The public perception of NCDC is mixed - some people trust the data being provided while others question its validity. On April 19, the center reported an error in Ekiti state whereby an additional case was reported. Similarly, the center erroneously reported
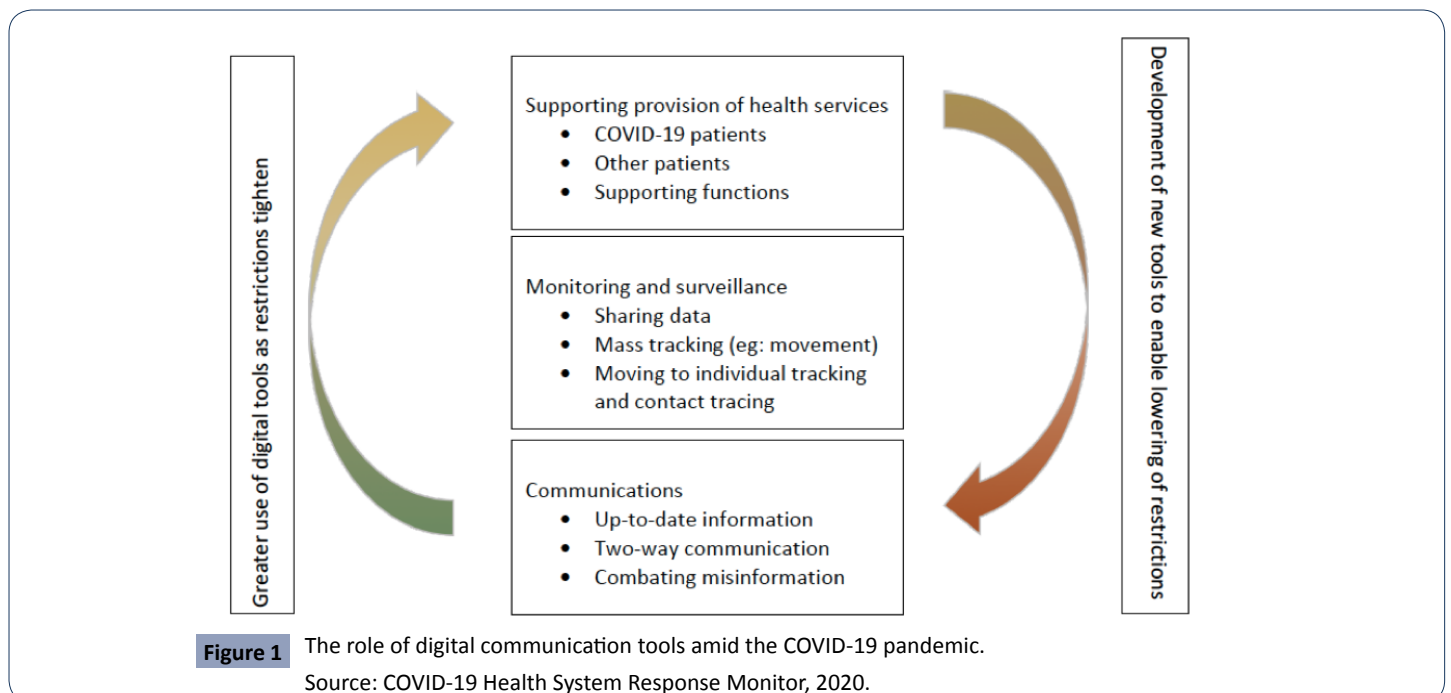

Figure 1 The role of digital communication tools amid the COVID-19 pandemic.
Source: COVID-19 Health System Response Monitor, 2020.

thirty-two additional discharges and two deaths in Abuja on May 9th. These errors were blamed on "system errors" related to its data reporting mechanisms. These errors can be attributed to the problem of information asymmetry whereby one party has access to information than the other - creating an imbalance of power or influencing the outcome [25]. In the African context, non-governmental organizations are often viewed as the solution to the problems of asymmetric information since information from government is not only seen as being of poor quality but also highly flawed. Appold and Phong [2] note that asymmetric information can increase the power of ministry officials to benefit from the expense of enterprise managers whereby there is control of critical resources and enterprise managers become competitive for those resources, resulting in a patron-client relationship that has a hidden agenda. As a result, a moral hazard might be created whereby communication of information drastically changes due to limited information at the purview of technocrats.

Real time information is key but should be concise and be disseminated through innovative ways

Pitrelli and Sturloni [33] highlight the importance of effective governance on global risks through public communication and participation when it comes to controlling the spread of infectious diseases. Particularly, there is a need to take an accessible and transparent approach when communicating with the public. They reference the AIDS epidemic and how the massive-scale mass media was able to report from the outset. In that same vein, the SARS outbreak was no different. This time around there was a "24-hour website with real-time updates and a 24-hour switchboard for journalists and anyone else who might want information on how the epidemic was developing" (p. 338). However, daily COVID-19 state data is updated each night and not broken down to local government areas, which raises questions as to how the data is being retrieved and whether numbers are accurate or manufactured.

Pitrelli and Sturloni [33] note that in the history of pandemics, there is usually a breakdown in trust between the world of research, politics, and all the other social factors involved. They point out that during a pandemic, increased panic is not the bad news itself but rather panic emerges when information is hidden or only partly revealed. Pitrelli and Sturloni [33] also refer to population studies to refute the notion of a collective panic whereby people feel trapped due to the lack of information. They note that there was a great deal of social responsibility, support, and mutual responsibility even during the Spanish Flu - which is often deemed as the worst epidemic. Therefore, people have the ability to make rational decisions when they receive these messages.

Health communication in this information age has the power to profoundly influence decision making by providing individuals with the most pertinent information on emerging infectious disease outbreaks [12]. Moreover, effective health communication demystifies health data to individuals in lay man's terms which enables them to know more about the spread of the disease and the areas that are most endemic [12]. In order to keep people informed about disease outbreaks and being able to make healthy decisions, it is necessary to determine the appropriate communication channel that will be used to meet the needs of different population groups. Once identified, the characteristics of the demographics should also be considered - age, gender, language and other information like the preferred medium or most used/easily accessible medium. Smith [38] and Reynolds and Seeger [35] suggest that a change in attitude from emergency responsiveness to preventive preparedness is needed, with effective communication regarding crises and emergencies beginning long before an event erupts, and continuing after the immediate threat has subsided. Therefore, public health campaigns must go beyond informing people about the numerous ways in which they can protect themselves from contracting a virus.

Juxtaposing health behavior change theories

The decision making process of behavior change is a five-part process that begins after an individual comes in contact with a public health message or public service announcement. The transtheoretical model posits that health behavior change is an iterative process whereby change occurs through five chronological process. An understanding of this model and the five stages (precontemplation, contemplation, preparation, action, and maintenance) provides an in-depth understanding of the impact health communications can have on an individual's behavior [36]. An individual in the precontemplation stage is often in denial that his or her behavior has any detrimental effects. Upon coming in contact with a public health message, the viewer or listener then thinks about the adverse effects of his or her actions. However, change does not simply occur by coming in contact with information. The individual must make a conscientious effort to gather the information being conveyed and plan towards taking the necessary action, and maintaining such said behavior.

Conversely, the theory of planned behavior can also reveal that people might not take public health messages as seriously as they did during the onset of the pandemic. Attitudes, behavior norms and perceived behavioral control work in tandem to influence intention, which in turn hinders or supports health promotion behavior. The lockdown in several states are being eased in Nigeria, and people are resuming life to what they know it to be. People are not observing social distance rules and it is common sight to see crowded spaces whether it is in a crowded bus or outdoor worship spaces. According to the theory of planned behavior, subjective norm plays a huge role in people's practices because people are influenced by the perceived social pressure to perform or not perform the behavior. In addition, an individual who believes that people will disapprove of his or her behavior is more likely to follow approved public health messages due to the need [46]. As a result, people's ability to apply the information that they get from evidence-based messages (also known as perceived behavioral control) increases since the difficulty in performing the behavior of interest has been overcome **(Figure 2).**

Figure 2 A public health message that can be used to mobilize individuals to change their behavior.
Source: (HundrED, n.d).

The reception of messages depends heavily on trust and transparency

Public health messages play a vital role in keeping the public abreast on pertinent information that affects their daily lives. It is important that these messages are concise and straight to the point so that the public's attention can be held. That way, people are able to make informed decisions on the behaviors that affect their state of health. The public's perception of the agency responsible for the message determines the manner in which the public health message is received. Therefore, it is important that the entities responsible for conveying the message are as transparent as possible. As the pandemic continues, it is important for these messages to have a transition from emergency responsiveness to preventive preparedness especially after immediate threat subsided [16]. In Nigeria, public health messages have the power of ensuring that people instill good hygienic practices which leads to a reduction in the rate of not only COVID-19 but a host of other infectious diseases. With that in mind, these public health messages are accessible, in real-time, and provide people with the necessary information to change and maintain their behaviors.

What does foreign aid look like amid the COVID-19 pandemic?

Foreign aid can be a tool for social change for communities in the developing world. In theory, foreign aid can be used to provide essential goods and services to marginalized and vulnerable communities. The ongoing COVID-19 pandemic could either prove to be a repeat of past failures from development aid or a success if foreign assistance is applied effectively. Several African countries have seen an influx of foreign aid amid the pandemic. For example, as of April 2020, Nigeria had already received $21.4 million in foreign aid from the U.S. Agency for International Development (USAID) which is slated to go "towards humanitarian

assistance and includes for risk communication, water and sanitation activities, infection prevention, and coordination, and humanitarian assistance for refugees, internally displaced persons (IDPs), and their host communities"[44]. With no end in sight, foreign-aid might prove to be a short-term panacea for installing hand washing stations and face masks to communities that are most affected by the pandemic. Similarly, it could also be used to strengthen water, sanitation, and hygiene (WASH) services. However, there is a real possibility of African nations being heavily dependent on foreign aid for economic mobilization in a post-COVID world. In the event of this, the advantages and disadvantages of foreign aid have to be checked in terms of its power and threat to national ownership.

Understanding the threats to mental health amid COVID-19

The COVID-19 pandemic has led to mental distress that stems from people's uncertainty in all spheres of life. In Africa, small and medium sized enterprises account for 90% of all businesses [19]. People who own small to medium-sized enterprises, and these business ventures rely heavily on face-to-face interaction National lockdowns result in people not being able to operate business during the traditional working hours. Similarly, people who rely on the informal sector for work are unable to generate the necessary consumer traffic that they usually get. For many households living close to or at the poverty level, being mandated to stay at home is a financial burden on its own. Household consumption disproportionately increases due to the rise of food commodities hand other household supplies. Women and girls are significantly affected by the COVID-19 pandemic. This is because they tend to take care of their loved ones when ill or sick. The mental health implications for COVID-19 are profound on the individual, household, community and national levels due to the stressors that arise from the unpredictability of the pandemic. In the African society, people are not outspoken even when they

experience mental health challenges because of the societal expectations that arise from one's faith and things eventually getting better. However, the ongoing pandemic could provide an opportunity for African nations to not only rethink but strengthen their approach to mental health interventions on the community and national levels.

The systemic approach to mental health in africa

In Africa, personal mental health care is always put on the backburner. Monteiro [28] notes that "mental illness is considered a salient illness in Africa due to substantial systemic and financial challenges" (p. 1). He attributes this to the lack of "trained specialists, lack of evidence-based and culturally aligned assessment and treatment, stigma, discrimination, etc" (p. 1). From a budgetary planning perspective, mental health care in Africa faces a significant gap in funding from the rest of the world. For example, low-income countries allocate 0.5% of their health expenditures to mental health, compared to 5% in high-income countries [46]. Despite the lack of these services, there is still a need for mental health care. Global health research has shown that many mental health problems have been tied to poverty. When left untreated, these mental health problems can hinder health-promoting behaviors such as condom use or the use of antiretroviral therapy or even hand washing for communicable diseases. The exorbitant costs of seeking mental health care is a major deterrent for those wanting to receive treatment. There are only 20 African countries whereby the costs of receiving care is covered through disability benefits [46]. In Africa, it is not uncommon to see people seek care for mental health issues through traditional healers and religious leaders. Therefore, the reliance on faith as a tool for mental health wellness is not only pervasive throughout Africa but makes it hard for people to see mental health issues such as depression, bipolar disorder, etc. as an actual issue **(Figure 3).**

What do we know about COVID-19 and mental health?

COVID-19 has detrimental effects on an individual's mental health. These mandatory lockdowns have led to extreme stress that emerge from: i) perception of safety, threat and risk of contagion, ii) an overflow of information iii) quarantine and confinement, iv) stigma and social exclusion, v) financial loss and job insecurity. The perception of safety, threats and risk that

people might face when outdoors or in public makes them anxious during their daily endeavors. This is because individuals have a genuine fear about not only getting the virus but infecting their loved ones. This fear is made worse when there is an overflow of information. Hamouche [15] notes that during pandemics individuals tend to face a phenomenon known as "infobesity" wherein there is tremendous amount of information at their disposal. This overflow of information is characterized by people being overwhelmed by the known lethality of the infection as well as the intensity of media coverage of this pandemic outbreak, which exacerbates their perception of danger (para. 15). The communal nature of the African society also leads to depression for those who self-quarantine since they are cut off from society. Huremovic [18] posits that all forms of separation and isolation "impose an emotional toll on those affected by isolation and complicate the management of preexisting mental health issues" (pp. 1). Xiang et al suggests that stigma is one of the most common social consequences of a pandemic [47]. After periods of being quarantined, people are also likely to carry the burden of being associated with the COVID-19 virus disease, and their ability to go back to a state of normalcy is significantly hindered [48].

What has been the change in mental health as a result of the pandemic?

Overall, the effect of COVID-19 on the Nigerian populace is varied. A survey of 502 Nigerians between the ages of 18-78 years shows that the vast majority of male respondents (65%) report having clinical insomnia. On the other hand, only 48% of female respondents attest to having symptoms of clinical insomnia. It is worth noting that mild depression signs are on the rise for both male and female respondents - 55.4% and 49.3%. These mental health challenges as well as the sudden adjustment to daily practices has resulted in a surge in social vices.

The number of people that have been able to cope with the ongoing pandemic has significantly decreased [43]. As the pandemic progressed, people who had a degree of coping, are less able to cope because of the multiple stressors caused from the pandemic. In many African countries, people are resorting to the use of drugs, tobacco or even alcohol to take their minds off the unknown.
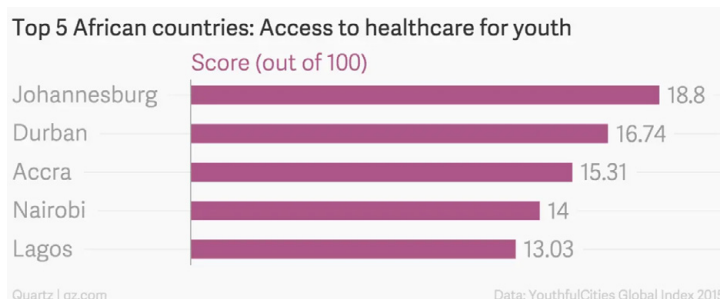

Top 5 African countries: Access to healthcare for youth

Score (out of 100)

Johannesburg	18.8
Durban	16.74
Accra	15.31
Nairobi	14
Lagos	13.03

Quartz | qz.com   Data: YouthfulCities Global Index 2015

Figure 3 Access to healthcare for youth populations.
Source: Tshabalala, S. (2015)

How are employees in the African marketplace influenced by COVID-19?

Like other employees around the world, the African professional is grappling with a new reality of having to either work from home or having a rotational work schedule with his/her colleagues. In assessing the effects of COVID-19 on the mental health of employees, authors point out the three sociodeterminants that may mitigate or aggravate COVID-19's impact on employees' mental health. They include: organizational factors (job function, safety, work structure), institutional factors (support from government or other agencies needed to support employees financially and psychologically), and individual factors (gender, age, education, individual's health history).

Maunder suggests that during pandemics the employees generally experience a heavy workload which is made complex by the need to reshift the way they interact with the public. In the context of the workplace, [5]suggest that women have a greater psychological vulnerability to stress because of the balancing roles that they have to play both at home and at work [5]. Therefore, there is a dire need to maintain effective work streams to ensure that stress is mitigated in the workplace.

A global health report by McKinsey & Co recommends the following: strengthening community prevention, leveraging data and technology, integrating behavioral and physical health services, and addressing unemployment and income disparities. According to the World Health Organization, at least 50% of people who experience depression do not receive treatment during their lifetime. Specifically, the United Nations notes that in low and middle-income countries, 76%-85% of people do not receive treatment for their mental health conditions, despite the science that suggests that effective treatments can be delivered in the Global South.

One category of workers that are at a greater-risk for mental health issues amid the pandemic are community health workers. This group of workers are front line responders who are constantly exposing themselves on a daily basis. During the pandemic, health care workers are not only working long hours but are sub-optimally adhering to infection control and prevention measures while still lacking or improperly using personal protective equipment (PPE). As a result, the World Health Organization (WHO) has called for the need for governments to overtly "institute measures for zero-tolerance to violence against health workers at the workplace and at the way to and from their workplace, and for intensifying social support and respect for health workers and their families" [8]. Economic research has shown that ignoring mental health issues is actually detrimental to the economy since workplace absenteeism and work-related stress result in billions of dollars being lost, in direct and indirect costs.

How can this moment be seized to make advancements in mental health?

The economic losses from COVID-19 not only affect national economies but also have grim implications on individual wellness. The United Nations Sustainable Development Group suggests that psychological distress in populations is widespread due to physical isolation and that a long-term upsurge in the number and severity of mental health issues is likely to emerge. The United Nations Sustainable Development Group suggests that the discourse for mental health in Africa can be changed through the following: integrating mental health care into national health plans, expanding accessibility to mental health services, and investment in mental health services and professionals. These strategies aimed at minimizing the mental health consequences of the pandemic, create a pathway for investment in mental health services and can inevitably lead to more coordinated mental health interventions on a multidimensional level.

Gurejeet Alem [12] note that African governments can adopt a "one mental health policy" whereby mental health care is integrated into primary care services. This policy will be aimed at reducing the morbidity and burden of mental health by "emphasizing primary and secondary prevention of all forms of mental illness and by making provision for the tertiary or rehabilitative care of the more severe cases" (p. 479). This enabling environment aimed at integrating mental health care into the fabric of a clinic/hospital visit should not be the only panacea. Seeking care for mental health issues should be normalized and people who decide to do so should not be stigmatized. Government and private stakeholders must rally together to promote awareness of mental health issues amid the COVID-19 pandemic, and when feasible, they should also encourage religious leaders and other prominent figures in the community to create space for dialogue as well as proven interventions.

The tale of two paradigms: Is foreign aid effective?

Easterly [9] posits that achieving an "aggregate impact on foreign aid remains a puzzle" (p.g 39)**.** More often than not, aid agencies do not set modest objectives when they expect aid to launch. In fact, harnessing the full effects of aid relies on sustained growth. In a population health study on the impact of health aid and health improvements, Bendavid & Bhattacharya [3] point out that it takes 3-5 years to see improvements in population health after aid has been disbursed. This is because aid grants are spent over a couple of years span and the delayed effects may be as a result of delays in provision of health services and the realization of health benefits over time [3]. On the contrary, Tossef, Jensen and Tarraff [40] used panel data (from 2001-2015) based on 90 developing countries [40]. They conclude that foreign aid has little to no effect on population health since 2000. However, foreign aid did improve life expectancy, although the effect it had was not significant. The Sachs'view of foreign aid is one that completely differs from the former. Sachs sees foreign aid has been instrumental to development. That said, there ought to be a rethinking of the manner in which foreign aid is delivered especially if political and economic systems are not reformed. Therefore, one might ask why wealthier countries continue to pour millions of dollars into African nations.

Theoretical underpinnings of foreign aid

Low and middle income countries receive foreign aid from

wealthier nations either through bilateral or multilateral assistance. Aid giving can be viewed under different theoretical lenses in order to understand how stakeholders hope to enact societal change. The idealist and constructivist paradigms can be used to understand the role of foreign aid amid pandemics. The idealist theory of foreign aid suggests that the delivery of foreign aid arises from humanitarian motive and is also a cooperation between donors and recipients. Similarly, the idealist paradigm suggests that foreign aid is a byproduct of morality [29]. The idealist paradigm points out to the fact that "human behavior is inherently good" and that "aid programmes are shaped by optimistic and non-material motivations and desires, such as altruism and moral and/or humanitarian obligations''(p. 1). That said, good intentions are not sufficient for justifying foreign aid. This is because good intentions can often go awry when left unchecked. The constructivist school of thought calls for the need to have systems in place for ensuring that the good intentions translate into results. However, achieving those results calls for an " increased legitimacy and enhanced enforcement mechanisms of international law, as well as government's attempts to pay at least rhetorical attention to human rights" (p. 2).

Foreign aid can also be examined under the marximist paradigm. For example, the Chinese government recently pledged to donate over $2 billion to tackle COVID-19 in the African region. These funds were allocated for the purposes of providing economic and social development to African countries. According to Marxists, foreign aid is used "as a means of advancing capitalist exploitation and widening economic disparities between wealthy industrial nations and poor third-World countries, now designated as developing countries" (p. 1)**.** The Marxist paradigm would suggest that there are ulterior motives behind foreign aid. In the case of the Chinese government, could it be the case that the COVID-19 response is being used as a tool to indirectly expand China's footprint on the continent? Identically, a former USAID administrator suggested that foreign aid be viewed under the lenses of domestic aid since "it can build stronger foreign markets for American companies, and stabilises conflict that would otherwise put Americans and our allies at risk" [13] **(Figure 4).**

China is a major export destination for several African nations. On average, African countries export more to China than they do to their counterparts. Would China see a greater share of exports in Africa following their humanitarian assistance efforts during the pandemic?

What role does foreign aid play?

Loayza [23] suggests that international aid should be seen as a global public good in fighting the COVID-19 pandemic. This is because the current pandemic calls for international aid to be unbiased and for ulterior motives to be set aside. However, the process of receiving international assistance is not alone sufficient for creating change on the community and national level. Success from international assistance ultimately rides on domestic ownership and accountability. According to Loayza [23], domestic institutions should be used as a vessel for delivering aid since they are more likely to reach those that are affected.

Combating the Coronavirus disease outbreak cannot happen without foreign aid. Only few African countries have large public funds at their disposal to mitigate the effect of the pandemic. Nigeria announced a $9.1 billion relief fund and so has Gambia ($9.8 million), Ghana ($100 million), and Morocco ($200 million). However, these revenue streams are still insufficient for building health infrastructure or establishing water, sanitation and hygiene (WASH) programs/services. Similarly, the pandemic might also result in governments experiencing a funding gap - in terms of investing in health systems and rebooting the economy for small and medium sized enterprises. Thus, aid is needed more than ever.

In addition to providing emergency relief measures in highly informal sectors, foreign aid can be used as a tool to channel liquidity to SMEs, households, and informal workers [30]. In addition, it can also play an essential role in tackling COVID-19 through investments in preparedness and early-detection mechanisms. Although the full health impact of the pandemic is not known, experts call for a prioritization and mobilization of international resources to support national health systems
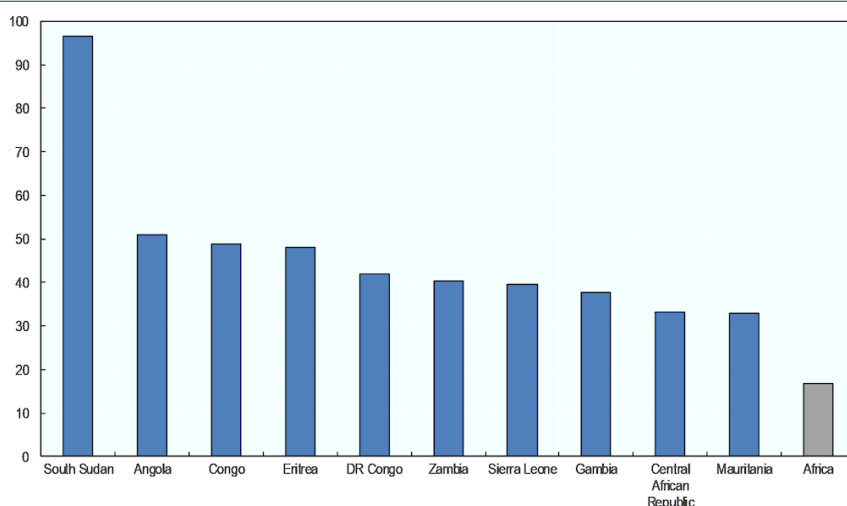

Figure 4   Exports to China, 2014-2018 average (in % of total exports).
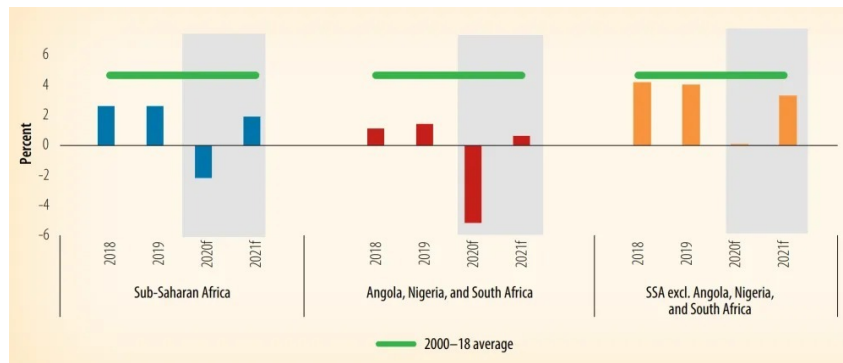Source: OECD, 2020.

Figure 5 Growth projections for sub-Saharan Africa, 2020-2021.
(Source: Madden, 2020)

and infrastructure. Nonetheless, UN estimates predict that the humanitarian cost of responding to COVID-19 could total more than $90 billion [39].

Long-term role of foreign aid in a post COVID-19 world

It would not come as a surprise that nations would ask for more foreign assistance considering the debilitating effects that COVID-19 has had on national economics and national/international development goals. It was predicted that African nations will enter a recession during the next couple of months, and not emerge out of it until 2021. Despite the predicted economic stagnation in South Africa, debt is expected to top 80% of GDP in 2020, and 100% of GDP in 2025. A new development bank loan to South Africa in the amount of $1 billion has been issued to reduce the socioeconomic impact of the pandemic. More than ever, foreign aid can be useful for the purpose of implementing debt reduction and restructuring economic plans that have been shattered as a result of the pandemic [41] **(Figure 5).**

Kwemo [21] recommends that African nations move away from a reliance on Western assistance. Although it is not known when local governments would be self-sufficient in responding to the effects of COVID-19, one thing is clear - this pandemic

offers African nations the perfect chance to reset the clock on politics, policies, and economies. Moreover, the role of foreign aid in Africa's development should also be questioned especially when it comes to how institution building can be a catalyst for development of the continent. Now, institution building must be grounded in innovation. This new world order must mobilize cross-sector stakeholders but also allow the African household to adjust to alternative and accessible forms of learning, e-commerce/entrepreneurship, etc.

Conclusion

Foreign aid is not a "be-all and end-all" solution when it comes to alleviating the burden of COVID-19 in African communities. That said, foreign aid has a critical role in restarting the economies of national and local communities while providing individuals with essential goods and services. Wholistic response to the COVID-19 pandemic in Africa means that there must be investments and a concerted effort towards positive healthy behaviors. This not only includes ensuring that one is taking the necessary steps to maintain a clean, safe, and hygienic personal environment. It translates to destigmatizing mental health by debunking preconceived notions and providing critical access to necessary resources.

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