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COVID-19 - Lessons learned in Africa

Abstract

A misguided preoccupation on our continent at the expense of a closer assessment of European and North American Public Health resources and preparedness led to an unexpectedly chaotic, inefficient set of responses in North America and Europe rather than in Africa. Prior experiences with Ebola and the presence of a newly minted well-resourced and well-prepared African CDC went a long way to encourage an effective use of Data, Pharma-Medical, Human and Financial resources throughout Africa. Coordinated innovation, strategic regional and national partnerships and transfers of knowledge led to successful co-opting of the population in an effective containment, prevention, and social protection. Digitalization of education, communications, and medical care as elsewhere, became the norm. Agile coherent leadership was noted in the most COVID-19 resilient African nations. Whilst there was some politicization of COVID-19 management, as in other parts of the world, Africa fared much better than feared. As Africa's economies regroup and redress the socio-economic vulnerabilities and challenges the pandemic highlighted, it is clear that a re-constellation of effective governance internationally, regionally, nationally and locally around health, environment, and data are now the challenges for us all. Particularly in Africa where a young and dynamic population most needs to become part of the political/economic/human resource solution.

COVID-19 pandemic created a global twin crisis of Health and Politics. Public Health in most countries of the world was particularly adversely impacted. Trends common to many of such countries included a notable increase in use and broader applications of technology, a long overdue and increased recognition of importance of health workers as well as a reduction in discretionary/elective healthcare. Conversations at the local, regional, and global level on increased financing and innovation of healthcare provision, commodities and improved governance have been a particularly significant outcome.

It is important to note that most of what comprises Health, either good or bad, occurs outside of clinics and hospitals!

Specifically in Africa, there included a focus on and support for increased institutional funding for healthcare; increased demands for improvement of the health infrastructure, commodities and equipment; a re-assessment and full evaluation of current supply chains and the viability of local pharmaceutical production.

The relatively low numbers of COVID-19 deaths and cases were also notable; not the least because of a distinct variability within the continent. For example, of 2,120,967 cases and 50,924 deaths (as of November 27, 2020), in Africa, the Republic of South Africa, which has the strongest public health system and one of the highest continental GDPs, has had approximately one third of all cases and forty two percent of all deaths.

African countries that fared the best, demonstrated, in general, specific attributes. First and most important in my opinion, a strong political will to be involved in the national management of COVID-19. This, backed up with consistent, informed leadership. Next, an early and consistent engagement of reliable, data informed Public Health officials who worked closely with official regulatory and governance sources. Regular Presidential communications to the population using all forms of social media, and traditional oral routes (middle level health staff and traditional leaders as communication agents) in conjunction with the implementation of wide-ranging protective measures especially mask use and social distancing. In many instances, masks were available freely or at less than the cost of a bottle of Coca Cola. Reminder Posters in vernacular were posted in all public spaces encouraging masks and social distance. A full and early closure of all institutions and markets was mandatory. The early use of data both locally and regionally determined the need to close all national borders very early. Active stakeholders included all levels of the society from fishermen to teachers to politicians. In Ghana, it was market women who essentially gave the signal to politicians of the need to re-open certain facilities with COVID-19 preventive measures ensured and in place in order to ensure social order and livelihoods. I shall return to the importance of data collection, use and sharing further on.

Along with effective leadership of some countries, Africa also demonstrated agile and innovative responses at global, regional and local levels. Globally, engagement with COVAX, WHO, Bill & Melinda Gates etc. remained a constant where required. Triangular regional partnerships (Government-Private and Public Health) as well as significant bilateral (South-South) support, and notable (Diaspora African-Continental African) partnerships vis a vis effective commodity manufacture and distribution and therapies were important and highly effective. Notably Madagascar reminded the continent of symptomatic but effective local plant and herbal remedies; Ghana engaged in mass post contact tracing and testing that proved both effective and resource efficient. There was also a redeployment of public facilities for quarantining and the use of many informal workers in contractual mask and PPE manufacture supervised for quality by the high performing African CDC. Senegal created effective low-cost respirators and COVID-19 test kits. Rwanda strengthened health access and COVID testing by strengthening its already impressive universal health system and Uganda manifested an extraordinary capacity for effective data collection, management and application in its effective COVID-19 containment.

As many of the urban population (especially) live in crowded dwellings, social isolation and restriction of movements became a challenge. Both Gender Based and Domestic violence increased notably during the lockdown period as in many other parts of the world. Africa was not spared the Strategic weaponization of social media and the political application of misinformation unfortunately. The African CDC did initiate early systems to identify and expose such which has helped lessen the degree of authoritarianism certain countries became subject to.

Certain epidemiological and demographic factors have played into Africa's favor; most notably a younger, resourceful, underemployed population than in the western hemisphere. But one cannot underestimate the impact of effective leadership, innovation, and agility on COVID-19 containment. Local factors such as lifestyle (smoking), air pollution (Harmattan) still require assessment of their impact on the variable incidence between Morocco, Algeria, Egypt, South Africa etc.

An increased use and dependence on technology necessitated by COVID-19 highlighted significant socio-economic disparities in national populations. Virtual education, virtual health and virtual case management have become essential for many families. Three population groups, rural, younger and female members of the society have been at a significant deficit for all virtual engagements. Handheld telephones abound amongst the continent's 1.3 billion people; but the quality and capacity of the telephones is significantly disparate and lower in these three groups. I-pads and computers have been gadgets mostly accessed and accessible to the well to do. Millions of children, particularly young girls and women have significantly lagged in their access to health and education as a result. This will impact already high national dependency ratios and access to sustainable livelihoods for many!

Whilst not immune to social media issues such as fake news, we in Africa were spared the incalculable damage apparent in other hemispheres as a result of our prior dire experiences and/or exposures to severe medical outbreaks such as Ebola. Complacency has been present but not as problematic.

The nexus of Social Protection and Public Health with Governance during and following the COVID 19 crisis was evident. Clearly local solutions must continue to be developed as national health issues are considered and effectively managed. Communicable diseases such as malaria, TB, HIV remain rampant even as a looming epidemic of Non-Communicable Diseases looms over the African continent. Mental health issues were very common; few facilities were available however. The role of accurate local data collated, integrated and applied effectively at the local and regional level cannot be underestimated. A well-functioning regulatory/governance body such as the Africa CDC has been invaluable. Apps created for COVID-19 containment can be adapted to support middle level public health training and application (so long as interoperability and connectivity issues are addressed) in the management also of malaria, TB, Sickle Cell and HIV. Africa has historically always been found (if not placed) at the middle of geopolitical issues. As the Global Order shakes itself out, it behooves African countries to strengthen regional governance and regulatory systems, effectively. Data will remain critical in this. We health professionals and leaders in Africa must pay closer attention to data collection, review and management that underpins our support and regulation in the health sector. We have to ensure we no longer continue to be managed as a monolithic entity i.e. with a single story by either Global and/or Regional Health Leaders. Indeed, there are many other lessons that can be learnt in a bidirectional manner between established global health leaders such as GAVI, PAHO Bill & Melinda Gates Foundation and others such as emergent regional and local health leaders on the African continent. A most important lesson however has been that Health must be viewed and managed as strategic national/international asset vulnerable to the quality of our national/international data and social networks as much as the quality of our populations.