



ASSESSMENT OF COVID-19 RESPONSE IN CENTRAL, EASTERN, AND WESTERN AFRICA

The current Coronavirus Disease 2019 (COVID-19) pandemic will not be the last global spread of an infectious disease the world will experience. Evidence from similar pandemics such as Influenza and Middle East respiratory syndrome coronavirus (MERS-CoV) suggests that pandemics come with fear and uncertainties that are characterized by loss of lives, livelihood, and economic meltdown. This is further compounded by fragile health systems like those of Sub Saharan African (SSA) countries.

Public health emergency response requires a stable and active health care system for an effective control, yet many health systems grapple to sustain routine health care delivery and lack a well-coordinated response during emergencies. This is often the case in SSA countries. Hence, this project assessed COVID-19 response in four SSA countries, namely: DRC Congo, Nigeria, Senegal, and Uganda.

These countries were selected for their variability in COVID-19 responses and outcomes; experience in managing past epidemics of global concern; strong partnerships among country research institutions and ministries of health, facilitating access to data and enabling the translation of findings to action; and the representation of Francophone and Anglophone communities to enhance South-to-South collaboration. The project partnering institutions are Makerere University School of Public Health, Uganda; University of Kinshasa, DRC Congo; University of Dakar, Senegal; University of Ibadan, Nigeria.



This 2-year Bill and Melinda Gates funded multi-country project was organized into four sprints; 1) Testing and Surveillance; 2) Essential Health Services; 3) Intended and Unintended Consequences of COVID-19 Non-Pharmaceutical Interventions; 4) Health Systems Readiness and the National Vaccine Survey for COVID-19. Overall, the project aimed to 1) synthesize and compare the landscape and impact of COVID-19 responses; 2) assess the strength of the health workforce and laboratory capacity; 3) identify the challenges and lessons learnt in COVID-19 outbreak response for future outbreak preparedness; 5) willingness for COVID-19 vaccination, adherence to NPIs and associated factors to improve interventions for COVID-19 prevention and control.

Among other findings, the four countries demonstrated a prompt public health response, instituted national policies, strategies, and plans aligned to WHO guidance and modified these strategies along the phases of the epidemic. Nigeria health system was fairly prepared for the COVID-19 pandemic which facilitated the country's response in curtailing the spread of the virus and resulted in reduced morbidity and mortality. While non-pharmaceutical interventions such as movement restrictions, physical distancing in public places, and strategies to support mask-wearing effectively slowed the spread of COVID-19 in Nigeria, they also interfered with the supply of - and demand for - essential health services.

In conclusion, African countries need to invest in health system strengthening and surge capacity across the various health system components particularly health workforce, financing for health, as well as infrastructure and commodities for countries to maintain critical service delivery during the next public health emergency.

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