

Exiting lockdown in African countries

Dr Patrick Kadama outlines the steps being taken by African countries to ease Covid-19 lockdowns



The coronavirus SARS-CoV-2, which causes the coronavirus disease 2019 (Covid-19) is not going to go away. People are going to have to learn to live with it; to do business and have social relations amidst it, just as they did with HIV/AIDS. Presently Covid-19 has no cure or vaccine and as a result, countries have sought to slow down the spread of the infection by instituting 'lockdowns' to protect people and prevent their healthcare systems from becoming overwhelmed.

Lockdowns impose stressful conditions on society and countries are now looking for measures to exit the unsustainable current socio-economic restrictions. A practical approach is to establish a system of national alerts, with indicators as triggers for easing restrictions, such as for example New Zealand did. Given the limited knowledge about the new disease, the exit will be pragmatic and stepwise, focusing on a multi-sector framework based on the following three objectives: (1) get people back to work to revive economic activities and support livelihoods, (2) minimise transmission

of SARS-CoV-2 infection, and (3) institute governance and leadership measures for strengthening stewardship capability for social services to manage new norms.

Getting back to work

Opening up economic activities should be gradual and not allowed to cause a flare-up in infections. This will be achieved through scaling up and strengthening health and safety measures in workplaces before easing restrictions. Populations need to comply with new workplace hygiene and safety measures, including sustaining new social conduct standards at work. Health and safety measures for public and private transport also need re-defining.

The return of economic activities should at best be prioritised and phased by sub-population risk profiles. Age-based relaxations can also start early allowing the young to go back to work, while shielding the seniors and those with underlying health conditions. African countries have up to 80% of the population young and living in sparsely populated rural settings. These should be among the first to benefit from relaxation of restrictions.

Urban business in informal settings should be given

Dr Patrick Kadama is the Head of Policy and Strategy at the African Center for Global Health and Social Transformation(ACHEST).

early priority for resumption of work due to their low level of reserves and resilience. Employers will have to develop post-lockdown guidelines on return to work, taking this into account. Schools with children could reopen early, care being taken to test the teachers and preparing parents for their roles.

A return to large religious congregations, public meetings and sports, including social and political gatherings should not be rushed, but gradually phased in.

Minimising transmission

It is critical to accelerate the strengthening of health systems by scaling up testing to identify suspected infected cases, to safely isolate, treat and trace the contacts of Covid-19-infected individuals. Comprehensive national guidelines and protocols need to be developed to include public health measures anchored in Integrated People-Centred Community Health that can reach every household in the country. Current measures to manage national borders will need to be continued and strengthened with guidelines on physical spacing of passengers, their flow and rapid testing on arrival, and quarantine facilities.

Research, learning and innovation should be encouraged for use of technology and locally generated solutions that are relevant to the culture and resources available to each country and society. Financial and human resources, including budget re-allocations, will be needed. Fortunately, many African countries have established dedicated resource mobilisation committees that leverage the participation of the private sector to support this pandemic control.

Governance and leadership

Leadership should be from the top, with the Head of State in the forefront. This is critical to pull the whole country together to mobilise all sectors for a cohesive national response for strengthening social services stewardship capacity as well as new norms in social conduct and relations. Mobilising the community is critical for success. Relaxation of lockdown will be underpinned by adherence to the current preventive measures as the new normal in social conduct and relations. Social and physical distancing, regular hand washing, personal hygiene, use of sanitisers and precautions when coughing or sneezing are the 'new normal'.

Reforms for multi-sectoral action require setting up appropriate structures. A high-level, politically led national committee should be supported by technical sub-committees for science, transport, finance, security, and others. All these should be coordinated by one command centre that receives, processes and distributes information. They all need the active participation and leadership of multidisciplinary technical experts to develop and operationalise a flexible national strategic plan that is regularly evaluated and adjusted in the face of experiences.

In conclusion, let us accept that Covid-19 is here with us and will not go away until a vaccine or a cure is found. Life may never be the same again. Let people in all countries join hands with their governments to navigate the complex measures needed for exiting lockdown. Together, we will overcome.

What do you all think?



Guidelines for authors and contributors

Africa Health Journal (AHJ) is a review journal that does not publish original articles with some exceptions. The target audience is frontline health practitioners and policy makers in governments. Teachers and students in academic institutions will also find the content of the AHJ of interest. Online and print editions are published quarterly. There are also dedicated social media platforms with a big following from a global audience.

The journal seeks to cover a wide range of subjects from clinical care topics to health services management, education, and has a section on CPD related to the content in the current issue. The AHJ covers anything of relevance to a busy physician or senior health professional practising in Africa.

Articles of 1800-2100 words are most commonly published. Illustrations and photographs are important, (we deliberately try not to be too text intensive) and these are best sent as JPEG or PDF files (please submit high resolution (300dpi) CMYK illustrations and photographs. Images taken from websites are of a low resolution and not suitable for print.

Please send the article by email to africahealth@achest.org. Articles should be saved as a Microsoft Word document. Illustrations and photographs should be sent as additional attachments to the Word document.

Referencing should be numerical and in the Vancouver style. If you prefer, it is acceptable to simply append a list of 'For further reading' rather than adopting the more formal referencing style.

Please note that all articles submitted to Africa Health are deemed to have been offered exclusively to the journal, unless otherwise stated. Copyright in papers published will be vested in the publishers. The Editor reserves the right to shorten or to make other alterations to articles at his discretion.

Contact

www.africa-health.com
africahealth@achest.org
 +256 414 237 225