Lessons from Africa: Building Resilient Community-Based Health Systems

Dr Uzma Alam, Senior Programme Officer | DELTAS Africa, AESA
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COVID-19: Accelerating and Mitigating Factors in Africa

- High disease burden
- Informal food markets
- Extreme poverty
- Large informal settlements

- Week health system
- Rural-urban ratio
- High youthful Demographic Dividend
- Low mobility index
Unfolding Across Africa Were another 69 Public Health Emergencies

18 million displaced people

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles (CAR)</td>
<td>5724</td>
<td>83</td>
</tr>
<tr>
<td>Measles (Chad)</td>
<td>5810</td>
<td>28</td>
</tr>
<tr>
<td>Cholera (DRC)</td>
<td>2651</td>
<td>43</td>
</tr>
<tr>
<td>Ebola (DRC)</td>
<td>3432</td>
<td>2253</td>
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https://www.afro.who.int/
Research in Africa in the Context of COVID-19

Modelling COVID-19 in Africa

Several models existed (US and Europe)

These are of little value to decision makers in Africa- missed the context

Africa Data Initiative produced the first estimates for Africa
Understanding the epidemiological dynamics of COVID-19 within the local context is fundamental.

- Connectivity would be the main driver though Africa has a low mobility index.
- Population level prevalence of COVID-19 will be low (< 1.5%)
- Under a very high infection scenario, infection rates are unlikely to reach more than a quarter of the continent’s population.
Africa Balanced Interventions With The Need of Maintaining Livelihoods and Social Cohesion

<table>
<thead>
<tr>
<th>Physical distancing adaptations</th>
<th>Examples of Countries that have implemented the adaptation</th>
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<tbody>
<tr>
<td>Imposing of dusk to dawn curfews or partial lockdowns rather than full lockdowns</td>
<td>Kenya, Senegal</td>
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<tr>
<td>Staggered introduction of physical distancing measures</td>
<td>Kenya, Senegal</td>
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<tr>
<td>Risk based movement restrictions rather than blanket restrictions across the country. For instance, in Kenya, movement restrictions have been imposed in transmission hotspots - Nairobi, and coastal counties, and a residential neighbourhood in Nairobi and Mombasa, rather than the entire country (2)</td>
<td>Kenya, Ghana, Nigeria</td>
</tr>
<tr>
<td>Keeping the informal economy operational – allowing food markets and small-scale traders to operate with measures to reduce physical distance such as reducing the number of traders and customers, relocating traders to decongest markets, and hygiene</td>
<td>Kenya, South Africa</td>
</tr>
<tr>
<td>“Temporal distancing”(3) – opening markets on specific days and times of the week, and closing them on other days and times. For instance, in Nigeria, markets are open on specific days of the week, and for a shorter time on the open days</td>
<td>Nigeria</td>
</tr>
<tr>
<td>Allowing public transport to operate with guidelines reduce carrying capacity, space out seating, and hand hygiene</td>
<td>Ghana, Nigeria, Kenya, Senegal</td>
</tr>
</tbody>
</table>

Adapting physical distancing measures

Ref: AAS DFID Report – Rapid Review of Physical Distancing in Africa
How Has COVID-19 Changed Research in Africa

Epidemic preparedness and global health security

AAS COVID-19 webinar
26 March the AAS hosted a webinar to kick start common thinking towards defining a research agenda for the COVID-19 pandemic in Africa. 275 scientists attended

COVID-19 experts in Africa
Developing a list of COVID-19 experts and researchers working on COVID-19 related research on the continent through the AAS Clinical Trials Community (CTC) programme

Survey collating Africa’s R&D priorities
• 4-8 April African scientists invited to participate in an open survey to develop a priority list for R&D to supplement the WHO coordinated Global research Roadmap 844 completed responses
• 17 new priorities specific for Africa identified and listed against global priorities

Funding for COVID-19 R&D priorities
The AAS mobilized partners to provide ~ USD 3M funding for identified research priorities, A COVID-19 call shared 1 May 2020
Lessons From Africa in Building Resilient Health Systems

Data and communities make powerful partners

- Health systems need to be resilient, agile and equitable
- Current model of health care is broken
- Data complimented with local knowledge drives cost effective choices
- Community-driven initiatives need to be leveraged

Investing in research and innovation

Open access health data networks

Framework based on transparency and mutual accountability
Contact The AAS for more information or to join mailing list

Email: communications@aasciences.africa