



POLICY BRIEF

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Being Ahead of the Curve: Winning the War Against COVID-19 in Africa

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Summary

Most countries are facing the fourth or fifth wave of the COVID-19 pandemic. Lessons learnt so far need to be used to sustain the gains achieved in containing the pandemic in Nigeria, and Africa at large. Sustaining the gains achieved calls for action on the multifaceted strategies involving the bench, bedside and bush (community).

Introduction

In Nigeria, from 3 January 2020 to 22 July 2022, there have been 259,485 confirmed cases of COVID-19 with 3,146 deaths, reported to World Health Organization. Also, as of 17 July 2022, a total of 56,126,494 vaccine doses have been administered in the country. The



country has gone through four to five phases of the COVID-19 pandemic and we appear to be entering a new phase. In response to the pandemic, a multi-sectoral Emergency Operations Centre (EOC) was activated at Level 3 which is the highest emergency level in Nigeria. This is led by the Nigeria Centre for Disease Control (NCDC) in close coordination with the State Public Health Emergency Operations Centres and through the deployment of 62 Rapid Response Teams to states. The EOC presently operates at response level 2 and current response activities include: gradual integration of COVID-19 response activities into routine public health interventions such as surveillance, risk communication, testing, etc., ongoing planning to roll out surge testing across all the states of the federation,

strengthening infection prevention and control at the health facility level, and other measures. Sustaining the gains achieved in containing the pandemic in Nigeria, and Africa at large calls for the need to strengthen the current multifaceted strategies involving the bench, bedside and bush (community).

Sustaining Mitigation Efforts across the Bench

LOCAL VACCINE PRODUCTION: Global inequities in access to COVID-19 vaccines, diagnostics, and therapeutics have prompted a huge push to expand the local manufacture of health technologies in Africa. In February 2022, the WHO selected six African countries that will receive the technology needed to produce



mRNA vaccines. There are fewer than 10 African manufacturers with the capacity for vaccine production, and they are based in five countries: Egypt, Morocco, Senegal, South Africa and Tunisia. There is very limited upstream production with most local companies only engaging in packaging and labelling,

and occasionally fill and finish steps. Noteworthy, there are about 80 sterile injectable facilities on the continent, which may provide an opportunity for vaccine production given the primary dosage form in Africa is vials. However, vaccine production and use in Africa suffers from lack of demand for the vaccine product both within and beyond Africa. Thus, to ramp up COVID-19 containment strategies there is a need to increase the demand for locally made vaccines.

TIME FOR PAN-CORONAVIRUS VACCINES:

Furthermore, beyond local production of vaccines against COVID-19 requiring multiple vaccinations (and booster doses) there is a need to strengthen research and innovation towards producing pan-coronavirus vaccines that are resistant to unnecessary mutations of the various strains of the corona viruses. While the pan-coronavirus vaccines may not be developed as quickly as the existing SARS-CoV-2 vaccines, their benefits will certainly be worth the effort.

HEALTH PRODUCTS AND TECHNOLOGIES:

The current COVID-19 pandemic provides an excellent opportunity for Africa to contribute to efforts towards producing marketable health products or technologies. These include vaccines that fit our climatic conditions, point-of-care diagnostic kits as well as prophylactic agents. Also, there is a need for local immunological studies to assess differences in the level of protection due to COVID-19 infection and



from its vaccination. Further immunological studies are needed to explore why Africans tended to have lower rates of severe COVID-19 compared to populations elsewhere.

Sustaining Mitigation Efforts at the Bedside

One of the greatest challenges involved in the case management of COVID-19 is the fact that the disease is a great mimicker. As the virus mutates, the clinical manifestation of the disease varies from very mild symptoms to very severe conditions like new-onset diabetes mellitus, stroke and/or respiratory failure. There is a need to roll out surge testing across all the states of the federation, improve testing of suspected



cases at the health facilities and to sustain readiness to admit and manage persons diagnosed with moderate to severe COVID-19. Beyond the readiness of human resources, essential health commodities like therapeutic oxygen and ventilators, should be available in the intensive care isolation wards equipped by the government.

Sustaining Mitigation Efforts across the Bush (Field/Community)

PUBLIC HEALTH MEASURES: By far, recommended public health measures against COVID-19 such as keeping physical distance of at least 1 metre from others, wearing a properly fitted mask when physical distancing is not possible and in poorly ventilated settings; cleaning of hands frequently with alcohol-based hand rub or soap and water, etc remains one of the most effective means of prevention of transmission of COVID-19. Health education and community mobilization to sustain these preventive practices across the country should be carried out particularly at mass gathering events like places of religious worship, at conferences, camps, while travelling in aeroplanes (i.e., spaces that are closed, crowded or involve close contact.) and etc.

ADDRESSING VACCINE HESITANCY:

One of the biggest challenges affecting the control of COVID-19 despite the availability of effective vaccines is vaccine hesitancy. Unfortunately, vaccine hesitancy has been shown to occur even among highly educated persons, academicians and indeed the elite. It should be emphasized that the COVID vaccines are more like



car seat belts (that do not stop the occurrence of accidents), but help in limiting the severity of the COVID-19 when/if it occurs. There is a need to sustain education on the effectiveness of COVID-19 vaccines and for improvement in the mass COVID-19 vaccinations across the country using community gate keepers and religious leaders.

Conclusion

In the race towards containing the COVID-19 pandemic and other emerging diseases, African countries must be counted in the area of leadership and governance. Beyond, sustaining current multifaceted approaches involving the bench, bedside and bush (community), there is a need to strengthen research capacity at each of these levels so that health products like point-of-care diagnostic kits, prophylactic agents and indeed "the secret milieu" protecting Africans against severe forms of the COVID-19 needs to be identified and marketed for benefit of the continent and mankind.