

STATEMENT ON COVID-19 IN AFRICA

THE VIRUS: COVID-19, a novel viral disease, is caused by SARS-CoV-2 virus that belongs to the heterogeneous coronavirus family whose notorious members include SARS and MERS. SARS-CoV-2 was first isolated in Wuhan, China in January 2020. In the subsequent months, the disease circumvented the globe, causing infections that resulted in more than 1.3 million¹ confirmed cases, with approximately 5% deaths and nearly 21% recoveries registered as at 6th April 2020. Travel and trade have been brought to a standstill and the stock-market is plummeting. Although the virus was detected relatively late in Africa, currently there are close to 10,000² confirmed cases registered in almost all African countries. The COVID-19 pandemic is expected to have devastating health and socio-economic consequences in Africa, partly because of a weak health system plagued with inadequate surveillance and laboratory capacity. Additionally, insufficient personnel to effectively respond to the pandemic and lack of vaccines or appropriate medicines, worsens the situation further.

OUR ASK: This statement, by the [Network of African Science Academies \(NASAC\)](#), aims to articulate priorities for action that are worth considering so as to prepare for, control and mitigate the health consequences of COVID-19 in Africa and provide an impetus for change.

1. ASSESS THE RISK OF COVID-19

- 1.1 Initial rapid risk assessment studies, based on WHO International Health Regulations of country capacity, combined with vulnerability index, have shown African countries to be most at risk for COVID-19.
- 1.2 African countries must undertake a national assessment of the burden of COVID-19 and develop estimates of how the country's demographic and epidemiological characteristics are likely to influence long-term trends when widespread infection occurs.
- 1.3 This situation is however fast evolving and each country has to constantly undertake its risk assessment to facilitate confinement and mitigation actions to be activated when necessary

2. DEVELOP A UNIFIED CONTINENT STRATEGY FOR PREPAREDNESS AND RESPONSE

- 2.1 Countries in Africa face common challenges of weak health system, inadequate infrastructure and scarcity of trained personnel. It is therefore imperative that a unified continent-wide anti-COVID-19 Strategy be developed. This Strategy should: comprise of a preparedness and response plan; use containment and mitigation approaches that incorporate effective coordination, collaboration and communication; and devise a cross-border cooperation mechanism.
- 2.2 A comprehensive pandemic preparedness plan should resonate with different phases of the pandemic so as to avert and mitigate the impact of COVID-19 in Africa. In the initial phases, the health system should be strengthened by: controlling points of entry; improving screening, laboratory testing and surveillance; enhancing risk communication using local context and vernacular languages; stockpiling; and training of health workers. Eventually, containment of imported cases by isolation, combined with active case search and contact tracing will be paramount.
- 2.3 Science and health teach to err on the side of caution. For Africa, even with inadequate health infrastructure, basic public health measures to prevent mass escalation of COVID-19 infection must be taken. Initial studies point to the possibility of the virus remaining airborne for periods. For this reason, health professionals must begin public education on the use of masks at all times while they use surgical masks. At the same time, social and physical distancing measures should be promoted.
- 2.4 As the pandemic intensifies, countries must develop indicators that warrant switching efforts from containment to mitigation in clinical management so as to reduce excess mortality in vulnerable groups.

¹ <http://corona.tuply.co.za/>

² <http://www.africanews.com/2020/04/06/coronavirus-in-africa-breakdown-of-infected-virus-free-countries/>

- 2.5 National plans, drawn from the unified continental plan, must have a contingency for modulating the pandemic by isolation to complete lockdown at critical phases of the infection in order to prevent stretching the health system beyond its capacity and rendering it unable to cope with clinical management.
- 2.6 An Africa-wide pandemic preparedness plan will be useful for resource mobilization and must include well-defined goals, targets and deliverables formulated along WHO and the Africa-CDC Strategy³ recommendations for stepwise preparedness to COVID-19. This plan must also include contingency for business continuity in cooperation with other sectors to ensure food chain maintenance and availability of essential drugs and medicines.

3 MOBILIZE RESOURCES NOW

- 3.1 Additional human and financial resource is required to implement the pandemic preparedness and response plan of action.
- 3.2 The Group of Seven (G7)⁴ countries consulted and agreed to raise funds to fight COVID-19. The Group of Twenty (G20)⁵ along with WHO, International Monetary Fund, World Bank Group, United Nations, and other international organizations also committed to overcome the pandemic by working within their existing mandates and sparing no effort either individually or collectively.
- 3.3 WHO and UNICEF are working together on COVID-19 Solidarity Response Fund powered by the United Nations Foundation and Swiss Philanthropy Foundation to train and equip communities and healthcare workers to prevent, detect and treat COVID-19. This will help countries expand healthcare capacity and mitigate adverse social impact, especially on women, children and vulnerable groups. Research and development of treatments and preventive vaccines will also be accelerated.
- 3.4 It is estimated that 10% of national gross domestic product is required to fight COVID-19.
- 3.5 Resources must be mobilized at regional and national levels, from public and private sectors as well as from international partners, foundations and any other funding agencies to achieve the shared-vision to overcome the pandemic. Commitments and release of funding should be pursued now as the pandemic unfolds in Africa.

4 CREATE AND ENHANCE PARTNERSHIPS

- 4.1 In order to achieve coordinated action to tackle COVID-19 pandemic, Africa must develop and forge partnerships at all levels (local, national, continental and international), and across all disciplines and sectors. The COVID-19 pandemic being a global issue requires concerted global action. It is a global public health emergency that requires global cooperation.
- 4.2 The Africa Taskforce for Coronavirus Preparedness and Response (AFTCOR), a joint initiative of the African Union Commission, Africa Centres for Disease Control and Prevention, and WHO in partnership with African Member States, has been created. AFTCOR covers six broad areas of work ranging from laboratory diagnosis to supply-chain management and stockpiling. China's contribution includes funding for the African CDC, providing test kits and protective gears.
- 4.3 Many African scientists and researchers are currently based abroad and are conducting research in this area. The partnership between local and Diaspora scientists should be promoted to explore novel ways for formal and informal collaboration in the areas of (i) research training and technology transfer; and (ii) sharing international insights from countries where the pandemic has peaked.
- 4.4 Africa-wide partnerships must be fostered and promoted through cooperation, collaboration, resource mobilization and information sharing, including cross-border sharing and successful interventions.

³ <https://africacdc.org/covid-19/> and <https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/>

⁴ <https://www.diplomatie.gouv.fr/en/coming-to-france/coronavirus-advice-for-visitors-to-france/coronavirus-statements/article/coronavirus-covid-19-g7-leaders-statement-16-mar-2020>

⁵ <https://de.ambafrance.org/COVID-19-G20-Leaders-Statement>

5 CONDUCT RESEARCH THAT GENERATES EVIDENCE FOR ACTION

- 5.1 COVID-19 is a novel virus and scanty information is available on its epidemiology, health impacts and treatment in Africa. Information is needed on the frequency of asymptomatic carriers, duration of infectiousness and avenues of spreading the virus. Local factors that determine the severity of the disease must be determined and the medicines that reduce complications from the infection must be identified.
- 5.2 All international protocols and good practices must be observed during clinical trials and deployment of eventual therapeutics and vaccines in Africa.
- 5.3 Research in the foregoing areas will generate evidence to inform policymaking and provide new tools to control the disease and support implementation of the preparedness and response plan.

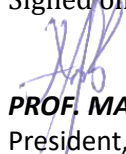
6 REDUCE INEQUITY IN THE HEALTHCARE SYSTEM

- 6.1 Healthcare inequity prevails in Africa especially among low and middle income countries, in part due to insufficient investment in the health system. This results in many poor countries disproportionately bearing the brunt of communicable and non-communicable diseases, compromising maternal and child health, and heightening the adverse impact of environmental pollution and extreme weather.
- 6.2 These conditions are further exacerbated by diverting scarce resources to manage the COVID-19 pandemic. The health inequity gap will be widened, with widespread pandemic due to inadequate surveillance and inordinate number of deaths associated with the virus. Steps must be taken to protect vulnerable groups such as the elderly, persons with pre-existing medical conditions, the poor in urban and rural settings, and refugees of war and famine.
- 6.3 There are many challenges to reducing inequity. That notwithstanding, prevention and control of COVID-19 pandemic depends largely on social distancing and personal hygiene, both of which may not be easy in an African setting.
- 6.4 International policy of one-size-fits-all has to be contextualized to African practices, beliefs and customs to reduce inequity. Innovative measures, like use of home-made masks for the public, and the promotion of hand-sanitizers where soap and water are unavailable, must be developed to protect all, but especially the vulnerable groups.

OUR ROLE: In the wake of COVID-19 pandemic, NASAC has a critical role to play, collectively as a consortium of science academies and individually as an affiliate network for Africa of the global [InterAcademy Partnership](#). NASAC therefore encourages its members to provide scientific leadership by communicating timely evidence-informed advice for African governments. NASAC will support regional initiatives and frameworks, like AFTCOR, in tackling and overcoming COVID-19 pandemic in particular and global challenges in general, by constituting Advisory Committees when called upon. NASAC, through its members, commit to collect, validate, synthesise and supply independent scientific evidence to support appropriate policy options for African leaders. By doing so, targeted help will be accorded to Africa's national and regional institutions and initiatives to champion the implementation of the foregoing six priorities for action. Above all else, concerted efforts will be directed towards the implementation of a joint African preparedness and response plan for COVID-19 pandemic.

One Health-One Africa-One World

Signed on behalf of NASAC Board and member-academies:



PROF. MAHOUTON NORBERT HOUNKONNOU
President, NASAC

Endorsement: NASAC Board and General Assembly | **Lead Researcher:** Deoraj Caussy, Epidemiologist, Integrated Epidemiology Solution (Mauritius) | **Reviewers:** Ama Essel (Ghana), Babajide Alo (Nigeria), Mohammed Hassan (Sudan), Oyewale Tomori (Nigeria), Yousuf Maudarbocus (Mauritius) | **Edited by** Jacqueline Kado, Executive Director, NASAC (Kenya)