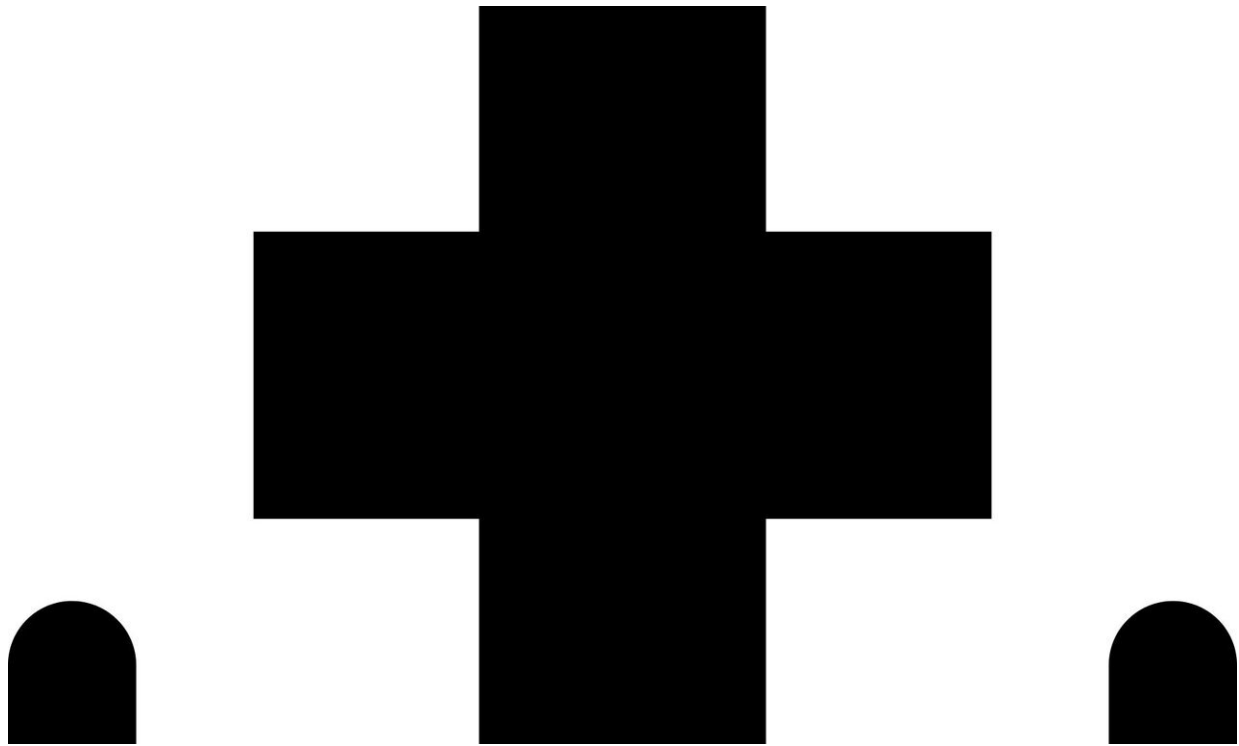


How COVID gave African countries the opportunity to improve public health

January 19 2022, by Ebere Okereke



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The COVID-19 pandemic has tested Africa's public healthcare systems. It exposed weaknesses, gaps and inequalities—but also some potential solutions.

The challenges presented by the pandemic are an opportunity for

African [health systems](#) to move beyond their current limitations. Many have been pushed to develop innovative approaches.

Countries rapidly expanded diagnostic capacity and genomics and increased the use of electronic health records. Nations and sectors (public and private) pooled resources in response to the logistical challenges of delivering an adult vaccination programme at pace. Scientific capacity across the continent, while limited, pooled together in effective partnerships.

These experiences, lessons and solutions—if supported by political leadership and long-term financial investment—can be used to develop health systems suited for the 21st century and beyond. African [public health](#) and [political leaders](#) should be identifying and investing in what works.

As a public health professional working to strengthen health systems across the African continent for many years, I would like to offer some reflections on these emerging opportunities.

A useful framework for these reflections comes from the director of Africa Centres for Disease Control and Prevention (CDC), Dr. John Nkengasong. He described [four essentials](#) for a new public health order for Africa. These are: stronger institutions; local manufacturing; the public health workforce; and respectful partnerships. I would add a fifth: empowered citizens.

Strengthened public health institutions

Sharing knowledge and skills has proved to be an effective way to use scarce resources across the continent during the pandemic. Africa CDC has taken the lead as a coordinating institution for the continent in promoting a "do once and share" approach.

The strengths of African scientific and health institutions have been pooled to build up others. For example, Institute Pasteur Dakar Senegal provided training across the continent on PCR testing for COVID-19. This raised [capacity for diagnostics](#) from two countries (Senegal and South Africa) in January 2020 to 48 African Union member states by the end of April 2020.

The African Centre of Excellence for Genomics of Infectious Diseases, based in Nigeria, has worked with the Africa CDC's Africa Pathogen Genomics Initiative to extend the [skills across the continent](#).

National public health institutes have grown their capacity to monitor and respond to situations. They've built on experience from past epidemics and adopted new technology for faster electronic, event-based information management systems.

The scarcity of supplies during the COVID pandemic has led to the emergence of African solutions to procure resources, from medical equipment to vaccines.

The [Africa Vaccine Acquisition Task Team](#) could be a game changer by improving value for money through pooled procurement and supporting a domestic manufacturing market.

Local production

Africa has the [highest burden](#) of HIV in the world and yet relies on other regions to produce diagnostic tests. Just [1% of Africa's vaccine needs](#) are domestically produced. It's similar for drugs to treat African high burden diseases. The lack of diagnostic capacity persists and the story of vaccine inequity is well described.

African leaders have recognised the importance of a health sector

manufacturing ecosystem. There is renewed commitment to develop a system to deliver 60% of the continent's vaccine needs [by 2040](#). This ambition has stimulated support for the [Africa Medicines Agency](#), a body to regulate the manufacture of pharmaceutical products.

A pharmaceutical manufacturing ecosystem on the continent will drive research and development focusing on African health needs.

Stronger health workforce

Africa has [far fewer](#) health professionals than it needs. The pandemic has shone a light not just on the numbers and cadres of health workforce required, but also on the quality.

At the beginning of the pandemic when the only control measures relied on community engagement— isolation, personal hygiene and contact tracing—community health workers were essential. They now support the COVID-19 vaccination programme. The opportunity exists for them to be absorbed into health systems to support the wider health service.

Pooled training enabled the development of standardised quality healthcare for COVID-19 patients. This approach lends itself to the development of quality guidelines for other priority diseases across the continent.

Trusted partnerships

The COVID-19 pandemic has driven unprecedented collaboration between the public and private sectors. The growth in private sector [laboratory diagnostic](#) capacity is of note. The COVID-19 response is the first time that private sector capacity has contributed so much to a public health response.

The development of the African Vaccine Acquisition Trust as a centralised purchasing agent on behalf of the African Union [member states](#) and the [Africa Medical Supplies Platform](#) are continental firsts. They show what is possible through strong trusted partnerships.

Collaborations like these can be applied to other challenges in the drive towards universal health coverage.

Advocacy and empowered citizens

The COVID-19 pandemic has engaged ordinary citizens in a way that can only be positive for the future of healthcare on the continent. The entire globe and the continent have focused on the same questions. The weak and under-resourced state of African health systems—and the dependence on aid for health services—have been laid bare.

Citizens are beginning to challenge their political leadership. The opportunity exists now for their demands to be harnessed to a wider debate about healthcare investment. As electoral cycles come along, health system investment needs to be on the agenda. African heads of state must be challenged to meet the commitments of the [Abuja declaration](#) of April 2001—to commit at least 15% of annual national budgets to improving the health sector.

The pandemic has demonstrated that improvement is possible even with limited resources. Leaders must build on this momentum to establish a new public [health](#) order for Africa.

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