# African best practices in measures used to fight against COVID-19

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## 1.Introduction

In early 2020, on January 12, the World Health Organization (WHO) confirmed that a novel coronavirus was the cause of respiratory illness in a group of people in Wuhan City, Hubei Province, China. The outbreak was reported to WHO on December 31, 2019. WHO announced the COVID-19 outbreak as a pandemic on March 11, 2020 (Reynolds & Weiss 2020).

In Africa, the first case was confirmed on February 14 in Egypt. There were fears that the new virus could quickly overwhelm the largely fragile health systems on the continent and kill many people (Soy, 2020). This assumption was made because there are many risk factors in Africa that favor the spread of the pandemic, such as high levels of poverty, urban density, widespread infectious diseases, limited access to health care, crowded informal settlements, and cultural routines (Smith, 2020). Weak African Health systems with low health infrastructure, low economic income, and insecurity were other risk factors that were expected to accelerate the spread of the pandemic in African countries (Holmes, 2020).

In most African countries, there was concern about the impact of the pandemic on people's lives, especially in West African countries where Ebola had killed many people in recent days (Smith, 2020). Nevertheless, it seems that due to the constant confrontation, with several health challenges, including HIV/AID, tuberculosis epidemics diseases like Ebola and because of the fear of mass death; Africa will be effective in combating the covid-19 and protect their population (Soy, 2020, Williams, 2020). Consequently, drastic measures to slow the spread of the virus have been implemented more aggressively in many African countries than in the United States and Europe (The New York Report, 2020). In some countries, such as Lesotho, drastic measures were taken even before a single case was reported. Lesotho declared a state of emergency on March 18 and closed schools. About 10 days later, a three-week lockdown was imposed, as in many other states in southern Africa (Soy, 2020).

In the first wave of pandemic, worldwide, there have been 50,459,886 confirmed cases of COVID-19 as of November 10, 2020, including 1,257,523 deaths.

With the exception of Antarctica, which has few cases, Africa is the first continent to have fewer confirmed cases and deaths compared to the tests conducted (Soy, 2020, WHO dashboard, 2020). In the second and third waves of the pandemic, the number of deaths and cases increased slightly compared to the first and second waves, but most African countries still have the pandemic under control. Today, Africa is the penultimate continent with fewer confirmed COVID-19 cases and deaths, followed by the Western Pacific (WHO Dashboard, 2021). Daily change data also shows that only Africa and the Western Pacific are two regions with fewer new cases. This has led us to question why Africa was performing better than all other continents, although it was unexpected. This article highlights the best practices used by African

countries to reduce the harmful effects of Covid-19 on their populations.

## 2.African strategies for responding to the COVID-19

Africa's response to the pandemic has been adapted to its own realities, challenges, resources and strengths. This has led to a number of innovations and adaptations in the response to coronavirus in Africa - initiatives that are still ongoing. Preparedness, political will, education, mass sensitization, improved hygiene, continued efforts to demystify COVID-19 and support for vulnerable families in crisis situations; characterize Africa's adaptive response to the new coronavirus pandemic (Africa Center for Strategic Studies, 2020).

## 2.1. Political will

African heads of state, commissions and governments held joint meetings anti-COVID-19. The first major meeting was held by Africa Centers for Disease Control and Prevention (CDC) and African Union Commission led by Chairman Moussa Faki Mahamat with all health ministers on 22 February 2020. At this meeting they agreed on the need for a coordinated continental strategy based on cooperation, collaboration, alignment and communication. Another outcome was the establishment of the Africa task force for Coronavirus preparedness and response. The infection prevention and control part of the task force is co-chaired by Nigeria and Africa CDC. The laboratory part is jointly led by Senegal, Africa CDC and the World Health Organization (WHO) (Africa Renewal 2020). Another example is the East African Community (EAC) Heads of State Meeting chaired by Paul Kagame the President of the Republic of Rwanda on 12 May 2020, which noted the status of the COVID-19 outbreak in the region and commended the Ministers of Health, Trade, Transport and EAC Affairs for their initiative to take a regional approach to the COVID-19 pandemic.

In addition, many African countries such as Rwanda, Nigeria and Uganda have created COVID-19 task forces of public health and sector experts as an institutional innovation to guide the response to the pandemic (Africa Center for Strategic Studies, 2020) and hold regular government meetings.

The task force has facilitated information sharing among African countries to share lessons learned and best practices, movement controls between countries and access to food markets, and countering rumors, misinformation, and fake news.

## 2.2. Preparedness

Since the first appearance of the virus in Wuhan, China, in December 2019, some African governments, such as Rwanda and Lesotho, have established multidisciplinary teams to assess and strengthen pandemic preparedness and response (Binagwaho, 2020, Soy,2020). Fever screening systems for passengers at the airport have been established in most countries in Africa. Passengers are mandatorily screened and provide information on their travel history. Similar screenings take place at all borders (WHO, 2020). Health and security measures have also been strengthened to prevent the spread of the virus. For example, citizens are urged to avoid handshakes and close physical contact such as hugging, to cover their mouths and noses when coughing or sneezing in public, and to refrain from unnecessary travel. Digital thermometers were also purchased and placed in public places. Health facilities were equipped with COVID-19 tests to test suspected cases. In different countries, centers and training of health workers varied in their preparedness to

receive COVID-19 patients. In countries such as Rwanda, Senegal, Nigeria, Kenya, and South Africa, health workers, including hospital laboratory technicians, were trained in infection control, prevention, enhanced screening at airports, and risk communication with the public (Ighobor, 2020, Rwanda Biomedical Center, 2020). All hospitals were required to establish isolation areas where patients with suspected COVID -19 symptoms could be treated separately from other patients, and special centers were prepared and equipped to receive COVID-19 patients. Preventive measures were also taken to protect health workers in the course of their duties. In Nigeria, lessons learnt from the 2014 outbreak West Africa Ebola were used to treat coronavirus patients, avoid rapid infection and not disrupt the usual functionality of the health system. Note that during the 2014 Ebola outbreak crisis Nigerian Government directly mobilized the Nigerian Center for Disease Control (NCDC) and the Nigeria Field Epidemiology and Laboratory Training Program (NFELTP) to investigate, manage and control the epidemic. They established a system for tracking, quarantining and managing contacts.

Control efforts in Nigeria included massive mobilization, sensitization and education of the public on the dangers, signs and symptoms of the epidemic and acceptable practices inside and outside health facilities. Volunteer health workers were deployed in the two cities of Lagos and Port Harcourt to combat the disease. NFELTP residents were deployed to contact, monitor and isolate cases. This led to delay in resumption of school activities and shortened duration of national camping programs (Oleribe, 2015 p. 55).

## 2.3. Education

Many African countries have taken the lead in educating their citizens about COVID-19 prevention and treatment. Capacity building has begun with the following elements:

1. educating the public about the epidemic of COVID-19, its symptoms, consequences and prevention mechanisms. The message was disseminated through radio, television, posters and community information through local leaders. Prevention focused on social distancing and hygiene, as handshakes and hugs are common in Africa. Extraordinary measures were taken to ensure that hygiene was maintained in all public places such as banks, markets, hospitals and bus parking areas (Iom, 2020, WHO, 2020). Drivers in public or private vehicles have been asked to carry no more than half the passengers of their normal vehicle seats. In some countries, such as Rwanda, public awareness has been raised to another level. In Rwanda, drones and vehicles equipped with megaphones buzz around the country's roads and villages, reminding pedestrians of the social distance and other prevention mechanisms (WHO, 2020).

2. Mandatory wearing of masks and restriction of social gatherings: In African culture, visiting, gathering, socialising and participating in various cultural ceremonies are part of their values. Therefore, governments have taken measures to educate the public about the dangers of gatherings and set a limited number of participants in various events such as weddings and funerals, and ban house parties or visits (The conversation, 2020). In many countries, including Rwanda, South Africa and Nigeria, the wearing of masks is mandatory. Citizens were required to wear non-medical cloth masks when they left their homes. Governments helped industry produce more masks for citizens. Local and international partners supported poor families to get enough masks. In Rwanda, it is compulsory to wear a mask, even in non-public areas (on the street when walking alone, in the office when with other people, etc.).

People who don't wear masks, or don't wear them well, are sent to stadiums for the entire night and fined $5. The press is often invited to send

pictures of the punished to discourage others from ignoring the rules (World, Africa 2020).

3. Curfews: given the high levels of poverty in Africa, lockdowns without social protection plans could lead to severe consequences, including famine and the depletion of coping mechanisms, especially among the most vulnerable populations. Therefore, countries such as Rwanda, South Africa and Uganda have moved to a curfew-based strategy with strict movement controls (Africa Center for Strategic Studies, 2020).

4. Church control and attitude change: from the beginning of the pandemic until now, most churches have been closed. The opening of some churches requires strict control by local authorities, the establishment of hygiene facilities and the decision on the maximum number that can attend a meeting, considering social distancing. In the church, the prevention mechanisms must be implemented by each participant and the leaders of the churches. For example, the Catholic Church, which makes up to 80% of the Rwandan population, has also discarded the "greeting of peace" with handshakes. They have also discarded the practice of receiving bread on the tongue during the celebration of the Eucharist (Word, Africa, 2020). They have also forbidden the use of a common vessel of holy water for purification, in which the faithful dipped their hands at the entrance before entering the church, and the wearing of a mask in church is obligatory. The seats of the churches are separated from each other by 2 meters (World, Africa, 2020).

5. Closure of places of assembly and public places: Authorities have decided to close bars, nightclubs, various games and schools for extended periods of time to curb the rise in COVID -19 infections. In some countries like Kenya and Rwanda, bars and nightclubs are still closed today, schools are gradually reopening but every student has been tested beforehand. Hotels are open, but always with a social distance of 1.5 meters, with temperature tests and with a book register before

entering. No one is allowed to get drunk in the hotels and no social ceremonies are allowed (Tasamba,2020).

6. Cashless or digital payment: In some countries, the population was encouraged to use mobile money and online banking whenever possible to limit the transfer of paper money that would spread the pandemic.Although the initial reflex at the start of the crisis was to withdraw cash (World Economic Forum, 2020), bank customers gradually wanted to make more electronic payments than cash. This helped to reduce the spread of the pandemic (Girancourt et al., 2020). The Egyptian government increased the limit on electronic payments to encourage the exclusive use of digital payments (Egyptian State Information Service website, 2020). An online payment platform (South Africa) recorded a 35 to 40 percent increase in transactions and an increasing number of retailers requesting online payment systems to cope with increased customer demand (IT Web, 2020). In Rwanda, the central bank mandated that cashless payments be made available with zero fees for all transfers between bank accounts and mobile wallets, zero fees for all mobile money transfers, and zero fees for point-of-sale payments. This strategy reduced the use of individual mobile wallets in Rwanda (Eco Africa, 2020).

## 2.4. Demystification

As COVID-19 continues to spread around the world, rumors, myths, misinformation and fake news about the pandemic are circulating. Videos, voicemails, texts, and stories from unproven sources claim that Africans are somehow immune to COVID-19, despite a wealth of evidence to the contrary. Africans are responding to the challenge in different ways: Many presidents and senior health executives are using their daily briefings to dispel rumors and misinformation about COVID-19.

In South Africa, a private company, Praekelt.org, has set up a WhatsApp-based helpline that provides real-time data and automated responses in numerous languages to educate and raise awareness about the truth. Nigerian Presidential COVID-19 Task Force has also established a 24-hour hotline that provides up-to-date information to inform and protect the public from misinformation and rumors. In Rwanda, a permanent hotline and official social media (Twitter, Facebook) were used in combination with daily reports on the status of COVID-19 (Africa Center for Strategic Studies, 2020).

## 2.5. Targeting vulnerable populations

Because of COVID-19, some families fell into economic crisis. There was a danger of migration to meet the basic needs of the family. Therefore, governments such as those of Rwanda, Ethiopia and Kenya took the initiative to support families in crisis and prevent the spread of COVID-19, either by providing food or direct cash transfers (Africa Center for Strategic Studies, 2020).

## 2.6. Further mechanisms to avoid spreading

Technology is the first other mechanism used primarily in medicine to reduce the rate of spread. In Rwanda, robots are used for various tasks such as temperature control and monitoring patients. This protects health workers from being exposed to the disease (WHO, 2020). Drones are used to deliver blood and enforce restrictions to slow the spread of Covid-19 (WHO, 2020). Second, in African countries such as Ethiopia and Rwanda, young volunteers have been recruited and trained to strengthen the fight against COVID-19 (Tasamba, 2020, Unicef

Ethiopia, 2020). In Rwanda, more than 5,000 volunteers have been deployed in public places and high-risk zones across the country. Their role is to ensure that people wear face masks, wash their hands and distance themselves socially (Tasamba, 2020). They work closely with the police to make further reports when needed.

Other mechanisms include a contact tracing task force, free testing in high risk areas and free treatment for patients with COVID-19, border closures, research on the spread of COVID-19, continuous training of community members, reducing the number of vendors in markets and offices, and disinfecting markets in countries such as Rwanda, Uganda, Botswana (Africa Center for Strategic Studies, 2020).

## Conclusion

The methods used to prevent COVID-19 in Africa are obviously productive. We can surmise that lessons learned from previous outbreaks have influenced current strategies. Most African governments ensured rapid and early intervention by establishing a multidisciplinary team against COVID-19. They prepared centres to isolate COVID-19 even before the first case was reported. They set up a contact tracing system and a quarantine system. They used healthy community volunteers and youth volunteers to track and prevent the spread of the pandemic. They used technological methods in treatment and economic activities. They continuously shared information about the development of the pandemic in the neighbouring country and closed the borders. They established a strict quarantine system for new arrivals from outside. All of these measures were either used by the country to control other outbreaks or adopted by another country. Consistent adherence to these COVID-19 prevention measures reduced the intensity of the epidemic in the population compared to expectations. With limited resources,

fragile health systems, existing disease burden, urban density, conflict, and record population shifts, Africa continues to face an uphill battle COVID-19; yet African governments and societies have shown a remarkable level of responsiveness, cooperation, and adaptability to the pandemic. Today, African countries have fewer COVID-19 patients than other continents, and most African countries do not have the repeated blackout periods that many European countries have. However, European and American countries with adequate medical and economic resources are still experiencing increases in COVID-19 patient numbers, neglect of preventive measures, and blackout periods. Some strategies, such as raising public awareness and using community volunteers, appear to be difficult to apply in other continents because of the different cultures and education levels of the population. Other strategies seem to be well established before the pandemic, such as cashless payments and hygienic equipment. Still others seem to be bearing fruit everywhere, such as mandatory use of masks, constant adherence to preventive measures, strong mechanisms for screening new entrants, etc. In this respect, they need to take a lesson from Africa.

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