The missing link in Africa’s COVID-19 response

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Health systems in sub-Saharan Africa cannot withstand a COVID-19 surge. But many African countries are proactively availing themselves of the guidance to enact non-medical protective measures: curfews, lockdowns and attempts at social distancing.

But implementing this guidance in sub-Saharan Africa, as in other low-income settings, requires some adaptation, contextualization and reprioritization for an effective and acceptable response.

Strong government leadership and national guidance are critical, but insufficient to prevent or mitigate the devastating effects of COVID-19 we’ve seen in Europe and other hard-hit places. Mounting an effective COVID-19 response in African countries requires government accountability.

As the project director of the African Collaborative for Health Financing Solutions (ACS), my team and I have developed a framework for looking at how accountability functions within the universal health coverage “space” at the country level in ways that are relevant to the COVID-19 response.

There are at least three dimensions of accountability proving critical here:

1. Openness with regard to information related to the pandemic
2. Inclusiveness and partnership in the national response
3. Community engagement and mobilization to support the response
For predictable reasons, it seems the knee-jerk reaction by many governments across the African continent facing the pandemic is to mount a small, high-level closed response unit. Information is guarded, and coordination and collaboration — even with those usually welcome — is strained, while governments craft a response under enormous pressure and in highly-delicate political circumstances.

The experience of the Ebola response in West Africa is instructive in this regard. The biomedical emergency response lacked grounding in local understanding, local culture and effective “translation.” The way messages and information were interpreted at the community level fueled distrust, stigmatization and hampered controlling the outbreak.

Now, with COVID-19, there is a palpable sense of vulnerability and national security in governments’ responses, which makes it hard for those not in the inner circle to fully understand the situation, or to know how to help. Yet, the lack of explicit mechanisms to actively listen to the experiences of those on the frontline, and understand the hardships average citizens are facing as a result of lockdowns, economic downturns and social distance measures engenders further distance and distrust at a time when partnership and transparency are critical to beating back the pandemic.

A broad, sustained, multisectoral coordinated response that galvanizes communities and civil society is still possible at this stage of the COVID-19 response across most of Africa.

To date, we’ve seen disruption of civil society as well as hopeful community mobilization initiatives. It’s clear that communities and civil society organizations have myriad assets to offer in this campaign. Well-placed actors, including community leaders, civil society organizations, community health workers, private sector players and research organizations, can and should be mobilized to act quickly in sharing information and supporting individuals, families and communities.

We know, for example, that community organizations and local leaders are often best placed and most skilled to communicate key messages effectively at the community level given their proximity and relationships. To engender massive compliance with protective measures against COVID-19, the average citizen needs to understand the virus, how it affects them and those around them, and how they can realistically do their part to stop the spread.

Bringing citizens into the response is crucial — they are the face of the pandemic and its consequences. But, rather than being informed and engaged, they are facing a raft of misinformation circulating across social media and sometimes overly muscled
crackdowns on curfew violations, both of which serve to further estrange them from a productive role in the response.

There are promising initiatives underway, from which other countries might learn and adapt to their own contexts to catalyze a bottom-up social movement to fight the spread of COVID-19 that works in partnership with top-down national response efforts like the one we're seeing in Burkina Faso.

**COMVID-COVID-19 in Burkina Faso**

Through its network of regional expertise and its African partner institutions, Réseau Accès aux Médicaments Essentiels (RAME) and Recherche pour la Santé et le Développement (RESADE), ACS is supporting a social movement in Burkina Faso, and documenting activities in real time to maximize learning from it across the continent.

The Health Democracy and Citizen Involvement Platform (DES-ICI) — a network of 23 CSOs in Burkina Faso — was recently formed to leverage citizen action for health in a more concerted way in the COVID response. The DES-ICI Platform is also coordinating an initiative dubbed, “Communities combat COVID-19” (COMVID-COVID-19), which was launched on April 8, 2020.

In less than 24 hours, more than 300 CSOs and individuals responded to a call on social media asking volunteers to help conduct outreach in the 55 sectors of the capital city Ouagadougou. From this pool of volunteers, the DES-ICI Platform selected 55 focal points and established citizen health watch cells, which include representation from local health and administration structures to ensure coherence with the overall response.

In less than 3 weeks, the movement took shape, with a secretariat established for continuous coordination and to engage with the national response.

COMVID-COVID-19 is actively training and supervising citizen health watch cells, providing them with strategic, material and financial support, and working with national counterparts to scale the movement to other regions of the country.

While communication with the national response was not easy at the start, COMVID-COVID-19 now participates in weekly regional response coordination meetings with government and other partners to feed up information. The movement is also supporting the head of the national response team to develop (and then implement) its contact tracing strategy. The Ministry of Health donated masks and soaps — which are
now flowing through the COMVID-COVID-19 movement to reach vulnerable communities.

**How do we beat COVID-19 in Africa?**

The response to COVID-19 in Africa needs to broaden and become more community-centric to succeed. Speaking at a Johns Hopkins webinar on April 22, Gyude Moore, former minister of public works in Liberia, shared learnings from the Ebola outbreak and said an exclusively government-led response is not sustainable.

Mobilizing all actors to contribute and coordinate in partnership toward the shared goal of beating COVID-19 is the only way to reach everyone. There is ample information, tools and experience to draw from, but governments, implementers and funders must take the important step to listen to community experiences and needs — and adapt our response to these local contexts.

If we can bring together and catalyze all of the assets in each country toward this common goal — communities, civil society, researchers, local organizations and the private sector — we can build a more solid foundation for engagement, partnership, learning and accountability to spur progress toward health for all now and long after this pandemic ends.

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