

Conference Report

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Brandenburg Online Dialogue 2021 “Learning with Africa”

Responses to COVID-19: An Interim Review and Lessons Learned

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For more than a year, the COVID-19 pandemic has had the world firmly in its grip. However, the responses to the spread of the virus differ significantly from region to region. The experience gained with epidemics in Africa in recent years and decades enabled this region to act quickly and consistently at the beginning of the pandemic. As a result, the health consequences of COVID-19 in Africa have turned out to be far less dramatic than initially feared, which cannot only be attributed to factors such as the low average age of the population or the climate. What lessons has Africa learned from previous epidemics that it has been able to use in the current pandemic? How have Germany and Europe performed so far? And what lessons can be learned for the future? Answers

to these questions were offered at the first Brandenburg Online Dialogue “Learning with Africa” on 21 April 2021.

“We were shocked and acted overnight,” is how Dr Merawi Aragaw Tegegne described the African Union (AU) response when the coronavirus outbreak became public. Even before the World Health Organization (WHO) declared an international public health emergency, the Africa Centres for Disease Control and Prevention (Africa CDC) began to closely monitor the progression and spread of the disease. Dr Tegegne, who is the Acting Head of the Emergency Preparedness and Response Division at Africa CDC, reported that AU leaders had immediately recognised the seriousness of the situation. “We did not underestimate the event,” Dr Tegegne said; this was one of the lessons learned from the delayed response to the 2014 Ebola outbreak, which was notified far too late, causing much unnecessary suffering.

Coordinated continental response ...

In addition to rapid response, Dr Tegegne identified decisive political leadership at the highest level and a coordinated continental response to the pandemic as key success factors. The Africa CDC emergency response system was activated immediately and a joint continental strategy was developed. It was endorsed by the health ministers of the African Union member states in their emergency meeting on 22 February 2020. Furthermore, the African Task Force for



Brandenburg Online Dialogue 2021 “Learning with Africa” (clockwise): Abdou Rahime Diallo (Chair), Ursula Nonnemacher and Dr Merawi Aragaw Tegegne

COVID-19 Response (AFTCOR) and various technical working groups were set up, he said.

While the authorities acted quickly and cohesively, the major challenge lay in the inadequate health systems. For example, at the beginning of 2020, only two African countries were able to diagnose the coronavirus. Africa CDC facilitated training of laboratory experts of all AU member states in Senegal and South Africa; they were sent back home with start-up sets of 100 tests for each country. In view of the very limited financial and personnel capacities and the lack of infrastructure, it was a massive challenge to set up the necessary structures in all member states in parallel within a very short time. Nevertheless, test capacities with PCR machines were created in all member states by the end of March/beginning of April 2020.

... and local structures as the key to success

The community health workers were a crucial factor during the early phase of the pandemic response in Africa. They were central to tracing the contacts of all infected people and sharing knowledge, especially in rural Africa, as Dr Tegegne explained. In the coming months, they will play a vital role in the vaccination programme. The important function of community health workers was a key lesson learned from this pandemic, Dr Tegegne said. Africa CDC is therefore working to establish a sustainable system of community health workers. With about 150 outbreaks of infectious diseases a year in Africa, local health surveillance is essential.

What about Europe?

Dr Tegegne's remarks showed the difference between Africa's response to the coronavirus outbreak and Europe's, where, in the early phase, national self-interest and lack of solidarity, such as the ban on exports of personal protective equipment, shaped the public image.

Pandemics cannot be fought with go-it-alone approaches by national governments, Ursula Nonnemacher, Brandenburg's Minister of Health, agreed, adding that it was important to learn from each other. In Europe, too, the general pandemic plans that existed at different levels were immediately rewritten for the new virus when the first COVID-19 cases occurred. Germany reacted quickly with a hard lockdown, which was taken very seriously by the public and led to a 40% reduction in contacts. However, the success of this strict lockdown and the very low rate of infections in the summer led to careless management of the pandemic, which – combined with holiday travel – resulted in a much more dramatic

second wave. Rather than imposing tough measures, as had been done in spring, the response consisted of a “half-hearted chewing gum lockdown”, which was repeatedly extended and led to public fatigue. As a result, a slight decline in the infection rate was immediately followed by a third wave, driven by the new and significantly more infectious virus mutations that are currently spreading across Europe.

The role played by community health workers on the African continent can be compared to that of the local health authorities in Germany, as the Minister pointed out. Perpetually short of staff and technical equipment, these public bodies soon reached their limits during the pandemic. However, the past few months have highlighted the outstanding role played by the public health service in the fight against the pandemic, for example in contact tracing and the interruption of infection chains.

Lessons learned from one year of the pandemic response

Minister Nonnemacher also emphasised the progress made by Europe over the past year in terms of lessons learned, for example with regard to digital contact tracing, the importance of testing and the protection of the very elderly. The latter measure in particular has led to a substantial reduction in the rate of infections among this highly vulnerable group.

It is important to realise that a pandemic can only be fought through “extremely good cooperation” at all levels, from the smallest municipality to the national and international levels. This is the only way to share knowledge quickly and to create up-to-date situation reports on a daily basis. At the same time, new and ongoing efforts are needed to win over the public and persuade them to comply with the measures required to control the spread. After months of lockdown in Germany, there is a growing sense of fatigue. Despite continuing public support for the measures, there is a danger of a split in society, also due to the influence of coronavirus deniers, the Minister said.

Worldwide competition for the vaccine

Despite the AU's early and decisive response to the outbreak of the pandemic, the continent has been hit by a second, much stronger wave, which peaked in January 2021. In the long run, the virus in Africa, as elsewhere, can only be tackled effectively through vaccination, as Dr Tegegne made clear. And if Africa does not defeat the virus, the rest of the world will not be safe either, he said. However, the procurement and distribution of the vaccine pose a major challenge for the continent. The vaccination rate is still extremely low. Currently, there are three ways

to procure the vaccine: through the WHO's COVAX initiative, through the COVID-19 African Vaccine Acquisition Task Team (AVATT) and through bilateral efforts. Hopes rest mainly on the concerted action by the AU Task Team, which placed an initial order for 270 million vaccine doses for the entire continent in January 2021. The goal is to vaccinate 60% of the population.

Compared to Africa, Europe is well supplied with vaccines, said Minister Nonnemacher, who highlighted the joint procurement of the vaccine in the EU and the simultaneous Europe-wide launch of the vaccination programme as a successful example of

regional cooperation. In the distribution of the vaccine, urgent questions relating to distributive justice have arisen. Germany has opted for strict prioritisation based on individual rather than epidemiological risk. The elderly and most vulnerable were therefore vaccinated first. Not everyone understands this. However, vaccine egotism is much more dramatic at the international level, Minister Nonnemacher said. Although the EU has played a "fairly good role" here, there is still considerable room for improvement when it comes to international solidarity.

Lessons for global health cooperation

Dr Tegegne identified several areas where global health cooperation should be enhanced. First, he mentioned strengthening local health systems and cross-border systems to monitor the spread of infectious diseases. An important area, he said, was the expansion of local production of diagnostic tools, drugs, personal protective equipment and vaccines, for example through technology transfer. So far, only 1% of the vaccines needed in Africa is produced on the continent. Yet Africa is a vast market. In this context, he referred to various AU Commission initiatives to promote local production in the health sector within the framework of the proposed New Public Health Order. Another field is research on emerging diseases. This is an important contribution to strengthening global health security. Both speakers at the first Brandenburg Online Dialogue agreed that health is a global good that can only be achieved through collaboration in the long term.



Brandenburg Online Dialogue 2021 "Learning with Africa":
Musical prelude by Sauti é Haala

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