
Health Advocacy in the Time of COVID19.
An Africa Civil Society Discussion
31 March 2020

Flow of Session:

1. COVID19 science
2. The African Union Joint Continental Strategy on COVID19
3. Africa free of New HIV infections (AfnHi) updates on messaging
4. Anglophone Civil Society Task Force on COVID19
5. Open discussion

Introduction

The purpose of the call was to discuss and agree on common actions towards getting African and world leaders to take decisive action to mitigate COVID-19 crisis in a way that has demonstrable positive impact on people's lives.

COVID19 science: Prof Omu Anzala, KAVI Institute of Clinical Research

The corona viruses are a large family found in human beings and in wild animals. Notably, all human viruses have their equivalent among wild animals. In human beings, the virus causes upper respiratory infections. Previously, there have been 2 outbreaks of the corona virus in 2002 – 2003 a spillover from bats, and in 2013 – 2014 in the Middle East a spillover from bats. This current epidemic is a spillover from bats.

The corona virus is a droplet infection which settles on the nose and throat and the replication starts as the infection moves to the lower respiratory system causing pneumonia. Washing hands, social distancing, sanitizing are extremely useful measures to prevent the spread of the virus. This is because when someone coughs or sneezes, surfaces get contaminated and the virus stays there for days. When we touch the surfaces and touch ourselves, it spreads to us.

At this moment, there are no vaccines and treatment for the virus. Vaccines have to be evaluated for safety and immune response and it will not be possible to find a solution in 1 or 2 months. There are no major clinical trials so far which can be used. However, there are experimental drugs being used. There are on-going trials for Chloroquine and hydroxychloroquine. Patients care is in the form of treating symptoms and people are recovering. 8 – 11 days after infections, the symptoms start to show. A dry cough, high fever, sore throat, loss of sense of smell are the main symptoms and then the infection moves to the lower respiratory tract.

To test for the corona virus, a throat swab or nasal swab are taken and used to make a diagnosis. PCR is used for diagnosis to find the genome of the virus. Some tests are able to culture the virus. There are on-going tests to check if urine, blood and stool have the virus as this will help to develop point of care diagnosis. Most countries



are able to run the tests in-country, with the support of CDC and WHO and they don't have to send samples outside their own countries.

The African Union Joint Continental Strategy on COVID19: Fistum Lakew, WACI Health

The Africa Union has prepared a joint continental strategy to respond to COVID-19.

The primary purpose of the strategy is to limit transmission and minimize harm. Given that transmission throughout the continent is inevitable, delaying and diminishing the peak of outbreaks will help health systems better manage the surge of patients and communities better adapt to the disruption of social, cultural, and economic activities.

To achieve this, the measures recommended in the strategy are rapid diagnosis and isolation of infected persons, quarantine of people who have had close contact with infected persons, and social distancing within the general population.

The strategy will help in coordination of efforts of Member States, African Union agencies, World Health Organization, and other partners to ensure synergy and minimized duplication. Additionally, the strategy will promote evidence-based public health practice for surveillance, prevention, diagnosis and treatment. The strategy gives guidance on risk communication and social engagement, supply chain management, special populations, settings, and policies to control of COVID-19.

Further, the strategy, through the African Union seeks collaboration across member states to ensure high-level political commitment. There are efforts to ensure complementarity and synergy of guidance, advocacy, and Member State support with the World Health Organization. It seeks partnerships with regional economic communities in Africa to promote implementation of Africa CDC guidance.

The strategy will support the provision of technical assistance and essential commodities to Member States to support an all-of-government approach to COVID-19; engage the private sector in supporting airlines and airports in screening for and management of COVID-19 cases; and collaborate with donors, foundations, academic institutions, and other stakeholders to strengthen public health capacity for COVID-19 control.

The strategy will be implemented through two major operational units namely the Africa Task Force for Coronavirus (AFTCOR); and Africa CDC's Incident Management System (IMS). The Africa CDC activated its Incidence Management System on 27 January 2020 to implement all activities that Africa CDC is directly responsible for. The Incidence Management System is supported by the African Volunteer Health Corps (AVoHC), a continental resource for surge staffing during public health emergencies.

Africa free of New HIV infections (AfnHi) updates on messaging: Joyce Ng'ang'a, WACI Health

COVID-19 has presented to us a challenge of an unprecedented magnitude. The disease is having a devastating impact on communities and health systems. Since the first case of COVID-19 was reported in Wuhan, China, in December 2019, the virus has spread across continents causing numerous deaths and untold disruption. The disease has burdened and overwhelmed healthcare systems, affected the mental health and well-being of citizens, disrupted day to day activities and economies. The impact of the disease is alarming. We stand in solidarity and with resilience in the fight against COVID-19.





We acknowledge with deep appreciation, the efforts that Governments, private sector, donors and individuals are putting in place to protect citizens from the COVID-19, mitigate impact and sustain livelihoods. Of special mention is the Africa Union which has a joint continental strategy to respond to the COVID-19 outbreak to prevent severe outbreak and death and to minimize social disruption and economic consequences of COVID-19 outbreaks.

In a distinct way, we recognize the huge sacrifices of all the frontline healthcare workers, some of whom work in very challenging environments, for their efforts which continue to save thousands of lives. We must ensure the safety of health workers by providing them with the personal protective equipment they need so that their own lives are not at risk.

Communities in countries with the weakest health systems are extremely vulnerable to COVID-19. In these very communities, women and girls disproportionately face health challenges. Yet healthcare systems often do not meet their needs. For effective services, we must remain attentive to the life-threatening health challenges that continue to devastate communities including non-communicable diseases.

To stop deaths and the spread of the disease, we must use existing structures used to provide effective and efficient healthcare. Strong community engagement and systems; strong data systems and data use, skilled healthcare personnel and integrated service delivery are all critically necessary - to ensure that people receive comprehensive care so that treatment for COVID-19 is not given at the expense of other healthcare services. We must ensure the continuum of care, so that essential and emergency healthcare services including maternal health services continue without interruptions.

COVID-19 presents us with an opportunity to re-state the need for resilient and sustainable systems for health as one of the pathways towards achieving UHC and Sustainable Development Goal 3 on the health and wellbeing for all.

We emphasize the need for strong partnerships, robust coordination for efficient and effective life- saving interventions. A multi-disciplinary response is necessary. Researchers, social scientists, civil society organizations, academia, private sector, individuals, Governments and financial institutions must be seamlessly coordinated to tackle the disease. To fight the virus and mitigate its impact in Africa, we ask that:

1. Governments ensure mass diagnostic testing for COVID-19 which is extremely critical to tracking the virus, understanding epidemiology, informing case management, and to suppressing transmission. This calls for adequately equipping decentralized rapid testing centers, the procurement of enough rapid testing kits, which should shorten the testing time to 45 minutes. Governments must allocate additional domestic resources for health, to ensure stronger health systems especially at this time when some of the best know healthcare systems are overwhelmed.
2. A human rights approach is used to tackle COVID-19 so that communities do not feel discriminated, dehumanized or fearful. One way to ensure this is through accurate and correct messaging on COVID-19, to emphasize that everyone is affected and to bust myths. Additionally, those with existing ailments should be able to access treatment and care. In the event of a lockdown, citizens should still be able to access basic needs with special attention to women and girls, the elderly, refugees, the poor and the most vulnerable so that no one is left behind.



3. Citizens are protected financially. Governments should consider zero rating tax on products such as hand sanitizers, soap and food and the provision of free water. Additionally, We suggest the setting up of a solidarity funds to further cushion the most vulnerable. This will help mitigate the effects of businesses closing down which may result in job losses. International organizations should pay special attention to countries recovering from conflict and with a heavy burden of disease.
4. A community centered approach using existing community systems be applied to defeat COVID-19. This is in learning from learn from previous experiences of interventions which have been put in place over the years to defeat diseases such as HIV and TB.

Anglophone Civil Society Task Force on COVID19: Olive Mumba, EANNASO.

Anglophone Civil Society Task Force was set up through the Community Rights and Gender regional platform the week of 16th March to address COVID-19 and has had 2 meetings so far.

The team agreed to:

- a. Form a core group (task force) of civil society partners. TORs for the task force have been drafted
- b. Develop a basic information package on COVID-19. The basic information package will be shared with constituencies for contextualizing and sharing with their constituencies.
- c. Have weekly webinars and bring in technical partners to discuss the COVID-19 response. A webinar schedule is ready.
- d. Have a position statement so that communities and CSOs are not left out of the Global Fund processes.
- e. Collect COVID-19 information from all sources. Currently preparing a repository.
- f. Develop a CSO and communities guidance paper/note on country dialogues.

The Task Force has also discussed CSOs funding requests and re-programming for the Global Fund resources. Member CSOs will participate in all discussions on COVID-19 at country level. Draft TORs have been developed and are being finalized.

Task teams have been formed for community monitoring to record human rights violations happening in countries for response by civil society. A team will identify opportunities for specific CSO engagement as it does analysis of the effects of COVID-19.

In this plan, GFAN Africa and AfNHi will lead on the advocacy component of the work.

Q & A Session

Prof has urged all people to use face masks more while the guidelines in circulation are asking only those infected to use these and those around sick people. Would we be suggesting the use of face masks to reduce transmission? In addition to social distancing, hand washing and sanitizing, it's important to advocate for use of masks in public spaces. A cough droplet is huge and will be trapped in the nostrils and that's where the receptors for the virus are and the infections start there. Covering the nose will reduce the possibility of being infected and flatten the curve. Asia has already recommended the use of face masks.

What technology is used now to diagnose these samples? What is the name of the current model you are using? Is the model published? Please share the journal. In researching on the corona virus, molecular technology is being used to find the genes of the virus. When the samples are extracted and treated, researchers extract the genome and within the genome and look for a specific genome of COVID-19.

What information is there to help the most vulnerable boost their immunity? Activities such exercise, a healthy diet and not smoking help improve our immunity. But all of us are vulnerable, therefore we must observe the science of sanitizing, social distancing, hand washing and the use of masks.

Could you please comment on the numbers in the region? Where are we, and what are the possible scenarios? Are we likely to get to a point where we are not likely to manage the numbers we are expecting within the region? I will comment on Kenya because this is where I am working. Without any intervention, modelling shows that Kenya will get 1,000 cases by mid-April and 10,000 cases by end of May. Necessary preventive measures and advisories are in place though we may still see increase in numbers.

Given the turn-around on the PCR which is about 6 hours, what is the implication of this in new infection detection? What is the place of rapid tests, if there are any, in mass testing? Apart from the symptoms screening, is there a chance for self-testing soon? What accountability structures are in place or that should be developed to address this pandemic? Testing is part of the response. In Kenya, rapid tests are currently being validated so that they can be used to run tests as quickly as possible. In the next 2 – 3 weeks, testing will have improved with a turn-around time of less than 1 hour with high through puts and multiple testing sites. The faster the Governments validates the rapid testing kits, the better to reduce delays.

In the face of shortage of PPEs, how do we manage that? There should be no confusion between personal protective equipment (PPE) kits and masks. PPE is the entire clothing including shoes, gloves etc. PPE kits are reserved for use by healthcare professionals going into isolation units where there are confirmed cases of COVID-19. The masks recommended for use in public spaces are the surgical masks type.

What is being done to eradicate or reduce stigma and discrimination towards those testing positive or have been in contact with those who are positive? Is there an entity providing support for mental health of the infected, the directly affected and the general population? Healthcare professionals are fearful and in panic. There is stigma, fear and panic among communities. There is need to address the fears. Once patients are put in the isolation wards and then they recover, they are sent back home. There is need to study critically, on how they are re-integrated into their families and communities.

What are some ways that the infodemic, particularly on social media, is being addressed? How do we ensure that we are not sending mixed messages? Partners have been sending different messages. There was a meeting with agencies representing different constituencies including NGOs. It was agreed that there be a central platform for communications, management of information, ensuring accuracy and community acceptability. There are efforts to identify ways of supporting civil society work in a holistic manner so that they can support communities. WHO will provide factual information and at a central point. Agencies will support their country partners to synthesize the information in a consumable way for civil societies and communities.

How are we going to ensure that civil society is engaged, women are engaged and more women leadership in response to the pandemic? How do we keep informed and ensure we don't confuse our stakeholders and our communities? How do we speed up support, for example health advocates in Nigeria are looking to work around civil society engagement but have no guidance. What can we do to step up the efforts by other CSOs in real time? How do we not duplicate matters but rather support effort's already in place? There are suggestions for digital health platforms for civil society supported by the private sector, details will be available at a later date. Such forums will enable civil society to continue to engage during the shutdown.

Remarks

1. Comment by the Global Fund: Countries have been informed that they have flexibilities to reallocate their savings as well as the current grant allocations in response to COVID-19. Out of 25 countries only 6 applications from Africa.
2. There is need to ensure that other health services are not overlooked as we focus on COVID-19. Services such as immunization, SRHR, RMCHAN, TB, Malaria must not be abandoned. We must push for integration of other services and messaging as we engage communities on COVID19. How do we ensure that Governments don't get away with it?
3. Civil society to step up watchdogs against human rights violations especially now with deteriorating human rights situation in some countries in the region.
4. Civil society advocacy for the additional investments towards COVID19
5. Many countries in Africa are not ready in respect to respirators or ventilators in Africa?