

Policy Brief - March 2021

Pandemic Preparedness and Capability Responses

Context to Research

- ◆ COVID-19, health security, pandemic preparedness and capability responses have taken center stage in global health with increasing urgency. This widespread epidemic, known as pandemic, was preceded by more recent ones that were a little less widespread or devastating in terms of losses of human lives and financial resources. A few of the more recent were the Ebola in West Africa in 2014 mostly concentrated in three countries, Middle East Respiratory Syndrome (MERS) first reported in Saudi Arabia in 2012, and Swine flu pandemic in 2009
- ◆ A myriad of factors influences the increased emergence and spread of new viral epidemics or pandemics, many of them caused by zoonotic diseases which originate in animals and cross over to humans. Among those factors are globalization with its increased movement of goods, services and people across the world; climate change with change of land use changes resulting in greater contact between humans and wildlife.
- ◆ The emerging epidemics and associated deaths, more than 3.5 million to date often reveal insufficient or suboptimal investments in the public health systems and their capacities required to prevent, detect, and respond to outbreaks. Meanwhile, existing infectious diseases, especially HIV/AIDS, tuberculosis (TB) and malaria, continue to pose considerable threats to the lives and livelihoods of millions across the world.
- ◆ The Global Fund to Fight AIDS, Tuberculosis and Malaria, created in 2002 has supported countries in fighting those diseases. The gains from the two-decades fight are threatened by COVID-19. The ongoing discussions for the Global Fund post-2022 strategy allude to a prominent place for pandemic preparedness and capabilities responses
- ◆ This policy research presents evidence-informed recommendations describing how African countries could maximize investments in pandemic preparedness and capability responses for the next pandemic. These recommendations were synthesized from a scoping review of health security frameworks and interviews with stakeholders

Finding- Challenges facing African Countries during COVID-19

1. Limited investment in health system, its weak governance, and accountability has led to inadequate health infrastructure, reduced service access, increased consumer health spending, and slowed progress in controlling communicable diseases across the continent.
2. During public health emergencies, the demand for health services, health information in many African countries far outstrips available health services, staff, infrastructure, supplies. For example, early in the pandemic, reliance on importation of Personal Protective Equipment (PPE) hampered initial responses
3. Nevertheless, African countries withstood relatively well the first and second waves of the COVID-19 infections. In many of those countries African countries, governments were able to leverage existing data systems, often funded for specific diseases like HIV to monitor the COVID-19 cases and make data-informed decisions.
4. During public health emergencies, communication on risks, transmission and trust with the at-risk population is vital. Often, African government lack sufficient numbers of adequately trained communicators and community engagement resources.
5. The burden of endemic and epidemic diseases across Africa – exacerbated in many countries by political instability, natural disasters, conflict, and other acute crises – places enormous strain on under-resourced health systems, impeding response and recovery from such events.
6. Overtaxed and under-resourced health systems – particularly those in West and Central African countries – are

largely unprepared to meet the health needs of their populations as well as those of migrants, refugees, internally displaced persons, and asylum-seekers across the continent, especially amid the ongoing COVID-19 pandemic.

7. Fragile, conflict-affected states across the continent - especially those in West and Central African countries - face additional challenges due to fragmented channels for service delivery, inadequate coordination of donors, depleted health workforces, large disease burdens, weak economies, and political instability. Thus, support for pandemic preparedness should include reinforcing health systems .

Policy Recommendations

- 1 Political leaders and decision-makers in African countries should prioritize and publicly commit to enhanced efforts to prevent and combat both endemic and epidemic diseases, with an emphasis on addressing the social determinants of these challenges. Leaders should further aim to increase domestic funding and efficiency of those health resources
- 2 Strengthened health systems including data, procurement and supply chain systems their coordination and governance mechanisms by improving information sharing, enhancing routine monitoring and evaluation efforts, and encouraging adoption of community-based participatory approaches to strengthen trust in government. These efforts would include systematically assessing existing health system capacities and capabilities, coordinating regional strategies for resilience-building activities, and implementing pro-Universal Health Coverage policies.
- 3 African countries should consider options for supporting effective risk communication and community engagement efforts to ensure that the decades of progress made in containing HIV/AIDS, malaria, TB, and other epidemics endure beyond 2022. Pandemic preparedness should include improved social service access among poor and vulnerable population including migrants, refugees, and/or other stateless persons across the continent.
- 4 Conflict-affected states in the WCA region should prioritize health systems-strengthening in their respective post-conflict recovery strategies, with a focus on addressing inequities in health service access and delivery. These strategies that enhance public health surveillance, address health workforce training needs, and center efforts to build relationships with non-state service providers while concomitantly strengthening government service provision capacities could chart a path forward to stronger post-conflict health systems in these states.

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