I woke up to the news of Italy putting cities on lockdown and two days later the World Health Organisation officially declared the Covid-19 outbreak a pandemic. Other countries started implementing travel restrictions to control the spread of the virus. Everything was happening so fast and it was only a matter of time before an African country reported a case.

At the time of writing this article, there were 1187 confirmed cases from the 42 affected countries on the African continent with 122 recoveries and 33 deaths. Egypt and South Africa have recorded the highest number of cases to date according to the WHO Regional Office for Africa. Majority of the initial cases identified were imported, however, over time there has been growing concern about the possibility of cases going undetected in countries with poorly performing health systems. The African center for disease control (CDC) and various countries have stepped up efforts to improve their preparedness and response, putting in place rigorous screening measures and travel restrictions.

Currently there is no vaccine or known cure so countries have to rely on reducing transmission and flattening the curve to reduce pressure on health systems. The recommendations to reduce community spread include discouraging large gatherings, avoiding non-essential movements, social distancing, self-isolation when you are sick and practicing good hygiene. In countries like Belgium and Italy, restaurants, bars, schools and universities were closed with only essential services continuing to operate and people being encouraged to stay at home. South Africa, Rwanda, Uganda and Kenya recently put in place regulations for school closures and are discouraging public gatherings in order to curb community spread. The effectiveness of these measures relies on co-operation from the public and enforcement by the authorities.

However, some of these measures will be difficult to implement in several African countries because of the complex social and economic dynamics. Majority of countries have a large informal economy and as such, a significant proportion of the population depend on a daily income with no savings to rely on. They need to go to crowded markets daily, some of which have poor water and sanitation facilities. They may be aware of the associated risks, but they have families to feed, debts and bills to pay. These are some of the scenarios policymakers and public health experts have to bear in mind.

Social distancing and self-isolation may be a challenge for homeless people, refugee camps, displaced populations and informal settlements. These communities are often excluded in formal plans and lack basic water and sanitation infrastructure therefore the need to explore better-suited ways to reduce the spread of the virus. We also have to acknowledge that in some rural communities, due to many factors including lack of trust in the formal health system, traditional healers are usually the primary contact when people are sick. These informal players are stakeholders often left out of the response plans and yet they have an influence on people’s health-seeking behaviour.
Some countries have been battling with or are still recovering from natural disasters resulting from climate change. Mozambique and Zimbabwe are still recovering from the impact of Cyclone Idai which displaced thousands of people. Half of Zimbabwe’s population is estimated to be in need of food aid due to drought compounded by a strained economy. A few months ago Zimbabwe’s health sector was on the verge of collapse when doctors went on strike citing incapacitation to work due to poor working conditions and remuneration in the light of the rising cost of living. Hours after Nigeria recorded its third Coronavirus case, the Abuja chapter of the Nigerian Association of Resident Doctors (ARD) announced they were going on strike because of poor working conditions and not having received their salaries in two months. Libya, Democratic Republic of Congo and Somalia are still facing ongoing conflicts in parts of the countries. These examples serve to highlight the different complicated situations we have to consider as we implement the various interventions to address the current global pandemic.

Covid-19 is not the first outbreak some African countries have dealt with and we can learn a lot from experiences from West Africa’s 2014 Ebola outbreak. Multidisciplinary approaches inclusive of local communities and medical anthropologists helped to reduce community spread of the disease. Multi-disciplinary responses which are rooted in equity and include stakeholders like social and political scientists, community, religious and traditional leaders will help shape interventions that better suit the needs and contexts of various communities. Civil society, grassroots organisations and community organisers have important roles to play in holding governments accountable and ensuring interventions are inclusive of marginalised groups.

The success of the response calls for promoting the spirit of Ubuntu and working together as communities, using the resources we have and looking out for the vulnerable and marginalised in our communities. It is easier said than done but this should be one of the key messages in our interventions. Africa has a brilliant youthful population and we have the capacity to come up with inclusive innovations that will help keep our communities safe.