

## **MakSPH virtual seminar 29<sup>th</sup> April 2020**

### **Transitioning from the COVID-19 lockdown in Africa: What are the options?**

**Chair:** Dr. Christine Nalwadda

**Panellists:**

1. Dr. Geoffrey Musinguzi, DCEH, MakSPH
2. Dr. Raji Tajudeen, CDC, Africa

**Remarks from the chair:**

The chair welcomed members to the seminar. She gave a background of the current situation especially in Uganda where the people are hopeful that some lockdown measures may be lifted after 5<sup>th</sup> May, if the research team confirm that there is no community transmission of COVID19. She then introduced the panellists and invited them to make their presentations

**Presentation by Dr. Geoffrey Musinguzi**

Started by making reference his recently published article titled, [The Science of Social Distancing and Total Lock Down: Does it Work? Whom does it Benefit?](#)

He titled his presentation: “The lock down trap, how do we get out of it?”

**The lockdown trap**

- He noted that more than a third of the world population is under partial or total lockdown.
- Evidence from around the global suggest that lockdown is working. However, locking down countries may not be sustainable in the long run and other catastrophic events may occur as a result of lockdown.
- It is not possible to completely go back to the old normal and exit strategies are needed to transition into a pseudo-normal.
- Ending the lockdown too early is also catastrophic. Lockdown is not an intervention in itself but an opportunity to prepare health systems to be able to prepare to handle the pandemic

**How do we get out of the lockdown?**

He noted that there were different options/strategies for preparing to get out of the lockdown and these included;

1. Completely relaxing the lockdown and prioritising social and economic freedom - the disadvantage of this is the possible resurgence of the virus and so this strategy is the most undesirable.
2. Relaxing some measures while protecting the vulnerable (selective shielding). He noted that this was not feasible in many African settings since people lived together in congested spaces with all age groups living together in extended families.
3. Vaccination - It would need about 60% of the population to be vaccinated to have sufficient cover. He noted that we had no guarantee of the vaccine in the near future and therefore this option was off the table at the moment.
4. Maintain social distance and remain in lockdown for many weeks after last case is reported. Need to communicate clearly and engage the public. The country will still

remain vulnerable even after the last case. All Ugandans are still vulnerable to COVID19. If we pursue this, we need to engage the public

5. Limit community transmission and this requires aggressive behaviour change. Maintain the cases at low levels until we get a vaccine. But how do we open schools and churches? With this, lock down remains as one of the options. We can open as long as we keep an eye on a possible resurgence. *This seems to be the most feasible option.*

### **Measures for Africa.**

Gave a brief history about the origin of COVID19 and starting the initial transmission pathway of animal to human transmission but emphasised that currently human to human transmission through aerosols and contaminated surfaces were the most important. He therefore noted that these transmission pathways needed to be targeted for prevention and control measures. The available options included:

1. All people to use some form of personal protective wear while in public places. Lifting the lockdown doesn't mean end of pandemic. Transmission of the virus is asymptomatic. In Africa we should promote wearing facemasks that cover the nose and mouth. We need local production for appropriate masks. Frontline workers should wear gloves for additional protection and sometimes due to limited access to water.
2. Need for aggressive measures to decontaminate all common places and surfaces. These include door knobs, floors, work surfaces like tables. Specific employees may be assigned to oversee following of recommendations at workplaces, adequate hand washing facilities since preventing eye touching may be impractical.
3. All public places, workplaces and schools need SoPs and there is need for a robust surveillance system for covid19.
4. Surveillance systems to detect and isolate COVID-19 cases should be put in place. Active case-based surveillance and contact tracing are the best options for African settings since mass testing cannot be achieved on many African countries.
5. Strengthening and equipping the health system for early detection and case management. These cases could even be handled at lower levels like HCIII.
6. Awareness campaigns on COVID19 at all levels using all possible platforms', since misinformation has been one of the biggest challenges.
7. Designing tailor made measures for the congested places like slums
8. A need to strengthen national, regional and global collaboration.
9. He concluded by saying that a combination of those measures was should be implemented for better management, control and prevention of covid19 in Africa.

### **Presentation by Dr. Raji Tajudeen**

- He appreciated the organisers of the seminar and then made his presentation.
- The Key achievements of Africa Task Force for Coronavirus Preparedness and Response (AFTCOR) technical working group include surveillance, clinical management, infection prevention and control, supply chain and stockpiles, laboratory diagnosis and risk communication.
- CDC-Africa has 3 main strategies

1. Preventing transmission through procurement of surveillance, diagnostics and IPC supplies
  2. Preventing deaths- through tailored assistance, ongoing clinical management training of health workers
  3. Preventing social harm
- The AFTCOR target for going back to normal is partnership for accelerated covid19 testing. The technical working group aims at having conducted 1 million tests in one month (by the end of May) and 10 million in four months.
  - To compliment testing efforts, PACT also aims at rolling out initiatives to strengthen the capacity of African countries to conduct contact tracing. This will be done by deployment and training of CHWs, engaging technology companies to support deployment and setting up surveillance data systems at MS's emergency operation centres.
  - The technical working group is to employ the following key strategies
    - Promoting physical distancing to reduce opportunity for transmission and protect the most vulnerable. At individual level, physical distancing involves non-contact greeting.
    - Shielding the vulnerable by keeping them isolated from the rest of the community. This can be done by identifying an area where they can be kept away from close contacts. However, the vulnerable need social support and sufficient communication.
    - Infection prevention and control through hand hygiene, respiratory hygiene, environmental sanitation, use of PPE and isolation of people with symptoms.
    - Enhanced surveillance including screening at boarder points, tracing contacts of confirmed cases, providing guidance to the general public about how to seek care and notifying WHO and CDC-Africa of suspected or confirmed cases.
    - Other measures include ramping up critical care capacity, evidence informed decisions, multisectoral planning, risk communication and community engagement

### **Comments and questions**

**Question: Prof. Stefan Peterson from UNICEF New York noted concerns with the indiscriminate lockdown. For example, he asked why Arua should be on lockdown, yet the cases are in Kampala? Is isolated lockdown an option in Uganda?**

**Response by Dr. Musinguzi:** COVID19 took everyone by surprise. Lockdown was an opportunity for us to study and learn the disease and the lockdown has given us an opportunity to do so. Government has learnt a lot during this lockdown. If we go for active contact tracing it would be cheaper than mass testing for many African countries. Sub national strategies are the way to go now. We barely have community transmission currently. Total lockdown shouldn't remain an option for Uganda. We need to identify hotspots and lock them as we protect the rest of the population.

**Question: Testing is critical but how can we expand this strategy given that most countries don't have the capacity?**

**Response by Dr. Raji:** As we move from lockdown, we need to know who is sick, who to isolate and therefore testing is necessary. Many countries and organisations are ready to support testing for the different countries.

**Question: Partners and government have been successful in managing the pandemic. We have no community transmission. Practically, can we afford widespread use of these masks and manage them clearly? Should we open the airports, if not, why?**

**Response by Dr. Musinguzi:** Infections in aeroplanes can be limited if everyone used a mask. Airlines can take more precautions such as removing the middle seat to increase distance between passengers. The only challenge is that there are very many players in this industry and not all of them have the same priorities. A global approach is needed to address this issue.

**Question: Say something more about shielding the vulnerable. In Uganda most of the population is young based on the population pyramid. What is the strategy for doing this in our country?**

**Response by Dr. Raji:** Consider the low risk, medium risk and high risk. Stratify maybe geographically, and age-wise. We have to categorise and open in a staggered manner considering what is high, medium and low. We need to support the social needs of these vulnerable populations such as food.

**Question: In Denmark, they have devised a low-cost device to test COVID-19 and the number of cases on that island is less compared to Denmark and Europe. In Senegal, testing kits cost one US Dollar, can we look into this?**

**Response by Dr. Raji:** The Senegal test is not yet validated but more research is ongoing but once it is ready, it will be rolled out.

**Question: How can we practically increase our capacity to test?**

**Response by Dr. Raji:** We need the testing kits. CDC-Africa has supported member states with one million tests. Testing in Africa is currently at 375 per million. We cannot be sure of no community transmission without testing. There is need to build the capacity of community health workers. We also need to build mobile apps to support testing. For example, South Africa has scaled up testing with the help of Community Health Workers and mobile-app giants in South Africa. CDC Africa donated testing kits to Uganda. CDC Africa has donated to ug several times and it is a priority area.

**Question: Sweden chose a different approach and they did not lockdown what are we observing there?**

**Response by Prof Peterson:** The objective of Sweden was to slow transmission while protecting the vulnerable. Symptom-based management has been used. It has worked reasonably well but it has not worked well in the nursing homes because of asymptomatic transmission. Sweden has not gone for massive testing. Any test done in medical practice is meant to lead to an action.

**Question: Can simple cloth masks be effectively used when we open up public places?**

**Response by Dr. Raji and Dr. Musinguzi:** If we are to move from lock down, the level of protection of cloth masks is about 50%. It is not for use by healthcare workers, but they can be used in the community. Although protection is 50% it is worthwhile instead of zero protection.

**Question: What makes Kampala a high-risk area?**

**Response by Dr. Musinguzi:** Given the characteristics of the population such as slums and congested business centre makes it high risk. In addition, most of the cases in Uganda were found within the greater Kampala region.

**Question: Credit goes to the Government for bringing COVID-19 under control. Based on Uganda, how do you describe the success of lockdown of Uganda.**

**Response by Dr. Musinguzi:** Uganda has definitely benefited from the lockdown. Other countries such as United Kingdom and USA who delayed to lockdown have had much more cases. Due to lack of prior knowledge, the lockdown has also helped us understand the pandemic. We now know that community transmission is almost zero and it is mainly through the transport corridor. So total lockdown should be lifted progressively.

**Question: Comment on the role of East African Research Institute.**

**Response by Dr. Musinguzi:** EARI has a very important role since there is cross boarder transmission.

**Question: How can we manage public transport through buses and taxi, given that most of Ugandans use public transport?**

**Response from Dr. Musinguzi:** Government had reduced the number of passengers on public transport, for example eight passengers in a taxi instead of 14. It had also encouraged people to sanitize and wash hands before embarking onto public transport etc. We may not immediately return to the old normal but a pseudo-normal. Surveillance and contact tracing e.g. for drivers and conductors may also help.

## **Comments from other participants**

**Comment 1:** In Africa, it is a challenge because most commentaries focus on what we don't have to do and not what we should do. Right now, we are making a lot of conclusions such as the role of age and temperature, but we need to watch actual evidence as we make conclusions. We need local evidence to guide decisions but some of them are questionable because they are not based on enough evidence. For example, in New York, the young people started dying when the health system got overwhelmed. We need more data on things such as age and temperature.

**Comment 2:** Uganda is undertaking community survey to help determine if there is community transmission or not. South Africa is ahead of others in terms of testing, but they have not reached the threshold for mapping the risk. So as MakSPH, we need more evidence to guide the interventions. Models can help but they do not work in isolation.

**Response from Dr. Raji:** We have evidence from South Africa that the lockdown works and following their infection trajectory, it has slowed due to lockdown. The lockdown should also be fully monitored. It is difficult to know where we are as a continent and more research is needed. We need more evidence; we need to monitor movement of trucks and the boarder points. The evidence is there, and we need action from the government.

**Comment 3:** The quick analysis in health facilities should focus on pneumonia cases, it may be a proxy to making conclusions about community transmission in Uganda.

**Comment 4:** The cost of \$65 is very high for Uganda and efforts to make low cost tests are ongoing and may soon be available. The structured lock down has mixed reactionS. Some obvious places are high risk and others are low risks. We need to open up in a structured manner.

**Closing remarks from the Dean, MakSPH:** Gave a vote of thanks to the panellists and all participants. Noted that she looked forward to the sustenance of the forum and moving the agenda forward.

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**Report compiled by:** Bonny Balugaba and Sarah Nalinya

**Reviewed by:** Rawlance Ndejjo and Dr. Geoffrey Musinguzi.