

The Need for Evidence-Informed Decision-Making during the COVID-19 Outbreak in the African Region: a Position Paper of the African Advisory Committee on Health Research and Development

The World Health Organization (WHO) declared coronavirus disease (COVID-19) a pandemic on 11 March 2020. One month later, it has become a global emergency, given its impact on the entire world population and the economy. According to WHO situation report of 16 April 2020, the spread of COVID-19 in the AFRO region is as follows: 11, 843 cases and 559 deaths; and the situation is not showing signs of slowing down. The COVID-19 outbreak is another threat to the-already-weak health systems on the continent.

Most Heads of State and Heads of Government worldwide including Africa have declared their countries at a state of emergency with the COVID-19. Subsequently, they have committed resources to implement multifaceted strategies to fight the pandemic. Preventive measures are rolled out, including case identification and contact tracing, quarantine and isolation, screening, and public health education on COVID19 to encourage good hand hygiene practices and physical ('social') distancing. In addition, strategies to lockdown several aspects of the national life are in force. General lockdowns are threatening national and local economies.

There are also concerns that COVID-19 related morbidity and mortality is likely to rise in Africa due to other factors unique to the continent including high levels of malnutrition and other comorbidities, food insecurity, medicine stock-outs, weak healthcare systems, and inadequate financing mechanisms for healthcare. We anticipate that there will be significant changes to routine healthcare provision and in healthcare seeking behaviors, which could lead to drops in routine immunization coverage rates, unskilled deliveries, surge in malaria cases, inappropriate management of HIV/AIDS, tuberculosis, cardiovascular diseases, diabetes, cancer and high blood pressure, among others. The surge of demand from COVID-19 patients will overcrowd the health facilities and alter the access of patients with other prevailing conditions, thus worsening the morbidity and mortality for the vast majority of the populations. In addition, the COVID-19 pandemic might ultimately create a shortage of medicines, supplies and health equipments because Africa's biggest suppliers of medicines are Europe and Asia.

Being faced with and handling infectious disease outbreaks is not new to Africa. African leaders must heed the memories and experiences of the 2014-2016 outbreak of Ebola virus disease in west Africa, which was eventually managed, but also had unintended consequences such as the heavy blow to malaria control efforts, and on maternal and child health. Sources are predicting a fall in global growth due to the direct effects of the COVID-19 pandemic. Whilst the African nations have marshalled resources to respond to the COVID-19 outbreak, we anticipate that there will be immediate and long term implications including on social-economic and health insecurity for the vast majority of the poor and vulnerable populations; with increased scarcity of basic needs such as food, shelter, housing, income among others. But Africa can rise again, the COVID-19 pandemic is also an opportunity to transform health care in Africa ; such transformation must recognise the importance of multi-sectoral approach and collaboration in responding to the current crisis and beyond.

The 'research for health' sector is an essential stakeholder. It is critical to integrate scientific advice into national policies and practices to design evidence-informed strategies and to minimise the catastrophic damage that COVID-19 could cause.

Policy-relevant evidence is urgently needed to inform strategies to respond to the COVID-19 outbreak, strategies that should be tailored to the uniqueness of the African population and contexts. Africa can learn from countries that have successfully contained and crushed the curve of COVID-19 transmission, including in China and other Asian countries. Crushing the curve in 10-12 weeks is achievable for sub-Saharan Africa countries; but this requires support for fast turn-around of scientifically and ethically sound relevant evidence, optimal use of the evidence and of national intelligence. Such strategies must also consider and inform the recovery efforts of the nation states. The strategies should be guided by key consideration including those that protect and promote respect for human rights and social liberties, minimise risks and harms to population, promote fairness and equity, protect vulnerable populations, boost the local, national and regional economies without putting additional lives at risk.

Thus, the COVID-19 pandemic provides an opportunity for sub-Saharan countries to take an integrated perspective on the disease with spill over effects on politics, socio-economic dynamics and international trade and exchange. Strategizing to minimise its effects in the populations should incorporate a sound analysis of its domino impact across different sectors in the populations, at local, national and regional levels. Establishing national multidisciplinary scientific and strategic advisory committees constitutes a critical enabler for the evidence informed decisions and strategies to address COVID-19. The analysis on health security capacities in the context of COVID-19 points at the critical and urgent need for a decentralized planning to win the fight against the pandemic while protecting human rights and re-energizing the local economies. The African efforts to crush the curve of the COVID-19 pandemic must be concerted, determined and guided by science.

The African Advisory Committee on Health Research and Development (AACHRD) is making the following recommendations:

To the WHO/African Regional Office (AFRO):

A :Leadership and coordination

1. to consolidate collaboration with the African Union in the fight against COVID-19, to ensure synergy and minimize duplication.
2. to provide strategic information to the leaders within governments, civil society, political and economical bodies.
3. to advocate for regional political and economical bodies to adopt synergistic measures in relation to health security, food security, human rights and civil protection.

B :Research and innovation

4. to establish a coordinating mechanism in order to foster the leadership of African researchers in the initiation and support conduct of research related to COVID-19.

5. to create the enabling environments for synergies among African research teams in order to develop collaborative applications to the WHO-led solidarity trial.
6. to implement the WHO/Afro IMST priority research areas on COVID-19.
7. to prioritise research on the effect and impact of COVID-19 on women in the Africa region.
8. to ensure that the social dimension is on the agenda overcome COVID-19 so as for communities to learn about COVID-19 and also learn from different resilience strategies.
9. to develop and support innovative initiatives on COVID-19 in the Africa region.
10. to establish a repository of ongoing research across African countries so as to enable collaborative research and information sharing on issues of regional interest such as prognostic studies and modeling, genetics and immunology, health technology, clinical trials of chemoprophylaxis for healthcare providers.
11. to commission an evidence synthesis on the use of African traditional medicines in pulmonary infections.
12. to advocate for an African research fund to support Africa initiated translational research for therapeutics, point-of-care diagnostics and prevention tools.

To the Member States:

A : Advocate for home grown local evidence in the Africa region

1. to establish national multidisciplinary scientific and strategic advisory committees in charge of gathering and synthesizing local evidence and contextualizing global evidence so that national policies and strategies against COVID-19 are informed by the most relevant evidence and stakeholders are optimally engaged to counter the foreseen human catastrophe.
2. to commission and use evidence synthesis related to healthcare worker (HCW) security and safety, health promotion, communication and education for water, sanitation and hygiene (WASH) in order to ensure the appropriate measures are taken and implemented to guarantee the security and safety of all the healthcare workers.
3. to establish national mechanisms ensuring that the research projects during the COVID-19 outbreak undertake adequate community engagement and comply with the principles of research ethics (e.g. latest revised Declaration of Helsinki and Council for International Organizations of Medical Sciences (CIOMS)), and fairness in international research partnerships and data and biological material management agreements.

B : Decentralise COVID-19 response

4. to decentralize the response at the appropriate subnational levels in order to ensure optimal implementation of national policies and strategies. Indeed, the diversities across countries and within countries, and the various stages of the outbreak in different territories should inform focused and targeted actions to specific places and times. Winning

the fight against COVID-19 requires responsive national and subnational health security systems and resilient healthcare systems.

5. to timely assess the national and subnational health security capacities to prevent, detect, respond, and establish enabling functions for an effective response and operational readiness against COVID-19 outbreak so as to inform the investments and action plans.

C : Fund response to COVID-19

6. to mobilize national resources to fund implementation and operational research as part of national response, especially fast track testing of innovation in terms of screening, case management, community quarantine, home management and IT, measuring and monitoring COVID-19 burden, socio-economic consequences on food security, and impact on gender and equity.