

SSHAP-AFRICA CDC WEBINAR: LOCKDOWNS AND EASING OF RESTRICTIONS: WHAT CAN BE DONE TO ADAPT TO LOCAL CONTEXTS AND PROTECT THOSE WHO ARE VULNERABLE?

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Early responses to COVID-19 in Africa were characterised by stringent public health and safety measures (PHSM). While these measures might have delayed or contained outbreaks, African countries now face increasing political pressures to ease restrictions, as their wider impacts necessitate a weighing up of the relative effects of an outbreak surge and of the restrictions respectively. Indeed, the socio-economic impacts of restrictive measures have been dire, especially considering the continent's high reliance on informal economic activity. Similarly, siloed, vertical responses to COVID-19 in health systems are driving concerning secondary health impacts as health service provision and utilisation, such as child immunisation, have faced significant disruption. In light of these negative impacts, the Africa CDC has released guidance for easing stringent PHSMs while African countries continue to confront various epidemiological scenarios related to SARS-COV-2.

This SSHAP and Africa CDC organised webinar heard from representatives of the Member States of Africa CDC as well as from civil society organisations, humanitarian actors and professional organisations to consider context-appropriate measures to protect those most vulnerable to COVID-19 – both socio-economically, as well as medically. Participants shared challenges and experiences of emerging adaptations and practices to foster mutual learning at this critical juncture. The webinar began with open participant discussion arranged around key questions and debates. Then, selected discussants presented perspectives from Senegal, the Gambia and the Democratic Republic of Congo (DRC).

EMERGING QUESTIONS

- How have different governments assessed the dilemmas related to restricting viral transmission on the one hand, but also considering the health, social and economic impacts of public health restrictions on the other hand?
- What adaptations have emerged to implement measures to reduce community transmission of coronavirus, such as physical distancing and hygiene measures?

- Is there evidence of initiatives to protect those who are medically vulnerable to more severe disease?
- Is there evidence of initiatives to mitigate the effects on people who are socially or economically vulnerable because of precarious livelihoods, challenging living conditions or food insecurity? What measures did governments or organisations take to provide cash, food or other relief from financial obligations to households or groups such as informal traders?

COUNTRY CASE VIEWPOINTS

The webinar heard individual representatives of Africa CDC member states, who share example viewpoints of how COVID-19 measures have been implemented and affected by contrasting national and local contexts. We present these views thematically. These viewpoints are not generalizable, nor do they contend to represent the full range of perspectives. Rather, they serve as an illustration of key themes in the COVID-19 response on the continent.

Country-level public health measures and COVID-19 control

There is a pressing tension between public health imperatives and economic survival, with countries being forced to make difficult choices between prioritising lives or livelihoods. Many African countries implemented stringent public health measures starting in March, including stay-at-home orders and border closures. Fortunately, COVID-19 prevalence remained broadly low, with exceptions in hotspots such as South Africa, Egypt, Ghana, and Nigeria.

As countries have begun to ease these measures, we are also seeing some increasing COVID-19 prevalence as the epidemic has taken time to progress in parts of the continent. However, many countries are also facing population fatigue with the lockdown measures. Populations are tired of stay-at-home orders and enforcement is becoming difficult, as we heard from Senegal, Uganda, and Kenya. Other complications have emerged as in other parts of the world, from challenges related to COVID-19 risk perception, public health communication, and concerns over livelihoods. In Kenya, it was raised that blanket stay-at-home orders cannot work because some areas do not have basic services like adequate housing, water and sanitation. These services are vital to support stay-at-home measures, shielding, and/or quarantine.

A final point was shared about public health strategy going forward. However, as we have seen, framing the economy versus public health is a false dichotomy. Both must be

considered at the same time. As COVID-19 containment measures may struggle, public health task forces may want to consider a “harm reduction” approach. This would provide individuals a way to continue daily life, but with as many protections as possible, from physical distancing to mask wearing.

Secondary health impact

As the COVID-19 response remains largely vertical, countries have struggled to meet the other health needs of populations. In Kenya, lockdown measures in Nairobi made it difficult or impossible for individuals to follow-up health care for other conditions. It has been difficult to access medications that are needed for a range of infectious and chronic diseases. These and other secondary health impacts are emerging. In Uganda, the participant reported that government health workers have largely been transferred to COVID-19 units, leaving other units under-attended.

Socioeconomic impact

Countries are coming out of lockdown, in part, because of the socioeconomic impact of stay-at-home measures. Economic activity had all but halted, particularly within the informal sector which was particularly hard hit. Informality has emerged as a major driver of vulnerability in the region, with informal workers and informal settlement residents bearing the brunt of economic impact. This vulnerability is compounded as informal workers are often difficult to reach with economic stimulus measures.

Informal settlement residents have seen their livelihoods halted with blanket stay-at-home orders. As measures are easing, some informal economic activities are resuming, such as *boda boda* driving (e.g. in Uganda). In the interim, informal workers have faced pressing challenges with this loss of livelihood. Many face food insecurity and housing instability, which supersede public health concerns.

We heard from various participants about how some economic impacts have been mitigated, in part, through the efforts of grassroots and community-led initiatives. This is particularly the case in areas where the government is unable to provide social protection. Community-led initiatives have included mutual aid, short-term stipends (e.g. in Kenya), food or emergency support to the most vulnerable, and linkages to health care or other services. However, these efforts are underfunded, so there is a need to create a funding stream for these local initiatives. Community adaptations and economic mitigation efforts have emerged as critical, although it raises the following questions: (1) what is the role of the government in the response, and (2) how can the government support community-led initiatives?

Political impact

Political tensions are emerging from parts of the continent and are most visible in areas with underlying political friction. Participants reported that some public health measures tend to be top-down and sometimes there have been multiple streams of communication, related to the COVID-19 response. There is a tendency for populations to misunderstand the reasoning behind public health measures. Trusted local actors have not been sufficiently engaged in Senegal or Uganda to deliver COVID-19 communication. Moreover, COVID-19 has not been visible in parts of the continent with low prevalence. These factors combine with local context to facilitate some of the public mistrust in the response, with implication for political tensions. Uganda will have a presidential election imminently and political protests have been partly agitated by severe COVID-19 measures that are often misunderstood. Further, in Kenya and Uganda the police are engaged in heavily enforcing these measures (e.g. mask wearing, curfews) and this has further contributed to state-society tensions.

DISCUSSANTS: LIFTING LOCKDOWNS TO SAVE LIVELIHOODS AND LIVES

The webinar featured representatives from three organisations working on the ground in Gambia, Senegal and the Democratic Republic of Congo (DRC). In their respective settings and beyond, they have witnessed the early imposition of restrictive measures to combat COVID-19 and the devastating impacts these have had on people's livelihoods, health and wellbeing. They are now witnessing efforts to ease restrictive measures to limit additional collateral damage. Discussants shared first-hand experience, challenges, examples, perspectives and suggestions on context-appropriate action for 'post-lockdown action' which protects and supports people who have been and continue to be vulnerable to the economic, social and health consequences of responses to COVID-19 in African settings, while also protecting people who remain medically vulnerable to the virus.

Discussants

- **Mr. OB Sisay**, OBE, is a Senior COVID-19 Adviser and Country Head in the Gambia, for the Tony Blair Institute (TBI). He was formerly the Director of the Situation Room of the National Ebola Response in West Africa.
- **Dr. Bara Ndiaye** is the West Africa Regional Manager for AMREF, currently based in Senegal.

- **Ms. Simone Carter** is the Manager of the UNICEF Social Sciences Analytics Cell (CASS), currently supporting the Ministry of Health in the DRC.

Exacerbating vulnerabilities

Mr. Sisay highlighted characteristics common to African settings and populations which make many measures to address COVID-19 which have been applied across the globe, impossible or extremely harmful. For instance, three out of four Africans are engaged in the informal economy (reported by the Tony Blair Institute). Dr. Bara contextualized this, explaining that most people in Senegal work in the informal sector. Here, and indeed across Africa, many millions were unable to work and earn income under lockdowns, and had no access to benefits. In this way, Mr. Sisay emphasised that in his view, COVID-19 has proven far more socially and economically dangerous to Africans than Ebola ever was; even during the worst Ebola epidemic which ripped through West Africa, similarly strict prevention and control measures were never applied at such a large scale. Recognition of this economic vulnerability (alongside social and health vulnerabilities that also stem from loss of income and other measures such as travel restrictions or access to health care for other conditions) has led African countries to 'lift lockdowns to save livelihoods', a refrain introduced by Mr. Sisay and echoed throughout the webinar.

Alternatives to lockdowns

Given it is now more widely acknowledged that 'hard' lockdowns and strict measures are inappropriate in African settings, what can be done – and what is being done – to protect people from economic, social and health vulnerabilities while also ensuring those who are medically vulnerable to COVID-19 are also protected?

'Shielding' the vulnerable emerged as an important approach suggested by discussants. Mr. Sisay shared research undertaken with colleagues at TBI which drew on modelling conducted by the London School of Hygiene and Tropical Medicine to consider various scenarios. They concluded that a scenario in which 80% of people medically vulnerable to the virus (the elderly and people with certain underlying health conditions) were shielded, and in which physical distancing in public was increased by 20% (from normal levels) would yield the best outcomes in terms of allowing people much more flexibility to access work and resources while protecting others.

Economic support

While shielding and physical distancing protect those vulnerable to COVID-19, economic measures are also needed to support people who have already lost their livelihoods and

will continue to suffer from a lack of economic opportunity even after lockdowns. Mr. Sisay provided examples of several African countries which have enacted economic measures, in some cases very early on. Nigeria and Kenya for instance, initiated cash transfer programmes as early as April for people who had lost their livelihoods due to COVID-19. In Ghana, women, and homeless women in particular, were targeted for cash transfer, while Egypt focused specifically on informal workers. Dr. Bara explained that in Senegal, the government also had a social and economic programme in place which had supported businesses, schools and NGOs.

Contextualising and localising approaches

Ms. Carter drew attention to the fact that the pandemic has resulted in a strong focus on global level strategies, perceptions and views. In turn, this has driven the application of strategies developed in, for and initially implemented in European (and other wealthy) contexts, into African settings where they are untenable.

We need to move away from global and country level perspectives and look as much as possible at context-specific needs. – Simone Carter

Yet, even national level perspectives are too broad: particular sub-national regions, cities, communities, households and individuals within countries face their own unique sets of circumstances, and have their own sets of perceptions, capacities and preferences which have implications for what kinds of measures may be appropriate in these settings. What is appropriate in Kinshasa may not be appropriate in Goma, or elsewhere. Both Mr. Sisay and Ms. Carter acknowledged that government imposed blanket

Context appropriate guidance: learning from Ebola

Ms. Carter explained that during Ebola outbreaks in the DRC, infection prevention and control (IPC) for health facilities has been adapted based on the type of facility and its resources. Some have no water, or windows – yet they still require guidance. Guidance to address COVID-19 should similarly strive to provide a range of strategies that can be adapted to different local realities.

New guidance in the pipeline

Guidance produced at the global and regional levels on strategies for addressing COVID-19 has progressively become more nuanced to suit realities in diverse contexts. However, additional guidance with further specification and localisation in mind, continues to be important. Mr. Sisay and the Tony Blair Institute are working on guidance which is closely attuned to the practicalities of African settings.

mandates for 'shielding' which for instance, remove elderly people from their homes and place them in institutional settings would be unacceptable, and potentially dangerous; shielding needs to be undertaken in locally appropriate ways. Ms. Carter provided the

example of Bunia in the DRC where NGOs are attempting shielding in ways appropriate to the many camps for displaced people in the region.

The role of information

Mr. Sisay stressed that information was a key area over which a policy actor has some control in a situation as inherently uncertain as a pandemic: making the effort to collect data helps inform action. Ms. Carter described how hyper-local data collection can play a crucial role in localising response and ensuring it is as context-appropriate as possible. In Goma, Ms. Carter explained that CASS conducted research in which 40% of people reported being sufficiently able to 'shield' someone at home. Although fewer than half reported this capacity, this does not mean that 'shielding' is not an option. This specificity can be used to provide different types of support, tailored to individual households. Indeed, the Norwegian Refugee Council (NRC) has been taking a house-to-house approach to support people in Goma's most challenging areas.

Centring communities

The discussants also emphasised that information – and even more crucially, its communication – is also central to empowering communities. And in Mr. Sisay's words,

The most durable solutions to COVID rely on communities, supporting communities, and having communities own and understand the chain of transmission. – OB Sisay

It may be difficult for communities to understand the rationale to maintain physical distance after lockdowns have been lifted as this easing may give them the impression that risks have subsided, and thus create risks for viral resurgence or further spread. Careful messaging, tuned to local perceptions and knowledge – which Ms. Carter explained can be elucidated by social science on the ground - is crucial to communicate risk, and how people can protect themselves and others, such as why and how to 'shield' their vulnerable loved ones. When armed with the right information, communicated in ways which make sense and are acceptable to local people, communities can – and are – leading response. In Kenya for instance, Mr. Sisay described how local groups have gone door-to-door to identify vulnerable community members, and facilitated 'house swaps' to shield them.

Ongoing challenges

In making the case for localising approaches, Ms. Carter stressed that even ‘communities’ are too broad a unit for analysis and action. This is particularly the case when considering those most vulnerable. Some individuals and households will be able to adapt to measures to address COVID-19, and some will not – even if these measures are less stringent than full-scale lockdowns. It is important to ensure that these individuals are supported, and not punished. Providing support to vulnerable people however, remains an ongoing challenge. Dr. Bara described the difficulty of selecting people to receive food through local authorities, due to the fact that a majority of people were in need of food and economic support. While there are now more specific measures for supporting vulnerable people in Senegal he explained, the scale of need here and elsewhere likely outstrips the capacities of authorities to meet local needs without substantial support.

Conclusion: Cross-cutting themes

1. Timeliness of easing restrictions

The very strict PHSMs which were imposed early on in many African settings have had enormous consequences, especially for the many millions who live in conditions and depend on forms of economy that make it impossible to follow PHSMs. The highest modelling estimates now predict Africa may see only about 200 thousand deaths due to COVID-19 (Cabore et al., 2020), a figure that pales in comparison to the 2.7 million most preventable child deaths that occurred on the continent in 2018 (Global Health Observatory, n.d.). The lifting of lockdowns to save livelihoods – and lives – is key at this moment in time.

2. Protecting those who remain medically vulnerable to COVID-19

Important too, participants stressed, is the need to ensure that those who are medically vulnerable to COVID-19 continue to be protected given the reality that cases are on the rise in countries across the continent.

3. Crucial importance of community engagement and localization of response

As has been learned time and again, particularly during experiences with Ebola, communication and engagement with communities is crucial to successful outbreak responses. Currently, communities are having to react to a disease they have never experienced before. Yet, the majority of communication on the continent and across the world, remains overly generalised. Once communities understand transmission dynamics, they can do an enormous amount to protect themselves and each other – such as through innovative approaches to shielding. Crucially, they must be supported

not just with locally-appropriate information tuned to local knowledge and perceptions, but with funding and material resources, including to help generate some of this important on-the-ground information.

While some examples emerged from this webinar, a clear picture of what is happening on the ground – what new strategies and approaches are being put into practice both to protect those vulnerable to COVID-19 but also those vulnerable to the multi-dimensional impacts of responses to the virus – remains uncertain.

FURTHER READING

- “Our response to COVID-19 will help define the 21st century”:
<https://wellcome.ac.uk/news/our-response-covid-19-will-help-define-21st-century>
- “Food security and street vendors during COVID-19”:
<https://www.wiego.org/blog/food-security-and-street-vendors-during-covid-19-interview-wiegos-caroline-skinner>
- “Planning for the worst and hoping for the best: Forecasting COVID-19 for Sub-Saharan Africa”: <https://institute.global/advisory/planning-worst-and-hoping-best-forecasting-covid-19-sub-saharan-africa>
- Gender & COVID-19 Working Group: <https://www.genderandcovid-19.org/>
- “Tools for governments in responding to COVID-19”:
<https://institute.global/advisory/tools-governments-covid-19>

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Global Health Observatory. (n.d.). *Number of deaths (thousands)—Data by WHO region*. WHO; World Health Organization. Retrieved 18 August 2020, from <https://apps.who.int/gho/data/view.main.CM1300N?lang=en>

CONTACT

If you have a direct request concerning the response to COVID-19, regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisers, please contact the Social Science in Humanitarian Action Platform by emailing Annie Lowden (a.lowden@ids.ac.uk) or (oliviattulloch@anthrologica.com).



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