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Building Resilient Health Systems: Policies for Inclusive Health Systems in Post-COVID-19 Africa

G-CoP

MPO

Matrix of Policy Options

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01 Introduction

The unexpected exogenous shocks inflicted by the COVID-19 pandemic on the global economy have resulted in varying global, regional, and national policy responses. To contain the spread of the virus and mitigate its widespread impacts, countries have adopted unprecedented policy measures based on their capacities. These measures are largely two-pronged. The first set – short term – focuses on immediate response strategies to flatten the disease curve through therapeutic and non-therapeutic prevention and containment measures – notably personal hygiene, social distancing, border closures, and lockdown of economic activity to various degrees. The second set takes the form of eased monetary and fiscal policies as well as social safety nets targeted at helping citizens, businesses, and public institutions to cope in the short and medium term.

Health, an outcome of other key sectors and a key determinant of socio-economic development is the most directly affected by the pandemic.

This portends serious adverse consequences on the entire spheres of living because health is a prerequisite for life, economic productivity, and every human experience. While health is local, it is affected by global and distant developments as we have seen in the case of the current pandemic. Africa needs to own its own knowledge and its own discoveries for the health and well-being of its citizens.

Yet many African countries have not fully prioritized investments in inclusive health and wellness in their development policies and programs over the years.

Africa's health policies have mostly focused on "consumptive" rather than "productive" health – a colonial principle that prioritized "health care"- the management of disease outcomes over "the provision of public health services" that prioritize inclusive health and wellness from conception to the end of life[1]. An inclusive health system is shaped by interactions amongst several spheres of the human experience: the food system, water and sanitation, social environment, education systems, the physical environment and infrastructure, including the quality of the human habitat, health infrastructure, social infrastructure, the environment; and the human genome and the human phenome, that inform and influence the disease emergence, disease management and control system in any society. Such a health system must be informed by institutions and governance systems that are absorptive, adaptive, reflective, and transformative[1,2,3,4]. A health system of this nature would necessarily require partnership and collaboration with other sectors to create population

health as over 80% of factors that determine health lie outside the healthcare sector. Without inclusive health, health pandemics have continued to plague African countries disproportionately compared to other regions of the world. HIV/AIDS, coronary diseases, respiratory diseases, lassa fever, malaria, tuberculosis, etc., are longstanding epidemics in Africa. Put together, these 'epidemics' kill many more Africans daily than does COVID-19.

Health services have not been equitable between Africa and other regions.

Africa's health and the health of the black people and other races around the world presents a tale of multiple worlds. There is a 14-fold difference in under-five mortality between high- income and low-income countries (most of which are in Africa)[5]; and access to all forms of health care is skewed against the poorest people (most of whom are in Africa and/or are black people in other countries)[6,7]. Africa and the Middle East have high rates of deaths due to Cardiovascular disease; Africa has the highest rate of death from tuberculosis; Africa and India have the highest rates of deaths from diarrheal diseases; and Africa has highest death rates from HIV/AIDS and Malaria, and lowest life expectancy in years compared to other regions[8].

Early warning signs of increasing vulnerability of African citizens to disease prevalence and higher morbidity and mortality rates appears to have been ignored before the COVID-19 outbreak.

For instance:

- Africans have high rates of preventable mortality from non-communicable diseases (NCDs) and associated pre-conditions including unhealthy diets, tobacco use, inadequate physical activity, and misuse of alcohol[9].
- Sub-Saharan Africa is in the lowest decile in the mitigation of preventable deaths, with country scores as low as low as 19 percent relative to countries in the developed world with a score of 97 percent[10].
- Eighty-five percent of all undiagnosed people with diabetes are estimated to live in Africa[11].
- More than 218 million people in Sub-Saharan Africa are undernourished. The number grew by 44 million in the past 25 years and could grow to 320 million by 2025[11].
- Close to 40 per cent of children under 5 years of age in Africa are undernourished[11]

Despite these challenges, public expenditure on health in Africa has been unreasonably low

For instance, in Africa, the Average government health spending as a proportion of general government spending is around 7.2%[12], less than half of the target of at least 15% of annual expenditure to health set in Abuja declaration. The sub-Saharan Africa is the only region where total health spending per GDP, % is projected to decrease to 5.1% by 2030 (about half of global health spending per GDP, % projected to increase to 10.5% by 2030[13,14]. Africa total health finacining Gap is estimated at US$66 billion per annum[15]. The South Asia and Africa South of the Sahara, together account for over 50 percent of the global disease burden, 37 per cent of the world's population, but only 2 per cent of global health spending[14]. Over 22% of total health expenditure is in the form of Official Development Assistance (ODA), with some country's dependence on donor money for health as high as 50%[16]. Other pre-existing key challenges facing the health sector include low density of health workers relative to the population, brain drain of health workers, and weak footprint in the pharmaceutical industry[1].

Africa health system is severely impacted upon by the high shortage of medical professionals.

Compared to the global average of 52.8 health professionals per 10,000, Africa has 23 health professions per 10,000 except for 10 of its 54 countries[17]. Thirteen (13) of the 47 countries for which data are available have less than five health professionals per 10,000 population. The WHO estimates that Africa has a shortage of 3.6 million health workers and 50% of the population has no access to modern health services.

African Development Bank is determined to continue supporting regional member countries in their efforts to mitigate the effects of the pandemic on their economies through financial assistance and having the right policies

As part of its ongoing efforts to support regional members countries in their efforts to mitigate the health-related challenges associated with the pandemic, the African Development Institute (ADI) of the African Development Bank Group hosted a seminar on "building resilient health systems: policies for inclusive health systems in post-COVID-19 Africa". The seminar was hosted in collaboration with the World Health Organization (WHO); The African Centre for Disease Control (CDC); The Bank Group's Health Department (AHHD) and Health Centre (CHMH); African Population and Health Research Center (APHRC); Murdoch University, Western Australia; Drexel University (School of Public Health) USA; City University of New York (School of Medicine) USA; and University of Nigeria (Faculty of Heath Science and Technology).

Attendance at the e-seminar was impressive.

Key panelists included a Minister of health from Western Australia, former Ministers of Health, Education and Finance from African Countries, a Commissioner for Health, technical staff of Prime Ministers' Offices, and specialists from multilateral institutions such Africa CDC, WHO, World Bank Group, University Vice Chancellors, and heads of health policy research institutes, teaching hospitals, think tanks, professional associations, and private sector leaders. A total of 556 global experts from across 50 countries participated in the policy dialogue.

Delegates at the policy seminar held on 22 and 23 June 2019, called for a Marshall Plan for an inclusive resilient health system in Africa.

This speaks to the need to apply a health foresight approach that creates human health and wellbeing by integrating health across sectors to detect potential threats to health and mobilise to prevent harm and (preventable) shocks to health, to interpret local warning signs and responsively react internally to absorb the shocks, isolate threats and to transform to adapt to shocks. It also speaks to the need to build a holistic health system that strengthens human health and wellness, able to detect and interpret local warning signs and quickly mobilise internally to absorb the shocks, isolate threats, and transform itself to adapt to shocks; and to organically innovate new ways to maintain the core functions of society today and tomorrow in a manner that has as its core health and sustainability.

02 Inclusive Health Policy Options for Post Covid-19 Africa

The experts proffered actionable policy options that focus on flattening the COVID-19 disease curve, rebuilding an inclusive and resilient health system, and improving the health and wellness for the people of Africa. Detailed analysis of the short-term, medium, and long-term policies at national regional and global levels are provided below. The policies provide complementary set of solutions which together should help make national health systems more resilient. The matrix of policy options also highlights the implementation challenges and the remedial actions or opportunities as a roadmap to guide decision makers in managing the challenges.

03 Matrix Of Policy Options For "Building Resilient Health Systems:

Policies for Inclusive Health in Post-Covid-19 Africa

3.1 Short-term policy options

National Policy Options[i]	Implementation Challenges	Remedial Actions[ii]
• **Enforce the non-pharmaceutical measures[iii].**	• Limited availability of basic facilities that include running water, soap, face masks, etc. • Widespread public disbelief about the reality of the virus, making people not to strictly apply the non-pharmaceutical measures. • Lack of trust between the people and government, especially in accepting that there is a pandemic	• Tap into smart and affordable technical local innovations for the supply solution for hygiene powered by social enterprises[4]. • Engage in widespread public communication to build trust and confidence in the population to achieve behavioural change. • Increasing recognition of the importance of non-medical aspects of health and wellbeing • Promote leadership by example and entrench consequence management.
• **Scale up testing, contact tracing, isolation, and quarantine of COVID-19 positive patients.**	• Limited financial resources and testing. capacity and limited availability of testing kits • Limited capacities of existing laboratory diagnostics and testing.	• Redirect fiscal savings as a result of non-engagement in some activities such as official travels to the health sector. • Implement prudential macro-economic policies[5]provide tax incentives and/or financing incentives for pharmaceutical companies to set up or increase local manufacturing capacity. • Strengthening laboratory diagnostics and testing capacity. • Leverage substantial experience of combating the previous epidemics such as HIV/AIDS, Ebola, SARS

[i] Complementary set of solutions which together should help make national health systems more resilient
[ii] Or opportunities as a roadmap to guide decision makers
[iii] These include personal hygiene, handwashing and use of masks in public places depending on the severity of COVID-19 in communities. Added to these are social distancing, restricted movement, and boarder protection to minimize spread of the virus.
[iv] Examples include rapid diagnostic testing kits, mobile testing booths, contact tracing apps, interactive public transport, dynamic data analytics systems, and low-cost critical care beds.
[v] The purpose of this policy option is to ensure adequate budget provision for public health services in countries and fiscal stimulus to support the most vulnerable citizens.

• **Improve the quality of COVID-19 case management.**	• Poor living condition of the isolation and quarantine centres.	• Make isolation centres as comfortable as possible, equipped with basic living facilities., • Ensure isolation centres are managed by highly positive, cheerful, empathetic, motivated skilled health workers.
• **Provide social safety nets and essential services, especially primary health care for vulnerable households[vi].**	• Legal identity of the vulnerable orchestrated by poor data make it difficult to identify who they are, where they live, and the type of support they require. • Weak or inexistent physical infrastructure to reach the poor.	• Leverage existing evidence-based traditional social safety-like policies that have been successful in reaching the poor in rural settings. • Build on existing faith-based organizations, women associations, community-based organizations, or NGO-run institutions that have experience and data on the vulnerable and. • Partner with banks and tried and tested mobile phone-based technology firms such as the e-wallet systems, mobile money, even recharge cards to reach the vulnerable and poor
• **Roll out Universal Health Coverage (UHC) Policies to ensure that no one is left behind.**	• Stalled domestically financed UHC with out-of-pocket spending by households and development assistance dominating health financing[vii]. • Poor clarity and awareness of existing UHC policies • Too much emphasis on Health Financing as a panacea for UHC • Weak capacity to build, manage and govern effective social health insurance schemes • Weak financial contributions by households	• Strong political leadership and clear strategic vision[viii]. • Clear communications of existing strategies, core aims and priorities for UHC– Clear messaging on existing strategies and what UHC is in order to bring action for all stakeholders to improve engagement, coordination, and accountability • Look inward at local circumstances and adopt national dialogue rather than focus on adopting strategies that have worked elsewhere without proper local testing. • UHC needs to include Community Health System Strengthening and not focus solely on finance and clinical/medical components • Adopt Inclusive Health Insurance Policy that provides social health insurance for the poor, vulnerable and informal sector workers while allowing those in formal sectors to be taken care of mainly through contributory health insurance schemes. • Explore Community-Based Health Insurance (CBHI) • Devise inward-looking approach in designing health insurance strategies by taking cognizance of local cultural, social, economic, and political contexts[ix]. • Implement Public financing for UHC
• **Build strong and diverse partnerships[x].**	• Silos across partners and across health institutions (primary, secondary, and tertiary).	• Identify leverage points and co-benefits to build and strengthen partnerships. • Identify common areas of collaboration and experimentation to provide better insights into sectors' role towards better health • Work with NGOs, faith-based organizations, community, youth, and gender-based organizations

[vi] Key provisions will include access to quality water and sanitation, food, and basic sanitary services.
[vii] Only four countries met the Abuja target of 15 percent of general government spending on health. This is reflected in shortages of key health inputs that include health professionals, health institutions and pharmaceuticals.
[viii] Indeed, most African countries have adopted and domesticated UHC in their national health strategies. However, more proactive actions are required to translate these commitments into reality. To make this happen, political leadership and efforts are required to mobilize more domestic resources to UHC financing to promote equitable and quality health care services at all levels.
[ix] Local socially acceptable and economically sustainable universal health insurance policies are most likely to be more successful, especially if efforts are made to balance the needs of both present and future generations.
[x] This is required to achieve shared vision and values as well as foster multi-sector collaborations. Partnerships, especially with the private sector, holds high potential for serving the poor, increase the scope and scale of service offerings for private and public patients.

• **Develop holistic approach to health as opposed to individual and disease-focused interventions**[xi]**.**	• Health is highly dependent on several other sectors making planning difficult. • Given the emergency, there is tendency to momentarily focus on fighting the pandemic with less attention to addressing other health challenges.	• Ensure balanced focus on COVID-19 without crowding out chronic care, other infectious disease, Maternal and child health. and all essential services. • Adopt intersectoral policy approaches that focus on totality of exposures[xii] that influence behaviors to ensure that the healthy choice is the easy and sustainable choice.
• **Finance Ministers to implement prudential macroeconomic policies.**	• Significant reduction in fiscal resources required for the health sector because of the low ebb of economic activities due to the pandemic.	• Promote innovative tax compliance strategies that may include amnesty if a certain percentage of backlog tax liabilities is paid. • Provide tax incentives and/or financing incentives to assist local companies increase local manufacturing capacity of required health equipment's • Explore the use of fiscal and regulatory interventions to reduce exposure to unhealthy food environments and promotion of public spaces that support physical activity.
• **Encourage and promote Africa health innovators.**	• Start-up health innovators face serious financing constraints.	• In the short term, establish an Innovation Fund to support building health and wellness Apps for Africa with local content
• **Ensure policy response is guided by robust scientific evidence not politics.**	• Susceptibility to political influences and politicization by both the ruling and opposition parties as well as journalists.	• Empower and designate scientific institutions such as the National Centres for Disease Control and National Primary Health Care Development Agency as the channels for communicating relevant information about the pandemic to the public. • Affirm and assure the independence, accuracy and reliability of scientific authorities and demonstrate leadership by example. • Invest in open information systems and partnerships among all relevant stakeholders.
• **Create a common national repository of knowledge, capacities, and evidence; and proactively share the knowledge and capacity to better understand the epidemiology of the virus and impacts of measures being implemented.**	• Mistrust between the government and other stakeholders that include the citizens. • Silo sector operations • Weak national capacities to produce context-specific high-quality research evidence and communicate this in an easy-to-understand format.	• Establish a National Incident Management System (NIMS) as a platform for obtaining, collating, and sharing credible information about the pandemic • Focus on receiving information only from trusted neutral and unbiased global, continental, regional and national institutions
Regional Policy Options	**Implementation Challenges**	**Remedial Actions**
• Create a common regional repository of knowledge and capacity, and **proactively share the knowledge and capacity regionally to inform decision making and actions.**[xiii]	• Divergent political and ideological differences regionally have weakened regional cooperation on information, knowledge, and capacity sharing. • Mistrust between the governments • Weak regional capacities to produce context-specific high-quality research evidence and communicate this in an easy-to-understand format. • Poor national and regional capacities of decision-makers to apply evidence in their policy responses. • weak capacities of funders to align the available funding opportunities with emerging and often dynamic country policy agenda.	• Adopt a comprehensive and systematic approach to strengthening a range of capabilities for different health systems actors. • Rapid mapping of capacity assets and needs across all levels (continental, regional, national and sub-national) to unleash constrained individual skills and expertise. • Improve organizational processes and system-level issues to ensure existing capacities are well utilised.

[xi] This holds high potential for better health and successful prevention of chronic diseases.
[xii] factors that influence health could range from access to food, clean water, sanitation, healthy diets, clean air etc….)
[xiii] The primary objective of this is to ensure better understanding of the epidemiology of the virus and impacts of measures being implemented.

• **Create a "One Connected Health Market" for Africa.**	• Poor travel logistics that makes travel within Africa extremely difficult in many cases. • Application of varying immigration rules that makes travelling within Africa cumbersome.	• Fastrack and re-dedicate to implementation of the Single African Air Transport Market (SAATM) initiative that pledges to achieve an open sky for Africa. • Relaxed regional integration and movement of people to ease access to medical professionals across the continent • Exempt travelers on medical tourism from visa requirements within the continent. • Make health a key area for regional integration and cooperation.
Global Interventions: Multilateral and Bilateral	Implementation Challenges	Remedial Actions
• **Prioritize investments in domestic capacity for production of medical equipment and pharmaceuticals including vaccine and drug discovery.**	• Limited domestic industrial production capacity. • Diverging political priorities with uncertainty of investments	• Global and regional development financial institutions as well as bilateral donors should make establishment of domestic capacity a core focus of their support to African countries. • Provide tax incentives and/or financing incentives for pharmaceutical companies to set up or increase local manufacturing capacity
• **Promote global cooperation[xiv] as an obligation to our shared humanity, planetary security, and our common future[xv].**	• Highly infectious diseases pose risks to global health and planetary security.	• Strengthen global disease surveillance and early warning system to prevent diseases and reduce exposures that pose threat to humanity.

3.2 Medium-Term Policy Options

National Policy Options	Implementation Challenges	Remedial Actions
• **Commit to national ownership and leadership of Africa's health agenda.**	• Limited fiscal space • Fragmentation due to reliance on external finance	• Increase Africa own health financing. • Set up a clear roadmap for improving Africa's health system with clear and systematic implementation plan. • Ensure development partners support Africa's Agenda rather than supplanting it through imposition of their own agenda.
• **Digitization of health [xvi] through establishment of relevant public policy, regulatory frameworks and digital access**	• Telemedicine, mobile clinics, and innovative/mobile outpatient services are all new concepts in Africa, thus with little knowledge on their operationalization.	• Adopt, adapt, and contextualize implementation of WHO's Global Strategy on Digital Health 2020–2024 and initiate the development of relevant policy and regulatory framework for the governance of digital health. • Invest in research into health digitization in the African local context. • Establish innovation hubs and centres of excellence for the promotion and assessment of digital health solutions with proper alignment to the specific needs of the country.

[xiv] There are several global initiatives already addressing several aspects of the COVID-19 response: 1) The SOLIDARITY trial for COVID-19 treatments coordinated by WHO; 2) the CEPI platform for vaccine research; the COVAX platform for universal vaccine access. Something could be done by African governments around these initiatives. They could support participation in SOLIDARITY trials by offering sites in their respective countries and/or providing funds for scientists in their countries to participate in drug and vaccine trials, they could either contribute financially or sign up to the CEPI and COVAX or they could do advocacy for global solidarity

[xv] It is noteworthy that COVID- anywhere is COVID-19 everywhere.

[xvi] This policy move will open a whole world of opportunities for operationalization of telemedicine, mobile clinics, and innovative/mobile outpatient services in Africa. The proposed regulatory frameworks will address licensing, patient confidentiality and data protection, digital infrastructure, ICT access, and public participation.

• **Enact policies for public-private sector partnerships (PPPs) in the heath sector.**	• Independence, competing and conflicting interests between the public and private sector. • Lack of sound evidence in support of the effectiveness of public-private partnerships in health promotion.	• Governments should begin PPP piloting with the most basic and less complex PPP models such as contract management, joint ventures, mobile health units, franchising before scaling up to more complex systems in telemedicine and social marketing. • Countries are to enact National Policy on Public Private Partnership for Health.
• **Enact Vaccine and Drug Discovery Policy[xvii].**	• Weak scientific base for R&D that could lead to drug and vaccine discovery. • Complex, lengthy, and costly process and quality control requirements with a high degree of uncertainty regarding success.	• Increase public investment in R&D with focus on drug and vaccine discovery and incentivize the private sector to complement public sector initiatives. • Governments to establish National Drug Discovery Centres.
• **Undertake further research on appropriate emerging health technology, digital health, ethno-medicine, data environment and retroactive learning[xviii].**	• The emerging health technologies and other related issues are yet-to-be-charted course in Africa.	• Countries are to leverage the WHO's Global Observatory for eHealth. • Consider adopting, adapting, and domesticating WHO's eHealth strategy.
• **Invest in basic public health education to address African realities.**	• Varying cultural and social norms surrounding health behaviors, low health literacy levels, incomplete perceptions of health, and linguistic and educational differences. • Non-relevance of public health education currently in use in most African countries because they are not in sync with the local contexts and realities.	• Revamp public health education to ensure that it specifically addresses health issues and not just general education, targets the populations and specific groups within it, and speaks to the specific linguistic, cultural, and religious bias and leanings and differences among the people
• **Undertake Health Impact Assessments that analyzes interactions between health and other sectors[xix].**	• Poor interaction between healthcare and other sectors with each operating in silos which create barriers to effective assessments. • Failure to correlate impact of poor investment in the healthcare of employees/ citizens on productivity and ROI. • Lack of capacity for impact assessments and lack of coordinating mechanisms that mandate such assessments before investments and implementing programmes. • Disconnect between the activities of diverse sectors and their downstream health impacts	• View the health and wellbeing of citizens as an investment that will generate good return • Establish and strengthen intersectoral policy governance mechanisms that support collaboration between the healthcare sector and other sectors that influence health such as urban planning, transport and trade to increase resilience by reducing the population's exposure to environments harmful to health and by reducing vulnerability to disease by reducing the risk of co-morbidities. • Develop and strengthen partnerships with academic/research institutions to progressively build capacity to support assessment of the health impact of other policies, strategies, and initiatives such as urban development over long time periods. • Strengthen the link between health and non health sectors by developing and operationalizing Health in all sectors. Policies (HiAP) Strategies and Plans • Enact in all' policies where impact assessments are mandatory prior to major policy and programme implementation
• **Invest smarter and better in health financing.**	• Limited funds absorption by government institutions responsible for executing capital projects in key social sectors that include health.	• Remove finance barriers that will allow for better and not necessarily more investment in health. • Leverage on digital health through provision of broadband

[xvii] The focus of this inward-looking policy is to encourage the public and private sectors to leverage Africa's rich biodiversity for the development of pharmaceuticals. Including local production of drugs and vaccines for the benefit of Africans and humanity in general.
[xviii] The objective is to learn from earlier pandemics in Africa and elsewhere, and how other countries have addressed COVID-19 and similar past epidemics.
[xix] These include basic housing for health workers, water, sanitation, road, electricity, etc.

• **Align food and nutrition with community health systems.**	• Insufficiency of the present domestic food production to accommodate the needed alignment with community health systems.	• Leverage existing community health systems to roll out support for community food production and distribution for vulnerable households. • Promote healthy food security to improve equitable access to healthy foods.
• **Promote policies for behavioral change.**	• Lack of incentive to change because of lack of understanding of the reasons for the change or due to ignorance or poor communication from policymakers.	• Governments to develop special communication strategy that targets behavioral change on health-related matters with specific action plans for coordination of all agencies involved.
• **Enact labour and capital market reforms to allow movement of capital and labour to emerging sectors for easier recovery**	• Capital and labour market rigidities that constrain movement of labour and capital from sectors that have suffered setbacks because of the pandemic to emerging sectors that would spur growth. • Excessive focus on fighting the pandemic to the detriment of neglecting other pre-existing traditional development challenges	• Establish a framework for orderly fiscal allocation to emerging new jobs and businesses in productive sectors that will drive recovery and inclusive growth in the emerging post COVID-19 era
Regional Policy Options	**Implementation Challenges**	**Remedial Actions**
• **Initiate a pan-African Marshall Plan on Inclusive Health embedded in African realities for Africa[xx].**	• Lack of sustainability in sources of health financing. • Significant dissonance between development strategies and health planning.	• Africa needs African solutions and the Marshall Plan13 for the health sector should be targeted to achieve this. • Mobilize and leverage new sources of development financing by Africa for Africa re-imagining more comprehensive accountability mechanisms for long-term population health on the basis of where the costliest health problems are, and which sectors are best placed to prevent disease and create health. • Consider leveraging the explosive mobile technology adoption for healthcare financing through contributions deductible from airtime and data used. • Consider leveraging financial inclusion products/ services and reward systems that helps subsidize the cost of healthcare plan for the poor. • Aligning and optimize development strategies and policies for positive health outcomes and measure medium-term impact on health.
• **Support Youth and Women Innovation Incubation Program.[xxi] to harness and commercialize social innovations.**	• Limited access to financing and opportunities by youth and women health innovators.	• Global and regional DFIs to initiate competitive programs to support innovative youth and women in the heath sector like the African Development Bank's ENABLE Youth Program in African Agriculture. • Huge need for health innovation in Africa to be able to harness emerging health innovations that include e-health, M-health, and other applications being developed by African youths and women. • Governments should invest substantially in regulatory framework reform to ensure barriers to such innovations such as property rights issues are addressed. • Establish and institutionalize an Innovation Fund through effective legal instruments and legislation.

[xx] This action should be championed by the African Development Bank Group, the African Union Commission, and WHO. It should be ratified through a Continental Health Summit of Heads of States and Governments, Leaders of the Private Sector, the Accademia, and Civil Society.
[xxi] This is imperative to harness and commercialize social innovations (e-health, M-health, and other applications) being developed by African youths and women.

• **Fund and support research institutions with capability for R&D in drug and vaccine discovery.**	• Absence of regional public health emergency system.	• Set regulatory frameworks that create room for flexibility in clinical trials and drugs through new tested ways of overlapping trial phases and parallel trials and manufacturing, in case of emergencies like has been the case with COVID-19. Fund research to quickly explore, learn and adapt the public health emergency strategies that have worked including the the Asia pacific strategy for public health emergency strategy and the American Coronavirus Aid, Relief, and Economic Security (CARES) Act, aimed at mitigating the economic and public health fallout of the coronavirus pandemic.
• **Strengthen and reform African health policy research institutions to focus on Africa-led solutions on inclusive health in Africa[xxii].**	• Absence of coordinating mechanism and platform to facilitate inter-institutional cooperation in research and development.	• Bridge the gaps between academic and policy communities through establishing research policy exchanges (such as inviting researchers to share evidence at management reviews and engagements of policymakers in defining research agenda and landscape). • Engage early career researchers in science-policy exchanges, for example, through the National Young Academies, to ensure a pipeline of future science leaders with this important competency.
• **Mobilize African Health and Finance Ministers to participate in World Health Assemblies to drive African agendas at the global scale.**	• Limited voice in global health issues and key decisions affecting the health of the people on the continent.	• Hold African-focused congress ahead of the World Health Assemblies as a channel for discussing and articulating position on issues to table for discussion at the World Health Assemblies. • Leverage on academic/ research institutions to provide technical support to African ministers of health, heads of government agencies and African delegations in synthesizing evidence and proposing evidence-informed positions at World Health Assemblies
• **Guide and reorient development partners' investments towards the health sector.**	• Official development partners finance only 7% of infrastructure investments18 (water and sanitation, transport, energy, and communications), sectors that impact on health outcomes.	• Undertake a campaign to popularize universal and inclusive health coverage along the lines of the original Alma Atta principles[xxiii].
• **Convene an African Summit on Health and Wellbeing with migration of skilled Africans to developed countries as one of the key focus[xxiv].**	• Absence of a framework for effective coordination. • Pull factors from the global north	• Establish an African Ministerial leadership program/academy based in Africa and led by Africans. • The African Union Commission, African Development Bank, African Civil Society Organizations, Think Tanks, Professional Associations and Academia should be recruited and encouraged to support this campaign.

[xxii] This should include strengthening the science and technological capacity of the African Centers for Disease Control (CDC), regional public health Institutes, national health policy research institutions, Faculties of Medicine, Pharmacy, Biomedical Sciences, and related subjects, as well as policy think tanks.
[xxiii] This will help to inspire governments and communities to re-commit to primary health care, take ownership and roll out health programs immediately using available resources and local solutions.
[xxiv] This will be a new movement on mind set change for health-related SDGs and to pursue excellence using locally owned health solutions.

3.3 Long-Term Policy Options

National Policy Options	Implementation Challenges	Remedial Actions
• **Countries to enact Vaccine and Drug Discovery Policy**[xxv].	• Limited human, financial and R&D capacities of research institutions in Africa.	• Develop inward-looking policies to produce vaccines and drugs locally. This requires focused reform of the current regulatory frameworks that tend to stifle intellectual property ownership.
• **Invest in Big-Data systems to support medical and epidemiological research**[xxvi].	• Weak national data ecosystems • Intellectual property issues associated with big data. • Data privacy data security issues. • Data, where they exist, are often siloed in sectoral spaces that act as barriers to their use.	• prioritize digital and health technology policies to decrease the gap between Africa and other developed and emerging countries. • Create an industrial development policy action plan with emphasis on big data development and analytics. • Develop a regulatory framework anchored in legislation for Big Data collection, analytics and protection for fundamental rights and safeguards against erroneous and malicious use. • Support development of intersectoral data observatories that act as early warning systems of potential threats and preventable health emergencies to health by integrating data from healthcare sector and from sectors that play a bigger role in influencing health outside of healthcare such as transport, food, urban planning, housing etc. • Leverage on the Africa Data Revolution as a guiding framework – it recognizes the centrality of the national statistical offices in the national data ecosystem but also acknowledges the need to strengthen those ecosystems
• **Domesticate and scale up investments in the African Development Bank Group's Hi-5s Strategies**[xxvii].	• Limited understanding of the philosophy and mode of operation of regional initiatives that include the High-5s. • Limited financial resource availability to implement the regional initiatives that include the High-5.	• Regional Economic Communities, the African Union, UN agencies, the African Development Bank (AfDB) and other institutions to take the lead by encouraging countries to domesticate regional initiatives that include the High-5s through technical assistance and funding. • Global financial institutions like the World Bank and IFAD to use the Global Donor Platform for Rural Development to coordinate global response and provide regional and country-specific support for agriculture and food production.
• **Invest in transparency and accountability systems in the health systems – to reduce leakages and corruption.**	• High level of fiscal leakages through illicit financial flows out of Africa, estimated at around US$1.3 trillion between 1980 and 2018. • Poor governance structures.	• African governments to initiate and strengthen existing agreements with foreign countries in the Americas, Europe, Asia, and Middle East that are destinations for the illicit financial flows with focus on prevention of flows and repatriation of those already there.

[xxv] The purpose of this action is to encourage the public and private sectors to leverage Africa's rich biodiversity for the development of pharmaceuticals for the benefit of Africans and the humanity in general.
[xxvi] Developing early warning systems and rapid responses to disease detection, management, and control would be the central focus of this intervention.
[xxvii] This is a major way to achieve a broad framework for building inclusive and resilience health systems in Africa.

<table>
<tr><td>• Undertake a pan-African initiative to develop a Marshall Plan for the health sector.</td><td>• Lack of long-term planning to change the trajectory of population health in Africa
• Limited fiscal and financial space to undertake such a huge resource required for successful launch.
• Lack of foresight approach to preventing diseases before they occur</td><td>• Begin a re-imagination of society to align and harness all aspects and sectors of society to support creation of health. This is necessary to protect and potentiate the youth dividend in Africa
• Pan-African institutions to champion this cause with support from individual Africans with high net worth based on the continent and in the diaspora.
• African countries to mobilize and leverage new sources of development financing re-imagining more comprehensive accountability mechanisms for long-term population health on the basis of where the costliest health problems are, and which sectors are best placed to prevent disease and create health by itself for itself for general use and specifically for the health sector
• Adopt a science-based approach to the development of the Marshall plan evaluate the health impacts of changes to these environments and to inform further tailoring to diverse African contexts to optimize health in the long term and at scale.</td></tr>
<tr><td>• Invest in the reform of health education curriculum to address African realities.</td><td>• Health education curriculum in Africa are still essentially patterned after western medical education, with less emphasis on Africa-specific contexts and realities.</td><td>• Undertake reforms in three key areas of pedagogy, educational context, and knowledge status.</td></tr>
<tr><td>• Develop and formalize research and training in Africa-focused ethno-medicine.</td><td>• Ethno-medicine or traditional medicine remains largely under-researched and non-regulated.
• Limited formal training and research in ethno-medicine.
• Frowning of ethnomedicine by the medical professionals</td><td>• Tap the huge potential in this regard for Africa given the wealth of the continent on several bioactive plants and animals that could be a source of huge success.
• African governments should consider formalizing research and training in ethno-medicine by introducing it in relevant colleges of medicine in some universities.</td></tr>
<tr><td>• Make health everybody's business by developing a One Planetary Health strategy – health, agriculture, environment, etc.</td><td>• Tendency for government agencies to work in silos.</td><td>• All ministers should have a (planetary) health portfolio that proactively considers the human health and ecological impact of any decisions, strategies and policies, and tailors these accordingly towards health creation and sustainability.
• "All urban development practitioners and funders are health professionals by virtue of their influence on health and should have their performance indicators aligned with this goal".
• Promote pro-equity and equitable health systems and policies.</td></tr>
<tr><th>Regional Policy Options</th><th>Implementation Challenges</th><th>Remedial Actions</th></tr>
<tr><td>• Establish African Phenome and Genome Centre[xxviii].</td><td>• Limited knowledge and expertise in knowledge in phenome and genome management.
• Constrained fiscal space to fund the establishment and running of the Centre.</td><td>• Research and leverage experiences in countries and regions that have successfully established and managed a phenome and genome centre.</td></tr>
<tr><td>• Establish policies to build the capacities of African health professionals and retain them in Africa[xxix].</td><td>• High level of brain drain of health professionals due to poor health infrastructure and working conditions.</td><td>• Declare brain drain of health workers an emergency and crisis requiring drastic solutions that include coordinated response among source and destination countries.
• Improve incentive structure for building the capacities and retaining health professionals in Africa through a combination of remuneration and research grants.
• Relax policies and tax incentives to support diaspora doctors willing to offer their expertise through telemedicine</td></tr>
</table>

[xxviii] Disease profiling, research, and development and enhanced precision public health care services in Africa would be the key focus of the Centre.
[xxix] This will contribute significantly to, reversing brain drain, and encouraging brain circulation among the African Diasporas.

• **Decolonize global health to make African health systems truly sustainable and less dependent on external influences.**	• Longstanding power imbalances in global health issues.	• Avoid emphasizing pitfalls and rhetoric on dependence but thinking through measures African countries could use to reduce dependence of foreign systems. • Create local capacities and alignment with external goals that eliminate one-size-fits-all. • Develop diversified health financing policies, especially in R&D funding sources. • Align funding with government priorities.
• **Establish more Science Academies[30].**	• There are only 18 science Academies in Africa – there is need to promote creation of academies to undertake practical research and development in health and healthcare management.	• Promote a culture of science that provide for more resources to build science capacity for Africans. • Support the establishment and strengthening of Young Academies in every African country.
• **Strengthen the pledge to prioritize traceability of medicines.**	• Lack of commitment to implementing the agreed focus on prioritizing medicines traceability.	• Agree and use a single format for product labelling in Africa to allow patients to know the source of the medicines they consume and ascertain their authenticity.
Global Interventions: Multilateral and Bilateral	**Implementation Challenges**	**Remedial Actions**
• **Break away from the disease-oriented approach to health financing in Africa.**	• Absence of holistic approach to health and healthcare. • Dearth of efficient system, but most were are single disease focused and couldn't do not provide comprehensive health care needed. The investment is always premised on the need to satisfy shareholders.	• Use the donor coordination framework and mechanism to articulate and implement a reorientation in health interventions in Africa with a strong emphasis on public health including prevention and integrated care of chronic conditions.
• **Prepare and strengthen the global health regulations and coordination system to manage the delivery of COVID-19 vaccine.**	• Potential emergence of fake vaccine resulting from poorly managed and coordinated global supply chain system that lack integrity.	• Global health institutions like WHO and UNICEF should work with continental and regional institutions like the CDC to strengthen the global response coordination through effective regulatory mechanisms.

[xxx] There are 15 Young Academies in Africa. These science academies represent scientists under 40 identified for their excellence and commitment to science in service of society. They play a critical role in building the pipeline of scientists and equipping the next generation of science leaders in Africa with skills in leadership, public outreach, communication, science-policy and science diplomacy.

04 Lessons Learned

4.1 National

1. **Provision of basic social services drastically reduces risks of pandemics**. Many African countries and communities struggled to contain the spread of the virus because they lack basic needs such as running water and soap needed to maintain basic hygiene. Running water and soap are luxuries in many communities. Therefore, implementing the protocol regarding maintaining basic hygiene required to reduce the risks of the pandemic was extremely impossible or difficult in some communities. A rethink of the policy approach that prioritizes health-water-sanitation link is imperative.

2. **Non-availability of basic human needs weakens resilience**. Some African countries experienced citizens' resistance to the lockdowns imposed because they lacked basic human needs and were not provided with any by governments. In addition to basic needs like running water and soap, many people in some African communities cannot afford face masks because it is a luxury given their income level nor can they maintain social distance because they must go to work every day to be able to put food on the table. Conversely, high level of compliance to policies for managing the pandemic are recorded in areas where such basic needs existed or were provided. This teaches the important lesson that despair and resistance to public policy can be managed only if policymakers could convince the people that the policies are in their best interest and if they are provided the needed life support.

3. **Investment in healthcare and research is a smart investment.** The pandemic exposed the poor state of African health systems, especially healthcare infrastructure compared to advanced countries. It also revealed the rigidity in Africa's production system compare to advanced economies where production lines were quickly re-directed to producing health equipment that include ventilators, face masks, etc. A situation where some African countries have just two ventilators where the population is in millions is undesirable. Health investment that allows local production of basic healthcare infrastructure would have helped many African countries to avoid the unnecessary stress placed on health workers, the health system and the vulnerable population through forced lockdowns.

4. **Existence of effective early warning systems minimizes spread of pandemics**. It is noteworthy, however, that poor data ecosystems and weak institutional capacities for intelligence gathering and coordination are major features of many African countries, limiting their ability to establish and manage effective early warning system. Investing in specialized data collecting institutions to generate requisite data and information required for early warning is indispensable. By building strong national institutions and governance structures as well as addressing the interaction between them build resilient early warning systems. Investing in big data analytics, robotics and artificial intelligence are smart investments to make at this time and will make a lot of difference in building resilience to, and even preventing future exogenous shocks.

5. **Careful and longer-term vision and planning is imperative**. Countries that invest in long-term vision and planning are better able to develop comprehensive capacity strengthening across individual, organizational and systems levels. This, in turn, strengthens them to build inclusive health and resilience in post COVID-19 Africa. Indeed, a health foresight approach to long-term prevention of co-morbidities is critical to building resilient health systems and pursuing this is a worthwhile goal. This will require collaboration between the healthcare sector and other sectors that influence health such as urban/rural planning, transport, and trade. Such efforts will contribute to resilience by reducing the population's exposure to environments harmful to health and by reducing vulnerability to disease by reducing the risk of co-morbidities associated with severe COVID-19 and death such as respiratory disease, heart disease, diabetes, obesity and exposure to air

pollution. These diseases are often referred to as lifestyle diseases or due to lifestyle choices. But the reality is that for the majority, these scarcely comprise true choices as their living and working environments do little to support healthy diets and adequate physical activity. This highlights the importance of collaborations across these sectors to create health and prevent disease in the long-term.

6. **Surveillance and widespread screening are fundamental to containing the spread.** The experience of Singapore, for instance, proves this point. The country adopted enhanced surveillance strategies that include contacts tracing of patients whose laboratory tests turned out to be positive or are suspected to be infected with the virus. Thus, people with slightly close flu-like symptoms like flu are effectively monitored. In addition, clinicians are empowered to order a test if they suspect disease in any patient. Added to the surveillance and contract tracing measures, were aggressive containment measures that included strong border controls for people arriving from areas with high risks, mandatory 14-day quarantine, isolation, etc. This undoubtedly contributed to Singapore's ability to effectively minimize number of confirmed cases in just one month of implementation. The testing also needs to be made available to all affected irrespective of socio-economic status.

7. **Politicization of the pandemic leads to disastrous outcomes.** At the outset of the pandemic, some countries delayed in providing pragmatic policy action for dealing with the virus because they were busy playing politics with it. Just as we have seen on a global level, the pandemic has witnessed similar politicization locally, weakening compliance with safety protocols. This is usually a product of cynicism, mistrust or sheer political ambition that focuses on smear campaign. Some have even politicized the distribution of palliatives to the poor and vulnerable. COVID-19 is not a political issue, but a life or death matter, and as such should not be politicized. Effective control of any epidemic, including COVID-19 depends largely on public compliance with scientific advice as well as government regulations. Governments should empower scientific institutions such as the National Centres for Disease Control, National Primary Health Care Development Agency, and other relevant health care institutions to serve as the channels for communicating relevant information about the pandemic to the public. Governments should affirm and assure the independence, accuracy and reliability of these scientific authorities and demonstrate their leadership by example by personally and publicly following their recommendations. Investment in open information systems, partnership between ruling party and the opposition and between the government and scientific institutions would be helpful. Beyond the acute phase of pandemic control, governments should support ongoing efforts to maintain these lines of communication with communities to build trust and credibility which is a pre-requisite for compliance in the event of an(other) emergency.

8. **Substantial improvements in access to grassroots health services can be achieved through strengthening the community health system in close partnerships with local communities and individuals**[31].

9. **Careful and longer-term vision and planning for comprehensive capacity strengthening across individual, organizational and systems levels are needed to build inclusive health and resilience in post COVID-19 Africa.**

[31] Examples that prove this point include the Nigeria's Midwives Service Scheme and Vietnam's Village Midwives Training Programme for maternal and child health, Ghana's Community Mental Health Workers, and many other examples of Community Health Workers such as Lady Health Workers in Pakistan, Behvarz in Iran and Barefoot doctors in China. These initiatives were instrumental to supporting efforts of the national and sub-national governments through grassroot mobilization and healthcare interventions

4.2 Regional

1. **Continental approach to preventing and managing exogenous shocks is imperative.** This is necessitated by the confusion and lack of clarity on what to do when the pandemic spread to Africa. Some countries were merely copying and pasting policies adopted elsewhere that seemed to be working. It is high time Africa designed a regional approach to managing diverse shocks facing the continent. Continental institutions – AfDB, AUC, ECA, AFREXIM Bank, etc, - could take the lead on this task by providing the technical assistance and funding required.

2. **A long-term inclusive health and prevention of preventable disease plan is critical to building resilient systems for health and turning the tide on population health in Africa, without which there are significant economic implications for African countries**. Such a plan will require commitment by African governments, private sector and multilateral organisations to aligning performance and success indicators to creating health by increasing the supply of healthy natural, built, and social environments. It will be critical that this plan and initiatives are grounded in science with the health-impact measured in the short, medium and long term, requiring commitment to the measurement of critical exposures such as air quality and intersectoral big data initiatives. Lastly, it is critical that such initiatives meaningfully engage youth as a key demographic whose health, today and tomorrow, the development of the continent is contingent upon.

4.3 Global: Multilateral And Bilateral

If COVID-19 is anywhere it is everywhere – it is a global problem and it needs a global solution. This emphasizes the need for effective global coordination.

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