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Editorial

"Building back better": Lessons from the COVID-19 Pandemic and control measures

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"*All I maintain is that on this earth there are pestilences and there are victims, and it's up to us, so far as possible, not to join forces with the pestilences. That may sound simple to the point of childishness; I can't judge if it's simple, but I know it's true … I'd come to realize that all our troubles spring from our failure to use plain, clean-cut language. So I resolved always to speak, and to act, quite clearly, as this was the only way of setting myself on the right track.*" Albert Camus, 1948.

The Plague, a novel written by Albert Camus, a French Algerian 'literary icon' of the first half of the 20th century (1), describes in a matter-of-factly fashion how a 'worldly' port town with mundane routines was suddenly turned upside down by a plague. His descriptions perfectly predict the current COVID-19 pandemic, with few exceptions. The exceptions: i) The plague he described was more localised and more deadly; ii) In his novel, misinformation spread fast but only through word of mouth, and the print media. Misinformation is now a global phenomenon 'supercharged' by instantly accessible networking platforms. Misinformation is a uniquely 21st century problem and has been a truly monumental challenge during COVID-19 implying that pandemic response should integrate proactive approaches to tackle misinformation (2). Although we did not find corroborative report, our general observation was that the simple approach of the Ministry of Health– Ethiopia in the early stages of the pandemic of providing regular updates by the Minister, as a trusted source of information, was highly valued. More broadly, the effort of African countries to tackle the COVID-19 pandemic by implementing simple public health control measures was remarkable. The Taskforce for Coronavirus was established to assist African countries with pandemic preparedness and as a platform to share best practices and ensure availability of essential medicinal products (3). In addition to the COVAX mechanism, the African Vaccine Acquisition Trust was established as a 'pool procurement' method to facilitate access to vaccines (4). This fraternity among African countries was a very important lesson, which should be maintained through more routine or established mechanisms. Nevertheless, the complexity of controlling a respiratory pandemic is enormous (5). The commitment to continental and national mechanisms did not spare Africa from the spread or impact of the pandemic. For example, the spread and surges of the pandemic in the east African region mimicked that of the rest of the world (6).

One of the major challenges for controlling the pandemic in Africa has been the shortage of diagnostic tests, which prohibited timely evaluation of the national spread of the disease. The authors in this special issue piloted a relatively simple mHealth surveillance mechanism to track national spread and impact of COVID-19. This method appears to have a reasonable performance compared with standard reverse transcription polymerase chain reaction (7). While the simplicity and scalability of the mHealth surveillance suggests potential utility, the low response rate and the selection bias related to access to mobile phones are important limitations.

Overall, despite the relatively high adherence to control measures (8), the health and economic impact of COVID-19 in Ethiopia, as demonstrated in this study, was high, disproportionately affecting women and the unemployed or those in private business (9, 10). Vaccine acceptance appears relatively good with most people constrained by lack of access (11) implying that the most important barrier to vaccination was unavailability of vaccines (12). This is not to minimise the relevance of vaccine hesitancy, as also highlighted by Timothewos and colleagues in this issue (11).

There is a broad consensus that COVID-19 is on the decline. Yet, significant challenges remain for Africa.
First, the pandemic is not yet over. While there is a clear trend of decline in incidence and mortality, current reporting is likely to be an underestimate (13). There is a need to remain vigilant. mHealth surveillance may play a role in the ongoing monitoring and control responses in Africa.

Second, because of the 'collective trauma' experienced by the pandemic and the attendant control measures, mobilising similar public commitment to control measures in any future pandemics will be challenging. Strategies have to be developed to address such eventualities.

Third, the Achilles' Hill for Africa is its import dependence. Overall, 94% of essential medicines (14), over 99% of vaccines (15) and a similar proportion of diagnostics are imported at substantial cost to the health, economy and security of Africa. This is complicated further by recent plans to increase the price of COVID-19 vaccines. For example, Pfizer has planned to quadruple the US price of its vaccine next year (16). Other manufacturers are likely to follow suit, which would make the vaccines unaffordable for many countries in Africa and beyond. Additional concern is maintaining the commitment of vaccine or drug producers for conditions that primarily affect Africa or other developing countries. Cholera may be a good example. Despite the unprecedented cholera outbreak at present, one of the two companies that produces cholera vaccine (Shanchol) is discontinuing the vaccine (17). Thus, the authors rightly point out to the urgency of building Africa's capabilities to make all its essential medical commodities within the its territories (18).

In conclusion, we suggest the following as important inputs for building back better and pandemic resilience: i) developing simple alternatives for tracking the spread and impact of pandemics, as was tested in this series papers, may have utility. ii) While vaccines are critical for the control of pandemics, it is availability than hesitancy that is the bottleneck of vaccination in Africa. International partners and governments cannot use the "talk" of vaccine hesitancy to "get off the hook" (12). iii) Continental initiatives may enhance and energize the commitment to make essential medicines within Africa. But it is critical that countries, particularly those with large populations, lead the way by creating the required infrastructure, systems, and human capabilities. iv) Building back better requires assimilating the lessons from the pandemic, creating diverse and more resilient economy that also engages biotechnology for local manufacturing, and construing a more equitable and caring social system.

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