



## ***PRESS STATEMENT***

### **RESPONSE OF THE WEST AFRICAN COLLEGE OF PHYSICIANS TO THE COVID-19 PANDEMIC IN WEST AFRICA**

#### **PROTOCOL**

##### **PRELIMINARIES**

The World Health Organization (WHO) declared the COVID-19 outbreak, which started as an in-country outbreak in China in December 2019, first, as a Public Health Emergency of International Concern (PHEIC) on January 30<sup>th</sup> 2020, and then as a pandemic on March 11<sup>th</sup> 2020. By the date of declaration as a pandemic, only 12 African countries had a confirmed case, 3 (25%) of the 12 countries were Chapters of the West African College of Physicians (WACP), and meant that only 3 (21%) of the Chapter countries had cases of COVID-19 at that time. The 3 countries included Nigeria, Senegal and Cote d'Ivoire, and had between them only 7 confirmed cases of COVID-19; none had recorded any deaths from the infection by then. However, conscious of the potential for spread of the infection, and the risks to Members and Fellows of the College who were scheduled to attend the April 2020 rounds of the College's Examinations, the College took the informed decision to defer the examination. We believe that this was a wise decision and the best under the circumstance, as has since been borne out by subsequent developments.

As at May 1<sup>st</sup> 2020, all 16 West African countries, obviously inclusive of the 14 Chapters of the WACP, now have confirmed cases and deaths (*WHO-COVID-19-Sitrep-102*). West African countries together have a total of 10,370 confirmed cases, representing about 39% of the 26,663 confirmed cases in Africa as a whole, and 305 deaths (crude case fatality = 2.9%), which is equivalent to about 31% of the 973 deaths from COVID-19 in the continent. The crude case fatality in West African countries is of a wide range, between 0.5% in Guinea and 12.5% in Mauritania.

Among the WACP Chapters, 4 countries (Ghana, Nigeria, Guinea and Cote d'Ivoire) with a combined total of 6,667 confirmed cases accounted for about 65% of the confirmed cases in the sub region. And, with a total of 96 deaths, the 4 countries also accounted for about 32% of the total number of 305 deaths in West Africa. Of further note is the risk of COVID-19 to healthcare workers (HCWs), of which Members and Fellows of the College constitute a substantial proportion. HCWs have a greater than average risk of infection with COVID-19, and, as an example, 113 HCWs or about 6% of Nigeria's confirmed cases by the end of April were HCWs.

In the wake of the pandemic coming to Africa, our national governments took a number of initiatives to prevent the spread or at least mitigate the outbreak in their various countries.

Among these were health education messages to members of the public on personal counter measures required for the prevention of infection, establishment of testing centers to enhance surveillance and contact tracing, establishment of isolation wards or facilities for the management of cases, establishment of national taskforces to coordinate the response to the outbreak, closure of schools and higher educational institutions, prohibition of crowds, suspension of the operation of worship centers, and the institution of varied forms or degrees of lockdown in each country as required to enforce physical distancing and avoidance of crowd formations. To ameliorate the obvious hardships that vulnerable groups in the population, such as the daily paid and very small scale business owners, including ‘petty traders’ and those who live from hand-to-mouth are likely to experience, governments, corporate bodies, individuals and NGOs, among others undertook palliative programs of assistance in cash and/or kind by way of provision of foodstuffs and essential items to citizens.

Therefore, aside from visualizing the spread of the pandemic, with the associated daily increases in case numbers and numbers of persons dying from the disease, at least preliminary data are also now available on the responses of the citizens of various countries to the COVID-19 pandemic mitigation measures, a.k.a., hand hygiene, physical distancing, use of face masks, and national and sub national lockdowns to enforce physical distancing, and reduce or halt the spread of the pandemic. **The WACP therefore thought it necessary to once again make her views known on the pandemic and the response to it in the sub region, in order to enable her avail the national governments and citizens of the sub region the benefit of the wealth of medical expertise hosted in and by the sub region. This is very much in line with the expected relationship between the ‘gown and the town or city’.**

## **RESPONSE OF THE WEST AFRICAN COLLEGE OF PHYSICIANS, WACP**

Following the outbreak of Ebola virus disease (EVD) in the sub region in 2013/14, and conscious of the fact that well before then, the sub region has been under the near continuous ravages of Lassa fever (LF) and other infectious disease epidemics, yellow fever outbreaks inclusive, the WACP constituted an ***Expert Committee on Highly Infectious Diseases (Expert Committee on HIDs)***, with Prof GC Onyemelukwe of Nigeria as its Chairman, and with memberships drawn from across the Chapter countries. This Committee has been working to bring up recommendations for the purpose of guiding the College towards meeting her responsibility to the peoples and governments of the sub region in the spirit of the age-long relationship between ‘the town/city and the gown’. The College is firmly convinced that this is the right thing to do, and calls on the peoples and government of the sub region to endeavor to continue to grow the relationship.

### **Main body of the briefing**

In line with international best practices, the WACP in March 2020, justifiably acted to put the April 2020 round of her Membership and Fellowship Examinations on hold. This was in order to reduce the risk to the Candidates and Examiners. The College also at the time was able to advice Fellows on the necessary non-pharmaceutical initiatives or countermeasures (NPI/CM) required to prevent infection with COVID-19.

Having now monitored the progress of the COVID-19 pandemic for some time, with an eye on both the developments in the global community as well as those in the Sub Region, the WACP remains convinced that the decision to defer the April rounds of the Examinations was a wise one. **The College is also convinced that it is time again for the College not only to reinforce her earlier advice to Fellows and the public, but also to further interface with them and**

**the sub national governments of country Chapters. This is required to enable the College build on her initial responses to the pandemic. With the situation as already vividly described under the ‘preliminaries’ (*vide supra*), it is obvious that the pandemic is very severe. Therefore, the responses must of necessity, also be demanding. Indeed, the responses should more than match the severity of the outbreak in order to have any meaningful chance of success in mitigating it.**

Before I proceed further, however, first, let me at this point on behalf of the College commend the national governments in the Sub Region for the steps that they have taken so far in each country to mitigate the pandemic. These includes the programs on palliatives taken to ameliorate the impact of lockdown on vulnerable population groups, vamping up of the capacities for surveillance, diagnosis and clinical care of infected persons, and the motivational packages of incentive offered to HCWs. The latter include provision of life insurance/indemnity cover, salary enhancements and, above all, the commitment to provision of work materials including personal protective equipment (PPE) required to assure the protection of HCWs. There has also been the regular appreciation and commendation of the efforts of HCWs in their life saving endeavors/services during these trying times.

The College is also desirous of thanking the many corporate bodies, development partners, donor agencies, overseas governments and friends of the sub region and Africa, and philanthropic/public spirited individuals and organizations, far too numerous to mention individually, that we are aware have made contributions and pledges in cash and/or kind towards assisting with the response to the pandemic in the sub region. *The SG could actually single out a few for recognition/mention here, however.* In addition, the WACP would want to commend the understanding, support and resilience of the citizens in the sub region, without whose understanding and cooperation, the efforts of the governments, individuals and organizations/corporate bodies would have failed.

Finally, the WACP would want to at least acknowledge, and necessarily commend, the efforts of the national public health institutions in the sub region, as well as the role of the sub regional, regional and global public health institutions in the response to the pandemic in the sub region. Among them, the efforts of the West African and African Centers for Disease Control, WAHO and the World Health Organization, should also be noted.

The WACP is convinced that had these measures stated earlier (*vide supra please*) not been put in place, and in a reasonably timely manner, not minding the scarcity of financial resources in the sub region, the scale of the pandemic in the sub region, including the number of deaths, would have been far higher, given the parlous state of public health infrastructure in many of the countries in the sub region. We should all also bear in mind that some of the countries were only now trying to recover from the ravages of the recent (2013-2015/16) outbreaks of EVD in the sub region, which is the largest so far on record. We should also bear in mind that some of the countries that were hardest hit by the Ebola outbreak have also had to cope, along with others that were not so severely affected by Ebola, with longstanding outbreaks of Lassa fever, among other outbreaks of HIDs. All put together, the series of outbreaks would be expected to have additive negative effects on the economies and peoples of the sub region.

## **RECOMMENDATIONS FOR CONSIDERATION OF NATIONAL GOVERNMENTS IN WEST AFRICA**

However, the WACP has a few areas of concern that she considers it necessary to further draw the attention of the public and governments of Chapter countries to. This is in the College's desire to further contribute to the strengthening of the response to the pandemic in the sub region in particular, and in the continent and larger world in general. These concerns are as follows:

- 1 The availability of diagnostic centers and reagents for testing for the confirmation of suspected cases
- 2 The protection of healthcare workers
- 3 The need for the development of a common framework for the guidance of further response to the pandemic in the sub region
- 4 The need to build on the opportunities offered by the pandemic, and resulting good will, to strengthen the public health capacity and infrastructure in Chapter countries
- 5 Related to and coupled with #4, is the need to secure the establishment, at strategic locations, of critical care centers for the clinical care of severely ill persons with HIDs including COVID-19, and Ebola and Lassa fevers
- 6 Building on the opportunities offered by the pandemic for development of surveillance and research infrastructure and capacity, which are in dire need for effective public health response to outbreaks in the sub region; and
- 7 The conscious need for national governments to be aware of the ready availability of Chapter Members and Fellows to draw on for national and sub regional services in meeting the medical manpower needs of the response to the pandemic in potential and actual areas of want in countries of the sub region.

**Testing capacity:** A good diagnostic capacity is imperative in the response to the pandemic, both for confirmation of suspected cases and contact tracing, and in the treatment of confirmed cases. The lack of facilities for testing or lack of diagnostic capacity was a great challenge for some time during the recent outbreak of EVD in the sub region and it contributed significantly to the spread and prolongation of that outbreak. The sub region, unfortunately, failed to leverage on that outbreak to develop the requisite number of strategically located centers for molecular diagnosis/modern diagnostic methods, just as she similarly failed to leverage on the longstanding epidemic of Lassa fever. However, we should not let the new opportunity in the COVID-19 pandemic slip away again.

The sub region could leverage on the mobile, modular, deployable molecular diagnostic laboratories donated by the EU to the sub region, and indeed complement/supplement the effort of the EU by procuring additional units. The advantage and attraction of these laboratories is their 'mobility', which enables them to be deployed at short notices to areas of need. They were accordingly on service in many countries of the sub region during the recent Ebola outbreak, and they made the difference in the response to that outbreak. It is instructive to note that Laboratory Scientists from many countries in the region were trained on the use of these facilities sometime last year in Nigeria with the assistance of PANDORA and are ready for mobilization. It is as if the conveners had days such as are in now in view.

**Healthcare workers:** Many of these lost their lives during the Ebola outbreak and many have been lost, and are being lost, to the long drawn outbreaks of Lassa fever. And, many

could also be lost to the on-going Covid-19 pandemic. This is bad for a sub region that is already laboring under the load of a grossly inadequate numbers of different cadres of HCWs, particularly physicians and nurses. We, therefore, urge that every effort be made to secure the protection of those left. This could be by way of training and retraining in infection prevention and control practices including the use of PPE, provision of PPE, adequate provision for the care of those who are ill, and adequate attention to their mental health needs.

***Common framework for further response to the pandemic:*** The response to the pandemic this far has been pockmarked by many disparities and inadequacies, even within the same countries. This unwittingly creates loopholes for the transmission and spread of the infection. **A common framework for response to Covid-19 is required to guide policies on testing, enforcement of physical (social) distancing, otherwise called lockdown, and other important outbreak mitigation measures including the use of facemasks, and provision of palliatives to vulnerable segments of the population, and importantly also, the protection of human rights during lockdowns.** There have been significant variations in relation to testing, and there still are perhaps, which have distorted the perception and appreciation of the size of the pandemic in the sub region. These have also impacted on the control efforts in as much as asymptomatic persons could unknowingly be made super spreaders of the infection.

**The WACP believes that it is possible to fashion out a common framework within which country-specific, and even state/district/city-specific responses could be worked out. The College also believes that it would be possible within the common framework, to work out schemes or programs of assistance for those countries and neighbors that are less endowed. This is in the spirit of good neighborliness. We all indeed need one another, and no country should think that it has all, and could do without help.**

Before I conclude this briefing, I wish to further emphasize **that the WACP wholeheartedly supports the recommendations of governments in the sub region that every one should wear facemasks while out in public or in transit, maintain physical distancing and practice regular and frequent hand hygiene practices. These measures should be continued while the pandemic lasts.** However, the College is concerned with the secondary and unwanted effects of total or near total lockdowns. The WACP therefore urges that the implementation and extent of lockdown should continue to be reviewed from time to time, and palliated as much as is possible.

On this note, I would want to thank you on behalf of the College and, to through you and your principals/agencies, assure the public and national governments in the sub region of the willingness of the WACP to offer her professional services and to assist where and when help is needed towards the successful mitigation of the pandemic in the sub region. Indeed, just as was done during the recent outbreak of Ebola, the WACP has directed country Chapters to form taskforces/groups for the purpose of actively interfacing with national and sub national governments to make their services available.

We look forward to a fruitful relationship in rising to the challenge of the pandemic.

I thank you for your audience.

**Dr Albert Akpalu, FWACP *Secretary-General West African College of Physicians***