

# Review of: "Post-Pandemic Reflections from Sub-Saharan Africa: What We Know Now That We Wish We Knew Then"

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- What I like most about the paper is the decision for the authors not to follow the format dictated for authors irrespective of the topic, novelty, and trajectory of paper development and presentation. That is a bold and desirable move that authors should take because they know best approach to develop the topic hence sub sections that it should comprise. Formality should not prevail over what is deemed the based way authors who are knowledgeable about a subject or topic know is the best way to present paper content.
- The way the issues are presented and argued is fresh to me as it oozes of an attempt to not follow what is considered the norm in presenting an academic paper. It seems to me a deliberate attempt to seek out opinions of others who have interest in the area and topic. I'm sure they are going to have many. Authors lay out what they think should have been done if the information and evidence that is pervasive today was known at the time. That perhaps is the key phrase, that underlies the paper's strength. It is a paper that is evolving, seeking inputs as it traverses the bumpy , humpty dumpty post Covid-19 pandemic society. One has to remember that authors use the perspectives of epidemiologists , not politicians or economists.
- The statement "catastrophic public health" . I may ponder how the magnitude of the catastrophe that Sub Sharan faced compare with what other parts of the World experienced. In fact the statement is runs counter to authors' acknowledgement that "Africa was relatively spared from the worst of the pandemic," but for some reasons seem bent on harping on a stereotype that seem to characterize any mention of aspects of epidemiology as they relate to the African continent. It seems authors have a narrative they start with, on which information that is collected merely serves as an adjunct rather a source of validity. By many accounts, surprisingly Sub saharan Africa didn't fare that bad and perhaps didn't live up to the expected macabre 'norm' that most experts have come to associate with the sub-continent.
- There are reasons some of which are highlighted in the paper including habitation context, but I would also suggest level of urbanization, which for sub Sharan Africa happens to be very low; level of connectedness with other parts of the World especially developed nations; decisiveness of policies made by which I mean science based policies that were not influenced by political or mystical undertones (Magafuli comes to mind of course), and corruption;
- That said, there is perhaps no level of preparedness that will ever be adequate for a pandemic that was as new, slowly evolving, primary cause of which was unknown before hand and to a certain extent remains elusive to this day , hence prevention, let alone treatment was essentially a grope in the dark.
- I take issue with the statement "frequently, front-line workers who failed to keep to the hastily approved policies and

procedures were punished or relieved of their posts”.

- There are issues which authors should level on either African governments or front line workers or for that matter state agencies and personnel employed in similar work elsewhere simply because there was no time to prepare, but the speed of the spread caught everyone by surprise including of course epidemiologists. Actions of governments, while may seem harsh with hindsight, not acting the way they did in some instances might have invited even stronger criticism for inaction. We say seesawing on covid-19 control measures elsewhere where knowledge about how best to control epidemics and pandemic was more advanced than in Africa
- On the role that governments in Africa should play to enhance effectiveness in prevention and mitigation of epidemics and pandemics in Africa, the suggestion that governments should refer or base their decisions on science based evidence rather than whims and inclinations of the power that be. What I would add here is that if the suggestion is only to apply to issues that relate to health, that is a nonstarter. However, to stand the test of time and public acceptance law should oblige government to make consultations with experts in any field prior to making decisions or policies. Of course the formidable hurdle is that in countries where politicians are larger than life, putting on a show that projects one as being in control scores more points than allowing experts ample time to inform policy design, implementation and trajectory. Thus leaving decisions that are heavy on technicalities and specialized knowledge should at least seek advice or consultation and better still informed judgement from experts in the field. That is of course a hope which may just be another one of those hope against hope but there is nothing wrong with saying what one hopes is the is right thing to do even if acting on it may sound illusory.
- On “Separating medical practice from business: section, authors state that “although COVID was projected to devastate economies, this proved not to be the case for many high- and middle-income nations as immediate negative impacts were short-lived”, which is consider not based on facts. Covid devastated economies, left many sub Saharan countries and elsewhere with bloated budget deficits, contributing significantly to pushing some into default. The fact that effects of covid-19 are still lingering to this day. While in developed countries recovery was first because of course, access to vaccines was faster, higher and cheaper, for emerging and developing countries despite not experiencing the level of spread and devastation that we witnessed in developed countries, weak institutions or absence thereof, compounded by misguided policies some of which were based on showmanship rather than facts on the ground created conditions that had more devastating impact on society and economies than the pandemic itself. To this day, for instance, many people who left their jobs have yet to join the workforce and possibly will never as they skills have become superfluous and they have limited opportunities to reskill and upskill.
- As regards the issue of ‘separating medical practice from business’, the short termism of a politician’s time in office in a democracy maybe one of the factors behind the relentless and reckless pursuit of gain at other people’s pain. And that is in a democracy one can only imagine the situation in nondemocratic countries. However, the root cause of it all is the monopoly on pharmaceutical companies over crucial vaccines (they claim the monopoly over vaccine secrets needed to recouped their huge investment in R and D and production). The problem is that developed governments are also opposed to the practice of developing countries producing generic versions of proprietary vaccines and drugs. This is an issue that Sub Saharan Africa has little leeway to find a solution.

