

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

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The paper describes the lessons taught by the COVID-19 pandemic in sub-Saharan Africa regarding emergency preparedness to respond effectively to the next major infectious disease outbreaks. Four strategies have been suggested to safeguard against an experience similar to the catastrophic public health, social and economic costs borne by African nations during COVID-19. Overall, the paper is well-explained, and it is aptly suited in a health science journal. I nonetheless have a few minor suggestions that might help fit the paper within the aims and scope of journals with diverse scientific goals:

(1) As described, in a desire to reopen societal systems as quickly as possible, governments made vaccination and other pandemic control practices mandatory, infringing human rights and restricting individual freedom of choice. With COVID-19, there was considerable business interest in the management and control of the pandemic. However, the emphasis on profitability and gains by manufacturers fueled societal outbursts, anger, and revolt, and the concern is that if this apparent greed is not addressed, future public health threats may occur. As the global death toll due to COVID-19 increased, public health practices like handwashing and face masks were promoted, alongside several previously untested practices like elbow bumping and physical distancing. However, poorly fitting masks were sold on the global online market. In the Introduction section, please elaborate on the significance of these data in current research fields related to historical documentation objectives (with a mention of certain attributable studies, for instance: <https://doi.org/10.4081/jphia.2021.1622> , etc.).

(2) In the emergency response to COVID-19, the entire world adopted similar practices, even though geographic and demographic circumstances, cultural practices and societal implementation varied. As briefly outlined in the paper, this development makes the stay-at-home policy debatable in both cultural contexts and may account for the transmission of SARS-CoV-2 among those who self-isolated as instructed. Also, the production of hand sanitizers and personal protective equipment was unregulated during the pandemic, and the effectiveness of these products remains to be analyzed and documented. A few corroborative studies (e.g., <https://doi.org/10.4314/ahs.v21i4.17>, etc.) should also be discussed in the 'Separating medical practice from business' section so as to affirm the reliability of the principles behind considering these key observations.

(3) The paper asserts that the intersection of science and politics is inevitable, but it is important to maintain the autonomy of scientific inquiry and to separate medical practice from business in order to maintain the integrity of medical practice and to uphold the trust of patients and the community in the healthcare system. A complex and multifaceted issue,

understanding the local social, cultural, and contextual factors that influence health behaviours and practices is essential for tailoring prevention strategies to specific populations, and ensuring that these strategies are grounded in scientific evidence and contribute to positive health outcomes. From a modern-day health policy-planning perspective, how effective or useful can such aspects be in fostering awareness measures that help restrain infectious disease outbreaks under uncertainty scenarios in other countries of the world (e.g., <https://doi.org/10.1108/jcpp-05-2021-0060>, etc.), should also be elaborated in the Discussion section towards highlighting the scope field-scale applicability of the paper's key highlights across geographic spectrums.