

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

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I was quite excited to see this article, and superficially, it is a good read. However, much of the content is not based on African experience but instead on that of non-African countries, and this undermines the relevance of the paper. Thus, for example, Reference 18 is based on research in Jordan; Reference 19 (*Partisanship and the Politics of COVID Vaccine Hesitancy*) on the USA; Reference 20 on the USA (*this study focuses on the role of political views in explaining variations in actual vaccination rates across U.S. counties*); Reference 27 (*pandemic and the private health sector: Profiting without socially contributing. International Journal of Social Determinants of Health and Health Services*) is on Greece; Reference 31 (*Pandemic profits: top US health insurers make billions in second quarter. 2021 Aug 6*) on the USA. Whether or not the statements made apply to sub-Saharan Africa cannot thus be verified. There are also some statements for which there should be a reference, such as the claim that '*In Nigeria, for example, governmental and public organizational staff were mandated to be vaccinated or otherwise lose their jobs*'.

The statements which the references purport to support are also not always supported. Thus, the statement that '*and new businesses emerged to exploit the benefits of the pandemic policies and programs*' is supposedly supported by Reference 7, which not only makes no such claim, but indeed, the main conclusion is that '*it is recommended that as a public-private partnership approached was efficiently used to more effectively disseminate public health communication and prevention messages, the Nigerian Government should expand this collaboration to improve the quality of services provided in other areas of COVID-19 outbreak management*' which seems to support the involvement of the private sector. Nor does that reference support the statement that people's views were already biased by political interventions earlier in the pandemic. Similarly, Reference 17 is used to support the claim that '*policies were often adopted without expert medical advice*', but I can find no such claim in the reference. Reference 17 does, though, make some useful points; for example, it refers to high compliance generally. Reference 23 does not support the claim that private companies made millions (although they probably did!), but it does state '*that suppliers are mostly private companies that compete fiercely, so they may not cooperate to achieve such alignment*' which might have been highlighted. In Reference 6, I cannot find anything to support '*Frequently, front-line workers who failed to keep to the hastily approved policies and procedures were punished or relieved of their posts*'. Reference 32 does not support the statement that '*this resulted in increased morbidity and mortality from easily preventable diseases*', although I believe that this is true and there are many references which could be used in support of this claim, but it ignores the useful recommendation that '*Hybrid approaches in Kenya and Uganda with intermittent lockdowns need to be further evaluated for effectiveness*'.

There is such a disparity between the text and the supporting references that the article becomes merely an opinion piece rather than an academic article.

In terms of the conclusions, the first one on separating science from politics, highlighting the issues and complexities, is well articulated (but I would argue not well supported by the preceding text).

The second on separating medical practice from business is a mixture of statements which are true (e.g., essential to prioritise patient safety), but there is no debate on how this can be achieved if medical practice is entirely separate, and it ignores the recommendation in Reference 7.

The third on separating proven public health practices from untested behaviours is again simplistically true, but assumes that the public health practices are actually proven - again worth highlighting Reference 32, which includes the recommendation that the hybrid approach adopted by Kenya and Uganda should be further evaluated. The issue of how to proceed when public health policies are uncertain is not addressed.

The fourth on *Separating prevention practices that are unique to nations, societies, and cultures* is well articulated but contradicts the third recommendation to an extent.

In summary, superficially a good read, but the mismatch between the statements and the references undermines its value. Indeed, developing recommendations based on a large body of evidence from outside sub-Saharan Africa is potentially dangerous as it may lead to the introduction of policies and practices that may work elsewhere but may not be appropriate for Africa. I also wonder what prior pre-publication review it underwent, as many of the points I make should have been picked up at the editing stage.