

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

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That is an important article that brings important issues to better the comprehension of COVID-19 epidemics in the context of Sub-Saharan Africa.

The conclusions, in my opinion, are really relevant to feed the discussions about preparedness and response to future health emergencies.

I bring some observations that, I hope, may contribute to improving the article.

Introduction:

1 Unfortunately, according to figures of cases and fatalities in the last weeks, it's not possible yet to say the COVID-19 pandemic is drawing to a close.

2 I don't understand the statement that governments made money from mandatory testing and screening; otherwise, it's clear that industries and enterprises got big profits.

3 When the authors assert that governments imposed control practices that infringed human rights, including mandatory vaccination, they must make clear this is their personal opinion, not supported by scientific literature and neither by any international organisation, including the WHO, which backed that decision, adopted by almost all democratic countries.

4 The same stated above applies to the expression "political intrusion," related to the same subject.

5 When it's said evidence-based decisions should be left in the jurisdiction of public health professionals, it's important to remember that it's not up to them to decide about public policies, but decision-makers should follow their recommendations and decide on the basis of science.

6 High and middle-income economies probably were not devastated as projected because they got fast access to vaccines and made them accessible for most of their populations.

7 When the "stay-at-home" recommendation is alleged to have allowed continued transmission in the Global South, the authors don't bring any evidence. The reference cited speculates about the reasons Sub-Saharan Africa experienced less severe epidemics, including lack of testing, subregistration of cases, youthfulness of the population, aside from lifestyle and climate. It's not possible to make that assertion.

8 Although the stay-at-home policy may be debatable where many people share households, there is not any scientific reason to say it may account for more transmission.

9 Up to now, there is no evidence of resistance to COVID-19 conferred by human genetic variations.

10 The statement that healthcare is undoubtedly a business should be put in the context where there is not a public universal health system.

11 Sometimes, especially when we are challenged by a public health emergency related to a new agent, knowledge is scarce and decisions must be based on the best evidence available, keeping open the need for reviewing directions if new relevant information emerges. Electing and monitoring indicators are essential.