

## Ten Actions for Africa to be ready for the Next Pandemic

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It is always said that our continent is never ready for public health events. We weren't at the time of the last Ebola outbreak in West Africa [1], and we weren't at the beginning of the COVID-19 outbreak as well [2]. Despite the events we have experienced, the means invested, we are in an endless restarting. However, we have an obligation to learn from this COVID-19 pandemic, in order to sustainably strengthen our health systems. It is certain that a next public health event will happen, the question is when? Would we be ready? To answer yes, each country will have to implement at least the following ten actions.

### **Integrate the community into health emergency management strategies**

COVID-19 management has highlighted gaps existing in the community commitment that has led our states to the proliferation of fake news and reluctance to vaccinate. The perception of risk varies greatly across our continent, and even from country to country. It is more than urgent, in view of the next public health event, for a better adhesion of the populations, to involve the community in the preparation process [3]. The involvement of civil society should be strengthened.

### **Digitize and secure health information**

The Management of patient data has been a major challenge of this COVID-19 pandemic. Most of our countries have faced for the first time the management of a significant amount of data relating to a single condition in a given period, which has raised the issue of their collection, storage and security [4]. For an efficient use of data, facilitating strategic orientations and securing integrated platforms must be put in place. Data sovereignty remains a challenge on our continent. We must pay attention to "free" solutions often offered by some partners, as there is always a price to pay, and in this case, we're paying with our data. Innovations like the sanitary pass, to identify people vaccinated against COVID-19, will need to be capitalized by our expanded vaccination programs.

### **Have emergency stocks**

COVID-19 has highlighted a strong lack of protective equipment in our countries. During previous public health events, African states benefited from international solidarity through the provision of their emergency stocks. It is imperative for our States to build up their own reserves [5], thus reducing their dependence on external assistance. It would be very serious if, in the course of this pandemic, our countries did not have emergency stocks consisting of a minimum of personal protective equipment (masks, gloves, suits, sampling equipment, etc.), it would be proof of extreme negligence. A well-thought-out strategy for emergency stockpile management, with perishable and non-perishable commodities, as well as good mapping to locate these stocks in order to make them available as soon as possible throughout the national territory, will have to be developed.

### **Build our hospitals differently**

We are entering the era of highly contagious infectious diseases. Their management requires specific and restrictive conditions that must help to control them and prevent their spread. Patients should be managed in health facilities where other patients are treated in

general, without exposing them to risk [6]. This raises the thorny question of the architecture of health structures housing treatment centers, which are often improvised and non-compliant. Our future hospitals will have to take this concern into account through the systematic establishment of services for highly contagious diseases and intensive care.

### **Anticipate on the training of health human resources**

During COVID-19, the biggest challenge was the availability of sufficient and well-trained staff: physicians, epidemiologists, nurses, etc [7]. Serious case management means the availability of highly qualified personnel: anesthetist-resuscitators, emergency physicians and specialized nurses. Unfortunately, these personnel can only be trained after many years of training. Plan the training of this one is an obligation to be ready for the next emergency. In the future, on the basis of risk mapping, it will be necessary to identify all types of personnel (health and other) and to start training them from now on.

### **Develop research**

Inequity in the availability of vaccines for African countries has caused many controversies. But beyond the emotion raised, we must note our virtual non-existence in the environment of pharmaceutical research. If this may seem difficult at the level of our states, it will be necessary to develop regional or even continental strategies to allow Africa to participate in the concert of science [8]. Africa has all the human and material resources to empower itself in terms of medical products and equipment, for which it will be necessary to go together and stop victimizing us. The COVID-19 pandemic has also made it possible to highlight all the skills of our young scientists and artisans, through the production of hydrological gel, disinfection machines, robots, masks, etc. It will be key to support and encourage these initiatives.

### **Finance preparedness**

Most public health events are predictable. Risk mapping, plans and procedures, training and simulation exercises developed or carried out, will certainly make our countries less vulnerable. All these strategies have a cost that states must bear, it is a question of sovereignty. Good preparation makes it possible to be more effective in the response and to mitigate the impact of the event [9]. It is unfortunate to note that up to now, the funding of the preparation has been provided by international organizations. Each State will have to identify funds in its national budget to finance preparedness activities based on the identified risks.

### **Get emergency funds**

The availability of emergency funding mitigates the impact of public health emergencies, allowing for a rapid response [10]. It is often common that even to conduct a simple investigation of a public health event, we are still sending funding requests to international organizations. Each state will have to identify funds in its national budget to respond to emergencies. It must be ensured that these are not just budget lines that take days or weeks to mobilize. Cash must be available within 24 hours to initiate the response.

### **Formalize rapid response teams**

Rapid response teams are at the forefront of public health events. These RRTs are very often improvised, unformalized and disappear at the end of the event [11]. Experiences are never capitalized. They are always reconstituted urgently and most often laboriously. At first define the different RRT options in the country: national, regional or district. Then they will have to be formalized and the management procedures and training program will have to be developed.

### **Integrate health threats into national security policies**

Declare a state of emergency and a curfew to face a health threat might have seemed irrelevant three years ago. Many of our countries have faced popular uprisings, threatening the security of the State because of non-adherence to restrictive measures. Public order unrest has been observed everywhere. Today it is clear that health threats impact on all the pillars of the state, beyond health: the economy, education, religion, security, etc. The risk of seeing the disintegration of a state has been experienced during this COVID-19

pandemic. Beyond pure security issues such as terrorism, health threats must be taken into account in national security strategies and policies in our countries [12]. Health threats do not recognize borders and can be much more devastating than pure security threats.

### Non conflict of interest

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