AND NOW……

A FEW OHCEA COUNTRY UPDATES

CAMEROON
The Cameroon government launched a vast active search operation for cases within the populations as part of the response against COVID-19. Community Health Workers visited households to raise awareness on coronavirus prevention measures and identify those at risk of developing the disease, in order to have them tested by specialized teams. It is reported that as part of this operation, 80,366 households were visited and sensitized; 198,640 people were evaluated with 85.2% acceptance rate. A total of 2,313 individuals were selected to be screened. The Minister of Public Health highlights that the purpose of this operation is to isolate early the positives from the rest of the population.

KENYA
Kenya has closed down 2 quarantine facilities and citizens urged to receive the persons who were therein back in their communities without any stigmatization. The government is monitoring the masks being sold in the streets for quality issues. The informal sector has been continuously urged to adhere to the Public Health Social Measures e.g. on the social distancing. This week the implementation of Public Health Social Measures shifted to include, in addition to the dusk to dawn curfew in the entire country (7pm to 5am), containment of several counties including Nairobi, Mombasa, Kilifi and Kwale. These counties were declared COVID-19 infected and as such movement into and out of the same was to be contained. This was advised by the observable patterns of spread of the disease. Other measures implemented include the drafting, ratification and implementation of Public Health (Prevention Control and Suppression of COVID-19) Rules, 2020 and the contracting of local companies to make face masks e.g. Kitui County Textiles factory.

The Ministry of Health is the lead agency in the COVID-19 response activities, and OHCEA Kenya is seeking ways of engagement in the ongoing efforts, especially at the county level.

UGANDA
OHCEA-Uganda has participated in the national response, including in revision of case definitions which are currently used by the surveillance team in patient identification.
In addition, the OHCEA- Uganda Country office has developed a concept to support the risk communication team in thirty high risk areas in Kampala and Wakiso districts where majority of the confirmed cases are coming from. Risk communication messages have been developed and are currently being translated to thirty (30) local languages.

The Uganda COVID-19 national response plan highlights that the whole country is at risk including refugee settlements and this can be evidenced with how dispersed the cases are. It was earlier anticipated that cases will arise mainly from Kampala and it’s metropolitan since most of travelers settled there. However, cases have been detected outside the high-risk zones. High-risk zones were identified as areas where most of the travelers from outside Uganda mainly settled and those that congregate masses of people.

**Changing dynamics in the pandemic in Uganda presenting a need to review prevention and screening strategies**

While attention has been largely on individuals with a travel history to countries considered high risk due to the number of cases they were registering, as the key suspects in Uganda, a motorcyclist without a travel history testing positive for Coronavirus, presents a new twist to the outbreak. A link to the story about this development is here:


**SENEGAL**

On 4th April 2020, Senegal celebrated the 60th anniversary of its accession to international sovereignty. For this anniversary, the President addressed the Senegalese people on 3 April at 8 pm. He recalled the theme of Independence Day, which was “the role of defence and security forces in the management of pandemics and other disasters.”

The president indicated that COVID-19 will induce a drop in economic growth from 6.8% to less than 3%.

The President further indicated a number of measures to address the COVID-19 pandemic in Senegal. These included deferral of payment of taxes until 15 July 2015 for SMEs with a turnover of 100 millions CFA or less and companies operating in the sectors most affected by COVID-19 (tourism, catering, education, transport, culture and press).

He also called on the Senegalese on these elements:
- stop stigmatizing infected people;
- reporting of any suspicious case to avoid the spread of the virus.

The President announced the implementation of a resilience multisectoral program involving:
- 64.4 billion CFA support to the health sector for the response to COVID-19
- Strengthening the social resilience of the population by covering expenses related to payment of electricity and water bills for 1 bimonth of a certain number of households; purchase of food for 1 million households
- Assistance to the diaspora

While the initial cases in Senegal were imported, the country is now experiencing an increase in community cases and authorities are working to manage this situation at regional level.

**Senegal Extends State of Emergency for Coronavirus pandemic**

Senegalese President Macky Sall has extended for 30 days the state of emergency introduced throughout the country in response to the new coronavirus. The extension was announced on 3rd April, 2020.

https://www.africanews.com/2020/04/05/senegal-extends-state-of-emergency-for-coronavirus/

**ETHIOPIA**

**OHCEA Ethiopia in Public Education Drive**

The OHCEA Ethiopia team is heavily engaged in the COVID-19 community education and awareness drive in the country. Strategies used in this include, radio/TV programs, community education products, among others. These programs have been effective in creating dialogue which enables the national response teams assess community knowledge levels. OHCEA Ethiopia Country Manager, Dr. Berihu Gebrekidan reflects on some of the key issues emerging as a result of these engagements.

- There are many questions on what the virus really is
- Why the outbreak happened now and why it transmitted so fast to all parts of the world,
- Clarity on modes of transmission
- The lessons that can be learned from the countries where the pandemic seemed to be causing bigger impact, like Italy and France and the best practices from China and Taiwan,
- The beliefs in Africa and Ethiopia that this virus affects only rich people and white people and not the poor and black?
- The role of traditional medicines like garlic and pepper
- The zoonotic nature of the disease and whether it can attack animals
- The role of religious leaders and what messages they should be giving out to their followers
- This space has also been used to let the world know that OHCEA is moving to a new higher stage of doing business; renaming to AFROHUN.

**RWANDA**

Rwanda has entered a phase of intensified quarantine with police patrolling streets of Kigali city, coupled with intensive sensitizations using all available social media, TV and radio stations every day. In the last 24hrs (before we published this briefing), testing had increased 30 times over.

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One Health Central and Elicana University of hosts bi-weekly webinars on COVID-19 key issues of interest. Under the One Health Workforce – Next Generation (OHW-NG) project, OHCEA with the OHW-NG Global Consortium hosts bi-weekly webinars on COVID-19 key issues of interest. Community surveillance as a key issue of concern in the management of the outbreak, was the topic of the April 9, 2020 webinar. Here below are a few quotes from the speakers:

It is a concern not to do contact-tracing properly. There is need to strictly follow the recommended protocols and regulations - William Bazeyo, One Health Central and Eastern Africa

While interventions like social distancing and lockdown seem to be working, there are mental health trade-offs and other issues that need to be addressed at all levels – Jona Mazet, One Health Workforce-Next Generation project, UC-Davis

Outbreaks begin in the community and end in the community. Community engagement therefore is very critical – Brian Bird, University of California – Davis, One Health Institute

There are very useful tools like AfyaData used in Tanzania that help provide real-time surveillance of human and animal disease outbreaks – Adam Crawley, Ending Pandemics

In a setting of rampant self-medication, Tanzania moved fast to sensitize drug stores and pharmacy attendants and owner. It is a good entry point – Honorati Masanja, Ifakara Health Institute

Rumors and community surveillance – following up on rumors takes time but is worth trying in some cases – James Bangura, PREDICT in-country Coordinator

**THE STUDENTS WEIGH IN...**

“Covid-19 reveals how human-animal interaction can potentiate bio-terror and why earth’s systems must be protected. The global response piques our interest in systems thinking with communities at the centre,” Elicana Ndahura, Mbarara University of Science and Technology – Uganda.

“Responses to COVID-19 require innovations in processes, technology (& its deployment & uptake) and systems among others. 2) We can learn from history to inform the contemporary actions, e.g. borrowing from the community strategy that was used in Uganda, DRC and West Africa in containing the Ebola outbreak to respond to the current pandemic 3) We’re all in this together and as such it is important to learn from each other’s experiences, e.g. lessons shared from Spain, Tanzania and Sierra Leone served as examples”, Sam Wanjohi – OHCEA Kenya.

There are good practices to learn from countries which acted fast, including enforcing lockdowns, the need for multi-sectoral and multi-disciplinary approach to containing this outbreak as was done in China (each of us has a role to play during this pandemic), there is urgent need to clear myths and fiction about COVID-19, the impact of the outbreak during this pandemic), there is urgent need to clear myths and fiction about COVID-19, the impact of the outbreak during this pandemic (3) We're all in this together and as such it is important to learn from each other’s experiences, e.g. lessons shared from Spain, Tanzania and Sierra Leone served as examples”, Sam Wanjohi – OHCEA Kenya.

“What are we learning? The explosion in COVID-19 knowledge Transfer

Since the COVID-19 outbreak was declared a pandemic by WHO, there have been numerous efforts to create as much understanding as is humanly possible under the prevailing limitations. For the professionals, several Webinars have been organized by different actors, including the One Health Workforce-Next Generation project partnership (AFROHUN, SEAOHUN and the global consortium). Some of our attendees share their experiences:

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Some of the materials that SOHIC- Rwanda for community awareness and education about the Coronavirus disease.

In Uganda: The Student One Health Innovations Club at Makerere University is developing a key message using the one health approach for the COVID-19 outbreak. This message will be developed into posters and banners which will be used during the sensitization of health workers in ten selected health facilities in Kampala and Wakiso. Banners carrying this message will also be pinned across the affected communities and key trading centres. Three graduate students (MPH, MVPM and IDM) have been supporting the response since the outbreak was declared.