Africa's infrastructure problem was also recognized by Dr. Raji Tajudeen, the head of the Public Health Institutes and Research division of the Africa Centres for Disease Control and Prevention (Africa CDC). “If you look at the health care facilities or infrastructures on the continent, you will discover that they are nowhere near what you describe as ‘modern’. When you look at the workforce on the continent, we are also nowhere near what is prescribed as standard,” Tajudeen explained. “[There are] two to three healthcare workers per 1000 population on the continent [instead of] around 25 per 1000 population, which is the acceptable standard.” With the lack of effective medical infrastructure, perhaps the negative perceptions of public health on the continent can be allowed.

The lack of effective medical infrastructure on the continent was especially highlighted during the Ebola outbreak that spread across West Africa from 2014-2016. The epidemic caused thousands of deaths and even more cases in the region. The greatest impacts of the Ebola outbreak have since been largely curtailed with no outbreak as large as in 2014 occurring to date, thanks to effective vaccine trials, distribution, and stockpiling. Nevertheless, the response to the epidemic is still remembered today. “The government [was] a bit slow in terms of response,” said Tajudeen, who admitted the impacts of the Ebola epidemic were exacerbated by poor government leadership. “In terms of [government] coordination, it was almost non-existent.”

The impact of the 2014 Ebola epidemic was primarily felt by African countries. Now, in the time of the coronavirus pandemic, the story is a little different; while African countries have seen thousands of COVID-19 cases, they have mitigated the effects very well, especially compared to other countries in the West. Because of this, there should be a call to rethink how to view disease spread in Africa.

In fact, the initial COVID-19 situation in the region had such a positive outlook that other misconceptions about the continent prevailed. Some thought that the warmer and drier climate in most Sub-Saharan African countries contributed to the lower spread. Others thought Africa was removed from the rest of the world travel-wise and was not an attractive place to visit, so the virus would never reach the continent. Most shockingly, still others initially believed that Africans could not biologically contract the virus.

We know today that these beliefs about the pandemic in Sub-Saharan African countries are misguided, and in actuality, a lot of the relative success of the pandemic in Africa can be attributed to levels of government intervention. “I would say that the response [to COVID-19] is much
If there is one thing that we have gleaned from the coronavirus pandemic, it is that it is far from stagnant. The efficacy of these enforcements aided the pandemic in African countries, and there were many fewer deaths than originally predicted by scientist estimates.

Notwithstanding, while some countries took immediate response and promptly implemented important enforcements to aid the public health situation, many other countries were less effective in their rules, or did not respond to the pandemic as quickly as they should have. Yemi Adamolekun, the EiE executive director, claimed this was the case in Nigeria, where preventing travel across international borders is a federal government decision. “For a lot of people, the government waited too long to close their borders. I believe that if we had closed our international borders earlier, we would have actually even had less of a crisis because in the early days, the people who brought it back were people who were coming into the country.”

However, if there is one thing that we have gleaned from the coronavirus pandemic, it is that it is far from stagnant, and the changing shape of the pandemic increases the importance of government action. After some time, a variant of the coronavirus was discovered in the United Kingdom. Just a short while later, yet another variant was discovered with its first incidence in South Africa. The emergence of coronavirus variants globally catalyzed the recognition of the need for effective vaccination plans. The response of the Western world to support Africa during the pandemic via vaccine provision, however, has been unsatisfactory. While countries in the West have large vaccine supply, and often even surpluses, African countries have been struggling to receive enough vaccines to treat their populations.

Global efforts such as COVAX have been established in an attempt to ensure more equitable and accessible vaccines for all. Notwithstanding, the Western countries have still prioritized achieving population herd immunity in their own countries before robust vaccine distribution to other countries, an attitude known as vaccine nationalism. Insufficient COVAX efforts led to the formation of other vaccine initiatives in Africa. “We set up [a] platform called AVAT under the leadership of our head of states and government to make sure that we complement whatever COVAX is able to give us so that at the end of the day as a continent, we are able to reach that 60% target of herd immunity,” said Dr. Tajudeen, referencing the African Vaccine Acquisition Trust (AVAT) agreement designed to provide 220 million Johnson & Johnson doses to Africans.

Interestingly, Western efforts to combat COVID-19 in African nations are complicated by issues that run deeper than health infrastructure and vaccine provision. The late President of Tanzania John Magufuli,
for example, was a popular COVID denier, and even cautioned his country against receiving the coronavirus vaccine. Although Magufuli’s rants directly contradicted clear evidence of the pandemic, his skepticism and apprehension were not unfounded. He didn’t want his people to become an experiment or be used as “guinea pigs”. Magufuli’s sentiments align with the complicated history surrounding public health and black people. A well-known example is the Tuskegee Syphilis Experiment, which resulted in the deceptive treatment and unethical study of black men with the disease. “[Nigeria previously] had an issue with Pfizer as well,” Adamolekun noted, making reference to the anti-meningitis drug that was unfairly tested by Pfizer in Nigeria in 1996, which led to the death of 11 children.

After experiencing impacts from the Ebola epidemic and the COVID-19 pandemic, the call for political accountability in Africa to provide adequate health infrastructure has never been greater. In many African nations, public healthcare is sub-optimal and private healthcare overpriced. Adamolekun explained that because of this, “people will self-medicate first before they try to go to a healthcare facility.” She calls upon the Nigerian government in particular to assume responsibility for the provision of public goods and wants them to understand that “public service is about delivering service and the public good”.

Dr. Tajudeen also recognized the need for change. “The status quo, as it is now is not really acceptable,” he explains. “We cannot have a situation where 1.2 billion [people] rely on outsiders to provide them [with] critical medical supplies of consumables like personal protective equipment.”

He suggests that African countries increase their “local manufacturing capacity [so] that when the next pandemic strikes [Africa] would be able to respond [using medical supplies that are] locally produced on [the] continent.” Tajudeen goes on to suggest that if this solution can be achieved, only after local capacity is overwhelmed should Africa look elsewhere for medical assistance.

It is clear that the Western world needs to rethink how to approach the African continent in the context of infectious diseases. The West also needs to revisit the misconceptions held about the region and, eventually, dispel them in favor of truth, which is that the African response to the COVID-19 pandemic at large has shown promising growth, especially compared to responses to the Ebola epidemic. However, the leaders of African nations also need to learn to help themselves; these governments have the responsibility to provide more robust medical infrastructure that is accessible and affordable to all.

Most importantly, countering global health problems is an international effort. “When it comes [to] global health security, [there is] no single individual, no single entity, no single country can do it alone,” Dr. Tajudeen remarked. “What is required is coordination. What is required is global solidarity, because a threat anywhere is a threat everywhere.”

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