



COVID-19 Weekly Bulletin

Testing: A big hurdle in the coronavirus fight



In managing the spread of COVID-19, a key strategy has been test, track and treat. But this strategy has been greatly hampered in African countries due to inability to test large numbers of people. According to the WHO, this has been due to a range of factors, including lack of equipment, limited personnel as well as a shortage of testing kits and reagents. Restrictions put up by different countries to contain the spread of the virus have also hampered production of required commodities, and their transportation.

The countries in the IMA/ACHAP project have not been spared these shortages. In Ghana, there are 7 testing centres, DRC has 5 and in Cameroon there are 20 of them. The average tests per day in these project countries range between 2,000 and 4,000, which is a very small number. The

tests are also targeted as opposed to mass testing. These limitations have affected how well the countries respond to the virus. The Kenyan government, for example, recently admitted that the level of testing cannot be used to tell the disease prevalence in the country. This, in turn, has made it difficult to reach a well-informed decision on whether to reopen the economy or not.

Another problem around testing has been delays in receiving the results. In some cases, they have been delayed for several days, causing lapses in the handling of patients. With test results taking several days to come back, there have been cases of possibly infected patients leaving hospitals without knowing their status, thus increasing the risk of spreading the virus.

As countries continue to lift their restrictions, putting in place an efficient test, track and treat system will be key in containing the virus and its effects. It is for this reason that the Africa CDC has launched the Partnership to Accelerate COVID-19 Testing (PACT).

The aim of the project is to drastically increase the level of testing being undertaken in the African continent through: establishing an uninterrupted supply chain; decentralised testing; laboratory automation; pooled testing; training staff; rapid specimen transport and efficient and uninterrupted workflow. The overall goal is to conduct at least 10 million tests in the continent and establish an Africa-wide test supplies procurement platform. CHAs are therefore encouraged to keep a close eye on the developments in the PACT programme to ensure they benefit from the plans.

Summary of actions taken per country

Cameroon

CBCHS response:

- Continued screening of all patients visiting health facilities.
- Referral of suspected cases for testing.
- Home treatment of mild cases and hospitalization of severe ones.
- Provision of psychosocial support for health workers.
- Messages reach: 10 health workers; 12 faith leaders, 10 CHVs and 5 HFs pushed messages to CHVs.

Government response:

- Developed a response plan that includes active surveillance at border points.
- People coming into the country undergo a rapid test; those found positive are quarantined at home or in government facilities depending on symptoms. The negative ones are quarantined at home.

Nigeria

CHAN response:

- Over 20 community education meetings held.
- Held awareness meeting with faith leaders in Lagos State, physically and virtually.
- Project facilities have developed fliers with information for the public on the disease.
- Patients are required to wear masks and screening is done at the entrance.
- Three patients currently admitted at Brigham University Teaching Hospital, which is a project facility.
- Messages reach: 257 health workers; 100 faith leaders, 231 CHVs and 3 HFs pushed messages to CHVs.

Government response:

- Issuing low-interest loans to small businesses to help them recover.
- There has been a medical workers strike, which is affecting response and putting pressure on private facilities.

DRC

Caritas Congo response:

- Health workers are increasingly becoming infected due to lack of PPE.
- Involvement of religious leaders in increasing community awareness of the disease.

- Waste management has improved following training supported by the project.
- Project facilities are now screening patients at entrances.
- Hand washing facilities available at all project hospitals.
- Messages reach: 9 health workers; 9 faith leaders, 10 CHVs and 5 HFs pushed messages to CHVs.

Government response:

- 13 out of 26 provinces in the country have reported infections.
- State of health emergency still in place.
- Government looking for ways to involve religious leaders more.

Kenya

CHAK response:

- Many of the big facilities have set up isolation centers.
- Staff members have been trained in IPC and have a high suspicion index for COVID-19.
- More suspected cases being reported at facilities but only one has turned out positive.
- Online messages circulated to religious leaders and health workers. Printed brochures have been shared with CHVs.
- PPE distributed to all health facilities.
- Messages reach: 280 health workers; 40 faith leaders, 1,000 CHVs and 20 HFs pushed messages to CHVs.

Government response:

- Awareness in Nairobi and Mombasa counties is high and the public is taking the necessary precautions, but this is not the case for other counties.
- There are expectations that restrictions will be lifted next week, but this may be jeopardized by rising infection cases.

Uganda

UPMB response:

- Engaged with and prepared religious leaders to amplify key messages on COVID-19. They will cascade simple messages, such as “If you’re sick, stay home”, to congregants.
- Procured and distributed PPE to health facilities.
- There are plans to conduct preparedness assessment, support provision of essential services, among others.
- Documented best practices on COVID-19 across member health facilities.

Government response:

- Educating people on how to properly wear a mask.
- Yet to provide the free masks as promised so citizens are buying or making their own.
- Private vehicles allowed to carry more passengers, PSVs are still to carry half their capacity and motorcycles are still not allowed to carry passengers.

Rwanda

BUFMAR response:

- Continuing production of hand sanitizer.
- Providing PPE to member health facilities.
- Churches being prepared for reopening by buying thermometers and installing hand sanitation points.

Kindly share experiences and feedback through email on communications@afriachap.org or via WhatsApp on +254726797558.