

Annex 1: key ideas and features of the commentary paper		
s/no	Key ideas	Consequences
1.0	Adverse consequences of lockdown measures in Africa	Social and economic effects (loss of income and livelihoods, reverse migrations to rural areas, slowdown of the economy, and increased Mental health problems e.g. domestic violence, depression, suicide etc.)
2.0	Benefits of the lockdown measures in Africa	-Reduced transmission of COVID-19 in Africa so far -Saved vulnerabilities such as low hospital bed per population capacity -Curbed the projected morbidity and mortality in Africa due to COVID-19 -Provided time for African governments to prepare and organize response to COVID-19 pandemic
3.0	Gap analysis	Proposed Strategies
3.1	Low number of COVID-19 tests per capita conducted in Africa	Increase testing, acquire more test kits, provide PPEs for health workers, increase case surveillance in the high risk groups, contact tracing, decentralize testing to regional sites and prevent stigmatization of cases and contacts in communities
3.2	Low community involvement in prevention and control of COVID-19 pandemic in many African Countries	Engaging, sensitizing and mobilizing African population for the control and prevention of COVID-19. Community plays critical roles in epidemic control, their willingness to adhere to strenuous directives and compliance are vital for epidemic control.
3.3	Social and main media are flooded with fake and inaccurate information on COVID-19 in many African countries	Regular Communications, providing updates on the status of the country's situation (fake and inaccurate news hamper epidemic control in a population and therefore the need for the above strategy using all the media platforms available).
3.4	Weak and vulnerable health systems in many African countries including inability to respond to epidemics	Create COVID-19 National, provincial, district, parish and village task forces. Task forces drawn from multi-stakeholder settings and should function to support the health care systems by picking expertise and experience from all stakeholders (This creates a holistic approach to the pandemic control by involving all stakeholders)
3.5	Lack of resources in health facilities from national to rural health facilities in most African countries	Updating status of health facilities from National to rural centres to support the response to the COVID-19 pandemic by providing the required resource for the response
3.6	Lack of personal protection equipment (PPEs) in most health facilities in most African countries	Procuring and stockpiling correct PPEs for all health workers to support treatment, prevention and control of COVID-19
3.7	Inadequate active surveillance of COVID-19 cases in most African countries	Strengthening active surveillance of COVID-19 in African communities to identify, isolate, quarantine and treat COVID-19 cases.
3.8	Centralized testing of COVID-19 in most African countries	Decentralize testing of SARS-CoV-2 to Regional centres for early detection and follow-up of contacts in the community and provide results timely to the cases and contacts.
3.9	Lack of funds for research on COVID-19 in most African countries	Earmark funds to stakeholders for competitive and feasible research on COVID-19 to provide guidance to the response.
3.10	Weak and poor health referral systems in most African countries	Strengthen health referral systems from the lowest level to the top
3.11	Lack of internal funding mechanisms for COVID-19 programs in many Africa	Establish internal resource mobilization mechanisms to support the establishment a COVID-19 Trust Fund to support its implementation
3.12	Lack of centralized coordination program for the COVID-19 in the relevant ministry in many African countries	Create a COVID-19 National Control Program in the Ministry of Health to provide the frameworks for its response.

3.13	Lack of or inadequate Regional State collaborations on prevention and control of COVID-19 among African countries	Strengthen Regional State collaboration on prevention and control of COVID-19 in African countries
3.14	Lack of or inadequate compliance to the protocols set for the control and prevention of COVID-19 in many communities in Africa	Institute and maintain night curfews and movement restrictions in communities to enforce compliance to directives on the pandemic
3.15	Inadequate global health security programs in many African countries	Strengthen Global Health Security in Africa in partnerships with African centres for disease control (ACDC).
<p>The paper describes how to assess and decide on easing lockdowns in any African country. Emphasis and consideration of the basic epidemiological principles on prevention and control of an infectious disease. Special consideration on actions such as "enhanced shielding" to the most-at-risk population, use of reproduction number (R0) for COVID-19 per country and region at a particular time, classification of risks to COVID-19 transmission in a population as low, moderate or high risk while taking considerations of the WHO recommendations on lifting lockdowns and the role of situational report on COVID-19 in any particular African Country.</p>		