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## National restrictions

## Some African countries begin to ease coronavirus lockdowns

**Adam Vaughan** 

COVID-19 cases across Africa have continued to be reported at much lower levels than on other continents. After many African countries took quick action to stop the virus spreading, several have begun easing restrictions.

South Africa has some of the continent's most stringent coronavirus measures, including a ban on cigarette and alcohol sales and a lockdown that allows people out only to get food or medicine. Its government is relaxing restrictions only very gradually.

In contrast, Ghana lifted the lockdown in its capital, Accra, after only three weeks.

"In balancing lives and livelihoods. [African] countries are now looking at easing restrictions. In doing so, we are encouraging countries to adjust measures slowly and in line with the evidence," Matshidiso Moeti at the World Health Organization told a World Economic Forum virtual meeting on 30 April.

Ghana's first covid-19 cases were reported on 12 March. Before lockdown was imposed on Accra at the end of March, a grace period

enabled a "sizeable number" of people carrying the virus to leave for other parts of the country, Kojo Ansah Koram, former director of the Noguchi Memorial Institute for Medical Research in Ghana, told the meeting.

With the lockdown now lifted, Ghana is doing as much testing and tracing as possible – more than 100,000 people have been tested so far. Physical distancing

Workers make protective equipment during lockdown in Accra, Ghana and mask wearing are encouraged.

Koram said that economic voices had won out over scientific advice. While many expected a further three weeks of lockdown, the government had to take into account the large number of people who need to work each day to earn a living.

Modelling by Francesco Checchi at the London School of Hygiene and Tropical Medicine and his colleagues suggests that short lockdowns in African countries can have only "marginal effects", whereas two-month lockdowns

could gain nations an extra three months to prepare and mobilise resources (medRxiv, doi.org/dt95).

South Africa seems better placed to capitalise on this. The country had its first covid-19 case on 5 March and has tested more than 200,000 people. Although 1.5 million people in certain sectors were allowed back to work on 1 May, the initial three-week lockdown has been extended.

The plan now is for testing and tracing, and for lockdown to be relaxed in phases at a regional level. "South Africa has a much more advanced health system and could potentially rely on an exit strategy that mixes distancing with extensive testing and contact tracing plus scaling up of hospitalisation capacity," says Checchi.

Lockdowns are tough for vulnerable people, says Wafaa El-Sadr at Columbia University in New York, and governments must look to provide food and income support. "If this does not happen, many will suffer and it will compel people to break lockdown measures in order to survive."



**Testing** 

## Senegal to trial \$1 speedy test for covid-19

TRIALS to develop a \$1 covid-19 testing kit that produces results in less than 10 minutes are under way in Senegal. If it works, the test could be a vital tool in sub-Saharan Africa.

Researchers at DiaTropix, an infectious disease testing facility run by the Pasteur Institute in Dakar, are working alongside UK-based company Mologic to manufacture the diagnostic kits.

The prototype is similar to a home

pregnancy kit and can be used either to detect current infections through saliva antigens or previous infections by blood antibodies. The institute says it could be rolled out next month if the trials show it works well enough.

Amadou Sall, director of the Pasteur Institute in Dakar, said that 500 to 1000 tests a day could be analysed at the facility and that up to 4 million could be made annually. "There is no need for a highly equipped lab," he says. "It is a simple test that can be done anywhere."

Most coronavirus tests use a technique called polymerase chain reaction, or PCR, to detect sequences of viral RNA. Each test costs hundreds of dollars and takes several hours to process using sophisticated equipment. The team behind the new pocket-sized test say it would be much cheaper and easier to distribute across sub-Saharan Africa.

"Existing systems are not fit for purpose," says Joe Fitchett at Mologic. Testing regimes that are

"There is no need for a highly equipped lab. This simple test can be done anywhere"

decentralised and not required to turn a profit are essential to addressing covid-19 and future pandemics, he says.

Justine Davies, a global health researcher at the University of Birmingham, UK, says the tests could allow some economic activity to continue in the region while reducing the burden on Africa's limited health services. "If it is properly validated and found to be reliable, then it could have major positive impacts, allowing contact tracing and limiting the spread of the virus," she says.

**Peter Yeung**