



**Examining Government Response to the COVID-19 Crisis: Success, Failure and Lesson Learned
for Future Management of Public Health Crisis in South Sudan.**

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Introduction

As the Novel Corona Virus Disease (COVID-19) spreads to low-income countries including South Sudan, health authorities have put in place prevention measures that have been under the directives of World Health Organization (WHO) & Ministry of Health and encouraged by donors and the general public. The purpose of this policy paper is to critically reflect on how the Revitalized Transitional Government of National Unity (R-TGoNU) response to the Corona Virus COVID-19 health crisis. On 5 April, the Government of South Sudan confirmed its first case of COVID-19¹. The High-Level Taskforce issued a statement confirming its close collaboration with the World Health Organization and Centre for Disease Control and Protection in contact tracing, and urging members of the public to strictly implement physical distancing measures. However, even before the confirmation of this first case, the pandemic was always likely to have wide-ranging ramifications for peace and conflict dynamics in the country. The knock-on effect of national economic decline, regional and international border closures, threats to food supply chains and falling oil prices will have implications for South Sudan's fragile economy. If more stringent lockdown procedures are applied, this will further impact livelihoods and unemployment; as resources become scarce, there is a risk of rising criminality; and as more speculation and fake information spreads, this may inject additional fear and tension into an already complex and insecure environment.

The paper will provide an examination and highlights on Government Response to the Corona Virus (COVID-19) Crisis. Critical examination will be on registered Success, failure and lesson learned for future management of public health crisis in South Sudan. The paper shall also look at the gender responses and approaches in managing the virus and finally offer some lessons learned and strategic policy recommendations that help the government to better handle and manage future of health crisis in South Sudan. The policy paper is developed based on existing secondary data sources, and informal interactions, interviews and consultations with a wide variety of stakeholders including CSOs, general public health workers and government officials.

As of May 18 2020, at least 4,820,529 million cases of the novel coronavirus infections, have been reported globally. Similarly at the time of this paper release, over 316,983 people have died of the virus worldwide (Worldometers, 2020). With this worldwide picture, Africa contributes over 84,521 infections and with 2,759 deaths (Africanews 2020 and South Sudan Ministry of Health 2020). In South Sudan the COVID-19 cases were recorded at 290 with 4 deaths (Worldometers 2020). COVID-19 causes respiratory infections and is transmitted via airborne droplets, which an infected person releases through coughing or sneezing. The virus enters through the mouth or nose, which is why facemasks are recommended. The virus incubates over a period of 5-6 days but can take as long as 14 days for signs and symptoms to show. This prompts the basis for a commonly recommended 'self-quarantine and monitoring of symptoms lasting 14 days post exposure (South Sudan Ministry of Health 2020).

The COVID-19 crisis is already having and will continue to have devastating health, social and economic consequences for individuals and communities across all corners of South Sudan, which must not be underestimated. Views² from many South Sudanese citizens, health and policy experts the COVID-19 has provided the Revitalized Transitional Government of National Unity a critical opportunity to gain capacity and learning reflection on how they can effectively respond to future health crisis but given the poor performance, the government is seen as failed yet the government continue to gamble and as such it has increased distrust with the citizens and the health experts.

¹ South Sudan confirms first case of coronavirus". Reuters. 5 April 2020. Retrieved 5 April 2020.

² Interactions and interviews from CSOs leaders, citizens and medical experts May 13, 2020

As this reflection paper can put it there are no principles that guide government response to the COVID-19 known by the South Sudanese public. South Sudan failed to be ahead of the pandemic hence the increase in the number of cases from travel related cases now to community infection cases³. For South Sudan to succeed in arresting the covid-19 situation, decisions of the Task Force must be informed by science based information other than political decisions and shows of power. Ways of ensuring community ownership, community leadership and community driven mechanisms are key at this particular time. Safeguarding the health, safety and well-being of citizens and residents in South Sudan should be at the heart of the government policy. In other countries such as Uganda, Rwanda and Kenya- though the bad case with Kenya is marred with police violence which includes; arbitrary arrest, bribes, congestion of prisons and detention facilities to citizens but in over all these countries have handled the disease as if it is a war and these government actions have been respected and increased the trust with their own citizens, though to many with the region and from these countries the government's actions have regarded as violations and populist approached that criminalize some people including opposition political parties.

The way those countries handle the disease were guided with focus economic and scientific strategies which were further informed and reformed with human rights considerations. The paper reflection showed that in South Sudan the government responses raises a lot of questions which the government and the South Sudanese citizens need to reflect on and provide answers on their own for now and in the future.

Discussion

As the paper can assert the government has established a structure to respond to the COVID-19 through the High Level Task Force (HLTF). It also be emphasized that, the structure largely remains at national level with less technical support. The established National Steering Committee which is the technical part or body and State level taskforces work was larger ignored by the government. A technical structure such as the National Steering Committee and State level taskforces are supposed to drive strategy. The function of the National Steering Committee became only on Country-level Coordination, Planning & Monitoring. It was also evidence that the High Level Task Force strategy was merely driven on prevention measures such as frequent hand washing with soap, social distancing and use of masks but not a combination of prevention and treatment. Even the preventive measures put in place by the government were not fully adhered to by the general public given the fact that many citizens interviewed indicated that they are not realistic to the social and cultural norms of South Sudan. Most South Sudanese appear to have an 'I Don't Care Attitude' 'we shall resist this corona virus, we eat local food and our immunity is strong is what is heard amongst most sectors of society that that these attitudes and behaviors that have greatly impacted the change in tackling and responding to the health measures. As reported by the South Sudan Ministry of Health on its COVID-19 Weekly Situation Report, (2020) Contacts of COVID-19 positive Cases refused to comply with quarantine measures, or denying exposure to confirmed cases even when they are known contacts. To the reflection of many South Sudanese's they did not see the Task Force as an exemplary given the behavior of the taskforce in understanding of their relevance and competency on the task assigned to them.

Interviews and interaction with both CSOs, general public and policy, health experts suggested that first; South Sudan is hierarchical in its organizing and so it's time to involve: the church leaders, local chiefs, youth leaders including association leaders, women leaders in all their categories should be involved. Women carry the disease burden. They have to care for the sick should one fall sick, this is because the quarantine is done at home and women now take most of the care responsibilities. Other categories include the leadership of the organized forces including the military to be involved in the Awareness creation and sensitization. "We only listen to our own elders and local leadership. The respected leaders were missing

³ "South Sudan suspends interstate travels over COVID-19". Radio Tamazuj. Retrieved 14 April 2020.

in the taskforce. They include church leaders, traditional leaders'' (CSOs leader personal communication, May 18 2020)

The South Sudan government has not taken into account the behavior aspect of communities more rigorously when it comes to the issue of mandatory quarantine as one of the health prevention measure. As observed from many Sudanese it appear the quarantine is a new concept as traditionally the South Sudanese people are used to comforting those who are sick and death. As also reported by the national ministry of health on its COVID_19 weekly Situation Report of May 4- 10, 2020 physical distancing remains a problem in public markets and IDP sites. IDPs are not aware of the COVID messages and they have not heard of these in their villages of origin. Radio broadcasts and social mobilizers have not reached these villages. The IDPs are largely vulnerable due to congestion, poor feeling leading to low immunity and lack of amenities like running water many more.

Most decisions made by the HLTF and the way they are implemented have made the public confused as they cannot distinguish between prevention measures via lockdown as many people movements were permitted throughout South Sudan. Given this many of the South Sudanese think that they do not see lockdown as a prevention measure. This problem is believed to stem from the fact that the HLTF failed to handle better coordination of pass-off between risk communication and community engagement (RCCE), case management, and contact tracing is needed in regard to notifying those who test positive of their results and counselling them on the implications and next steps Ministry of Health (2020) and World Health Organization 2018). 'I don't think the HLTF is doing a lot. I personally don't know the reason behind unlocking almost every measure put in place by the government, including working from 9:00 Am to 5:00 pm, '' This was aimed at decongestion of the work space but it does not make sense if all people turn up at the same time but if truly the numbers reported are COVID-19 pandemic related. More so isolating patient's at home, I am not sure of the modality the HLTF deployed in following up the cases'' (CSOs leader personal communication, May 12 2020). Also as reported by The East African (2020) various stakeholders in South Sudan have criticized the South Sudan President for easing restrictions meant to curb the spread of the Covid-19 coronavirus.

Consequently, all health workers are not on high alert since they were not mobilized enough by the government and several health facilities have not been prepared to manage expected patients arising from such disease outbreak. Public awareness and promotion of preventive behaviors such as regular hand washing and social distancing are some of the major activities being implemented by NGOs but not greatly by the health ministries both at national and local government level at the moment. The South Sudan Government established a COVID-19 management structure with a High-Level Task Force (HLTF) chaired by the First Vice President, Dr. Riek Machar Teny, soon after the declaration of the pandemic. The High-Level Task Force on COVID-19 mainly composed of Minister of Cabinet Affairs, Health Ministry, selected line ministries, Bank of South Sudan, General Intelligence Bureau, Internal Security Bureau, Civil Aviation Authority (UNOCHA, 2020). This Task Force coordinates and communicates to the people of South Sudan the measures needed for the prevention of spread of the disease. The major decisions are border closures, travel restrictions, lockdown, and social distancing. When the Task Force was established by the President it was expected that he will be the one taking daily leadership and spearhead the effort, constantly advising South Sudanese to adopt and practice proven behaviors capable of stemming the spread of the infection. However, that turned out not to be the case as the work was entirely left to the hand of the First Vice President and those under him. As the Task Force was still emerging to understand its role, with a weak Ministry of Health the country failed to be ahead of the pandemic⁴. The weak Health system is due to lack of ambulances; shortages of sampling kits, ventilators, inadequate Personal Protective Equipment (PPE),

⁴ Dr. Akuay Cham, an associate professor of public health at the University of Juba, questioned whether the decision was based on sound reasoning.

shortage of WASH and Infection Prevention Control supplies both in Juba the capital and in other urban centers of South Sudan World Bank (2020) and Tawad et al,(2020). Further, South Sudan is also found to suffer from limited laboratory capacity to handle the demand for testing, in terms of supplies, personnel and coordination, with only one testing site at the National Public Health Laboratory (NPHL) in Juba. Hence the increase in the number of cases from travel related cases now to community infection cases⁵.

Most of the discussion of the government and the HLTF have been marred with secrecy. The one example of the secrecy is when the rules and directives of lockdown were relaxed by the Presidency effective 8 May 2020: curfew time from 22:00 hrs to 06:00hrs (previously 19:00hrs to 06:00hrs); restaurants and shops to reopen during non-curfew time, but should effect social distancing and use of masks. Discussions are ongoing to resume internal travel by land, water and road; as well as regional flights and road transport Ministry of Health (2020). The HLTF focused too much on facilitating both domestic and international flights for humanitarian cargo and personnel and actually addressing issues to curb the spread of the COVID-19. Yet handling a disease such as COVID-19 can only succeed if the government and its relevant institutions and structures recognize the importance of open government with open media as eluded by the health expert the South Sudan Doctors Union that ‘government decision are always rushed⁶. At a time of disaster response and relief the value of open government can come under intense pressure from its citizens but can also meaningfully contribute to better outcomes⁷. ‘‘Generally, the communication was poor. No member of the Taskforce including the president understood or tried to explain the science and transmission of the disease. All they did was to give directives. Hence people did not connect the two’’ (CSOs leader personal communication, May 18 2020). There were reports that suggest that once a security man is bribed he or she will not take up the instructions and implement them as provided by the government leadership in both Juba and in the areas outside Juba.

It was further highlighted by South Sudan Medical Journal 2020⁸ the reason the general public view the work of the government on COVID-19 as a failure because when the government announced the lockdown it appeared not to be effective since institution responsible for enforcing it did not take up the enforcement orders seriously. South Sudan as a country was not ready for case management as since its independence the government did not invest in building the capacity needed to effectively respond on increased health case management. According to South Sudan Medical Journal (2020) the government due to its historical lack of transparency has failed to strengthen coordination with various actors in the health sector instead NGOs and the UN organization took up the task of ensuring some level of coordination and how best the management of COVID-19 can be done. Further, informal interactions and consultations with a number of South Sudanese citizens have pointed out that citizens are defying the lock down because government officials are not respecting the lockdown. A special example was reference as the case of Inspector General of police appearing and attending a funeral in Juba with Hugh crowd despite the measures to be respected by himself as a law officer, second reason was because of economic hardship South Sudanese are facing and lastly most south Sudanese have been tired of the way and any government decision appears to them as another measure to increase their vulnerability to survive.

As it can be emphasized there is minimal technical support from health experts that the taskforce is largely political, lacking significant academic and medical professional input. Further the taskforce was lacking in relevance, competence and credibility. As part of its ongoing work, the HLTF needs to discuss and agree on sharing protocols with the aid organizations. Clarity is also needed on state-level training

⁵ VOA 2020; South Sudan Lifts COVID-19 Restrictions Despite Rise in Cases. <https://www.voanews.com/covid-19-pandemic/south-sudan-lifts-covid-19-restrictions-despite-rise-cases>

⁶ The South Sudan Doctors Union called the decision rushed

⁷ Collecting Open Government Approaches to COVID-19 <https://www.opengovpartnership.org/collecting-open-government-approaches-to-covid-19/>

⁸ Tawad et al, South Sudan COVID-19 Preparedness. South Sudan Medical Journal 2020; 13(X):44-47

sessions and interpretation and application of COVID-19 case definitions, COVID-19 testing strategy, and protocol on raising COVID-19 alert. The HLTF have been meeting daily to discuss the COVID-19 situation, which to many citizens, is a good thing but their regular meetings could have allowed them to look at data and also conduct analysis to inform them on designing measures and strategies necessary to combat the disease⁹. In Uganda for example its task force make daily decision based on scientific and medical advice and that most decision made by the government remained largely respected by its citizens (The Elephant (2020). As recommended by health expert analysis, help in addressing limitations comes in understanding epidemiologic trends and evaluating the surveillance systems. Surveillance and early detection of suspected cases are not properly at the core of the current interventions as well.

As this reflection paper can put it there are no well and reinforced public health principles could have continuously motivated and guided government response to the COVID-19. As known from many countries their government's actions are majorly derived by principles and measures from World Health Organization Strategy on COVID-19 (2020) which outlined that countries must; "Mobilize all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing. Control sporadic cases and clusters and prevent community transmission by rapidly finding and isolating all cases, providing them with appropriate care, and tracing, quarantining, and supporting all contacts. Suppress community transmission through context-appropriate infection prevention and control measures, population level physical distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel. Reduce mortality by providing appropriate clinical care for those affected by COVID-19, ensuring the continuity of essential health and social services, and protecting frontline workers and vulnerable populations" (p.5). In many countries in Africa and beyond they have adopted mostly these principles that have guided the COVID-19 response. In South Sudan the government need to take the implementation of these measures seriously. In particular, governments must be prepared to quickly take mitigation measures if current aggressive containment measures are insufficient¹⁰. Third, there must be a relentless focus on an implementation plan that is effective. Those principles should have informed plans of the government to take fast action in several areas in South Sudan. The Revitalized Government of National Unity will need to immediately bolster the health care response, protect the economy, and safeguard social stability, including by ensuring that food and other supplies keep moving. The government need to establish a committee of expert to develop a mechanism on how this moving forward can be done in a very transparent way and at the same time, The Revitalized Government of National Unity will need to rapidly deploy key personnel for a powerful pandemic response to support effective policy, execution, and decision making. The government must also work collaboratively with community leaders, CSOs and players in the private sector.

The nations of the world were confronted with a global health emergency after the World Health Organization declared the COVID-19 outbreak a pandemic. Restrictions and regulations were imposed to reduce the spread of COVID-19. The recommendations from WHO and CDC (Centers for Disease Control and Prevention) formed the basis for limiting the spread of the virus but implementation has varied between countries¹¹. Speaking to several members of the public their feelings and opinion is that the government through the High Level Task Force has been very slow in testing cases, slow on lockdown measures

⁹ Government, South Sudan (1 May 2020). "Update on COVID-19 Response - 1 May 2020 In the last 24 hours, 299 samples were tested & results released. Of these, 10 tested positive for #COVID19SS. Out of the new cases identified, 9 are male & 1 is female. Total of tests: 1,247 Total of cases confirmed: 45 #south Sudan". @South Sudan Gov. Retrieved 1 May 2020.

¹⁰ South Sudan imposes nighttime curfew over coronavirus". Radio Tamazuj. Archived from the original on 26 March 2020. Retrieved 5 April 2020.

¹¹ <https://www.africanews.com/2020/04/11/coronavirus-south-sudan-the-ministry-of-health-with-support-from-who-and-partners-scale-up-response-to-covid-19-in-south-sudan/>

implementation, and slow in tracking. ‘‘My own understanding is that the HLTF is also frustrated as the decision to unlock almost everything did not come from them but from the so called presidency. You can notice that I used the word so-called because the decision seem to have been made actually without all the members of the presidency but from the president’’ (CSOs Leader Personal Communication, May 12 2020)¹² Most communication on decisions or measures agreed by the task force were mainly done via one media South Sudan Broadcasting Cooperation, yet only very few member of the population have access to such media. In most cases the communication made on the media is seen as a show off and public marketing of those nominated to steer the Task Force.

Coordination continues to evolve at National and State levels but not rapidly at country or lower local government levels. At the National level, the High-Level Task Force (HLTF) meets frequently as reported, chaired by the First Vice President to provide strategic guidance and support for the COVID-19 response. The COVID-19 National Steering Committee (formerly known as the National Task Force) is chaired by the Incident Manager and co-chaired by a WHO Incident Manager from the local Juba office. Membership of the Task Force consists of Ministers, Undersecretaries and Director Generals from MOH, officials from Finance, the Trade Unions Chamber, the civil aviation authority and academicians from the University of Juba¹³. As observed there was lack of initiative from the government and the HLTF to create an open space for citizens to share what they see is going wrong and how civil society and private sector are to be engaged. When the COVID-19 outbreak was declared, the Ministry of Health and the National Task Force constituted should have effectively devolve a preparedness response, placing a lot of emphasis on risk communication and community engagement to promote good health practices among members of the public. Ideally for this crisis to be properly handle at local state and local government level governors will need to assess the epidemiologic situation in consultation with public health and healthcare leaders, along with mayors, local community leaders, and health departments. But this is absent since the government and number of states are not finalized.

Both poor governance structures as well as underfunding the health sector are enabling factors for corruption to become a cancerous phenomenon as it has become in South Sudan. The neglect of the government’s responsibilities towards the health of its citizens as well as its dismantling of the previously existing regulatory frameworks in the health sector are both key drivers for the corruption seen in South Sudan’s health sector. This crisis has underscored the essential role of government in preparing for and responding to a crisis and ensuring that the basic needs of individuals, especially the most marginalized, are met. Now more than ever, the duty of government to provide social services, safety nets, and investments in national public goods is clear. At the same time, COVID-19 has also underscored that government is unable to address this crisis alone; managing a situation of this scope absolutely requires the collective efforts of actors across the system, bringing together non-usual suspects from the private sector, civil society, and community leadership to creatively collaborate. Handling disease such as COVID-19 requires the government to zone restrict entry and exit of people in these areas this way that could have reduced the disease to come in in Juba at large scale than the case now but this is not the case in South Sudan. After nearly two months of the government task force looking at the cases and after realizing that the cases are increasing, now the government is beginning to introduce measure of testing in limited areas around Juba, which to the public are not effective and sufficient. To date the only testing are concentrated on those people who are seeking travel clearance to the states and when found positive then their contacts are only trace. No single initiative created by the government to conduct community level testing and isolation as the case in other country such as Djibouti. According Africa Centre for Disease Control and

¹² Interview with CSOs Leader personal communication, May 12 2020

¹³ Dr. Akuay Cham, an associate professor of public health at the University of Juba, questioned whether the decision was based on sound reasoning.

Prevention (Africa CDC) (2020) “Djibouti has the highest number of cases in Africa relative to its population of about one million people, though its testing has also outpaced many of its neighbors” (as cited in Aljazeera 10 May 2020 n.p).

As it can be pointed out, situations of health crisis and other crises require application of transparency, accountability, and public participation, as they are fundamental. Without them the government of South Sudan will continue to suffer from not receiving direct financial support. Direct funding to government accounts remains challenging, although allocations have been formally announced by the Government and many donors to support activities in all states. The donors funding except the government one did not go into the account of the Task Force. The reason was understood that the government or the Task Force is marred with corruption. Even some of the calls made by the government for citizens to donate whatever they have to combat the disease were poorly responded to by the citizens¹⁴. Most citizens do not trust the government as they do not see it as an organ that can deliver required health services after receiving the public financial and in-kind support. Building trust between government and citizens, including through strong communications and focusing on reaching vulnerable communities with the information is something the government should take as a lesson learned. Also addressing corruption with full political will be necessary if the government wants to win the international community and donors support. As the public was informed by the South Sudan Bank Governor, "The millions and millions that you people hear coming from donors doesn't come to the government, not even a single penny. They just put it in the media but they disbursed it to organizations, NGOs, and government doesn't have any say on the way they spend it. They don't even report to the government¹⁵," (Korom, Juba May 2020).

Conclusion

As the paper proposes significant investment on awareness about COVID-19, the paper also declare that the COVID-19 situation is now beyond awareness. The COVID-19 situation it is becoming a crisis, which needs swift response for control of the infected persons and admitting them in sufficient strict quarantine centers rather than at their loosed homes. There in quarantine centers, maximum medical attention should be offered to reduce deaths and increase recoveries. The new Chinese building in Juba Teaching Hospital (JTH) should be turned into quarantine center. Also the public hospitals in states should have sections of COVID-19 Quarantine services.

For South Sudan to succeed in arresting the COVID-19 situation, decisions of the Task Force must be informed by science based information other than mere political decisions and shows of power. Ways of how to ensure community ownership, community leadership and community driven mechanisms are key at this particular time. Safeguarding the health, safety and well-being of citizens and Residents in South Sudan should be at the heart of the government. The government of South Sudan through the High Level Task Force took the COVID-19 as a learning process but such learning only ended up at the Task force offices and failed to turn such learning to reduce the cases and improve the health structures and measures necessary to adequately respond to the health crisis situation. In addition, if the Task Force could have taken the learning process positively their actions response and decision making could by now be informed by have scientific analysis and analysis which such outcome to the general population could have been positively compelling.

¹⁴ Collecting Open Government Approaches to COVID-19 <https://www.opengovpartnership.org/collecting-open-government-approaches-to-covid-19/>

¹⁵ South Sudan Announces New Steps to Fight Coronavirus <https://www.voanews.com/covid-19-pandemic/south-sudan-announces-new-steps-fight-coronavirus>

As South Sudan is facing unprecedented challenges from COVID-19 the strain on the government is extreme, and the impact on people all over the country continues to grow. Given this the learning here for all intuitions and actors is to invent in ensuring an open government that is capable of addressing future health crises. As reference in this paper South Sudan citizens are willing to support and contribute their little resources to the government to fight the COVID-19 but since the government is seen not as close to its citizens and further with the government failure to become transparent, accountable, and not willing to encourages participation to the COVID-19 response these factors has negatively complicated join citizens and government fighting of the disease throughout the country. Many South Sudanese believe the best role for government right now is to help create an open space for the community to share where they see open government approaches to tackling COVID-19 being implemented, either by Task Force themselves or by civil society, citizens or the private sector.

The Revitalized Transitional Government of National Unity should consider this paper reflection that the importance of clear, consistent communications to give communities accurate guidance on public health measures such as hand washing but also to win their trust and bring them into the local and national effort to fight the disease. Further, The Revitalized Transitional Government of National Unity rethinking on what to do with the current capacity of the health care system, number of ventilators in the whole country, do the country really have doctors and nurses, especially in rural areas? How about access to personal protective equipment and medications?

There are a lot of questions which the government and the South Sudanese citizens need to reflect on and provide answers on their own for now and in the future; some of these questions includes; what will be the actual caseload by the end of this crisis? Does the government provide access to up-to-date statistics on the spread of the disease and how will this impact and influence future response to health crisis? Could the government develop that capacity, or does the scientific response need to be guided by the WHO and the CDC (which, by the way, is doing a terrible job in the other countries)?

Strategic Policy Recommendations

- The R-TGONU should restructure the security sector and begin paying them well so that they are able to take up their role seriously as supposed to be compromised because some of them are being bribed. Indications suggest that once a security man is bribed he or she will not take up the instructions and implement them as provided by the government leadership to the latter and sprit.
- Donors and the government should provide support to COVID-19 awareness and hygiene promotion among the security forces especially at cantonment sites, collection sites and in the barracks. It is seen as an opportunity to be able influence or one channel to change the rules on movements of essential staff and supplies when we meet with the Joint Defense Board.
- The government should invest in scientific and the medical workers so that they are able to support and response effectively to health crisis. This can be done through Capacity building in terms of training of manpower (nurses, doctors, laboratory technicians and support staff)
- As the Task Force has concentrated mainly at national level it is time now for the government to rethink and strengthen local government structures and equip them to response and support future health crisis.
- As part of its ongoing work, the Task Force Needs to discuss and agree on sharing protocols with the Aid organizations. Clarity is also needed on State-level training sessions and interpretation and application of COVID19 case definitions, COVID-19 testing strategy, and protocol on raising COVID-19 Alert.

- While coordination arrangements at National level are increasingly clarified, more guidance is required at State level with improved linkages between National and State levels.
- Citizen-led community responses, including neighborhood volunteer groups and neighborhood associations, clergy, teachers or others helping to inform the public on the risks and needed steps.
- Participatory disaster response strategies, including working with civil society and citizens should be put in place.
- Building trust between government and citizens, including through strong communications and focusing on reaching vulnerable communities with the information they need.
- It is recommended that the government must adopt possible intervention alternatives such as; strengthen and support the High-Level Task Force committee, review the country's rapid response, surveillance and preparedness strategy, massively review and enhance the infection prevention strategy and create isolation centers with adequate and appropriately trained staff, medical equipment and adequate supplies of reliable PPE.
- The door to door awareness has not been effected. The men and women in uniform need to be properly informed about COVID-19 and they must adhere to the health guidelines. Enforcing the guidelines among the population is critical. Social distancing needs to be observed and it should start with those in uniform.

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