

# CORONAVIRUS: KENYA AS A LENS FOR AFRICA

## LAUREN GELFAND

DEFIANCE #035  
WITH PETER MCCORMACK



## DEF035 - LAUREN GELFAND INTERVIEW TRANSCRIPTION

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**Peter McCormack 02:59:**

Good afternoon, Lauren. How are you doing?

**Lauren Gelfand 03:01:**

Fine. Thank you, Peter. Thanks for having me.

**Peter McCormack 03:04:**

No, not a problem. I'm just going to lay it out from the start. I'm not an expert in anything related to coronavirus. I'm trying to navigate this like everybody else and trying to find the most accurate points of information because there is an awful lot of misinformation out there. I'm trying to also target unconsidered groups in this crisis. In the UK, I've been looking at victims of abuse or the homeless, but also, I'm recognising that globally, there is an issue with maybe some of the more developing countries with their health systems. You came strongly recommended as somebody to talk to about potentially what's happening in Africa. Thank you for joining me. I think a good starting point is if you could just give a bit of your background in the work you do.

**Lauren Gelfand 03:53:**

Sure. Thank you. I have a background, I was a journalist 100 years ago and then moved into public health policy and had been working in policy advocacy and communications for health for an African research institution for the last several years. I have a fairly grounded knowledge of African health systems and the structural as well as individual challenges that these countries that you rightly have pointed out are going to be facing as they come to terms with this disease, both in terms of the structural level, the infrastructure of the health system and other systems like the economic system, but also what it means for the huge number of Africans who work in the informal sector, who live in informal environments and who really don't have the safety net that anybody needs to be able to withstand the threat of a community transmission of a global pandemic such as the coronavirus.

**Peter McCormack 04:59:**

How long have you been focused on coronavirus now in your work?

**Lauren Gelfand 05:05:**

Like you, I am not focused on coronavirus per se. I am more somebody who looks at health systems and the impact of disease management on health systems or the inability of health systems to reach populations. That's more my area of expertise.

**Peter McCormack 05:26:**

Let's dig into a bit of the details specifically related to Africa and you're based out of Kenya, I believe.

**Lauren Gelfand 05:33:**

That's right. I've been living in Nairobi for the last 11 years.

**Peter McCormack 05:37:**

Interestingly, it was Kenya that stood out to me because I saw a tweet the other day that said, "The impending problem for a country like Kenya is that for a population of 50 million people, there is only 155 intensive care beds," which then I checked for the UK just as a comparison. We have 3,700 for 66 million. Obviously, we have a higher proportion of beds per person, but we also I think probably have an ability to ramp up quicker in. What would be interesting is to know, what are the unique factors for Kenya that people outside of the country would not be aware of and then how much of a lens is Kenya for the rest of Africa?

**Lauren Gelfand 06:23:**

Wow, those are two great questions. I think you got it right, as a country of 50 million with such a paucity of ICU beds. The lack of ICU space is only

illustrative of the deficits within the health system. As you may know, Kenya moved from a centralised system of government to a devolved system of governance over the last several years, which meant that responsibility for health service delivery, which was once at the central level, has now been devolved to the 47 counties. Each of those counties has their own pool of resources enhanced by federal funding, but the reality is that a lot of these counties don't have a lot of money. They don't have a lot of assets. They don't have a lot of resources.

**Lauren Gelfand 07:12:**

Investing in primary healthcare has been more of a priority because it reaches a larger population, that investing in the specialised healthcare than an ICU unit would provide. The other challenge also is that we have a huge and chronic deficit of health workers, again, which is more pronounced in the more remote areas, which means that there are very few communities in the country that benefit from having even a full-time doctor in those communities. A lot of the healthcare is being done by lower level cadres of health providers at lower level facilities. Even that access to a larger hospital is compromised for so many of the country.

**Lauren Gelfand 08:00:**

I would say that this is, unfortunately, not unique to Kenya, but it's a situation that's confronting a lot of countries, particularly countries that are south of the Sahara, what we know as Sub-Saharan Africa, beyond the North Africa, Sub-Saharan Africa divided. We don't really like using that term Sub-Saharan as much as we used to. There is a paucity of health resources availed to the majority of the population. When there are health resources, it's a very good chance that they are delivered by lower level cadres of health workers.

**Peter McCormack 08:42:**

In preparation for this, I was reading quite a bit up on Kenya and one thing that really stood out to me is a report that noted that one of the issues that somewhere like Kenya will face is a rural time bomb and that perhaps the facilities in the major cities are considerably better than within rural areas and this is a problem across all of Africa. Would you say that's an accurate statement?

**Lauren Gelfand 09:07:**

I think it's accurate to a point because I think that that obscures the fact that the rise of urban informal settlements or urban slums means that there is a rise of hugely densely populated and crowded urban spaces that they themselves don't have access to health facilities. Over the last generation, there's been this talk of this urban advantage in Africa where there's been migration from rural areas with the idea that access to services like health and education are

better in cities, yet because of that migration and then because of the organic growth within these informal environments, we're seeing an erosion of that urban advantage in these slum areas which means that access to health and education and clean water and sanitation is compromised even further in these informal areas and these informal settlements which means that the spread or the community transmission in these urban slums is even more rapid than in rural areas because it's so many folks living in such a densely populated environment.

**Lauren Gelfand 10:31:**

For example, in some of the urban slums in Nairobi, we've had repeated incidences of diseases like cholera that are highly contagious, rapidly transmitted around urban slum environments because of the lack of that public infrastructure to serve them. There is the challenge, of course, in rural areas and this is one of the things that's been happening over the last two weeks since the first case was detected here in Kenya, a lot of Nairobi residents are sending their family members or going back to their rural environments which means that the buses that they're writing are almost potentially becoming vectors for that urban to rural transmission.

**Lauren Gelfand 11:18:**

Then, they're going into communities whereas you rightly point out there are very few health services. We have the potential for community transmission in densely populated urban slums as well as the risk of the disease being exported to rural areas where folks have access to very little, where literacy rates are low, where isolation even though social distancing is supposed to be the watchword of the control of the spread of disease, isolation and social distance aren't always the same when you're talking about rural, low literacy populations in African environments.

**Peter McCormack 12:01:**

You've already preempted my next question because I was going to point out that the spread of the virus globally appears to have followed the major transit points. We have high density in New York now, London, France and in Madrid. I was wondering if a country like Kenya was to have a late occurrence of a coronavirus? I haven't seen any reported deaths yet, but I think it's about 28 infections. I'm not sure if that's correct now, but it doesn't seem now, but was there an opportunity to isolate cities such as Nairobi to protect rural areas?

**Lauren Gelfand 12:42:**

I will say that in comparison to some of the overindustrialised countries, Kenya and a lot of its neighbors on the continent, Uganda for one, South Africa for another, Nigeria, they've done a lot of that preemptive really tough decision, making to try and shut down the country to limit or inhibit the importation of

the disease in a way that perhaps countries like the United States failed to do. Kenya, right now, the last flight left yesterday to the United States. There are three more flights that are only leaving to the UK this week. Kenya is trying to do the right thing, cognisant of its limited resource base in a way that some other countries have not done.

**Lauren Gelfand 13:35:**

That said, we can look at some of the cases that have come into the country that our government representatives who made some very misguided decisions to go to places like Italy and Germany and then come back and choose not to self-isolate which is just arrogant, stupidity and they should all be jailed, beyond put in quarantine forever, but that's a separate issue. There's also been concerns that with some of the newly arriving folks up until flights were suspended, there was not clear guidance at the airport given to them, so there were folks who came in who expressed voluntary intention to follow government orders, but the government orders were confused.

**Lauren Gelfand 14:24:**

These folks ended up arriving in the country, were told to self-quarantine, then were told to report back for government quarantine, then were put together in a group, then were driven around in a bus and now were having to quarantine in government facilities at their own expense. There has been a little bit of a rocky situation, but I will give credit to this government for really doing the hard work of shutting down with the potential economic ramifications for the country to try and prevent that community transmission that could be so disastrous, not only for public health, but for longer term economic stabilisation. The country is doing almost the best that it can with the tools that it has at its disposal. Compare that to someone ... Sorry. Go ahead.

**Peter McCormack 15:23:**

No, I was going to say, so the conversation I had this morning was with a British lady who lives out in Beijing. We had a long discussion about the role of the state in this because obviously it's a far more authoritarian regime in China. I think some of the things that the, say, Boris Johnson and the US are wrestling with another state is the fear that people have of the erosion of their civil liberties. She said, "Look, I'm just staying in Beijing," saying, "Forget this. You can see what we've done here and you can see the impact and your lack of iron fist for dealing with this immediately with strong leadership is the reason you're seeing such a widespread." She also referred to their experience across Asia of dealing with SARS and MERS.

**Peter McCormack 16:10:**

In Africa, the experience of dealing with specifically Ebola recently, but also other conditions such as you mentioned, cholera, tuberculosis and AIDS, do

you think that experience culturally has you on guard with the spread of a virus and you're more prepared with weep? Apart from something like swine flu in the UK which wasn't too bad, I don't remember a situation where we've had to consider any kind of outbreak such as this.

**Lauren Gelfand 16:37:**

I think it's an interesting question. I think, unfortunately, Africa has a lot of experience with dealing with outbreaks of highly contagious illness because of the structural deficiencies and the pervasive inequities that are very much a legacy of some of the colonial structures that were put in place and that were adopted by post-independence governments. With those experiences have come really interesting lessons about how to adopt some of this guidance to the African context. The idea of social distancing, the idea of being able to stockpile is anathema to the majority of the population, but there are some lessons that have been learned from Ebola that should be applied to the African context.

**Lauren Gelfand 17:28:**

For example, in Guinea in West Africa during the last Ebola outbreak, they did this thing called the micro-cerclage or micro-cerclage, which basically, it's self-isolating within a pod, not within a household, but within a pod or within a community, where if an infected person is within a small community, say, of 10 households, the rest of those households band together around that person and ensure that her fields are still attended so her crops don't wither, so that she can still feed her family or childcare duties for her kids are passed around that pod.

**Lauren Gelfand 18:10:**

The pod itself isolates as a pod. It takes into consideration a more communal isolation. That kind of possibility could work potentially in rural areas. It's, again, when you get to these urban slum environments where folks are on the daily hustle, living informally, having informal sector jobs, living in informal sector housing with informal access to water that's more expensive than those of us who have the luxury of having piped water or having to pay for, but these things get more complicated.

**Lauren Gelfand 18:49:**

Therefore, a lot of people in Nairobi, in particular, if you don't hustle, you don't eat. If you talk to people from some of these slum communities, they would rather die from sickness than from hunger. That's a huge, huge ... That's not something ... You have a homeless population in the UK. You have a homeless population in the US, but the stark reality of, "I would rather die from sickness than from hunger," I don't think that reality is translated to an industrialised context.

**Peter McCormack 19:27:**

No. Another interesting thing you brought up which again, there's a parallel with my conversation this morning is whereby my guest, Sarah was explaining that despite the Western opinions of China, she said there is a huge community spirit there. She knows her neighbors. People know each other. Whereas out here in, say, the UK or the US, we're a bit more individual. There isn't always that collective response. Yes, in a time of crisis like now we are seeing, we are seeing some amazing acts of collectivism, people working together to help others, but it is unusual for us here. We do tend to live as the individual.

**Peter McCormack 20:06:**

Do you feel like that within someone like Kenya that there is this collective response whereby people are realising that this is an issue and they will listen to the state, they will be a bit more compliant? Whereas we've seen here in the UK, we still got packed tubes. We still got people hanging out in parks when despite the fact that they've been warned how dangerous this condition is, how easily it spreads, how it's a myth only affects old people. We just are still acting like individuals. Within Kenya, are people more collective around this idea of the threat and more willing to listen to the government and respond in a more responsible way?

**Lauren Gelfand 20:45:**

I don't know if I would be able to make a blanket response for that. Again, I think there's a socioeconomic element or factor that needs to be considered in an environment like this where there is such an inequity in the distribution of wealth. I think it's all very well and good for someone like me who has the incredible privilege of having a house and a pantry, to be able to say, "Okay, I'm going to listen to the government. I'm not going to leave the house. I've got internet here so my kids can go to school. I have a house on my property where my nanny can move in and stay here with me, so she's out of her environment and she can also help me out, so I can continue to work," right?

**Lauren Gelfand 21:36:**

My privilege helps me be more adherent to government. The lack of privilege that faces so many in this country, it's not that they don't want to listen, is that they just might not be able to live in that way, so they would rely on the community. I would imagine that in certain environments and we've seen this in some of the slum communities, there's this notion in Kenya called harambee where you come together to raise money for someone who's facing a funeral or school expenses or a hospital bill.

**Lauren Gelfand 22:19:**

Even the poorest of the poor are always able to contribute something very

small for someone else because they know eventually it's going to be their turn. There's been a lot of talk about communal assets for buying for example water and soap dispensers for a community so that those communities that wouldn't have had access to water and soap now have that community resource. There are ways that people are looking at using these open-air markets to make sure that not only are the traders able to still make a living, but the folks who live in those communities are still able to access the low-price, low-cost food that they need to survive on the daily.

**Lauren Gelfand 23:05:**

Recognising that that community market shutting it down is more of a public health hazard than leaving it open and putting in place as much as possible community distancing measures for those kinds of markets. I think there is a reliance on one's neighbor and an adherence to a social convention and recognition of the value of a common good here that perhaps in privileged industrialised societies has gone out the window. It's all for oneself, not so much oneself for all.

**Peter McCormack 23:51:**

It sounds to me like whilst we have these quite strict lockdowns that are happening in Europe, that the model in Kenya is a little bit more towards what's been happening in Japan whereby how can they keep the wheels of business turning. I guess the effect on the supply chains would be very different in a country like Kenya with the risk of food production coming to a halt. I would be more fearful of that in a country like Kenya than say in the UK. Is that a fair observation?

**Lauren Gelfand 24:20:**

I think so, but you look at there had been some statements that have come out of some collective meetings of virtual meetings, I will hasten to add, of African ministers talking about the nearly \$30 billion that the continent has already lost in its economy and the risks to about 30 million jobs and industries like tourism or airlines or international hotels and things like that. I think there is an acknowledgment that while there is local micro-food production since 70% of the agriculture being done in Kenya in particular is subsistence farming, there are still some local supply chains.

**Lauren Gelfand 25:07:**

The reality is that the international supply chains will be interrupted and the risk to the global businesses that have begun to take fairly successful route in economies around the continent are fairly precarious. Then also, as of tomorrow night, Friday night, there will be a curfew imposed in Kenya which means that a lot of the revenues that are anticipated in nightspots and bars and restaurants and stuff will be ground to a halt. Again, you're already



hearing about owners of small businesses forcing closure and having to lay off their workers that small percentage of population that's working in formal employment.

**Lauren Gelfand 25:58:**

You already hear that things like hairdressing salons which are a vital micro-industry particularly for women, they're closing which means women who are the main breadwinner in these informal environments are not going to be able to make their money. There is a huge economic risk to any form of lockdown. I guess, the trick is the level of enforcement. That, again, can be contextualised or politicised depending on this long time ethnic challenge that we've had in Kenya between different ethnic groupings. One night can be predatory to another who is in the police and who are they going to go after and how are they going to have punitive consequences for folks who are not from their communities.

**Lauren Gelfand 26:50:**

There are all those other things in the crucible of uncertainty that a country like Kenya is facing as we grapple with what this disease could mean.

**Peter McCormack 27:04:**

You're probably a lot closer to the realities of this, but there are concerns coming out from various places. It might be more of a lens on the type of audience who follows my work, but there are a lot of concerns of people that this has been overblown, that the risks aren't really that great, that this isn't worth halting the economy. What is the truth about this disease that you are aware of?

**Lauren Gelfand 27:31:**

I find those people ... I think that that's the luxury of an arrogance that's just hiding a degree of ignorance. What is the worst that could happen if it's overblown, that fewer people die, that the climate improves? We've seen these stories about the canals in Venice and so on. The risks are so much greater from the unknown of not handling it than the abundance of caution that needs to be applied. I find that to be so irresponsible and just I don't know. It's a hallmark of the indifference with which the entitled are confronting the world these days. I have no patience for that bullshit, to be honest. Sorry for the bad language, but I have to-

**Peter McCormack 28:19:**

No, please use it. Well, I see a lot of it because I actually have two podcasts. I have a Bitcoin podcast which is it deals with many people who are very suspicious of the state. They want to separate money and state. I have a lot of empathy for them. I believe we have governments who have operated in really

terrible ways historically, but I do have my suspicions. I do have my nerves about the erosion of civil liberties through this and do hope that we can retract for them in a post-coronavirus world, but I also at this point of time think we're dealing with something that is very extreme and it does require an extreme response.

**Peter McCormack 28:59:**

In everything that I covered, all the different topics I covered, whether it's, I've just been out to Venezuela and covering Guaido versus Maduro or the riots in Chile. I'm always dealing with a certain mass of disinformation, but right now, there is a huge amount of disinformation and a lot of it seems to be wrapped into political ideology. I find that personally very scary. Do you have to deal with similar levels of disinformation in places like Kenya or is this really a product of the West?

**Lauren Gelfand 29:31:**

No, I think we do. If you go onto social media and you look at somewhere like Twitter, Kenya is a proud Twittering tweeting nation. There is huge amounts of disinformation. A lot of it wrapped in the shroud of politics but also cloaked in the veil of religion. You have only to look at what the president of Tanzania next door to us where he said that he's calling folks to church because Jesus is the only thing that is going to beat the coronavirus, right? He's urging people to gather together. Whereas we know even just from recent evidence, that patient 31 in South Korea, having gone to church and then out for lunch is responsible for a huge number of cases.

**Lauren Gelfand 30:27:**

I believe in science. I have always believed in science. I'm the daughter of a doctor and a former nurse. I have a background in public health. Science tells us that we need to be afraid of the potential of this to really irrevocably shape economies and populations. It is at our peril that we do not heed the science. It is our peril that we think like the arrogant man who unfortunately occupies the White House that he knows more than scientists. The man can't speak in complete sentences. He feels equipped to challenge science. I do take very seriously the concerns about civil liberties.

**Lauren Gelfand 31:14:**

One of the things that we are most concerned about here is whether there will be an overzealous application, for example, of martial law as a driver of the way government responds to the disease in Kenya. I don't think that those concerns are illegitimate. I don't.

**Peter McCormack 31:39:**

I agree. And I'm not sure if you've seen-

**Peter McCormack 31:44:**

Sorry. I was just going to say I agree. I'm not sure if you've seen the reports coming out in Hungary about the passing of new laws there which seemed a power grab and an opportunity of dismantling some of the institutions that exist there. I think all these concerns are valid, but I don't think they should be used as an excuse to not act and act quickly to protect our health services and try and preserve life.

**Lauren Gelfand 32:09:**

I agree with you 100%. Look, the ridiculousness in the United States that Texas and Ohio are using coronavirus lockdowns to prevent women from accessing abortion services, it's nonsense. It's hideous nonsense. It's unfathomable to me that people would be so opportunistic. Again, not the shitshow of the world that we're living in right now, I do think though that countries like Kenya, I don't know if that idealist in me who is right now shitting on the cynic in me, but I do believe that most state action in countries where the risk of explosive community transmission is so great, I do believe that the governments do have mostly great intentions to prevent the spread of the disease, simply in some ways, because they know their systems are ill equipped to be able to handle them.

**Lauren Gelfand 33:16:**

It's a self-preservation mechanism. I cannot imagine wanting destruction of civil liberties just to do it, just for political power grabs. I refuse to believe that that is going to be the basis for state action. I really fervently hope that that's not the case. I really do.

**Peter McCormack 33:41:**

Let's move on specifically to Kenya. Can you just give us an update on the exact situation right now in Kenya in terms of the spread of coronavirus and then talk about the response so far?

**Lauren Gelfand 33:51:**

Yup, I think we were talking at the top of the conversation about 28 cases. We do have confirmed cases of 28 and that was as of last night when the last release of information was made by President Kenyatta. We also last night when there was the announcement of a countrywide curfew beginning tomorrow night, a number of other financial measures have been put in place by the government to try and stem some of the economic destruction that this is likely to cause. Taxi for folks earning less than \$240 a month which is a decent wage in a country where 60% of the population is reliant on less than \$5 a day of income.

**Lauren Gelfand 34:47:**

Members of cabinet are taking pay cuts. The president is taking pay cuts. Quarantine is happening. Commercial flights are being suspended. The light went to the United States yesterday. There are three more flights this weekend to the UK and then that's it. There are 700 people whose contacts are being traced who are under close monitoring by Ministry of Health. I believe those are the ones who are in government quarantine. Then, there are a lot of folks who are self-isolating. The United Nations has a massive hub here for a lot of its agencies. It is still operational. Folks are working from home, although some UN agencies in neighbouring countries are still requiring their staff to go to work which makes no sense to me, but we can move on from that.

**Lauren Gelfand 35:46:**

What else? Health workers, there was this ... I don't know if you saw the story that 6 million masks that were purchased by Germany for use in Germany somehow got lost at a Kenyan airport. I think that's another Kenya-specific story that folks are looking at, but I think there's a real sense that our health system, we have some of the best private hospitals on the continent, but even they are concerned because like you mentioned, we just don't have the ICU facilities. We just don't have the ventilators. We don't have as much of the medical knowledge that other countries are benefiting from.

**Lauren Gelfand 36:34:**

You're seeing a lot of really interesting collaboration being driven by WHO. There's been a lot of training at both community and health systems level for teaching folks about social distancing, for talking about things like hand washing, for introducing soap and water into communities that do not benefit from having regular access to those things. There's a real sense of, "Okay, let us do the needful to do as much as we can to prevent the spread of disease." Unlike some of our neighbours like Uganda or Rwanda, buses are still going from Nairobi to rural areas, which some folks are suggesting might be a mistake.

**Lauren Gelfand 37:21:**

I would imagine that a directive is going to be handed down fairly swiftly about that and maybe in conjunction with the curfew that's going to be imposed tomorrow evening.

**Peter McCormack 37:36:**

Thank you. Thank you for that. One of the scariest things in this and I think you can point to it quite through a lot of the things you said is the lag here, the lag with coronavirus. It appears to me to be one of the scariest things because in terms of infection rates, the clusters appear after the implementation of the

lockdowns and the death rates seem to appear a good ... look like the high death rates, a good two to three weeks after. I guess with someone like Kenya even though you're quite early in the number of infections, it's very difficult to have a real picture of where you are both in the major cities and rural. Is that something of concern?

**Lauren Gelfand 38:16:**

Absolutely. I think that's why some of the bold preventative steps like stopping flights and restricting movement is an attempt to try and limit that community level transmission that could be disastrous. We, my family, came back from the US on the 9th of March and we've been in isolation since returning. We've recognised that we don't know if we were exposed. Therefore, let us make sure that we limit our exposure to other people. I think among a lot of us there is a recognition that we have a personal responsibility to do everything we can to limit the danger that might come from us.

**Lauren Gelfand 39:06:**

I don't know that the feeling that I have with my kids is universally applied. I would hope so, but we've seen folks defying the orders. We've seen gatherings. We've seen folks because they have no other option using public transportation. The risk is substantive that we didn't move swiftly enough in time. There is very much a risk and I think we're in a very much a wait and see like the rest of the world, but I do think that African countries with our experience with dealing with pandemics, whether it's something like Ebola or micro-epidemics like cholera, we know in a lot of ways how to limit community transmission.

**Lauren Gelfand 39:58:**

I'm really, really hoping that that knowledge will help us through. I don't know. There's just so much that is unknown. When you hear public health experts expressing their concerns about those unknowns, that's when you know that it's fairly serious. When the people who know the most don't have answers, it's when you stay home and you remain eternally grateful that you have the ability to stay home.

**Peter McCormack 40:34:**

One of the things that's a very clear problem in a country such as Kenya is that if we look at the facts of coronavirus, a lot of the people who died are almost universally related to people with underlying conditions, although one of the difficulties I'm having with that is well what is the underlying condition because asthma is very different from terminal stage for cancer. Asthma is a condition you can live with, whereas terminal stage for cancer, you're probably close to death anyway, but by the by, it's related to underlying health conditions. Kenya like much of Africa has a problem with HIV and AIDS infection rates.

**Peter McCormack 41:13:**

I've got a two-fold question to that. Firstly, I'm assuming there is a considerable fear about the impact on these people, but as a side issue, I watched a story on the news the other day about a young girl who has to go to receive her medical treatment every few days, is the access to the medical treatment that they rely on upon, is that also being restricted? Is that another issue?

**Lauren Gelfand 41:38:**

I think that's a really big issue. I think an underlying medical condition, it's all very well and good to say that when you know that you can diagnose them. We have such a low rate of diagnosis of some of these underlying medical conditions at the rate of the immunocompromised could be even greater and we even know it to be right now. That's always been one of the hallmarks of Africa's HIV response is that the level of diagnosis is lower than it should be because the level of testing is lower than it should be because of social stigma, because of financial resources, because of healthcare resources, right?

**Lauren Gelfand 42:21:**

We don't know what the underlying burden of disease for a lot of these potential comorbidities, these illnesses that could make it worse. If you look at respiratory illness already is one of the leading killers of children under age five in Africa and in Kenya. What does that mean? If you're already immunocompromised because of a respiratory illness that hasn't been diagnosed, of course, you're going to be much more vulnerable to have a much more severe case of the coronavirus, but because diagnostics are not where they should be, the level of immunocompromisation or compromised I think might be the better word for that is substantive.

**Lauren Gelfand 43:06:**

We just don't know. You've got folks ... We've got huge amounts of tuberculosis in a country like Kenya which is incredibly contagious. Could you imagine the comorbidity of TB and coronavirus? Folks like you were saying using public transport because they have no other means of transport to get to a facility to get their TB meds and while they're getting treatment for TB, they're infected with coronavirus, right? The level of coinfection is very risky and potentially very high. We just don't know.

**Peter McCormack 43:47:**

What about coordination across Africa? What is happening with regards to that?

**Lauren Gelfand 43:54:**

There's been some really positive, I think, acknowledgement of the need for

collaboration. There was ministers of finance meeting a couple days ago, asking for a combined emergency economic stimulus package of \$100 billion including a waiver of about \$44 billion in interest payments. Then yesterday, there was an announcement by the Bretton Woods Organisations, the World Bank and the IMF, that they would recommend that there would be some relief and encouraging bilateral creditors to suspend debt payments. I think that's really positive.

**Lauren Gelfand 44:36:**

The ministers also agreed on the need for a coordinated response in health which means potentially coordinated or pooled procurement of the commodities like masks, ventilators, gloves and the other commodities needed to treat the disease. I think that's really interesting and that sounds really good. We've done a lot of work on the continent of late for more integrated approaches to trade and more integrated management of economies. I wonder if this might be just the kick in the ass that that initial conversation would need to make things happen.

**Lauren Gelfand 45:19:**

Borders are closing. Countries are trying to turn inward to protect their own. You look at a country like Rwanda that's been fairly dependence on foreign aid for quite some time is taking some really hardline measures to close down the country because of the lack of testing and the lack of diagnosis. They don't want to risk folks crossing land borders and stretching already strained health systems. How does coordination look at the high level when the practical realities is that countries are self-isolating as a protection mechanism? Again, I don't think we've seen the extent of what that is going to look like, but I am heartened by the sense that Africa together needs to demand a coordinated response or coordinated assistance from outside.

**Peter McCormack 46:16:**

What in the way of outside help are you seeing support for? I watched the WHO press conference yesterday and the risks that were outlined there, you can certainly see are going to be the higher risks in Africa. What kind of support do you think needs to come from the outside world? Do you worry about this? Because we're at a time of economic crisis globally, a lot of money is having to be focused locally, on protecting local workers in Western economies. Do you fear that there's going to be a lack of money to provide support in Africa?

**Lauren Gelfand 46:48:**

I think that there's been a consistent downward trend of official development or overseas development assistance to Africa for the last very long time. This is only going to exacerbate that. You look at humanitarian appeals for famine

and chronic food shortages across the continent that are completely underfunded. This is only going to add to that. There is a waning of global interest in providing Africa with the assistance that it needs. This is just going to make it worse and it's very concerning.

**Lauren Gelfand 47:28:**

It's impossibly difficult which may mean that the continent is turning to some of its less savory partners and you could argue that the Northern European, North American aid model isn't going to work anymore and then the continent looks even more closely to China and appeals to China to be its saviour which is dangerous in a number of ways because of the huge exploitation of natural resources, a lack of protection of those civil liberties that we were talking about earlier. There is a huge risk one that the rest of the world is going to say, "Screw you Africa. We've got our own problems to deal with," leaving this continent even less equipped to deal with the impact of this disease and that the continent's leaders make decisions to make dicey-dicey choices about where it looks for its assistance. That's dangerous in the short and in the long-term for the continent's economic health and wellbeing.

**Peter McCormack 48:36:**

I could certainly see that geopolitical shift happening. All right. Well, look, I've really appreciated this. It's going to be really useful for getting out to people to understand what is happening in Africa. Is there anything else I've not asked you that you think is a critically important question that I should have asked you that you would like to be asked and get out as part of this interview?

**Lauren Gelfand 48:58:**

I've had some stuff written down next to me and I think I hit all the points on that list. I hope it was useful for you.

**Peter McCormack 49:07:**

Very useful for me.

**Lauren Gelfand 49:08:**

I hope I didn't-

**Peter McCormack 49:12:**

I'm watching what's happening here locally. It's very hard to find accurate information, but I think the best signal right now is the reports from frontline medical staff. It doesn't matter if that's the historical information in China, what we're seeing from doctors in Italy or what we're seeing now in London. For me, that is the strongest signal of the risk right now. I just have a natural fear for the people in Africa, what's going to happen across the continent. I really



appreciate you coming on and giving me some time with this. What kind of support can people provide if they're interested?

**Lauren Gelfand 49:47:**

Well, gosh, there are a lot of new community mobilisation projects that are coming up and they are very micro. I would say the best thing people can do is give money to the World Health Organisation and demand that their governments stop shirking its responsibility to the WHO because the WHO is chronically and criminally underfunded. The impact of that is very, very clear, especially for the continent. I would say individuals support the WHO and demand that their government support the WHO. For all its faults, it is the best source of consistent information and support that countries in the developing world have right now.

**Peter McCormack 50:40:**

I do worry that at the end of this, that the WHO is going to be in quite a precarious position for early information that was released that seemed in alignment with the CCP which was now incorrect. I think the post-coronavirus, they're going to be in for some quite severe criticism relating to that, but that's possible. Let's save that for another day.

**Lauren Gelfand 51:06:**

Let's save that for another day.

**Peter McCormack 51:08:**

Listen, all the best for you with everything you're doing and please stay safe and stay healthy and thank you so much for giving me some of your time today, Lauren.

**Lauren Gelfand 51:15:**

Thank you and you too. Don't forget to wash your hands.