

**LETTER TO THE EDITOR**

# Pertinent roles of African higher institutions in the COVID-19 pandemic response: The University of Ilorin, Ilorin, Nigeria; An African Model

Dear Editor,

An outbreak of Coronavirus Disease 2019 (COVID-19) was first reported from Wuhan, China in December 2019. The rapid spread of COVID-19 principally through respiratory droplets and fomites transitioned into a global pandemic in waves of outbreaks across regions.<sup>1</sup> The projected colossal impact of the pandemic on economies particularly in low to middle income countries (LMIC),<sup>2</sup> have prompted pertinent questions about Africa's preparedness.<sup>3</sup> This report highlights early responses of a Nigerian institution to the COVID-19 pandemic.

The University of Ilorin (Unilorin), Ilorin, Nigeria is an international institution of higher learning, which was established by the Nigerian Government in 1976. It occupies a 15 000-ha landmass that cuts across several rural communities in Kwara State, North-central Nigeria and 180 miles (289.7 km) from the Lagos epicenter of the COVID-19 outbreak in Nigeria. The Unilorin community comprises over 4500 workers and 56 600 students across 15 faculties, one College of Health Sciences, and a School of Preliminary Studies. Following the first reported case of COVID-19 in Lagos, Nigeria, a COVID-19 Prevention Committee (herein referred to as *The Committee*) was setup by the University management to safeguard the University community. Within 3 weeks of the COVID-19 outbreak in Nigeria, the committee successfully implemented a string of containment measures before the first confirmed case was reported in Ilorin, Kwara State.

The sweeping impact of COVID-19 on healthcare facilities across climes, emphasizes the importance of early preparation of healthcare facilities.<sup>4</sup> The Unilorin health services was setup to meet the health needs of students and staff of the University community within a clinic facility that operates in collaboration with the University of Ilorin Teaching Hospital, where cases that require specialist's attention are referred. Within the week of the outbreak of COVID-19 in Nigeria, the University clinic operations were modified to meet the imminent challenges of the epidemic. Routine and nonemergency visits to the University Healthcare Center were suspended. Healthcare workers were retrained and reassigned to emergency shifts with strict compliance to infection prevention and control guidelines.<sup>5</sup> A triage system for suspected cases was setup, which included a 24-hour collaborative emergency network with the University of Ilorin Teaching Hospital, as well as the State and national emergency response taskforces.

The far-reaching impact of misinformation and disinformation, exceed moral panic,<sup>6</sup> and can easily complicate an outbreak situation. To address phenomenal spread of such issues across networks, while providing the needed guidance for the University community, various platforms were adopted for a systematic release of veritable and accurate information to the University community. First, a 3-minute in-house produced video (on COVID-19 preventive measures) was aired weekly at film shows organized for students; shared through multiple social media platforms such as WhatsApp, Facebook, and Twitter; and displayed on digital devices across the university campuses. On invitation from local television and radio media houses, live interviews on COVID-19 preventive measures were organized, aired, and streamed as corporate social responsibilities. Weekly interviews, audio-jingles and announcements on COVID-19 preventive measures in English and local languages were aired on the far-reaching radio waves of the University radio station (Unilorin FM) within 40 miles of the University campus. A series of weekly updates on the

COVID-19 pandemic response was also published in the University bulletin; while health educational messages were circulated via the university website.

The simple action of hand hygiene is widely accepted as the primary approach for the reduction of infections in healthcare settings as well as enhancement of patient safety.<sup>7</sup> The high burden of hand-acquired infections in healthcare LMICs emphasize a poor culture of hand hygiene.<sup>8</sup> A major source of COVID-19 transmission is through fomites, which requires touching of the face with contaminated hands; therefore, regular washing of hands with soap and copious amounts of water is highly recommended. In addition, the use of 60% to 90% alcohol-based solution in water (volume/volume) as disinfectants is highly recommended for their bactericidal, tuberculocidal, fungicidal, and viricidal properties.<sup>9</sup> To promote the culture of good hand hygiene as well as curtail spread of COVID-19, public hand wash stations were constructed across the University campuses by direct labor.<sup>10</sup> These were complemented with alcohol-based sanitizers produced in-house and dispensed through touchless sensor-based units and 100 mL aliquots across the University campuses.

The University of Ilorin takes prides in the uniqueness of a curriculum policy best described as student-centered, community-based, and problem-solving.<sup>11</sup> In the wake of the COVID-19 outbreak in Nigeria, a community-based rural healthcare outreach was organized to four adjoining rural communities next to the University. Using role-plays and didactic approaches within focal groups,<sup>12</sup> communities were educated, respectively, on good hand hygiene,<sup>7</sup> social distancing, good respiratory hygiene, and other COVID-19 prevention strategies<sup>13</sup> in their local languages. As incentives, 100 mL aliquots of alcohol-based sanitizers were distributed to the communities through their leaders.

The timeliness of response during an outbreak is a major determining factor of outcome.<sup>14</sup> However, the implementation of a sustainable response, requires efficient management of limited resources. Although it is expected of, a higher institution to meet the needs of her immediate community especially during a crisis, limited finance, and bureaucracy of approach<sup>10</sup> could be overwhelming. To ensure quality service delivery, in-house developed sustainable measures were adopted, to safeguard a community amidst the COVID-19 outbreak in Africa. This demonstrates possibilities and highlights pertinent roles of African higher institutions in the face of the COVID-19 pandemic.

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## CONFLICT OF INTEREST

The authors disclose no conflict of interest.

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