

AFRO WEEKLY COVID-19 LITERATURE UPDATE

2021/09/18-2021/09/24

Prepared by AFRO COVID-19 IMST through
its information management cell, together with
DAK team of the ARD's office

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Due to the abundance of information and literature produced on COVID-19 in the world in general and in Africa in particular, the WHO Regional Office for Africa is publishing a weekly "Weekly COVID Literature Update" to highlight the most important literature. Each week we will select some articles per topic as well as reports and grey literature when available.

The aim is to provide an easy-to-read summary of each publication. This Bulletin is organised according to several categories of interest.

The publications shared are the result of a bibliographic research work carried out regularly on several online information sources with a major search strategy "COVID-19 AND Africa" in combination with the following keywords: **epidemiology (response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors**. For this issue, the list of information sources is as follows: WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford Academic, Cambridge University Press.

The list is subject to change and kindly note that the choice of the publications to be included in this update is subjective.

En raison de l'abondance d'informations et de littérature produites sur la COVID-19 dans le monde en général et en Afrique en particulier, le Bureau régional de l'OMS pour l'Afrique publie chaque semaine "Weekly COVID Literature Update" pour mettre en évidence la littérature la plus importante. Chaque semaine, nous sélectionnerons quelques articles par sujet ainsi que les rapports et la littérature grise quand c'est disponible.

L'objectif est de fournir un résumé facile à lire de chaque publication. Ce bulletin est organisé suivant plusieurs catégories d'intérêt.

Les publications partagées sont le résultat d'un travail de recherche bibliographique effectué régulièrement sur plusieurs sources d'information en ligne avec une comme stratégie de recherche majeure "COVID-19 ET Afrique" combinés aux mots clés suivants : **epidemiology (response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors.** Pour ce numéro, la liste des sources d'information utilisées est la suivante : WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford Academic, Cambridge University Press.

Cette liste est susceptible d'être modifiée. Veuillez noter que le choix des publications à inclure dans cette mise à jour est subjectif.

Devido à abundância de informação e literatura produzida sobre a COVID-19 no mundo em geral e em África em particular, o Escritório Regional da OMS para África está a publicar semanalmente uma "Weekly COVID Literature Update" para destacar a literatura mais importante. Cada semana iremos seleccionar alguns artigos por tópico, bem como relatórios e literatura cinzenta, quando disponível.

O objectivo é fornecer um resumo de fácil leitura de cada publicação. Este boletim está organizado de acordo com várias categorias de interesse.

As publicações partilhadas são o resultado de um trabalho de pesquisa bibliográfica realizado regularmente em várias fontes de informação em linha com uma grande estratégia de pesquisa "COVID-19 E África" em combinação com as seguintes palavras-chave: **epidemiology (response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors. Para esta edição, a lista de fontes de informação é a seguinte:** WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford Academic, Cambridge University Press.

A lista está sujeita a alterações e note-se que a escolha das publicações a serem incluídas nesta actualização é subjectiva.

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TOPICS

A. COVID-19 EPIDEMIOLOGY/ SURVEILLANCE (trends/ distribution)

Title: Leader of WHO's new pandemic hub: improve data flow to extinguish outbreaks

Journal: Nature

Publish Date: 21 September 2021

URL: [Leader of WHO's new pandemic hub: improve data flow to extinguish outbreaks \(nature.com\)](https://www.nature.com/articles/d41586-021-00311-1)

Abstract:

When epidemiologist Chikwe Ihekweazu posted a blog in 2010 warning that his home country of Nigeria would “pay the price the hard way” if a pandemic struck, he never imagined that the government would not only ask for his advice, but also his leadership. In 2016, he was tasked with leading the nascent Nigeria Centre for Disease Control (NCDC), where he would increase the agency's staff numbers and laboratory capacity, and navigate the country through waves of infectious disease outbreaks.

Title: COVID-19: Mechanistic Model of the African Paradox Supports the Central Role of the NF- κ B Pathway

Journal: MDPI

Date Publish: 21 September 2021

URL: <https://doi.org/10.3390/v13091887>

Abstract:

The novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has expanded into a global pandemic, with more than 220 million affected persons and almost 4.6 million deaths by 8 September 2021. In particular, Europe and the Americas have been heavily affected by high infection and death rates. In contrast, much lower infection rates and mortality have been reported generally in Africa, particularly in the sub-Saharan region (with the exception of the Southern Africa region). There are different hypotheses for this African paradox, including less testing, the young age of the population, genetic disposition, and behavioral and epidemiological factors. In the present review, we address different immunological factors and their correlation with genetic factors, pre-existing immune status, and differences in cytokine

induction patterns. We also focus on epidemiological factors, such as specific medication coverage, helminth distribution, and malaria endemics in the sub-Saharan region. An analysis combining different factors is presented that highlights the central role of the NF- κ B signaling pathway in the African paradox. Importantly, insights into the interplay of different factors with the underlying immune pathological mechanisms for COVID-19 can provide a better understanding of the disease and the development of new targets for more efficient treatment strategies.

Title: HEALTH: Covid-19

Journal: African Research Bulletin

Publish Date: 22 September 2021

URL: <https://doi.org/10.1111/j.1467-825X.2021.10159.x>

Abstract:

B. COVID-19 RESPONSE ACTIVITIES **(hygiene practices, social distancing, case management)**

Title: Examining the cost-effectiveness of personal protective equipment for formal healthcare workers in Kenya during the COVID-19 pandemic

Journal: BMC Health Services Research

Publish Date: 20 September 2021

URL: <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07015-w.pdf>

Abstract:

Background

Healthcare workers are at a higher risk of COVID-19 infection during care encounters compared to the general population. Personal Protective Equipment (PPE) have been shown to protect COVID-19 among healthcare workers, however, Kenya has faced PPE shortages that can adequately protect all healthcare workers. We, therefore, examined the health and economic consequences of investing in PPE for healthcare workers in Kenya.

Methods

We conducted a cost-effectiveness and return on investment (ROI) analysis using a decision-analytic model following the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) guidelines. We examined two outcomes: 1) the incremental cost per healthcare worker death averted, and 2) the incremental cost per healthcare worker COVID-19 case averted. We

performed a multivariate sensitivity analysis using 10,000 Monte Carlo simulations.

Results

Kenya would need to invest \$3.12 million (95% CI: 2.65–3.59) to adequately protect healthcare workers against COVID-19. This investment would avert 416 (IQR: 330–517) and 30,041 (IQR: 7243 – 102,480) healthcare worker deaths and COVID-19 cases respectively. Additionally, such an investment would result in a healthcare system ROI of \$170.64 million (IQR: 138–209) – equivalent to an 11.04 times return.

Conclusion

Despite other nationwide COVID-19 prevention measures such as social distancing, over 70% of healthcare workers will still be infected if the availability of PPE remains scarce. As part of the COVID-19 response strategy, the government should consider adequate investment in PPE for all healthcare workers in the country as it provides a large return on investment and it is value for money.

Title: Drivers of the third wave of COVID-19 in Zimbabwe and challenges for control: perspectives and recommendations

Journal: Panafrikan Medical Journal

Publish Date: Publish Date

URL: <https://www.panafrican-med-journal.com/content/article/40/46/full/>

Abstract:

Since the beginning of June 2021, Zimbabwe entered into a harsh third wave of the COVID-19 pandemic, which saw an increase in the cumulative number of cases from approximately 38,000 to 120,000 in just two months. This exponential case rise was accompanied by an increase in the absolute number of case fatalities, with a corresponding strain on the public health sector. To effectively inform public health responses, policy and strategy to deal with the current wave and prepare for further waves, we discuss the drivers and challenges of control for this current wave and future waves, and offer practical recommendations. Vaccination will be the most important public health intervention to deal with the spread, morbidity and mortality of COVID-19, therefore, efforts to fight vaccine hesitancy and build vaccine confidence and availability will be critical. Similarly, it will be important to build public health sector capacity and resilience to adequately deal with large-scale outbreaks and absorb the shock waves associated with such. Resuscitating and building the economy is an indispensable component of protecting public health. Therefore, collaborative efforts from relevant public health stakeholders,

economists, politicians and other players are required to effectively coordinate the necessary responses and formulate the right policies and strategies.

Title: Priority Setting and Equity in COVID-19 Pandemic Plans: A Comparative Analysis of eighteen African Countries

Journal: Health Policy and Planning

Publish Date: 21 September 2021

URL: <https://doi.org/10.1093/heapol/czab113>

Abstract:

Priority setting represents an even bigger challenge during public health emergencies than routine times. This is because such emergencies compete with routine programs for the available health resources, strain health systems, and shift health care attention and resources towards containing the spread of the epidemic and treating those that fall seriously ill. This paper is part of a larger global study the aim of which is to evaluate the degree to which National COVID-19 preparedness and response plans incorporated priority setting concepts. IT and provides important insights into what and how priority decisions were made in a context of a pandemic. Specifically, with a focus on a sample of 18 African countries' pandemic plans, the paper aims to: (i) Explore the degree to which the documented priority setting processes adhere to established quality indicators of effective priority setting and (ii) To examine if there is a relationship between the number of quality indicators present in the pandemic plans and the country's economic context, health system and prior experiences with disease outbreaks. All the reviewed plans contained some aspects of expected priority setting processes but none of the national plans addressed all quality parameters. Most of the parameters were mentioned by less than 10 of the 18 country plans reviewed, and several plans identified one or two aspects of fair priority setting processes. Very few plans identified equity as a criterion for priority setting. Since the parameters are relevant to the quality of priority setting that is implemented during public health emergencies, and that most of the countries have pre-existing pandemic plans; it would be advisable that for the future (if not already happening) countries consider priority setting as a critical part of their routine health emergency and disease outbreak plans. Such an approach would ensure that priority setting is integral to pandemic planning, response, and recovery.

Title: A national survey of hospital readiness during the COVID-19 pandemic in Nigeria

Journal: PlosOne

Publish Date: 21 September 2021

URL: [10.1371/journal.pone.0257567](https://doi.org/10.1371/journal.pone.0257567)

Abstract:

Introduction

The COVID-19 pandemic continues to overwhelm health systems across the globe. We aimed to assess the readiness of hospitals in Nigeria to respond to the COVID-19 outbreak.

Method

Between April and October 2020, hospital representatives completed a modified World Health Organisation (WHO) COVID-19 hospital readiness checklist consisting of 13 components and 124 indicators. Readiness scores were classified as adequate (score $\geq 80\%$), moderate (score 50–79.9%) and not ready (score $< 50\%$).

Results

Among 20 (17 tertiary and three secondary) hospitals from all six geopolitical zones of Nigeria, readiness score ranged from 28.2% to 88.7% (median 68.4%), and only three (15%) hospitals had adequate readiness. There was a median of 15 isolation beds, four ICU beds and four ventilators per hospital, but over 45% of hospitals established isolation facilities and procured ventilators after the onset of COVID-19. Of the 13 readiness components, the lowest readiness scores were reported for surge capacity (61.1%), human resources (59.1%), staff welfare (50%) and availability of critical items (47.7%).

Conclusion

Most hospitals in Nigeria were not adequately prepared to respond to the COVID-19 outbreak. Current efforts to strengthen hospital preparedness should prioritize challenges related to surge capacity, critical care for COVID-19 patients, and staff welfare and protection.

Title: Examining the cost-effectiveness of personal protective equipment for formal healthcare workers in Kenya during the COVID-19 pandemic

Journal: BMC Health Services Research

Publish Date: 20 September 2021

URL: <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07015-w.pdf>

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Background

Healthcare workers are at a higher risk of COVID-19 infection during care encounters compared to the general population. Personal Protective

Equipment (PPE) have been shown to protect COVID-19 among healthcare workers, however, Kenya has faced PPE shortages that can adequately protect all healthcare workers. We, therefore, examined the health and economic consequences of investing in PPE for healthcare workers in Kenya.

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Despite other nationwide COVID-19 prevention measures such as social distancing, over 70% of healthcare workers will still be infected if the availability of PPE remains scarce. As part of the COVID-19 response strategy, the government should consider adequate investment in PPE for all healthcare workers in the country as it provides a large return on investment and it is value for money.

Title: Crisis responses, opportunity and public authority during Covid-19's first wave in Uganda, the Democratic Republic of Congo and South Sudan

Journal: Disaster

Publish Date:

URL: <https://doi.org/10.1111/disa.12513>

Abstract:

Discussions of African responses to Covid-19 have focussed on the state and its international backers. Far less is known about the role of a wider range of public authorities, including chiefs, professional associations, faith-based and civil society organisations, humanitarians, criminal gangs, local security services and armed groups. We begin to fill this gap by investigating how the pandemic provided opportunities for claims to and contests over power in

areas of the Democratic Republic of the Congo, Uganda and South Sudan. Ethnographic research is used to argue that local forms of public authority can be akin to miniature sovereigns, able to interpret dictates, policies, and advice as they see fit. It reveals how alongside coping with existing complex protracted crises, many try to advance their own agendas and secure political, social, and material benefits. However, it also shows how those they seek to govern do not passively accept the new normal, instead often finding room to challenge those in positions of power and influence. We assess which, if any, of these actions and reactions will have lasting effects on local notions of statehood and argue for the utility of a public authorities lens in times of crisis.

C. COVID-19 VACCINATION

Title: European Union, United States and African Union inter-regional COVID-19 response: ‘fostering a cohesive strategic policy on vaccine hesitancy’

Journal: Journal of Public Health

Publish Date: September 2021

URL: <https://doi.org/10.1093/pubmed/fdab283>

Title: Risky business: COVAX and the financialization of global vaccine equity

Journal: Globalization and health

Publish Date: 20 September 2021

URL: [10.1186/s12992-021-00763-8](https://doi.org/10.1186/s12992-021-00763-8)

Abstract:

Background

During the first year and a half of the COVID-19 pandemic, COVAX has been the world’s most prominent effort to ensure equitable access to SARS-CoV-2 vaccines. Launched as part of the Access to COVID-19 Tools Accelerator (Act-A) in June 2020, COVAX suggested to serve as a vaccine buyers’ and distribution club for countries around the world. It also aimed to support the pharmaceutical industry in speeding up and broadening vaccine development. While COVAX has recently come under critique for failing to bring about global vaccine equity, influential politicians and public health advocates insist that future iterations of it will improve pandemic preparedness. So far COVAX’s role in the ongoing *financialization* of global health, i.e. in the rise of financial concepts, motives, practices and institutions has not been analyzed.

Methods

This article describes and critically assesses COVAX's financial logics, i.e. the concepts, arguments and financing flows on which COVAX relies. It is based on a review of over 109 COVAX related reports, ten in-depth interviews with global health experts working either in or with COVAX, as well as participant observation in 18 webinars and online meetings concerned with global pandemic financing, between September 2020 and August 2021.

Results

The article finds that COVAX expands the scale and scope of financial instruments in global health governance, and that this is done by conflating different understandings of risk. Specifically, COVAX conflates public health risk and corporate financial risk, leading it to privilege concerns of pharmaceutical companies over those of most participating countries – especially low and lower-middle income countries (LICs and LMICs). COVAX thus drives the financialization of global health and ends up constituting a risk itself - that of perpetuating the downsides of financialization (e.g. heightened inequality, secrecy, complexity in governance, an ineffective and slow use of aid), whilst insufficiently realising its potential benefits (pandemic risk reduction, increased public access to emergency funding, indirect price control over essential goods and services).

Conclusion

Future iterations of vaccine buyers' and distribution clubs as well as public vaccine development efforts should work towards reducing all aspects of public health risk rather than privileging its corporate financial aspects. This will include reassessing the interplay of aid and corporate subsidies in global health.

Title: Africa: invest in local manufacturing of COVID-19 vaccines

Journal: Nature

Publish Date: September 2021

URL: <https://media.nature.com/original/magazine-assets/d41586-021-02425-6/d41586-021-02425-6.pdf>

D. COVID-19 PUBLIC PERCEPTIONS AND EFFECTS

Title: Effect of COVID-19 on demand for healthcare in Togo

Journal: Health Economics Review

Publish Date: September 2021

URL:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8449208/pdf/13561_2021_Article_335.pdf

Abstract:**Background**

Demand-side barriers to health care are as important as supply-side factors in deterring patients from obtaining effective treatment during COVID-19. Developing countries, including Togo, have focused on reducing the risk of health care utilization during this period by ensuring basic health care services as an important policy to improve health outcomes and meet international obligations to make health services accessible.

Methods

The data used to cover all 44 districts in the six (6) health regions of Togo, are from a national home survey. They are collected from July 8th to 17th, 2020. In each district chief town, a minimum of thirty (30) households were included by a systematic two-stage random draw (neighborhood and then home). Based on these data, the multinomial regression model was used to identify risk factors for the request for health care services during COVID-19.

Results

A total of 1946 (with a response rate of 98.3%) participants were addressed in the study. The finding on households with age above 60 years indicated that the relative risk ratio (RRR = 23.97; 95% CI = 0.93; 615.38) allowed them to practice self-medication in lieu of modern healthcare facilities. The multinomial model revealed that the relative risk ratio of pre-COVID-19 activities (RRR = 4.87; 95% CI = 1.018; 23.38) permits households to rely on their self-medication choice and (RRR = 3.14; 95% CI = 0.91; 0.83) prefer public health facilities. Given that the head of the households (RRR = 0.19; 95% CI = 0.017, 2.11) is educated, he prefers the choice of private health centers during COVID-19 pandemic to public health facilities.

Conclusion

This study has demonstrated that the majority (30.49%) of patients sought health care. The analysis shows that the loss of employment, activities before COVID-19 in households and areas not infected by the pandemics allow them to ask for health care (self-medication and public hospitals) despite the COVID-19 impacts. However, higher education and age determine a different choice of health care delivery by households. Thus, policy makers need to cast special emphasis on social policies to address home health shocks.

Title: Health belief model and behavioural practice of urban poor towards COVID-19 in Nigeria

Journal: Heliyon

Publish Date: September 2021

URL: <https://doi.org/10.1016/j.heliyon.2021.e08037>

Abstract:

Poor adherence to promoting health behaviours is a significant challenge for prevention and management of infectious respiratory diseases. Non-pharmaceutical Interventions (NPIs) remain a proven behavioural practice for reducing the spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) currently ravaging the world. Studies on Covid-19 have primarily focused on epidemiology, virology, and potential drug treatments to the neglect of behavioural practice of low-income settings. This study examines the extent health belief model predicts the behavior of 405 urban poor residents of Ogun State, which recorded the first index case in Nigeria, towards adoption Covid-19 NPIs. A cross-sectional study was conducted to find out the relationship between study participant characteristics, HBM constructs and unhealthy behavior. Study constructs were assessed on a four point Likert scale and were mean aggregated such that higher scores indicated stronger feelings about a construct. Findings shows that urban poor in the age group 30-40 years were more likely to feel susceptible to contracting Covid-19 (mean score: 2.59 and std. dev. 0.54), they also had a higher perception of the benefit of Covid-19 preventive behaviours than participants in other age groups (mean score: 2.95 and std. dev. 0.71). Also, the most prevalent unhealthy behaviour amongst urban poor residents was the indiscriminate use of facemasks as shown by almost half (47.6%) of participants who agreed that they use facemasks all the time even when alone. The study concludes that though urban poor residents feel threatened by Covid-19, nexus of factors such as low financial earnings, inadequate knowledge, and limited access to basic medical needs hamper the effective adoption of NPIs.

Title: COVID-19 and its impacts: The situation in Niger republic

Journal: Clinical Epidemiology and Global Health

Date Publish: July-September 2021

URL: <https://doi.org/10.1016/j.cegh.2021.100797>

Abstract:

COVID-19 being a public health emergency of international concern has emerged in most African countries including Niger. Niger, a landlocked country, is tasked with controlling the pandemic. However, of the big challenges the

country faced is the fragility of healthcare system which posed limitations to the fight against the virus. The virus overwhelmed the fragile healthcare system which led to inaccessibility of quality healthcare to the citizens coupled with issues of flooding and economic recession that happened during the pandemic. The healthcare sector has further been crippled by exposure and infection of the already insufficient healthcare workers. In addition to this, there was the burden of NTDs and other communicable and non-communicable diseases that subverted the country in the depths of difficulties. As per the predictions of World Bank, the poverty curve is likely to escalate due to the outrageous impacts of COVID-19. Adding on to this, the occurrence of natural disasters such as flooding has further stretched the country. It's no coincidence that the country would confront plethora of challenges amidst the second wave. Therefore, timely decision and necessary interventions are needed to strengthen the country's fight against the pandemic. However, this is only feasible when Nigerian government, international allies and other wealthy nations work closely to ensure that the challenges faced by the healthcare system are tackled.

E. COVID-19 EFFECTS ON OTHER DISEASES AND SECTORS

Title: COVID-19 may exacerbate the clinical, structural and psychological barriers to retention in care among women living with HIV in rural and peri-urban settings in Uganda

Journal: BMC Infectious Diseases

Publish Date: 20 September 2021

URL: <https://bmcinfectedis.biomedcentral.com/track/pdf/10.1186/s12879-021-06684-6.pdf>

Abstract:

Background

Retention of pregnant and breastfeeding women and their infants in HIV care still remains low in Uganda. Recent literature has shown that the effects of COVID-19 mitigation measures may increase disease burden of common illnesses including HIV, Tuberculosis, Malaria and other key public health outcomes such as maternal mortality. A research program was undertaken to locate disengaged HIV positive women on option B+ and supported them to reengage in care. A 1 year follow up done following the tracing revealed that some women still disengaged from care. We aimed to establish the barriers to and facilitators for reengagement in care among previously traced women on

option B+, and how these could have been impacted by the COVID-19 pandemic.

Methods

This was a cross sectional qualitative study using individual interviews conducted in June and July, 2020, a period when the COVID-19 response measures such as lockdown and restrictions on transport were being observed in Uganda. Study participants were drawn from nine peri-urban and rural public healthcare facilities. Purposive sampling was used to select women still engaged in and those who disengaged from care approximately after 1 year since they were last contacted. Seventeen participants were included. Data was analysed using the content analysis approach.

Results

Women reported various barriers that affected their reengagement and retention in care during the COVID-19 pandemic. These included structural barriers such as transport difficulties and financial constraints; clinical barriers which included unsupportive healthcare workers, short supply of drugs, clinic delays, lack of privacy and medicine side effects; and psychosocial barriers such as perceived or experienced stigma and non-disclosure of HIV sero-status. Supportive structures such as family, community-based medicine distribution models, and a friendly healthcare environment were key facilitators to retention in care among this group. The COVID-19 pandemic was reported to exacerbate the barriers to retention in care.

Conclusions

COVID-19 may exacerbate barriers to retention in HIV care among those who have experienced previous disengagement. We recommend community-based models such as drop out centres, peer facilitated distribution and community outreaches as alternative measures for access to ART during the COVID-19 pandemic.

Title: Impact of COVID-19 on Ophthalmic Outpatient Services in An Eye Care Center in Southern Nigeria

Journal: Nigerian Journal of Clinical Practice

Publish Date: September 2021

URL: <https://www.njcponline.com/text.asp?2021/24/9/1338/325924>

Abstract:

Background: Coronavirus disease-2019 (COVID-19) is a communicable disease and a global pandemic affecting different parts of the world including Nigeria. Measures to curb the spread of the causative virus included a nationwide lockdown. **Aim:** The aim of this study was to assess the impact of

COVID-19 on ophthalmic outpatient services in an eye care center in Nigeria. **Method:** The medical statistics for all persons attending the Ophthalmic Outpatient Clinic from January to August 2020 and January to August 2019 was obtained. The statistics for January to August 2020 was compared with that of the corresponding months in 2019 for outpatient clinic attendance, gender, and number of children and adults. **Results:** In the 2019 study period, the total number of patients attending the Ophthalmic Outpatient Clinic was 16,189. There were 6788 males, 9401 females, 2963 children, and 13,226 adults. In similar months in 2020, the total number of patients was 8,735, of which 3,934 were males, 4801 females, 1651 children, and 7084 adults. There was an overall decline of 46% in the number of outpatient attendance in 2020. The decline was 76.3% in April 2020 (peak of the lockdown). There was a rebound in outpatient visits in July 2020 (when the interstate travel ban was lifted) to 4.9 times that of April 2020; however, this was 56.9% that of July of the preceding year. **Conclusion:** COVID-19 pandemic impacted negatively on outpatient visits. A rebound in the number of visits was observed when the interstate travel ban was lifted, although far below the preceding year's value.

Title: Systematic Review: Clinical Symptoms and Laboratory and Radiology Findings in Children with COVID-19

Journal: Nigerian Journal of Clinical Practice

Publish Date: 16 September 2021

URL: <https://www.njcponline.com/text.asp?2021/24/9/1259/325918>

Abstract:

Coronavirus disease 2019 (COVID-19) caused by the new [novel] coronavirus, Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has caused a pandemic with exceeding 72 million cases and 1.2 million deaths by the end of November 2020. We aimed to evaluate clinical, laboratory, and radiology findings of COVID-19 in children as reported worldwide and thereby to increase the clinical knowledge about the disease. Bibliographic searches were conducted in December 2020 using PubMed and Google Scholar. The search was limited to children [below 18 years of age]. The search strategy yielded a total of 336 potential articles but finally a total of 25 valid studies covering a total of 2446 (China: 1109, Europe: 663, North America: 674) pediatric patients. In the studies covered by this review, it was observed that the median age was calculated at various values between the ages of 1 and 7 years. In the studies, overall rate of the asymptomatic patients was 24.8% (ranging between 10.7 and 56.6). Acute upper respiratory tract infection (URTI) [mild

disease] was observed in 40.7 (ranging between 22 and 50.6%), mild pneumonia in 27% (ranging between 9.5 and 40.6%), and severe pneumonia in 5.3% (ranging between 1.9 and 10.6%). A total of 3% (ranging between 0.7 and 5.1%) of the patients had critical severity. Among the most common clinical symptoms and findings; 61.7% (ranging between 57.4 and 64.3%) of the patients had fever, 53.2% (ranging between 30.6 and 75.1%) had cough, 16.8% (ranging between 4.6 and 27.2%) had diarrhea or nausea, and 15% had lymphopenia. Abnormal radiological findings were detected in 47.2 of the children with COVID-19 and ground glass opacity was in 22.2%. COVID-19 manifests milder and the clinical signs and symptoms vary widely in children. Laboratory and radiological findings of COVID-19 in pediatric patients are not mostly disease-specific, except lymphopenia may have a limited value, and ground glass opacity may have a significant diagnostic value.

Title: The toll of COVID-19 on African children: A descriptive analysis on COVID-19-related morbidity and mortality among the pediatric population in Sub-Saharan Africa

Journal: International Journal of Infectious Diseases

Publish Date: September 2021

URL: <https://doi.org/10.1016/j.ijid.2021.07.060>

Abstract:

Introduction

Few data on the COVID-19 epidemiological characteristics among the pediatric population in Africa exists. This paper examines the age and sex distribution of the morbidity and mortality rate in children with COVID-19 and compares it to the adult population in 15 Sub-Saharan African countries.

Methods

A merge line listing dataset shared by countries within the Regional Office for Africa was analyzed. Patients diagnosed within 1 March and 1 September 2020 with a confirmed positive RT-PCR test for SARS-CoV-2 were analyzed. Children's data were stratified into three age groups: 0-4 years, 5-11 years, and 12-17 years, while adults were combined. The cumulative incidence of cases, its medians, and 95% confidence intervals were calculated.

Results

9% of the total confirmed cases and 2.4% of the reported deaths were pediatric cases. The 12-17 age group in all 15 countries showed the highest cumulative incidence proportion in children. Adults had a higher case incidence per 100,000 people than children.

Conclusion

The cases and deaths within the children's population were smaller than the adult population. These differences may reflect biases in COVID-19 testing protocols and reporting implemented by countries, highlighting the need for more extensive investigation and focus on the effects of COVID-19 in children.

Title: 1622P The impact of COVID-19 on cancer treatment delivery in Sub-Saharan Africa

Journal: Annals of oncology

Publish Date: 21 September 2021

URL: [10.1016/j.annonc.2021.08.1615](https://doi.org/10.1016/j.annonc.2021.08.1615)

Abstract:

Background

There is limited data on the impact of COVID-19 on cancer care in sub-Saharan Africa (SSA). Here, approximately 14 months into the pandemic, we report survey results to understand how the delivery of cancer care has changed in SSA.

Methods

We created a global consortium of cancer specialist from Africa and North America to collect data related to COVID-19 and cancer care in SSA. This abstract represents the results of a survey to consortium members, and other colleagues, from 8 cancer centers in Ghana, Nigeria, Kenya, Ethiopia, South Africa, Rwanda, and Zimbabwe. The survey was completed in February 2021.

Results

All sites report relatively low rates of confirmed SARS-COV-2 infection (range, 0-83 cases) with a wide range in the case fatality rate (0-50%). With a median duration of 2.3 months (IQR .9-4.2 months), all sites report a temporary lock down with no (12.5%), minimal (12.5%), moderate (50%) and severe (25%) impact on patient care. Examples of this impact include intra-city travel restrictions (25%), inter-city travel restrictions (62.5%), and excessive patient travel costs (75%). Most sites report changes in radiation therapy (RT) delivery strategies including transition to hypofractionation (50%), selection of single fraction RT for metastasis palliation (62.5%), deferral of RT for low-risk adjuvant situations (37.5%), or no change (25%). Changes in chemotherapy delivery strategies include transition to oral options (37.5%), use of hormone therapy over chemotherapy (37.5%), deferral of palliative chemotherapy (50%), and delivery of RT without concurrent chemotherapy (12.5%), or no change (50%). A total 3 sites (37.5%) reported the existence of breast or cervical cancer screening programs prior to the pandemic. Only one site reported return to pre-pandemic levels of cancer screening. HPV vaccination

programs were active at 2 sites prior to the pandemic with only partial recovery at one site.

Conclusions

The pandemic has challenged cancer patients despite relatively low rates of reported infection and death. To minimize transmission, oncologist utilize treatment strategies minimizing patient time in hospital. The negative impact on the limited screening and preventative services in SSA is concerning for an impact that may continue for years to come.

Title: Africa’s “too little debt” crisis: why finance from China to African countries is more crucial than ever in the wake of COVID-19

Journal: China International Strategy Review

Publish Date: 21 September 2021

URL:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8453035/pdf/42533_2021_Article_83.pdf

Abstract:

As COVID-19 has spread across the world, including the African continent, concerns have been raised about the impending debt crisis in Africa, given the fact that levels of debt—including loans from China—have grown in recent years. This paper argues that these concerns are highly subjective and are often based on colonial attitudes about African competence in dealing with domestic challenges. The paper attempts to provide a clearer, impartial understanding of Africa’s history with debt by emphasizing African agency and reviewing three key periods of debt challenges and their implications for today’s debt situation. By doing so, the paper suggests that rather than a crisis of too much debt, African governments are currently facing a crisis of access to cheap finance and need considerably more finance to recover from COVID-19 and meet the Sustainable Development Goals adopted by the United Nations in 2015. The paper also analyzes China’s role in African debt to date and argues that China has been very helpful, especially in the context of the decline in concessional finance for infrastructure from other development partners since the 2000s. The paper further calls for a reimagining of the international debt system in Africa’s favor. The paper concludes by providing clear recommendations for African governments, the international community, and China. The paper suggests that the international community must make adjustments, including systemic changes to how levels of debt and returns are assessed in African countries, for African countries to find innovative, low-risk ways to access finance. Otherwise, a debt crisis of the scale of that of the

1990s may well reemerge. China can help by continuing to provide and even scale up concessional finance for African borrowers, as well as by helping African countries secure favorable changes to the international financing system.

Title: Differential pre-pandemic breast milk IgA reactivity against SARS-CoV-2 and circulating human coronaviruses in Ugandan and American mothers

Journal: International Journal of Infectious Diseases

Publish date: September 20, 2021

URL: [10.1016/j.ijid.2021.09.039](https://doi.org/10.1016/j.ijid.2021.09.039)

Abstract:

Objective

Uganda has registered fewer COVID-19 cases and deaths per capita than Western countries. Lower numbers of cases and deaths might be due to pre-existing cross-immunity induced by circulating common cold human coronaviruses (HCoVs) before the COVID-19 pandemic. To investigate pre-existing mucosal antibodies against COVID-19, we compared IgA reactivity to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and HCoVs in milk of mothers collected in 2018.

Methods

Ugandan and US milk samples were run on enzyme-linked immunoadsorbent assay (ELISA) to measure specific IgA to SARS-CoV-2 and HCoVs NL63, OC43, HKU1, and 229E spike proteins. Pooled plasma from US COVID-19 positive and negative cases were positive and negative controls, respectively.

Results

One Ugandan mother had high milk IgA reactivity against all HCoVs and SARS-CoV-2 spike proteins. Ugandan mothers had significantly higher IgA reactivity against the betacoronavirus HCoV-OC43 than US mothers ($p = 0.018$). By contrast, US mothers had significantly higher IgA reactivity against the alphacoronaviruses HCoV-229E and HCoV-NL63 than Ugandan mothers ($p < 0.0001$ and 0.035 , respectively).

Conclusion

Some Ugandan mothers have pre-existing HCoV-induced IgA antibodies against SARS-CoV-2 which may be passed to infants via breastfeeding.

Title: COVID-19 Impacts on Coastal Communities in Kenya

Journal: Marine Policy

Publish date: 22 September 2021

URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8455284/pdf/main.pdf>

Abstract:

COVID-19 is continuing to have far-reaching impacts around the world, including on small-scale fishing communities. This study details the findings from 39 in-depth interviews with community members, community leaders, and fish traders in five communities in Kenya about their experiences since the beginning of the COVID-19 pandemic in March, 2020. The interviews were conducted by mobile phone between late August and early October 2020. In each community, people were greatly impacted by curfews, rules about gathering, closed travel routes, and bans on certain activities. Fish trade and fisheries livelihoods were greatly disrupted. Respondents from all communities emphasized how COVID-19 had disrupted relationships between fishers, traders, and customers; changed market demand; and ultimately made fishing and fish trading livelihoods very difficult to sustain. While COVID-19 impacted different groups in the communities—i.e., fishers, female fish traders, and male fish traders—all experienced a loss of income and livelihoods, reduced cash flow, declining food security, and impacts on wellbeing. As such, although small-scale fisheries can act as a crucial safety net in times of stress, the extent of COVID-19 disruptions to alternative and informal livelihoods stemmed cash flow across communities, and meant that fishing was unable to fulfil a safety net function as it may have done during past disruptions. As the pandemic continues to unfold, ensuring that COVID-19 safe policies and protocols support continued fishing or diversification into other informal livelihoods, and that COVID-19 support reaches the most vulnerable, will be critical in safeguarding the wellbeing of families in these coastal communities.

Title: Ramifications of COVID-19 on blood donation in Africa: Challenges and Solutions

Journal: Infection Control & Hospital Epidemiology

Publish Date: 21 September 2021

URL: <https://doi.org/10.1017/ice.2021.425>

Abstract:

Title: Coinfection between SARS-CoV-2 and vector-borne diseases in Luanda, Angola

Journal: Journal of Medical Virology

Publish Date: 21 September 2021

URL: <https://doi.org/10.1002/jmv.27354>

Abstract:

Co-epidemics happening simultaneously can generate a burden on healthcare systems. The co-occurrence of SARS-CoV-2 with vector-borne diseases (VBD), such as malaria and dengue in resource-limited settings represents an additional challenge to the healthcare systems. Herein, we assessed the coinfection rate between SARS-CoV-2 and VBD to highlight the need to carry out an accurate diagnosis and promote timely measures for these infections in Luanda, the capital city of Angola. This was a cross-sectional study conducted with 105 subjects tested for the SARS-CoV-2 and VBD with a rapid detection test in April 2021. The participants tested positive for SARS-CoV-2 (3.80%), malaria (13.3%), and dengue (27.6%). Low odds related to testing positivity to SARS-CoV-2 or VBD was observed in participants above or equal to 40 years (OR: 0.60, $p=0.536$), while higher odds were observed in male (OR: 1.44, $p=0.392$) and urbanized areas (OR: 3.78, $p=0.223$). The overall co-infection rate between SARS-CoV-2 and VBD was 11.4%. Our findings showed a coinfection between SARS-CoV-2 with malaria and dengue, which could indicate the need to integrate the screening for VBD in the SARS-CoV-2 testing algorithm and the adjustment of treatment protocols. Further studies are warranted to better elucidate the relationship between COVID-19 and VBD in Angola.

Title: Expanding access to HIV services during the COVID-19 pandemic—Nigeria, 2020

Journal: AIDS Research and Therapy

Publish date: September 19, 2021

URL: [10.1186/s12981-021-00385-5](https://doi.org/10.1186/s12981-021-00385-5)

Abstract:**Background**

To accelerate progress toward the UNAIDS 90-90-90 targets, US Centers for Disease Control and Prevention Nigeria country office (CDC Nigeria) initiated an Antiretroviral Treatment (ART) Surge in 2019 to identify and link 340,000 people living with HIV/AIDS (PLHIV) to ART. Coronavirus disease 2019 (COVID-19) threatened to interrupt ART Surge progress following the detection of the first case in Nigeria in February 2020. To overcome this disruption, CDC Nigeria designed and implemented adapted ART Surge strategies during February–September 2020.

Methods

Adapted ART Surge strategies focused on continuing expansion of HIV services while mitigating COVID-19 transmission. Key strategies included an

intensified focus on community-based, rather than facility-based, HIV case-finding; immediate initiation of newly-diagnosed PLHIV on 3-month ART starter packs (first ART dispense of 3 months of ART); expansion of ART distribution through community refill sites; and broadened access to multi-month dispensing (MMD) (3–6 months ART) among PLHIV established in care. State-level weekly data reporting through an Excel-based dashboard and individual PLHIV-level data from the Nigeria National Data Repository facilitated program monitoring.

Results

During February–September 2020, the reported number of PLHIV initiating ART per month increased from 11,407 to 25,560, with the proportion found in the community increasing from 59 to 75%. The percentage of newly-identified PLHIV initiating ART with a 3-month ART starter pack increased from 60 to 98%. The percentage of on-time ART refill pick-ups increased from 89 to 100%. The percentage of PLHIV established in care receiving at least 3-month MMD increased from 77 to 93%. Among PLHIV initiating ART, 6-month retention increased from 74 to 92%.

Conclusions

A rapid and flexible HIV program response, focused on reducing facility-based interactions while ensuring delivery of lifesaving ART, was critical in overcoming COVID-19-related service disruptions to expand access to HIV services in Nigeria during the first eight months of the pandemic. High retention on ART among PLHIV initiating treatment indicates immediate MMD in this population may be a sustainable practice. HIV program infrastructure can be leveraged and adapted to respond to the COVID-19 pandemic.