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, Cambridge University Press, Oxford University Press, Relief Web, SSRN.

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

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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, Cambridge University Press, Oxford University Press, Relief Web, MDPI, SSRN.

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

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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 É 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, Cambridge University Press, Oxford University Press, Relief Web, MDPI, SSRN.

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

Title: Genomic epidemiology and the role of international and regional travel in the SARS-CoV-2 epidemic in Zimbabwe: a retrospective study of routinely collected surveillance data
Journal: The Lancet Global Health
Publish Date: 22 October 2021
URL: https://doi.org/10.1016/S2214-109X(21)00434-4

Abstract:

Background
Advances in SARS-CoV-2 sequencing have enabled identification of new variants, tracking of its evolution, and monitoring of its spread. We aimed to use whole genome sequencing to describe the molecular epidemiology of the SARS-CoV-2 outbreak and to inform the implementation of effective public health interventions for control in Zimbabwe.

Methods
We performed a retrospective study of nasopharyngeal samples collected from nine laboratories in Zimbabwe between March 20 and Oct 16, 2020. Samples were taken as a result of quarantine procedures for international arrivals or to test for infection in people who were symptomatic or close contacts of positive cases. Samples that had a cycle threshold of less than 30 in the diagnostic PCR test were processed for sequencing. We began our analysis in July, 2020 (120 days since the first case), with a follow-up in October, 2020 (at 210 days since the first case). The phylogenetic relationship of the genome sequences within Zimbabwe and global samples was established using maximum likelihood and Bayesian methods.

Findings
Of 92 299 nasopharyngeal samples collected during the study period, 8099 were PCR-positive and 328 were available for sequencing, with 156 passing sequence quality control. 83 (53%) of 156 were from female participants. At least 26 independent introductions of SARS-CoV-2 into Zimbabwe in the first 210 days were associated with 12 global lineages. 151 (97%) of 156 had the Asp614Gly mutation in the spike protein. Most cases, 93 (60%), were imported from outside Zimbabwe. Community transmission was reported 6 days after the onset of the outbreak.

Interpretation
Initial public health interventions delayed onset of SARS-CoV-2 community transmission after the introduction of the virus from international and regional migration in Zimbabwe. Global whole genome sequence data are essential to reveal major routes of spread and guide intervention strategies.

Funding
WHO, Africa CDC, Biotechnology and Biological Sciences Research Council, Medical Research Council, National Institute for Health Research, and Genome Research Limited.
Title: Community SARS-CoV-2 seroprevalence before and after the second wave of SARS-CoV-2 infection in Harare, Zimbabwe
Journal: EClinicalMedicine
Publish Date: 24 October 2021
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8542175/pdf/main.pdf

Abstract:
Background
By the end of July 2021 Zimbabwe, has reported over 100,000 SARS-CoV-2 infections. The true number of SARS-CoV-2 infections is likely to be much higher. We conducted a seroprevalence survey to estimate the prevalence of past SARS-CoV-2 in three high-density communities in Harare, Zimbabwe before and after the second wave of SARS-CoV-2.

Methods
Between November 2020 and April 2021 we conducted a cross-sectional study of randomly selected households in three high-density communities (Budiriro, Highfield and Mbare) in Harare. Consenting participants answered a questionnaire and a dried blood spot sample was taken. Samples were tested for anti-SARS-CoV-2 nucleocapsid antibodies using the Roche e801 platform.

Findings
A total of 2340 individuals participated in the study. SARS-CoV-2 antibody results were available for 70·1% (620/885) and 73·1% (1530/2093) of eligible participants in 2020 and 2021. The median age was 22 (IQR 10-37) years and 978 (45·5%) were men. SARS-CoV-2 seroprevalence was 19·0% (95% CI 15·1-23·5%) in 2020 and 53·0% (95% CI 49·6-56·4) in 2021. The prevalence ratio was 2·47 (95% CI 1·94-3·15) comparing 2020 with 2021 after adjusting for age, sex, and community. Almost half of all participants who tested positive reported no symptoms in the preceding six months.

Interpretation
Following the second wave, one in two people had been infected with SARS-CoV-2 suggesting high levels of community transmission. Our results suggest that 184,800 (172,900-196,700) SARS-CoV-2 infections occurred in these three communities alone, greatly exceeding the reported number of cases for the whole city. Further seroprevalence surveys are needed to understand transmission during the current third wave despite high prevalence of past infections.

Title: Genomic epidemiology and the role of international and regional travel in the SARS-CoV-2 epidemic in Zimbabwe: a retrospective study of routinely collected surveillance data
Journal: Lancet Global Health
Publish Date: 22 October 2021
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8536247/pdf/main.pdf
Abstract:
Background
Advances in SARS-CoV-2 sequencing have enabled identification of new variants, tracking of its evolution, and monitoring of its spread. We aimed to use whole genome sequencing to describe the molecular epidemiology of the SARS-CoV-2 outbreak and to inform the implementation of effective public health interventions for control in Zimbabwe.

Methods
We performed a retrospective study of nasopharyngeal samples collected from nine laboratories in Zimbabwe between March 20 and Oct 16, 2020. Samples were taken as a result of quarantine procedures for international arrivals or to test for infection in people who were symptomatic or close contacts of positive cases. Samples that had a cycle threshold of less than 30 in the diagnostic PCR test were processed for sequencing. We began our analysis in July, 2020 (120 days since the first case), with a follow-up in October, 2020 (at 210 days since the first case). The phylogenetic relationship of the genome sequences within Zimbabwe and global samples was established using maximum likelihood and Bayesian methods.

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Interpretation
Initial public health interventions delayed onset of SARS-CoV-2 community transmission after the introduction of the virus from international and regional migration in Zimbabwe. Global whole genome sequence data are essential to reveal major routes of spread and guide intervention strategies.

Funding
WHO, Africa CDC, Biotechnology and Biological Sciences Research Council, Medical Research Council, National Institute for Health Research, and Genome Research Limited.

Title: Insights from Zimbabwe's SARS-CoV-2 genomic surveillance
Journal: Lancet Global Health
Publish Date: 22 October 2021
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8536246/pdf/main.pdf

Title: Surveillance of COVID-19 cases among medical laboratory staff in South Africa
Journal: Occupational and Environmental Medicine
Publish Date: October 2021
URL: http://dx.doi.org/10.1136/OEM-2021-EPI.369
Abstract: Introduction Medical laboratory workers are exposed to COVID-19 in the community and through their interaction with samples received for testing. The National Health Laboratory
service in South Africa serves 80% of the population providing medical tests. Information on all staff cases was collected in the Occupational Health and Safety Information System. 

**Methods** Surveillance data from the OHASIS system was extracted from 01 April 2020–30 March 2021. All staff with a laboratory-confirmed positive test for SARS-COVID-19 were included in the study. NHLS staff had increased access to testing compared to the general public. An epidemic curve was plotted and compared to that for the country along with descriptive statistics.

**Results** A high proportion of NHLS staff tested positive for SARS Cov 2, 25.7%. This varied across occupation groups with more educated occupations such as pathologists at less risk of COVID-19 compared to messengers and laboratory clerks. The epidemic curve for the facility peaked higher in the first wave compared to the rest of the country.

**Conclusion** The prevalence found in the laboratory staff may be a proxy for the country prevalence of COVID-19 if more access to testing had been available. The lower rate of positive cases in more educated staff may indicate the role of education in adherence to COVID-19 prevention measures.

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**Title:** Detailed phylogenetic analysis tracks transmission of distinct SARS-COV-2 variants from China and Europe to West Africa  
**Journal:** Nature  
**Publish Date:** 26 October 2021  
**URL:** [https://www.nature.com/articles/s41598-021-00267-w.pdf](https://www.nature.com/articles/s41598-021-00267-w.pdf)  
**Abstract:**  
SARS-CoV-2, the virus causing the COVID-19 pandemic emerged in December 2019 in China and raised fears it could overwhelm healthcare systems worldwide. Mutations of the virus are monitored by the GISAID database from which we downloaded sequences from four West African countries Ghana, Gambia, Senegal and Nigeria from February 2020 to April 2020. We subjected the sequences to phylogenetic analysis employing the nextstrain pipeline. We found country-specific patterns of viral variants and supplemented that with data on novel variants from June 2021. Until April 2020, variants carrying the crucial Europe-associated D614G amino acid change were predominantly found in Senegal and Gambia, and combinations of late variants with and early variants without D614G in Ghana and Nigeria. In June 2021 all variants carried the D614G amino acid substitution. Senegal and Gambia exhibited again variants transmitted from Europe (alpha or delta), Ghana a combination of several variants and in Nigeria the original Eta variant. Detailed analysis of distinct samples revealed that some might have circulated latently and some reflect migration routes. The distinct patterns of variants within the West African countries point at their global transmission via air traffic predominantly from Europe and only limited transmission between the West African countries.

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**Title:** Estimation and optimal control of the multiscale dynamics of Covid-19: a case study from Cameroon  
**Journal:** Nonlinear Dynamics  
**Publish Date:** 21 October 2021  
**Abstract:**
This work aims at a better understanding and the optimal control of the spread of the new severe acute respiratory corona virus 2 (SARS-CoV-2). A multi-scale model giving insights on the virus population dynamics, the transmission process and the infection mechanism is proposed first. Indeed, there are human to human virus transmission, human to environment virus transmission, environment to human virus transmission and self-infection by susceptible individuals. The global stability of the disease-free equilibrium is shown when a given threshold $T_0 \leq 1$ and the basic reproduction number $R_0$ is calculated. A convergence index $T_1$ is also defined in order to estimate the speed at which the disease extincts and an upper bound to the time of infectious extinction is given. The existence of the endemic equilibrium is conditional and its description is provided. Using Partial Rank Correlation Coefficient with a three levels fractional experimental design, the sensitivity of $R_0$, $T_0$ and $T_1$ to control parameters is evaluated. Following this study, the most significant parameter is the probability of wearing mask followed by the probability of mobility and the disinfection rate. According to a functional cost taking into account economic impacts of SARS-CoV-2, optimal fighting strategies are determined and discussed. The study is applied to real and available data from Cameroon with a model fitting. After several simulations, social distancing and the disinfection frequency appear as the main elements of the optimal control strategy against SARS-CoV-2.

**Title:** Impact of poor disease surveillance system on COVID-19 response in Africa: Time to rethink and rebuilt  
**Journal:** Clinical Epidemiology and Global Health  
**Publish Date:** October – December 2021  
**URL:** [https://doi.org/10.1016/j.cegh.2021.100841](https://doi.org/10.1016/j.cegh.2021.100841)  
**Abstract:** Infectious disease outbreaks have long posed a public health threat, especially in Africa, where the incidence of infectious outbreaks has risen exponentially. Although, Africa has witnessed several outbreaks of emerging and re-emerging infectious diseases such as Ebola virus disease and other epidemic-prone diseases, little attention has been given towards strengthening the health surveillance systems. However, the recent COVID-19 pandemic has uncovered the region’s already due to inefficient and ineffective health surveillance systems. However, the impact posed by the COVID-19 pandemic on health systems in the region has been catastrophic, it has also stressed the importance of rethinking and focusing on lessons learned during the COVID-19 pandemic. In this paper, we examine how Africa's poor disease surveillance systems affected the responses and strategies aimed at COVID-19 containment. To ensure early disease outbreak identification and prompt public health interventions in Africa, the current disease surveillance and response mechanisms must be strengthened.

**Title:** Dual burden of COVID-19 and TB in Africa  
**Journal:** Clinical Epidemiology and Global Health  
**Publish Date:** October-December 2021  
**URL:** [https://doi.org/10.1016/j.cegh.2021.100847](https://doi.org/10.1016/j.cegh.2021.100847)
B. COVID-19 RESPONSE ACTIVITIES
(hygiene practices, social distancing, case management)

Title: Comparing COVID-19 physical distancing policies: results from a physical distancing intensity coding framework for Botswana, India, Jamaica, Mozambique, Namibia, Ukraine, and the United States

Journal: Globalization and Health

Publish Date: 23 October 2021


Abstract:

Background
Understanding the differences in timing and composition of physical distancing policies is important to evaluate the early global response to COVID-19. A physical distancing intensity monitoring framework comprising 16 domains was recently published to compare physical distancing approaches across 12 U.S. States. We applied this framework to a diverse set of low and middle-income countries (LMICs) (Botswana, India, Jamaica, Mozambique, Namibia, and Ukraine) to test the appropriateness of this framework in the global context and to compare the policy responses in these LMICs with a sample of U.S. States during the first 100-days of the pandemic.

Results
The LMICs in our sample adopted wide ranging physical distancing policies. The highest peak daily physical distancing intensity during this period was: Botswana (4.60); India (4.40); Ukraine (4.40); Namibia (4.20); Mozambique (3.87), and Jamaica (3.80). The number of days each country stayed at peak policy intensity ranged from 12-days (Jamaica) to more than 67-days (Mozambique). We found some key similarities and differences, including substantial differences in whether and how countries expressly required certain groups to stay at home. Despite the much higher number of cases in the US, the physical distancing responses in our LMIC sample were generally more intense than in the U.S. States, but results vary depending on the U.S. State. The peak policy intensity for the U.S. 12-state average was 3.84, which would place it lower than every LMIC in this sample except Jamaica. The LMIC sample countries also reached peak physical distancing intensity earlier in outbreak progression compared to the U.S. states sample. The easing of physical distancing policies in the LMIC sample did not discernably correlate with change in COVID-19 incidence.

Conclusions
This physical distancing intensity framework was appropriate for the LMIC context with only minor adaptations. This framework may be useful for ongoing monitoring of physical distancing policy approaches and for use in effectiveness analyses. This analysis helps to highlight the differing paths taken by the countries in this sample and may provide lessons to other countries regarding options for structuring physical distancing policies in response to COVID-19 and future outbreaks.
Title: Biobanking of COVID-19 specimens during the pandemic: The need for enhanced biosafety
Journal: African Journal of Laboratory Medicine
Publish Date: 21 October 2021
URL: https://ajimonline.org/index.php/ajlm/article/view/1379/2055

Title: Role of Library Associations in Supporting the Library Sector during the COVID-19 Pandemic in Africa
Journal: International Information & Library Review
Publish Date: 25 October 2021
URL: https://doi.org/10.1080/10572317.2021.1990566
Abstract:
As the COVID-19 pandemic continues to impact the library sector, library associations are playing an important role in the promotion of librarianship as a profession vital to informed and knowledgeable society. The purpose of this study was to examine the role library associations played to improve access to information during the pandemic in Africa. The objectives of the study were to: find out the communication channels used by library associations to communicate with their members during the COVID-19 pandemic; challenges faced by the associations in communicating to its members during the lockdown; collaborations or partnerships the library associations developed during the COVID-19 pandemic to keep its members abreast of the new developments and recommend strategies to mitigate similar disasters in future. A cross-sectional survey was conducted using a semi-structured online questionnaire, involving both closed and open-ended questions. Most of the responses were from library associations in Central Africa (33.3%) and majority of the respondents were females (67%). The highest level of education attained by most of the library association’s President was a master’s degree (67%). Majority of the library associations have subscribed to IFLA and AfLIA. The major challenges faced by respondents’ library association were poor internet connection during the COVID-19 lockdown, technophobia and insufficient funds for data subscription. The pandemic had an effect on the strategic plan of the national library associations because their planned activities such as conducting national library conference were disrupted. This study therefore recommended the development of risk and disaster preparedness manuals and encouragement of more use of online information resources.

Title: Gender and the Impact of COVID-19 on Demand for and Access to Healthcare: Intersectional Analysis of Before-and-After Data from Kenya, Nigeria, and South Africa
Journal: Social Science Research Network
Publish Date: 22 October 2021
URL: https://dx.doi.org/10.2139/ssrn.3940272
Abstract:
Background: Global health emergencies can impact men and women differently due to gender norms related to healthcare, social, and economic disruptions. We investigated the intersectionality of gender with educational and socioeconomic factors in the impact of COVID-19 in Kenya, Nigeria, and South Africa.
**Methods:** Data were collected by Opinion Research Business International using census data as the sampling frame. We used conditional logistic regression to estimate the change in access to healthcare after the pandemic among men and women, stratified by educational level. We also examined the change in demand for various healthcare services, stratified by self-reported experience of financial difficulty due to the pandemic.

**Findings:** Among those who reported a need to seek healthcare in South Africa, there was statistically significant decline in the ability to see a healthcare provider during the pandemic among women but not among men; this gender gap was more evident in the group that did not have post-secondary education (OR=0.08, p=0.04 for women; no change for men) than for those with post-secondary education (OR=0.2, p=0.24 for women; OR=0.5, p =0.69 for men). South African women who were financially affected had a significant decline in seeking preventive care during the pandemic (0.23, p =0.04). No conclusive effects were noted in Nigeria or Kenya.

**Interpretation:** In South Africa, the pandemic and its strict control measures have adversely and disproportionately impacted disadvantaged women, which has implications for the nature of the long-term impact as well as mitigation and preparedness plans.

**Title:** Factors associated with access to condoms and sources of condoms during the COVID-19 pandemic in South Africa

**Journal:** Archives of Public Health

**Publish Date:** 27 October 2021

**URL:** https://doi.org/10.1186/s13690-021-00701-5

**Abstract:**

**Background**

Evidence has shown that the prescribed lockdown and physical distancing due to the novel coronavirus disease 2019 (COVID-19) have made accessing essential health care services much more difficult in low-and middle-income countries. Access to contraception is an essential service and should not be denied, even in a global crisis, because of its associated health benefits. Therefore, it is important to maintain timely access to contraception without unnecessary barriers. Hence, this study examines the factors contributing to limited access to condoms and sources of condoms during the COVID-19 pandemic in South Africa.

**Methods**

This study used the National Income Dynamics Study-Coronavirus Rapid Mobile Survey (NIDS-CRAM) wave 1 survey dataset. The NIDS-CRAM is a nationally representative survey of the National Income Dynamics Survey (NIDS) conducted via telephone interview during COVID-19 in the year 2020. This is the first secondary dataset on COVID-19 conducted by NIDS during pandemic. A total of 5304 respondents were included in the study. Data were analysed using frequencies distribution percentages, chi-square test and multivariable logistic regression analysis.

**Results**

Almost one-quarter (22.40%) of South Africans could not access condoms, and every 7 in 10 South Africans preferred public source of condoms during the COVID-19 pandemic. Those who were from other population groups [AOR = 0.37; 95% CI = 0.19–0.74] and those who were in the third wealth quintile [AOR = 0.60; 95% CI = 0.38–0.93] had lower odds of having access to condoms while those respondents who were aged 25–34 [AOR = 0.48;
95% CI = 0.27–0.83] and those with a secondary level of education and above [AOR = 0.24; 95% CI = 0.08–0.71] were less likely to prefer public source of condom.

**Conclusions**

This study concludes that there was limited access to condoms during the COVID-19 pandemic and that the preferred source of condoms was very skewed to public sources in South Africa. Strategic interventions such as community distribution of free condoms to avert obstruction of condom access during the COVID-19 pandemic or any future pandemics should be adopted.

**Title:** Multilateralism on a ventilator: Africa, Covid-19 and COP26  
**Source:** The Africa Report  
**Publish Date:** 22 October 2021  

**Title:** Five years after Treat All implementation: Botswana’s HIV response and future directions in the era of COVID-19  
**Journal:** Southern African Journal of HIV Medicine  
**Publish Date:** 15 October 2021  

**Abstract**

**Background:** As the relentless coronavirus disease-2019 (COVID-19) pandemic continues to spread across Africa, Botswana could face challenges maintaining the pathway towards control of its HIV epidemic.

**Objective:** Utilising the Spectrum GOALS module (GOALS-2021), the 5-year outcomes from the implementation of the Treat All strategy were analysed and compared with the original 2016 Investment Case (2016-IC) projections. Future impact of adopting the new Joint United Nations Programme on HIV/AIDS (UNAIDS) Global AIDS Strategy (2021–2026) targets and macroeconomic analysis estimating how the financial constraints from the COVID-19 pandemic could impact the available resources for Botswana’s National HIV Response through 2030 were also considered.

**Method:** Programmatic costs, population demographics, prevention and treatment outputs were determined. Previous 2016-IC data were uploaded for comparison, and inputs for the GOALS, AIM, DemProj, Resource Needs and Family Planning modules were derived from published reports, strategic plans, programmatic data and expert opinion. The economic projections were recalibrated with consideration of the impact of the COVID-19 pandemic.

**Results:** Decreases in HIV infections, incidence and mortality rates were achieved. Increases in laboratory costs were offset by estimated decreases in the population of people living with HIV (PLWH). Moving forward, young women and others at high risk must be targeted in HIV prevention efforts, as Botswana transitions from a generalised to a more concentrated epidemic.

**Conclusion:** The Treat All strategy contributed positively to decreases in new HIV infections, mortality and costs. If significant improvements in differentiated service delivery, increases in human resources and HIV prevention can be realised, Botswana could become one of the first countries with a previously high-burdened generalised HIV epidemic to gain epidemic control, despite the demands of the COVID-19 pandemic.
Title: Community acceptance and willingness to pay for hypothetical COVID-19 vaccines in a developing country: a web-based nationwide study in Nigeria

Journal: Pan African Medical Journal

URL: https://www.panafrican-med-journal.com/content/article/40/112/full/

Publish Date: October 21

Abstract:
Introduction: some promising COVID-19 vaccines are soon to be available but getting the African community to accept them may be challenging. This study assessed the acceptability and willingness to pay (WTP) for hypothetical COVID-19 vaccines among Nigerians.

Methods: a cross-sectional, web-based study was conducted among the Nigerian populace. A 20-item questionnaire was used to collect responses through Google form which was shared to consenting participants through two social media platforms. Multivariate logistic regression was used to determine the sociodemographic factors that were predictive of respondents´ willingness to accept the COVID-19 vaccines. Statistical significance was set at p<0.05.

Results: six hundred and eighty-nine respondents completed the survey, with 50.5% being females. Exactly 43.3% of respondents reported that they would accept a hypothetical vaccine if it is currently available, 62.1% said they would accept it in the future while 71.1% agreed to accept it if recommended by healthcare providers. A third (31.9%) of respondents accepted the vaccine for their self-protection and half of those not accepting it (51.3%) said they did not want to “be used as an experiment”. Respondents who were of oldest ages (aOR=0.330, 95% CI:0.141-0.767, p=0.010), of Christian religion (aOR=3.251, 95% CI:1.301-8.093, p=0.011), and aware of a possible vaccine being made available (aOR=0.636, 95% CI:0.440-0.920) were significantly more unwilling to accept the vaccine. The median range of WTP was US$1.2-2.5.

Conclusion: there is a low acceptance in Nigeria for a COVID-19 vaccine if it was available now, but much higher if it is recommended by a healthcare provider. A high proportion of willing respondents indicated a positive WTP for the vaccine.

Title: The challenges to a successful COVID-19 vaccination programme in Africa

Journal: GERMS

Publish Date: September 2021


Abstract:
The COVID-19 vaccination campaign is an ongoing worldwide effort to vaccinate large numbers of people against COVID-19 in order to ensure protection from the disease, control the rate of infection, reduce severe outcomes, and get back to normal life. Most African countries had a delay in the initiation of their COVID-19 vaccine national rollout compared to other regions in the world, and the goal of the immunization exercise in the continent is to vaccinate over 60% of the African population to attain herd immunity. Over the years, vaccination programmes are usually faced with challenges in Africa because of numerous
factors. So far, some of the major challenges threatening the success of the COVID-19 vaccination rollout in most African countries includes the slow onset of the vaccination exercise, limited funds, concerns around vaccine safety and uncertainties, storage requirements and regulatory hurdles for vaccines, limited shelf life of COVID-19 vaccines, inability to access vulnerable communities in a timely fashion, problems around the use of different vaccines, and wars and conflicts. The solutions and other imperative recommendations to these challenges were provided so as to optimize the vaccination programme and to achieve an appreciable success in the COVID-19 vaccination programme on the continent. In conclusion, a holistic and timely planning, fast execution of plans, rigorous community involvement, and a robust multi-sectoral partnership will ensure a successful COVID-19 vaccination campaign in Africa.

Title: Coronavirus disease 2019 vaccine acceptance and perceived barriers among university students in northeast Ethiopia: A cross-sectional study
Journal: Clinical Epidemiology and Global Health
Publish Date: October-December 2021
URL: https://doi.org/10.1016/j.cegh.2021.100848
Abstract:
Background
Universities are places where students live and study in close contact to each other. Nowadays, the foundations of this particular group have been affected significantly by the rapid spread of the coronavirus disease 2019. The severity of the COVID-19 pandemic has demanded the emergency use of COVID-19 vaccines. However, there is still limited evidence in COVID-19 vaccine acceptability and perceived barriers among some subgroups, including university students. This study aimed to assess vaccine acceptance, associated factors, and perceived barriers among university students, Ethiopia.

Methods
A cross-sectional study was conducted in January 2021 at Debre Berhan University among 423 students. The participants were selected using simple random sampling technique. A semi-structured, pretested, and self-administered questionnaire was used to collect the data. Multivariable logistic-regression model was fitted to identify factors associated with vaccine acceptance. An adjusted odds ratio with 95% confidence interval and its p-value of ≤0.05 was used to declare significant association.

Results
The proportion of the COVID-19 vaccine acceptance was 69.3% (95% CI: 65, 74). Being knowledgeable (AOR: 2.43, CI: 1.57, 3.77), being a health science student (AOR: 2.25, CI: 1.43, 3.54), and being in a family practicing COVID-19 prevention (AOR: 1.73, CI: 1.06, 2.81) were found to be factors associated with COVID-19 vaccine acceptance.

Conclusion
Though, this study found a 69.3% acceptance of COVID-19 vaccine, there were noticeable perceived barriers and related factors in vaccine acceptance hesitancy. Thus, health education and communication regarding the vaccine are very crucial to alleviate the identified barriers.

Title: US ‘Steps Aside’ to Give Africa Access to Moderna Vaccines
D. COVID-19 PUBLIC PERCEPTIONS AND EFFECTS

Title: Who’s more vulnerable? A generational investigation of COVID-19 perceptions’ effect on Organisational citizenship Behaviours in the MENA region: job insecurity, burnout and job satisfaction as mediators

Journal: BMC Public Health
Publish Date: 27 October 2021

Abstract:
Background: This paper is an empirical investigation that examines a path model linking COVID-19 perceptions to organisational citizenship behaviour (OCBs) via three mediators: job insecurity, burnout, and job satisfaction. The research examines the path model invariance spanning Generations X, Y, and Z. Three countries in the Middle East and North Africa (MENA) were the focus of the study.

Methods: The data was collected from a sample of employees in service companies (n = 578). We used a Partial Least Square Structural Equation Modelling (PLS-SEM) to analyse the data.

Results: Our findings reveal that COVID-19 perceptions positively predict job insecurity, which positively impacts burnout levels. Burnout negatively predicts job satisfaction. The findings established that job satisfaction positively predicts OCBs. The mediation analysis determined that job insecurity, burnout and job satisfaction convey the indirect effects of COVID-19 perceptions onto OCBs. Finally, our hypothesised model is non-equivalent across Generations X, Y and Z. In that regard, our multi-group analysis revealed that the indirect effects of COVID-19 perceptions on OCBs were only valid amongst younger generations, i.e., Generation Y and Generation Z. Specifically, younger generations are substantially more vulnerable to the indirect effects of COVID-19 perceptions on their engagement in OCBs than Generation X whose job satisfaction blocks the effects of COVID-19 perceptions on OCBs.

Conclusions: The present study extends our knowledge of workplace generational differences in responding to the perceptions of crises or pandemics. It offers evidence that suggests that burnout, job attitudes and organisational outcomes change differently across generations in pandemic times.

Title: Validation de l'Échelle de la Peur de la COVID-19 en Afrique du Sud : trois analyses complémentaires

Journal: Annales Médico-psychologique, revue psychiatrique
Publish Date: 21 October 2021
URL: https://doi.org/10.1016/j.amp.2021.10.010
Abstract:
La peur est la réponse la plus courante aux épidémies. Une peur persistante et prolongée peut augmenter les niveaux de détresse psychologique et aggraver des problèmes de santé mentale préexistants. Dans le cas de la pandémie de la COVID-19 qui sévit depuis presque deux ans, la peur intense du virus SARS-COV2 et celle d'être à proximité de ceux qui sont infectés par le virus s'est avérée être associée au développement de symptômes de stress post-traumatique. Par conséquent, motivée par le rôle central de la peur dans les réponses psychologiques au COVID-19, l'échelle de la peur du COVID-19 a été développée, et est le seul instrument capable d'évaluer les réactions émotionnelles de peur par rapport à la pandémie actuelle. Dans cette étude, nous étendons la recherche sur les propriétés psychométriques de cet instrument en adoptant trois approches complémentaires : la théorie classique des tests, l'analyse de Rasch et l'analyse de Mokken. La combinaison de ces méthodes permet une vue d'ensemble plus nuancée des propriétés psychométriques de cet instrument. L'échantillon des personnes étudiées qui ont rempli l'échelle de la peur de la COVID-19, comprenait 355 enseignants du primaire et du secondaire, sud-africains, résidant principalement dans la province du Cap Occidental. Les trois approches ont confirmé la fiabilité et la validité conceptuelle, convergente et concurrente de cette échelle utilisée avec les enseignants sud-africains. De plus, les trois approches ont confirmé que l'échelle est suffisamment homogène pour être considérée comme unidimensionnelle.

Title: Differences in Perceived Risk of Contracting SARS-CoV-2 during and after the Lockdown in Sub-Saharan African Countries
Journal: Environmental Research and Public Health
URL: https://www.mdpi.com/1660-4601/18/21/11091/pdf
Publish Date: 21 October 2021
Abstract:
This study investigated risk perception of contracting and dying of SARS-CoV-2 in sub-Saharan Africa during and after the lockdown periods. Two online surveys were conducted one year apart, with participants 18 years and above living in sub-Sahara Africa or the diaspora. Each survey took four weeks. The first survey was taken from 18 April to 16 May 2020, i.e., during the lockdown. The second survey was taken from 14 April to 14 May 2021, i.e., after the lockdown. A cross-sectional study using adopted and modified questionnaires for both surveys were distributed through online platforms. Question about risks perception of contracting and dying of SARS-CoV-2 were asked. The Helsinki declaration was applied, and ethical approvals were obtained. Total responses for both surveys, i.e., both during and after the lockdown, was 4605. The mean age was similar in both surveys (18–28 years). The mean risk perception scores were higher after lockdown by 3.59%. Factors associated with risk perception of COVID-19 were survey period, age group, region of residence, and occupation. Non-health care workers had a lower risk perception of COVID-19. This first comparative study on the level of risk perception of Africans during and after the lockdown shows that one in every three and every four persons in sub-Sahara Africa felt at high risk of contracting COVID-19 and thought they could die from contracting the same, respectively.

E. COVID-19 EFFECTS ON OTHER DISEASES AND SECTORS
Title: Stigmatization and psychological impact of COVID-19 pandemic on frontline healthcare Workers in Nigeria: a qualitative study
Journal: BMC Psychiatry
Publish Date: October 2021
Abstract:
Introduction
The COVID-19 pandemic has had a great toll on global health. Frontline healthcare workers (FHCW) directly involved in the treatment of COVID-19 patients have faced some physical and psychological challenges. This study explored the stigma and traumatic experiences of the FHCW during the COVID-19 pandemic in Nigeria.
Methods
We recruited twenty FHCW directly involved in the treatment of COVID-19 patients through purposive and snowball sampling techniques. Face-to-face in-depth interviews were conducted for all participants, and qualitative analysis of data was done using Colaizzi’s phenomenological method.
Results
Five themes identified were: Early stage of the pandemic (fear, anxiety, public fright, other countries repatriating their citizens, the socio-economic impact of the pandemic and a call to duty for the FHCW); working with COVID-19 patients (excitement on patients recovery and duty stress); psychological, mental and emotional trauma; stigmatization (stigmatized by colleagues, family, friends or their residential communities, reasons for stigmatization which were fear of infection, limited knowledge of the virus and working at the isolation centre and the effect of stigma); and recommendations (education and awareness creation, government showing more care towards the FHCW and provision of health insurance for FHCW to take care of those that get infected in the line of duty).
Conclusion
Stigmatization has proven to be a major challenge for FHCW in conducting their duties. The psychological impact experienced by FHCW may affect the quality of the services rendered by these workers. The study reveals the need of education and awareness creation in the ongoing pandemic. There is a need for the government and society to acknowledge and appreciate the efforts of FHCW.

Title: The impact of the pandemic-enforced lockdown on the scholarly productivity of women academics in South Africa
Journal: Research Policy
Publish Date:
URL: https://doi.org/10.1016/j.respol.2021.104403
Abstract:
The underrepresentation of women in research is well-documented, in everything from participation and leadership to peer review and publication. Even so, in the first months of the COVID-19 pandemic, early reports indicated a precipitous decline in women's scholarly productivity (both in time devoted to research and in journal publications) compared to pre-pandemic times. None of these studies, mainly from the Global North, could provide detailed
explanations for the scale of this decline in research outcomes. Using a mixed methods research design, we offer the first comprehensive study to shed light on the complex reasons for the decline in research during the pandemic-enforced lockdown among 2,029 women academics drawn from 26 public universities in South Africa. Our study finds that a dramatic increase in teaching and administrative workloads, and the traditional family roles assumed by women while “working from home,” were among the key factors behind the reported decline in research activity among female academics in public universities. In short, teaching and administration effectively displaced research and publication—with serious implications for an already elusive gender equality in research. Finally, the paper offers recommendations that leaders and policy makers can draw on to support women academics and families in higher education during and beyond pandemic times.

Title: Current malaria infection, previous malaria exposure, and clinical profiles and outcomes of COVID-19 in a setting of high malaria transmission: an exploratory cohort study in Uganda

Journal: The Lancet Microbe

Publish Date: 25 October 2021

URL: https://doi.org/10.1016/S2666-5247(21)00240-8

Abstract:

Background
The potential effects of SARS-CoV-2 and Plasmodium falciparum co-infection on host susceptibility and pathogenesis remain unknown. We aimed to establish the prevalence of malaria and describe the clinical characteristics of SARS-CoV-2 and P falciparum co-infection in a high-burden malaria setting.

Methods
This was an exploratory prospective, cohort study of patients with COVID-19 who were admitted to hospital in Uganda. Patients of all ages with a PCR-confirmed diagnosis of SARS-CoV-2 infection who had provided informed consent or assent were consecutively enrolled from treatment centres in eight hospitals across the country and followed up until discharge or death. Clinical assessments and blood sampling were done at admission for all patients. Malaria diagnosis in all patients was done by rapid diagnostic tests, microscopy, and molecular methods. Previous P falciparum exposure was determined with serological responses to a panel of P falciparum antigens assessed using a multiplex bead assay. Additional evaluations included complete blood count, markers of inflammation, and serum biochemistries. The main outcome was overall prevalence of malaria infection and malaria prevalence by age (including age categories of 0–20 years, 21–40 years, 41–60 years, and >60 years). The frequency of symptoms was compared between patients with COVID-19 with P falciparum infection versus those without P falciparum infection. The frequency of comorbidities and COVID-19 clinical severity and outcomes was compared between patients with low previous exposure to P falciparum versus those with high previous exposure to P falciparum. The effect of previous exposure to P falciparum on COVID-19 clinical severity and outcomes was also assessed among patients with and those without comorbidities.

Findings
Of 600 people with PCR-confirmed SARS-CoV-2 infection enrolled from April 15, to Oct 30, 2020, 597 (>99%) had complete information and were included in our analyses. The majority (502 [84%] of 597) were male individuals with a median age of 36 years (IQR 28–47). Overall prevalence of *P. falciparum* infection was 12% (95% CI 9·4–14·6; 70 of 597 participants), with highest prevalence in the age groups of 0–20 years (22%, 8·7–44·8; five of 23 patients) and older than 60 years (20%, 10·2–34·1; nine of 46 patients). Confusion (four [6%] of 70 patients vs eight [2%] of 527 patients; p=0·040) and vomiting (four [6%] of 70 patients vs five [1%] of 527 patients; p=0·014) were more frequent among patients with *P. falciparum* infection than those without. Patients with low versus those with high previous *P. falciparum* exposure had a increased frequency of severe or critical COVID-19 clinical presentation (16 [30%] of 53 patients vs three [5%] of 56 patients; p=0·0010) and a higher burden of comorbidities, including diabetes (12 [23%] of 53 patients vs two [4%] of 56 patients; p=0·0010) and heart disease (seven [13%] of 53 patients vs zero [0%] of 56 patients; p=0·0030). Among patients with no comorbidities, those with low previous *P. falciparum* exposure still had a higher proportion of cases of severe or critical COVID-19 than did those with high *P. falciparum* exposure (six [18%] of 33 patients vs one [2%] of 49 patients; p=0·015). Multivariate analysis showed higher odds of unfavourable outcomes in patients who were older than 60 years (adjusted OR 8·7, 95% CI 1·0–75·5; p=0·049).

**Interpretation**

Although patients with COVID-19 with *P. falciparum* co-infection had a higher frequency of confusion and vomiting, co-infection did not seem deleterious. The association between low previous malaria exposure and severe or critical COVID-19 and other adverse outcomes will require further study. These preliminary descriptive observations highlight the importance of understanding the potential clinical and therapeutic implications of overlapping co-infections.

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**Title:** Impact of COVID-19 on blood donation and supply in Africa  
**Journal:** African Journal of Laboratory Medicine  
**Publish Date:** 25 October 2021  
**URL:** [https://ajlmonline.org/index.php/ajlm/article/download/1408/2059](https://ajlmonline.org/index.php/ajlm/article/download/1408/2059)

**Abstract**

**Title:** Weathering the COVID-19 storm: The impact on health professionals  
**Journal:** Health SA Gesondheid  
**Publish Date:** 21 October 2021  

**Title:** The impact of the COVID-19 pandemic on healthcare service access for the victims of sexual assault  
**Publish Date:** 27 October 2021  
**Journal:** South African Family Practice  
**Background:** The coronavirus disease 2019 (COVID-19) pandemic disrupted the provision or exacerbated the existing gap of access to essential healthcare services. An unanticipated effect on access to healthcare services emerged with the introduction of COVID-19 lockdown regulations. Violence against women is prevalent with varying degrees of severity in all spheres of society.

**Methods:** This study aims to evaluate the impact of the COVID-19 pandemic on the access to healthcare services for the victims of sexual assault in the Mthatha region of South Africa. This is a records review of victims of sexual assault survivors who visited and were treated at the Sinawe TCC at Mthatha Regional Hospital. The data on sexual assault cases at Sinawe TCC were compared with a time-matched control group from 2014 to 2020.

**Results:** There were 5747 sexual assault cases reported at Sinawe TCC between 01 January 2014 and 31 December 2020. There was a major drop in reported cases at Sinawe TCC during the 2020 year, with only about half (451) of the annual average cases being reported.

**Conclusion:** The COVID-19 pandemic has an impact on access to healthcare services for the victims of sexual assault survivors in the Mthatha region of South Africa.

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**Title:** The Impacts of COVID-19 on the Sustainable Management of the Forestry Sector in Southern Africa  
**Journal:** International Forestry Review  
**Publish Date:** October 2021  
**URL:** [https://doi.org/10.1505/146554821833992785](https://doi.org/10.1505/146554821833992785)  
**Abstract:** COVID-19 had an 80% impact on forest management operations. Community forests (53%) and nature parks (96%) were the most affected. The COVID-19 pandemic had a moderate to severe impact on forest conversion to agriculture land. The pandemic resulted in serious levels of illegal logging. From the forest production perspective, the impact of COVID-19 on production, supply, demand and price of timber was low. SUMMARY The objective of the study was to examine the impact of the COVID-19 pandemic on sustainable forest management in southern Africa. The study employed a targeted approach, also referred to as purposive sampling, to select respondents from the various sectors. The results show that COVID-19 had an 80% impact on forest management operations. The COVID-19 pandemic did not have a significant effect on the conversion of land from forest to other land uses. However, there was severe illegal logging and moderate to severe fires. The COVID-19 pandemic also had a severe impact on the agriculture, environment and ecotourism sectors, with nature reserves completely closed. From the forest production perspective, the impact of COVID-19 on production, supply, demand and the price of timber was generally low due to the commercial nature of the forestry sector in South Africa; the largest economy in SADC being classified as an essential sector.

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**Title:** The Impact of COVID-19 on Transformation in a Speech-Language Pathology University Program in South Africa  
**Source:** Perspectives of the ASHA Special Interest Groups  
**Publish Date:** October 2021  
**URL:** [https://doi.org/10.1044/2021_PERSP-21-00086](https://doi.org/10.1044/2021_PERSP-21-00086)
Abstract:
Purpose:
The far-reaching and extensive ramifications of COVID-19 from the impact on people, sectors, livelihoods, lifestyles, and typical day-to-day routines may only be fully realized over the next decade. Over and above the health sector, education was also hard hit. The harmful effects of the sudden cessation of synchronous learning for learners at every phase of education in South Africa remain perplexing and not yet fully understood. For students in their senior years of qualification in degrees at university, the ramifications of COVID-19 over 2020 have been especially significant given their certain entry into the work arena in 2021.

Method:
This article highlights how the understanding of the full impact of COVID-19 in the university space cannot be separated from the struggles that have and continue to permeate higher education in South African universities since the fall of apartheid.

Results:
The need for tangible data showing evidence of transformation within lecture spaces, teaching content, staff and student diversity, as well as access and belonging by students within the academic space, has been less than ideal. Thus, despite the writings in policy, evidence of real change at the ground level has been sparse. Although it is easy to nonchalantly overlook a small department, such as that of speech-language pathology, within the larger higher education sector in Johannesburg, South Africa, we showcase what we believe were gains in transformation in our department, until the somewhat rude appearance of COVID-19.

Conclusion:
Despite a notable difference in the digital divide between students with and without access (financial, technological, and time), the promulgation for asynchronous online learning to ensure adherence to academic and clinical competency bode well for some, but not all, students.

Title: Educational Innovations for Coping Up with Covid-19 Situation in South African Universities
Journal: Eurasian Journal of Educational Research
Publish Date: October 2021
URL: https://ejer.info/index.php/journal/article/view/449/12

Abstract:
Purpose:
In this paper, researcher describe how the educational innovations and creativity affects the efficiency and performance of the Universities in South Africa in their bid to cope with challenges posed by the COVID-19 pandemic since the beginning of the 2020 academic year.

Method:
The researcher used the cross-sectional research design. The data was collected through a survey with the help of a well-developed questionnaire. Respondents were the employees of university of Johannesburg South Africa selected through a simple random sampling technique. A framework of hypotheses was prepared to establish the relationships between
the variables Creativity, Efficiency, Performance and Innovation. SEM-PLS was used for the analysis of data.

**Findings:**
We conclude by examining how these educational innovations creativity have been able the assist the Universities in mitigating the adverse effects of what could have resulted in the loss of a significant part of the 2020 academic year. Educational creativity and innovation significantly improve the Universities' performance by enhancing the efficiency of the employees. Implications for Research and Practice It is recommended that the foundation laid through these innovations should be built upon in the future to provide a platform for new normal' in teaching and learning in South African Universities particularly as the Higher Educational Institutions are being enabled to accommodate the disruptions in teaching and learning process due to any troublesome situation.

**Title:** Low mortality of people living with diabetes mellitus diagnosed with COVID-19 and managed at a field hospital in Western Cape Province, South Africa

**Journal:** South African Medical Journal

**Publish Date:** October 2021


**Abstract:**

**Background.** The novel coronavirus disease 2019 (COVID-19) was declared an international pandemic by the World Health Organization in March 2020. Throughout the pandemic, the association between diabetes mellitus (DM) and more severe COVID-19 has been well described internationally, with limited data, however, on South Africa (SA). The role of field hospitals in the management of patients with COVID-19 in SA has not yet been described.

**Objectives.** To describe the mortality and morbidity of people living with DM (PLWD) and comorbid COVID-19, as well as to shed light on the role of intermediate facilities in managing DM and COVID-19 during the pandemic.

**Methods.** This is a single-centre cross-sectional descriptive study that included all patients with confirmed COVID-19 and pre-existing or newly diagnosed DM (of any type) admitted to the Cape Town International Convention Centre (CTICC) Intermediate Care Bed Facility from June 2020 to August 2020. This study presents the profile of patients admitted to the CTICC, and reports on the clinical outcome of PLWD diagnosed with COVID-19, and additionally determines some associations between risk factors and death or escalation of care in this setting.

**Results.** There were 1 447 admissions at the CTICC, with a total of 674 (46.6%) patients who had confirmed DM, of whom 125 (19%) were newly diagnosed diabetics and 550 (81%) had pre-existing DM. Included in this group were 57 referrals from the telemedicine platform – a platform that identified high-risk diabetic patients with COVID-19 in the community, and linked them directly to hospital inpatient care. Of the 674 PLWD admitted, 593 were discharged alive, 45 were escalated to tertiary hospital requiring advanced care and 36 died. PLWD who died were older, had more comorbidities (specifically chronic obstructive pulmonary disease, congestive cardiac failure and chronic kidney disease) and were more likely to be on insulin.
Conclusions. In a resource-limited environment, interdisciplinary and interfacility collaboration ensured that complicated patients with DM and COVID-19 were successfully managed in a field hospital setting. Telemedicine offered a unique opportunity to identify high-risk patients in the community and link them to in-hospital monitoring and care. Future studies should explore ways to optimise this collaboration, as well as to explore possibilities for early identification and management of high-risk patients.

Title: Adherence to respectful maternity care guidelines during COVID-19 pandemic and associated factors among healthcare providers working at hospitals in northwest Ethiopia: A multicenter, observational study

Journal: Clinical Epidemiology and Global Health

Publish Date: October 2021

URL: https://doi.org/10.1016/j.cegh.2021.100830

Abstract:

Background
Respectful maternity care is one of the facilitators of women's access to maternity healthcare services. However, it has been evidenced that maternal healthcare services are compromised during the pandemic of coronavirus disease 19 (COVID-19). Moreover, there was a dearth of evidence on healthcare provider's adherence to respectful maternity care guidelines through direct observation. Hence, this study intended to assess healthcare provider's adherence to respectful maternity care guidelines during COVID-19 in northwest Ethiopia.

Methods
A multicenter observational cross-sectional study was conducted at hospitals in northwest Ethiopia from November 15th/2020 to March 10th/2021. A simple random sampling technique was employed to select 406 healthcare providers. Data were collected through face-to-face interviews and direct observation using a structured questionnaire and standardized checklist respectively. The data were entered into Epi Info 7.1.2 and exported to SPSS version 25 for analysis. A binary logistic regression model was fitted. Both bivariable and multivariable logistic regression analyses were undertaken. The level of significance was claimed based on the adjusted odds ratio (AOR) with a 95% confidence interval (CI) at a p-value of ≤0.05.

Results
The proportion of healthcare providers adhering to respectful maternity care guidelines during COVID-19 was 63.8% (95% CI: 59.1, 68.4). Job satisfaction (AOR = 1.82; 95% CI: 1.04, 3.18), professional work experience of 3–5 years (AOR = 2.84; 95% CI: 1.74, 4.6) and ≥6 years (AOR = 2.21; 95% CI: 1.11, 4.38), and having education parallel to work (AOR = 0.33; 95% CI: 0.21, 0.51) have an independent statistical significant association with adherence to respectful maternity care guidelines.

Conclusion
In this study, six out of ten healthcare providers had good adherence to respectful maternity care guidelines. Ensuring health worker's job satisfaction and providing education opportunities by the government would improve healthcare provider's adherence to respectful maternity care standards.