

AFRO Weekly COVID-19 Literature Update

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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, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford University Press, Taylor & Francis, Springer, the BMJ.

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, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford University Press, Taylor & Francis, Springer, the BMJ.

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, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford University Press, Taylor & Francis, Springer, the BMJ.

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: Approaching COVID-19 with epidemiological genomic surveillance and the sustainability of biodiversity informatics in Africa

Journal: Journal Medical of Virology

Publish Date: November 13, 2022

URL: <https://doi.org/10.1002/jmv.28308>

Abstract:

COVID-19 is an acute respiratory illness caused by Severe Acute Respiratory Syndrome-Coronavirus 2 (SARS-CoV-2). The first case was reported in Africa on 14th February 2020 and has surged to 11 million as of July 2022, with 43% and 30% of cases in Southern and Northern Africa. Current epidemiological data demonstrate heterogeneity in transmission and patient outcomes in Africa. However, the burden of infectious diseases such as malaria creates a significant burden on public health resources that are dedicated to COVID-19 surveillance, testing, and vaccination access. Several control measures, such as the SHEF2 model, encompassed Africa's most effective preventive measure. With the help of international collaborations and partnerships, Africa's pandemic preparedness employs effective risk-management strategies to monitor patients at home and build the financial capacity and human resources needed to combat COVID-19 transmission. However, the lack of safe sanitation and inaccessible drinking water, coupled with the financial consequences of lockdowns, makes it challenging to prevent the transmission and contraction of COVID-19. The overwhelming burden on contact tracers due to an already strained healthcare system will hurt epidemiological tracing and swift counter-measures. With the rise in variants, African countries must adopt genomic surveillance and prioritize funding for biodiversity informatics. This article is protected by copyright. All rights reserved.

Title: Seroprevalence of SARS-CoV-2 antibodies among children and adolescents recruited in a malariometric survey in north-eastern Tanzania July 2021

Journal: BMC Infectious Diseases

Publish Date: November 12, 2022

URL: <https://bmcinfectdis.biomedcentral.com/counter/pdf/10.1186/s12879-022-07820-6.pdf>

Abstract:

Background

African countries stand out globally as the region seemingly least affected by the COVID-19 pandemic, caused by the virus SARS-CoV-2. Besides a younger population and potential pre-existing immunity to a SARS-CoV-2-like virus, it has been hypothesized that co-infection or recent history of *Plasmodium falciparum* malaria may be protective of COVID-19 severity and mortality. The number of COVID-19 cases and deaths, however, may be vastly undercounted. Very little is known about the extent to which the Tanzanian population has been exposed to SARS-CoV-2. Here, we investigated the seroprevalence

of IgG to SARS-CoV-2 spike protein in two Tanzanian rural communities 1½ years into the pandemic and the association of coinciding malaria infection and exposure.

Methods

During a malariometric survey in July 2021 in two villages in north-eastern Tanzania, blood samples were taken from 501 participants (0–19 years old). Malaria was detected by mRDT and microscopy. Levels of IgG against the spike protein of SARS-CoV-2 were measured by ELISA as well as IgG against five different antigens of *P. falciparum*; CIDRα1.1, CIDRα1.4 and CIDRα1.5 of PfEMP1 and GLURP and MSP3.

Results

The seroprevalence of SARS-CoV-2 IgG was 39.7% (106/267) in Kwamasimba and 32.5% (76/234) in Mkokola. In both villages the odds of being seropositive increased significantly with age (AOR = 1.12, 95% CI 1.07–1.17, $p < 0.001$). *P. falciparum* malaria prevalence by blood smear microscopy was 7.9% in Kwamasimba and 2.1% in Mkokola. 81.3% and 70.5% in Kwamasimba and Mkokola, respectively, showed recognition of minimum one malaria antigen. Residing in Kwamasimba was associated with a broader recognition (AOR = 1.91, 95% CI 1.34–2.71, $p < 0.001$). The recognition of malaria antigens increased significantly with age in both villages (AOR = 1.12; 95% CI 1.08–1.16, $p < 0.001$). Being SARS-CoV-2 seropositive did not associate with the breadth of malaria antigen recognition when adjusting for age (AOR = 0.99; 95% CI 0.83–1.18; $p = 0.91$).

Conclusion

More than a third of the children and adolescents in two rural communities in Tanzania had antibodies to SARS-CoV-2. In particular, the adolescents were seropositive but being seropositive did not associate with the status of coinciding malaria infections or previous exposure. In Tanzania, natural immunity may have developed fast, potentially protecting a substantial part of the population from later variants.

Title: Socio-Economic and Demographic Factors Associated with the Spatial Distribution of COVID-19 in Africa

Journal: Journal of Racial and Ethnic Health Disparities

Publish Date: November 17, 2022

URL: <https://doi.org/10.1007/s40615-022-01453-w>

Abstract:

Corona is a disease that affects the whole world. Countries with weak economies are specifically more vulnerable. A proper understanding of COVID-19 spreading, identifying the high-risk areas, and discovering factors influencing the spread of the disease are crucial to improving disease control. This study evaluates the geo-statistical distribution of COVID-19 to identify critical areas of Africa using spatial clustering pattern analysis. In addition, the spatial correlation between infected cases and variables such as the unemployment rate, gross domestic product (GDP), population, and vaccination rate is calculated using Geographically Weighted Regression (GWR) analysis. The hot-spot map showed a statistically significant cluster of high values in southern and northern Africa. Moreover, the outcome of the GWR analysis revealed the GDP and population had the most significant correlation with the spreading of COVID-19, with Local R² values of (0.01-0.99) and (0-0.89), respectively.

Title: Restoring non-COVID-19 clinical research and surveillance in Oyo state, Nigeria during the SARS-CoV-2 pandemic

Journal: Journal of Public Health in Africa

Publish Date: November 11, 2022

URL: <https://doi.org/10.4081/jphia.2022.1720>

Abstract:

Background: Many sub-Saharan African patients receive clinical care from extramurally-supported research and surveillance. During the COVID-19 pandemic, pausing these activities reduces patient care, surveillance, and research staff employment, increasing pandemic losses. In Oyo State, Nigeria, we paused a multi-country invasive salmonellosis surveillance initiative and a rural clinical bacteriology project.

Objective: Working with research partners raises health facility concerns about SARS-CoV-2 transmission risks and incurs infection prevention costs, so we developed and implemented re-opening plans to protect staff and patients and help health facilities deliver care.

Methods: Our reopening plan included appointing safety and personal protective equipment (PPE) managers from existing project staff cadres, writing new standard operating procedures, implementing extensive assessed training, COVID-19 testing for staff, procuring and managing PPE, and providing secondary bacteraemia blood culture support for COVID-19 patients in State isolation facilities.

Results: Surveillance data showed that the pandemic reduced care access and negatively affected patient unsupervised antibacterial use. The re-opening plan repurposed human and material resources from national and international extramurally-supported programs to mitigate these effects on public health.

Conclusions: A structured reopening plan restarted care, surveillance, and infection prevention and control.

Title: COVID-19 Data Analytics Using Extended Convolutional Technique

Journal: Interdisciplinary Perspectives on Infectious Diseases

Publish Date: November 7, 2022

URL: <https://doi.org/10.1155/2022/4578838>

Abstract:

The healthcare system, lifestyle, industrial growth, economy, and livelihood of human beings worldwide were affected due to the triggered global pandemic by the COVID-19 virus that originated and was first reported in Wuhan city, Republic Country of China. COVID cases are difficult to predict and detect in their early stages, and their spread and mortality are uncontrollable. The reverse transcription polymerase chain reaction (RT-PCR) is still the first and foremost diagnostic methodology accepted worldwide; hence, it creates a scope of new diagnostic tools and techniques of detection approach which can produce effective and faster results compared with its predecessor. Innovational through current studies that complement the existence of the novel coronavirus (COVID-19) to findings in the thorax (chest) X-ray imaging, the projected research's method makes use of present deep learning (DL) models with the integration of various frameworks such as GoogleNet, U-Net, and ResNet50 to novel method those X-ray images and categorize patients as the corona positive (COVID + ve) or the corona negative (COVID -ve). The anticipated technique entails the pretreatment phase through dissection of the lung, getting

rid of the environment which does now no longer provide applicable facts and can provide influenced consequences; then after this, the preliminary degree comes up with the category version educated below the switch mastering system; and in conclusion, consequences are evaluated and interpreted through warmth maps visualization. The proposed research method completed a detection accuracy of COVID-19 at around 99%.

Title: Global disparities in SARS-CoV-2 genomic surveillance

Journal: Nature Communications

Publish Date: November 16, 2022

URL: <https://doi.org/10.1038/s41467-022-33713-y>

Abstract:

Genomic sequencing is essential to track the evolution and spread of SARS-CoV-2, optimize molecular tests, treatments, vaccines, and guide public health responses. To investigate the global SARS-CoV-2 genomic surveillance, we used sequences shared via GISAID to estimate the impact of sequencing intensity and turnaround times on variant detection in 189 countries. In the first two years of the pandemic, 78% of high-income countries sequenced >0.5% of their COVID-19 cases, while 42% of low- and middle-income countries reached that mark. Around 25% of the genomes from high income countries were submitted within 21 days, a pattern observed in 5% of the genomes from low- and middle-income countries. We found that sequencing around 0.5% of the cases, with a turnaround time <21 days, could provide a benchmark for SARS-CoV-2 genomic surveillance. Socioeconomic inequalities undermine the global pandemic preparedness, and efforts must be made to support low- and middle-income countries improve their local sequencing capacity.

Title: Survival analysis of patients with COVID-19 admitted at six hospitals in Uganda in 2021: a cohort study

Journal: Archives of Public Health

Publish Date: November 15, 2022

URL: <https://archpublichealth.biomedcentral.com/counter/pdf/10.1186/s13690-022-00991-3.pdf>

Abstract:

Background

Assessing factors associated with mortality among COVID-19 patients could guide in developing context relevant interventions to mitigate the risk. The study aimed to describe mortality and associated factors among COVID-19 patients admitted at six health facilities in Uganda.

Methods

We reviewed medical records of patients admitted with COVID-19 between January 1st 2021 and December 31st 2021 in six hospitals in Uganda. Using Stata version 17.0, Kaplan Meier and Cox regression analyses were performed to describe the time to death and estimate associations between various exposures and time to death. Finally, accelerated failure time (AFT) models with a lognormal distribution were used to estimate corresponding survival time ratios.

Results

Out of the 1040 study participants, 234 (22.5%: 95%CI 12.9 to 36.2%) died. The mortality rate was 30.7 deaths per 1000 person days, 95% CI (26.9 to 35.0). The median survival time was 33 days, IQR (9–82). Factors associated with time to COVID-19 death included; age \geq 60 years [adjusted hazard ratio (aHR) = 2.4, 95% CI: [1.7, 3.4]], having malaria test at admission [aHR = 2.0, 95% CI:[1.0, 3.9]], a COVID-19 severity score of severe/critical [aHR = 6.7, 95% CI:[1.5, 29.1]] and admission to a public hospital [aHR = 0.4, 95% CI:[0.3, 0.6]]. The survival time of patients aged 60 years or more is estimated to be 63% shorter than that of patients aged less than 60 years [adjusted time ratio (aTR) 0.37, 95% CI 0.24, 0.56]. The survival time of patients admitted in public hospitals was 2.5 times that of patients admitted in private hospitals [aTR 2.5 to 95%CI 1.6, 3.9]. Finally, patients with a severe or critical COVID-19 severity score had 87% shorter survival time than those with a mild score [aTR 0.13, 95% CI 0.03, 0.56].

Conclusion

In-hospital mortality among COVID-19 patients was high. Factors associated with shorter survival; age \geq 60 years, a COVID-19 severity score of severe or critical, and having malaria at admission. We therefore recommend close monitoring of COVID-19 patients that are elderly and also screening for malaria in COVID-19 admitted patients.

Title: Non-COVID-19 deaths in times of pandemic

Journal: Journal of Medical Virology

Publish Date: November 14, 2022

URL: <https://doi.org/10.1093/pubmed/fdac115>

Abstract:

Background and objective

To investigate the effect of the COVID-19 pandemic on non-COVID-19 deaths in Mexico.

Methods

This study analyzes monthly administrative data on 15 different causes of death in Mexico from 2017 to 2020. The effects of the COVID-19 pandemic on non-COVID-19 deaths are conducted using a difference-in-differences methodology and an event study.

Results

The evidence shows mixed results. There is an increase in six causes of death: diabetes (36.8%), hypertension (25.8%), heart attacks (40.9%), bronchitis- asthma (24.2%), anemia (28.6%) and prostate cancer (21.4%). There is a decrease in two causes of death: traffic accidents (8.8%) and HIV (13.8%). There are null effects for seven causes of death: breast cancer, cerebrovascular disease, malnutrition, alcohol-related liver disease, renal insufficiency, homicides and suicides.

Conclusions

The COVID-19 pandemic affected non-COVID-19 deaths caused by diseases that require intensive healthcare services. Conversely, this pandemic reduced social interactions, which contributed to a decrease on deaths such as traffic accidents.

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

Title: Implementation of Public Health Genomics in Africa: Lessons from the COVID-19 pandemic, Challenges, and Recommendations

Journal: Journal of Medical Virology

Publish Date: November 11, 2022

URL: <https://doi.org/10.1002/jmv.28295>

Abstract:

Public health genomics (PHG) is a relatively new field. The wide application of genomic technologies played a pivotal role in elucidating the full genomic sequence of the SARS-CoV-2 virus. This breakthrough proved to be the starting point in the manufacture of diagnostic kits and the subsequent making of vaccines. Beyond the COVID-19 pandemic, many African countries can take advantage of the various investments in genomic technologies to introduce and intensify the use of genomics for public health gain. Public Health Genomics effectively monitors, prevents, and manages non-communicable and infectious diseases. However, there are several challenges to implementing PHG in Africa. In this perspective article, we discuss the utilization of PHG during the COVID-19 pandemic, the lessons learned from using PHG to manage and contain the COVID-19 pandemic, as well as potential challenges Africa may face when putting PHG into practice compared to challenges of other regions. We also discuss our recommendations for overcoming these challenges. This article is protected by copyright. All rights reserved.

Title: The quarantine paradox: The economic cost of the increase in violence against women and girls in Sub-Saharan Africa

Journal: Frontiers in Public Health

Publish Date: October 25, 2022

URL: <https://doi.org/10.3389/fpubh.2022.1029823>

Abstract:

Title: Toward a New Paradigm of North-South and South-South Partnerships for Pandemic Preparedness: Lessons Learned from COVID-19 and Other Outbreaks

Journal: American Journal of Tropical Medicine and Hygiene

Publish Date: October 25, 2022

URL: <https://doi.org/10.3389/fpubh.2022.1029823>

Abstract:

COVID-19 underscores the need to reimagine North-South partnerships and redefine best practices for building public health and research capacity to address emergent health threats and pandemic preparedness in low- and-middle income countries (LMICs). Historically, outbreak and emergency responses have failed to ensure that the Global South has the autonomy and capacity to respond to public health threats in a timely and equitable manner. The COVID-19 response, however, has demonstrated that innovations and solutions in the Global South can not only fill resource and capacity gaps in LMICs but can also provide solutions to challenges globally. These innovations offer valuable lessons about strengthening local manufacturing capacity to produce essential diagnostic, treatment, and prevention tools; implementing high-quality research studies; expanding

laboratory and research capacity; and promoting effective cooperation and governance. We discuss specific examples of capacity-building from Rwanda, South Africa, and Senegal. To fulfill promises made to the Global South during the COVID-19 pandemic, restore and resume health service delivery, and effectively prevent and respond to the next health threat, we need to prioritize equitable access to local manufacturing of basic health tools while building health systems capacities in the Global South.

Title: National COVID-19 lockdown and trends in help-seeking for violence against children in Zimbabwe: an interrupted time-series analysis

Journal: BMC Public Health

Publish Date: November 18, 2022

URL: <https://bmcpublichealth.biomedcentral.com/counter/pdf/10.1186/s12889-022-14425-w.pdf>

Abstract:

Background

An estimated 1.8 billion children live in countries where COVID-19 disrupted violence prevention and response. It is important to understand how government policies to contain COVID-19 impacted children's ability to seek help, especially in contexts where there was limited formal help-seeking prior to the pandemic. We aimed to quantify how the national lockdown in Zimbabwe affected helpline calls for violence against children, estimated the number of calls that would have been received had the lockdown not occurred and described characteristics of types of calls and callers before and after the national lockdown.

Methods

We used an interrupted time series design to analyse the proportion of violence related calls (17,913 calls out of 57,050) to Childline Zimbabwe's national child helpline between 2017 to 2021. We applied autoregressive integrated moving average regression (ARIMA) models to test possible changes in call trends before and after the March 2020 lockdown and forecasted how many calls would have been received in the absence of lockdown. In addition, we examined call characteristics before and after lockdown descriptively.

Results

The proportion of violence related calls decreased in the 90 days after the lockdown and subsequently returned to pre-COVID-19 levels. We estimate that 10.3% (95% confidence interval [CI] 6.0–14.6%) more violence related calls would have occurred in this period had there not been a lockdown. Violence was increasingly reported as occurring in children's households, with fewer reports from children and formal child protection actors.

Conclusions

Lockdowns dramatically change everyday life and strain populations, which is unlikely to reduce violence prevalence but may reduce help-seeking. The three months after COVID-19 lockdowns may be key time periods when help-seeking for violence decreases drastically. Policy makers should ensure that in-person and remote services support help-seeking. Interventions and campaigns may additionally want to target adult female family members in encouraging reporting of suspected violence cases when they occur within households and are perpetuated by other family members. We suggest a composite approach of scaling-up remote reporting mechanisms that are accessible and

geographically well-distributed, establishing non-traditional sites for help seeking within communities and continuing limited in-person home visitation for known cases of violence.

C. COVID-19 VACCINATION

Title: Safety of COVID-19 Pfizer-BioNtech (BNT162b2) mRNA vaccination in adolescents aged 12-17 years: A systematic review and meta-analysis

Journal: Human Vaccines & Immunotherapeutics

Publish Date: November

URL: <https://doi.org/10.1080/21645515.2022.2144039>

Abstract:

The COVID-19 pandemic has severely affected adolescents. Safe and effective vaccines are pivotal tools in controlling this pandemic. We reviewed the safety profile of the BNT162b2 COVID-19 vaccine in adolescents using mostly real-world data to assist decision-making. We used random-effects model meta-analysis to derive pooled rates of single or grouped adverse events following immunization (AEFI) after each primary and booster dose, as well as after combining all doses. Reporting on over one million participants with safety data were included. The most-reported local and systemic AEFIs were pain/swelling/erythema/redness and fatigue/headache/myalgia, respectively. AESIs were rarely reported but were more frequent after the second dose than they were after the first and the booster doses. Health impact was less common among adolescents after receiving BNT162b2 vaccine. Rare life-threatening AEFIs were reported across all doses in real-world studies. Our findings highlight the significance of enhancing national and regional vaccination programs to ensure public confidence.

Title: Use of catch-up vaccinations in the second year of life (2YL) platform to close immunity gaps: A secondary DHS analysis in Pakistan, Philippines, and South Africa

Journal: Vaccine

Publish Date: November 14, 2022

URL: <https://doi.org/10.1016/j.vaccine.2022.10.040>

Abstract:

Background: Immunity gaps caused by COVID-19-related disruptions highlight the importance of catch-up vaccination. Number of countries offering vaccines in second year of life (2YL) has increased, but use of 2YL for catch-up vaccination has been variable. We assessed pre-pandemic use of 2YL for catch-up vaccination in three countries (Pakistan, the Philippines, and South Africa), based on existence of a 2YL platform (demonstrated by offering second dose of measles-containing vaccine (MCV2) in 2YL), proportion of card availability, and geographical variety.

Methods: We conducted a secondary data analysis of immunization data from Demographic and Health Surveys (DHS) in Pakistan (2017-2018), the Philippines (2017), and South Africa (2016). We conducted time-to-event analyses for pentavalent vaccine (diphtheria-tetanus-pertussis-Hepatitis B-Haemophilus influenzae type b [Hib]) and MCV and calculated use of 2YL and MCV visits for catch-up vaccination.

Results: Among 24-35-month-olds with documented dates, coverage of third dose of pentavalent vaccine increased in 2YL by 2%, 3%, and 1% in Pakistan, Philippines, and

South Africa, respectively. MCV1 coverage increased in 2YL by 5% in Pakistan, 10% in the Philippines, and 3% in South Africa. In Pakistan, among 124 children eligible for catch-up vaccination of pentavalent vaccine at time of a documented MCV visit, 45% received a catch-up dose. In the Philippines, among 381 eligible children, 38% received a pentavalent dose during an MCV visit. In South Africa, 50 children were eligible for a pentavalent vaccine dose before their MCV1 visit, but only 20% received it; none with MCV2.

Conclusion: Small to modest vaccine coverage improvements occurred in all three countries through catch-up vaccination in 2YL but many missed opportunities for vaccination continue to occur. Using the 2YL platform can increase coverage and close immunity gaps, but immunization programmes need to change policies, practices, and monitor catch-up vaccination to maximize the potential.

Title: COVID-19 vaccine inequity and Big Pharma: time to rethink our love affair

Journal: Canadian Journal of Public Health

Publish Date: November 15, 2022

URL: <https://doi.org/10.17269/s41997-022-00706-9>

Abstract:

No Abstract

Title: Immune correlates analysis of the ENSEMBLE single Ad26.COVS dose vaccine efficacy clinical trial

Journal: Nature Microbiology

Publish Date: November 10, 2022

URL: <https://doi.org/10.1038/s41564-022-01262-1>

Abstract:

Measuring immune correlates of disease acquisition and protection in the context of a clinical trial is a prerequisite for improved vaccine design. We analysed binding and neutralizing antibody measurements 4 weeks post vaccination as correlates of risk of moderate to severe-critical COVID-19 through 83 d post vaccination in the phase 3, double-blind placebo-controlled phase of ENSEMBLE, an international randomized efficacy trial of a single dose of Ad26.COVS. We also evaluated correlates of protection in the trial cohort. Of the three antibody immune markers we measured, we found most support for 50% inhibitory dilution (ID₅₀) neutralizing antibody titre as a correlate of risk and of protection. The outcome hazard ratio was 0.49 (95% confidence interval 0.29, 0.81; P = 0.006) per 10-fold increase in ID₅₀; vaccine efficacy was 60% (43%, 72%) at non-quantifiable ID₅₀ (<2.7 IU₅₀ ml⁻¹) and increased to 89% (78%, 96%) at ID₅₀ = 96.3 IU₅₀ ml⁻¹. Comparison of the vaccine efficacy by ID₅₀ titre curves for ENSEMBLE-US, the COVE trial of the mRNA-1273 vaccine and the COV002-UK trial of the AZD1222 vaccine supported the ID₅₀ titre as a correlate of protection across trials and vaccine types.

Title: COVID-19 Vaccines and the Virtues

Journal: Public Health Ethics

Publish Date: November 14, 2022

URL: <https://doi.org/10.1093/phe/phac027>

Abstract:

From a moral point of view, what arguments are there for and against seeking COVID-19 vaccination? Can it be morally permissible to require (parts of) a population to receive a vaccine? The present paper adopts a perspective of virtue ethics and argues both that it is morally right for an individual virtuous moral agent to seek COVID-19 vaccination and for a virtuous ruler to impose mandatory vaccinations on her population.

We begin by first presenting virtue ethics and the current vaccine controversy. Second, we examine whether a virtuous individual should get vaccinated. Third, we consider whether, from a moral point of view, it is right for a ruler to impose mandatory vaccinations on her citizens. Fourth, we answer some objections to our argument. Finally, we conclude that virtue ethical considerations warrant both the individual choice of getting vaccinated and mandatory vaccinations against COVID-19.

D. COVID-19 PUBLIC PERCEPTIONS AND EFFECTS

Title: Public Perceptions on Twitter of Nurses during the COVID-19

Journal: Contemporary Nurse

Publish Date: November 12, 2022

URL: <https://doi.org/10.1080/10376178.2022.2147850>

Abstract:

Background: The use of social media platforms to convey public opinions and attitudes has exponentially increased over the last decade on topics related to health. In all these social media postings related to the pandemic, specific attention has been focused on healthcare professionals, specifically nurses.

Objective: This study aimed to explore how the keyword 'nurse' is located in COVID-19 pandemic related tweets during a selected period of the pandemic in order to assess public perception.

Methods: Tweets related to COVID-19 were downloaded from Twitter for the period January 1st, 2020, to November 11th, 2021. Sentiment analysis was used to identify opinions, emotions, and approaches expressed in tweet which included 'nurse', 'COVID-19' and 'pandemic' as either keyword or hashtags.

Results: A total of 2,440,696 most used unique words in the downloaded 582,399 tweets were included and the sentiment analysis indicated that 24.4% (n = 595,530) of the tweets demonstrated positive sentiment while 14.1% (n = 343,433) of the tweets demonstrated negative sentiment during COVID-19. Within these results, 17% (n = 416366) of the tweets included positive basic emotion words of trust and 4.9% (n = 120654) of joy. In terms of negative basic emotion words, 9.9% (n = 241758) of the tweets included the word fear, 8.3% (n = 202179) anticipation, 7.9% (n = 193145) sadness, 5.7% (n = 139791) anger, 4.2% (n = 103936) disgust, and 3.6% (n = 88338) of the tweets included the word surprised.

Conclusions: It is encouraging to note that with the advent of major health crises, public perceptions on social media, appears to portray an image of nurses which reflects the professionalism and values of the profession.

Title: Misinformation in the media: global coverage of GMOs 2019-2021

Journal: GM Crops Food

Publish Date: November 17, 2022

URL: <https://doi.org/10.1080/21645698.2022.2140568>

Abstract:

Misinformation is a serious problem in scientific debates ranging from climate change to vaccines to nuclear power. In this study we quantitatively assess the phenomenon of misinformation - defined as information which is at variance with widely-accepted scientific consensus - on genetically modified crops and food ("GMOs") in the mainstream and online news media over a two-year period. We found an overall falsehood rate of 9% with a potential readership of 256 million. None of the misinformation was positive in sentiment; most was negative. About a fifth of Africa's media coverage on GMOs contained misinformation, a worrying finding given the potential for genetic engineering to deliver improved nutrition and food security in the continent. We conclude that misinformation about GMOs in the mainstream media is still a significant problem, and outranks the proportion of misinformation in other comparable debates such as COVID-19 and vaccines.

Title: Factors associated with COVID-19 knowledge among Ghanaians: A national survey

Journal: PLoS One

Publish Date: November 10, 2022

URL: <https://doi.org/10.1371/journal.pone.0276381>

Abstract:

Background: Adequate knowledge about COVID-19 in a population may be relevant in the fight to control its spread among the populace. Thus, the aim of this study was to assess the factors associated with real knowledge of COVID-19 among Ghanaians to promote effective dissemination of appropriate information aimed at containing the spread.

Methods: A cross-sectional online survey and computer assisted telephone interviews (CATI) was conducted among Ghanaians aged 18 years and above across the 260 districts of Ghana. The survey assessed the level of knowledge of COVID-19 and its associated factors and compared differences between perceived and real knowledge. One district health promotion officer per district was trained for the data collection. Participants were recruited via use of phone directories of both organized and non-organized local district groups. Phone calls were made to randomly selected phone contacts to schedule options for participation in the study. We used multivariable logistic regression to investigate the associated factors of COVID-19 knowledge among respondents.

Results: Of the 2,721 participants who completed the survey, the majority (99.3%) were aware of the existence of the COVID-19 outbreak, had good knowledge on infection prevention (87.0%) and rated their knowledge about COVID-19 as good (81.7%). Factors associated with COVID-19 knowledge were: age ≥ 56 years (aOR = 0.5; CI: 0.3-0.8; $p = 0.002$), tertiary education (aOR = 1.8; CI: 1.2-2.6; $p = 0.003$), residing in Greater Accra region (aOR = 2.0; CI: 1.1-3.6; $p = 0.019$), not infected with the novel coronavirus (aOR = 1.5; CI: 1.0-2.1; $p = 0.045$), knowing an infected person (aOR = 3.5; CI = 1.5-7.9; $p = 0.003$), good practice of effective preventive measures (aOR = 1.2; CI: 1.1-1.5; 0.008), not misinformed (aOR = 0.7; CI: 0.5-0.9; 0.015), and perceiving spreading speed of the virus as slow (aOR = 0.7; CI: 0.5-0.9; 0.007).

Conclusion: The study found good knowledge regarding COVID-19, control measures, and preventive strategies. The Ghana Health Service should continuously provide accurate

information to educate the media and citizens to prevent misinformation, which is vital in stopping the spread of the COVID-19 virus.

Title: “In the office nine to five, five days a week... those days are gone”: qualitative exploration of diplomatic personnel’s experiences of remote working during the COVID-19 pandemic

Journal: BMC Psychology

Publish Date: November 12, 2022

URL: <https://bmcp psychology.biomedcentral.com/counter/pdf/10.1186/s40359-022-00970-x.pdf>

Abstract:

Background

Many employees had to work remotely during the COVID-19 pandemic. Literature suggests there are both challenges and benefits to remote working and that remote working can have detrimental effects on mental health. This study aimed to explore diplomatic personnel’s perceptions and experiences of working from home during the pandemic.

Methods

Twenty-five employees of the Foreign, Commonwealth and Development Office took part in semi-structured interviews. Thematic analysis was carried out to extract recurring themes from the data.

Results

Seven main themes emerged from the data: impact of the pandemic on work; relationships with colleagues; benefits of working from home; challenges of working from home; family; moving posts during the pandemic; and perceptions and predictions of post-pandemic work. Participants provided mixed views on how remote working had affected productivity and relationships with colleagues. Benefits of working from home included greater freedom and flexibility; new opportunities; and inclusivity of remote meetings. Challenges included being in different time zones to the countries they were working for; unsuitable home ergonomics; technological issues; and difficulties finding appropriate work-life balance. Those with young children reported difficulties juggling work and childcare. Adjusting to new posts at a time when staff were working remotely appeared particularly challenging. However, most did not want or expect to return to entirely office-based work. They predicted a hybrid model of working in the future, involving both office work and remote work; they stressed the importance of flexibility and suggested there would not be a one-size-fits-all approach to returning to face-to-face work.

Conclusions

Remote working during the COVID-19 pandemic has changed the ways in which employees work, showing them that they do not have to be in the office to successfully achieve their work goals and leaving many wanting flexibility to make their own decisions about working from home (or not). There are both benefits and challenges to remote working; managers can take steps to reduce some of the challenges by being available to support their employees, organising regular remote meetings and allowing employees autonomy in terms of when and where they work.

Title: Health professions faculty's perceptions of online teaching and learning during the COVID-19 pandemic

Journal: PLoS One

Publish Date: November 17, 2022

URL: <https://doi.org/10.1371/journal.pone.0276170>

Abstract:

The global societal impact of the COVID-19 pandemic is incalculable with profound social suffering, deep economic hardships and enforced closure of schools, businesses, and higher learning institutions through the imposition of lockdown and social distancing in mitigation of the spread of the SARS-Cov-2 infection. Institutions have had to hastily migrate teaching, learning and assessment to online domains, at times with ill-prepared academics, students and institutions and with unwelcome and disorienting consequences. Our study surveyed perspectives of faculty at the University of Zimbabwe Faculty of Medicine and Health Sciences (UZFMHS) towards the hastily adopted online teaching, learning and assessment implemented in response to the mitigation of the COVID-19 pandemic. Twenty nine (29) faculty in all the major disciplines and career hierarchy. There were mixed responses regarding the use of this modality for teaching, learning and assessment: training before online teaching, learning and assessment, advantages and disadvantages, cost effectiveness, effectiveness for teaching, learning and assessment, effect on student feedback, disruptions from internet connectivity issues, interaction with students, suitability for practical training, and barriers to online teaching, learning and assessment. These results would enable the UZFMHS develop institutional and personalised approaches that would enable execution of online teaching, learning and assessment under the current and post COVID-19 pandemic.

E. COVID-19 EFFECTS ON OTHER DISEASES AND SECTORS

Title: Continued disruptions in health care services and mental health among health care providers during the COVID-19 pandemic in five sub-Saharan African countries

Journal: Journal of Global Health

Publish Date: November 12, 2022

URL: <https://doi.org/10.7189/jogh.12.05046>

Abstract:

Background: Continuous monitoring of the pandemic's impact on health service provision and mental health, COVID-19 perceptions, and compliance with prevention measures among health care providers (HCPs) can help with mitigating the pandemic's negative effects.

Methods: A computer-assisted telephone interviewing (CATI) survey was conducted among 1499 HCPs in Burkina Faso (Ouagadougou), Ethiopia (Addis Ababa), Nigeria (Lagos and Ibadan), Tanzania (Dar es Salaam), and Ghana (Kintampo). Self-reported mental health, perceptions of the COVID-19 pandemic, and prevention measures available in the workplace were assessed. HCPs' responses to questions regarding the impact of COVID-19 on nine essential health services were summed into a score; high service disruption was defined as a score higher than the total average score across all sites.

Modified Poisson regression was used to identify potential factors related to high service disruption.

Results: Overall, 26.9% of HCPs reported high service disruption, with considerable differences across sites (from 1.6% in Dar es Salaam to 45.0% in Addis Ababa). A considerable proportion of HCPs reported experiencing mild psychological distress (9.4%), anxiety (8.0%), and social avoidance or rejection (13.9%) due to their profession. Participants in Addis Ababa (absolute risk ratio (ARR) = 2.10; 95% confidence interval (CI) = 1.59-2.74), Lagos (ARR = 1.65; 95% CI = 1.24-2.17), and Kintampo (ARR = 2.61; 95% CI = 1.94-3.52) had a higher likelihood of reporting high service disruption compared to those in Ouagadougou. Reporting ever-testing for COVID-19 (ARR = 0.82; 95% CI = 0.69-0.97) and the presence of COVID-19 guidelines in the workplace (ARR = 0.63; 95% CI = 0.53-0.77) were both associated with lower reported health service disruption among HCPs.

Conclusion: The COVID-19 pandemic continues to disrupt essential health services and present a challenge to HCPs' mental health, with important differences across countries and settings; interventions are needed to mitigate these negative effects of the pandemic.

Title: Shifts in global mobility dictate the synchrony of SARS-CoV-2 epidemic waves

Journal: Journal of Travel Medicine

Publish Date:

URL: <https://doi.org/10.1093/jtm/taac134>

Abstract:

Background: Human mobility changed in unprecedented ways during the SARS-CoV-2 pandemic. In March and April 2020, when lockdowns and large travel restrictions began in most countries, global air-travel almost entirely halted (92% decrease in commercial global air travel in the months between February and April 2020). Initial recovery in global air travel started around July 2020 and subsequently nearly tripled between May and July 2021. Here, we aim to establish a preliminary link between global mobility patterns and the synchrony of SARS-CoV-2 epidemic waves across the world.

Methods: We compare epidemic peaks and human global mobility in two time periods: November 2020 to February 2021 (when just over 70 million passengers travelled), and November 2021 to February 2022 (when more than 200 million passengers travelled). We calculate the time interval during which continental epidemic peaks occurred for both of these time periods, and we calculate the pairwise correlations of epidemic waves between all pairs of countries for the same time periods.

Results: We find that as air travel increases at the end of 2021, epidemic peaks around the world are more synchronous with one another, both globally and regionally. Continental epidemic peaks occur globally within a 20 day interval at the end of 2021 compared to 73 days at the end of 2020, and epidemic waves globally are more correlated with one another at the end of 2021.

Conclusions: This suggests that the rebound in human mobility dictates the synchrony of global and regional epidemic waves. In line with theoretical work, we show that in a more connected world, epidemic dynamics are more synchronized.

Title: Is self-reported depression, HIV status, COVID-19 health risk profile and SARS-CoV-2 exposure associated with difficulty in adhering to COVID-19 prevention measures among residents in West Africa?

Journal: BMC Public Health

Publish Date: November 10, 2022

URL: <https://doi.org/10.1186%2Fs12889-022-14429-6>

Abstract:

Background

The aim of this study was to determine whether self-reported depression, coronavirus disease of 2019 (COVID-19) health risk profile, HIV status, and SARS-CoV-2 exposure were associated with the use of COVID-19 prevention measures.

Methods

This survey collected data electronically between June 29 and December 31, 2020 from a convenient sample of 5050 adults 18 years and above living in 12 West African countries. The dependent variables were: social distancing, working remotely, difficulty obtaining face masks and difficulty washing hands often. The independent variables were self-reported depression, having a health risk for COVID-19 (high, moderate and little/no risk), living with HIV and COVID-19 status (SARS-CoV-2 positive tests, having COVID-19 symptoms but not getting tested, having a close friend who tested positive for SARS-CoV-2 and knowing someone who died from COVID-19). Four binary logistic regression models were developed to model the associations between the dependent and independent variables, adjusting for socio-demographic variables (age, gender, educational status, employment status and living status).

Results

There were 2412 (47.8%) male participants and the mean (standard deviation) age was 36.94 (11.47) years. Respondents who reported depression had higher odds of working remotely (AOR: 1.341), and having difficulty obtaining face masks (AOR: 1.923;) and washing hands often (AOR: 1.263). People living with HIV had significantly lower odds of having difficulty washing hands often (AOR: 0.483). Respondents with moderate health risk for COVID-19 had significantly higher odds of social distancing (AOR: 1.144) and those with high health risk had difficulty obtaining face masks (AOR: 1.910). Respondents who had a close friend who tested positive for SARS-CoV-2 (AOR: 1.132) and knew someone who died of COVID-19 (AOR: 1.094) had significantly higher odds of social distancing. Those who tested positive for SARS-CoV-2 had significantly lower odds of social distancing (AOR: 0.629) and working remotely (AOR: 0.713). Those who had symptoms of COVID-19 but did not get tested had significantly lower odds of social distancing (AOR: 0.783) but significantly higher odds of working remotely (AOR: 1.277).

Conclusions

The study signifies a disparity in the access to and use of COVID-19 preventative measures that is allied to the health and COVID-19 status of residents in West Africa. Present findings point to risk compensation behaviours in explaining this outcome.

Title: Continued disruptions in health care services and mental health among health care providers during the COVID-19 pandemic in five sub-Saharan African countries

Journal: Journal of Global Health

Publish Date: November 12, 2022

URL: <https://jogh.org/wp-content/uploads/2022/11/jogh-12-05046.pdf>

Abstract:

Background

Continuous monitoring of the pandemic's impact on health service provision and mental health, COVID-19 perceptions, and compliance with prevention measures among health care providers (HCPs) can help with mitigating the pandemic's negative effects.

Methods

A computer-assisted telephone interviewing (CATI) survey was conducted among 1499 HCPs in Burkina Faso (Ouagadougou), Ethiopia (Addis Ababa), Nigeria (Lagos and Ibadan), Tanzania (Dar es Salaam), and Ghana (Kintampo). Self-reported mental health, perceptions of the COVID-19 pandemic, and prevention measures available in the workplace were assessed. HCPs' responses to questions regarding the impact of COVID-19 on nine essential health services were summed into a score; high service disruption was defined as a score higher than the total average score across all sites. Modified Poisson regression was used to identify potential factors related to high service disruption.

Results

Overall, 26.9% of HCPs reported high service disruption, with considerable differences across sites (from 1.6% in Dar es Salaam to 45.0% in Addis Ababa). A considerable proportion of HCPs reported experiencing mild psychological distress (9.4%), anxiety (8.0%), and social avoidance or rejection (13.9%) due to their profession. Participants in Addis Ababa (absolute risk ratio (ARR) = 2.10; 95% confidence interval (CI) = 1.59-2.74), Lagos (ARR = 1.65; 95% CI = 1.24-2.17), and Kintampo (ARR = 2.61; 95% CI = 1.94-3.52) had a higher likelihood of reporting high service disruption compared to those in Ouagadougou. Reporting ever-testing for COVID-19 (ARR = 0.82; 95% CI = 0.69-0.97) and the presence of COVID-19 guidelines in the workplace (ARR = 0.63; 95% CI = 0.53-0.77) were both associated with lower reported health service disruption among HCPs.

Conclusion

The COVID-19 pandemic continues to disrupt essential health services and present a challenge to HCPs' mental health, with important differences across countries and settings; interventions are needed to mitigate these negative effects of the pandemic.

Title: Drivers of socioeconomic inequalities of child hunger during COVID-19 in South Africa: evidence from NIDS-CRAM Waves 1-5

Journal: BMC Public Health

Publish Date: November 16, 2022

URL: <https://doi.org/10.1186/s12889-022-14482-1>

Abstract:

Background: Child hunger has long-term and short-term consequences, as starving children are at risk of many forms of malnutrition, including wasting, stunting, obesity and micronutrient deficiencies. The purpose of this paper is to show that the child hunger and socio-economic inequality in South Africa increased during her COVID-19 pandemic due to various lockdown regulations that have affected the economic status of the population.

Methods: This paper uses the National Income Dynamics Study-Coronavirus Rapid Mobile Survey (NIDS-CRAM WAVES 1-5) collected in South Africa during the intense COVID-19 pandemic of 2020 to assess the socioeconomic impacts of child hunger rated inequalities. First, child hunger was determined by a composite index calculated by the

authors. Descriptive statistics were then shown for the investigated variables in a multiple logistic regression model to identify significant risk factors of child hunger. Additionally, the decomposable Erreygers' concentration index was used to measure socioeconomic inequalities on child hunger in South Africa during the Covid-19 pandemic.

Results: The overall burden of child hunger rates varied among the five waves (1-5). With proportions of adult respondents indicated that a child had gone hungry in the past 7 days: wave 1 (19.00%), wave 2 (13.76%), wave 3 (18.60%), wave 4 (15, 68%), wave 5 (15.30%). Child hunger burden was highest in the first wave and lowest in the second wave. The hunger burden was highest among children living in urban areas than among children living in rural areas. Access to electricity, access to water, respondent education, respondent gender, household size, and respondent age were significant determinants of adult reported child hunger. All the concentrated indices of the adult reported child hunger across households were negative in waves 1-5, suggesting that children from poor households were hungry. The intensity of the pro-poor inequalities also increased during the study period. To better understand what drove socioeconomic inequalities, in this study we analyzed the decomposed Erreygers Normalized Concentration Indices (ENCI). Across all five waves, results showed that race, socioeconomic status and type of housing were important factors in determining the burden of hunger among children in South Africa.

Conclusion: This study described the burden of adult reported child hunger and associated socioeconomic inequalities during the Covid-19 pandemic. The increasing prevalence of adult reported child hunger, especially among urban children, and the observed poverty inequality necessitate multisectoral pandemic shock interventions now and in the future, especially for urban households.

Title: The Political Economy of Debt in Africa: Critical Propositions to Stop the Bleeding

Journal: Development

Publish Date: November 16, 2022

URL: <https://doi.org/10.1057/s41301-022-00352-1>

Abstract:

This article conveys the critical elements of the keynote address delivered by the author at the opening session of the Second African Conference on Debt and Development (Lilongwe, Malawi). It presents four propositions to analyze and tackle the political economy of African external debt in the context of the socio-economic transformation of the continent. It claims that confronting, dismantling and reframing such political economies offer a level of difficulty that perhaps exceeds the challenges faced with respect to the attainment of political independence. The significant role of a collective African leadership in championing the evolution of an African financial architecture is emphasized.

Title: Ghanaian Erasmus+ students' experiences of a semester abroad during the COVID-19 pandemic

Journal: British Journal of Nursing

Publish Date: November 10, 2022

URL: <https://doi.org/10.12968/bjon.2022.31.20.1052>

Abstract:

This article describes two Ghanaian students' experiences of connecting with learning, faculty, family and friends during an Erasmus+ semester abroad in Ireland during the

COVID-19 pandemic. University faculty members' experiences are also explored. The students describe their experiences of adjusting to new ways of learning online and living through lockdown in a country far from home. These reflections highlight the students' positive learning experiences during a journey of both personal and professional development while also highlighting the challenges of converting to an online learning environment. These experiences illustrate the students' unexpected opportunities and challenges, demonstrating how support from the university faculty, Erasmus+ team and friends, both virtually and physically, helped them through this unprecedented time. This article presents an account of the students' and staff's learning experiences during a semester that was affected by the pandemic.

Title: Impact of the COVID-19 pandemic on early career dementia researchers: A global online survey

Journal: PLoS One

Publish Date: November 10, 2022

URL: <https://doi.org/10.1371/journal.pone.0277470>

Abstract:

Introduction

The World Health Organization recognizes dementia as a public health priority and highlights research as an action to respond to the consequences, with early career dementia researchers (ECDRs) representing the key driving force. Due to the COVID-19 pandemic, however, biomedical and psychosocial dementia research was strained worldwide. The aim of this study was to understand the impact of the pandemic on ECDRs.

Methods

In autumn 2021, the Alzheimer's Association International Society to Advance Alzheimer's Research and Treatment (ISTAART) Professional Interest Area to Elevate Early Career Researchers (PEERs) and University College London conducted an online survey querying ECDRs' experiences during the COVID-19 pandemic. The survey was shared through the ISTAART network, social media, podcasts, and emailing lists. Data were analyzed using descriptive and inferential statistics.

Results

Survey data from n = 321 ECDRs from 34 countries were analyzed (67.6% women; 78.8% working in academia). Overall, 77.8% of ECDRs surveyed indicated research delays, 53.9% made project adjustments, 37.9% required additional or extended funding, and 41.8% reported a negative impact on career progression. Moreover, 19.9% felt unsupported by their institutions and employers (33% felt well supported, 42.7% somewhat supported). ECDR's conference attendance remained the same (26.5%) or increased (More: 28.6%; a lot more: 5.6%) since the start of the pandemic. Continental differences were visible, while the impact of the pandemic did not differ greatly based on ECDRs' sociodemographic characteristics.

Conclusions

The COVID-19 pandemic had a substantial impact on ECDRs worldwide and institutions, employers, and funding bodies are urged to consider the implications and lessons-learned when working with, managing, and promoting ECDRs. Strategies related to the pandemic and general career support to improve ECDRs career progression are discussed, including

social media training, digital networking, and benefits of hybrid events. Global resources specific for ECDRs are highlighted.

Title: Assessing the impact of Covid-19 on teaching and research: A Ghanaian perspective

Journal: International Journal of Constitutional Law

Publish Date: November 17, 2022

URL: <https://doi.org/10.1093/icon/moac065>

Abstract:

The Covid-19 pandemic in diverse ways affected the traditional modes of instruction and learning at all levels of education. Prominent among the innovations necessitated by the pandemic was the increased use of virtual methods of teaching and learning. For many learners and instructors in parts of the world, however, expensive internet data costs, lack of digital learning tools, and similar other challenges meant that the benefits of virtual teaching and learning could not be fully reaped. This article recounts my experiences of the pandemic as a Ghanaian early career researcher. It shares the experiences of law students in my University, obtained through administered questionnaires. The article also analyses how these experiences unearthed deep socio-economic inequalities among learners and lecturers alike, and how these inequalities impacted effective teaching and learning during the pandemic. Although these disparities had long existed, the conditions created by the pandemic only made them more glaring. While analyzing the institutional support received from my University, the article makes a case for the active involvement of all stakeholders in bridging the divide.

Title: Effects of climatic factors on COVID-19 transmission in Ethiopia

Journal: Scientific Reports

Publish Date: November 17, 2022

URL: <https://www.nature.com/articles/s41598-022-24024-9.pdf>

Abstract:

Climatic conditions play a key role in the transmission and pathophysiology of respiratory tract infections, either directly or indirectly. However, their impact on the COVID-19 pandemic propagation is yet to be studied. This study aimed to evaluate the effects of climatic factors such as temperature, rainfall, relative humidity, sunshine duration, and wind speed on the number of daily COVID-19 cases in Addis Ababa, Ethiopia. Data on confirmed COVID-19 cases were obtained from the National Data Management Center at the Ethiopian Public Health Institute for the period 10th March 2020 to 31st October 2021. Data for climatic factors were obtained from the Ethiopia National Meteorology Agency. The correlation between daily confirmed COVID-19 cases and climatic factors was measured using the Spearman rank correlation test. The log-link negative binomial regression model was used to fit the effect of climatic factors on COVID-19 transmission, from lag 0 to lag 14 days. During the study period, a total of 245,101 COVID-19 cases were recorded in Addis Ababa, with a median of 337 new cases per day and a maximum of 1903 instances per day. A significant correlation between COVID-19 cases and humidity was observed with a 1% increase in relative humidity associated with a 1.1% [IRRs (95%CI) 0.989, 95% (0.97–0.99)] and 1.2% [IRRs (95%CI) 0.988, (0.97–0.99)] decrease in COVID-19 cases for 4 and 5 lag days prior to detection, respectively. The highest increase in the effect of wind speed and rainfall on COVID-19 was observed at 14 lag days prior to

detection with IRRs of 1.85 (95%CI 1.26–2.74) and 1.078 (95%CI 1.04–1.12), respectively. The lowest IRR was 1.109 (95%CI 0.93–1.31) and 1.007 (95%CI 0.99–1.02) both in lag 0, respectively. The findings revealed that none of the climatic variables influenced the number of COVID-19 cases on the day of case detection (lag 0), and that daily average temperature and sunshine duration were not significantly linked with COVID-19 risk across the full lag period ($p > 0.05$). Climatic factors such as humidity, rainfall, and wind speed influence the transmission of COVID-19 in Addis Ababa, Ethiopia. COVID-19 cases have shown seasonal variations with the highest number of cases reported during the rainy season and the lowest number of cases reported during the dry season. These findings suggest the need to design strategies for the prevention and control of COVID-19 before the rainy seasons

Title: Human rights and the COVID-19 pandemic: a retrospective and prospective analysis

Journal: The Lancet

Publish Date: November 17, 2022

URL: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2901278-8>

Abstract:

When the history of the COVID-19 pandemic is written, the failure of many states to live up to their human rights obligations should be a central narrative. The pandemic began with Wuhan officials in China suppressing information, silencing whistleblowers, and violating the freedom of expression and the right to health. Since then, COVID-19's effects have been profoundly unequal, both nationally and globally. These inequalities have emphatically highlighted how far countries are from meeting the supreme human rights command of non-discrimination, from achieving the highest attainable standard of health that is equally the right of all people everywhere, and from taking the human rights obligation of international assistance and cooperation seriously. We propose embedding human rights and equity within a transformed global health architecture as the necessary response to COVID-19's rights violations. This means vastly more funding from high-income countries to support low-income and middle-income countries in rights-based recoveries, plus implementing measures to ensure equitable distribution of COVID-19 medical technologies. We also emphasise structured approaches to funding and equitable distribution going forward, which includes embedding human rights into a new pandemic treaty. Above all, new legal instruments and mechanisms, from a right to health treaty to a fund for civil society right to health advocacy, are required so that the narratives of future health emergencies—and people's daily lives—are ones of equality and human rights.