

AFRO WEEKLY COVID-19 LITERATURE UPDATE

2021/10/09-2021/10/15

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

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

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

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

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

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

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

Les publications partagées sont le résultat d'un travail de recherche bibliographique effectué régulièrement sur plusieurs sources d'information en ligne avec une comme stratégie de recherche majeure "COVID-19 ET Afrique" combinés aux mots clés suivants : **epidemiology (response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors.** Pour ce numéro, la liste des sources d'information utilisées est la suivante : WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, NBER, BHEKISISA, Aidspace, SSRN. Cette liste est susceptible d'être modifiée. Veuillez noter que le choix des publications à inclure dans cette mise à jour est subjectif.

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

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

As publicações partilhadas são o resultado de um trabalho de pesquisa bibliográfica realizado regularmente em várias fontes de informação em linha com uma grande estratégia de pesquisa "COVID-19 E África" em combinação com as seguintes palavras-chave: **epidemiology (response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors.** Para esta edição, a lista de fontes de informação é a seguinte: WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, NBER, BHEKISISA, Aidspace, 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: COVID-19-related research in Africa: a cross-sectional review of the International Clinical Trial Registration Platform (ICTRP)

Journal: Trials

Publish date: 07 October 2021

URL: <https://trialsjournal.biomedcentral.com/track/pdf/10.1186/s13063-021-05621-x.pdf>

Abstract:

Objective

The declaration of the coronavirus disease (COVID-19), a pandemic in early 2020, has seen an upsurge in research globally to fill gaps in the epidemiology of the SARS-CoV-2 virus impact on health care and clinical management, as well as possible prevention and treatment modalities. Published literature on the different types of COVID-19 research conducted globally is varied and is particularly limited in Africa. This study sets out to describe the COVID-19-related research registered and conducted on the African continent.

Methods

This is a cross-sectional study of all COVID-19-related studies available in the WHO's International Clinical Trials Registry Platform (ICTRP) repository. We extracted studies registered from March 1, 2020, to July 15, 2021. A descriptive analysis of the extracted data was performed, and the findings were presented.

Results

At extraction, a total of 12,533 COVID-19-related studies were listed on the ICTRP portal. We included 9803 studies, after excluding 2060 duplicate records and 686 records without a site/country. While 9347 studies (96%) were conducted outside of Africa, only 456 studies (4%) were conducted in the African continent, of which 270 (59.2%) were interventional studies, and 184 (40.4%) were observational studies. About 80% of the studies were conducted in Egypt and South Africa, and most of these involved testing of drugs and biologicals.

Conclusion

The African continent hosts considerably fewer COVID-19-related research compared to other parts of the world. This may have implications on scientific evidence available for implementing COVID-19 control efforts. There is,

therefore, a need for local funding and ownership of research projects and north-south collaboration in research.

Title: Unrecognized introduction of SARS-CoV-2 variants of concern to Central Africa: Import and local transmission of B.1.1.7 in Gabon in the very early stage of the variant spread to the African continent.

Journal: Journal of Medical Virology

Publish Date: October 2021

URL: <https://dx.doi.org/10.1002/jmv.27164>

Abstract:

The rapid spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) variant of concern with higher infectivity has already resulted in the enormous increase in infection cases worldwide. We report an unrecognized introduction of the variant B.1.1.7 in Gabon in December 2020, which was the initial phase of the variant introduction to Africa. The B.1.1.7 variant was also detected in a hospitalized patient in January 2021, indicating a rapid spread of the variant in Gabon since its first detection. Phylogenetic analysis revealed that the detected B.1.1.7 variants originated from the distinct regions, strongly suggesting that the B.1.1.7 variant had been repeatedly introduced to Gabon since December 2020. These results provide insights on the unrecognized risks of infections with variants of concern, and show the necessity to conduct continuous genomic monitoring for immediate alert and control of novel SARS-CoV-2 variant infections.

Title: An Overview on the Epidemiology and Immunology of COVID-19

Journal: Journal of Infection and Public Health

Publish Date: October 2021

URL: <https://doi.org/10.1016/j.jiph.2021.07.021>

Abstract:

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS), Severe Acute Respiratory Syndrome (SARS), and the 2019 novel coronavirus infection (COVID-19). Currently, there is no analyzed data to examine the outbreak of COVID-19 by continent and no determination of prevalence trends; this article reviews COVID-19 epidemiology and immunology. Original research, reviews, governmental databases, and treatment guidelines are analyzed to present the epidemiology and immunology of COVID-19. Reports from patients who were COVID-19 infected

showed typical symptoms of neutrophilia, lymphopenia, and increased systemic inflammatory proteins of IL-6 and C reactive protein (CRP). These observations agree with the results of severe conditions of MERS or lethal cases of SARS, in which there is an increased presence of neutrophils and macrophages in the airways. Additionally, analyzed data showed that Europe (49.37%), the Americas (27.4%), and Eastern Mediterranean (10.07%) had the most cumulative total per 100,000 population confirmed cases, and Africa (6.9%), Western Pacific (3.46%), and South-East Asia (2.72%) had the lowest cumulative total per 100,000 population confirmed cases. In general, the trend lines showed that the number of confirmed cases (cumulative total) and deaths (cumulative total) would decrease eventually.

Title: Under-reporting of deaths limits our understanding of true burden of covid-19

Journal: British Medical Journal

Publish Date: 12 October 2021

URL: <https://doi.org/10.1136/bmj.n2239>

Title: Relative Burdens of the COVID-19, Malaria, Tuberculosis, and HIV/AIDS Epidemics in Sub-Saharan Africa

Journal: American Journal of Tropical Medicine and Hygiene

Publish Date: 11 October 2021

URL: <https://doi.org/10.4269/ajtmh.21-0899>

Abstract:

COVID-19 has had considerable global impact; however, in sub-Saharan Africa, it is one of several infectious disease priorities. Prioritization is normally guided by disease burden, but the highly age-dependent nature of COVID-19 and that of other infectious diseases make comparisons challenging unless considered through metrics that incorporate life-years lost and time lived with adverse health. Therefore, we compared the 2020 mortality and disability-adjusted life-years (DALYs) lost estimates for malaria, tuberculosis, and HIV/AIDS in sub-Saharan African populations with more than 12 months of COVID-19 burden (until the end of March 2021) by applying known age-related mortality to United Nations estimates of the age structure. We further compared exacerbations of disease burden predicted from the COVID-19 public health response. Data were derived from public sources and predicted exacerbations were derived from those published by international agencies. For sub-Saharan African populations north of South Africa, the estimated

recorded COVID-19 DALYs lost in 2020 were 3.7%, 2.3%, and 2.4% for tuberculosis, HIV/AIDS, and malaria, respectively. Predicted exacerbations of these diseases were greater than the estimated COVID-19 burden. Including South Africa and Lesotho, COVID-19 DALYs lost were < 12% of those for other compared diseases; furthermore, the mortality of compared diseases were dominated in all age groups younger than 65 years. This analysis suggests the relatively low impact of COVID-19. Although all four epidemics continue, tuberculosis, HIV/AIDS, and malaria remain far greater health priorities based on their disease burdens. Therefore, resource diversion to COVID-19 poses a high risk of increasing the overall disease burden and causing net harm, thereby further increasing global inequities in health and life expectancy.

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

Title: Organizational factors associated with health worker protection during the COVID-19 pandemic in four provinces of South Africa

Journal: BMC Health Services Research

Publish Date: 11 October 2021

URL:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8504782/pdf/12913_2021_Article_7077.pdf

Abstract:

Background

Health workers, in short supply in many low-and-middle-income countries, are at increased risk of SARS-CoV-2 infection. This study aimed to assess how South Africa, prepared to protect its health workers from SARS-CoV-2 infection.

Methods

This was a cross-sectional study design applying participatory action research in four provinces of South Africa. A semi-structured questionnaire and a qualitative observational HealthWISE walkthrough risk assessment was carried out to collect data on occupational safety and health (OSH) systems in 45 hospitals across four provinces to identify factors associated with health worker protection. Adapting the International Labour Organization (ILO) and World Health Organization (WHO) HealthWISE tool, we compiled compliance scores through walkthrough surveys. We used logistic regression to analyze

the relationship between readiness indicators and the actual implementation of protective measures.

Results

We found that health facilities in all four provinces had SARS-CoV-2 plans for the general population but no comprehensive OHS plan for health workers. Provincial Departments of Health (PDoH) varied in how they were organized to respond: Provinces A and D had an OSH SARS-CoV-2 provincial coordinating team and a dedicated budget for occupational health; Province A had an occupational health doctor and nurse; while Province B had an occupational health nurse; Province A and D PDoHs had functional OSH committees; and Province D had conducted some health risk assessments specific to SARS-CoV-2. However, none of the assessed health facilities had an acceptable HealthWISE compliance score ($\geq 75\%$) due to poor ventilation and inadequate administrative control measures. While the supply of personal protective equipment was adequate, it was often not worn properly. Our study found that having an OSH SARS-CoV-2 policy was significantly associated with higher personal protective equipment and ventilation scores. In addition, our analysis showed that hospitals with higher compliance scores had significantly lower infection rates (IRR 0.98; 95% CI: 0.97, 0.98).

Conclusions

Despite some initial preparedness, greater effort to protect health workers is still warranted. Low-and-middle-income countries may need to pay more attention to OSH systems and consider using tools, such as ILO/WHO HealthWISE tool, to protect health workers' health.

Title: COVID-19 PPE plastic material flows and waste management: Quantification and implications for South Africa

Journal: Science of the Total Environment

Publish date: 10 October 2021

URL: <https://doi.org/10.1016/j.scitotenv.2021.148190>

Abstract:

The COVID-19 pandemic has exposed the vulnerability of countries to resource constraints while highlighting the indispensability of plastic. Personal protective equipment (PPE), comprising plastic materials, is experiencing an unusual increase in demand globally due to unprecedented consumption for the protection of healthcare workers and the general population. There is a need to model and better understand the material implications of the pandemic. In this research, material flow analysis was used to model the flow of plastic material pre-COVID-19 in South Africa and the additional contribution of the

COVID-19 PPE to the plastic footprint. Sankey diagrams were developed to capture the material flow analysis. The mass flow of PPE through the supply chain during the ongoing pandemic is relatively smaller compared to the total national plastic. However, the number of separate PPE items presents a major and growing problem for waste management systems. This paper puts the COVID-19 resource requirements into perspective in relation to South Africa's total national plastic and provides the first known estimate of COVID-19 plastic material resources and waste legacy.

Title: Accessing unproven interventions in the COVID-19 pandemic: discussion on the ethics of 'compassionate therapies' in times of catastrophic pandemics

Journal: Journal of Medical Ethics

Publish Date: 13 October 2021

URL: <https://doi.org/10.1136/medethics-2020-106783>

Abstract:

Since the onset of the SARS-CoV-2 pandemic, an array of off-label interventions has been used to treat patients, either provided as compassionate care or tested in clinical trials. There is a challenge in determining the justification for conducting randomised controlled trials over providing compassionate use in an emergency setting. A rapid and more accurate evaluation tool is needed to assess the effect of these treatments. Given the similarity to the Ebola Virus Disease (EVD) pandemic in Africa in 2014, we suggest using a tool designed by the WHO committee in the aftermath of the EVD pandemic: Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI). Considering the uncertainty around SARS-CoV-2, we propose using an improved MEURI including the Plan-Do-Study-Act tool. This combined tool may facilitate dynamic monitoring, analysing, re-evaluating and re-authorising emergency use of unproven treatments and repeat it in cycles. It will enable adjustment and application of outcomes to clinical practice according to changing circumstances and increase the production of valuable data to promote the best standard of care and high-quality research-even during a pandemic.

Title: Coronavirus Disease 2019 Diagnostics: Key to Africa's Recovery

Journal: DNA and Cell Biology

Publish Date: 12 October 2021

URL: <https://doi.org/10.1089/dna.2021.0540>

Abstract:

With the coronavirus disease of 2019 (COVID-19) becoming a full-blown outbreak in Africa, coupled with many other challenges faced on the African continent, it is apparent that Africa continues to need diagnostics to enable case identification and recovery to this and future challenges. With the slow vaccination rates across the continent, reliable diagnostic tests will be in demand, likely for years to come. Thus, access to reliable diagnostic tools to detect the severe acute respiratory syndrome of the coronavirus-2 (SARS-CoV-2), the virus responsible for COVID-19, remain a critical pillar to monitor and contain new waves of COVID-19. Increasing the local capacity to manufacture and roll-out vaccines and decentralized COVID-19 testing are paramount for fighting the pandemic in Africa.

Title: Effect of the COVID-19 pandemic on health facility delivery in Ethiopia; results from PMA Ethiopia's longitudinal panel

Journal: PLOS Global Public Health

Publish Date: 13 October 2021

URL: <https://doi.org/10.1371/journal.pgph.0000023>

Abstract:

Objectives

To examine the effect of COVID-19 on health facility delivery in Ethiopia.

Design

We used longitudinal data with a pre-post exposure to the pandemic to assess change in facility delivery patterns nationally and by urban and rural strata. We conducted design-based multivariable multinomial logistic regression comparing home, lower-level facility, and hospital delivery with date of birth as a spline term, with a knot indicating births before and on/after April 8, 2020.

Setting

Six regions in Ethiopia, covering 91% of the population.

Participants

Women were eligible to participate if they were currently pregnant or less than six weeks postpartum and were recontacted at six weeks, six months, and one year postpartum. 2,889 women were eligible and 2,855 enrolled. Data used in this paper come from the six-week interview, with a follow-up rate of 88.9% (2,537 women).

Results

In urban areas, women who delivered during the COVID-19 pandemic had a 77% reduced relative risk of delivering in a hospital relative to women who delivered prior to the pandemic (aRRR: 0.23, 95% CI: 0.07–0.71). There were no significant differences between the pre- and COVID-19 periods within rural strata where the majority of women deliver at home (55.6%). Overall, the effect

was non-significant at a national level. Among women who delivered during the COVID-19 pandemic, 20.0% of urban women said COVID-19 affected where they delivered relative to 8.7% of rural women (p-value = 0.01).

Conclusion

We found that delivery patterns in urban areas changed during the early months of the COVID-19 pandemic, but there was no evidence of large-scale declines of hospital delivery at the national level. Concerns about COVID-19 transmission in health facilities and ensuring lower-level facilities are equipped to address obstetric emergencies are critical to address. COVID-19 will likely slow progress towards increasing rates of institutional delivery in urban areas in Ethiopia.

C. COVID-19 VACCINATION

Title: African Vaccination Figures

Journal: Africa Research Bulletin

Publish Date: 11 October 2021

URL: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1467-6346.2021.10190.x>

Title: CORONAVIRUS: Vaccination Goals

Journal: Africa Research Bulletin

Publish Date: 11 October 2021

URL: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1467-6346.2021.10189.x>

Abstract:

Title: Physicians' attitudes and acceptance regarding COVID-19 vaccines: a cross-sectional study in mid Delta region of Egypt

Journal: Environmental Science and Pollution Research

Publish Date: 11 October 2021

URL:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8504568/pdf/11356_2021_Article_16574.pdf

Abstract:

Safe and effective vaccines became an important preventive tool against novel corona virus disease infection. Physicians were prioritized for early vaccination

since they are at higher risk for contagion of the infection and they might affect the general populations' uptake of the vaccine. This study aimed to examine the acceptability of COVID-19 vaccines and the underpinnings of reluctance to uptake the vaccine among working physicians in Egypt. A cross-sectional study was conducted for 3 months, recruiting 1268 physicians using a snowballing random sampling technique. A self-administered electronic questionnaire was deployed to collect related data. Of participants, 24% expressed their acceptance towards COVID-19 vaccines, 39% would wait for further review, while 36.7% did not agree to get vaccinated. Findings revealed that 22% of them were vaccinated and the significant determinants of unacceptability included age, gender, higher educational attainments, prior infection, lack of direct patients' contact, and working in rural health facilities ($p < 0.05$). The most common reasons beyond their reluctance were fear of the vaccines' adverse effects and the short duration of its clinical trials (60% and 49.5%). Physicians had a low intention to receive COVID-19 vaccines particularly between females, senior staff, and those who had a low self-perceived risk for the infection. Integrated approaches should be designed to address concerns and factors associated with vaccine unacceptability to reduce vaccination reluctance between physicians, hence the general population.

Title: COVID-19 vaccine hesitancy concerns: Findings from a Ghana clinical radiography workforce survey

Journal: Radiography

Publish Date: 8 October 2021

URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8498685/pdf/main.pdf>

Abstract:

Introduction

Vaccination is a key global strategy to mitigate the clinical impact of the COVID-19 virus. As part of local efforts to manage the outbreak, the government of Ghana announced its intention to vaccinate its population starting with essential and high-risk workers including radiographers. However, there were reports of hesitance to receiving the vaccine among the radiography workforce. This study was undertaken prior to the intended vaccination exercise to assess the willingness and concerns of radiographers to undergo the COVID-19 vaccination and to suggest recommendations to improve the vaccine uptake.

Methods

An ethically-approved online survey strategy was employed for this cross-sectional study conducted between 24th–28th February 2021. The survey

employed quantitative questions and open text response options. Quantitative and open text responses were analysed using statistical and thematic analyses, respectively.

Results

There were 108 responses (response rate of 46.3%). The majority ($n = 64$, 59.3%) were willing to have the vaccine, however, some ($n = 44$, 40.7%) were not. The main reason behind their willingness to have the vaccine was its ability to reduce the spread of infections and lower mortality ($n = 35$, 54.7%). However, doubts about the vaccine's efficacy and side effects ($n = 26$, 56.8%), conspiracy theory concerns about its effects on the Ghanaian race ($n = 4$, 9.1%), and fertility concerns ($n = 2$, 4.5%) were some reasons for their hesitance to receive the vaccine. The open text commentary further revealed that the vaccine was thought of as a lifesaving medication, however, clinical safety concerns, lack of education/information and religious beliefs were affecting peoples' willingness to be vaccinated.

Conclusion

Our findings demonstrate the need for an urgent public health educational intervention to address the COVID-19 vaccine hesitancy concerns raised by radiographers to help increase the vaccine uptake.

Implication for practice

The study provides pertinent information to improve COVID-19 vaccine uptake among radiographers to limit the spread of infections.

Title: An inconvenient truth: The real reason why Africa is not getting vaccinated

Source: Bhekisisa Centre for Health Journalism

Publish Date: 12 October 2021

URL: [An inconvenient truth: The real reason why Africa is not getting vaccinated – Bhekisisa](#)

Title: Tackling Vaccine Inequity for Africa

Source: World Bank

Publish Date: 8 October 2021

URL: [Tackling Vaccine Inequity for Africa \(worldbank.org\)](#)

Title: The stark reality of the failure of COVAX and its implications for Africa

Source: Aidspace

Publish Date: 12 October 2021

URL: [The stark reality of the failure of COVAX and its implications for Africa \(aidspace.org\)](#)

Abstract: The first 18 months of COVAX distribution of COVID-19 vaccines to developing countries have not gone as hoped. As richer countries roll out booster shots, 98% of people in low-income countries remain unvaccinated. The astoundingly unequal COVID-19 vaccine rollout has seen 84.3% of vaccines go to upper-middle- and high-income countries, while just 0.4% go to the world's poorest. The ambitious COVAX program has contributed just 5% of all vaccines administered globally and recently announced it would miss its two billion target for 2021.. However, even if vaccines are made widely available, African countries still face infrastructure and public perception challenges that will need to be overcome for national roll-out plans to be effective.

D. COVID-19 PUBLIC PERCEPTIONS AND EFFECTS

Title: Assessment of knowledge, attitude and practice toward COVID-19 and associated factors among health care workers in Silte Zone, Southern Ethiopia

Journal: [PLoS One](#)

Publish date: October 5, 2021

URL: <https://doi.org/10.1371/journal.pone.0257058>

Abstract:

Introduction

COVID-19 is a pandemic respiratory disease caused by the highly contagious novel coronavirus (SARS-CoV 2). The disease is now quickly spreading around the world, resulting in ongoing coronavirus pandemic. Healthcare workers are more susceptible to COVID-19 infection than the general population due to frequent contact with infected individuals.

Objective

This study was aimed to assess knowledge, attitude and practice towards COVID-19 and associated factors among health care workers.

Methods

Facility-based cross-sectional study design was conducted among health care workers in Silte Zone. A total of 379 health professionals were selected using multistage stratified sampling technique. Self-administered questionnaire was used to collect data. Binary logistic regression model was used to see association between outcome and independent variables.

Results

This study found 74.9%, 84.2% and 68.9% prevalence of adequate knowledge, positive attitude and good practice respectively. Working in comprehensive specialized hospital (AOR = 4.46, 95% CI = 1.46–13.62).having MSC degree (AOR = 10.26, 95% CI = 2.27–46.44), and training on COVID-19 (AOR = 6.59,

95% CI = 2.97–14.65) were strongly associated with knowledge of health care workers. On the other hand, older age (AOR = 3.35, 95% CI = 1.07–10.50), training on COVID-19 (AOR = 3.73, 95% CI = 1.82–7.63), Work experience (AOR = 3.78, 95% CI = 1.46–9.80) and Knowledge (AOR = 5.45, 95% CI = 2.60–11.43) were significantly associated with attitude, whereas source of information from friends or colleagues (AOR = 3.13, 95% CI = 1.28–7.66), working in primary hospital (AOR = 0.36, 95% CI = 0.21–0.620) and having good knowledge (AOR = 1.80, 95% CI = 1.03–3.14) were strongly associated with good practice of health care workers.

Conclusion

This study found majority of health care workers had good level of knowledge and positive attitude toward COVID-19, but lower proportion of health care workers practices sufficiently in the study area. Type of health facilities, level of education, training on COVID-19, work experience, type of source of information were significantly associated with knowledge, attitude and practice of health care workers. Stakeholders need to focus on interventions that increase preventive practices of health care workers.

Title: The prevalence of common mental disorders among healthcare professionals during the COVID-19 pandemic at a tertiary Hospital in Addis Ababa, Ethiopia

Journal: Journal of Affective Disorders Reports

Publish Date: 8 October 2021

URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8510880/pdf/main.pdf>

Abstract:

Background

Coronavirus disease 2019 (COVID-19) has resulted in unprecedented morbidity, mortality, and health system crisis leading to a significant psychological distress on healthcare workers (HCWs). The study aimed to determine the prevalence of symptoms of common mental disorders among HCWs during the COVID-19 pandemic at St. Paul's Hospital, Ethiopia.

Methods

A self-administered cross-sectional study was conducted to collect socio-demographic information and symptoms of mental disorders using validated measurement tools. Accordingly, PHQ-9, GAD-7, ISI, and IES-R were used to assess the presence of symptoms of depression, anxiety, insomnia, and distress, respectively. Chi-square test, non-parametric, and logistic regression analysis were used to detect risk factors for common mental disorders.

Results

A total of 420 healthcare workers participated in the survey. The prevalence of symptoms of depression, anxiety, insomnia, and psychological distress was 20.2%, 21.9%, 12.4%, and 15.5% respectively. Frontline HCWs had higher scores of mental health symptoms than non-frontline healthcare workers. Binary logistic regression analysis showed that being married was associated with a high level of depression. Furthermore, working in a frontline position was an independent risk factor associated with a high-level of symptoms of depression, anxiety, and psychological distress.

Limitations

It is a single-center cross-sectional study and the findings may not be nationally representative or reveal causality.

Conclusions

A significant proportion of healthcare workers are suffering from symptoms of mental disorders. Frontline HCWs were at a greater risk of severe symptoms. Therefore, psychological interventions should be implemented to support health professionals, especially frontline workers.

Title: Job satisfaction among healthcare workers in Ghana and Kenya during the COVID-19 pandemic: Role of perceived preparedness, stress, and burnout

Journal: Plos Global Public Health

Publish Date: 13 October 2021

URL: <https://doi.org/10.1371/journal.pgph.0000022>

Abstract:

The COVID-19 pandemic has affected job satisfaction among healthcare workers; yet this has not been empirically examined in sub-Saharan Africa (SSA). We addressed this gap by examining job satisfaction and associated factors among healthcare workers in Ghana and Kenya during the COVID-19 pandemic. We conducted a cross-sectional study with healthcare workers (N = 1012). The two phased data collection included: (1) survey data collected in Ghana from April 17 to May 31, 2020, and (2) survey data collected in Ghana and Kenya from November 9, 2020, to March 8, 2021. We utilized a quantitative measure of job satisfaction, as well as validated psychosocial measures of perceived preparedness, stress, and burnout; and conducted descriptive, bivariable, and multivariable analysis using ordered logistic regression. We found high levels of job dissatisfaction (38.1%), low perceived preparedness (62.2%), stress (70.5%), and burnout (69.4%) among providers. High perceived preparedness was positively associated with higher job satisfaction (adjusted proportional odds ratio (APOR) = 2.83, CI [1.66,4.84]); while high stress and burnout were associated with lower job satisfaction

(APOR = 0.18, CI [0.09,0.37] and APOR = 0.38, CI [0.252,0.583] for high stress and burnout respectively). Other factors positively associated with job satisfaction included prior job satisfaction, perceived appreciation from management, and perceived communication from management. Fear of infection was negatively associated with job satisfaction. The COVID-19 pandemic has negatively impacted job satisfaction among healthcare workers. Inadequate preparedness, stress, and burnout are significant contributing factors. Given the already strained healthcare system and low morale among healthcare workers in SSA, efforts are needed to increase preparedness, better manage stress and burnout, and improve job satisfaction, especially during the pandemic.

Title: South Africa protests urge US and EU move forward trips waiver COVID-19 vaccines and tools

Source: Doctors Without Borders/Médecins Sans Frontières

Publish Date: 12 October 2021

URL: [South Africa protests urge US and EU to move forward on TRIPS waiver for COVID-19 vaccines and medical tools | Doctors Without Borders - USA](#)

Title: Africa: Covid-19 Aid Falling Short

Source: Human Rights Watch

Publish Date: 12 October 2021

URL: [Africa: Covid-19 Aid Falling Short | Human Rights Watch \(hrw.org\)](#)

E. COVID-19 EFFECTS ON OTHER DISEASES AND SECTORS

Title: Impact of coronavirus disease (COVID-19) on HIV testing and care provision across four continents

Journal: HIV Medicine

Publish Date: 10 October 2021

URL: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/hiv.13180>

Abstract:

Objectives

The coronavirus disease (COVID-19) pandemic has been associated with severe disruptions in health care services, and nonpharmacological measures such as social distancing also have an impact on access to screening tests and on the long-term care of patients with chronic conditions globally. We

aimed to describe the impact of the COVID-19 pandemic on HIV testing and treatment and to describe strategies employed to mitigate the impact of COVID-19 on HIV care.

Methods

In this retrospective cohort study, we used secondary data from the AIDS Healthcare Foundation (AHF) Global Quality Program from 44 countries in four continents (Asia, Latin America and the Caribbean, Europe and Africa), and compared information on HIV testing, percentage of positive results, number of in-person appointments, and number of new enrolments in HIV care from 1 January 2020 to 31 August 2020 with the equivalent period in 2019.

Results

Despite marked inter-country heterogeneities, we found that COVID-19 was associated with a significant reduction in HIV testing, an increase in the percentage of positive tests, a reduction in the number of in-person consultations and a reduction in the number of new enrolments in care, despite the implementation of several mitigation strategies. The impact of COVID-19 differed across continents and key populations.

Conclusions

Our findings suggest that, in the years to come, health care services must be prepared to respond to the impact of COVID-19 on HIV testing and care. Providers and facilities should build on the lessons learned so far to further improve mitigation strategies and establish care priorities for both the pandemic and the post-pandemic periods.

Title: Pandemic and bills: The impact of COVID-19 on energy usage of schools in South Africa

Journal: Energy for Sustainable Development

Publish Date: October 2021

URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8494988/pdf/main.pdf>

Abstract:

The COVID-19 pandemic continues to wreak havoc on global operations and economies. Inadvertently, lock-downs and working from home have reduced the daily carbon footprints of transport and office buildings. A beneficial consequence of these reductions is the ability to measure the differential demand of occupants, to benchmark the base load of these buildings, and identify opportunities for efficiency improvements. In this paper we evaluate the change in energy demand in five public schools in South Africa with changes in occupancy due to the COVID-19-imposed lockdowns. We make

recommendations to carry these savings into the everyday operation of the schools, and estimate the savings for forthcoming closures.

Title: Neurological manifestations in patients with symptomatic COVID-19 admitted to the Bafoussam Regional Hospital, Cameroon

Journal: Journal of the Neurological Sciences

Publish Date: 8 October 29021

URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8498532/pdf/main.pdf>

Abstract:

Background and aims

Although the main manifestations of COVID-19 are respiratory, several neurological symptoms and complications have also been reported. The pandemic seems to have some epidemiological specificities in sub-Saharan Africa, and this may be reflected in the type and frequency of neurological symptoms. This study aimed to report neurological manifestations associated with symptomatic COVID-19 in a sub-Saharan African setting.

Methods

We conducted a retrospective review of symptomatic PCR-confirmed COVID-19 cases admitted to the Bafoussam Regional Hospital between March and September 2020. Patients' files were reviewed at discharge by a consultant neurologist. Socio-demographic characteristics, co-morbidities, symptoms on admission, neurological symptoms during hospitalization, management, and in-hospital outcome were recorded. Comparisons between patients with and without neurological symptoms were performed using Fisher's exact and Mann-Whitney U test.

Results

We enrolled 177 symptomatic patients (68% men). Mean age was 54.6 ± 17.8 years (range 2–99 years). Co-morbidities were present in 57.6% of patients, including hypertension (27.1%) and diabetes mellitus (25.4%). Neurological symptoms were found in 113 (63.8%) patients. The most frequent were headache (39.0%), myalgia (35.6%), anosmia (11.9%), impaired consciousness (10.7%) and delirium (5.6%). Regarding the presenting symptoms, fever was more frequent in patients with neurological symptoms than in those without (81.4% vs. 50.0%, $p < 0.001$), while digestive symptoms were less frequent in patients with neurological symptoms (0.9% vs. 9.4%, $p = 0.004$).

Conclusions

Neurological manifestations are frequent and heterogeneous in patients with symptomatic COVID-19. Further studies are needed to clarify the

pathophysiology of neurological symptoms in COVID-19 and their impact on patients' long-term outcome.

Title: COVID-19 and the ageing workforce: global perspectives on needs and solutions across 15 countries

Journal: International Journal for Equity in Health

Publish Date: October 2021

URL: <https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-021-01552-w.pdf>

Abstract:

Background

COVID-19 has a direct impact on the employment of older people. This adds to the challenge of ageism. The World Health Organization has started a worldwide campaign to combat ageism and has called for more research and evidence-based strategies that have the potential to be scaled up. This study specifically aims to identify solutions to combat the adverse effects of COVID-19 on the global ageing workforce.

Methods

We present 15 case studies from different countries and report on what those countries are doing or not doing to address the impact of COVID-19 on ageing workers.

Results

We provide examples of how COVID-19 influences older people's ability to work and stay healthy, and offer case studies of what governments, organizations or individuals can do to help ensure older people can obtain, maintain and, potentially, expand their current work. Case studies come from Australia, Austria, Canada, China, Germany, Israel, Japan, Nigeria, Romania, Singapore, Sweden, South Korea, Thailand, United Kingdom (UK), and the United States (US). Across the countries, the impact of COVID-19 on older workers is shown as widening inequalities. A particular challenge has arisen because of a large proportion of older people, often with limited education and working in the informal sector within rural areas, e.g. in Nigeria, Thailand and China. Remedies to the particular disadvantage experienced by older workers in the context of COVID are presented. These range from funding support to encouraging business continuity, innovative product and service developments, community action, new business models and localized, national and international actions. The case studies can be seen as frequently fitting within strategies that have been proven to work in reducing ageism within the workplace. They include policy and laws that have increased benefits to

workers during lockdowns (most countries); educational activities such as coaching seniorpreneurship (e.g, Australia); intergenerational contact interventions such as younger Thai people who moved back to rural areas and sharing their digital knowledge with older people and where older people reciprocate by teaching the younger people farming knowledge.

Conclusion

Global sharing of this knowledge among international, national and local governments and organizations, businesses, policy makers and health and human resources experts will further understanding of the issues that are faced by older workers. This will facilitate the replication or scalability of solutions as called for in the WHO call to combat ageism in 2021. We suggest that policy makers, business owners, researchers and international organisations build on the case studies by investing in evidence-based strategies to create inclusive workplaces. Such action will thus help to challenge ageism, reduce inequity, improve business continuity and add to the quality of life of older workers.

Title: The prevalence of common mental disorders among healthcare professionals during the COVID-19 pandemic at a tertiary Hospital in East Africa

Journal: Journal of Affective Disorders Reports

Publish Date:

URL: <https://doi.org/10.1016/j.jadr.2021.100246>

Abstract:

Background

Coronavirus disease 2019 (COVID-19) has resulted in unprecedented morbidity, mortality, and health system crisis leading to a significant psychological distress on healthcare workers (HCWs). The study aimed to determine the prevalence of symptoms of common mental disorders among HCWs during the COVID-19 pandemic at St. Paul's Hospital, Ethiopia.

Methods

A self-administered cross-sectional study was conducted to collect socio-demographic information and symptoms of mental disorders using validated measurement tools. Accordingly, PHQ-9, GAD-7, ISI, and IES-R were used to assess the presence of symptoms of depression, anxiety, insomnia, and distress, respectively. Chi-square test, non-parametric, and logistic regression analysis were used to detect risk factors for common mental disorders.

Results

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20.2%, 21.9%, 12.4%, and 15.5% respectively. Frontline HCWs had higher scores of mental health symptoms than other healthcare workers. Binary logistic regression analysis showed that being married was associated with a high level of depression. Working in a frontline position was an independent factor associated with a high-level symptoms of depression, anxiety, and psychological distress.

Limitations

It is a single-centre cross-sectional study and the findings may not be nationally representative or reveal causality.

Conclusions

A significant proportion of healthcare workers are suffering from symptoms of mental disorders. Frontline HCWs were at a greater risk of severe symptoms. Psychological interventions should be implemented to support health professionals, especially frontline workers.

Title: Food insecurity and COVID-19 risk in low- and middle-income countries

Journal: Applied Economic Perspectives and Policy

Publish Date: 12 October 2021

URL: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/aep.13200>

Abstract:

The COVID-19 pandemic prompted social distancing, workplace closures, and restrictions on mobility and trade that had cascading effects on economic activity, food prices, and employment in low- and middle-income countries. Using longitudinal data from Bangladesh, Kenya, and Nigeria covering a period from October 2020 to April 2021, the paper assesses whether knowledge of a person infected with COVID-19 is associated with food insecurity, job loss and business closures, and coping strategies to smooth consumption. The likelihood of households to experience food insecurity at the extensive and intensive margins increased among those who knew an infected person in Bangladesh and Kenya.

Title: Identifying opportunities to engage communities with social mobilisation activities to tackle NCDs in El Salvador in the context of the global COVID-19 pandemic

Journal: International Journal for Equity in Health

Publish date: 09 October 2021

URL: <https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-021-01559-3.pdf>

Abstract:**Background**

Social mobilisation is potentially a key tool in the prevention of non-communicable diseases (NCDs) in fragile settings. This formative study addressed existing and potential social mobilisation mechanisms seeking behaviour to tackle NCDs in El Salvador, with an emphasis on the implications in the context of the current COVID-19 pandemic.

Methods

We conducted 19 semi-structured interviews with health workers, government officials, NGO leaders, and community members. Interviews addressed mechanisms for social mobilisation which existed prior to COVID-19, the ways in which these mechanisms tackled NCDs, the impact of COVID-19 on social mobilisation activities and new, emerging mechanisms for social mobilisation in the wake of the COVID-19 pandemic.

Results

Findings indicate a growing awareness of NCDs within communities, with social mobilisation activities seen as valuable in tackling NCDs. However, major barriers to NCD prevention and treatment provision remain, with COVID-19 constraining many possible social mobilisation activities, leaving NCD patients with less support. Factors linked with effective social mobilisation of communities for NCD prevention included strong engagement of community health teams within community structures and the delivery of NCD prevention and management messages through community meetings with trusted health professionals or community members. There are gender differences in the experience of NCDs and women were generally more engaged with social mobilisation activities than men. In the context of COVID-19, traditional forms of social mobilisation were challenged, and new, virtual forms emerged. However, these new forms of engagement did not benefit all, especially those in hard-to-reach rural areas. In these contexts, specific traditional forms of mobilisation such as through radio (where possible) and trusted community leaders - became increasingly important.

Conclusions

New mechanisms of fostering social mobilisation include virtual connectors such as mobile phones, which enable mobilisation through platforms such as WhatsApp, Facebook and Twitter. However, traditional forms of social mobilisation hold value for those without access to such technology. Therefore, a combination of new and traditional mechanisms for social mobilisation hold potential for the future development of social mobilisation strategies in El Salvador and, as appropriate, in other fragile health contexts.

Title: Use of WhatsApp®, for distance teaching during COVID-19 pandemic: Experience and perception from a sub-Saharan African setting

Journal: [BMC Medical Education](#)

Publish date: [02 October 2021](#)

URL: <https://bmcmmededuc.biomedcentral.com/track/pdf/10.1186/s12909-021-02953-9.pdf>

Abstract:

Background

In the midst of the COVID-19 pandemic, to palliate to the lockdown and cover academic programs, the faculty of medicine and pharmaceutical sciences (FMPS) of the university of Dschang (UDs) in Cameroon has implemented e-learning using WhatsApp®.

Aim

Describe the opinion of students and lecturers after its implementation of e-learning at the FMPS of UD.

Methods

We designed a uniform teaching scheme using WhatsApp® during the university lockdown. Students and members of the teaching staff of the FMPS of UD were enrolled after receiving clear information on the study implementation. At the end of the online-teaching period of two and a half months, we surveyed our students and teaching staff. Sociodemographic characteristics and opinions about e-learning were collected using a standard questionnaire.

Results

We enrolled 229 students and 40 lecturers of the FMPS. Students reported a decremented quality of internet connection ($p < 0.001$, p -homogeneity < 0.001) despite an increased expenditure related to internet use. Electronic devices were broadly used before the implementation of mobile learning. The use of course materials was significantly more challenging among students because of the size/format of lecture notes and internet connection/cost (all $p < 0.05$). Perception of discipline compared to classroom-based lessons was not significantly different among students compared to lecturers (all $p > 0.05$). While lecturers were mainly more comfortable conveying the contents of their lectures, students tended to be less prone to actively participate. The motivation and satisfaction of the latter group toward e-learning were modest compared to classroom-based lectures while their feedback about the organization was positive.

Conclusions

E-learning using WhatsApp® could be an effective alternative to conventional classroom-based lessons in the context of COVID-19 pandemic. The use of a blended-learning program including classroom-based sessions could help improve its limitations.

Title: The rising incidence of African swine fever during the COVID-19 pandemic in Africa: Efforts, challenges and recommendations

Journal: Health Planning and Management

Publish Date: 11 October 2021

URL: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/hpm.3357>

Title: How Home Delivery of Antiretroviral Drugs Ensured Uninterrupted HIV Treatment During COVID-19: Experiences From Indonesia, Laos, Nepal, and Nigeria

Journal: Global Health: Science and Practice

Publish Date: October 2021

URL: <https://www.ghspjournal.org/content/ghsp/early/2021/10/12/GHSP-D-21-00168.full.pdf>

Abstract:

Introduction:

Faced with the coronavirus disease (COVID-19) pandemic, governments worldwide instituted lockdowns to curtail virus spread. Health facility closures and travel restrictions disrupted access to antiretroviral (ARV) therapy for people living with HIV. This report describes how HIV programs in Indonesia, Laos, Nepal, and Nigeria supported treatment continuation by introducing home delivery of ARVs.

Methods:

Staff supporting the programs provided accounts of when and how decisions were taken to support ARV home delivery. They captured programmatic information about home delivery implementation using an intervention documentation tool. The 4 country experiences revealed lessons learned about factors favoring successful expansion of ARV home delivery.

Results:

Three of the countries relied on existing networks of community health workers for ARV delivery; the fourth country, Indonesia, relied on a private sector courier service. Across the 4 countries, between 19% and 51% of eligible clients were served by home delivery. The experiences showed that ARV home delivery is feasible and acceptable to health service providers, clients,

and other stakeholders. Essential to success was rapid mobilization of stakeholders who led the design of the home delivery mechanisms and provided leadership support of the service innovations. Timely service adaptation was made possible by pre-existing differentiated models of care supportive of community-based ARV provision by outreach workers. Home delivery models prioritized protection of client confidentiality and prevention measures for COVID-19. Sustainability of the innovation depends on reinforcement of the commodity management infrastructure and investment in financing mechanisms.

Conclusion:

Home delivery of ARVs is a feasible client-centered approach to be included among the options for decentralized drug distribution. It serves as a measure for expanding access to care both when access to health services is disrupted and under routine circumstances.

Title: Overconfident: How Economic and Health Fault Lines Left the Middle East and North Africa Ill-Prepared to Face COVID-19

Source: World Bank Group

Publish Date: October 2021

URL: <http://hdl.handle.net/10986/36318>

Abstract:

This report examines the region's economic prospects in 2021, forecasting that the recovery will be both tenuous and uneven as per capita GDP level stays below pre-pandemic levels. COVID-19 was a stress-test for the region's public health systems, which were already overwhelmed even before the pandemic. Indeed, a decade of lackluster economic reforms left a legacy of large public sectors and high public debt that effectively crowded out investments in social services such as public health. This edition points out that the region's health systems were not only ill-prepared for the pandemic, but suffered from overconfidence, as authorities painted an overly optimistic picture in self-assessments of health system preparedness. Going forward, governments must improve data transparency for public health and undertake reforms to remedy historical underinvestment in public health systems.

Title: Practice of COVID-19 preventive measures and risk of acute respiratory infections: a longitudinal study in students from 95 countries

Journal: International Journal of Infectious Diseases

Publish Date: 11 October 2021

URL: <https://www.ijidonline.com/action/showPdf?pii=S1201-9712%2821%2900803-1>

Abstract:

Objectives

We aimed to investigate whether the implementation of personal protective measures against coronavirus disease 2019 reduced the transmission of influenza-like illnesses.

Methods

We followed 758 international students from 95 countries located in five continents from October 2020 to March 2021. Their frequency of wearing masks, social distancing, washing hands, and avoiding crowded places as well as their reported cases of influenza-like illnesses were examined. We used Kaplan-Meier analysis to compare the occurrence of symptoms of influenza-like illnesses among participants who adhered with those who did not adhere to the personal protective measures.

Results

From October 2020 to March 2021, 139 (18%) students reported symptoms of influenza-like illnesses. The survival analysis showed that students who frequently wore face masks, exercised physical distancing, and disinfected their hands had a reduced risk of influenza-like illnesses. We found a two-fold increased risk of influenza-like illnesses among participants who did not implement all the personal protective measures as compared with those who adhered to the measures (Hazard ratio=2.16, 95%CI=1.53-3.05, P<0.001).

Conclusions

Our findings suggest that personal protective measures with high feasibility and high acceptability could be implemented during influenza epidemics to reduce transmission.

Title: The impact of the COVID-19 pandemic on hospital utilisation in Sierra Leone

Journal: BMJ Global Health

Publish Date: October 2021

URL: <https://gh.bmj.com/content/bmjgh/6/10/e005988.full.pdf>

Abstract:

Introduction The COVID-19 pandemic has adversely affected health systems in many countries, but little is known about effects on health systems in sub-Saharan Africa. This study examines the effects of COVID-19 on hospital utilisation in a sub-Saharan country, Sierra Leone.

Methods Mixed-methods study using longitudinal nationwide hospital data (admissions, operations, deliveries and referrals) and qualitative interviews with healthcare workers and patients. Hospital data were compared across quarters (Q) in 2020, with day 1 of Q2 representing the start of the pandemic in Sierra Leone. Admissions are reported in total and disaggregated by sex, service (surgical, medical, maternity and paediatric) and hospital type (government or private non-profit). Referrals in 2020 were compared with 2019 to assess whether any changes were the result of seasonality. Comparisons were performed using Student's t-test. Qualitative data were analysed using thematic analysis.

Results From Q1 to Q2, weekly mean hospital admissions decreased by 14.7% ($p=0.005$). Larger decreases were seen in male 18.8% than female 12.5% admissions. The largest decreases were in surgical admissions, a 49.8% decrease ($p<0.001$) and medical admissions, a 28.7% decrease ($p=0.002$). Paediatric and maternity admissions did not significantly change. Total operations decreased by 13.9% ($p<0.001$), while caesarean sections and facility-based deliveries showed significant increases: 12.7% ($p=0.014$) and 7.5% ($p=0.03$), respectively. In Q3, total admissions remained 13.2% lower ($p<0.001$) than Q1. Mean weekly referrals were lower in Q2 and Q3 of 2020 compared with 2019, suggesting findings were unlikely to be seasonal. Qualitative analysis identified both supply-side factors, prioritisation of essential services, introduction of COVID-19 services and pausing elective care, and demand-side factors, fear of nosocomial infection and financial hardship.

Conclusion The study demonstrated a decrease in hospital utilisation during COVID-19, the decrease is less than reported in other countries during COVID-19 and less than reported during the Ebola epidemic.

Title: Zika virus endemic challenges during COVID-19 pandemic in Africa

Journal: Tropical Medicine and Health

Publish Date: 13 October 2021

URL: <https://tropmedhealth.biomedcentral.com/track/pdf/10.1186/s41182-021-00372-6.pdf>

Abstract:

Zika virus remains endemic and opportunistic of high transmission in the tropical region of Africa, and the repeated cases of the Zika virus in Africa made it public health emergency in 2016. Amidst the COVID-19 pandemic, the catastrophic cases of unknown and unreported deaths overwhelming the region of Africa could not give health attention to respond to other endemic

diseases. Here, we present the possible complication and challenges associated with the Zika virus in Africa and COVID-19 predominance, shifting the attention from the Zika virus surveillance. This paper determines to enlighten the reader about the situation, the efforts to curb the transmission of both the Zika virus and the COVID-19 pandemic. Therefore, the report recommends sustainable solutions that can lessen the threat to public health.

Title: The impact of the COVID-19 pandemic on international reconstructive collaborations in Africa

Journal: European Journal of Plastic Surgery

Publish Date: October 2021

URL:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8491751/pdf/238_2021_Article_1892.pdf

Abstract:

Background

The SARS-CoV-2 (COVID-19) pandemic has catalysed a widespread humanitarian crisis in many low- and middle-income countries around the world, with many African nations significantly impacted. The aim of this study was to quantify the impact of the COVID-19 pandemic on the planning and provision of international reconstructive collaborations in Africa.

Methods

An anonymous, 14-question, multiple choice questionnaire was sent to 27 non-governmental organisations who regularly perform reconstructive surgery in Africa. The survey was open to responses for four weeks, closing on the 7th of March 2021. A single reminder was sent out at 2 weeks. The survey covered four key domains: (1) NGO demographics; (2) the impact of COVID-19 on patient follow-up; (3) barriers to the safe provision of international surgical collaborations during COVID-19; (4) the impact of COVID-19 on NGO funding.

Results

A total of ten reconstructive NGOs completed the survey (response rate, 37%). Ethiopia ($n=5$) and Tanzania ($n=4$) were the countries where most collaborations took place. Plastic, reconstructive and burns surgery was the most common sub-speciality ($n=7$). For NGOs that did not have a year-round presence in country ($n=8$), only one NGO was able to perform reconstructive surgery in Africa during the pandemic. The most common barrier identified was travel restrictions (within country, $n=8$ or country entry-exit, $n=7$). Pre-pandemic, 1547 to ≥ 1800 patients received reconstructive surgery on international surgical collaborations. After the outbreak, 70% of NGOs

surveyed had treated no patients, with approximately 1405 to ≥ 1640 patients left untreated over the last year.

Conclusions

The COVID-19 pandemic has placed huge pressures on health services and their delivery across the globe. This theme has extended into international surgical collaborations leading to increased unmet surgical needs in low- and middle-income countries.

Title: COVID-19 pandemic in Africa: Is it time for water, sanitation and hygiene to climb up the ladder of global priorities?

Journal: Science of the Total Environment

Publish Date: 15 October 2021

URL: <https://dx.doi.org/10.1016%2Fj.scitotenv.2021.148252>

Abstract:

In the current pandemic context, it is necessary to remember the lessons learned from previous outbreaks in Africa, where the incidence of other diseases could rise if most resources are directed to tackle the emergency. Improving the access to water, sanitation and hygiene (WASH) could be a win-win strategy, because the lack of these services not only hampers the implementation of preventive measures against SARS-CoV-2 (e.g. proper handwashing), but it is also connected to high mortality diseases (for example, diarrhoea and lower respiratory infections (LRI)). This study aims to build on the evidence-based link between other LRI and WASH as a proxy for exploring the potential vulnerability of African countries to COVID-19, as well as the role of other socioeconomic variables such as financial sources or demographic factors. The selected methodology combines several machine learning techniques to single out the most representative variables for the analysis, classify the countries according to their capacity to tackle public health emergencies and identify behavioural patterns for each group. Besides, conditional dependences between variables are inferred through a Bayesian network. Results show a strong relationship between low access to WASH services and high LRI mortality rates, and that migrant remittances could significantly improve the access to healthcare and WASH services. However, the role of Official Development Assistance (ODA) in enhancing WASH facilities in the most vulnerable countries cannot be disregarded, but it is unevenly distributed: for each 50–100 US\$ of ODA per capita, the probability of directing more than 3 US\$ to WASH ranges between 48% (Western Africa) and 8% (Central Africa).

Title: The rising incidence of African swine fever during the COVID-19 pandemic in Africa: Efforts, challenges and recommendations

Journal: International Journal of Health Planning and Management

Publish Date: 11 October 2021

URL: <https://doi.org/10.1002/hpm.3357>

Abstract:

Title: The economics of the COVID-19 pandemic in poor countries

Source: NBER

Publish Date: October 2021

URL: [The Economics of the COVID-19 Pandemic in Poor Countries \(nber.org\)](https://www.nber.org/papers/w28352)

Abstract:

The COVID-19 pandemic has upended health and living standards around the world. This article provides an interim overview of these effects, with a particular focus on low- and middle-income countries (LMICs). Economists have explained how the pandemic is likely to have differential consequences for LMICs, and demand distinct policy responses, compared to rich countries. We survey the rapidly expanding body of empirical research that documents its many adverse economic and non-economic effects in terms of living standards, education, health, and gender equality, which appear to be unprecedented in depth and scale. We also review research on successful and failed policy responses, including the failure to ensure widespread vaccine coverage in LMICs, which is needed to end the pandemic. We close with a discussion of implications for public policy in LMICs, and for the institutions of international governance, given the likelihood of future pandemics and other major shocks (e.g., climate).

Title: Indirect Effects on Maternal and Child Mortality from the COVID-19 Pandemic: Evidence from Disruptions in Healthcare Utilization in 18 Low- and Middle-Income Countries

Journal: The Lancet

Publish Date: September 2021

URL: <https://papers.ssrn.com/sol3/Delivery.cfm/6c9b8e95-8486-4ff9-b418-49f9466a0db8-MECA.pdf?abstractid=3916767&mirid=1&type=2>

Abstract:

Background: The COVID-19 pandemic has had wide-reaching direct and indirect impacts on population health. We describe one of the most critical of these secondary consequences, the decrease in the utilization of health

services and the resulting consequences for mortality. In low- and middle-income countries, these disruptions can halt progress towards reducing maternal and child mortality.

Methods: Data on service utilization from January 2018 to June 2021 is extracted from health management information systems of 18 low- and lower-middle-income countries. Interrupted time series design is used to estimate percent change in the volumes of essential health services delivered during the pandemic compared to projected volumes based on pre-pandemic trends. The Lives Saved Tool mathematical model is used to estimate the impact of the service utilization disruptions on child and maternal mortality. In addition, the estimated monthly disruptions are also correlated to the COVID-19 burden, time since the start of the pandemic, and relative severity of mobility restrictions.

Findings: We estimate that decreases in essential health service utilization between March 2020 and June 2021 led to 113,873 additional deaths in the 18 countries, representing 3.8% and 1.4% increases in child and maternal mortality, respectively. This corresponds to an average of 2.6 indirect deaths per COVID-19 death officially reported in the same period. This excess mortality results from the decline in utilization of the RMNCH services included in the analysis, but the utilization shortfalls vary substantially between countries, health services, and over time. The largest disruptions, resulting in 27.5% of the excess death, occurred during the second quarter of 2020, regardless of whether countries experienced the highest rate of COVID-19-related deaths during the same months. There is a significant relationship between the magnitude of service disruptions and the stringency of mobility restrictions.

Interpretation: Large declines in health care utilization during the COVID-19 pandemic amplify the pandemic's harmful impacts on health outcomes. As efforts and resource allocation towards prevention and treatment of COVID-19 continue, essential health services must be maintained, particularly in low and middle-income countries.

Title: Analysing Long-Term Socio-Economic Impacts of COVID-19 across Diverse African Contexts

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Abstract:

The spread of COVID-19 has been devastating for the millions of people who have been infected by the virus and lost their lives and the tens of millions of people who have lost their work and livelihoods. Governments and civil society have responded swiftly to the virus with policies that reduce human interaction and slow its spread. These policies have had the adverse effect of further reducing labour participation, productivity and capital utilization, reducing household consumption and increasing poverty across various thresholds, both in absolute and relative terms (Dabalén and Paci, 2020; International Monetary Fund [IMF], 2020b; Organisation for Economic Co-operation and Development [OECD], 2020a; Robertson et al., 2020; Verity et al., 2020; World Trade Organization [WTO], 2020). The COVID-19 pandemic has significantly reduced economic growth and altered patterns of international economic interaction. While we are still in the midst of the crisis, there is real concern that the majority of macroeconomic effects will not be temporary, but will disproportionately shift long-term development pathways in low- and middle-income countries, offsetting some of the gains made towards achieving the Sustainable Development Goals (SDGs) in recent decades.