

## **AFRO WEEKLY COVID-19 LITERATURE UPDATE**

**2021/08/23-2021/08/30**

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

**Issue No. 1**

*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.*

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

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

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

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

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### A. COVID-19 epidemiology/ surveillance (trends/ distribution)

**1. Title:** Trends of COVID-19 in the Central Africa Sub-region: Effective Health Care, Effect of Endogenous Parameters or a Matter of Time?

**Journal:** *Journal of Pharmaceutical Research International*

**Publish date:** 5 August 2021

**URL:** 10.9734/jpri/2021/v33i40A32233

**Abstract:**

Background: After the worldwide spread of the coronavirus pandemic, several experts predicted a health catastrophe in Africa. However, the expected earthquake ultimately did not occur and the statistics of the number COVID-19 cases and deaths for other continents (Europe, America, Asia) were far higher than those of Africa. This study focused on Central Africa tried to explain this low incidence of COVID-19.

Methodology: A cross-sectional time series method was adopted and the data of COVID-19 cases and deaths for Angola, Cameroon, Chad, Central African Republic, Congo Brazzaville, Democratic Republic of Congo, Gabon, Equatorial Guinea and Sao Tome and Principe between March and November 2020 were extracted from the World Health Organization COVID-19 database. The evolution of COVID-19 cases and deaths for each country were plotted and the accuracy measures such as Mean Absolute Percentage Error, Median Absolute Deviation and Mean Squared Displacement were calculated. Association between the countries and the prevalence of cases, deaths and recovered was visualized through principal component analysis.

Results: The results showed that the highest number of cases was observed in Cameroon (21,793) while Sao Tome and Principe scored the smallest one (962). However, based on the total population, the prevalence of COVID-19 cases was high in Sao Tome and Principe (0.436%) and Gabon (0.400%). The highest death percentages ( $\geq 2\%$ ) were observed in Chad (6.742%), RDC (2.708%) and Angola (2.592%) while the highest recovered percentages were in Gabon (99.10%), Equatorial Guinea (97.62%) and Cameroon (97.02%). Development of traditional medicines and modification of food behavior including consumption of plant extracts appear as the reasons for the highest recovered rates. The accuracy measurements

showed that the trend curves were not correlated with the actual evolution of the pandemic, but the Spearman correlation test revealed that except Equatorial Guinea ( $r=0.042$ ,  $p=0.817$ ), the evolution of COVID-19 cases and deaths were strongly correlated. Conclusion: The overall prevalence and incidence of COVID-19 is low in the countries of the Central Africa sub-region despite the problems facing the health systems of these countries.

**2. Title:** What Could Explain the Lower COVID-19 Burden in Africa despite Considerable Circulation of the SARS-CoV-2 Virus?

**Journal:** *International Journal of Environmental Research and Public Health*

**Publish date:** August 2021

**URL:** <https://doi.org/10.3390/ijerph18168638>

**Abstract:**

The differential spread and impact of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), causing Coronavirus Disease 2019 (COVID-19), across regions is a major focus for researchers and policy makers. Africa has attracted tremendous attention, due to predictions of catastrophic impacts that have not yet materialized. Early in the pandemic, the seemingly low African case count was largely attributed to low testing and case reporting. However, there is reason to consider that many African countries attenuated the spread and impacts early on. Factors explaining low spread include early government community-wide actions, population distribution, social contacts, and ecology of human habitation. While recent data from seroprevalence studies posit more extensive circulation of the virus, continuing low COVID-19 burden may be explained by the demographic pyramid, prevalence of pre-existing conditions, trained immunity, genetics, and broader sociocultural dynamics. Though all these prongs contribute to the observed profile of COVID-19 in Africa, some provide stronger evidence than others. This review is important to expand what is known about the differential impacts of pandemics, enhancing scientific understanding and gearing appropriate public health responses. Furthermore, it highlights potential lessons to draw from Africa for global health on assumptions regarding deadly viral pandemics, given its long experience with infectious diseases.

**3. Title:** Prevalence of COVID-19 genomic variation in Africa: a living systematic review protocol

**Journal:** *JBI Evidence Synthesis*

**Publish date:** 2 August 2021

**URL:** <https://dx.doi.org/10.11124/JBIES-20-00516>

**Abstract:**

**OBJECTIVE:** The objective of this living systematic review is to synthesize the available evidence on the prevalence of types of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) genomic variations in Africa.

**INTRODUCTION:**

The burden of the coronavirus disease 2019 (COVID-19) pandemic on the health, well-being, and global economy (especially the fragile economies of African countries) is significant. Profiling the genomic and geographical variations of SARS-CoV-2, a causative agent of COVID-19, may be important for future decision-making, policy guidelines, and development of drugs and vaccines. However, little is known about the up-to-date prevalence of genomic and geographical variations of SARS-CoV-2 virus on the African continent. **INCLUSION CRITERIA** This living systematic review will include studies on the prevalence of SARS-CoV-2 genetic strains and mutations obtained from sequencing data of samples from individuals of all ages and sexes using the next generation sequencing approaches in studies done on the African continent.

**METHODS:**

The search strategy will be developed to retrieve both published and unpublished data. Published data will be obtained from electronic databases. Unpublished data will be obtained from conference proceedings, preprints, theses/dissertations, electronic search engines, and COVID-19-dedicated websites. Relevant published or unpublished data in the English language from January 2020 will be considered. Studies will be selected based on the inclusion criteria of the review. The selected studies will be critically appraised for methodological quality by two independent reviewers and data extracted from eligible studies. Finally, meta-analysis will be done, if feasible, to pool prevalence estimates after heterogeneity of the data has been analyzed.

**4. Title:** Nigeria's race to zero COVID-19 cases: True disease burden or testing failure?

**Journal:** *Journal of Global Health*

**Publish date:** 7 August 2021

**URL:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8364253/pdf/jogh-11-03094.pdf>

**Abstract:**

The 2019 coronavirus disease (COVID-19), caused by a novel member of the beta coronaviruses, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has caused a global public health hazard [1]. Since Nigeria's index case on the 27 February 2020, the country has tested 1 818 957 persons, recorded 163 195 confirmed cases and 2058 deaths as of 31 March 2021 [2]. The positivity rate among the tested population was 9.0% and the case fatality rate was 1.3%. In April 2020, the Nigerian Government, through the Nigeria Center for Disease Control and Prevention (NCDC), activated its national Incident Control Center (ICC), the Surveillance and Outbreak Response Management System (SORMAS), and the mobile strengthening epidemic response system (mSers) amongst others for national coordination, surveillance and reporting of COVID-19 cases in the country.

**5. Title:** The COVID-19 pandemic in francophone West Africa: from the first cases to responses in seven countries

**Journal:** *BMC Public Health*

**Publish date:** 02 August 2021

**URL:** <https://doi.org/10.1186/s12889-021-11529-7>

**Abstract:**

**Background**

In early March 2020, the COVID-19 pandemic hit West Africa. In response, countries in the region quickly set up crisis management committees and implemented drastic measures to stem the spread of the SARS-CoV-2 virus. The objective of this article is to analyse the epidemiological evolution of COVID-19 in seven Francophone West African countries (Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger, Senegal) as well as the public health measures decided upon during the first 7 months of the pandemic.

**Methods**

Our method is based on quantitative and qualitative data from the pooling of information from a COVID-19 data platform and collected by a network of interdisciplinary collaborators present in the seven countries. Descriptive and spatial analyses of quantitative epidemiological data, as well as content analyses of qualitative data on public measures and management committees were performed.



## Results

Attack rates (October 2020) for COVID-19 have ranged from 20 per 100,000 inhabitants (Benin) to more than 94 per 100,000 inhabitants (Senegal). All these countries reacted quickly to the crisis, in some cases before the first reported infection, and implemented public measures in a relatively homogeneous manner. None of the countries implemented country-wide lockdowns, but some implemented partial or local containment measures. At the end of June 2020, countries began to lift certain restrictive measures, sometimes under pressure from the general population or from certain economic sectors.

## Conclusion

Much research on COVID-19 remains to be conducted in West Africa to better understand the dynamics of the pandemic, and to further examine the state responses to ensure their appropriateness and adaptation to the national contexts.

6. **Title:** COVID-19 Results Briefing: The African Region

**Journal:** *Institute for Health Metrics and Evaluation*

**Publish date:** 19 August 2021

**URL:** [http://www.healthdata.org/sites/default/files/files/Projects/COVID/2021/44563\\_briefing\\_African\\_Region\\_30.pdf](http://www.healthdata.org/sites/default/files/files/Projects/COVID/2021/44563_briefing_African_Region_30.pdf)

## Abstract:

This document contains summary information on the latest projections from the IHME model on COVID-19 in the African Region. The model was run on August 17, 2021, with data through August 16, 2021.

Daily reported cases and deaths declined in the African Region this week, driven by decreases in southern Africa, where many Delta surges have peaked. Despite this, 23 countries have an effective R greater than 1, indicating transmission will continue throughout the region. Recent surges in Ethiopia, Nigeria, and other parts of West Africa are of particular concern. Daily hospitalizations increased by 11% compared to last week, and we anticipate high or extreme stress on health systems in a majority of countries between August and December 1. While the percentage of people reporting they always wear a mask improved to 50%, compared to 49% last week, mobility has almost uniformly returned to pre-COVID-19 baseline across the region. With the continued slow and inequitable pace of vaccine expansion, we expect only 5% of the population to be fully vaccinated by December 1. Due to past infection, including reduced cross-variant immunity, combined

with vaccination and vaccine-specific effectiveness, we expect that 41% of the population in the African Region will be immune to the Delta variant by December 1. Our models do not take into account the new evidence on waning immunity against infection for the vaccines, so these forecasts may be optimistic. Even not taking into account waning immunity, we expect that at least as we approach 2022, nearly 60% of the population will still be susceptible to the Delta variant, so we should expect continued transmission of COVID-19 in 2022. In our reference scenario, we project 176,000 cumulative reported deaths due to COVID-19 on December 1. This represents 49,000 additional lives lost from August 16 to December 1. Universal mask use could save 19,000 lives. When excess deaths are considered, we project 525,000 cumulative deaths due to COVID-19 on December 1, representing 159,000 additional lives lost. Universal mask use could prevent 65,000 cumulative excess deaths. Strategies to manage this phase of the pandemic include making every effort to expand vaccination through vaccine donations and bolstering vaccine confidence; maintenance or reintroduction of mask mandates in settings with rapidly increasing transmission; and appropriate use of social distancing measures as hospital capacity gets exhausted. Continued surveillance for new variants is also critical to provide an early warning for future surges.

## **B. COVID-19 RESPONSE ACTIVITIES (HYGIENE PRACTICES, SOCIAL DISTANCING, CASE MANAGEMENT)**

**1. Title:** Therapeutic effect of CT-P59 against SARS-CoV-2 South African variant

**Journal:** *Biochemical and Biophysical Research Communications*

**Publish date:** 20.August 2021

**URL:** <https://dx.doi.org/10.1016/j.bbrc.2021.06.016>

### **Abstract:**

The global circulation of newly emerging variants of SARS-CoV-2 is a new threat to public health due to their increased transmissibility and immune evasion. Moreover, currently available vaccines and therapeutic antibodies were shown to be less effective against new variants, in particular, the South African (SA) variant, termed 501Y.V2 or B.1.351. To assess the efficacy of the CT-P59 monoclonal antibody against the SA variant, we sought to perform as in vitro binding and neutralization assays, and in vivo animal

studies. CT-P59 neutralized B.1.1.7 variant to a similar extent as to wild type virus. CT-P59 showed reduced binding affinity against a RBD (receptor binding domain) triple mutant containing mutations defining B.1.351 (K417N/E484K/N501Y) also showed reduced potency against the SA variant in live virus and pseudovirus neutralization assay systems. However, in vivo ferret challenge studies demonstrated that a therapeutic dosage of CT-P59 was able to decrease B.1.351 viral load in the upper and lower respiratory tracts, comparable to that observed for the wild type virus. Overall, although CT-P59 showed reduced in vitro neutralizing activity against the SA variant, sufficient antiviral effect in B.1.351-infected animals was confirmed with a clinical dosage of CT-P59, suggesting that CT-P59 has therapeutic potential for COVID-19 patients infected with SA variant.

**2. Title:** Efficacy of convalescent plasma for treatment of COVID-19 in Uganda

**Journal:** *BMJ Open Respiratory Research*

**Publish date:** August 2021

**URL:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8354811/pdf/bmjresp-2021-001017.pdf>

**Abstract:**

Rationale

Convalescent plasma (CCP) has been studied as a potential therapy for COVID-19, but data on its efficacy in Africa are limited.

**Objective**

In this trial we set out to determine the efficacy of CCP for treatment of COVID-19 in Uganda.

**Measurements**

Patients with a positive SARS-CoV-2 reverse transcriptase (RT)-PCR test irrespective of disease severity were hospitalised and randomised to receive either COVID-19 CCP plus standard of care (SOC) or SOC alone. The primary outcome was time to viral clearance, defined as having two consecutive RT-PCR-negative tests by day 28. Secondary outcomes included time to symptom resolution, clinical status on the modified WHO Ordinal Clinical Scale ( $\geq 1$ -point increase), progression to severe/critical condition (defined as oxygen saturation  $< 93\%$  or needing oxygen), mortality and safety.

**Main results**

A total of 136 patients were randomised, 69 to CCP+SOC and 67 to SOC only. The median age was 50 years (IQR: 38.5–62.0), 71.3% were male and

the median duration of symptom was 7 days (IQR=4–8). Time to viral clearance was not different between the CCP+SOC and SOC arms (median of 6 days (IQR=4–11) vs 4 (IQR=4–6),  $p=0.196$ ). There were no statistically significant differences in secondary outcomes in CCP+SOC versus SOC: time to symptom resolution (median=7 (IQR=5–7) vs 7 (IQR=5–10) days,  $p=0.450$ ), disease progression (9 (22.0%) vs 7 (24.0%) patients,  $p=0.830$ ) and mortality (10 (14.5%) vs 8 (11.9%) deaths,  $p=0.476$ ).

### **Conclusion**

In this African trial, CCP therapy did not result in beneficial virological or clinical improvements. Further trials are needed to determine subgroups of patients who may benefit from CCP in Africa.

**3. Title:** Systematic review of plants used against respiratory diseases related to COVID-19 in Africa

**Journal:** *Journal of Drug Delivery and Therapeutics*

**Publish date:** 15 August 2021

**URL:** <http://jddtonline.info/index.php/jddt/article/download/4957/3995>

### **Abstract:**

**Background:** Respiratory disorders are known to affect the airways including the nasal passages, bronchi and lungs causing blockages. The advent of COVID-19 has further aggravated the complications of the respiratory systems where conventional medicine is not reachable or affordable by the majority poor in Africa. Hence, the over 80% of the African population who turn to traditional medicine for their primary health care.

**Objective:** This review is aimed to identify plants directed against respiratory diseases which can be useful in the fight against COVID-19. **Methodology:** Scientific articles selected in this study span the last ten years (2011-2021). **Keywords** such as “ethnobotany in Africa”, “ethnobotany and respiratory diseases” “medicinal plants and respiratory diseases”, “traditional medicine and COVID-19” were searched in open access search engines such as: Science Direct, Research Gate, Google Scholar, Pubmed, Web of Science, Scopus. The ethnobotanical indices were then calculated using Microsoft excel to determine the plants with the most therapeutic potential to be considered for the local management of COVID-19.

**Results:** Data obtained were classified according to country of origin of the author of the publication, the botanical family and the respiratory pathology being treated. Thirteen (13) references were finally selected with the represented country being Benin Republic. One hundred and forty-three plant species belonging to 60 families were registered. The most recurrent

families were the Fabaceae and Lamiaceae (18 citations each). The plants in these families were used for the management of fifteen diseases and / or symptoms relating to the respiratory system. The most cited plants were: *Ocimum gratissimum* L. (4 citations), *Entandrophragma cylindrium* (Sprague), *Scyphocephalum ochocoa* Warb., *Rubia cordifolia* and *Allium sativum* L. (3 citations each).

**Conclusion:** Based on the data obtained in this review *Ocimum gratissimum* stands out as the most used plant for the treatment of respiratory disorders.

**4. Title:** The organisational response of a hospital critical care service to the COVID-19 pandemic: The Groote Schuur Hospital experience

**Journal:** *Southern African Journal of Critical Care*

**Publish date:** 06 August 2021

**URL:** <http://sajcc.org.za/index.php/SAJCC/article/view/439/410>

**Abstract:**

**Background.** There are limited data about the coronavirus disease-19 (COVID-19)-related organisational responses and the challenges of expanding a critical care service in a resource-limited setting.

**Objectives.** To describe the ICU organisational response to the pandemic and the main outcomes of the intensive care service of a large state teaching hospital in South Africa.

**Methods.** Data were extracted from administrative records and a prospective patient database with ethical approval. An ICU expansion plan was developed, and resource constraints identified. A triage tool was distributed to referring wards and hospitals. Intensive care was reserved for patients who required invasive mechanical ventilation (IMV). The total number of ICU beds was increased from 25 to 54 at peak periods, with additional non-COVID ICU capacity required during the second wave. The availability of nursing staff was the main factor limiting expansion. A ward-based high flow nasal oxygen (HFNO) service reduced the need for ICU admission of patients who failed conventional oxygen therapy. A team was established to intubate and transfer patients requiring ICU admission but was only available for the first wave. **Results.** We admitted 461 COVID-19 patients to the ICU over a 13-month period from 5 April 2020 to 5 May 2021 spanning two waves of admissions. The median age was 50 years and duration of ICU stay was 9 days. More than a third of the patients (35%; n=161) survived to hospital discharge.

**Conclusions.** Pre-planning, leadership, teamwork, flexibility and good communication were essential elements for an effective response. A shortage of nurses was the main constraint on ICU expansion. HFNO may have reduced the requirement for ICU admission, but patients intubated after failing HFNO had a poor prognosis

**5. Title:** Moving during times of crisis: Migration, living arrangements and COVID-19 in South Africa

**Journal:** *Scientific African*

**Publish date:** 04 August 2021

**URL:** <https://www.sciencedirect.com/science/article/pii/S2468227621002301/pdf?isDTMRedir=true&download=true>

**Abstract:**

We explore flexibility in living arrangements during times of crisis by investigating adult mobility at various stages of the COVID-19 related initial lockdown in South Africa. Living arrangements are not static, and they may change considerably in response to economic and health shocks. The South African context is particularly interesting to investigate because studies suggest that many households remain “stretched” between rural and urban nodes, and kin networks have been identified as an important source of support during times of hardship. We use descriptive methods to analyze mobility in anticipation of the “hard” (level 5) lockdown, when almost all economic and on-site teaching activity was suspended, and the subsequent easing to lockdown level 4. The data come from the largest South African non-medical rapid mobile survey conducted during COVID-19, which employed telephone interviews to survey a representative sample of 7074 adults drawn using a stratified sampling design. We find that during the first few months of the COVID-19 lockdown in 2020, approximately 16 percent of adults in South Africa had moved into a different household. Most adults (82%) only moved once; those who moved twice were the most likely to have employment to return to, suggesting that these movers include circular labour migrants. The study highlights the “double-rootedness” of adults, who remain attached to another “family” home, and it points to the importance of living arrangements as a livelihood strategy when employment is lost.

**6. Title:** Who is watching? Refugee protection during a pandemic - responses from Uganda and South Africa

**Journal:** *Comparative Migration Studies*

**Publish date:** 10 August 2021

**URL:** [10.1186/s40878-021-00243-3](https://doi.org/10.1186/s40878-021-00243-3)

**Abstract:**

Both Uganda and South Africa were quick to respond to the global pandemic - Uganda for example imposing quarantine on foreign travellers after only a handful of cases before shutting off all international flights, and South Africa imposing one of the first lockdowns on the continent. Reflecting on the first 6 months of the pandemic responses in terms of refugee protection, the two countries have taken diverging pathways. South Africa used the pandemic to start building a border fence on the border with Zimbabwe, initially curtailed all foreign shop owners from opening under lockdown and excluded asylum seekers from emergency relief grants. In contrast, Uganda opened its borders to refugees from the DRC in June, when border closures were still the global norm. Whilst both responses are not unusual in light of their standard governance approaches, they highlight the own self-image the countries espouse - with Uganda positioning itself as the world's premier refugee protector at a time when it is desperately in need of more funds and South Africa looking to politically capitalize internally from reiterating a division between migrant communities as a threat to poor and disenfranchised South Africans. Even during a pandemic, the practice of refugee protection does not happen in a political vacuum. This paper is based on over 50 in-person and digital interviews conducted in Uganda and South Africa in 2020, as well as nine focus groups with refugee and host communities.

**7. Title:** Ebola and COVID-19 in Democratic Republic of Congo: grappling with two plagues at once

**Journal:** *Tropical Medicine and Health*

**Publish date:** 24 August 2021

**URL:** <https://tropmedhealth.biomedcentral.com/track/pdf/10.1186/s41182-021-00356-6.pdf>

**Abstract:**

In February 2021, a new Ebola virus disease outbreak was confirmed amid the COVID-19 pandemic in the Democratic Republic of Congo. Although the country has successfully contained the outbreak amid its fight against the COVID-19 pandemic, the epidemiological situation is still concerning, primarily due to the risk of an increase in the number of COVID-19 cases. The coexistence of both outbreaks increased the burden on the country's health system mainly because Ebola response programs were redirected to

the COVID-19 national response. Strategies adopted and lessons learned from previous Ebola outbreaks were crucial to developing the COVID-19 national response. To tackle the challenges of combating both the viruses, it is essential to adopt multidisciplinary measures such as prevention, education, and vaccination campaigns, promoting hygiene and social distancing practices, and improving diagnostic and management protocols. This paper discusses the efforts, challenges, and possible solutions to grapple with Ebola amid the COVID-19 crisis in DRC successfully.

**8. Title:** THE TIME IS RIPE FOR AN AFRICA COMMISSION OF INQUIRY TO INVESTIGATE THE COVID-19 RESPONSE

**Journal:** *Aid Span*

**Publish date:** 25 August 2021

**URL:** <https://www.aidspace.org/en/c/article/5703>

**ABSTRACT**

Africa requires a commission of inquiry for fact-finding on why it took long for the pandemic to reach the continent, and how African response has been hampered. The commission should comprehensively document the response to COVID-19 and come up with recommendations for dealing with false narratives and misinformation. Also, it should synthesize best practices and lessons learned to guide a debate on structural changes required post-COVID-19. Importantly, the commission should be forward-looking, all-encompassing, and provide Africa a blueprint for responding to the next pandemic. This commission should be African-owned and African-led.

## **C. COVID-19 VACCINATION**

**1. Title:** Acceptability of COVID-19 vaccine: a cross-sectional study in a Tunisian general hospital.

**Journal:** *Panafrican Medical Journal*

**Publish date:** 23 August 2021

**URL:** <https://www.panafrican-med-journal.com/content/article/39/245/full>



**Abstract:**

The year 2020 was marked by the COVID-19 pandemic that killed more than one million people. Several vaccines have been developed and vaccination campaigns started in December 2020. The objective of our study was to assess the acceptability of the COVID-19 vaccine by hospital staff.

**Methods:** cross-sectional study conducted on a representative sample drawn at random from the staff of the Military General Hospital of Tunis. Data was collected between August and September 2020 by a clinical psychologist. We studied the associations between the different characteristics of our population and the decision to accept or refuse vaccination against COVID-19. **Results:** a total of 398 hospital staff agreed to answer our questionnaire. Our sample was composed of 9% (n=36) physicians, 0.9% (n=3) pharmacists, 41.3% (n=164) paramedics, 16.1% (n=64) cleaning staff and 32.7% (n=131) administrative staff. The rapid discovery of the vaccine was hoped by 97% (n=386). Vaccination was considered a means of collective protection by 84.7% (n=337). However, only 58% (n=231) agreed to be vaccinated by the COVID-19 vaccine. The main factors significantly associated with acceptance of the COVID-19 vaccine was previous influenza vaccination (aOR: 2.58, 95% CI 1.69-3.94; p=0.000).

**Conclusion:** apprehension about vaccination does not appear to be sparing the future COVID-19 vaccine. Fear of vaccine side effects outweighs fear of the disease, even among hospital staff. To achieve vaccination coverage, several awareness and communication activities must be carried out.

**2. Title:** Safety and immunogenicity of the ChAdOx1 nCoV-19 (AZD1222) vaccine against SARS-CoV-2 in people living with and without HIV in South Africa: an interim analysis of a randomised, double-blind, placebo-controlled, phase 1B/2A trial

**Journal:** *Lancet HIV*

**Publish date:** 9 August 2021

**URL:** [main.pdf \(nih.gov\)](#)

**Abstract:**

**Background** People living with HIV are at an increased risk of fatal outcome when admitted to hospital for severe COVID-19 compared with HIV-negative individuals. We aimed to assess safety and immunogenicity of the ChAdOx1 nCoV-19 (AZD1222) vaccine in people with HIV and HIV-negative individuals in South Africa. **Methods** In this ongoing, double-blind, placebo-controlled, phase 1B/2A trial (COV005), people with HIV and HIV-negative participants aged 18–65 years were enrolled at seven South African locations and were randomly allocated (1:1) with full allocation concealment to receive a prime-boost regimen of ChAdOx1 nCoV-19, with two doses given 28 days apart. Eligibility criteria for people with HIV included being on antiretroviral therapy for at least 3 months, with a plasma HIV viral load of less than 1000 copies per mL. In this interim analysis, safety and reactogenicity was assessed in all individuals who received at least one dose of ChAdOx1 nCoV 19 between enrolment and Jan 15, 2021. Primary immunogenicity analyses included participants who received two doses of trial intervention and were SARS-CoV-2 seronegative at baseline. This trial is registered with ClinicalTrials.gov, NCT04444674, and the Pan African Clinicals Trials Registry, PACTR202006922165132. **Findings** Between June 24 and Nov 12, 2020, 104 people with HIV and 70 HIV-negative individuals were enrolled. 102 people with HIV (52 vaccine; 50 placebo) and 56 HIV-negative participants (28 vaccine; 28 placebo) received the priming dose, 100 people with HIV (51 vaccine; 49 placebo) and 46 HIV-negative participants (24 vaccine; 22 placebo) received two doses (priming and booster). In participants seronegative for SARS-CoV-2 at baseline, there were 164 adverse events in those with HIV (86 vaccine; 78 placebo) and 237 in HIV-negative participants (95 vaccine; 142 placebo). Of seven serious adverse events, one severe fever in a HIV-negative participant was definitely related to trial intervention and one severely elevated alanine aminotranferase in a participant with HIV was unlikely related; five others were deemed unrelated. One person with HIV died (unlikely related). People with HIV and HIV-negative participants showed vaccine-induced serum IgG responses against wild-type Wuhan-1 Asp614Gly (also known as D614G). For participants seronegative for SARS-CoV-2 antigens at baseline, full-length spike geometric mean concentration (GMC) at day 28 was 163·7 binding antibody units (BAU)/mL (95% CI 89·9–298·1) for people with HIV (n=36) and 112·3 BAU/mL (61·7–204·4) for HIV-negative participants (n=23), with a rising day 42 GMC booster response in both groups. Baseline

SARS-CoV-2 seropositive people with HIV demonstrated higher antibody responses after each vaccine dose than did people with HIV who were seronegative at baseline. High-level binding antibody cross-reactivity for the full-length spike and receptor-binding domain of the beta variant (B.1.351) was seen regardless of HIV status. In people with HIV who developed high titre responses, predominantly those who were receptor-binding domain seropositive at enrolment, neutralising activity against beta was retained. Interpretation ChAdOx1 nCoV-19 was well tolerated, showing favourable safety and immunogenicity in people with HIV, including heightened immunogenicity in SARS-CoV-2 baseline-seropositive participants. People with HIV showed cross-reactive binding antibodies to the beta variant and Asp614Gly wild-type, and high responders retained neutralisation against beta. Funding The Bill & Melinda Gates Foundation, South African Medical Research Council, UK Research and Innovation, UK National Institute for Health Research, and the South African Medical Research Council

**3. Title:** Considerations for Establishing Successful Coronavirus Disease Vaccination Programs in Africa

**Journal:** *Emerging Infectious Diseases*

**Publish date:** August 2021

**URL:** <https://wwwnc.cdc.gov/eid/article/27/8/pdfs/20-3870.pdf>

**Abstract:**

The accelerated development of coronavirus disease (COVID-19) candidate vaccines is intended to achieve worldwide immunity. Ensuring COVID-19 vaccination is crucial to stemming the pandemic, reclaiming everyday life, and helping restore economies. However, challenges exist to deploying these vaccines, especially in resource-limited sub-Saharan Africa. In this article, we highlight lessons learned from previous efforts to scale up vaccine distribution and offer considerations for policymakers and key stakeholders to use for successful COVID-19 vaccination rollout in Africa. These considerations range from improving weak infrastructure for managing data and identifying adverse events after immunization to considering financing options for overcoming the logistical challenges of vaccination campaigns and generating demand for vaccine uptake. In addition, providing COVID-19 vaccination can be used to promote the adoption of universal healthcare, especially in sub-Saharan Africa countries.

**4. Title:** A qualitative study on experiences of HIV vaccine trial participants in a phase I/II double-blinded, randomized placebo-controlled clinical trial in Tanzania: Lessons for COVID-19 vaccine testing

**Journal:** *Journal Public Health Epidemiology*

**Publish date:** July-September 2021

**URL:** <https://academicjournals.org/journal/JPHE/article-full-text-pdf/7BBD2CB67514>

**Abstract:**

HIV remains a major public health problem in Sub-Saharan Africa. About 54.5% of all people living with HIV live in Eastern and Southern Africa. There is no HIV vaccine or cure available yet despite ongoing research to develop one and uptake of vaccines is critical in the global society. It is imperative to describe the perceptions and experiences of the vaccines trial participants, as they may give lessons for COVID-19 vaccine development. A phenomenological qualitative study was conducted to describe the experiences of volunteers who participated in a phase I/II HIV vaccine trial in Tanzania. A purposive sample of 20 of the 60 trial participants was interviewed. Interviews were subjected to thematic-content analysis. The study showed that trial participation was driven by positive expectations related to health and the realization of the need for an effective vaccine to combat HIV. However, fear and concerns about the safety of the trial vaccine were the frequently reported challenges to participation. The significant others and community play an important role in trial participation. The success of a trial depends on direct and indirect participation in trials. Future vaccine trials must promote positive expectations for trial participation and address fears and concerns related to vaccine safety.

## **D. COVID-19 PUBLIC PERCEPTIONS AND EFFECTS**

**1. Title:** Coronavirus disease 2019 vaccine acceptance and perceived barriers among university students in northeast Ethiopia: A cross-sectional study

**Journal:** *Clinical Epidemiology and Global Health*

**Publish date:** 9 August 2021

**URL:** <https://doi.org/10.1016/j.cegh.2021.100848>

**Abstract:**

Universities are places where students live and study in close contact to each other. Nowadays, the foundations of this particular group have been affected significantly by the rapid spread of the coronavirus disease 2019. The severity of the COVID-19 pandemic has demanded the emergency use of COVID-19 vaccines. However, there is still limited evidence in COVID-19 vaccine acceptability and perceived barriers among some subgroups, including university students. This study aimed to assess vaccine acceptance, associated factors, and perceived barriers among university students, Ethiopia.

### **Methods**

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

### **Results**

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

### **Conclusion**

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

2. **Title:** Risk perception of COVID-19 among sub-Saharan Africans: a web-based comparative survey of local and diaspora residents

**Journal:** *BMC Public Health*

**Publish date:** August 2021

**URL:** <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-021-11600-3>

**Abstract:**

### **Background**

Perceived risk towards the coronavirus pandemic is key to improved compliance with public health measures to reduce the infection rates. This

study investigated how Sub-Saharan Africans (SSA) living in their respective countries and those in the diaspora perceive their risk of getting infected by the COVID-19 virus as well as the associated factors.

### **Methods**

A web-based cross-sectional survey on 1969 participants aged 18 years and above (55.1% male) was conducted between April 27th and May 17th 2020, corresponding to the mandatory lockdown in most SSA countries. The dependent variable was the perception of risk for contracting COVID-19 scores. Independent variables included demographic characteristics, and COVID-19 related knowledge and attitude scores. Univariate and multiple linear regression analyses identified the factors associated with risk perception towards COVID-19.

### **Results**

Among the respondents, majority were living in SSA (n = 1855, 92.8%) and 143 (7.2%) in the diaspora. There was no significant difference in the mean risk perception scores between the two groups ( $p = 0.117$ ), however, those aged 18–28 years had lower risk perception scores ( $p = 0.003$ ) than the older respondents, while those who were employed ( $p = 0.040$ ) and had higher levels of education ( $p < 0.001$ ) had significantly higher risk perception scores than other respondents. After adjusting for covariates, multivariable analyses revealed that SSA residents aged 39–48 years (adjusted coefficient,  $\beta = 0.06$ , 95% CI [0.01, 1.19]) and health care sector workers ( $\beta = 0.61$ , 95% CI [0.09, 1.14]) reported a higher perceived risk of COVID-19. Knowledge and attitude scores increased as perceived risk for COVID-19 increased for both SSAs in Africa ( $\beta = 1.19$ , 95% CI [1.05, 1.34] for knowledge;  $\beta = 0.63$ , 95% CI [0.58, 0.69] for attitude) and in Diaspora ( $\beta = 1.97$ , 95% CI [1.16, 2.41] for knowledge;  $\beta = 0.30$ , 95% CI [0.02, 0.58] for attitude).

### **Conclusions**

There is a need to promote preventive measures focusing on increasing people's knowledge about COVID-19 and encouraging positive attitudes towards the mitigation measures such as vaccines and education. Such interventions should target the younger population, less educated and non-healthcare workers.

3. **Title:** Stigmatization, psychological and emotional trauma among frontline health care workers treated for COVID-19 in Lagos State, Nigeria: a qualitative study

**Journal:** *BMC Health Services Research*

**Publish date:** 21 August. 2021

**URL:** <https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/34419034/>

**Abstract:**

**Background**

COVID-19 pandemic has resulted in global health and economic crisis. We investigated the experiences of frontline health care workers recovering from COVID-19 in Lagos State Nigeria.

**Methods**

We conducted a qualitative study among frontline health workers recovering from COVID-19 in Lagos State, Nigeria. We interviewed 12 respondents before achieving data saturation. We used a checklist to guide the interview according to the phenomenon under study. Data obtained were analyzed using Colaizzi's phenomenological method.

**Results**

The study was summarized under five themes: knowledge of COVID-19, exposure, reactions, challenges and recommendations. The respondents were quite knowledgeable on COVID-19, their reactions when informed of their status were denial, anxiety, distress, disorientation, crying for fear of stigmatization, while some were psychologically prepared. Reactions from colleagues, family and friends were encouraging and provided solace for them with a few colleagues and families that had negative reactions. Challenges include anosmia, movement restriction, loneliness, worries about the state of their families, nondisclosure of status to family members, non-conducive isolation centre with limited space, insomnia, stigmatization by health workers at the isolation centre, extended duration of stay, delay in the release of test results and use of ambulance for evacuation to the isolation centres. Coping strategies were watching movies, phone calls, use of social media, listening to music, attending webinars, working on projects and reading spiritual books. Recommendations were early laboratory testing of samples and conveying of results, increase testing capacity, the need of health care workers to be more compassionate, better method of evacuation of people that tested positive to COVID-19, aside the use of ambulance that increases the likelihood of stigmatization and standard guideline for the case management of people recovering from COVID-19 in Lagos state.

**Conclusions**

Respondents felt stigmatized and psychologically and morally traumatized. Isolation is a difficult experience and some negative emotions as expressed by previous studies were experienced by the respondents. There is need for increased testing capacity, timely results dissemination, early

evacuation and creation of more isolation centres in Lagos State due to the rising number of cases and shortage of bed space

4. **Title:** Social Distancing During the Sars-Cov2 (COVID-19) Pandemic: Interpretations and Implication in the African Context

**Journal:** *Perspectives on Global Development and Technology*

**Publish date:** 12 August 2021

**URL:** [https://brill.com/downloadpdf/journals/pgdt/20/3/article-p289\\_6.xml](https://brill.com/downloadpdf/journals/pgdt/20/3/article-p289_6.xml)

**Abstract:**

In absence of vaccine or a well-known treatment at onset of coronavirus disease (COVID-19), public health measures such as social distancing, washing hands, and wearing face masks were implemented as the most effective strategies to combat the spread of the virus. This article explores the perceptions and interpretations of COVID-19-related regulations and implications of the disease to human life in different contexts. The article adopted a qualitative research methodology, where twenty participants were selected purposively and interviewed, then data analyzed inductively. The analysis of interviews revealed varied conceptualizations and interpretations about the disease and social distancing. Notably, COVID-19 regulations such social distancing and face masking were perceived as imported policy, a misconception that would be attributed to non-adherence to COVID-19 protocols. Further, the study underscore that the disease and policies related to it disrupted ways of social life; infringed on people's social-cultural rights; and had adverse health consequences. The study recommends a strategic and deliberate reconstruction of the society to restore its sociological functions post COVID-19 pandemic.

**Title:** Knowledge, Attitudes, and Perceptions of COVID-19 Among Healthcare and Non-Healthcare Workers in Sub-Saharan Africa: A Web-Based Survey

**Journal:** *Health Security*

**Publish date:** 16 August 2021

**URL:** <https://www.liebertpub.com/doi/full/10.1089/hs.2020.0208>

**Abstract:**

Due to the current COVID-19 pandemic and associated high mortality in sub-Saharan Africa, there is panic among healthcare workers because of the higher risk of being infected. This study compared knowledge, attitudes, and perceptions of COVID-19 among healthcare workers (HCWs) and non-



healthcare workers (non-HCWs) and examined common associated factors. A web-based cross-sectional study of 1,871 respondents (430 HCWs and 1,441 non-HCWs) was conducted while lockdown measures were in place in 4 regions of sub-Saharan Africa. Data were obtained using a validated self-administered questionnaire via an online survey platform. Mean scores were calculated and summarized using a t test for both groups. Multivariate linear regression analysis was conducted to assess the unadjusted (B) and adjusted coefficients ( $\beta$ ) with a confidence interval (CI) of 95%. The mean scores were slightly higher among HCWs than non-HCWs, but not statistically significant. Being worried about contracting COVID-19 was the only common factor associated with knowledge, attitudes, and perceptions between the 2 groups. Knowledge of COVID-19 was associated with attitudes and perceptions between the 2 groups. Other significant associated factors were: the sub-Saharan Africa region, ages 29 to 38 years ( $\beta = .32$ ; 95% CI, 0.04 to 0.60 for knowledge among non-HCWs), education ( $\beta = -.43$ ; 95% CI, -0.81 to -0.04; and  $\beta = -.95$ ; 95% CI, -1.69 to -0.22, for knowledge among non-HCWs and HCWs, respectively), practice of self-isolation ( $\beta = .71$ ; 95% CI, 0.41 to 1.02 for attitude among non-HCWs and HCWs ( $\beta = .97$ ; 95% CI, 0.45 to 1.49), and home quarantine due to COVID-19, in both groups. Policymakers and healthcare providers should consider these factors when targeting interventions during COVID-19 and other future pandemics.

## **E. COVID-19 EFFECTS ON OTHER DISEASES AND SECTORS**

**1. Title:** Public health-relevant consequences of the COVID-19 pandemic on malaria in sub-Saharan Africa: a scoping review.

**Journal:** *Malaria Journal*

**Publish date:** 11 August 2021

**URL:** <https://dx.doi.org/10.1186/s12936-021-03872-2>

**Abstract:**

### **BACKGROUND:**

The COVID-19 pandemic has resulted in unprecedented challenges to health systems worldwide, including the control of non-COVID-19 diseases.

Malaria cases and deaths may increase due to the direct and indirect effects of the pandemic in malaria-endemic countries, particularly in sub-Saharan Africa (SSA). This scoping review aims to summarize information on public health-relevant effects of the COVID-19 pandemic on the malaria situation in SSA.

#### **METHODS:**

Review of publications and manuscripts on preprint servers, in peer-reviewed journals and in grey literature documents from 1 December, 2019 to 9 June, 2021. A structured search was conducted on different databases using predefined eligibility criteria for the selection of articles.

#### **RESULTS:**

A total of 51 papers have been included in the analysis. Modelling papers have predicted a significant increase in malaria cases and malaria deaths in SSA due to the effects of the COVID-19 pandemic. Many papers provided potential explanations for expected COVID-19 effects on the malaria burden; these ranged from relevant diagnostical and clinical aspects to reduced access to health care services, impaired availability of curative and preventive commodities and medications, and effects on malaria prevention campaigns. Compared to previous years, fewer country reports provided data on the actual number of malaria cases and deaths in 2020, with mixed results. While highly endemic countries reported evidence of decreased malaria cases in health facilities, low endemic countries reported overall higher numbers of malaria cases and deaths in 2020.

#### **CONCLUSIONS:**

The findings from this review provide evidence for a significant but diverse impact of the COVID-19 pandemic on malaria in SSA. There is the need to further investigate the public health consequences of the COVID-19 pandemic on the malaria burden.

2. **Title:** Effect of COVID-19 pandemic on provision of sexual and reproductive health services in primary health facilities in Nigeria: a cross-sectional study

**Journal:** *Reproductive Health*

**Publish date:** 04 August 2021

**URL:** <https://doi.org/10.1186/s12978-021-01217-5>

**Abstract:**

**Background**

Nigeria, like many other countries, has been severely affected by the COVID-19 pandemic. While efforts have been devoted to curtailing the disease, a major concern has been its potential effects on the delivery and utilization of reproductive health care services in the country. The objective of the study was to investigate the extent to which the COVID-19 pandemic and related lockdowns had affected the provision of essential reproductive, maternal, child, and adolescent health (RMCAH) services in primary health care facilities across the Nigerian States.

### **Methods**

This was a cross-sectional study of 307 primary health centres (PHCs) in 30 Local Government Areas in 10 States, representing the six geopolitical regions of the country. A semi-structured interviewer-administered questionnaire was used to obtain data on issues relating to access and provision of RMCAH services before, during and after COVID-19 lockdowns from the head nurses/midwives in the facilities. The questionnaire was entered into Open Data Kit mounted on smartphones. Data were analysed using frequency and percentage, summary statistics, and Kruskal–Wallis test.

### **Results**

Between 76 and 97% of the PHCS offered RMCAH services before the lockdown. Except in antenatal, delivery and adolescent care, there was a decline of between 2 and 6% in all the services during the lockdown and up to 10% decline after the lockdown with variation across and within States. During the lockdown. Full-service delivery was reported by 75.2% whereas 24.8% delivered partial services. There was a significant reduction in clients' utilization of the services during the lockdown, and the difference between States before the pandemic, during, and after the lockdown. Reported difficulties during the lockdown included stock-out of drugs (25.7%), stock-out of contraceptives (25.1%), harassment by the law enforcement agents (76.9%), and transportation difficulties (55.8%). Only 2% of the PHCs reported the availability of gowns, 18% had gloves, 90.1% had hand sanitizers, and a temperature checker was available in 94.1%. Slightly above 10% identified clients with symptoms of COVID-19.

### **Conclusions**

The large proportion of PHCs who provided RMCAH services despite the lockdown demonstrates resilience. Considering the several difficulties reported, and the limited provision of primary protective equipment more effort by the government and non-governmental agencies is recommended

to strengthen delivery of sexual and reproductive health in primary health centres in Nigeria during the pandemic.

**3. Title:** Impact of the COVID-19 pandemic and response on the utilisation of health services in public facilities during the first wave in Kinshasa, the Democratic Republic of the Congo

**Journal:** *BMJ Global Health*

**Publish date:** July 27, 2021

**URL:** <https://gh.bmj.com/content/bmjgh/6/7/e005955.full.pdf>

### **Abstract:**

#### **Introduction**

Health service use among the public can decline during outbreaks and had been predicted among low and middle-income countries during the COVID-19 pandemic. In March 2020, the government of the Democratic Republic of the Congo (DRC) started implementing public health measures across Kinshasa, including strict lockdown measures in the Gombe health zone. Methods Using monthly time series data from the DRC Health Management Information System (January 2018 to December 2020) and interrupted time series with mixed effects segmented Poisson regression models, we evaluated the impact of the pandemic on the use of essential health services (outpatient visits, maternal health, vaccinations, visits for common infectious diseases and non-communicable diseases) during the first wave of the pandemic in Kinshasa. Analyses were stratified by age, sex, health facility and lockdown policy (ie, Gombe vs other health zones).

#### **Results**

Health service use dropped rapidly following the start of the pandemic and ranged from 16% for visits for hypertension to 39% for visits for diabetes. However, reductions were highly concentrated in Gombe (81% decline in outpatient visits) relative to other health zones. When the lockdown was lifted, total visits and visits for infectious diseases and noncommunicable diseases increased approximately twofold. Hospitals were more affected than health centres. Overall, the use of maternal health services and vaccinations was not significantly affected.

#### **Conclusion**

The COVID-19 pandemic resulted in important reductions in health service utilisation in Kinshasa, particularly Gombe. Lifting of lockdown led to a rebound in the level of health service use but it remained lower than prepandemic levels.

4. **Title:** Access to healthcare for people with disabilities in South Africa: Bad at any time, worse during COVID-19?

**Journal:** South African Family Practice

**Publish date:** 19 July 2021

**URL:** <https://doi.org/10.4102/safp.v63i1.5226>

**Abstract:**

People with disabilities, especially those living in low- and middle-income countries, experience significant challenges in accessing healthcare services and support. At times of disasters and emergencies, people with disabilities are further marginalised and excluded. During the coronavirus disease 2019 (COVID-19) pandemic, many people with disabilities are unable to access healthcare facilities, receive therapeutic interventions or rehabilitation, or gain access to medication. Of those who are able to access facilities, many experience challenges, and at times direct discrimination, accessing life-saving treatment such as intensive care unit admission and ventilator support. In addition, research has shown that people with disabilities are at higher risk of contracting the virus because of factors that include the need for interpersonal caregivers and living in residential facilities. We explore some of the challenges that people with disabilities residing in South Africa currently experience in relation to accessing healthcare facilities.

5. **Title:** The Early Impact of COVID-19 on a Cardiovascular Disease Prevention Program in Mukono and Buikwe Districts in Uganda: A Qualitative Study.

**Journal:** *Global Heart*

**Publish date:** 03 August 2021

**URL:** <https://doi.org/10.5334/gh.917>

**Abstract:**

**Background:** In 2011, the United Nations set out an ambitious plan to dramatically reduce the effect of non-communicable diseases (NCDs) including cardiovascular diseases (CVD) in all regions of the world. However, the outbreak of Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-Cov-2) is slowing current efforts and the set targets may not be achieved, yet NCDs have been associated with the risk of more severe COVID-19 disease. In the current study, we explore the early impact of the COVID-19

pandemic on a CVD prevention program in Mukono and Buikwe districts in Uganda.

**Methods:** We collected qualitative data through interviews and mini focus group discussions (FGDs) in the months of May and June 2020. A total of 39 community health workers (CHWs) and 10 healthcare workers (HCW) participated in the study. The data were transcribed verbatim and analysed with the help of the ATLAS.ti software following a content analysis approach. Emerging themes and sub themes were generated and these exemplified with quotations from the transcripts.

**Results:** Negative and positive impact themes were observed. The negative observations were: (1) Disruption of CVD prevention services including halting screening for CVD risk factors at the community and health facility, halting sensitisation and health promotion activities at the community; (2) Reduction in patient health seeking behaviours; (3) Acute health facility staff absenteeism (4) Disruption in reporting and referral mechanisms; and (5) Disruption in supply chain. On the other hand, two positive attributes were observed: (1) Perceived reduction in alcohol consumption; and (2) perceived reduction in crime related psychosocial stress.

**Conclusion:** COVID-19 disrupted the implementation of CVD prevention activities in this low-income context. Screening programs and CVD prevention activities at the community and health facility levels were literally halted mainly due to fear, the non-discriminatory lockdown measures and a lack of medicines and supplies – including personal protective equipment. There is need for a balance in measures to sustain CVDs interventions while controlling the COVID-19 pandemic.

6. **Title:** How COVID-19 Pandemic Worsens the Economic Situation of Women in South Africa

**Journal:** The European Journal of Development Research

**Publish date:** 16, August 2021

**URL:** <https://doi.org/10.1057/s41287-021-00441-w>

**Abstract:** Little is known about the general equilibrium impact COVID-19 induces on different gender groups. This paper addresses the problem of relatively few general equilibrium studies focusing on gender impacts of COVID-19. The analysis uses a gendered Computable General Equilibrium model linked to a microsimulation model that analyses a mild and severe scenario of the pandemic on economic and distributional outcomes for females. Irrespective of scenario, findings show that because women

employment tend to have unskilled labour which is more concentrated in sectors that are hurt the most by COVID-19 response measures, they suffer disproportionately more from higher unemployment than their male counterparts. The poverty outcomes show worsened vulnerability for female-headed households given that, even prior to the pandemic, poverty was already higher amongst women. These simulated results are consistent with recently observed impacts and address research gaps important for well-designed public policies to reverse these trends.

**Title:** Unmasking governance failures: The impact of COVID-19 on small-scale fishing communities in South Africa

**Journal:** *Marine Policy*

**Publish date:** 6, August 2021

**URL:** <https://doi.org/10.1016/j.marpol.2021.104713>

**Abstract:**

The COVID-19 pandemic has highlighted the pre-existing vulnerability of the small-scale fisheries sector in South Africa and exposed the structural inequalities and ongoing injustices facing this sector. The failures within the fisheries governance and management system linked to the slow pace of implementing the Small-scale Fisheries Policy of 2012, have further exacerbated their vulnerability. This paper explores the immediate impacts of the COVID-19 pandemic on the small-scale fisheries sector and exposes how governance failures within the fisheries sector have increased their vulnerability. Restrictions on fishing activities and mobility, closure of conservation areas, unfair fines and arrests, loss of markets and barriers to sale of fish products as well as lack of access to water, have had significant impacts on small-scale fishers and coastal communities. The lack of social protection and the limited emergency relief provided by government further exacerbated their precarious position. Despite their vulnerability, fishers have demonstrated a measure of resilience, supporting those in need with food, lobbying government to amend restrictions and recognise their rights, and challenging efforts to fast-track development and exclude their voices. The crisis has highlighted an urgent need for broad, national level transformation to deal with the poverty and injustices facing poor coastal communities, as well as fisheries-specific policy reform.

7. **Title:** Assessing the economic impact of COVID-19 on the private wildlife industry of South Africa

**Journal:** *Global Ecology and Conservation*

**Publish date:** August 2021

**URL:** <https://doi.org/10.1016/j.gecco.2021.e01633>

**Abstract:**

The world of travel and tourism have perhaps changed forever as a result of COVID-19; considered the worst global pandemic to affect the world, post World War II. The spread of the Coronavirus diseases was considerably attributed to the travel and tourism industry, and with the attempt to curb the spread of the virus, the industry experienced calamitous effects and suffered staggering financial losses. The same accounts for wildlife tourism (Southern Africa's largest product) – bringing the hunting and ecotourism sector of South Africa to a complete standstill. The pandemic accompanied concerning and devastating effects, not only from a financial point of view, but also in terms of the conservation of these sectors within the industry. This paper presents a comprehensive analysis using the data obtained from the members of Wildlife Ranching South Africa (WRSA) to quantify the actual and potential financial losses in the private wildlife industry due to cancellations of hunters and ecotourists, live game sales and finally, game meat sales in the industry. From the results, the estimated financial impact of COVID-19 on the private wildlife industry is R6.694 billion (ZAR). The study made the following three contributions: Firstly, it determined the economic impact of COVID-19 on the private wildlife industry. Secondly, it provides the industry with a tangible document that can be used in securing funding and assistance from government and other non-profit organisations. Thirdly, it shows the importance of this industry to the South African economy and employment, although only applicable to private-owned reserves.