

COVID-19: an African perspective

Dr Clement Kiire expounds on how COVID-19 has affected some of the other disease patterns in Africa

The WHO Regional Office for Africa has just announced that only 14.2% or one in seven – COVID-19 infections are being detected in Africa. COVID-19 detection in Africa so far has focused on testing people reporting to health facilities with symptoms in addition to testing arriving and departing international and regional travellers, leading to large scale under-reporting. Given Africa's young population it is estimated that between 65% and 85% of COVID-19 infections in Africa are asymptomatic. Yet asymptomatic individuals play a key role in facilitating transmission to vulnerable individuals who often suffer severe disease or death.

According to WHO, there have been over 8.4 million COVID-19 cases recorded in Africa, including 214,000 deaths. This is likely to be a gross under-reporting of the true COVID-19 disease burden. Vaccination rates remain low, with only 30% of the African nations having fully vaccinated 10% of their population against the disease compared to nearly 90% in many high-income countries. Just under half of the countries in Africa that have received vaccines have fully vaccinated just 2% or less of their populations.

In view of this, the WHO has launched a new community-based initiative in view of the absence of enough vaccines. This more proactive community programme should help in reducing transmission in a relatively young population which contributes to a high rate of asymptomatic infections. The initiative will use a 'ring strategy' which will target people living within 100 metres radius around each confirmed case to prevent further spread of the disease. This strategy has already been used previously during the recent outbreaks of EBOLA in West and Central Africa. The programme is being rolled out initially in eight African countries including Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Guinea-Bissau, Mozambique, Republic of the Congo, Senegal, and Zambia.

COVID-19 and HIV

There were an estimated 1.5 new HIV infections and 680,000 AIDS related deaths in 2020 worldwide, far higher than the Joint United Nations Programme on HIV/AIDS (UNAIDS) target to limit both to 500,000 per year. The brunt of these infections and deaths was in Africa. Even before the COVID-19 pandemic, a target set by UNAIDS for 73% of HIV positive people to be

Clement Kiire, MD, FRCP (London), FRCP (Edinburgh), FRCP (Glasgow). Consultant Physician & Honorary Professor, Oaklands Hospital, Manchester, UK.



on antiretroviral drugs with full suppression of the HIV virus was missed.

There is no doubt that the COVID-19 pandemic reduced HIV treatment rates globally dealing a blow to the global fight against HIV. Nowhere was this felt more than in Africa. HIV professionals however in some countries battling to maintain services have come up with innovative ways of tackling the problem for example, in South Africa, a mobile medical service carrying nurses, counsellors and supplies of antiretroviral drugs was introduced and this became a lifeline during the COVID-19 lockdowns that made travel impossible. Other measures in some countries have included mailing out prescriptions, scaling up self-testing and video/telephone consultations.

Regarding COVID-19 Vaccination in people with HIV, it should be noted that people with weakened immunity may also have a reduced immune response to COVID-19 Vaccination and additional doses may be required. There is no evidence so far of interaction between HIV drugs and the COVID-19 vaccines and as people with HIV are included in the current clinical trials more data should become available.

COVID-19 and TB

Patients with Tuberculosis (TB) tend to have poorer outcomes following COVID-19 infections. Both pulmonary TB and COVID-19 primarily affect the lungs. In addition, TB patients are usually compromised. There are more than 10 million active TB cases worldwide according to WHO. The majority of these are in Asia especially India and in Africa.

Deaths from TB have increased globally for the first time in more than a decade. According to the WHO Global Tuberculosis Report 2021, rising to 1.5 million in 2020 compared to 1.4 million in 2019. As COVID-19 has swept across the world, Health Systems have come under strain. Lockdowns and stigma have reduced



people's ability to seek care. Reduced access to TB diagnosis and treatment has resulted in increased TB morbidity and mortality. Funding for TB has reduced as the world has concentrated on battling the COVID-19 Pandemic. It should be remembered that TB is second only to COVID-19 as the leading cause of death worldwide from a single infectious agent, according to the WHO.

Access to vaccines

Equitable access to safe and effective vaccines is critical to controlling the COVID-19 pandemic. It is encouraging to see that we now have a range of safe and effective vaccines available as well as others in development.

The COVID-19 pandemic has significantly impacted the whole world. Many people recognise that the control of the pandemic relies on the management of the disease in all countries. Vaccines are widely thought to be at the forefront of a solution to the global pandemic. All countries around the world are trying to provide enough vaccines for their populations but low-income countries have been constrained by several factors in vaccinating their populations.

Low-income countries particularly in Africa are

often constrained in being able to negotiate favourable vaccine supply arrangements and additionally may not have the infrastructure to develop local manufacturing capability. Another barrier is the so called 'Vaccine Nationalism' which refers to the pursuit of vaccines in the national interest such as through supply agreements or export bans, including where this might be to the detriment of other countries. It should be noted that citizens within a country cannot be protected completely against a threat, such as a virus, that does not respect borders. A global public health response to the COVID-19 pandemic requires developing solutions that are not constrained by borders. Many developed countries have now vaccinated significant proportions of their populations while some low-income countries are yet to give a single dose of COVID-19 vaccine.

Public opinion in the developed countries is beginning to realise that COVID-19 will only be contained, and new mutations stopped if the vaccination programme is rolled out throughout the world. While vaccines have been donated, we are not yet having enough vaccines to deal with the COVID-19 pandemic everywhere. We must keep reminding ourselves of the reason for ensuring mass vaccination of the entire world. No one is safe anywhere until everyone is safe everywhere.