In the shadow of the pandemic

Almost three years after the start of the corona pandemic, scientists and health authorities on the African continent are taking stock. She turns out to be mixed. Other diseases were pushed into the background by Covid-19. But there are also successes.

by Leonie March

In particular, vaccination campaigns for children, such as here in 2013 against measles in Senegal, were reduced or interrupted during the pandemic. Some countries have already caught up the deficit - in others the consequences of the pandemic for health care are still painfully felt.

The worst fears have not come true, the "people in Africa" did not die "on the streets", as virologist Christian Drosten predicted in an interview in March 2020. But the pandemic has had massive side effects in many of the continent's more than 50 countries. The fight against other infectious diseases,
prevention and education programs, laboratory capacities and basic health care have been scaled back in view of the focus on Covid-19. Many patients avoided clinics and hospitals for fear of contagion or were unable to reach them because public transport was restricted.

Quarraisha Abdool Karim emphasizes that this situation was a "wake-up call". The South African is one of the world’s leading HIV scientists and sits on the steering committee of UNAIDS. On the African continent, HIV/AIDS is still one of the leading causes of death, with more than 400,000 deaths in 2019. Abdool Karim’s home country of South Africa has the highest number of HIV-infected people in the world – almost eight million people. One lesson from Corona is clear, says Abdool Karim: »We cannot drop everything as soon as a new epidemic or pandemic begins. There are consequences if we simply freeze measures to fight HIV or tuberculosis as soon as a new virus becomes rampant.« These consequences include, for example, preventable new infections or drug resistance.

»We cannot drop everything as soon as a new epidemic or pandemic begins«
Quarraisha Abdool Karim, UNAIDS Steering Committee

As everywhere on the continent, the South African government imposed a lockdown as the first measure to prevent the chronically overburdened health systems from collapsing. Routine health services have been curtailed or temporarily halted. That was also necessary at the time when the Sars-CoV-2 virus was still little researched, says Abdool Karim. "The HIV and other central services were reopened very quickly,
within a few weeks." That was crucial for seamless treatment - around five and a half million HIV-positive people in South Africa take antiretroviral drugs.

**Less HIV testing during the pandemic**

"However, various studies show an effect of the pandemic on HIV tests and the start of treatment," says Abdool Karim. The result: Significantly fewer South Africans took an HIV test, and significantly fewer began treatment with medication. According to statistics from the Global Fund to Fight AIDS, Malaria and Tuberculosis, the number of HIV tests across Africa fell by around 40 percent in 2021 compared to 2019. This was a major setback, because in order to reduce new infections, it is crucial that people know their status and the viral load is reduced by medication.

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**HIV Information Campaign** | A mural in Assahoun, Togo, gives health advice on how to avoid AIDS. During the corona pandemic, tests for the infectious disease in particular have declined significantly.

Abdool Karim sees two reasons for this decline: the capacities of the clinics focused on Covid-19 and a new pattern of patient behavior. "They were afraid of catching Covid-19 in the health facilities." That was the case, especially at the beginning, but
tests and new treatments have increased again in the meantime. Although not as quickly as she would have liked, the researcher adds.

In countries like East African Rwanda, HIV programs were soon back on track. "This is mainly thanks to the cooperation with our strong civil society network," emphasizes Eric Remera. The doctor heads the HIV department at the Rwanda Biomedical Centre, an agency that puts the Ministry of Health’s plans into practice. So-called peer educators are in close contact with patients and risk groups. For example, they distributed HIV self-tests during the pandemic and set up a hotline for questions from the population. “These are people everyone respects and trusts,” explains Remera; who would know who had problems and who needed new medication. In addition, patients who are on stable medication can also receive prescriptions for three to six months. “The lockdown lasted 45 days and around 75 percent of patients have at least a three-month supply. So it had little impact,” Remera said.

**The effects of the lockdown remained limited**

A similar system has also proven itself with regard to other infectious diseases such as malaria. As in many African countries, community health workers in Rwanda are the first point of contact for health issues in their villages. During the lockdown, they were able to move about freely, handing out mosquito nets directly to households, conducting tests and making sure patients were treated quickly. In this way, the care of the population was ensured even at a time when many people were unsure and did not dare to go to the clinics. In this way, it was possible to prevent the corona pandemic from permanently affecting the fight against malaria, HIV and tuberculosis – at least in Rwanda. Not all countries on the continent have been so successful.
"Vaccination campaigns for children under five have been severely disrupted"

Matshidiso Moeti, WHO Regional Director for Africa

The focus of health systems on Covid-19 for women and children in many African countries had a clear impact. Family planning programs were interrupted, the number of safe births in clinics fell, pre- and post-natal care for pregnant women and newborns was restricted, as was intensive care treatment. At a virtual press conference in late January, WHO Regional Director for Africa Matshidiso Moeti highlighted the failures in routine immunizations: "Vaccination campaigns for children under five have been disrupted in significant ways."

Millions of young children have not received primary immunization against diseases such as polio, yellow fever, meningitis, diphtheria or measles. These diseases are now breaking out again. The number of measles cases in the first quarter of 2022 was 400 percent higher than in the same period of the previous year. Outbreaks have been registered in 20 African countries, Moeti said. This accumulation is "unprecedented" and can be counted among the "effects of the Covid-19 pandemic". Campaigns were then launched throughout the region, which are now having an effect: "Not only have we caught up, but in 2022 we had higher vaccination rates than before the pandemic," Moeti sums up.

One of the countries hit by a measles outbreak is Liberia in West Africa. The country's Minister of Health, Wilhelmina Jallah, attributed this to "vaccination myths", among other things, at the press conference. "Everywhere people were
afraid that they would be infected with Covid-19 through the vaccination and they stopped taking their children to the clinics.” Educational campaigns with the help of citizens in the communities had had an effect, but only “late”. Many children had missed the measles vaccination, and outbreaks had occurred in several parts of the country. “We learned from this that the communities have to be involved from the start,” says Jallah. Vaccination concerns now seem to have been dispelled. Liberia is one of the African countries with the highest corona vaccination rate.

The pandemic is also a success story in Africa

According to the WHO Africa Director, successes like this deserve more attention: “Sometimes we focus too much on the negative effects of the pandemic. We learned a lot, built new capacities and expanded the reach of our health services.» The investments in the fight against Covid-19 had paid off and continued to have an impact after the pandemic. For example, the intensive care bed capacity has been expanded, which will also benefit patients with other diseases in the future. In addition, the mechanisms and structures for dealing with future health emergencies have been strengthened.

It is now a matter of implementing proven strategies and better preparing the countries in the region for future pandemics. This requires access to integrated health services, solid data, vaccines and, last but not least, the cooperation of the population. Moeti also emphasizes the importance of communities and civil society organizations. They played a "central role" during the pandemic and could continue to help improve access to health services in the future.

This access must not only exist, but also be fair and inclusive, emphasizes the South African HIV researcher Quarraisha Abdool Karim. Because as you strengthen health systems, you
always have to think about who might be left behind. Information, prevention and treatment should be open to everyone, without exclusion, fear of discrimination or stigmatization. According to the motto »Leave no one behind«, coined by WHO Director-General Ghebreyesus. "If not everyone benefits if we continue to think in terms of 'us and them', then we'll still be having this conversation in 20 years' time," says Abdool Karim. This can also be understood as a dig at the unequal global vaccine distribution during the corona pandemic.

As the threat from Covid-19 decreases, concerns about cholera outbreaks in 10 African countries are growing, says WHO Africa Director Moeti. Estimates assume 26,000 cases and 660 deaths in January alone. This corresponds to about a third of the total cases of the previous year. Although these outbreaks are not a consequence of a pandemic in the narrower sense, they do make it clear that the African continent is constantly fighting infectious diseases. And, Moeti adds: »The increasing number of countries in which cholera is breaking out is putting immense pressure on the worldwide limited vaccine stocks.« Against this background, too, Moeti is supporting the expansion and construction of vaccine production facilities on the African continent. So that the next pandemic will bring fewer side effects.

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