Editorial

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The Bad

The COVID-19 pandemic is now considered the worst human disaster of the 21st century. Correctly so because it spread across the entire globe in less than 2 months, and within two years of its appearance as a human disease virus infected over 600 million people, and accounted for over 6million deaths. A case fatality of about 1% at this global scale resulted in such mortality, unimaginable to our modern society. In Zambia, the two-year window scathed us with greater than 333 thousand confirmed cases and over 4 thousand deaths: even when absolute numbers were lower, the case fatality was 1.2% and is consistent with the global trend.
Of significant note, the distribution of cases and deaths was not skewed to the under developed world as is usually the situation with infectious diseases; COVID-19 almost affected the west and north more than the global south. The top twenty most affected countries in terms of crude mortality numbers include predominantly those with the greatest GDP. Many were tempted to even consider COVID-19 as being selective towards the wealthy; but the truth is that in the under developed world the levels of testing and true mortality burden was not really ascertained.

The COVID-19 pandemic impacted all spheres of human endaevour. In the United States, hospitals and healthcare systems alone reportedly experienced financial losses up to $50.7 billion, while low- and middle-income countries have together been losing $52 billion each month because of COVID 19. No clear estimates have been reported on the economic impacts in most developing countries including Zambia, but one World Bank report showed that the national poverty headcount rate increased from 54.4 % in 2015 to 55.8% in 2019 and then jumping to 57.6 % in 2020, and presumably will be higher with the 2022 estimate. It is logical to attribute this poverty impact to COVID-19 given the economic meltdown that occurred. Other local reports highlight a drop in academic performance of students in secondary school leaving examinations in 2020 and 2021. Further still, there are numerous anecdotes of local and international businesses that slowed or closed during the lock down period and many failed to bounce back.

Unlike past pandemic crises with idiosyncratic shocks having dominant effects, Marinke Skare et al report that COVID-19 has a greater negative impact also because of travel restrictions and sustained border closures that resulted in "common shocks", otherwise also referred to as "globalization effect" on the domestic tourism industry. They report a world level hit on travel and tourism industry's contribution to the GDP declining down to −12.8 US$ trillion with commensurate shrinks in employment estimated at 514.080 million lost jobs.

The negative impacts of mortality from COVID-19 pandemic added to increased number of orphans globally. Susan Hills et al report that it took the HIV/AIDS pandemic 12 years to generate up to 7 million orphans; but it has taken COVID-19 under 2 years to generate the same number of orphans globally. They estimate that in Zambia, nearly 62,000 children lost at least a primary caregiver between 2020 and 2022 linked to COVID 19.

Further reports from Kenya the speculated the because of the COVID-19 lockdown, there was increased incidence of gender-based violence within the homes, and that teenage pregnancies also increased because young girls were not going to school.

The pandemic generally also attracted unprecedented funding that skewed the already stretched health systems toward paying much, if not all attention to one problem at the expense of other routine health care issues.
Given the global scale of the COVID-19 pandemic, it was inevitable that immediate mitigating programs are adopted across the globe. Massive injection of support was received, and in Zambia the covid vaccination drive alone received an estimated XXXX as direct donor and partner support as well as government financing. Unfortunately, these resources implied verticalization of COVID-19 programs in an emergency sense that took center stage with negative impact on other routine programmes; of particular note is the program on child immunization. To illustrate this impact, we briefly reviewed the trend on coverage of routine Diphtheria, Tetanus and Pertussis (DTP) as well as Measles vaccination between 2018 and 2022. All indicators of performance declined from 2021-2022 which coincides with the COVID 19 pandemic activities. For example, between 2019 and 2022, Measle dose 1 coverage dropped from 100% to 77%; during the same period, fully immunized child under 1 child coverage dropped from 84% to 74%. It must not be surprising that we now see pockets of measles and rubella outbreaks later in 2022 in parts of Northwestern and Southern provinces. This trend

And Now the Good

There is also a beneficial or good side of the COVID-19 pandemic. The challenges inflicted by the pandemic previously invisible weaknesses and healthcare inequities globally and locally. Exposure of aspects that required fixing therefore is a good outcome from the scourge.

First, the influx of resources not only demonstrated the global financial stretch possible, but the funds themselves have had trickle down effects in country economies, when most businesses actually closed. The infrastructure set up as isolation centers have remained and now adapted to expand health care facilities. The oxygen production plants and allied accessories are already proving to be a great resource to support facility operating theatres and other needs for oxygen in caring for routine patients. The same goes for the ambulances procured as well as other equipment. Laboratory sequencing equipment are particularly worth noting as the drive to identify SAR Cov-2 variants resulted in influx of capital heavy sequencing equipment which otherwise would never have been purchased. The equipment came with human resource training through short and practical courses on genomic sequencing and bioinformatics. These equipment and competences remaining will now be available for application to broader pathogens of interest.

The second benefit from the pandemic was the transformational technology innovation that resulted in unprecedented rapid vaccine development time frames. COVID -19 vaccine development time completely defied the historically held view that it must take 15-20 years at best, to develop and deploy a vaccine. The messenger RNA technology completely revolutionized the vaccine production process churning out millions of doses in a short period of time.
With the availability of the COVID-19 vaccines came a lot of revelations on global health care access inequities. Many African countries, through the Africa CDC learned the hard way to negotiate for access when they set up the African Vaccine Access Trust (AVAT) which required prior government commitment to purchase and to pay for vaccines before they are allocated doses. The AVAT mechanism itself has had further lessons (no so good) in that after commitments to pay for vaccines were made by many African governments -including Zambia, and not much long later on, many “free” donations became available.

Thirdly, we learned very difficult lessons about deployment of vaccines to adult populations in Zambia. COVID-19 vaccines categorically taught us the adult person only goes to a health facility when they are really afraid for their lives and will not go for preventive purposes in general. As such, we have learned that to deploy vaccines for adults, the health system has to practically push the vaccines to the people and that at a very high cost.

We also learned that myths and misconceptions driven by social media platforms have the capacity to completely block life-saving interventions if not addressed properly. Many countries have failed to achieve desired vaccination targets primarily because of failure to counter anti-vaccine social media movements. In Zambia, it was necessary to engage everyone structure from the head of state, parliamentarians, civic leadership, religious and traditional leadership, community gate keepers and their structures to bring vaccine acceptance.

Lastly, the COVID-19 pandemic taught the world about working remotely in isolation. The required technology resulted in an immediate upsurge in business for platforms such as Zoom, Teams Meet and others. Inevitably, many institutions were compelled to procure needed facilities resulting into some continued productivity even when isolation was the norm.