

GET JOURNAL OF
& **B**IOSECURITY
ONE HEALTH

PUBLISHED BY:

**Global Emerging Pathogens
Treatment Consortium**

JOURNAL WEBSITE

www.getjournal.org

Date Received: September 10,
2022

Date Reviewed: October 25, 2022

Date Accepted: March 16, 2023

Re-Emergence of Monkeypox Amidst COVID-19 Pandemic in Africa: What is the Fate of the African Healthcare System?

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ABSTRACT

The continuous rise in the number of monkeypox cases amidst the ongoing COVID-19 pandemic in Africa calls for concern, especially regarding its possible impact on the healthcare system. The current state of the healthcare system contributes substantially to the limitation of COVID-19 elimination in the region, which shows the poor state of the system. The re-emergence of the monkeypox virus amidst the pandemic means that the system must be strengthened to provide quality healthcare delivery for Africans. Therefore, it is high time that African health policymakers and governments begin to make decisions, decisions that will determine the fate of the African healthcare system and, consequently, the lives of people living in Africa in the ongoing event of COVID-19 and monkeypox.

Keywords: COVID-19; Monkeypox; Africa; Healthcare System.

INTRODUCTION

Right before the pandemic, the healthcare system in Africa is not a priority [1]. The pandemic revealed how dilapidated the healthcare system and health infrastructures in most African countries are [2]. More than 250,000 people have lost their lives to the event of COVID-19 pandemic in Africa. This, again, among many other things, shows the fragility of the healthcare system and its resuscitative power amidst infectious burdens [2]. The impacts of the COVID-19 pandemic are felt all over the world. Its effects are not limited to the apparent socioeconomic impact but also cut across the global healthcare systems leading to the advancement of the already existing health inequity [3].

In July 2022, the World Health Organization (WHO) declared the monkeypox outbreak a global emergency of international concern [4]. As of 17th August 2022, 37,736 laboratory-confirmed cases of monkeypox, 179 suspected cases, and 12 fatalities have been recorded in all the WHO six regions. African countries bear most of the disease burden and casualties [5].

In this paper, we are evaluating the impacts of the re-emergence of monkeypox amidst the ongoing COVID-19 pandemic in Africa on its healthcare system and provide recommendations to improve healthcare delivery amidst the disease burden.

Current COVID-19 Elimination Approaches in Africa

Several pharmaceutical and non-pharmaceutical interventions (NPIs) have been used worldwide to contain the COVID-19 viral scourge and are still in use in Africa. The non-pharmaceutical means comprising general hygiene, such as frequent washing of hands, use of hand sanitizers, wearing of nose masks, physical distancing, self-isolation, quarantine of symptomatic individuals, and limited social engagements, are still encouraged [6,7]. Similarly, attendants in public gatherings are regulated, and workers at certain levels and grades are encouraged to work from their homes [6].

Pharmaceutical intervention includes the use of drugs and vaccines. The COVAX vaccine was the first dose of Vaccine rollout in Africa, with a percentage distribution of 61.3%. Others which came in are BILATERAL with 27.5% and AVAX with 11.2% [8]. Despite the growing public awareness of the need for vaccination and emerging more virulent variants, Africa is currently undersupplied with vaccines. In January 2022, merely 10% of Africa's population had been vaccinated. Furthermore, as of May 2022, only about 169 million people had completed vaccination [9]. So, more vaccine distribution and administration, including booster doses, are advocated in Africa [10].

Elimination of COVID-19 is progressing effectively in Africa as the number of casualties has drastically reduced [10]; however, the efforts are not without confrontations. A poor surveillance system to monitor the spread and evolution of COVID-19 in many parts of Africa and pre-existing health conditions in various classes of individuals interfere with treatment and thereby sabotage the disease elimination effort [11]. Also, the poor healthcare systems in Africa contribute substantially to the limitation of COVID-19 elimination in the region. Most COVID-19 mortality cases were related to Africa's economic status and, invariably, its healthcare facilities [11]. The vulnerability and fragility of the healthcare systems in Africa have become visible amidst the pandemic, considering the burden and the transmission rate of COVID-19 cases in the continent. The system lacks the capacity to contain the outbreak, has insufficient testing kits, and is grossly underfunded [12].

The Current Burden of Monkeypox in Africa

The first human case of monkeypox was detected in the Democratic Republic of Congo in 1970. Ever since then, the disease has become endemic in 11 African countries [13]. In May 2022, the re-emergence of the disease surfaced as more cases

of the virus were recorded in Europe and North America. Most cases were from people with travel histories from endemic countries, and some were identified with sexual activities [14]. Since the outbreak, the Democratic Republic of Congo, Nigeria, and Ghana have been the most affected African countries. Some West and Central African countries like the Central African Republic, Cameroon, Gabon, Liberia, Sierra Leone, and Ivory Coast are also affected [13]. There are two major clades of monkeypox. One is the West African clade, which is less transmissible with a case-fatality rate (CFR) of about 3-6%. The second is the Central Africa clade, which is more transmissible and with a higher case fatality of about 10% [13]. Cameroon is the only country reporting the cases of both clades [13].

Since January 2022, over 3,500 cases of monkeypox have been recorded in Africa, with 107 (CFR of 3%) mortality cases [15]. Nigeria has recorded 241 cases in 34 states and 6 death cases [15]. In the Democratic Republic of Congo, the country has recorded over 160 confirmed cases and 93 deaths in 2022 alone. South Africa, Morocco, the Republic of the Congo, and Liberia have no death records but confirmed cases of 5, 3, 3, and 2, respectively [15,16]. As of September 2022, Ghana has 56 total confirmed cases and 3 death. The Central African Republic, in 2022, also has 8 confirmed cases and has reported 2 mortality cases [16].

The Fate of the African Healthcare System

Despite its first appearance many decades ago, the monkeypox virus has yet to be eradicated. Monkeypox virus has been shown to share some similarities with the smallpox virus, including belonging to the same family of orthopoxviruses. Smallpox was eradicated after several vaccination campaigns globally —the WHO identifies the smallpox vaccine to be 85% effective against the monkeypox virus [17]. The COVID-19 pandemic caught the African continent, among other regions, by surprise. Some sectors in various countries have yet to recover from this outbreak.

The African healthcare system is seen as fragile and has been heavily hit by the appearance of the novel SARS-CoV-2 disease, which ravaged the world. The poor healthcare system has been further exacerbated by the emergence of the COVID-19 pandemic [18] and the re-emergence of the monkeypox virus. This further emphasizes why no stone should be left unturned toward upgrading and overhauling the sub-par healthcare systems being run by African countries. Aside from the lack of enough facilities and infrastructures to respond to emergencies,

strategic plans, implementation, and monitoring, the risk management measures are not sufficiently enforced. Diseases will spread under uncontrolled movement to and from a nation during an ongoing pandemic or epidemic unless a way is found to control movements, especially from a highly affected region. Although most of the monkeypox cases in Africa have emanated from Nigeria, Ghana, and the Democratic Republic of Congo [19], the threat this has on the African region is not insignificant.

The fate of the African healthcare system will only be promising should all multisectoral approaches, partnerships, and recommendations by the WHO be swiftly adhered to. Infrastructures for vaccine production, quick testing, surveillance, and equitable access to interventions must be adequately set up. COVID-19 vaccination efforts in some African countries have been promising, as Mauritius, Seychelles, and Rwanda have surpassed the complete vaccination of 70% of their population; however, just 18.5% of the African population have received complete vaccination of the COVID-19 vaccine as of 31st July 2022 [20]. On the other hand, vaccination against the monkeypox virus has not begun in Africa despite recording over 580 confirmed virus cases across 11 African countries [19]. Eradicating re-emerging disease outbreaks may not be possible if serious efforts are not channelled equitably to underserved regions like Africa - a region known for its poor healthcare delivery and response. Central and West Africa have been experiencing monkeypox outbreaks. However, there have not been any vaccination efforts focused on these areas.

Beyond the re-emergence of the monkeypox virus, the preparedness level of every African country against future pandemics should be significantly strengthened [2]. The improvements so far going forward have been so little. Africa will continue to experience disease outbreaks [18] as expected or unplanned, and it is only for the best that the region is at least well prepared to respond. There is a need for a will for capacity and the capability to contain future pandemics in Africa. These can only be attained by strengthening the healthcare systems in preparedness and response to sudden health challenges such as pandemics and epidemics. Africa must stop being the last region to access improved care, vaccine, and quality healthcare delivery.

The monkeypox virus is not as deadly and spreads less quickly than the coronavirus; however, responses against this virus should be coordinated and monitored. The state of the African healthcare system needs adequate funding, support, and a multisectoral approach.

Hence, efforts must be coordinated to ensure that these supports and interventions are evenly distributed and timely. Good governance and political will are jointly needed for a better healthcare system in the African region. To reduce the health burden, promote vaccine equity, increase preparedness and eradicate unprecedented outbreaks through better responses. These give a better fate and promising state to the underlying woes and rising health challenges currently faced in the continent.

CONCLUSION

The fate of the African healthcare system lies majorly on the Africans, their health policymakers and the government. The event of COVID-19 and the recent re-emergence of the monkeypox virus though pose a threat to the poor healthcare system; however, our collective, rapid and strategic responses to this threat would determine the fate of our healthcare system. We can mobilize resources to upgrade the system to improve healthcare delivery, prioritize the healthcare system and make informed health decisions that safeguard the citizens against COVID-19, monkeypox, and future pandemic, or choose to give no priority to the health system. Whatever we choose will tell what becomes of the healthcare system and, consequently, the quality of our lives in Africa.

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