

## Coronavirus Pandemic

# COVID-19 and its intersect with ethics and human rights in Sub-Saharan Africa

Farirai Mutenherwa<sup>1</sup>, Rouzeh Eghtessadi<sup>2</sup>, Tafadzwa Dzinamarira<sup>3</sup>, Godfrey Musuka<sup>4</sup>

<sup>1</sup> Biomedical Research and Training Institute, Harare, Zimbabwe

<sup>2</sup> SFAIDS, Regional Office, Harare, Zimbabwe

<sup>3</sup> College of Medicine and Health Sciences, University of Rwanda, Rwanda

<sup>4</sup> ICAP in Zimbabwe, Harare, Zimbabwe

### Abstract

Confirmed new cases of Coronavirus disease 2019 (COVID-19) have accelerated in Sub-Saharan Africa against a backdrop of fragile health systems, a high burden of comorbidities and socioeconomic instability. The context makes the region particularly vulnerable to the virus and its impact. As cases escalate, the need to tailor-make COVID-19-related response strategies to the African context is imperative. This paper aims to discuss key considerations on the public health response to the pandemic and its intersection with ethics and human rights. With this perspective, we bring attention to the conflict between healthcare workers' obligations and patient rights under the unclear policy and regulatory frameworks and the application of restrictive measures in the context of poverty. The indirect effects of the pandemic on already existing health problems are also highlighted. We appeal to the African States to establish appropriate systems which integrate human rights-based approaches to COVID-19 response. These systems should be ethically sound systems and ensure no-one is left behind in terms of testing, access to therapeutics and vaccination, and social protection; based on lessons learned over the past 12 months of the pandemic's presence in SSA, and patterns emerging across the globe.

**Key words:** COVID-19; ethics; human rights; public health; health policy.

*J Infect Dev Ctries* 2021; 15(7):910-912. doi:10.3855/jidc.14795

(Received 28 January 2021 – Accepted 24 March 2021)

Copyright © 2021 Mutenherwa *et al.* This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Dear Editor,

COVID-19 cases have continued to escalate across the globe with varying impacts across the continents and territories. Although the problem is global, its impact and its most cost-effective response differ across countries and regions, which require practically oriented and context-specific approaches. Building on the guidance that has been provided by the World Health Organization [1], we highlight some key considerations on the public health response to COVID-19, and its intersect with ethics and human rights. These are important for African States to prioritize, as efforts to contain the pandemic intensifies across the region. This paper aims to discuss key considerations on the public health response to the pandemic and its intersection with ethics and human rights. With this perspective, we bring attention to the conflict between healthcare workers' obligations and patient rights under the unclear policy and regulatory frameworks and the application of restrictive measures in the context of poverty.

The containment of COVID-19 lies in infection control measures, which involve testing, tracing, physical distancing, correct and consistent use of masks, and hand hygiene. Universal testing plays a critical role in identifying infected individuals who require isolation [2]. This is particularly important considering the risk of transmission by asymptomatic individuals [3,4]. Universal testing also helps to identify recoveries, and it can be a useful index for monitoring the impact of the pandemic. It is, therefore, imperative that testing efforts keep at pace with the pandemic. However, health systems in most countries in Sub-Saharan Africa (SSA) are fragile [5]. Characterized by inadequate funding and human resources, limited institutional capacity, and lack of transparency and accountability, it is unsurprising that, to date, most African countries are struggling to achieve widespread COVID-19 testing. The low testing coverage significantly distorts the true picture of the pandemic and curtails timely mitigation efforts.

COVID-19 has affected resource allocation, and the consequences will likely be severe in countries with a high burden of co-morbidities. Not only has the pandemic diverted clinical attention from already existing health problems within the continent; basic health care, and other preventable or treatable diseases have also been overshadowed. It is estimated that in low-income and middle-income countries, HIV, TB, and malaria deaths could increase by 10%, 20%, and 36%, respectively, compared to if there was no COVID-19 pandemic [6]. Similarly, under the most severe scenario, a modelling study projected that an additional 1,157,000 and 56,700 child deaths and maternal deaths respectively, will be attributed to COVID-19 response strategies in low-income and middle-income countries [7].

As health facilities become overwhelmed, the impact of the pandemic on patient's rights has become apparent. In Zimbabwe, some private and public hospitals now require a confirmed COVID-19 negative test result before patients can access treatment and care services [8]. Patients without the certificate are denied access ostensibly to protect the health-care worker from infection and also to minimise pressure on the health care system. Such developments constitute a gross violation of the Patient's Charter and are indicative of the fluid relationship between human rights and the right to health. It also exposes the weaknesses in the enforcement of international guidelines and conventions in low resource settings, particularly during pandemics. Admittedly, healthcare workers are at an increased risk of infection due to poor working conditions and health facilities are overly strained. However, there is a need for a delicate balance between patient rights, the benefits, and potential risks of harm to the patient, the health care worker, and the community at large.

Most people in SSA live below the poverty datum line and due to COVID-19-induced restrictive measures, livelihood opportunities have been adversely affected. Hunger and an economic crisis have emerged alongside the pandemic. More disconcerting is entire economies being stalled, with no corresponding humanitarian backup strategies from governments to counter the loss of income at a household level caused by lockdown restrictions. In the absence of appropriate social security nets, expecting citizens to stay at home is practically impossible and inhumane, as the majority live from hand-to-mouth. With limited access to basic health care, social services, or social protection, this constitutes gross human rights violations. Failure by African leaders to integrate human rights consciously

within the COVID-19 response will derail efforts to achieve the sustainable development goals (SDGs). Furthermore, post-COVID-19, recovery efforts may equally be an economic burden if human rights considerations are not properly addressed during the pandemic. Huge amounts of resources would need to be channeled to the adverse gross by-products of human rights abuse including dealing with those deprived of their livelihoods, impoverished, survivors of abuse, or seriously ill from other ailments.

### **Research ethics and regulation**

Research on COVID-19 patients in Africa will generate the evidence base for effective healthcare services, tailored to the population, which could also be extrapolated to other contexts and future epidemics. However, history has taught us valuable lessons that could be applied to the current crisis. Severe and often dramatic challenges associated with ethical research in the context of viral outbreaks exist, which require serious reflection and consideration. During the Ebola outbreak, the collection, storage, and use of biological specimens occurred under questionable ethical practices, primarily because of compromised research regulatory frameworks. Despite the urgency, ethical and scientific norms and standards should not be compromised on COVID-19-related research. Rather, ethics review procedures should be expedited [9].

In the context of SSA, where health systems are severely compromised and fragile, a conducive policy regulatory framework that harmonizes traditional and herbal medicine with modern medicine is imperative [10]. Countries in SSA could benefit more from the clinical study of herbal medicines and their regulatory approval. The presentation of traditional therapeutics in a safe and validated form may counter bogus therapies, under the guise of traditional medicine. Such "medication" may give a false sense of hope and protection.

The availability of COVID-19 vaccine candidates has incited a new controversy into equitable distribution and access [11]. An estimated 1.5 billion doses of vaccine are required to vaccinate 60% of the African population [12]. In the context of the underdeveloped infrastructure, vaccine distribution may be impossible to do well as some of the vaccines currently available require extremely low temperatures to maintain their viability which will be extremely difficult to implement in most African countries. Most of the vaccine has been pre-purchased by developed countries and supplies for Africa are not likely to be available in the next two years [13]. The dilemma is what needs to be done differently

to ensure that Africa is not left out in the early distribution of the vaccine developed by the Western countries.

## Conclusions

SSA appears to have been spared from the worst of the COVID-19 pandemic [14], though the emergence of new virus variants may challenge this trend. Poor healthcare systems, compounded by an economic and hunger crisis, requires that leaders take cognizance of their unique context and take active and sustained measures to protect the health of staff and patients alike. We call on SSA governments to establish ethically sound systems that ensure no-one is left behind in terms of testing, access to therapeutics and vaccination, and social protection; based on lessons learned over the past 12 months of the pandemic's presence in SSA, and patterns emerging across the globe.

## Funding

The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

## Disclaimer

The views expressed in this perspective are of the authors and do not reflect the official positions of their institutions.

## References

- World Health Organization (WHO) (2020) Ethics and COVID-19. Available: <https://www.who.int/teams/research-for-health/covid-19>. Accessed 12 August 2020.
- Dzinamarira T, Mukwenha S, Eghtessadi R, Cuadros DF, Mhlanga G, Musuka G (2020) Coronavirus disease 2019 (COVID-19) response in Zimbabwe: a call for urgent scale-up of testing to meet national capacity. *Clin Infect Dis* 72: e667-e674.
- Lee S, Kim T, Lee E, Lee C, Kim H, Rhee H, Park SY, Son HJ, Yu S, Park JW, Choo EJ (2020) Clinical course and molecular viral shedding among asymptomatic and symptomatic patients with SARS-CoV-2 infection in a community treatment center in the Republic of Korea. *JAMA Intern Med* 180: 1447-1452.
- Huff HV, Singh A (2020) Asymptomatic transmission during the COVID-19 pandemic and implications for public health strategies. *Clin Infect Dis* 71: 2752-2756.
- Azevedo MJ (2017) The state of health system(s) in Africa: challenges and opportunities. In: Azevedo MJ, editor. *Historical Perspectives on the State of Health and Health Systems in Africa, Volume II: African Histories and Modernities*. Palgrave, Macmillan, Cham: Springer International Publishing. 1-73.
- Hogan AB, Jewell BL, Sherrard-Smith E, Vesga JF, Watson OJ, Whittaker C, Hamlet A, Smith JA, Winskill P, Verity R, Baguelin M (2020) Potential impact of the COVID-19 pandemic on HIV, tuberculosis, and malaria in low-income and middle-income countries: a modelling study. *Lancet Glob Health* 8: e1132-e1141.
- Roberton T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y, Sawadogo-Lewis T, Walker N (2020) Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. *Lancet Glob Health* 8: e901-e8.
- Dziva-Chikwari C (2020) Coronavirus in Zimbabwe 2020. Available: <https://www.thinkglobalhealth.org/article/coronavirus-zimbabwe>. Accessed: 4 January 2021.
- Mutenherwa F (2020) Ethical challenges of COVID-19. Available: <https://group.sagepub.com/blog/research-publishing/ethical-challenges-of-covid-19>. Accessed 4 January 2021.
- Monera-Penduka TG, Maponga CC, Morse GD, Nhachi CFB (2017) Capacity for ethical and regulatory review of herbal trials in developing countries: a case study of *Moringa oleifera* research in HIV-infected patients. *J Pharm Policy Pract* 10: 9.
- Dzinamarira, T., Nachipo, B., Phiri, B. and Musuka, G (2021) COVID-19 vaccine roll-out in South Africa and Zimbabwe: urgent need to address community preparedness, fears and hesitancy. *Vaccines*, 9: 250.
- Nkengasong JN, Ndembu N, Tshangela A, Raji T (2020) COVID-19 vaccines: how to ensure Africa has access. Available: <https://www.nature.com/articles/d41586-020-02774-8> Accessed 4 January 2021.
- Edward-Ekpu U (2020) The challenges African countries face to get hold of the Covid-19 vaccine. Available: <https://qz.com/africa/1933022/africa-faces-major-challenges-to-get-pfizer-covid-19-vaccine/>. Accessed 4 January 2021.
- Chitungo I, Dzobo M, Hlongwa M, Dzinamarira T (2020) COVID-19: unpacking the low number of cases in Africa. *Public Health Pract (Oxf)* 1: 100038.

## Corresponding author

Tafadzwa Dzinamarira, PhD  
College of Medicine and Health Sciences, University of Rwanda,  
KK 737 Street, Gikondo, Kigali PO BOX 4285, Kigali, Rwanda  
Phone: +250-252-600-867 ext. 112  
Email: [anthonydzina@gmail.com](mailto:anthonydzina@gmail.com)

**Conflict of interests:** No conflict of interests is declared.