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EDITORIAL

Global Health Challenges – A Reflection on the Last One Year

We are pleased to present the last edition of the West African Journal of Medicine for 2022, a highly remarkable and momentous year for global public health. The last one year has experienced increasing threat to access to quality care and mounting inequalities in healthcare globally.

This can be attributed to wars and regional conflicts,¹⁻⁴ increased cross-border migrations (both legal and illegal);^{5,6} floods in different regions of the world, with resultant displacements and the spread of waterborne diseases;⁷⁻⁹ global inflation and its impact on national resources including available funds for health;^{10,11} the upsurge of viral infections such as monkey pox virus and respiratory syncytial virus, while still battling COVID-19;¹²⁻¹⁵ and a growing mental health crisis worsened by the aforementioned and several other factors.¹⁶

Barely recovering from the COVID-19 pandemic which gravely impacted healthcare delivery globally, the health sector was faced with the news of the Russian-Ukraine War, worsening ethnic conflicts in the Tigray region of Ethiopia and many parts of Africa, and escalation of the Middle-East crisis with continuing fallout from conflict in Afghanistan.^{1,2} These have precipitated major health challenges with destruction of lives and infrastructure including healthcare facilities, increased healthcare demand for management of war injuries and disabilities, and increased spread of COVID-19, HIV/AIDS and tuberculosis.^{2,3} There has also been worsening prevalence of chronic non-communicable diseases due to poor access to healthcare and disrupted delivery of healthcare and supplies; all

of which have put health systems and health care workers under enormous pressure.¹⁻³

With over 281 million international migrants globally and 84 million being forcibly displaced, health outcomes among migrants and refugees are far from being optimal.⁴ Migrants and refugees mostly face untoward circumstances and health challenges in internally displaced peoples' camps or refugee camps in countries of transit or destination, due to inequity in provision of health care services, language and cultural barriers, stigmatization and institutional discrimination, separation from families, sexual exploitation, higher risk of communicable and non-communicable diseases, and greater mental health issues from their traumatic experience.¹⁻⁶

As war and regional conflicts rages on in different parts of the world, natural disasters continue to plague those spared by the conflicts. Floods have been reported in many nations of the world and African countries like Nigeria are experiencing alarming loss of lives and properties following torrential rains that began in August.^{7,8} The floods, which have affected 34 out of 36 states in the country have left over 600 people dead, 200,000 homes destroyed and over 1.3 million people displaced, making it the worst flooding the West African nation has seen in a decade. Sixty (60) per cent of those affected were children, who are at increased risk of waterborne diseases, drowning and malnutrition.⁷ The floods, attributed to overflow of the River Niger and River Benue banks, were said to have been worsened by poor infrastructural plan, and climate change.^{7,9} This problem has been particularly distressing for the citizens who are also faced with a struggling economy plagued by global inflation.

As global inflation bites into the economy of several nations, many people are struggling to survive. The upward rise in electricity and gas bills coupled with the cost of living has put access to health care at risk, as many citizens living in nations without a comprehensive healthcare policy face challenges in healthcare costs.¹⁰ Higher input costs of healthcare coupled with significant labour shortages in the face of increasing demands will put a significant strain on healthcare systems if the inflation does not abate. Presently estimates show that US National Health expenditure will likely be \$370 billion higher by 2027 with a clinical labor cost growth of 6 to 10 percent over the next two years due to the impact of inflation.^{10,11} This strain is also affecting many African nations facing severe inflation. As management of health costs increase for employers, layoffs may be imminent with subsequent increase in the clinical labour gap, and more waiting time for patients. Producers of healthcare products might begin to reconsider pursuing costly Research & Development (R&D) against a backdrop of falling demand and increasing input costs, as patients opt for cheaper non-branded products.^{10,11}

Viral infections continue to dominate the world scene as erstwhile known viruses such as respiratory syncytial virus and monkey pox virus reemerge.¹²⁻¹⁴ Respiratory syncytial virus (RSV) infection is a leading cause of acute respiratory infection and hospitalizations in infants, young children, and older people. Prior to the era of COVID-19, respiratory syncytial virus often follows spatiotemporal patterns with highly consistent seasonal timing and duration.¹⁴ However, the year 2020 to 2021 experienced delayed

resurgence and a sharp downward trend in RSV attributed to the mitigation measures introduced during the COVID-19 pandemic such as hand hygiene, use of face masks and restriction of gatherings.^{14,15} With the lifting of the ban on most mitigation measures in 2021, different patterns of RSV epidemics have emerged in different regions of the world including France, Spain, United States, United Kingdom, Australia, and South Africa, amidst others.¹⁵ This, coupled with the lingering COVID-19 disease, has further put a strain on the healthcare systems in many parts of the world.^{14,15}

As we reflect on the outgoing year 2022, the COVID-19 pandemic appears to be on the decline and it is now accepted as an endemic disease. The WHO has said that although the pandemic is not over, the end appears to be in sight.¹⁷ Mortality from the disease is reducing as a result of strong drive towards vaccination and increased availability of more antiviral medications which help to mitigate the disease. On the flip side however, the long-term sequelae of the disease, continues to contribute to increasing morbidity.¹⁷

Patients who have suffered from COVID have experienced different tangent of recovery. To some, the recovery is prompt and complete while some have post-viral fatigue which is associated with most viral illnesses. However, a subset experiences varying degree of symptoms which lingers on beyond 12 weeks after the infection. This category has been labelled as Long Covid.¹⁸

Long Covid has been defined as signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and is not explained by an alternative diagnosis.¹⁸ Post COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed. Interestingly, the severity of the disease does not appear to correlate with the development of long COVID as people with mild disease end up with debilitating symptoms while

others with severe disease, have gone ahead to make complete recovery. Overall, about one third of the people who had acute COVID infection will go ahead to develop long COVID. Fatigue, brain fog, autonomic problems such as postural orthostatic tachycardia syndrome (POTS); thromboembolic and fibrotic lung disease, amongst others, have been reported.^{18,19}

There are encouraging emerging data that individuals who are vaccinated against COVID-19 are less likely to report long COVID symptoms. For example, a case-control study of over 1.2 million users of a COVID symptom tracker app in the UK showed that there were lower odds of symptoms lasting 28 days or more in individuals who had received two vaccine doses, with the risk of developing long COVID reduced by around 50% in those who were double vaccinated.²⁰

The challenges of healthcare seem enormous as we end this year and begin a new one. Proactive measures must therefore be taken to effectively plan ahead and mitigate the effects of these difficulties in every sector of the society. The fight against COVID-19 must be holistic and a multidisciplinary approach remains the mainstay of management. While we focus on prevention, detection and treatment of acute cases, attention must also be directed towards those who might be suffering from long-term sequelae of the disease. There must be a systematic approach at follow up post-acute COVID-19, assessment and re-evaluation of people with long covid who must then be sign-posted to the appropriate area for help.^{18,19} The symptoms of the patient must not be dismissed as merely psychosomatic and those with debilitating disease with limited level of activities must be assisted with phased-return to work.¹⁹

In Africa and other low- and middle-income countries who might still be recovering from the deleterious effect of the pandemic, efforts must be geared towards increasing the level of vaccinations as prevention is more effective and cheaper than cure. There must be concerted effort by the government to fund research and patients

suffering from the long-term sequelae of covid must also be prioritized. On a cautionary note, care must be taken not to mis-label every symptom occurring after covid infection as long COVID.¹⁹ There have been reports of missed diagnosis when patient presented with symptoms that were thought to be long covid only to find out that the symptoms were due to a completely different disease. Lung cancer, brain cancer, sleep apnoea, amongst others, have been missed, or their diagnoses delayed, because the patients were initially labelled as long COVID. Guidelines must be developed and made available in order to standardize case definitions, investigations and disease management.^{18,19}

While we hope and look forward to a better 2023, lessons learnt in tackling the COVID pandemic must be taken forward in preparation for possible future pandemic occurrence. Infection prevention control measures must be given high priority so every healthcare system is primed to combat communicable diseases as they emerge and quickly curtail their spread.¹⁵ Audits and post-mortem of national response to the pandemic must be conducted in order to learn from what was done wrong and consolidate on what was done right. Facilities that have been built must be well maintained and attention must be given to research and training. The drive for vaccinations must continue and surveillance must remain high.¹⁵

International policies governing migrant healthcare must be strengthened so as to provide adequate healthcare facilities that is non-discriminatory to victims of war-torn areas.^{5,6} Relief measures including emergency healthcare plans must be planned for victims of flood areas and governments should have a strategic approach for evacuation, resettling and damage control for flooded regions. A long-term plan must also be put in place to map out waterways, ensure buildings are not along these paths and provide a lasting solution to the problem.⁷⁻⁹ Healthcare systems including production companies must have strategies to buffer the inflationary impact by

adoption of more innovative and cost-effective production technologies, digitalization, automation; and enhanced use of telehealth and mobile e-health in the management of patients,¹⁰ as global economic leaders seek solutions to the worsening inflation and alleviate its effect on the population.¹⁰

I wish to congratulate the WACP for the major achievements that were consolidated this year including the upgrade of the proposal management system, effective online examinations using computer-based testing, reduction in fellowship application fees and primary examination fees and the completion of the college building. The online examination application portal, online ethics and update courses, and virtual fellowship defense has greatly enhanced the process of application and made it unified. I wish to tremendously appreciate the West African College of Physicians and the West African College of Surgeons for their immense support of the WAJM this year. This has gone a long way to ensure seamless operations for the journal. We look forward to working hand in hand with the Colleges as we go into the new year.

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