Review

Evaluation of the effects of COVID-19 pandemic

Opeoluwa Oluwatoyin OLABODE, Beatrice Magboro OHAERI, Iyanuoluwa Oreofe OJO and Oluwatoyin BABARIMISA

Department of Nursing, Faculty of Clinical sciences, University of Ibadan, Ibadan, Oyo State, Nigeria.

Abstract

Introduction: The worldwide and rapid spread of the coronavirus disease due to COVID-19 poses the highest public health and economic predicament the world has faced in over a century and it affects all races, genders, and religious groups, irrespective of their economic status. Coronavirus disease (COVID-19) is an infectious disease caused by SARS-CoV-2. This COVID-19 pandemic has brought unprecedented interruption to our daily lives, changing the way we educate, the way we work and the way in which we care for the dying and eventually say goodbye to our loved ones. Objectives: This study aims to explore the effects of COVID-19 pandemic on the society, identify the effects of COVID-19 pandemic on loved ones, and propose solutions to alleviate the negative effects of COVID-19 pandemic in the society. Conclusion: Attainment of public health emergency readiness and response is substantially based on the superiority and volume of information that have been accessed during the outbreak of the pandemic; Hence, it is important for nurses and other health care practitioners to understand crisis-specific core competencies in respect to providing counselling interventions and lay emphasis on structured psycho-education to empower loss and restoration-focused coping and use of support from obtainable social networks. It is also recommended that to effectively address the health, social, economic, and political influence of the COVID-19 pandemic outbreak, an integrated, active, and regimented public health emergency reaction is a prerequisite among leaders, governmental and non-governmental organizations to work on or develop.

Keywords: Evaluation, effects, COVID-19, pandemic, economic status, public health, infectious disease, coping, counseling, social networks.

INTRODUCTION

The worldwide and rapid spread of the coronavirus disease due to COVID-19 poses the highest public health and economic predicament the world has faced in over a century. It affects all races, genders, and religious groups, irrespective of their economic status (Kassa and Grace, 2020). The well-known and growing prevalence of the virus all over the world is connected to the movement of people from its origins in the Chinese city of Wuhan to other countries, until that time non-infected areas became infected due to the easy movement of persons through work, tourism, trade, and international travel. As the

prevalence of the COVID-19 outbreak and its accompanying morbidity and mortality are dramatically increasing, it poses significant restrictions on freedom of social life, liberty of travel, social cohesion, and productivity among the global community (Kassa and Grace, 2020). Subsequently, the spread of the disease across and then outside China, on 30 January 2020, prompted the World Health Organization (WHO) to declare the situation a global public health emergency calling it a pandemic for the first time and conveyed great worry about the need to safeguard countries with limited resources, fragile health systems, and lack of readiness to avert the health crisis that was about to hit them (World Health Organization (WHO), 2020a). Taking into concern the possibility of the secondary consequences, the probable effect on human health, the efficiency of present-

Corresponding author E-mail: opeoluwadami@gmail.com

day readiness, and response measures, the WHO released US$1.8 million from its Contingency Fund for Emergencies (CFE) to support initial preparation and response activities (World Health Organization (WHO), 2020b). Recognizing the growing number of cases in developed countries, and the helplessness of their health systems to deal with the overwhelming number of sick people who required critical care, African countries such as Kenya, South Africa, Rwanda, and Uganda started to take precautionary measures in early February 2020 that included lockdowns, flight bans, shutting down educational institutions such as schools and universities, closing international borders, banning public transport, and imposing curfews (Tarimo & Wu, 2020).

Coronavirus disease (COVID-19) is an infectious disease caused by SARS-CoV-2. Most persons, infected with the COVID-19 virus will experience mild to moderate respiratory illness and become well without necessitating special treatment; while older individuals, and persons with primary medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are likely to develop serious complications as a result of it (WHO, 2021). The COVID-19 pandemic has brought unprecedented interruption to our daily lives, changing the way we educate, the way we work and the way in which we care for the dying and eventually say goodbye to our loved ones. This unprecedented change comprises of both the positive and negative aspects, even though the negative sides of it has masked the positive sides completely. COVID-19 is not only a public health crisis, but a psychological one, inciting death anxiety, stress, and sadness. At present, millions of people are collectively grieving the multiple losses that they have experienced, these consist of lost jobs, lost connections with our wider community, and lost opportunities to spend time with family and friends. Many within the society have also been affected by loss of their loved ones and it is imperative to be aware that many individuals are currently grieving following bereavement this year (Jones, Mallon and Borgstrom, 2020). The unpredicted disruption to social norms, structure and day-to-day activities has affected the mental health of the whole population as well as children and young people. Parents being furloughed or facing job losses or children being secluded from a parent who is a front-line worker or who has to stay away from the home for lengthy periods of time. This might possibly have presented a degree of fear in children as they come to be apprehensive about becoming infected or spreading the virus themselves (Jones, Mallon and Borgstrom, 2020; Ghosh, Dubey, Chatterjee and Dubey, 2020). The probability that family members and friends could die are substantial stressors affecting young people during COVID-19, particularly if they belong to a 'high risk' group (Idoiaga, Berasategi, Eiguren, and Picaza, 2020). Social responses to the pandemic have also interrupted the normal grieving processes for families, such as funeral practices.

Mourning for lost family members, especially in cases where contact with the person was restricted or prohibited; this can lead to adjustment problems, depression, or post-traumatic stress disorder (Pisano, Galimi and Cerniglia, 2020). The effect of this virus is also highly felt among staff working in long term care establishments such as residential and nursing homes. While death is an event that can be expected due to the older age and frailty of residents within a care home, the frequency with which death was happening during the COVID-19 pandemic was exceptional (Duffy, Dow, and Kaiser, 2020).

Objectives

1. To explore the effects of covid-19 pandemic on the society.
2. To identify the effects of COVID-19 pandemic on loved ones in the society
3. To propose solutions to alleviate the negative effects of COVID-19 pandemic in the society.

LITERATURE REVIEW

Globally, as of 28March 2022, there have been 481,026,349 confirmed cases of COVID-19, including 5,816,042 reported to WHO, with an estimated 2 million people bereaved since the virus was first reported in Wuhan in December 2019 (Johns Hopkins University & Medicine (JHU); Koffman, Gross, Etkind, and Selman, 2020). As of September 30, 2021, the number of confirmed COVID-19 cases in Africa amounted to 11,549,076 which represented around 2.62 percent of the infections around the world. In the African continent, South Africa had the highest number of deaths. Morocco and Tunisia recorded 9,105 and 11,971 deaths, respectively, while Egypt registered even a higher number at 14,441 as of May 18, 2021. By the same date, Africa recorded more than 5.12 million cases of COVID-19 (Galal, 2022). Recognizing the growing number of cases in developed countries, and the inability of their health systems to deal with the vast number of sick people who needed critical care. African countries such as Kenya, South Africa, Rwanda, and Uganda began to take preventive measures in early February 2020 that comprised of lockdowns, flight bans, closing educational institutions such as schools and universities, closing international borders, banning public transport, and imposing curfews (Ihekweazu and Agogo, 2020; WHO, 2020a).

The outbreak of COVID-19 overcame the networks of African populations, mainly as they affected meetings, tourism, travel, trade, and physical contact owing to the territorial and boundary lockdown of countries to limit, and if possible, prevent, the spread of the disease. It obliged African communities to keep in touch through innovative technologies, such as the internet, webinars,

smartphones, and other electronic systems. JHU (2020), reported that in spite of the lockdowns in many countries, COVID-19's prevalence and spread escalated exponentially, with over 19.8 million cases and over 729,891 deaths at the time of finalizing the writing of this article on 8 August 2020 and 6,124,193 million deaths as of 28 March 2022 (JHU, 2020; Kassa and Grace, 2020).

LOOKING AT COVID-19 PANDEMIC FROM ITS POSITIVE PERSPECTIVE

COVID-19 has already led to intense changes which may have extensive impact on the world. Notwithstanding the gruesomeness of this situation, there are some consequences that could have a long-term positive impact on the planet and humanity. They include.*;*

1. The Environment: The earliest positive aspect of COVID-19 is the effect on the environment. Carbon emissions are down worldwide and with manufacturing and air travel grinding to a halt, the planet has had a chance to revive. China recorded an 85 per cent rise in days with good air quality in 337 cities between January and March 2020; With tourists gone from Italy, the long-polluted canals of Venice now look clear as fish and other wildlife start returning (Haski-Leventhal, 2020).

2. Peace: The coronavirus is also raising hopes of fewer wars and less engagement, resulting in improved levels of peace. The United Nations called to end all wars in the face of COVID-19 as the world challenges a common enemy: "It's time to put armed conflict on lockdown," stated Secretary-General António Guterres. So many businesses have had to reinvent themselves with a new 'business as unusual' viewpoint. And according to the American Broadcasting Company (ABC) (2020), an end of hostilities was declared by the Saudis fighting Houthi rebels in Yemen. Although there are countless places in the Middle East where war continues, a stronger lockdown could lead to less violence in these countries too (Haski-Leventhal, 2020).

3. Connectedness: This triggered a rejuvenated sense of community and social unity. Self-isolation challenges us as social animals who want relationships, contact and interaction with other humans. Nevertheless, people all round the world were looking for new ways to address the need for interconnectedness. In Italy, one of the worst-hit countries, people joined their instruments and voices to generate music from their balconies. People were leading street dance parties while keeping social distancing. People were using social media platforms to associate, such as the Facebook group The Kindness Pandemic, with hundreds of daily posts. There is a massive wave of formal and informal volunteering where people use their skills and abilities to help (Haski-Leventhal, 2020).

4. Innovation: COVID-19 is a major market disruptor that has led to unprecedented levels of innovation. Due to the lockdown, numerous businesses have had to reinvent themselves with a new 'business as unusual' philosophy.

This includes cafes turning into takeaway venues (some of which also sold milk or face masks) and gin distilleries produced hand sanitizers. Many businesses had to undergo rapid digitization and offer their services web-based. Some used this upsurge of innovation to reimagine their business model and modify or grow their market.

5. Corporate Responsibility: Coronavirus is driving a new wave of Corporate Social Responsibility (CSR). The global pandemic has turned out to be a litmus test for how truly companies are taking their CSR and their work with key stakeholders: the community, employees, consumers, and the environment. Companies were donating money, food, and medical equipment to support individuals affected by the coronavirus. Others, were given to healthcare workers, including free coffee at McDonald's Australia and millions of masks from Johnson & Johnson (Haski-Leventhal, 2020).

6. Reimagined Education: The sixth positive outcome is huge revolution in education. Though, most of it was not by choice. With schools closing down all around the world, lots of teachers were digitalizing the classroom, offering online education, educational games and tasks and self-led learning. We are generally involved in one of the largest-scale experiments in changing education at all levels. Home-schooling is becoming the novel way of learning, exposing many parents to what their children know and do. Correspondingly, universities are leading remote learning and use state-of-the-art solutions to keep students engaged. Some universities are using augmented and virtual reality to provide near real-life experiences for galvanizing students' inquisitiveness, engagement, and obligation and for preparing students for the workplace. This means better access to information and knowledge, as well as productivity gains (Haski-Leventhal, 2020). However, it has also revealed the gap in access to ICTs. In Colombia, about 50% of public-school students either do not have a broadband connection at home or, if they do, do not have a laptop or tablet to connect (Cárdenas, 2020).

7. Gratitude: the seventh gift that COVID-19 gave us is a different sense of appreciation and gratefulness. It has offered us a new standpoint on everything we have taken for granted for so long, our freedoms, leisure, connections, work, family and friends. We have never questioned how life as we know it could be suddenly taken away from us (Haski-Leventhal, 2020).

8. **Aversion from unnecessary travel and meetings:** The pandemic has emphasized the time we waste traveling, not to mention the economic costs associated with it. Video conferencing technology is presently a much more acceptable and friendly substitute. Persons will have more proficient and cost-effective meetings with colleagues, clients, and suppliers (And also reduction in tolerance of endless meetings with no clear purpose) (Cárdenas, 2020).

NEGATIVE EFFECTS OF COVID-19 PANDEMIC

The negative effect of COVID-19 pandemic is endless, it ranges from loss of jobs, opportunities, assets, economy, connection, normalcy time, health, and deaths. Some of the effects are highlighted below;

Effect on economy and social life

The global impact of the disease is massive and overwhelming, instigating extensive morbidity, mortality, social disintegration, and economic loss (Manderson & Levine, 2020). United Nations, (UN), stated that the COVID-19 outbreak affected all segments of the population and is particularly harmful to members of those social groups in the most susceptible situations, continues to affect populaces, including people living in poverty status quo, older persons, persons with disabilities, youth, and indigenous peoples. Early data indicated that the health and economic impacts of the virus are being borne out of all proportion by poor people (United Nations, (UN), 2020). For instance, People who do not have access to running water, refugees, migrants, or displaced persons also stand to suffer unreasonably both from the pandemic and its outcome,; whether due to limited movement, fewer employment opportunities, increased xenophobia etc. If not appropriately addressed through policy, the social crisis generated by the COVID-19 pandemic may also increase inequality, exclusion, discrimination, and global unemployment in the medium and long term. Full, universal social protection systems, when in place, play a considerable long-lasting role in protecting workers and in decreasing the prevalence of poverty, since they act as automatic stabilizers. That is, they always make available basic income security, thereby improving people's capability to manage and overcome shocks.

In Africa, the spread of the pandemic was in its growth stage initially in Egypt, then Algeria, South Africa, Morocco, Ghana, and Nigeria with their significant worry over a probable future high transmission rate due to poverty and socio-economic factors (WHO, 2020c). Unlike European and other rich countries, the cultures of African populations are distinct in that they appreciate collectiveness and unified life, which clashed with the imposition of lockdowns, curfews, social distancing, isolation, and certainly increased the rates of transmission, morbidity, and mortality (Iii, Adebisiand Lin, 2020). National Bureau of Statistics (NBS) posited, only one-third of businesses will experience uninterrupted operations by 2022. Although, the performance of the country's Gross Domestic Product (GDP) improved going by the data from the NBS, economic recovery remains on the slow-pace as the effects of the COVID-19 pandemic continue to overthrow businesses, leading to loss of occupations by employees of 600 firms. Precisely, the report hinted particularly on challenges exacerbated by reintroduced lockdowns, another wave of infections, or interruptions in vaccine distribution and procurement (Nwafor, 2020). Although lockdown was intended as a measure to reduce the outbreak of COVID-19 and prevent its transmission in the affluent world, yet it symbolized a race against death to endure among a lot of people in Africa, where life has turn out to be an "avoidance–avoidance" conflict situation; be locked in at home and die of hunger, or violate the lockdown decide to work and collect food and die from the disease. Whatever citizens choose to do, the race is against death, from starvation, or the virus (Kassa and Grace, 2020).

Effect on Africa's elaborate burial rites, mourning and grieving

There was a great apprehension worldwide with the novel coronavirus' high proportion of transmissibility, which had caused different and distressing impact (Oliveira-Cardoso, Silva, Santos, Lotério, Accoroni and Santos, 2020),; constraining local governments to establish, in addition to health emergencies and states of calamity, exceptional administrative measures for funeral services. As a result of the crisis, traditional rituals to honor the dead and comfort mourners needed to be shortened or even interrupted. As a result, the COVID-19 pandemic has demanded many aspects of the dying experience and its rituals to be reformulated in the Eastern and Western world. Psychologist has long acknowledged the emotional value and structuring role of rites and rituals in different societies and cultures. Rites consist of a broader category, including rites of passage or healing, while a ritual is a set of signs and actions that make up the rites. Human rituals are common to all persons and are symbolic actions, repetitive, standardized, and highly valued behaviors that assist individuals to channel emotions, and share beliefs and transfer values (Oliveira-Cardoso, Silva, Santos, Lotério, Accoroni and Santos, 2020). Therefore, one should also consider the role funeral rituals play in psychological development, as they help individuals to face concrete loss and elicit a grieving process, allowing people to publicly manifest their grief. A lack of rituals when a physical body part makes it hard to psychologically acknowledge the loss. Additionally, sudden, and unexpected deaths prevent mourners to prepare themselves to deal with the loss, bearing in mind that physical death does not accompany social and psychological death, which may lead people to face difficulties when facing their grieving process. When intense, these obstacles may favor the so-called complicated grief, characterized by long-lasting disorganization that makes it difficult or hold back psychological restructuring and the resumption of life.

The concept of death in Africa: In Africa, death is considered a dreaded event and seen as the beginning of the communication among the visible and the invisible worlds. Some communities in Africa believed that the aim in life is to become an ancestor after death. This is one of the main reasons Africans believed that every person who pass on must be given a "befitting" funeral, accomplished by a number of traditional and religious

rites and ceremonies as the deceased migrate to join the ancestors in the invisible world. If this is not done, it is generally believed that the dead person may become a wandering ghost and will continue to torment those that are still alive especially members of deceased family who ought to give the deceased a "befitting" funeral (Ekore and Abass, 2016).

Most countries in Africa reacted to the COVID-19 pandemic by adopting the same strategies used by the Western countries in curbing the spread of the virus through the imposition of restrictions on movements, lock down and the introduction of social distancing rules which are not aligned to Africa way of living, and these control strategies have altered the traditional methods of observing burial rites, mourning, and grieving (Omonisi,2020).

As already reported, the pandemic brought about a series of modifications to long established and meaningful practices across a range of areas in society. Part of the most dramatic changes were around death and restrictions to the common death rituals that families carry out as part of the initial mourning process in the UK. These have been subject to unprecedented legal rules that meant the timing of funerals could not be chosen by families, and the numbers of people allowed to attend burials and cremations have been severely restricted. In addition, physical distancing rules meant that usual expressions of social and emotional support such as hugs and reassuring touches or embraces, could not be demonstrated (Department of Health and Social Care (DHSC), 2020).

Effect on health system and health care providers

Globally, health and social care systems are facing the unprecedented challenge of supporting those who are grieving, while treating those with severe disease and preventing the virus from spreading exponentially. It is a time of great uncertainty, with the burden and course of future disease still undecided, and health care providers and their loved ones are also affected by this (Koffman, Gross, Etkind, and Selman, 2020). This could be attributed to the already obtainable under-resourced health care systems and premature deaths, HIV/AIDS, lower respiratory tract infections, diarrheal diseases, malaria, and tuberculosis before now accounting for over 3 million deaths in Africa in 2016. While in many developed countries the comorbidities complicate the health aftermaths of people with COVID-19, the effect on larger populations who are starved and have conditions that may as well put them at increased risk of surrendering to the virus is unknown. In addition, the inadequate health service infrastructure also makes it implausible that many of those who are infected will be able to seek healthcare at suitably furnished facilities (Jayaram, Leke, Ooko-Ombaka and Sun, 2020). Some studies that were carried out recently have reported that frontline health care workers who were involved in direct diagnosis, treatment, and care of patients with COVID-19 are connected with a higher risk of symptoms of depression, post-traumatic stress disorder and some mental health issues. Lack of personal protective equipment, irrational amounts of work, improper medicines, fear of contracting the disease, and lack of skilled training have interposed the frontline health care workers with unimaginable stress. Due to the widespread outbreak, the death count of the frontline health care professionals has also coursed. However, studies exploring the physical and mental well-being of the frontline health care professionals and their families are very limited and far behind. During the unprecedented periods, health care professionals and non-health care professionals have lost their lives in an unpredicted manner. WHO,(2020) have reported that approximately 14% of the frontline health care professionals have been infected with COVID-19 and that in the case of countries falling in low- and middle-income levels, this can be as high as 35%.

4. COVID-19 and grief

COVID-19 deaths are accompanied by risk factors for poor bereavement outcomes, together with prolonged grief disorder (PGD), post-traumatic stress disorder (PTSD) and poor mental health. In secondary care and community settings, family members may not have access to their loved one prior to death, due to infection control requirements and the need to look after those highly vulnerable to the disease. Social distancing requirements mean that funerals are regulated and the bereaved may have to grieve alone, without the comfort of their loved ones. With many places of work closed, the bereaved may also face economic hardship. Not being able to say goodbye, loss of social and community networks, living alone and loss of wages are all connected to poor bereavement effects and will affect people bereaved by all illnesses in this period, not just COVID-19 (Harrop, Mann, Semedo, Chao, Selman and Byrne, 2020).

GRIEF STAGES AND COVID-19

• Anticipatory Grief
–Feeling when we are uncertain about the future
–Our primitive mind knows something bad is happening, but we can't see it
–Collectively, our overall sense of safety is broken
• Denial
–This virus won't affect us
–Only people with certain risk factors will get sick
•Anger
–You're making me stay home and taking away my activities.
–Why weren't we better prepared and protected?
•Bargaining

–Okay, if I physically distance for two weeks everything will be better, right?
• Sadness
–I don't know when this will end
–This is an awful death
• Meaning Making – Find meaning in loss and find ways in which our actions make a difference (Gregory, 2020).

STRATEGIES TO COPE WITH GRIEF

• Recognize your loss(es)
• Remember
–Grief is the pain of loss
–Grief is normal – we grieve when we lose things we care about
–Grief is how loss heals
• Understand the stages of grief
–Recognize that grief is not a linear process
–Remember that everyone grieves differently
(Berinato and Kessler, 2020).

5. Effect on political system

The political impact of COVID-19 is devastating as a result of the present fragile and weak government structure in adding to the specified health, social, and economic impacts. The outcomes of our narrative review revealed a breakdown in the connection among African nations and the closing of national borders, evacuation of citizens to their home countries that result in doubt between frontrunners, and execution of actions that may not be suitable for Africa (Kassa and Grace, 2020). In this regard, during the first outbreak of the COVID-19 pandemic, political decisions taken by African leaders were promising, possibly due to fear of their under-strained health system, limited quality health facilities, and an under-strained economy. Also, even with African countries 'public health emergency system that is constrained, the action taken by African leaders to curb the spread of the COVID-19 outbreak is not only faster but also very acknowledged; they declared a public health emergency and banned irrelevant public movement, followed by lockdown to minimize the possibility of the disease outbreak in their respective countries (Chattu and Yaya, 2020). Affiliated with the differences in economies, health systems, and lifestyles among western and African populations, the health outcome, social impact, and economic toll in both developed and developing countries remain contrasting (Waitzberg, Davidovitch, Leibner, Penn and Brammli-greenberg, 2020). This might be the result of the lack of social support, a greater number of people living on or below the poverty line, and the fact that more people are self-employed or not employed in the formal sector in African regions.

COVID-19 AND UNCERTAINTIES AND HOW TO RESPOND TO THEM

Globally, health and social care systems are facing the unprecedented difficulty of supporting those who are grieving, while enduring to treat those with severe disease and stop the virus from spreading exponentially. It is a time of great uncertainty, with the burden and course of future disease still unclear. Also, the uncertainty or the multitude of questions and fears it creates cannot be eliminated and arguing on a paradigm that focused purely on its removal is futile. However, it can be managed far better than is done now to lessen its damage. The main business in hand must be for health professionals to help those patients and their families that live in the 'grey COVID-19 zone' and build trusting empathetic relationships with them where uncertainty can be communicated in such a way that enables shared decision-making to reduce pain (Simpkin and Schwartzstein, 2016). We must then learn from this pandemic and develop strategies to change practiced cultures that have thrived on developing resistance to uncertainty and avoiding its presence (Koffman, Gross, Etkind and Selman, 2020).

How health professionals and health systems can respond to uncertainties

1. Admit uncertainty is not failing: It has been suggested that appropriate expressions of uncertainty can lead to resilient healthcare professional–patient/family relationships, creating trust instead of unnecessary anxiety.
2. All health professionals have an Achilles heel: Burnout, moral distress and moral injury have been identified as a significant concern among ICU and other health professionals. Supportive systems must be formulated to caring for those working in ICU and other hospital settings, even before difficulty is evident.
3. Prepare new systems that are more specific to pandemics: These may consist of reconfiguration of hospital sites and services into 'clean' and 'dirty' sites, protecting patients and staff, permitting stress-free delineation between COVID-19 and non-COVID-19 related diseases; formation of triage and 'reverse triage' pathways created for those most likely to benefit in the event demand for medical services significantly overshadow supply, while making sure of fair access for everyone where possible.
4. Be aware of cognitive biases: Yearning for situations of certainty intensifies the likelihood of cognitive biases that compromise logical thought. Pause and ponder on the situation and, better still, talk over with colleagues.
5. Uncertainty should be taught to health professionals: Health professionals must challenge the cultural and educational systems set up to reward certainty and encourage a shift in perception of uncertainty as being negative. Medical and nursing professionals are now incorporating more 'real-life' clinical learning, case-based tactics, and training in health systems (Koffman, Gross, Etkind and Selman, 2020).
How patient and family-centered can respond to uncertainties
1. Patients/families as allies: Poor or effective communication has been a major challenge, especially between patients, families and their health care providers. Speaking openly, yet sensitively, with patients with COVID-19 and their families as regards their situation, reviewing their goals of care if their situation

Worsens is one of the things that can help. Considering what they would be ready to 'trade-off' to live extensively, confers clearer information for both patients and health professionals to plan.

2. Help is available with difficult conversations: The 'Serious Illness Conversations Guide 'www.ariadnelabs. org and 'VitalTalk', a US-developed 'open source' primer: https://tinyurl.com/ybvqqfjt offer outstanding prompts for challenging discussions.

3. Be imaginative: Since most families cannot be physically present as a result of visiting restrictions, ICU nurses are quickly finding creative ways to communicate with the families of patients with COVID-19, for example, videoconferencing for example https://tinyurl.com/ybvgr5le.

4. Getting 'into the shoes' of the patient/family: The paramount security for a highly concerned patient (and their family) will be to hear that regardless of the situation of uncertainty, health professionals will not abandon them. This includes showing empathy or (i) 'seeing the world as the patient sees it'; (ii) 'understanding the patient's current feelings'; (iii) 'being non-judgmental'; and (iv) 'communicating that one understands' (Koffman, Gross, Etkind and Selman, 2020).

CONCLUSION

The COVID-19 pandemic has affected and will continue to have a long-term impact on the arrangement of our health systems, of our production, processing and exchange of goods and services, as well as our consumption practices, cultures, and our connection with life and death. The concept that have just been evaluated adds to understanding these changes and their impact. It is the choice of policymakers and other stakeholders to ponder on these findings in the prevention and response to new epidemics. To effectively address the health, social, economic, and political influence of the COVID-19 pandemic outbreak, an integrated, active, and regimented public health emergency reaction is a prerequisite among leaders, governmental and non-governmental organizations.

Therefore, the attainment of public health emergency readiness and response is substantially based on the superiority and volume of information accessible during the outbreak of the pandemic. Preventing the distribution of wrathful information are essential to prevent and manage the health, social, economic, and political impact of the COVID-19 pandemic and to make sure it is a race neither against death nor against hunger for African populations. Therefore, African countries require culturally relevant and indigenous pandemic handling strategies in years to come to make them responsive to pandemics that could affect their economies and citizens' health and lives.

On the other hand, COVID-19 pandemic has shifted our attention from being stereotyped to embracing innovations. We cannot but appreciate how this dreaded disease has helped us to think outside the box by finding happiness in the midst of lockdown, a new and different means of embracing education sprang up, opened our eyes to how important giving and sharing of love is and how it has further helped our mental health. More importantly, it helped individuals to appreciate and spend more time with loved ones.

DECLARATIONS

ACKNOWLEDGEMENTS

REFERENCES

American Broadcasting Company (ABC), (2020). Saudi-led ceasefire in Yemen begins after UN calls for stop in fighting amid coronavirus pandemic. https://www.abc.net.au/news/2020-04-10/saudi-led-ceasefire-in-yemen-amid-coronavirus-hopes-for-peace/12140410. Accessed 3 November, 2021.

Berinato and Kessler, (2020). Psychological wellness guide: Grief and mourning during the COVID-19 pandemic. Emry. 2020; Version 1, 6/4/2020. https://med.emory.edu/departments/psychiatry/_docuuments/tips.griefmourning.pdf. Accessed 20 Sept 2021.

Cárdenas M., (2020). Looking at the Bright Side: 10 Positive Effects of the Pandemic. Americas quarterly. 2020. https://www.americasquarterly.org/article/looking-

at-the-bright-side-10-positive-effects-of-the-pandemic/ Accessed 28 March 2022.

Chattu V. and Yaya S., (2020). Emerging infectious diseases and outbreaks: implications for women's reproductive health and rights in resource- poor settings. Reprod Health. 2020;17(43):1–5

Department of Health and Social Care [(DHSC)], (2020). COVID-19: guidance for arranging or attending a funeral during the coronavirus pandemic. UK government publications. 2020. https://www.gov.uk/government/publications/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic. Accessed 24 Sept 2021.

Duffy F., Dow B. and Kaiser P., (2020). Death and grieving in a care home during Covid-19: The experience of care staff, residents and families. Guidance. The British Psychological Society. 2020.

Ekore R. and Abass B., (2016). African Cultural Concept of Death and the Idea of Advance Care Directives. Indian J Palliat Care. 2016; 22(4):369372.

Galal S., (2022). Coronavirus cases in Africa as of March 02, 2022, by country. Statista. March 02, 2022. Accessed 28 March 2022.

Ghosh R., Dubey M., Chatterjee S. and Dubey S., (2020). Impact of COVID-19 on children: special focus on the psychosocial aspect. Minerva Pediatrica. 2020; 72 (3): 226-35.

Gregory C., (2021). The Five Stages of Grief: An Examination of the Kubler-Ross Model. Psycom. 2021. https://www.psycom.net/depression.central.grief.html Accessed 20 Sept 2021.

Harrop E., Mann M., Semedo L., Chao D., Selman L. and Byrne A., (2020). Palliative Medicine. 2020; 34(9) 1165 –1181

Haski-Leventhal D., (2020). Seven positive outcomes of COVID-19. The lighthouse. Macquarie University. 2020. https://lighthouse.mq.edu.au/article/april-2020/seven-positive-outcomes-of-covid-19

Idoiaga N., Berasategi N., Eiguren A. and Picaza M., (2020). Exploring children's social and emotional representations of the Covid-19 pandemic. Front. Psychol. 2020; 11:1952.

Ihekweazu C. and Agogo E., (2020). Africa's response to COVID-19. BMC Med. 2020;18(151):18–20.

Iii D., Adebisi Y. and Lin X., (2020). Current efforts and challenges facing responses to 2019-nCoV in Africa. Glob Health Res Policy. 2020; 5(21):20–2.

Jayaram K., Leke A., Ooko-Ombaka A. and Sun Y., (2020). Tackling COVID-19 in Africa: an unfolding health and economic crisis that demands bold action: McKinsey and Company. 2020.

Johns Hopkins University & Medicine, [(JHU)], (2020). COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins USA: Johns Hopkins University & Medicine, Coronavirus Resource Centre, 2021. Accessed 28 March 2022.

Jones K., Mallon S. and Borgstrom E.,(2020). Grief and COVID-19: Mourning what we know, who we miss and the way we say goodbye. OpenLearn. 2020. https://www.open.edu/openlearn/health-sports-psychology/mental-health/grief-and-covid-19-mourning-what-we-know-who-we-miss-and-the-way-we-say-goodbye?

Kassa M.D. and Grace J.M., (2020). Race against death or starvation? COVID-19 and its impact on African populations. Public Health Reviews. 2020 Dec;41(1):1-7; doi: 10.1186/s40985-020-00139-0

Koffman J., Gross J., Etkind S. and Selman L., (2020). Uncertainty and COVID-19: how are we to respond. J R Soc Med. 2020; 113(6): 211–216.

Manderson L. and Levine S., (2020). COVID-19, risk, fear, and fall-out. Med Anthropol. 2020; 00(00):1–4

Nwafor G., (2020). 'Employees of 600 businesses lost their jobs due to COVID-19 in 2020'. The Guardian, Business News. https://guardian.ng/business-services/employees-of-600-businesses-lost-their-jobs-due-to-covid-19-in-2020/ Accessed 24 Sept 2021.

Oliveira-Cardoso E., Silva B., Santos J., Lotério L., Accoroni A. and Santos M., (2020). The effect of suppressing funeral rituals during the COVID-19 pandemic on bereaved families. Rev. Latino-Am. Enfermagem. 2020; 28: e3361.

Omonisi A., (2020). How COVID-19 pandemic is changing the Africa's elaborate burial rites, mourning and grieving. The Pan African Medical Journal. 2020; 35(Suppl 2).

Pisano L., Galimi D. and Cerniglia L., (2020). A qualitative report on exploratory data on the possible emotional/behavioral correlates of Covid-19 lockdown in 4-10 years children in Italy. PsyArXiv. 2020.

Simpkin A. and Schwartzstein R., (2016). "Tolerating Uncertainty - The Next Medical Revolution?" The New England journal of medicine. 2016; 375(18):1713-1715.

Tarimo C, and Wu J. (2020). The first confirmed case of COVID-19 in Tanzania: recommendations based on lesson learned from China. Trop Med Health. 2020;48(25):1–3.

United Nations, [(UN)], (2020). The Social Impact of COVID-19. un.org. 2020. https://www.un.org/development/desa/dspd/2020/04/social-impact-of-covid-19/

Waitzberg R., Davidovitch N., Leibner G., Penn N. and Brammli-greenberg S., (2020). Israel's response to the COVID-19 pandemic: tailoring measures for vulnerable cultural minority populations. Int J Equity Health. 2020;19(71):7–11.

WHO, (2020a). COVID 19 Public Health Emergency of International Concern (PHEIC). World Health Organ. 2020; 1:2. https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum

WHO, (2020b). Novel coronavirus (2019 - nCoV). Donor Alert. Relief web.int. 2020. Available from: https://reliefweb.int/sites/reliefweb.int/files/resources/donor-alert.pdf.

WHO, (2020c). COVID-19 situation update for the WHO African Region: External situation report. 2020. https://apps.who.int/iris/bitstream/handle/10665/333388/SITREP_COVID-19_WHOAFRO_20200722-eng. Accessed 24 Sept 2021.

WHO, (2021). Coronavirus disease (COVID-19). https://www.who.int/health-topics/coronavirus (2021). Accessed 20 Sept 2021.