

Commentary

Check for updates

1 OPEN ACCESS

Received: Jul 5, 2021 Accepted: Nov 15, 2021

Correspondence to

Attaullah Ahmadi Medical Research Center, Kateb University, Kabul 1004, Afghanistan. E-mail: attaullah.ahmadi@kateb.edu.af

© 2021 Korean Society of Global Health. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (https:// creativecommons.org/licenses/by-nc/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ORCID iDs

Allan Kangwerema 厄 https://orcid.org/0000-0002-5932-2325 Hipolite Thomas 厄 https://orcid.org/0000-0001-5168-0200 Simfukwe Knovicks 厄 https://orcid.org/0000-0001-8561-9352 Jackson Safari 匝 https://orcid.org/0000-0001-9973-4052 Mutale Diluxe 🕩 https://orcid.org/0000-0003-3848-5907 Shekiba Madadi 问 https://orcid.org/0000-0003-0318-2973 Yasir Ahmed Mohammed Elhadi 问 https://orcid.org/0000-0003-3649-0374 Attaullah Ahmadi 🕩 https://orcid.org/0000-0001-6687-4526 Yusuff Adebayo Adebisi 问 https://orcid.org/0000-0002-2381-0984 Don Eliseo Lucero-Prisno 问 https://orcid.org/0000-0002-2179-6365

The challenge of dearth of information in Tanzania's COVID-19 response

Allan Kangwerema , Hipolite Thomas , Simfukwe Knovicks , Jackson Safari , Mutale Diluxe , Shekiba Madadi , Yasir Ahmed Mohammed Elhadi , Attaullah Ahmadi , , Yusuff Adebayo Adebisi , O Don Eliseo Lucero-Prisno III ,

¹College of Medicine, University of Malawi, Blantyre, Malawi
²USAID Boresha Afya Southern Zone, Tanzania
³Africa Center of Excellence in Infectious Diseases in Humans and Animals, School of Veterinary Medicine, The University of Zambia, Lusaka, Zambia
⁴Independent Monitoring and Evaluation Specialist, Nairobi, Kenya
⁵Faculty of Dental Medicine, Mohammed V University, Rabat, Morocco
⁶Medical Research Center, Kateb University, Kabul, Afghanistan
⁷Department of Health Administration and Behavioural Sciences, High Institute of Public Health, Alexandria University, Alexandria, Egypt
⁸Department of Public Health, Medical Research Office, Sudanese Medical Research Association, Khartoum, Sudan
⁹Department of Public Health, International School of Medicine, Bishkek, Kyrgyzstan
¹⁰Faculty of Pharmacy, University of Ibadan, Ibadan, Nigeria
¹¹Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, United Kingdom

INTRODUCTION

Coronavirus disease 2019 (COVID-19) has affected all African countries including Tanzania. In Tanzania, the first case of COVID-19 was reported on March 16, 2020.¹ It was a case of a 46-year-old Tanzanian woman in Arusha coming back from Belgium. The number of cases increased steadily in the country spreading to and affecting most towns including Dar es Salaam and Zanzibar.¹ At the time of the last official update released on April 29, 2020, Tanzania reported 509 cases and 21 deaths.² On early days of the pandemic, the government of Tanzania instituted various prevention and control measures to help stop the spread of COVID-19. This was a significant step towards stopping the spread of coronavirus. However, a series of issues undermine the country's fight against the pandemic. This paper aims to highlight how daunting challenges and concerns including lack of information hamper tackling COVID-19 in Tanzania.

CHALLENGES AND CONCERNS

Like many sub-Saharan Africa,³ Tanzania is facing various health challenges: poor health infrastructure, inadequate drugs and medical supplies and lack of human resources which leads to poor service delivery. In addition to the above challenges, there is already existing burden of endemic diseases such as HIV/AIDS, Malaria and Tuberculosis as well as Non-Communicable Diseases, it is therefore feared that the pandemic will put a huge strain on the already vulnerable health care system which will consequently result in increased morbidity and mortality from endemic diseases.⁴



Conflict of Interest

The authors have no potential conflicts of interest to disclose.

Author Contributions

Conceptualization: Kangwerema A, Ahmadi A, Lucero-Prisno DE; Writing - original draft: Kangwerema A, Thomas H, Knovicks S, Safari J, Diluxe M, Madadi S, Elhadi YAM, Ahmadi A, Adebisi YA; Writing - review & editing: Ahmadi A, Lucero-Prisno DE. There are concerns over the management of the pandemic by the Tanzanian government. Although the country initiated some early efforts to contain the pandemic, their implementation was slow, inadequate and inconsistent. Unlike sub-Saharan Africa, the Tanzanian COVID-19 management approach did not put the country's economy on hold as the markets were open, people were allowed to go to work and no lockdown was declared, undermining the efficiency of the containment efforts. Instead, they were encouraged by the government officials to use herbal medicine to cure the disease.⁵

Successful implementation of COVID-19 prevention, and control strategies requires a wellcoordinated and consistent approach, good and courageous public health leadership, as well as a strong political will. However, contrary to the World Health Organization (WHO) recommendations for governments, some Tanzanian senior government officials frequently downplayed the seriousness of COVID-19, with some even encouraging people not to wear masks,⁵ this showed lack of political will and posed a threat to a successful fight against COVID-19. Thus, the public health leaders, as well as political leaders, must take a leading role to coordinate responses and inspire citizens to follow all precautionary measures and scientific advice to curb the spread of the pandemic. The inconsistent implementation and advocacy of public health measures can potentially cause public confusion among the citizens. It is therefore important that the government and public health experts become consistent and serious in dealing with the COVID-19 pandemic.

LACK OF INFORMATION

One of the major challenges Tanzania is facing is lack of information. Early in May 2020, the government of Tanzania closed the national health laboratory after several false positives were reported on samples of papaya and goat that were secretly tested. Consequently, this led the authorities to claim that test kits being used were of poor quality and the head of the laboratory was suspended. The government also questioned the safety of imported masks, a claim that African Center for disease control and prevention and the WHO denied. Ultimately, on June 8, the government of Tanzania declared the country to be COVID-19 free without providing supporting evidence.⁶ Since April 2020, the government has never provided any official data on the COVID-19 situation in the country despite repeated calls from the WHO and Centers for Disease Control and Prevention (CDC) Africa.^{2,6} Hence, little is known on the true extent of the disease, whether the virus has been contained or not and the effectiveness of the preventive measures.²

The lack of data transparency on COVID-19 has created a disabling environment for nongovernmental health organizations and institutions that focus on delivering health messages on COVID-19 in Tanzania.⁵ Although currently it is not well-known whether people are following COVID-19 preventive measures, the government claims have huge potential to create mistrust and confusion among communities and therefore such communities might not take the preventive and control measures seriously. Having access to timely and wellupdated information is essential to make informed decisions and carry out science-based containment strategies. Such information also informs the population at risk, visitors and travellers to take personal preventive measures such as vaccinations.

Tanzania's failure to report COVID-19 data has raised concerns of the WHO, the African CDC and other neighbouring countries in the management of the pandemic.^{6,7} This has



made it difficult for the African CDC to gauge the evolution of the pandemic in the country and implement the African COVID-19 strategy across all the countries in the continent. At the time when the Tanzanian government stopped providing official data on COVID-19, there were already concerns from the neighbouring countries that truck drivers coming from Tanzania were testing positive to COVID-19.⁷ This lack of data sharing could result in worsening of the COVID-19 situation in Tanzania, financial loss, increased human deaths and spread of infection into initially unaffected areas and regions. Furthermore, there have been various media reports from both local and international media houses claiming a rapid surge of COVID-19 related cases and deaths, with some hospitals in Dar es Salaam overwhelmed by patients.⁵ These reports raise suspicion that the government is hiding the true extent of COVID-19 cases.

While Tanzania has been silent on reporting coronavirus cases, there has been a recent rise in cases and deaths reported in most African countries including Tanzania's immediate neighbours such as Kenya, Zambia and Malawi.⁸ Considering the porous borders in most African countries and laxity of Tanzanian Ministry of Health on COVID-19 preventive measures, the country is therefore vulnerable to severe acute respiratory syndrome coronavirus 2 and may have a similar trend of COVID-19 like most of its neighbouring countries. There is the probability of spike of COVID-19 in Tanzania. A doctor at a hospital in Dar Es Salaam told the British Broadcasting Corporation that a remarkable number of patients who were admitted, presented significant respiratory symptoms in line with COVID-19, leading to an increased need for Oxygen in the hospitals.

As countries are battling with the second wave of the pandemic,^{9,10} innovations, treatments, and vaccines will become an important preventive measure to contain the spread of the virus.¹¹ It is exciting to note that vaccines have been developed and licensed for use in the United States of America and Europe. African countries including Tanzania must take part in this global vaccine, as it is the only way to bring the world back to normal. However, it is uncertain if Tanzania will accept the vaccine as there are reports that Tanzania will use local herbs instead of laboratory vaccines and no plans have yet been put in place to import the COVID-19 vaccine.¹² This will be a huge blow not only to the health sector in Tanzania in the fight against the pandemic, but also to Africa and the world.

CONCLUSION

Tanzania's obliviousness in mitigating the COVID-19 pandemic has caused concerns. Although there were early efforts to combat the pandemic, the responses have been inconsistent, inadequate and lack political will. Little is known about the current COVID-19 situation in the country as there is no data provided by the officials. Thus, it is not clear whether the coronavirus is contained or not. The COVID-19 situation in Tanzania requires a strong political will among governments and public health officials. For Tanzania to win the battle against COVID-19, there is a need for consistent implementation of preventive and control measures within the country. The government should use evidence-based decision making in their efforts. The WHO needs to ensure that member states comply with various international regulations including sharing information on health emergencies as no one is safe if all is not safe.



REFERENCES

- Tarimo CS, Wu J. The first confirmed case of COVID-19 in Tanzania: recommendations based on lesson learned from China. *Trop Med Health* 2020;48(1):25.
 PUBMED | CROSSREF
- 2. Al Jazeera Media Network. Tanzania Opposition angry over no corona updates in two weeks. https://www. aljazeera.com/news/2020/5/13/tanzania-opposition-angry-over-no-coronavirus-update-in-two-weeks. Updated 2020. Accessed December 27, 2020.
- Ali Mohamed EM, Alhaj Abdallah SM, Ahmadi A, Lucero-Prisno DE. Food security and COVID-19 in Africa: implications and recommendations. *Am J Trop Med Hyg* 2021;104(5):1613-15.
 PUBMED | CROSSREF
- Osseni IA. COVID-19 pandemic in sub-Saharan Africa: preparedness, response, and hidden potentials. *Trop Med Health* 2020;48(1):48.
 PUBMED | CROSSREF
- Devex. Muddled messaging around COVID-19 complicates response in Tanzania. https://www.devex.com/ news/muddled-messaging-around-covid-19-complicates-response-in-tanzania-97590. Updated 2020. Accessed December 26, 2020.
- Face of Malawi. Africa CDC concerned over Tanzania's virus response: https://www.faceofmalawi. com/2020/08/07/africa-cdc-concerned-over-tanzanias-virus-response/. Updated 2020. Accessed December 31, 2020.
- The Washington Post. At a busy East African border, testing truckers created perfect conditions for coronavirus to spread. https://www.washingtonpost.com/world/2020/05/22/kenya-tanzania-coronavirusborders/. Updated 2020. Accessed January 12, 2021.
- 8. Worldometer. Coronavirus update. https://www.worldometers.info/coronavirus/. Updated 2021. Accessed January 12, 2021.
- Ahmadi A, Gandour G, Ghaffari H, Sati H, Mrad AA, Semaan S, et al.. Food security and COVID-19 in Afghanistan: a two-sided battlefront. *Trop Med Health* 2021;49:77.
 CROSSREF
- Juma CA, Mushabaa NK, Abdu Salam F, Ahmadi A, Lucero-Prisno DE 3rd. COVID-19: the current situation in the Democratic Republic of Congo. *Am J Trop Med Hyg* 2020;103(6):2168-70.
 PUBMED | CROSSREF
- Nit B, Samy AL, Tan SL, Vory S, Lim Y, Nugraha RR, et al.. Understanding the slow COVID-19 trajectory of Cambodia. *Public Health Pract (Oxf)* 2021;2:100073.
 PUBMED | CROSSREF
- 12. Africanews. Tanzania to use local herbs instead of vaccine against COVID-19. https://www.africanews. com/2020/12/18/tanzania-to-use-local-herbs-instead-of-vaccine-against-covid-19/. Updated 2020. Accessed December 26, 2020.