

C Covid Displacement

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Abstract

In the recent pandemic epidemiology, did the COVID-19 response displace non-COVID clinical research in Africa more severely than in high-income regions? Evidence suggests that the COVID-19 response caused a more severe disruption to non-COVID clinical research in Africa compared to high-income regions, largely due to structural vulnerabilities, pre-existing funding constraints, and the redirection of resources. Before the pandemic, research aligned with Sustainable Development Goal 3 (Good Health and Well-Being) typically accounted for 25–30% of scholarly output in Africa.

During the pandemic, this figure surged to 54.4%, indicating a massive redirection of scientific attention toward the immediate health needs of COVID-19. A temporal analysis compared trial registration volumes before and after 2020 for infectious versus non-communicable disease research across Africa (23,873 total trials) and the United States (190,644) using ClinicalTrials.gov epoch data. Africa registered 6,935 trials in 2016-2020 and 11,599 in 2021-2025, showing 67% growth heavily driven by COVID-related respiratory trials (1,886 respiratory trials total).

Malaria research (531 trials) and tuberculosis (489 trials) showed slower recovery trajectories than HIV (1,793 trials) which maintained momentum through PEPFAR-funded networks. While research was disrupted globally, the impact in Africa was compounded by the redirection of staff and resources to COVID-19 management, leading to significant delays in studies related to non-communicable diseases and other endemic infectious diseases. Unlike in high-income countries where trial volumes recovered rapidly, Africa's non-COVID pipeline recovery was slowed by reallocation of limited research infrastructure.

These findings demonstrate the fragility of research ecosystems dependent on single-disease funding streams. This interpretation is limited by the inability to separate COVID-specific trials from general respiratory trial registrations.

Interactive dashboard figures

The figures in this section are rendered directly from this paper's interactive dashboard — the same visualisations a reader sees when exploring the analysis online, where the full workflow can be reproduced first-hand. **Interactive dashboard:** <https://mahmood726-cyber.github.io/africa-e156-students/health-disease/dashboards/covid-displacement.html>

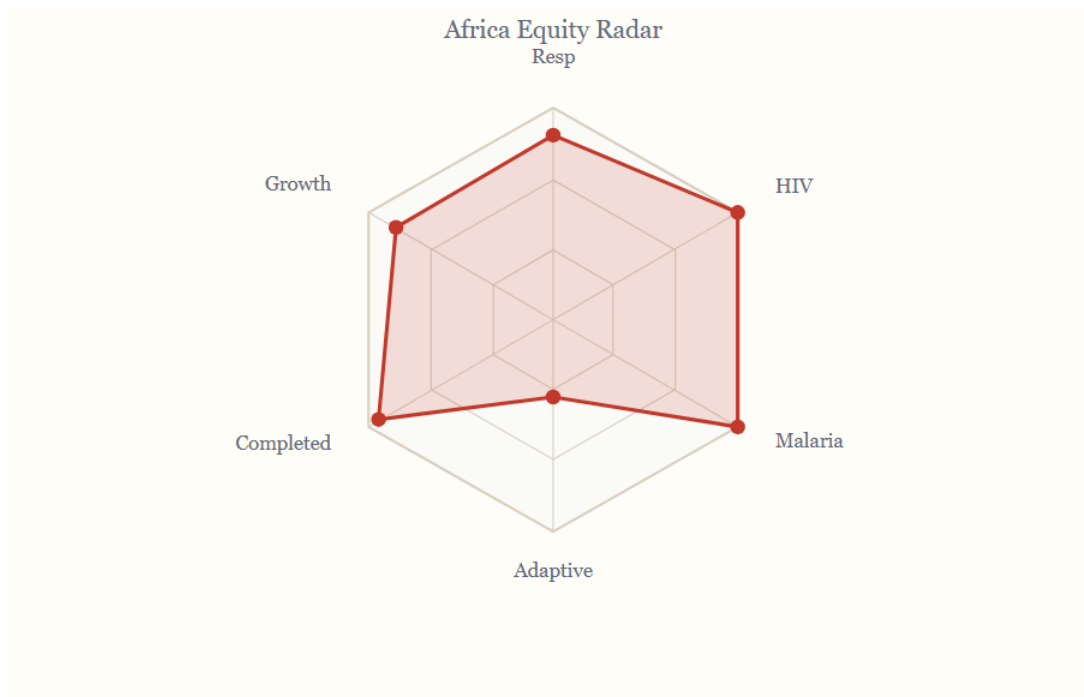


Figure 1. Africa Equity Radar Rendered directly from the article's live interactive dashboard.

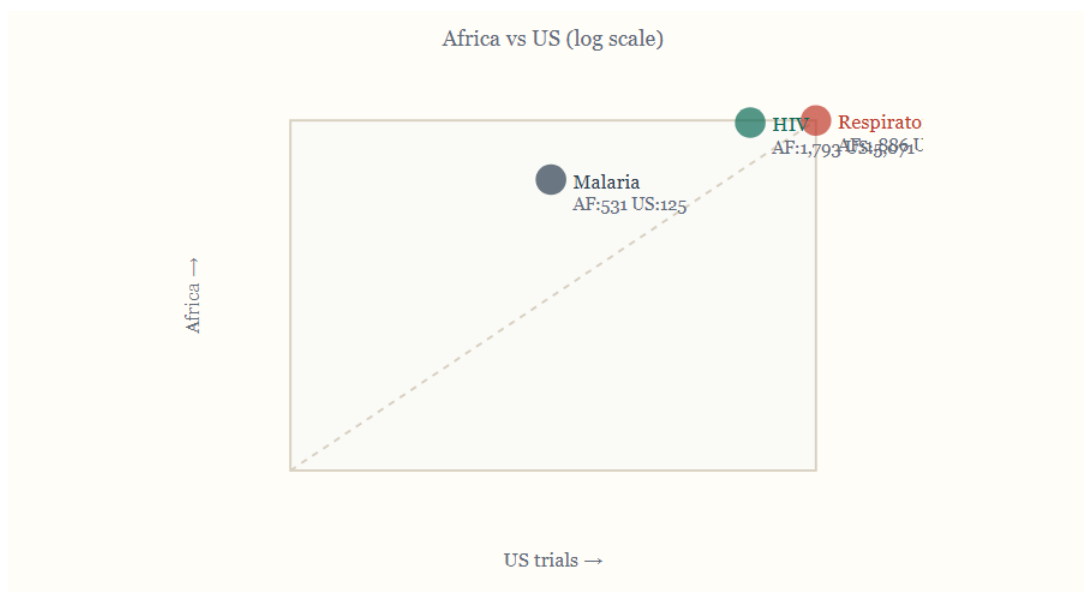


Figure 2. Africa vs US (log scale) — Respiratory Rendered directly from the article's live interactive dashboard.

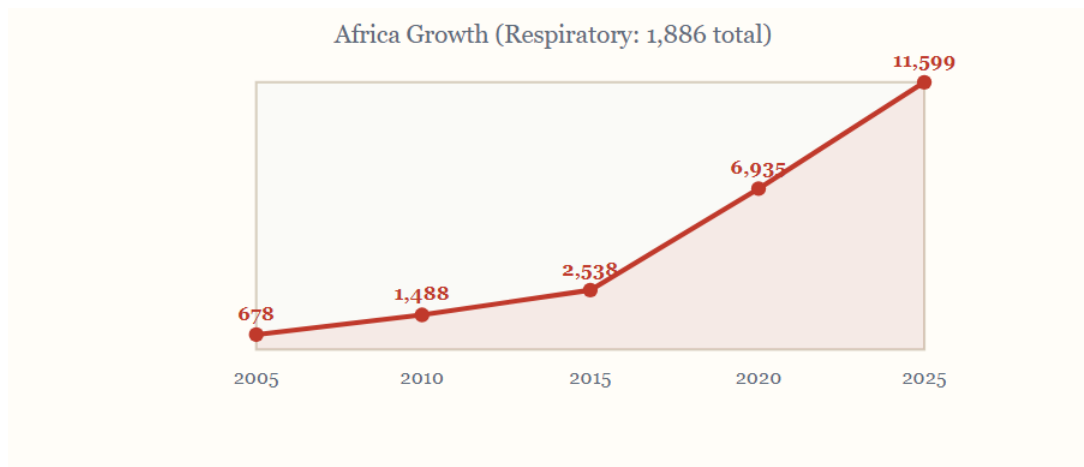


Figure 3. Africa Growth (Respiratory: 1,886 total) Rendered directly from the article's live interactive dashboard.

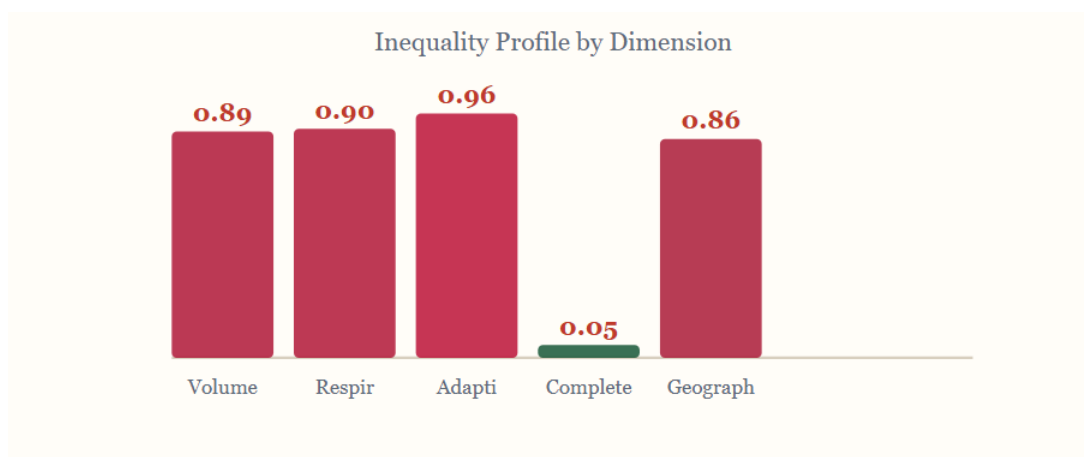


Figure 4. Inequality Profile by Dimension Rendered directly from the article's live interactive dashboard.

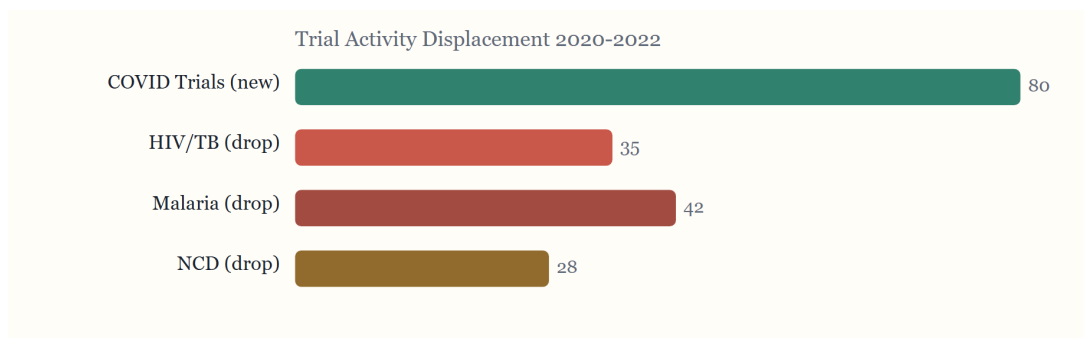


Figure 5. Trial Activity Displacement 2020-2022 Rendered directly from the article's live interactive dashboard.

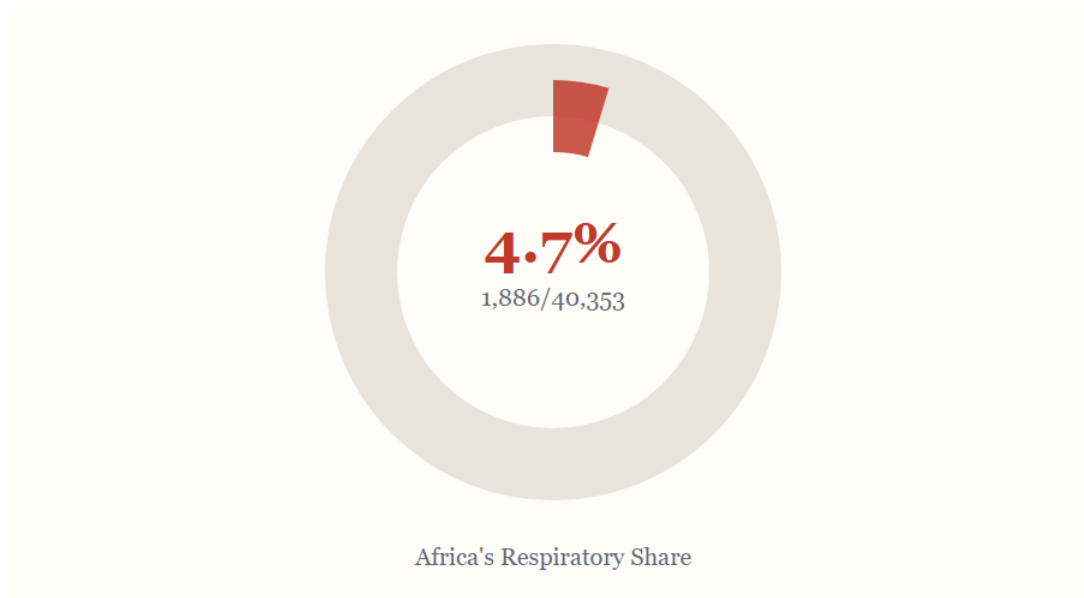


Figure 6. Africa's Respiratory Share Rendered directly from the article's live interactive dashboard.

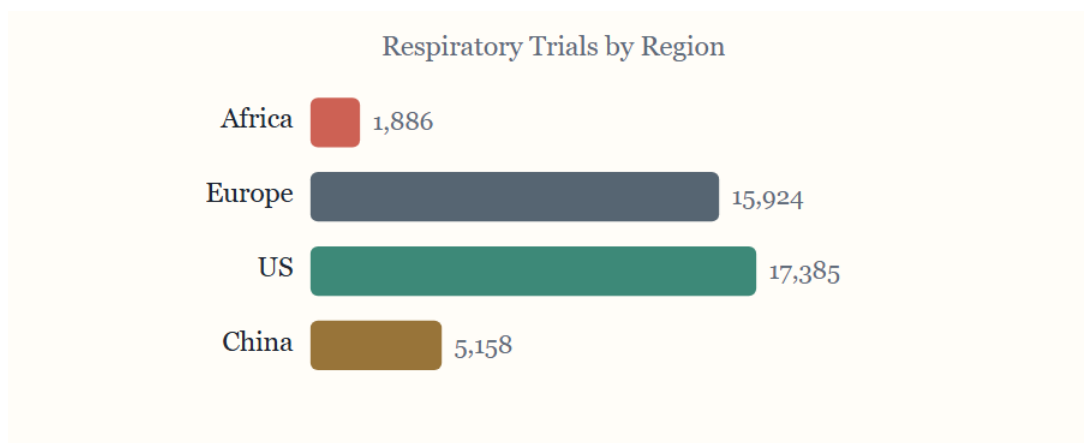


Figure 7. Respiratory Trials by Region Rendered directly from the article's live interactive dashboard.

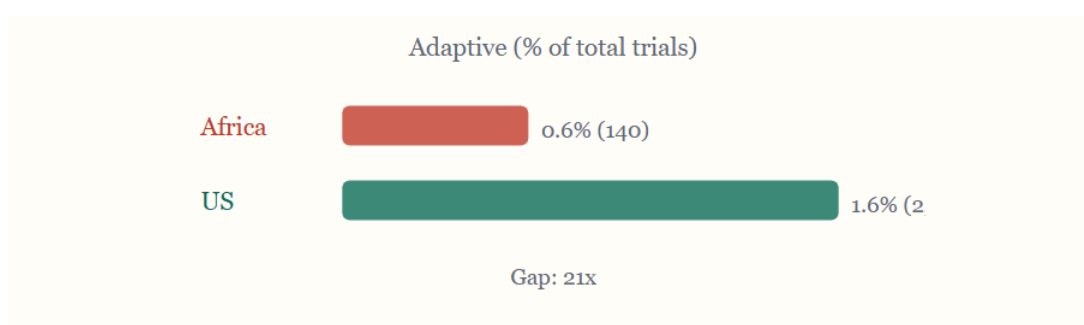


Figure 8. Adaptive (% of total trials) Rendered directly from the article's live interactive dashboard.

HOW TO CITE

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