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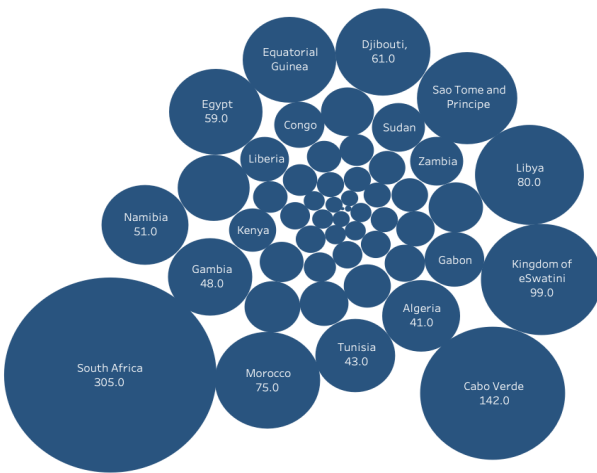
04
Facets Impacted on by
COVID-19 in Africa

Cumulative COVID-19 cases in Africa among 55 AU Member States, Mid-October (16th), 2020

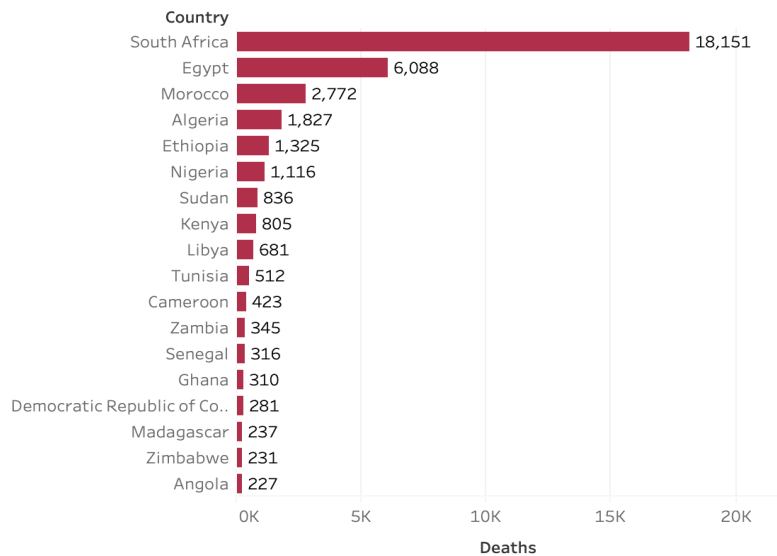


Africa accounts for approximately 4% of the global COVID-19 cases (1,632,634) as at October 16th, 2020. South Africa tops the list and there are growing numbers of new infections observed mostly in Morocco; with three times the daily cases confirmed in South Africa. South Africa, Libya and Morocco are the top three countries with highest total cases per 1 million population ranging from 6,700-11,700, while South Africa and Libya still remain the two countries with the highest COVID-19 test rates.

Deaths Per 1 Million Population from COVID-19 Among 55 AU Member States, October 15, 2020



Total Cumulative Deaths from COVID-19 Among Top 18 Leading Countries with at least 200 Deaths Among 55 Member States, October 15, 2020



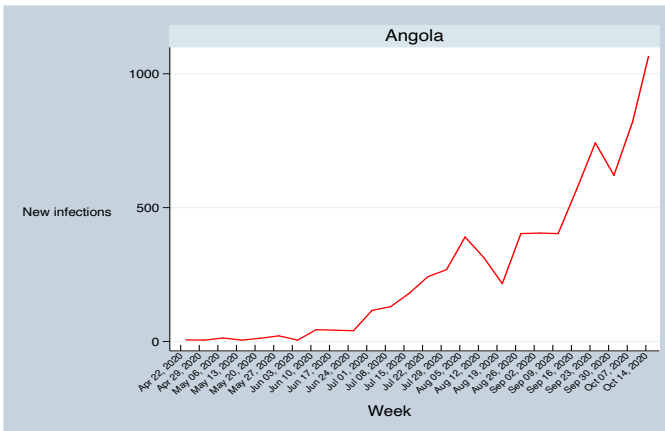
Total cumulative deaths show the top eighteen (18) countries with at least 200 cumulative deaths from COVID-19. South Africa has the highest number of deaths, while total deaths have notably been on the rise in Egypt which currently has recorded one sixth the cases in South Africa (105k vs. 698k), but has a case fatality ratio of 5.76 which is twice as much when compared to South Africa with 2.6 CFR. South Africa still ranks highest in the deaths per 1 million population, but pales in comparison to countries with highest confirmed cases such as United States and Brazil (676 and 639 deaths per 1 million population respectively).

COVID-19 Wave 2; 'to be' or 'not to be'. Is Africa ready?

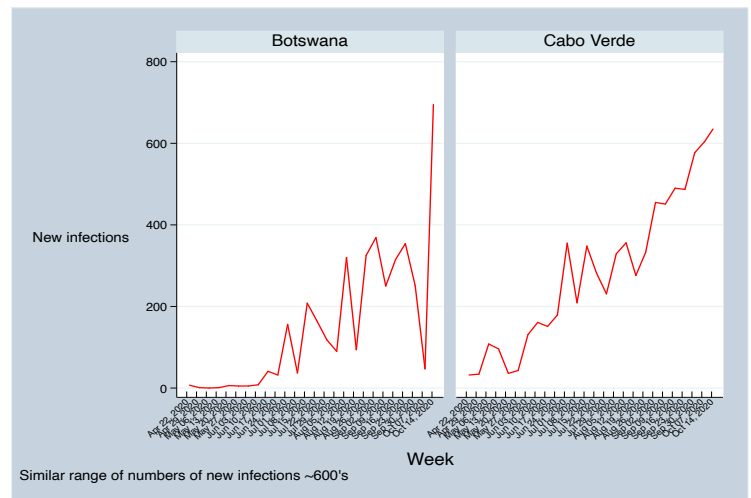
One question in the minds of many Africans is; will there be a second wave? Is it here already? Technically, the first wave hasn't ended, at least for some member states, but Africa could very likely face a surge in the '**ember**' months as climate conditions transitions to the harmattan season which is categorized by cold temperatures and lower relative humidity. During this season with lower relative humidity, the size and composition of the virus-carrying respiratory droplets can change such that the salts in the droplets crystallize out leading to lower salt concentration that are better for virus survival¹. Hence, a resurgence of SARS-Cov2 is anticipated in the coming months. Will there be a wave 2? Which countries have achieved the end of the first wave? Which Member states are still in wave 1?

Member States Yet to Achieve End of Wave 1

With over 1.6million confirmed cases and almost 40,000 deaths already in the continent, the new weekly infections have declined in comparison to its peak in mid-July with **127,289 new weekly (over a 7-day period)** infections compared to **56,851** new weekly infections as of October 15, 2020 which indicates a **55.3%** decline in change rate of new weekly infections. A deep dive into country level, data shows more than two-thirds of Africa countries may have achieved the end of the first wave. However, **six** member states including Angola, Botswana, Cabo Verde, Libya, Morocco and Tunisia are yet to witness the end of first wave end as the data continues to reflect an upward spike.

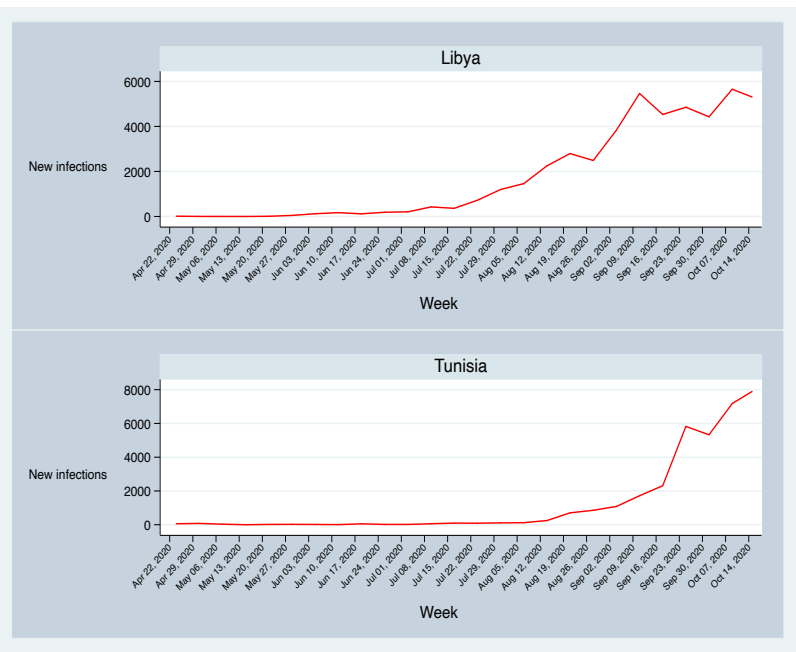
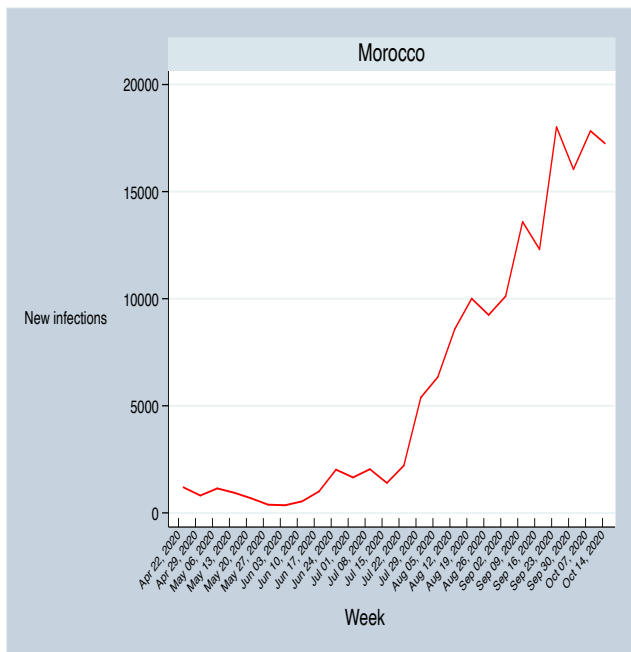


These six countries continue to show an increasing trajectory and a doubling of new weekly infections along this same time frame when the peak period of mid-July is compared to the current time of mid-October 2020. Angola has nearly tripled from 433 new weekly infections in mid-July to 1,065 by mid-October 2020. Botswana and Cabo Verde have doubled from 300's to more than 600 new infections. In Libya and Morocco, though new weekly infections doubled relative to mid-July, the change rate in mid-October compared to preceding week increased by an average of 10-12%. While for Tunisia, the change rate is still as high as 30%.



As these spikes continue to occur in these six countries, it becomes critical for the governments of these countries to tighten its restrictions and adopt measures that stimulates its inhabitants to adhere to recommended safety guidelines and social distancing standards.

¹ Grant, W. B., Lahore, H., McDonnell, S. L., Baggerly, C. A., French, C. B., Aliano, J. L., & Bhattoa, H. P. (2020, April 1). Evidence that vitamin d supplementation could reduce risk of influenza and covid-19 infections and deaths. *Nutrients*. MDPI AG. <https://doi.org/10.3390/nu12040988>



With more than 32 member states showing steady declines in new infections, it is still too soon to celebrate, as many countries are concurrently making decisions that could potentially increase the vulnerability of the population to the pandemic and result in a second wave.

Factors that could cause a second wave

Generally, much of the Africa economy is consumer-driven e.g. shops, stores, restaurants, entertainment, saloons, markets, which heightens social pressure to intermingle and relaxes social distance standards. In early September 2020 and October, a significant number of Africa countries opened its borders and loosened restrictions, resulting in the re-opening of businesses, school, workplaces and travel, in a bid to revamp the economy and commerce. Among the 55 AU Member states, more than 25 countries lifted travel restrictions, lifted curfews and recommenced tourism. The loosening of social distance measures promotes the reemergence of the 'usual' social patterns and congregation.

A call to Action

While we note these factors, it is noteworthy to recognize the efforts by some member states to prevent a second wave. In September 2020, South Africa launched the COVID Alert SA²- the creation of a smart phone application to allow geolocation of COVID-19 clusters, as well as an 'exposure alert' which provides information to individuals if they come into contact with confirmed or positive COVID-19 cases. For an effective use and to stop the second wave,

a significant number of the population is expected to download this application on their smart phone devices. Aside this innovation and under the assumption of an imminent resurgence; is Africa ready for a second wave?

To confront a second wave of the pandemic, reduce the population's vulnerability and improve each Member state's preparedness response, Africa must ensure that (i) a **unified effort** among federal,

state and local responders such that nationally recommended guidelines are implemented and adhered to at state and local levels. At this instance, countries need to introduce context-driven innovative approaches to promote social distancing and reinforce frequent handwashing and sanitizing. Additionally, at local levels, evidence driven community-based approaches that have been shown to be effective should be adopted and

institutionalized as a means of empowering the community to tackle the pandemic and a platform that serves to improvise risk communication by trusted local leaders. (ii) In COVID-19, **testing** is everything! Diagnosis is the entry point for identification, prioritization, care and management. Therefore, Member states will need to amp up their testing rates and ensure all subsequent extensive contact tracing measures are deployed in

applicable cases. (iii) Response planning and risk communication are two vital elements that are underscored to achieve minimal population risk and exposure. The COVID-19 ‘infodemic’ and misinformation has in many ways influenced the perception and health behavior of individuals underscore. Countries must ensure that laxity is not exercised in empowering the communities with the right information through the right and trusted sources (iii)

Importantly, a key suggested action for Africa nations is to sustain the procurement and distribution of infection prevention and Control (IPC) materials. This would entail the need to promptly forecast and quantify adequate amounts of IPC materials for various congregate settings extending beyond health facilities, airports and religious settings, while also ensuring the engagement of effective distribution channels.

Facets Impacted on by Covid-19 in Africa

Though the impact of COVID-19 is unlimited, below is a highlight of major facets of an individual’s life and the overall populations health that have either been directly and/or indirectly impacted on by COVID-19. Restrictions in movements and curfews resulted in reduced physical activity and disruption of businesses. Social distancing, school closures, adjusted health resource allocation to address COVID-19 at the expense of other health services, limited transport and mobility, closure of congregate settings such as religious and social gatherings, unemployment and resultant food insecurity; all impact on the mental wellbeing. This concept provides a subtle guide for Africa nations on sectors to consider when addressing the secondary impacts of the pandemic. Based on the foregoing, Africa should place mental health in the center piece of all strategies and interventions targeted at addressing the secondary effects and impact of COVID-19.

