

Africa's confirmed cases rise to 7,600, as 314 die from the coronavirus

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The number of confirmed cases of COVID-19 now stands at over 7,600 in Africa, with 314 fatalities. At least 50 countries, according to AfricaNews, have recorded infections, and just four are virus free.

“Africa can learn from the experiences of other countries, which have seen a sharp decline in COVID-19 cases through rapidly scaling up testing, isolating cases and meticulously tracking contacts,” stated Dr Matshidiso Moeti, WHO Regional Director for Africa.

The response of African governments, however, has been to ramp up the powers of the state and impose brutal lockdowns with virtually no mass testing, contact tracing or isolation taking place.

The official count of cases and deaths is believed to be a severe underestimate. There have been warnings that if the pandemic is not adequately combatted, millions of the continent's impoverished masses will die.

In South Africa, there are 1,505 confirmed cases—the highest on the continent. South Africa has only reported nine deaths compared to Algeria's high of 105. Alexandra and Khayelitsha, two of the country's biggest townships have already recorded positive cases. Health Minister Zweli Mkhize warned that this is the “calm before a heavy and devastating storm.”

Most hospitals lack adequate personal protective equipment and ventilators and there is a shortage of ICU beds. Anneline Hansraj, a paramedic for 15 years and an intermediate life support paramedic at Kwa-Zulu Natal VIP Medical and Rescue, spoke to *Independent Online* (IOL) to describe the life-threatening conditions facing health care workers:

“Being a paramedic is risky, because I am exposed to people who might have the virus” she said. “If I contract the virus, I would have to self-isolate, away

from my husband and daughter, for weeks. This could lead to emotional and psychological trauma. I am preparing for the worst. I recently met with a financial adviser to get my policies in order in the event of my death. This is a scary time for healthcare workers as many of us are putting our lives on the line to help others.”

Describing the underfunded and dilapidated state of the South African health system and complete lack of guidance being given to healthcare workers, she told IOL:

“We are basically implementing the guidelines provided by the Department of Health. This includes sanitising our vehicles, equipment, or hands before and after a call-out and those of our patients. We wear masks and gloves as well to stop the spread of germs. In Phoenix, there are only four government ambulances available to the community. We have written to the Department of Health telling them we will work hand in hand with them to fight the virus.”

Adding to the woes of the already strained health care system, the City of Ekurhuleni recently reported that it had closed the Duduza Clinic in Nigel in Gauteng indefinitely, after a nurse tested positive for COVID-19, according to *News24*. This comes after reports that two doctors at the Mmametlhake Hospital in Mpumalanga had tested positive for the virus. There are already more than 12 health care workers who have tested positive for the coronavirus. The Free State has seen as many as three doctors, a nurse and a neuro-physicist contracting the disease. In Gauteng another six doctors have contracted the coronavirus.

In Libya, they are 11 confirmed cases and one reported death, but there is deep unease among experts that this is not an accurate picture. Liam Kelly, Country Director for Libya at the Danish Refugee Council,

speaking when the first case was confirmed, said, “Libya’s capacity to test the population and diagnose coronavirus is extremely limited... The probability that there is just one case in Libya is thus very small. There are surely other cases, but they are going undetected.”

Elizabeth Hoff, head of mission for the World Health Organization (WHO) in Tripoli said, “This is a health system that was close to collapse before you get the coronavirus.”

In a 2018 report, the WHO noted that there is simply no “specific organisation or institution responsible for public health emergencies” in Libya. The war-torn country has been in chaos since the onset of a bloody war just under a decade ago, instigated by the major imperialist powers—aided and abetted by pseudo-left groups like the now defunct International Socialist Organisation (ISO) and the New Anti-Capitalist Party (NPA)—that ended in the toppling and brutal murder of Muammar Gaddafi. Arguing that the repression of CIA-backed protestors posed more of a threat to Libya than a war of aggression by the Western powers, the pseudo-left justified sociocide—the destruction of an entire society.

More than 300,000 people have been displaced since the civil war began. Many are now forced to live in cramped housing and refugee camps with inadequate water and no proper sanitation. While according to the *Financial Times*, militias backed by the major imperialist powers and the various warring factions in the civil war receive “\$1,000 a month to protect facilities, rising to \$1,500 a month for ‘missions’,” Reuters reported in March that a “doctor in a medical centre in Tripoli said she had not been paid since last year.”

These conditions have created a situation where many young and promising doctors who left the country simply do not want to return. There has been a huge loss of medical staff not only from emigration, but from the daily violence of the civil war. According to Al Jazeera, in July of 2019, five doctors were killed when forces led by the warlord Khalifa Haftar, backed by French imperialism, attacked a field hospital in Tripoli.

Recently, the *Libya Observer* reported that Dr. Mohamed Ajram, an ophthalmologist in Benghazi, disappeared after criticizing the pro-Haftar forces in the eastern region over their handling of the coronavirus pandemic. He said in an interview, “People who come

to the hospital with COVID-19 symptoms walk from ward to ward to have their tests and check-ups and this risks passing on the virus to other negative patients... Doctors and health care providers risk their lives every day as they deal with patients without any protective clothing and equipment.”

Soon after, Ajram posted to his Facebook page that he had been summoned by security forces in the region.

In the Central African Republic, there are eight confirmed cases with no recorded deaths.

Despite significant natural resources, the country is one of the poorest in the world, with 70 percent of its nearly 5 million people living below the international poverty line (\$1.90 per day). With nearly 2.9 million in need of humanitarian assistance, the Human Development Index (HDI) ranks the country as having the second lowest level of human development, 188th out of 189 countries.

Decades of sectarian violence and a humanitarian crisis, brought on predominantly as the result of French imperialism’s pursuit of its predatory interests in its former colony, have left the country without a functioning health system or viable social infrastructure. In a report, Global Humanitarian Response Plan to COVID-19, the United Nations’ coordinated appeal states that the Central African Republic is “one of the least prepared countries to face a COVID-19 outbreak.”

Elise Ponson, Concern’s Country Director in the Central African Republic, told RTE News, “The entire country of five million people has three ventilators only so we can say the level of preparation is basically non-existent at the moment.” She concluded, “70 percent of health centres in CAR are reliant on charities to even function. There is “absolutely no capacity in terms of intensive care units outside of the capital.”



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