

Africa's one million coronavirus cases “the tip of the iceberg”

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Africa, a continent of 1.2 billion people, has now recorded 1 million COVID-19 cases and 21,617 deaths. While the virus was initially slow to take off, the number of cases has risen steadily as lockdown measures and restrictions put in place to stem the spread of the coronavirus have been lifted.

Stacey Mearns, Senior Technical Adviser of Emergency Health at the International Rescue Committee (IRC) said, “The doubling of confirmed COVID cases in July across African countries is alarming, but we are worried that this could be the tip of the iceberg.

“For all the countries where we work in the region, testing rates fall far below WHO guidelines. Without testing, there are indeed ‘no cases’—but this does not mean the virus is not spreading unchecked.”

South Africa is by far the worst affected country, accounting for nearly half the infections, with more than 500,000 cases and more than 9,600 deaths. But Mike Ryan, the World Health Organization (WHO)'s top health emergencies expert, warned that South Africa foreshadows what is likely to happen across the continent.

Other severely affected countries include Egypt with 95,000 cases and nearly 5,000 deaths, Nigeria with 45,000 cases and 930 deaths, Algeria with 34,000 cases and 1,273 deaths, Sudan with 12,000 cases and 763 deaths, Morocco with 30,000 cases and 449 deaths, and Ghana with 40,000 cases and 206 deaths.

These figures must be treated with caution since most of the continent lacks adequate testing facilities. While the WHO recommends at least one test per 1,000 people per week, some of the poorest countries, including Niger and South Sudan, have carried out fewer than one test per 1,000 since March, so the number of cases is vastly underestimated.

The number of deaths is also only a rough estimate, as many countries do not have rigorous systems for registering either births or deaths. Even in South Africa,

where statistics are broadly reliable, more than 28,000 excess deaths have been recorded since early May, indicating that the real number of COVID-related fatalities is three times higher than the 9,000 confirmed deaths.

With numbers rising all over the continent, Matshidiso Moeti, WHO Regional Director for Africa, said, “We are concerned that ... we will see an increase in cases as we have seen in [other] countries where restrictions have been eased too soon.”

Between June and July, the number of cases grew by 500 percent—more than doubling in the month of July despite “dire testing shortfalls and poor access to data” in most African countries, suggesting that the actual incidence of the disease could be much wider than the official figures suggest.

WHO Secretary-General Tedros Adhanom Ghebreyesus's warning at the beginning of the pandemic to “plan for the worst and prepare today” and his calls to African governments to “wake up,” fell on deaf ears. Most governments imposed strict lockdowns and curfews that led to severe hardship for millions of people living in overcrowded and insanitary conditions, and dependant for their livelihoods on finding work as day labourers or street traders.

Africa's health care systems are fragile, to say the least. While the WHO recommends a ratio of 83 nurses per 10,000 people, sub-Saharan Africa has fewer than 20 nurses for every 10,000.

In Côte d'Ivoire there are just six nurses for every 10,000 people compared to 82 in the UK, and in the Democratic Republic of Congo there are 11 nurses per 10,000 compared to 132 in Germany. Rural areas fare worse: only 15 percent of health workers in Angola and 17 percent in South Africa serve rural areas, where roughly half the population lives.

According to Bloomberg, Africa accounts for 3 percent

of the world's health care workers and 1 percent of its financial resources, leaving hospitals overflowing with coronavirus patients, and running short of oxygen and ventilators.

African health systems, ill-equipped, underfunded and understaffed, have left health care workers exposed to the virus. Over 18,000 health care workers have contracted the coronavirus on the continent—while at least 258 have already died—largely due to the lack of personal protective equipment.

According to the WHO, in Liberia, which lost 8 percent of its health care workers to Ebola, 184, or 16 percent, of its health care workers have already been infected. In the small west African nation of Guinea-Bissau, 176, or 9 percent of the country's 2,000 health workers, have tested positive for COVID-19, while 16 percent in Niger and 15 percent in Sierra Leone have tested positive—compared to 3 percent in the US.

The impact of the pandemic overwhelms and disrupts health care systems and services for HIV/Aids, tuberculosis, and malaria—illnesses that also compound the effects of the coronavirus—leading to an additional loss of life.

East and Southern Africa have the highest rates of those living with HIV. According to *Avert*, despite containing only 6.2 percent of the world's population, these regions account for 54 percent of the world's 20.8 million people diagnosed with HIV.

In 2018, South Africa added 240,000 new infections, while Mozambique (150,000), Tanzania (72,000), Uganda (53,000), Zambia (48,000), Kenya (46,000), Malawi (38,000), and Zimbabwe (38,000) accounted for 50 percent of all new infections. In 2018, a massive 1.1 million children aged between 0-14 years were living with HIV in East and Southern Africa.

The International Monetary Fund (IMF) predicts that the Sub-Saharan African economy will contract by 3.2 percent this year—while the World Bank predicts the African economies will contract between 2.1 and 5.1 percent.

The worst affected economies are expected to be in South Africa, Nigeria, and Angola—primarily due to their reliance on the export of mineral and oil resources. In Nigeria, Africa's most populous nation of 200 million, 70 percent of the population, in both rural and urban areas, have suffered a reduction in income since the pandemic began.

Africa's economy is heavily dependent upon agriculture, accounting for 23 percent of GDP and 60

percent of economic activity, and on food imports—both hard hit by restrictions and lockdowns. At least \$47 billion worth of food was imported in 2018. Trade and value chain disruptions due to world transportation and lockdown restrictions mean these imports could decline by 25 percent, turning the health care crisis into a food security crisis.

Before the outbreak, 670 million Africans were food insecure—with 270 million severely food insecure. The number had increased by 10 percent across 13 countries in southern Africa in the last year.

According to Relief Web, 40 percent of the population in southern Africa will become food insecure as a result of the pandemic and climate shocks. In Malawi, Zambia, Zimbabwe, and South Africa, 17 million are already food insecure due to drought. Even Zambia, considered Africa's breadbasket, has witnessed "acute food and water insecurity, high chronic malnutrition, livestock diseases, and crop destruction." As a result of the pandemic at least 2 million people will become severely food insecure. Excluding South Africa, 60 percent of the population in the region relies on small scale farming.

Across the entire continent, at least eight in 10 workers are employed in the informal sector. Some 20 million are set to lose their jobs as a result of the pandemic.

Just 17.8 percent of workers are covered by a social protection scheme, with only South Africa and Zimbabwe offering any social safety net. Even this is minimal, with South Africa excluding some of the most vulnerable workers—such as its 4 million migrants—and failing to deliver much of the promised \$2.2 billion support package to many workers.

In Zimbabwe, the National Social Security Authority (NSSA) lost \$22 million in a botched deal with a real estate developer. Between 8 million to 10 million Zimbabweans are expected to require social protection during the coming peak hunger season.



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