

# Tunisian hospitals overwhelmed as COVID-19 surges across Africa

Kumaran Ira  
27 July 2021

Hospitals in Tunisia and across much of Africa are overwhelmed as the Delta variant fuels a July upsurge of COVID-19 to levels in Africa unprecedented since the beginning of the pandemic.

Tunisia, with 575,002 cases and 18,968 deaths registered, has the highest rate of confirmed cases and deaths of any continental African country. It has seen 48,116 cases and 1,587 deaths of COVID-19 per 1 million inhabitants. However, the Delta variant has driven caseloads and the strain on inadequate health care systems to unprecedented heights in countries across the Maghreb, all of West Africa and indeed the entire African continent.

While nearly half of Tunisia's confirmed cases and deaths have occurred just since May 2021, cases surged to 5,494 in Morocco on July 24, approaching the worst days of November 2020; to 1,505 on July 26 in Algeria, the highest ever; and 1,722 on July 18 in Senegal, also a new record.

Yesterday, Senegal's national Director of Public Health Institutions, Ousmane Dia, told AFP: "We are overwhelmed and close to saturation, with 99 percent of hospital beds occupied in Dakar," the capital. "It is hard to keep up if we receive 600 to 700 new patients each day," he added, noting that health personnel are "extremely tired and burned out." Dia said that the situation was only somewhat better outside of the capital, with 45 percent of hospital beds already occupied. Only 640,000 of Senegal's 17 million people are vaccinated against COVID-19.

Tunisian hospitals have seen conditions like those in Dakar for a number of weeks. On July 8, Health Ministry spokesman Nissaf Ben Alaya bluntly declared: "The current health situation is disastrous. ... The rate of new cases has enormously increased. The health system, unfortunately, has collapsed." Alaya

pointed to an acute shortage of beds and especially of medical oxygen to treat the severely ill, adding: "If we do not unite our efforts, the health catastrophe will only worsen."

Since these statements, Tunisia took emergency measures and received international assistance that has slowed the pace of recorded infections, although—in line with policy in the imperialist countries of North America and Europe—it still opposes a strict lockdown to allow non-essential workers to shelter at home.

The day after Alaya spoke, Tunis announced a night-time curfew in six of the worst-hit regions of Tunisia. It also received hundreds of thousands of doses of COVID-19 vaccines from China, France, Italy and Portugal; shipments of medical equipment from Germany; and shipments of medical oxygen from Algeria. Over the last week, the number of infections fell 47 percent from the previous week, to 24,641.

Nonetheless, the situation in Tunisia remains extremely grave, and deaths continue to mount among the large numbers of people now on emergency life support. Over 90 percent of hospital beds remain occupied in large areas of the country, not only in the capital, Tunis, but especially in poorer areas with weaker health systems.

Kairouan, a city of 600,000 in central Tunisia, has seen dozens of deaths, including of children, with test positivity rates in the city exploding upwards to between 45 and 50 percent as the contagion exploded out of control. At Kairouan's Ibn Jazzar hospital, the influx of new patients was so fast that COVID-positive patients were mixed with other patients.

Imen Fteiti, a nurse at Ibn Jazzar hospital, told AFP there were so many patients that "some died without us realizing that it had happened." The ward had only 3 nurses for 35 COVID patients. She added: "There is a

lack of oxygen equipment and we have reached a point where we do not know whom to help first. ... We start early in the morning and we never know when we will end.”

She pointed to the horrific psychological stress of seeing so many of her patients die. AFP reported that she is “still haunted by a young woman who begged her to give emergency care to her father, because she had just lost her mother to COVID-19. ‘Unfortunately he died, too,’” Fteiti said.

Staff at Mongi-Slim hospital in the Tunis suburbs spoke to *Le Monde* to share similar stories of tragedy and unbearable work stress during the pandemic. “What is terrifying, is that we cannot see the end of the tunnel. New patients arrive every day, and each time we must make difficult choices to determine who will have access to emergency life support,” an anesthesiologist who wanted to remain anonymous declared. “The average age on life support is between 40 and 50, mainly due to the Delta variant. As soon as one bed becomes free, a new patient arrives.”

She said that she was particularly distressed by the ten young pregnant women who were admitted to her hospital with COVID-19. “We were only able to save one of them,” she said.

She added that she was angry at the Tunisian government’s attacks on health workers’ pay and conditions: “Recently, we were told we would have to give up our vacations, whereas in France, health care staff received bonus pay for their work during the crisis. It is impossible to understand this.”

These reports underscore the politically-criminal failure of the wealthiest capitalist powers to coordinate in a timely manner the sending of critical medical equipment and vaccines to the world’s poorest continent. Reports have emerged that over 4 million people have died during the pandemic in India, unreported in official health figures. It is clear that urgent action is necessary to avert truly horrific losses among Africa’s 1.2 billion population.

Amid the new wave of the pandemic driven by the Delta variant, barely 1 percent of Africa’s population has been vaccinated. While Africa has registered 6.6 million cases and 166,000 deaths, Red Cross regional director for Africa Mohammed Mukhier warned that this was a drastic under-reporting of cases and deaths, which has made it harder to organize international

cooperation to treat the virus in Africa.

He said, “Since the outset of the pandemic, not enough attention has been paid to the evolution of this virus on the African continent. Lower levels of transmission data have created the perception that this region has not been so affected by the pandemic. The upward trend in the number of infections that we are now seeing is partially as a result of insufficient funding to address several gaps in the response. These include weak surveillance mechanisms; weak testing capacity; insufficient protective gear and medical equipment, including hospital beds, oxygen and ambulance services.”

Red Cross official Rui Alberto Oliveira stressed the obstacles to effective treatment of COVID-19 posed by ongoing civil wars and also mass AIDS infections across sub-Saharan Africa. With AIDS badly weakening millions of people’s immune system, this creates a large population that is vulnerable not only to having very serious cases of COVID-19, but also to creating new, potentially more dangerous variants of the coronavirus.

Oliveira said, “Responding to COVID-19 in countries facing multiple crises, such as DR Congo, Sahel, Lake Chad, Mozambique, Ethiopia, Sudan or Somalia is extremely challenging, meaning the disease may continue to circulate unchecked. We cannot wait for the situation to deteriorate further before taking action. We must ensure that enough resources are made available, now, to halt the progress of the imminent and potentially catastrophic third wave of COVID-19 in Africa.”



To contact the WSWS and the  
Socialist Equality Party visit:

**[wsws.org/contact](https://wsws.org/contact)**