

Reporting period: 22 December 2020–4 January 2021

Biweekly Report

As Africa's second wave of COVID-19 cases surpasses the height of its first, African Union (AU) Member States across the continent have reinstated measures to control the spread of the virus. Unlike in April and May, most AU Member States have avoided complete lockdowns, and PHSMs put in place today are more targeted, focusing on the highest burden areas. The new variant detected in South Africa is of concern. Although it is assumed the variant may be leading to increased transmission, given that it is similar in some respects to the variant discovered in the UK, scientists urge caution in assumptions until the appropriate studies are completed on it.

Disease Situation (22 December–4 January)

Total Reported Cases (4 January)	New Cases (22 December–4 January)	Total Reported Deaths (4 January)	New Deaths (22 December–4 January)	Tests per Case Ratio ¹ (4 January)	Total Reported Cases Among Health Care Workers ²
2,855,273	328,864 <i>(31% increase since 8-21 December)</i>	68,032	8,284 <i>(50% increase since 8-21 December)</i>	9.3	69,031

- New cases and deaths increased by 31% and 50% in Africa between the current two-week reporting period (22 December 2020–4 January 2021) and the previous two-week reporting period (8–21 December 2020). The daily average of new cases has [surpassed](#) the daily average sustained during the first wave in Africa in July 2020, with cases in **South Africa** accounting for 56% of new cases during this reporting period. On 19 December, Africa [exceeded](#) 2.5 million detected COVID-19 cases, and on 27 December, **South Africa** reached 1 million COVID-19 cases. The test per case ratio¹ in Africa is 9.3 as of 4 January, which is currently below the recommended range, indicating that many cases are likely going undetected (note: the December holidays have likely affected testing and reporting rates).
 - New cases have increased in 29 AU Member States over the prior reporting period, with an increase of more than 100% in 13 AU Member States. Cases have been rising sharply in **Nigeria** since early December, [reaching](#) a record high. **Zimbabwe** also [recorded](#) its highest number of COVID-19 cases and deaths in one week since the start of the pandemic. In **Eswatini**, where cases have also reached their highest since the start of the pandemic, the prime minister [died](#) from COVID-19 on 16 December. New cases in the current reporting period increased by 385% and 285% in **Malawi** and **Zambia**, respectively.
- On 18 December, **South Africa** announced the detection of a new variant of COVID-19, termed [501Y.V2](#). The variant has the same N501Y mutation found in the UK variant (termed B.1.1.7), which may make it more transmissible, but it is different from the UK variant in that it has two other spike protein mutations. On 24 December, it was announced that a new variant—different from the variant found in South Africa and UK—was [detected](#) in **Nigeria**, with researchers still in the early process of conducting studies to understand it. The Africa Centres for Disease Control and Prevention (Africa CDC) shared [recommendations](#) for AU Member States to follow in responding to the new variants.
 - The World Health Organization (WHO) noted in a press briefing on 5 January that there is currently no evidence to support that the variant identified in South Africa is more transmissible than the variant identified in the UK. Researchers expect to know more when epidemiological and virological studies of the variant are concluded in the coming weeks. So far, the variant from **South Africa** has also been detected in [Zambia](#) and [Botswana](#).
 - Scientists continue to [note](#) that it is more likely that the increase in cases in **South Africa**, and across the continent, can be attributed to relaxing PHSMs and people not adhering to measures rather than the new variant, although more research is needed to confirm. As an example, health officials noted that a new wave of infections in South Africa can be [attributed](#) to end of year festivals attended by thousands of students.

¹ Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases. Africa CDC recommends 10 to 30 tests per case, as a benchmark of adequate testing.

² Data compiled from the following [source](#), which gathers data from WHO AFRO where available, as well as reports from ministries of health and other government-affiliated organizations. Reporting on health care worker cases is inconsistent across Africa, and the current numbers may be an underestimate.

For more information on the disease situation, PHSM implementation and adherence in Africa, as well as PERC survey findings, please visit the PERC [dashboard](#) and [website](#).

- Morocco** reported a 30% decrease in new cases, although it still has the second highest number of new cases between 22 December-4 January (after **South Africa**). **Kenya** and **Uganda** also reported a 62% and 44% decrease in new cases, respectively, indicating that cases may have peaked for now.
 - Tests per confirmed case fell below the recommended benchmark in November in both **Uganda** and **Kenya** as new cases reached record highs. However, as reported new cases declined in recent weeks in both AU Member States, tests performed per case have increased and are now within the recommended range .
 - Still, new [research](#) from blood transfusion samples in **Kenya** estimated that COVID-19 infections occurred in about 2.2 million people in **Kenya**—which is far more than the 96,908 cases reported as of 4 January. The researchers urged for more serosurveys to be conducted across Africa to understand the real reach of the virus.
- In this reporting period, 19 AU Member States are testing below the recommended benchmark, indicating that despite the historic rise in cases, many COVID-19 cases may be going undetected. In addition, **Sudan** has not reported any new cases since 20 December, nor conducted any new tests. **Guinea Bissau** has not reported any new cases since 16 December, although testing is still being reported. **Egypt** has not released data on the number of tests performed since 19 November, although it has been reporting new cases. (Note: **Tanzania** has not reported any COVID-19 cases or tests performed since May 2020.)

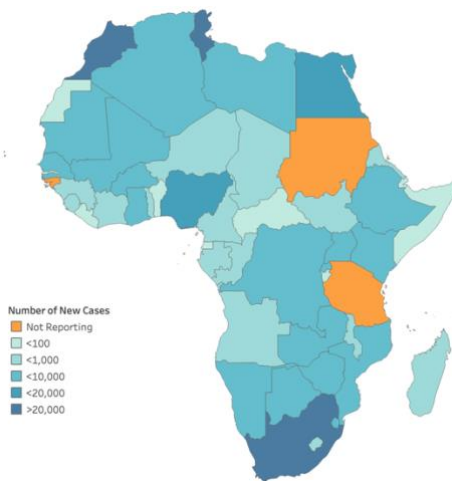


Figure 1. Increase in new cases between 22 December-4 January (Africa CDC)

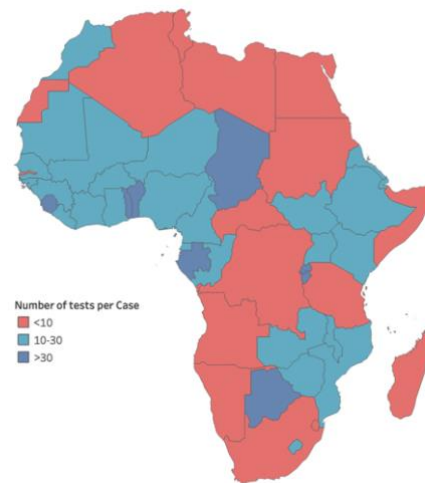


Figure 2. Test per case ratio on 4 January (Africa CDC)

COUNTRY HIGHLIGHTS (22 DECEMBER–4 JANUARY)

Largest # of New Cases ³	Highest % Increase in New Cases ³	Largest # of New Deaths ³	Highest % Increase in New Deaths ³	Test per Case Ratio <10 ⁴	Case Fatality Rate > 5% ⁵
South Africa (182,638), Morocco (25,800), Tunisia (25,343), Egypt (17,191) and Nigeria (12,561)	Malawi (385%), Zambia (285%), Eritrea (252%), Eswatini (149%) and Egypt (131%)	South Africa (5,104), Tunisia (735), Egypt (733), Morocco (538), Libya (167)	Eswatini (472%), Egypt (115%), South Africa (92%), Libya (55%), Tunisia (38%)	Algeria, Angola, CAR, Cape Verde, Comoros, DRC, Egypt, Eswatini, Gambia, Libya, Madagascar, Namibia, SADR, Sao Tome & Principe, Somalia, South Africa, Sudan, Tanzania and Tunisia	Egypt, SADR, Sudan

³ Data compares current reporting period (24 November–7 December) to previous reporting period (10–23 November) to determine top five countries in specified category; for largest % increase, countries excluded if < 200 new cases reported or <100 new deaths reported.

⁴ Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases. Africa CDC recommends 10 to 30 tests per case, as a benchmark of adequate testing.

⁵ Case fatality rate greater than 5% indicates testing is limited.

PHSM Implementation

For the first time since the initial lockdown period occurred in March-June in Africa, a majority of AU Member States have started to reinstate strict movement restrictions and curfews, or have extended existing ones. Unlike during the initial lockdown, though, AU Member States have taken a more adaptable approach – targeting the most stringent restrictions to the highest burden areas.

PHSM HIGHLIGHTS BY REGION

Central	Eastern	Northern	Southern	Western
<p>DRC commenced a nationwide curfew and a mandatory wearing of masks in public spaces on 18 December.</p>	<p>Eritrea announced a nationwide lockdown, closing non-essential businesses and limiting movement within and between villages on 22 December.</p> <p>Kenya extended its nighttime curfew until 12 March 2021. All primary and high school students returned to school in Kenya for first time in 10-months. Children are required to have temperature checks and wear masks.</p> <p>Rwanda announced a new curfew will be in place from 8pm to 4am until 14 January.</p> <p>Seychelles announced closures of restaurants and suspension of sporting events</p> <p>Sudan announced restrictions on direct and indirect flights from the UK, South Africa and Netherlands due to the new strain.</p>	<p>Egypt cancelled all public New Year’s celebrations and banned all indoor weddings, funerals and any large gatherings.</p> <p>Morocco announced a three-week night-time curfew including the closure of restaurants and cafes in highest-burden cities (Casablanca, Marrakech, Agadir and Tangier); the new measures also include a ban on all public and private gatherings and parties.</p>	<p>Botswana has extended a nighttime curfew through 31 January.</p> <p>Malawi reintroduced a ban on public gatherings of more than 100 people and announced closure of all land borders except for essential good transporters.</p> <p>South Africa increased its alert to level 3, banned indoor/outdoor gatherings placing and instituted a nationwide curfew from 9pm – 6am.</p> <p>Zimbabwe entered a strict 30-day lockdown, banning gatherings and ordering closing of non-essential businesses.</p>	<p>Students in Ghana will return to school on 15 January.</p> <p>Nigeria announced closure of bars, nightclubs and restaurants nationwide for a period of five weeks on 18 December. Schools will be closed until at least 18 January.</p> <p>Senegal announced a state of emergency and imposed a nighttime curfew in Dakar and Thies, home to more than 90% of cases.</p>

Secondary Burdens of COVID-19 and PHSMs

1. Essential health services

As PHSMs are reinstated across Africa, access to and use of health services are threatened again. WHO [reported](#) that outpatient consultation, inpatient admission, skilled birth attendance, treatment of malaria and distribution of pentavalent vaccines declined by more than 50% between January-September 2020 in 14 AU Member States surveyed. Disruptions to services were highest in May-July, when strict PHSMs were in place, with access starting to improve in August-September timeframe as measures loosened.

- As COVID-19 cases increase across the continent, ensuring that health care workers have access to personal protective equipment is critical so that they can stay safe from COVID-19 and continue to provide other life-saving health services. In **Kenya**, there have been [reports](#) of counties firing nurses and doctors for failing to return to work following health care worker strikes in demand of more PPE. The feud threatens people’s ability to seek care for COVID-19 treatment, due to staff shortages, but also for all essential health services.
- The continuation of vaccination campaigns is also vital. Immunization campaigns covering yellow fever, polio and other diseases were delayed in many AU Member States this year. While there have been promising reports of vaccination campaigns picking up again ([Ethiopia](#) and [Chad](#) conducted major polio vaccination campaigns in November), yellow fever

For more information on the disease situation, PHSM implementation and adherence in Africa, as well as PERC survey findings, please visit the PERC [dashboard](#) and [website](#).



outbreaks have occurred in [Guinea](#), [Nigeria](#) and [Senegal](#). All three countries have acted quickly to contain the outbreaks but are also managing a record rise in COVID-19 cases.

- According to a [research paper](#) published in *The Lancet*, maternal mortalities are anticipated to rise this year, particularly in low- and middle-income countries. The study's most severe estimate puts the anticipated number of additional global maternal deaths due to both the direct and indirect effects of COVID-19 at 113,400 over a period of 12 months. The true number of maternal deaths caused by the virus will likely not be known for years.

2. Economic and social burden

- The Southern African Development Community published a December [report](#) which noted that though the pandemic has had a limited impact on food production, it has had major effects on food distribution—particularly to the most vulnerable populations. While COVID-19 and PHSMs have negatively affected the urban economy in a clear way, many living in more rural areas rely on the urban economy for their source of income. Meanwhile, droughts have impacted harvests in Eswatini, Lesotho, south-eastern Angola, southern Madagascar and Mozambique. As a result, malnutrition in children under age five is a major problem, with nine AU Member States report stunting rates above 30%.
- On Twitter, there were more than 13,000 tweets that mentioned food security in the context of COVID-19, an increase of 67% during this reporting period (December 21 - January 4, 2020) compared to the previous period (December 7 - 20) and the current monitored period, indicating growing public concern about food security.

Public Sentiment in News Articles and on Social Media (Facebook and Twitter)

1. Sentiment toward PHSMs and government response

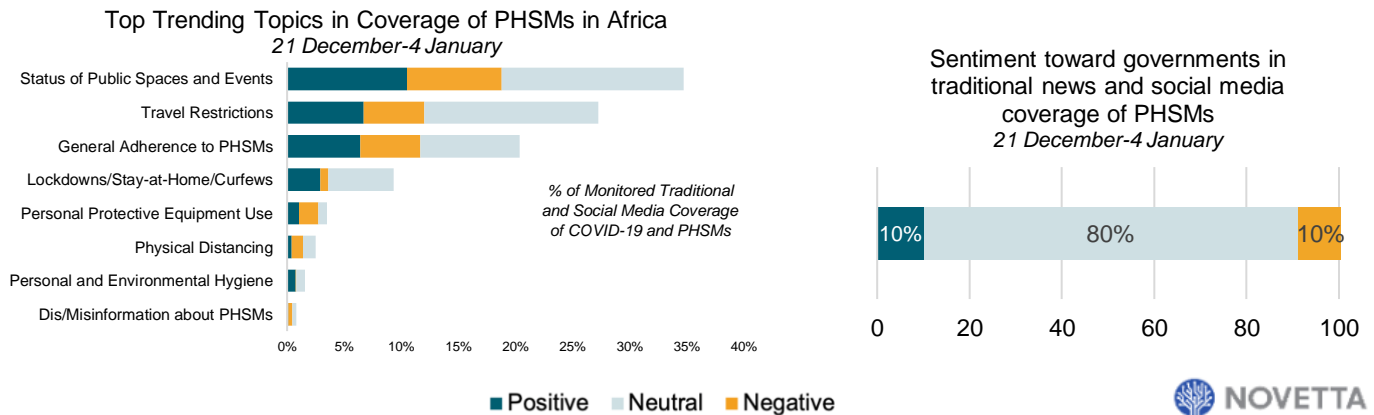
The majority of posts on social media and citizen quotes in news articles continue to support the use of PHSMs across Africa, with country and regional differences in tone persisting. Social media mentions in Africa of the “second wave” surged since early December, and were highest in **Nigeria**, **South Africa**, **Egypt** and **Cameroon**. Social media users in **South Africa** reported hospitals being overwhelmed, with one stating that the second wave “is unlike anything we’ve encountered”.

- On social media, people expressed frustration with testing requirements at land and air borders, with many citing cost as a key barrier. In **South Africa**, entry testing requirements [led](#) to traffic congestion at its border with **Zimbabwe** in the lead up to the holidays (*Figure 3*). However, the congestion has since [waned](#) following the rollback of testing requirements at the border after at least 15 travelers died while waiting in line due to complications from poor air quality, hunger, heat and thirst. In **Kenya**, social media users called on the government to make testing more affordable, with one user posting, “I thought the test is free!!”
- In **Senegal**, following the announcement of a state of emergency and subsequent nighttime curfew in Dakar and Thies, there were [reports](#) of people protesting in Dakar, citing that the new measures will make it even more difficult for them to make money and feed their children.
- In **Egypt**, traditional and social media amplified [videos](#) depicting oxygen supply shortages at hospitals throughout the country, although government officials are noting that the deaths from COVID-19 are due to hospital negligence.
- In **Nigeria**, the majority of public reactions to the new PHSMs announced were positive on social media. However, some objected to the nationwide lockdown, noting that while cases are certainly rising in Lagos, they are not increasing in all states. There were also complaints voiced on social media about slow testing turnout in **Nigeria**.
- Government response to COVID-19 remained a popular narrative in traditional and social media coverage of COVID-19 in **Uganda**, driven by conversations surrounding the upcoming presidential election on 14 January. Social media users voiced



Figure 3. Picture from private citizen on Twitter of Beitbridge Border congestion (21 December).

frustration about the cost of COVID-19 testing in Uganda. Traditional news media reported that some health care workers are not receiving payment for their work.



2. PHSMs: Coverage, adherence and politicization

Reports of adherence to PHSMs (e.g. people wearing face masks and practicing social distancing) in African news and social media continue to be more prominent than reports of non-adherence (e.g. people attending large gatherings without masks). Between 21 December – 4 January, as COVID-19 cases climbed in most countries in Africa, so too did the prevalence of social media posts and quotes in traditional news warning fellow citizens about the risks of the virus and urging adherence to PHSMs. Social media posts mentioning COVID-19 and the December holidays urged adherence. Many public figures wrote on Twitter and Facebook, asking people to stay home and protect their family during the holidays.

However, there were still reports of people violating PHSMs, and some supporting misinformation narratives.

- On 29 December, a mosque was [closed](#) in Cairo, **Egypt** for two weeks after it permitted worshippers to attend services without wearing masks or bringing their own prayer mats. Social media users reported that social distancing guidelines were not being followed at universities in **Egypt**, and urged stricter protocols and public adherence to limit transmission growing cases. Pictures posted on social media also showed large crowds gathering to celebrate the anniversary of Carrefour (a major department store).
- Social media users in **Zimbabwe** and **South Africa** posted that people not following PHSMs has led to the recent increase in cases, with one commenting that the second wave was being driven by people not caring and that a lockdown isn't needed but rather "we simply need people observing basic social distancing rules".
- In **Cameroon**, some social media users claimed that COVID-19 was "history" in their country, despite nearly 1,000 new COVID-19 cases being reported between 22 December – 4 January.
- Somalia's** health minister indicated that risk perception of COVID-19 is low in the country, as is mask-wearing. About 30,000 people attended a regional football game in Mogadishu on 31 December. In an interview with a reporter, one Somali citizen [reported](#) that three of his young children have died after a cough and high fever; he did not have access to COVID-19 testing to determine his children's illness, nor any health treatment for them.

Coverage of Africa mask week (23-30 November)

During Africa CDC's Africa Mask Week, international organizations, local NGOs, and traditional news outlets encouraged personal protective equipment (PPE) use on the continent. Continent-wide, Africa Mask Week accounted for 2.7% of monitored traditional and social media since the beginning of the pandemic, with varying levels of amplification in each AU Member States.

For more information on the disease situation, PHSM implementation and adherence in Africa, as well as PERC survey findings, please visit the PERC [dashboard](#) and [website](#).

- In **Mali**, the success of the campaign was aided by a coinciding program by the Malian government called “One Malian, One Mask.” The messaging for this program was delivered by government officials through traditional news sources and supportive social media users on Twitter and Facebook.

Vaccine Update

- A survey [conducted](#) by Africa CDC across 15 countries found a majority of respondents (79% average) would take a COVID-19 vaccine if it were deemed safe and effective. There was meaningful variability across country, geography (urban vs rural), age and personal experience with COVID-19.
- In a press briefing on 5 January, the WHO urged against nationalism and hoarding of vaccine supplies, calling on governments and pharmaceutical companies to work together to achieve equitable distribution. The [world risks a “moral catastrophe”](#) if COVID-19 vaccinations are delayed in Africa while wealthier regions inoculate their entire populations, the head of Africa CDC said on Thursday. On 3 January, Pfizer offered to supply Africa with 50 million COVID-19 vaccines for health workers between March and the end of this year. [Moderna Inc.](#) has no supplies for Africa, while [AstraZeneca Plc](#) has no shots for the continent in 2021 and has directed the African Union to negotiate with the [Serum Institute of India Ltd.](#), which is making the vaccine on behalf of AstraZeneca.