PERC Partnership for Evidence-Based Response to COVID-19

Reporting period: 24 November–7 December

Biweekly Report

With the prospect of a widely available COVID-19 vaccine for Africa still months away, health officials are concerned that travel for the December holidays will increase cases and overwhelm health system that are already taxed. As many AU Member States—and countries around the world—experience second waves, the lack of availability and high cost of COVID-19 tests continues to be a problem, particularly as countries resume international travel. The Institut Pasteur in Dakar, Senegal anticipates the rollout in February 2021 of a rapid COVID-19 test that can be taken at home at the cost of US $1, in hopes that improving the frequency and availability of testing across the continent will save lives while AU Member States await a vaccine.

Disease Situation (24 November–7 December)

Total Reported Cases (7 December)	**New Cases** (24 November–7 December)	**Total Reported Deaths** (7 December)	**New Deaths** (24 November–7 December)	**Total Reported Cases Among Health Care Workers**[1]
2,275,041	**139,778** *(3% increase since 10-23 November)*	**54,215**	**4,221** *(3% decrease since 10-23 November)*	**68,742** *(Largest increase in reported health worker cases: Algeria, Morocco, Kenya, Tunisia, Uganda)*

- Reported new cases increased by 3% and new deaths fell by 3% in Africa between the current two-week reporting period (24 November–7 December) and the previous two–week reporting period (10–23 November). Although **Morocco** leads in the largest number of new cases reported (53,660), **South Africa** is a close second (48,119). Together, the two countries account for more than half of the new cases reported on the continent. About half (27) of AU Member States reported increases in new cases, however, some hot spot countries have also reported decreases, including **Morocco**, **Kenya**, **Tunisia** and **Libya**.
- Following the record July–August peak in **South Africa**, new cases had stabilized, but have now been trending upward since November, increasing by 54% when comparing this reporting period to the previous one and indicating the start of a second wave. The test per case ratio is below the recommended rate, indicating cases are likely going undetected, and there are reports of hospitals being stretched in the highest burden areas. In an address, the president highlighted that new cases and hospital admissions are highest in Nelson Mandela Bay, the Sarah Baartman District in the Eastern Cape, and the Garden Route District in the Western Cape. In his address, he announced new public health and social measures (PHSMs) in Nelson Mandela Bay, declaring it a hot spot.
    - The recent increase in new cases has been credited to (1) travel between and within provinces, (2) large gatherings held in venues with poor ventilation (including funeral gatherings), and (3) a lack of adherence to mask wearing and social distancing. Health officials have also warned that end-of-matriculation celebrations (deemed “Rage” events) have contributed to the rise in new cases, urging all those who attended events to get tested and go into a 10-day quarantine.
- **Kenya’s** second wave continues to take a major toll on health care workers, with hundreds of new infections and dozens of deaths reported among health care workers in the previous month. Media reports attribute increasing cases among health care workers to the lack of personal protective equipment (PPE) available to them. On 8 December, health care workers (excluding doctors) at public hospitals went on strike in Kenya, with the Kenyan National Union of Nurses reporting that its 23,000 members will not be returning to work until their grievances are resolved. Since the strike began, media have reported that patients are being turned away from some hospitals due to staff shortages. Reported new cases and deaths fell by 26% and 46%, respectively, in Kenya when comparing this reporting period to the previous one. However, with the current strike, health officials are worried that mortality may rise not just from COVID-19, but other diseases and conditions. Cases are also reportedly spreading to more rural areas that have little capacity to treat severe cases.

[1] *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.*

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- Since conflict broke out in **Ethiopia** on 4 November, there have been reports of thousands casualties from the fighting, as well as mass migration among the military and citizens fleeing to safety. An estimated 45,000 people have fled to neighboring **Sudan** where humanitarian officials have warned refugee camps are overwhelmed and overcrowded, and lacking in their capacity to prevent, test for and treat COVID-19. In **Sudan**, new cases increased by 32% between the current and previous reporting periods, with reports of hospitals being overwhelmed in Khartoum.
- A report from **South Africa** attributed nearly 62,056 excess deaths to COVID-19, with the researchers noting that spikes in excess deaths closely match peaks in new infections of the virus. Similarly, a study from the Imperial College of London estimated that likely about 2% to 5% of deaths due to COVID-19 were reported between April and September 2020 in **Sudan**.

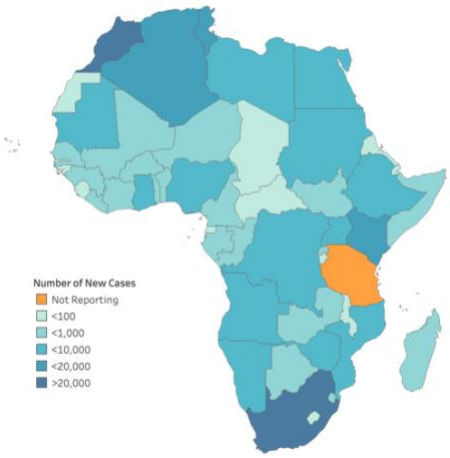

Figure 1. Increase in new cases between 24 November and 7 December (Africa Centres for Disease Control and Prevention).

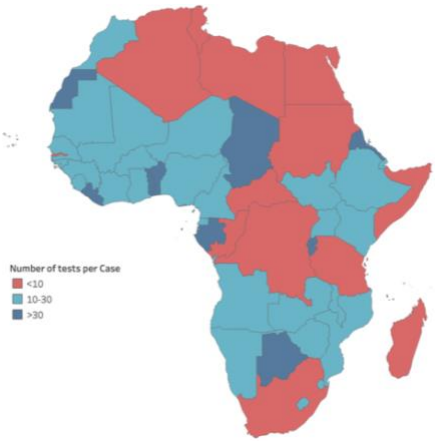

Figure 2. Test per case ratio on 7 December (Africa Centres for Disease Control and Prevention)

COUNTRY HIGHLIGHTS (24 NOVEMBER–7 DECEMBER)

Largest # of New Cases[2]	Highest % Increase in New Cases[2]	Largest # of New Deaths[2]	Highest % Increase in New Deaths[2]	Test per Case Ratio <10[3]	Case Fatality Rate > 5%[4]
Morocco (53,660), **South Africa** (48,119), **Tunisia** (16,249), **Algeria** (12,712) and **Kenya** (10,794)	**Mauritania** (331%), **Niger** (280%), **Senegal** (253%), **Burkina Faso** (224%) and **DRC** (131%)	**South Africa** (1,281), **Morocco** (924), **Tunisia** (734), Algeria (245), **Egypt** (230)	**Niger** (7%), **Mauritania** (5%), **Cameroon** (3%), **Guinea** (3%), **Mali** (2%)	Algeria, CAR, Cape Verde, Congo, DRC, Egypt, Gambia, Libya, Madagascar, Sao Tome & Principe, Somalia, South Africa, Sudan, Tanzania and Tunisia	Chad, Egypt, Liberia, Sahrawi Arab Democratic Republic and Sudan

PHSM Implementation

As cases continue to rise across regions, AU Member States have started to reinstate public health and social measures (PHSMs) or continue to extend existing ones. However, pressure to avoid complete economic shutdowns is high, especially as people continue to suffer from loss of income and increased food insecurity.

PHSM HIGHLIGHTS

National Lockdowns/Curfews	School Reopenings/Closures

[2] *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.*
[3] *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.*
[4] *Case fatality rate greater than 5% indicates testing is limited.*

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Tightening • On 3 December, **South Africa** announced a curfew and new limits on indoor gatherings in Nelson Mandela Bay, declaring it a hot spot. Alcohol consumption will be limited in public spaces, indoor gatherings must not exceed 100 people and funeral gatherings are prohibited. • **Morocco** further extended its emergency decree until 10 January; curfews remain in Casablanca. • **Mauritania** announced new capacity limitations in workplaces and the suspension of public ceremonies due to increasing cases. • A curfew has been imposed in the greater Conakry area in **Guinea.**	*Tightening* • All schools and universities are closed for two weeks effective 4 December in **Mauritania.** *Loosening* • **Rwanda** has been gradually reopening schools since November, coupled with student mass testing campaigns.

Secondary Burdens of COVID-19 and PHSMs

1. Essential health services

- On 29 November, WHO stated in a press briefing that deaths from malaria will likely far exceed those from COVID-19 in Africa, estimating an excess of somewhere between 20,000 and 100,000 deaths, mainly among young children.
    - In Uganda, hospital admission for malaria dropped by 31% in May 2020 compared to May 2019. In response, Uganda's unit for maintaining essential health services during COVID-19 launched a bed net campaign, using mobile phones and radio to reach people with information about how they can prevent malaria alongside COVID-19. To date, the program has led to the distribution of more than 19 million bed nets.
- While routine childhood vaccination campaigns were halted early in the pandemic, AU Members States have made a concentrated effort to reinstate them. In Chad, more than 3.3 million children were vaccinated for polio since July.
- In Burkina Faso and Nigeria there have been reports of yellow fever outbreaks. In Nigeria, there are a suspected 530 cases of yellow fever across five states, taxing local and national health officials already consumed by the COVID-19 response. To respond to the new crisis, Nigeria activated its National Emergency Operations Centre for yellow fever and has started statewide vaccination campaigns. There have also been reports of a yellow fever outbreak in Burkina Faso.

2. Economic and social burden

- The Economic Community of West African States and partners published a report summarizing findings from an online survey conducted to evaluate the economic and social burden of COVID-19. Key findings include:
    - More than 90% of respondents reported COVID-19 has had a negative impact on household income, with 44% reporting the impact has been significant or severe. Female-headed households appear to be most affected.
    - Market access issues due to PHSMs appears to be higher among respondents living in rural areas than those living in urban areas. The fear of contracting COVID-19 as a barrier to economic activity was more commonly reported among urban dwellers, while restrictions on movement as a key barrier was more common among rural respondents. Transportation disruptions appear to be more severe in rural areas where the supply chain is longer and refrigeration capacity is poor for traders and households.
    - More than half of households reported that they were fearful of running out of food, and 60% of households had resorted to applying negative coping strategies such as eating less-preferred foods or eating less food generally.
- Compared to the same time last year, gross domestic product shrank by 6% in **South Africa** and economists estimate that reaching pre-COVID-19 economic growth could take at least five years. On 7 December, the government announced that it will make $66 million available to smallholder farmers who have been hit hardest by the pandemic, with women comprising 50% of the beneficiaries. Similarly, on 4 December, the president of Kenya launched a KSH 123 billion recovery plan (about US $1.1 million).

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

1. Sentiment toward PHSMs and government response

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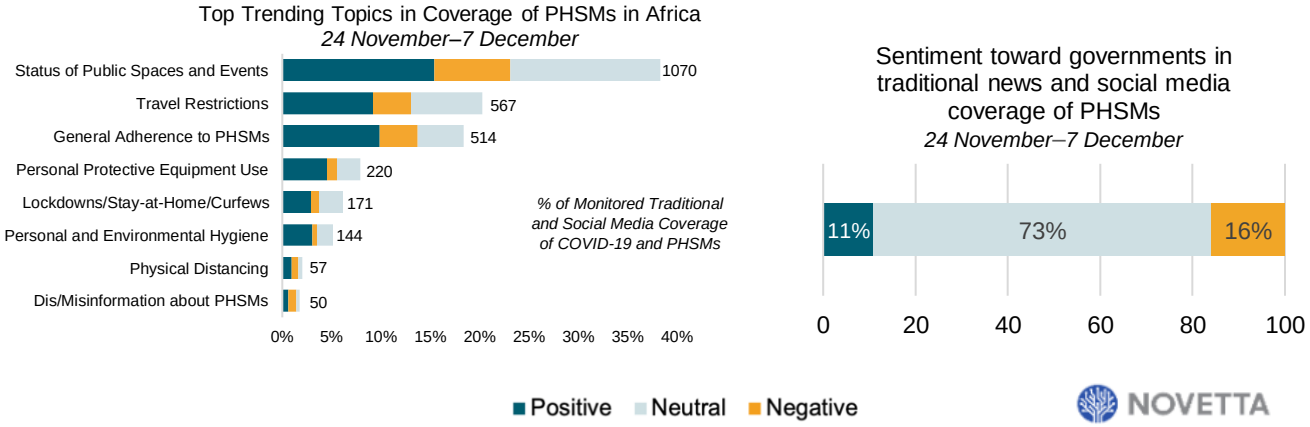
The majority of posts on social media and citizen quotes in news articles continue to support PHSMs across Africa, with country and regional differences in tone persisting.

- In **Ghana**, coverage showed strong public support for the government's COVID-19 response, with social media users amplifying government messaging about PHSMs, praising the efficiency of the COVID-19 testing at Accra International Airport, and reporting of high adherence to face mask use and social distancing at polling stations during the 7 December elections. A reported 17 million people voted during **Ghana's** elections, and each polling station had a COVID-19 ambassador to encourage PHSM adherence and conduct temperature checks.
- Media continued to highlight African governments' experience with previous outbreaks and how it has prepared them for COVID-19. One reporter noted that health officials in the **DRC** were well aware of how to deliver vaccines in need of ultra-cold temperatures, having already distributed the Ebola vaccines, which required a temperature of -80°C.
- Social media users in **Kenya** criticized the government's partial reopening of schools and expressed concern about the full reopening scheduled for January, highlighting reports of a COVID-19 outbreak among students and teachers at a school in Nakuru.



2. PHSMs: Coverage, adherence and politicization

Reports of adherence (e.g. people wearing face masks and practicing social distancing) to PHSMs in African news and social media continue to be more prominent than reports of non-adherence (e.g. people attending large gatherings without masks).

- Criticism of poor face mask use and a lack of social distancing at the Cairo International Film Festival drove non-adherence coverage in Egypt. In South Africa, Twitter users criticized the government for not shutting down malls prior to holiday shopping to prevent overcrowding.
- Social media users in South Africa and Zimbabwe criticized the COVID-19 testing requirement to cross the border between the two countries. Media warned that COVID-19 tests are too costly (US $60) for many to obtain and give people no choice but to seek fake tests or illegally cross the border, defeating the purpose of the testing requirement. Police at the Zimbabwe-Zambia border arrested people selling fake COVID-19 test certificates—they were reportedly selling them for US $20. The issue of fake COVID-19 tests continues to be a problem globally.
    - For information on the latest travel restrictions and entry requirements, reference the Africa Centres for Disease Control and Prevention's "Trusted Travel, My COVID Pass" tool.
- Coverage of economic burdens resulting from COVID-19 was highest in Nigeria, South Africa and Kenya. Local Nigerian media and journalists noted growing insecurity in the country's food infrastructure, especially in rural areas. In South Africa, social media users cited rising unemployment rates.

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Science Update

- On 3 December, the Africa Infodemic Response Alliance (AIRA) was launched with the goal of detecting, disrupting and countering damaging misinformation on public health issues in Africa. While it is difficult to identify how much misinformation is circulating on social media, WHO said that they have debunked more than 1,000 misleading reports since the start of the pandemic.
- According to a WHO analysis, the African region has an average score of 33% readiness for a COVID-19 vaccine rollout—far below the necessary 80% benchmark. Some AU Member States have joined COVAX, while others are signing up for the vaccine from China (despite a lack of data on the vaccine's efficacy).
    - **South Africa** confirmed that it joined COVAX, but it has not yet announced its vaccination strategy. **Rwanda** announced it will raise $15 million for its first batch of vaccines through the COVAX framework. **Botswana** and **Namibia** also announced in early November that they will procure vaccines from COVAX for 20% of their populations; along with South Africa, both countries do not qualify for subsidized vaccines under COVAX because they are classified as upper middle income countries. **Egyptian** officials have been coordinating with GAVI to procure 20 million doses of a COVID-19 vaccine.

Spotlight: Gender Differences in Risk Perception, PHSM Adherence and Income Loss During the Pandemic

A closer look at gender-disaggregated data from the August 2020 PERC survey showed minor, but significant and concerning differences in how COVID-19 has affected men and women.

- Reported disruptions to women's health services were alarming. Of households that missed or delayed care during COVID-19, 11% reported their visits were for antenatal care, pregnancy complications or family planning. With recent data emphasizing that pregnancy places women at risk for more severe cases of COVID-19, ensuring that women maintain regular health visits during pregnancy is even more important. Women were also slightly more likely to report symptoms of mental health distress related to COVID-19 and were more likely to report anxiety when considering resuming normal activities after lockdown compared to men (48% and 44%, respectively). In Liberia, women were 20% more likely to report anxiety about resuming normal activities.
- On average, women were more likely than men to report adherence to PHSMs, particularly for measures that restrict economic activity and public gatherings (e.g. staying home and avoiding the church/mosque). Compared to men, women were also slightly more likely to report that the time they spent on unpaid work (e.g. child care, care for elderly and housework) has increased since the start of the pandemic (39% of women reported an increase compared to 36% of men). With the burden of managing children and the household falling more on women than men, this may partly contribute to more women adhering to stay-at-home orders. However, support for PHSMs was higher among women than men, indicating that women may better understand the importance of PHSMs in preventing the virus' spread.

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