

# Brief on Public Health and Social Measures Implementation in Africa

Week of May 28–June 3

## COVID-19



## Methods/Limitations

- This report compiles and synthesizes data on COVID-19 trends in Africa from multiple sources for the week of May 28-June 3, 2020. Data include official reports of cases and deaths, reports of government response measures, analysis of traditional and social media narratives, mobility data, and reported security incidents. Data sources are described in more detail in the annex. Where possible, data are triangulated across multiple sources.
- Data are analyzed by African Union region. Data availability by country varies.
- Analysis is limited to data reported in the listed data sources and may not include incidents/trends reported elsewhere. Available data sources cover different date ranges, and some are subject to delays and retrospective corrections. Findings reflect the latest available information at the time of analysis.
- Data are subject to limitations related to quality and completeness—discussed in more detail in the annex. Traditional and social media analysis provide qualitative information which is not representative and should be interpreted carefully, particularly when making comparisons across countries.

# Executive Summary

## Key trends

The **COVID-19 epidemic is accelerating** in Africa, with Central Africa the only region to show a week-on-week decrease in new cases.

At the same time, there is a trend toward **loosening public health and social measures** (PHSMs), with several high-burden countries loosening in the past week (South Africa, Nigeria, Cameroon). Given the high social and economic burdens of PHSMs, **there is significant public pressure in many countries to relax measures.**

**Reported cases may not provide an accurate picture of epidemiological trends.** There are challenges continent-wide (and globally) with regard to **testing supplies**. For example, South Africa's government reported a backlog of 100,000 tests due to a shortage of test kits. Citizens and domestic and international media have also expressed concerns about governments covering up or under-reporting cases (e.g. Tanzania, Nigeria, Cameroon, São Tomé and Príncipe).

## Key recommendations

Countries experiencing increases in new cases should **consider maintaining PHSMs—particularly in geographic areas with widespread community transmission**, adapting as needed to alleviate burdens. Governments that have not already distributed masks and mandated **face masks/coverings** in public spaces should strongly consider doing so given [evidence of effectiveness](#) in reducing transmission. In phasing reopening, essential sectors and those with lower risk of transmission should be reopened first. Where services or activities can be carried out remotely or adapted to reduce risk, this should continue, including for religious services, which are high risk for transmission.

As countries loosen, **surveillance capacity (including testing and contact tracing) must be strengthened** to closely monitor disease transmission, and governments should **communicate that PHSMs may need to be tightened again in future** if cases spike. **Risk communication** should address PHSM burdens and fatigue.

**Governments should be transparent** about detected cases and testing, including **sharing information about challenges** related to testing supplies. **Regional and international bodies have a key role to play** in coordinating action including procurement to address shortages of test kits and other supplies.

In addition to strengthened testing, rapid mortality surveillance can provide a more complete picture of the direct and indirect health impact of COVID-19 through analysis of excess mortality (see [Technical Guidance Package](#)).

# Executive Summary

## Key trends

**Economic and social burdens** of PHSMs are generating challenges for people and households, as well as demand on governments for greater relief measures. Overall, there is significant negative sentiment toward PHSMs in public discourse, with the exception of Northern Africa where public sentiment is more positive.

Economic and social burdens are also cited as **a barrier to population adherence** to PHSMs. Women are facing particular burdens with reports of increases in domestic violence in many countries in the past week (Nigeria, Gambia, Kenya, Uganda), and reports that reliance on public water sources has placed women at risk (Zimbabwe). There have been several reports of poor conditions in quarantine centers, leading to escapes (Malawi, Zimbabwe, Kenya).

Reports have emerged of **recent food price increases** in Nigeria, Gambia, and Democratic Republic of the Congo (DRC).

## Key recommendations

To alleviate burdens, **relief measures may need to be increased and adjusted**, including expanding coverage beyond initially targeted groups and reducing administrative requirements to facilitate rapid implementation. **Cash transfers are a key intervention for mitigating burdens, where feasible.**

Authorities implementing PHSMs should take into account the means that people have to adhere, and either adapt to or mitigate these barriers. **Targeted responses are needed to address the increased burdens and risk of violence faced by women.** Other vulnerable populations—**particularly internally displaced people and those residing in informal settlements**—also require targeted responses. Countries should provide **grievance and redress mechanisms** to enable reporting and public airing of concerns and to build trust.

Countries imposing **mandatory quarantines at specialized facilities** should ensure adequate infection control, and provide access to food, water, communication, and other support to people housed in these facilities. Government communication should build public trust in these facilities.




**Food markets should be closely monitored.** Additional **relief measures** (e.g. cash transfers, subsidies, food distribution) or **supply interventions** (e.g. use of strategic reserves) may be needed to ensure adequate supply and accessibility. **Governments and regional bodies should coordinate closely** to minimize supply chain disruptions and ensure that PHSMs do not lead to localized shortages.

# Eastern Africa



Key trend	Recommendation
Negative sentiment toward PHSMs in Eastern Africa has increased substantially due to the <b>increasing economic burden and impact on livelihoods</b> . In addition, food and water security have been cited as an obstacle to the implementation of PHSMs.	Governments and regional bodies should carefully monitor food and water security and consider increased cash transfers, in-kind assistance and support for local food production. Governments should engage all sectors, including the private sector, and intermediaries (e.g. traders) to reinforce food supply chains. Governments should put in place grievance and redress mechanisms to enable citizens to express dissatisfaction and report problems with policy implementation.
Incidents of <b>domestic violence</b> have been reported in Kenya and Uganda.	Governments should allocate resources that include evidence-based measures to address violence against women and girls in COVID-19 national response plans and ensure quality services for those who experience violence. Responses should promote accountability and engage women in designing solutions and evaluating their efficacy. Quality services could include public messaging on what one can do when experiencing or witnessing violence, a hotline (with text option) or similar system to seek protection, and/or safe housing.
<b>Tanzania has not reported any COVID-19 cases for approximately a month.</b> There are reports about likely spread despite the lack of official case reporting. PHSMs are being relaxed, with the country's leaders citing impact on the economy and access to food.	Transparent reporting of cases is necessary to guide an evidence-based response. Regional entities should ensure that countries strive to conduct sufficient testing and report confirmed COVID-19 cases and deaths. In particular, it is critical that disease surveillance systems are strengthened, particularly at international borders and as PHSMs are relaxed.
In <b>Kenya</b> , there is concern that <b>government quarantine facilities</b> are unhygienic and may increase the risk and spread of COVID-19. Some have reportedly escaped such facilities due to conditions there.	In facilities for COVID-19 case isolation and/or the quarantine, adequate hygiene and sanitation must be maintained, effective infection control policies should be implemented, and appropriate personal protective equipment for patients and staff should be provided. The human density within facilities should be reduced. Within facilities, access to sufficient food, water and communication should be ensured. After conditions are improved, the government should communicate with the public about the changes. Educational programs about COVID-19 should be implemented in facilities for those in isolation as well as for staff members, and in surrounding communities. Stigma against COVID-19 patients, facility staff and health care workers should be addressed at the local and national levels.
Across East Africa, and in particular in Kenya and Somalia, the <b>maintenance of private and public health care institutions</b> during the pandemic has been criticized. There are accusations of corruption and mismanagement in the funding of hospitals and distribution of medical supplies.	Governments should strive for accountability and transparency in health care programs and initiatives, whether directly related to COVID-19 or other essential health services. Routine basic health services should be maintained, including preventive care and curative treatment for other conditions. There should be public discourse around efforts to maintain such services and communication to encourage health-seeking behavior.
<b>Cases in Sudan have dramatically increased</b> over the past month, and there have been over 1,000 new cases reported during each of the past two weeks. The number of deaths doubled May 28-June 3 (137 deaths) compared to May 21-27 (65 deaths).	Increasingly restrictive PHSMs have been enacted in response to the rise in cases, and there is concern about non-adherence to these guidelines. In addition to the above recommendations about the increasing economic burden, local and religious officials should be engaged in public health decision-making and messaging to ensure that PHSMs are contextually appropriate and there is adherence to these measures.

# Eastern Africa: Countries to Monitor

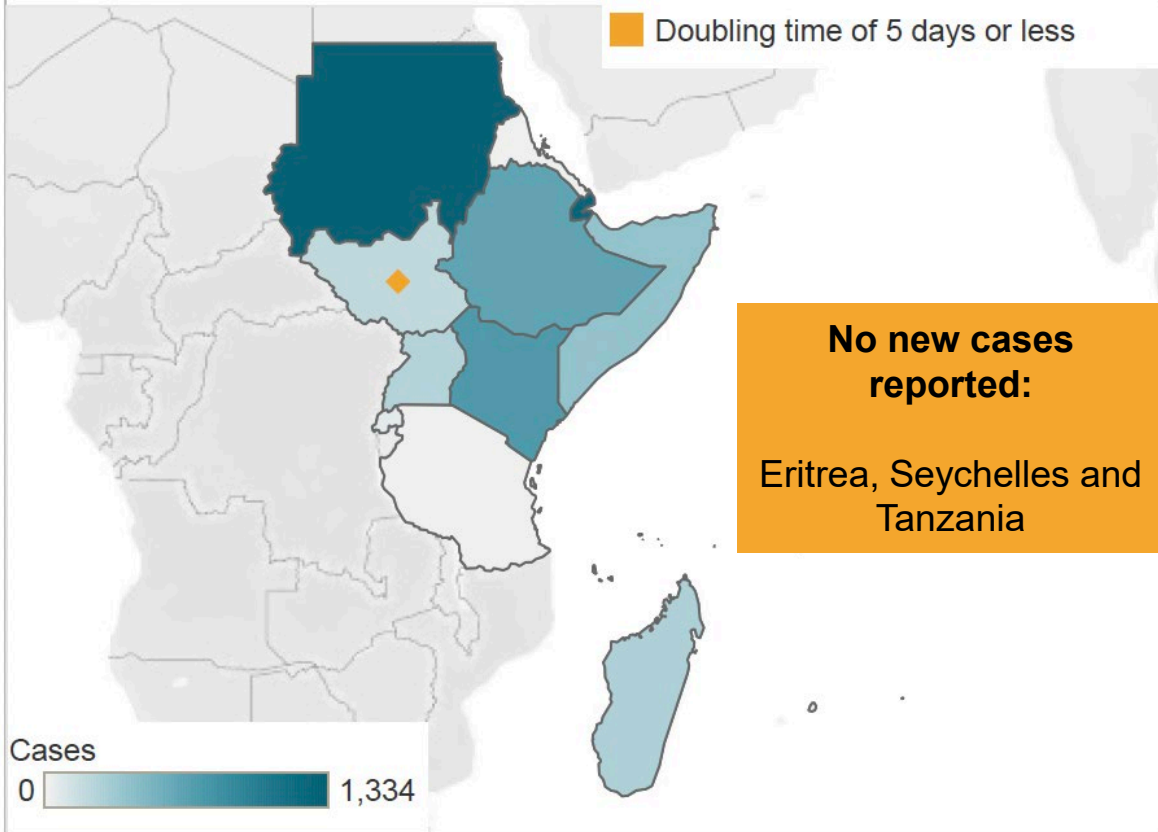
Country	Total cases (per 100,000 population)	Trend in new cases	PHSM tightening or loosening	Other hazards
Uganda	<b>489</b> (0.001)		Schools to stay closed	
Seychelles	<b>11</b> (0.011)	0 in past 2 weeks	Public events resume including sporting events and shows, both with restrictions	
Tanzania	<b>509</b> (0.001)	No reports since April 29	Sports resume; secondary schools and universities reopen	
Rwanda	<b>384</b> (0.003)		Decision to keep public transportation closed	
Kenya	<b>2,093</b> (0.004)			



## Eastern Africa: Disease Dynamics

Total cases	New cases in past week	Total deaths	New deaths in past week	Countries with CFR >4%
18,353	5,185 <b>+26%</b>	547	196 <b>+131%</b>	Sudan <b>5.8%</b> Tanzania <b>4.1%</b>

### Number of new cases reported and epidemiological triggers from May 28 to June 3 in Eastern Africa

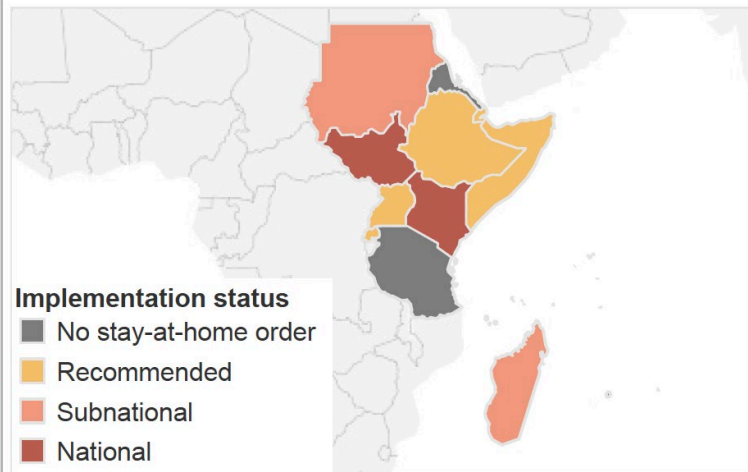


- The weekly number of new cases in Eastern Africa has **increased by 26%**—from 4,125 May 21-27 to 5,185 May 28-June 3. The number of new cases is highest in Sudan.
- Two-thirds of the new deaths in the past week occurred in **Sudan**.
- Public data on testing are only available for Kenya, Ethiopia and Uganda. All have increased testing significantly but still have low population coverage. **Uganda** has conducted 2.2 tests per 1,000 population compared to 1.58 for **Kenya** and 1.05 for **Ethiopia**.
- In **Rwanda**, the government has started doing mass testing of motorcycle drivers in preparation for their return to work.
- Tanzania's** government has not issued reports of COVID-19 cases since April 29, despite widespread reports of likely cases and continued transmission.
- The high case fatality rates in **Sudan** may reflect limited testing/surveillance in addition to low health system capacity.



## Eastern Africa: PHSM Implementation and Adherence

Status of stay at home orders in Eastern Africa as of June 3



- In **Tanzania**, secondary schools and universities have reopened and sports activities have resumed. This will heavily affect population mobility and COVID-19 transmission.
- Government officials in **South Sudan** and **Rwanda** framed adherence to PHSMs as national duty. However, adherence to PHSMs in these regions is reportedly low, despite government support.
- Economic burdens remained significant barriers to the implementation of PHSMs, primarily lockdowns and curfews. Concerns were highest in urban areas, slums and informal neighborhoods of **Kenya**, with fear the lockdown would lead to a “major crisis,” starvation and potential insurrection.
- Living conditions, access to electricity and internet, and domestic violence were cited as complications in the implementation of lockdowns in **Kenya** and **Uganda**.

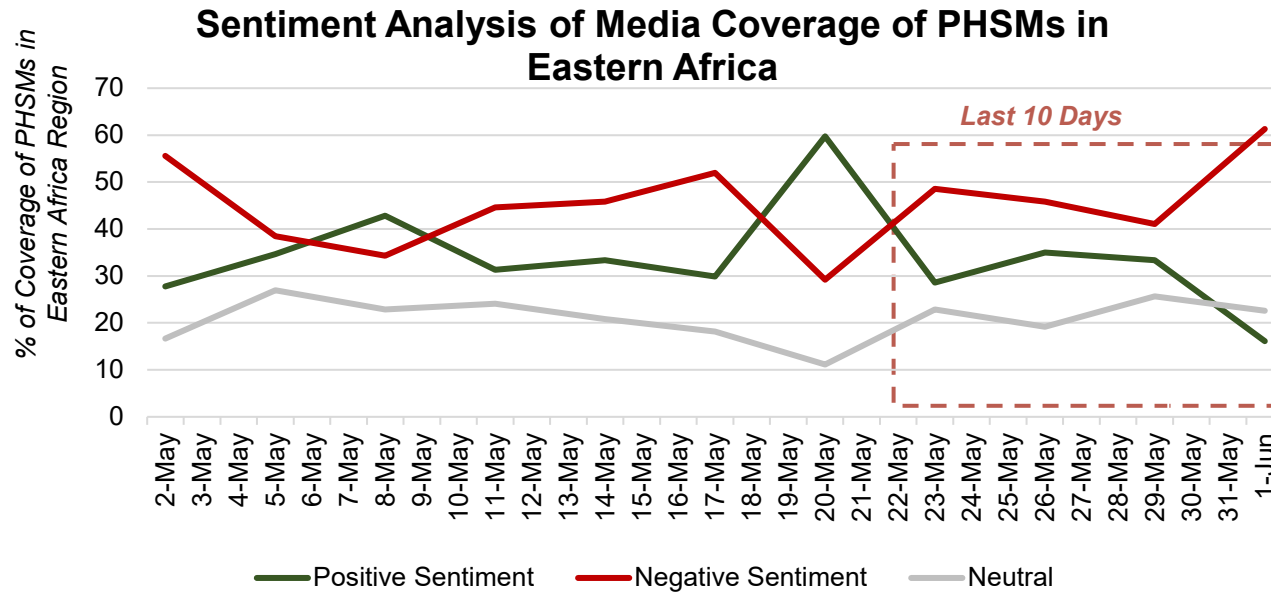
### Changes in PHSM implementation

Loosening

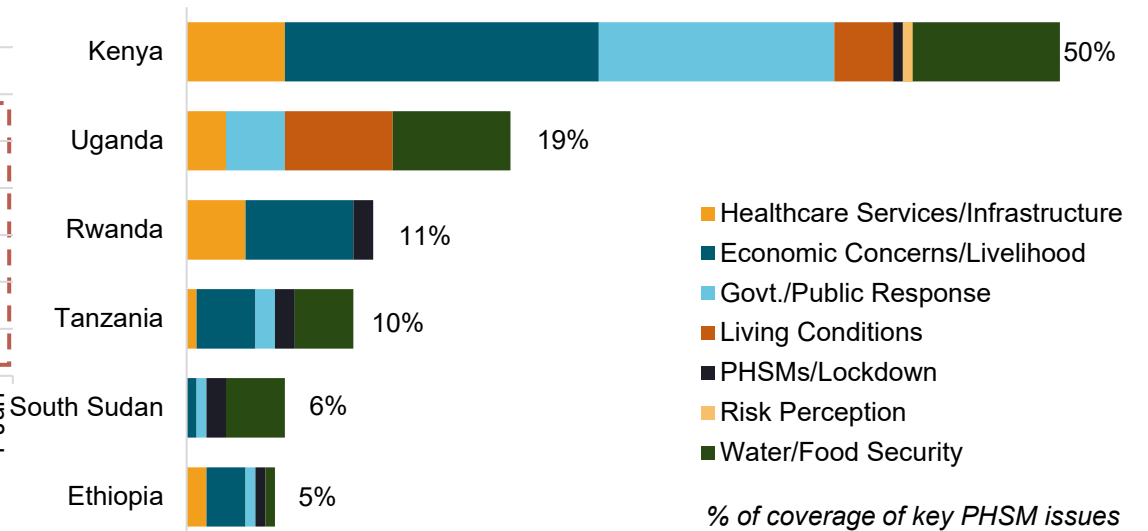
Tightening

Country	Individual	Environment	Surveillance	Shielding the vulnerable	International travel	Internal travel	Mass gatherings	Schools	Businesses	Stay-at-home
Uganda								June 1: opening postponed 1 month		
Seychelles							June 1: sports/entertainment			
Tanzania							June 1: sports activities resumed	June 1: reopened		
Rwanda						May 31: transport to/from Kigali & public transport to remain closed				

## Eastern Africa: Burden of PHSMs

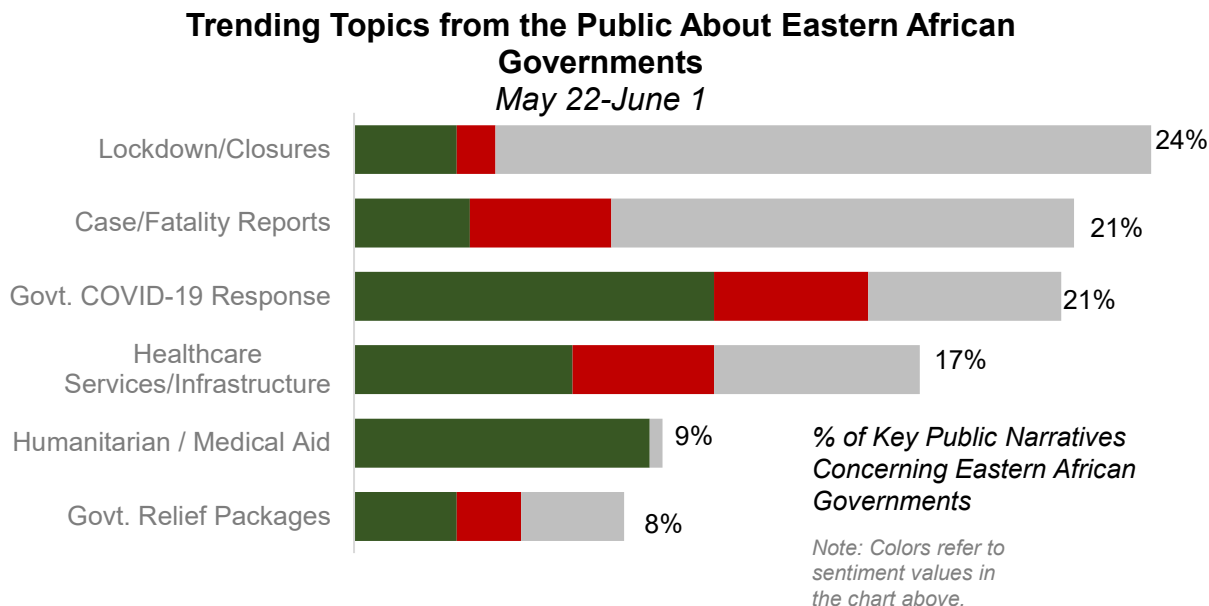
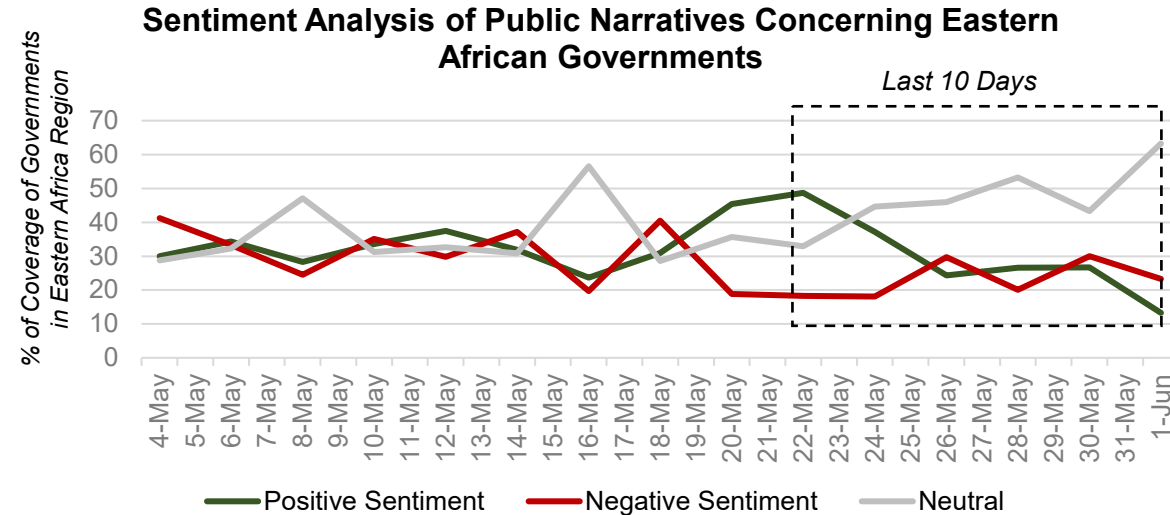


**Trending Topics in Media Coverage of PHSMs in Eastern Africa**  
May 22-June 1



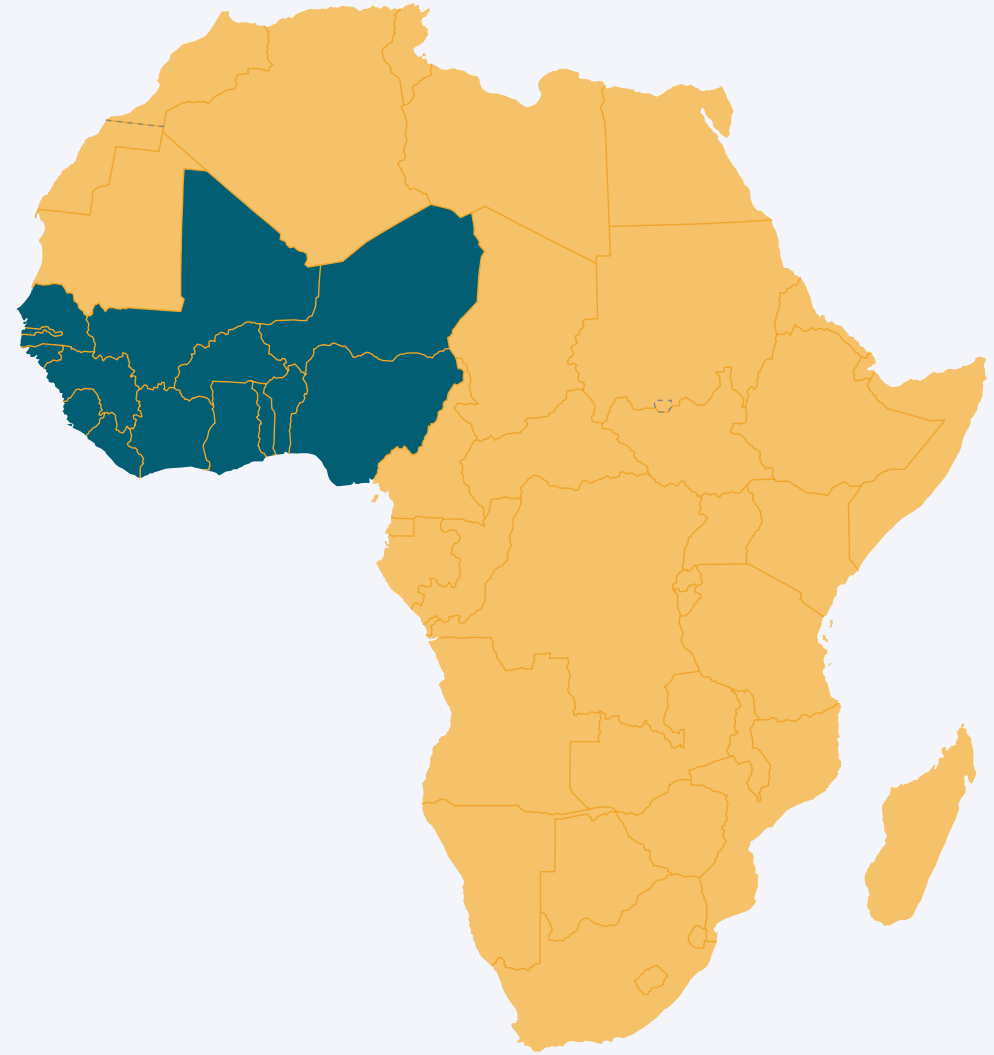
- **Negative** sentiment toward PHSMs in East Africa has increased over the past week.
- **Water/Food Security:** Civil society and international organizations warned that the COVID-19 pandemic and restrictions across the region threaten water and food security in both rural and urban areas, particularly in Tanzania where concerns are rising about disruption of food supply chains and agricultural labor.
- **Health Care:** Private citizens and NGOs blamed the national government for the poor state of public and private health care. Twitter users in Kenya amplified reports that government quarantine centers in major cities, as well as border regions, were “squalid” and threatened to increase the spread of COVID-19. NGOs reported that private and public hospitals failed to receive medical supplies promised by the national government, leading some facilities to close.

## Eastern Africa: Government Responses



- Public narratives toward East African governments have become less **negative** over the past month, but **positive** sentiment has also decreased, while neutral reports have increased.
- Half (seven) of countries in the region have introduced or expanded existing cash transfers to date, while five have distributed food or other in-kind support to vulnerable populations. Coverage of these programs is targeted.
- There have been complaints about the lack of transparency in the distribution of medical supplies and aid, fueling accusations of corruption leveled against governments and donors in Eastern Africa.
- Negative sentiment toward the **Tanzanian** government has increased in the last two weeks and President Magufuli has been accused of “covering up” the COVID-19 outbreak in the country. Tanzania has not reported a case since May 8.
- Positive** sentiments are driven in part by humanitarian and medical aid supplied by the Chinese government and private foundations.

# Western Africa



## Key trend

Several countries have a **case-fatality rate** that is over 4%. This may indicate that current levels of testing are insufficient and could also reflect limited health care capacity.

**Nigeria is significantly loosening PHSMs**, including opening businesses and schools, while case growth is accelerating. Government officials and citizens have expressed concerns about the recent increase in cases, and some academic and health care associations have called for stronger PHSMs.

There have been reports by NGOs and government officials that the impact of COVID-19 could be increasing women's risk of **domestic violence** and exploitation, including by exacerbating economic pressures at the household level.

There are reports that **food prices in Nigeria and Gambia** are increasing significantly.

## Recommendation

The shortage of, and access to, reagents for testing is still a global issue. Nonetheless, governments should strive to increase testing capacity and should consider sharing lab testing information publicly.

The government and regional organizations should closely monitor the epidemiological situation and testing capacity needs in Nigeria as PHSMs are relaxed. The government should communicate carefully around loosening PHSMs given the potential need to reinstate measures if cases continue to accelerate. The government should also communicate clearly to citizens about the outbreak situation as well as the unknowns. More stringent measures may be needed in areas of high transmission.

Governments that have not yet introduced cash transfers to mitigate economic burdens should consider doing so, while countries that have developed cash transfer programs should consider expanding them. More targeted interventions to support those experiencing domestic violence should also be developed—for example, hotlines (with text options for reporting), the provision of safe spaces/shelters, and legal provisions to support women escaping from violence with their children.

Markets should be closely monitored; governments may need to adjust and expand relief measures to compensate for economic burdens or introduce more targeted measures to ensure adequate supply (e.g. food distribution, using strategic reserves, subsidies for essential items).

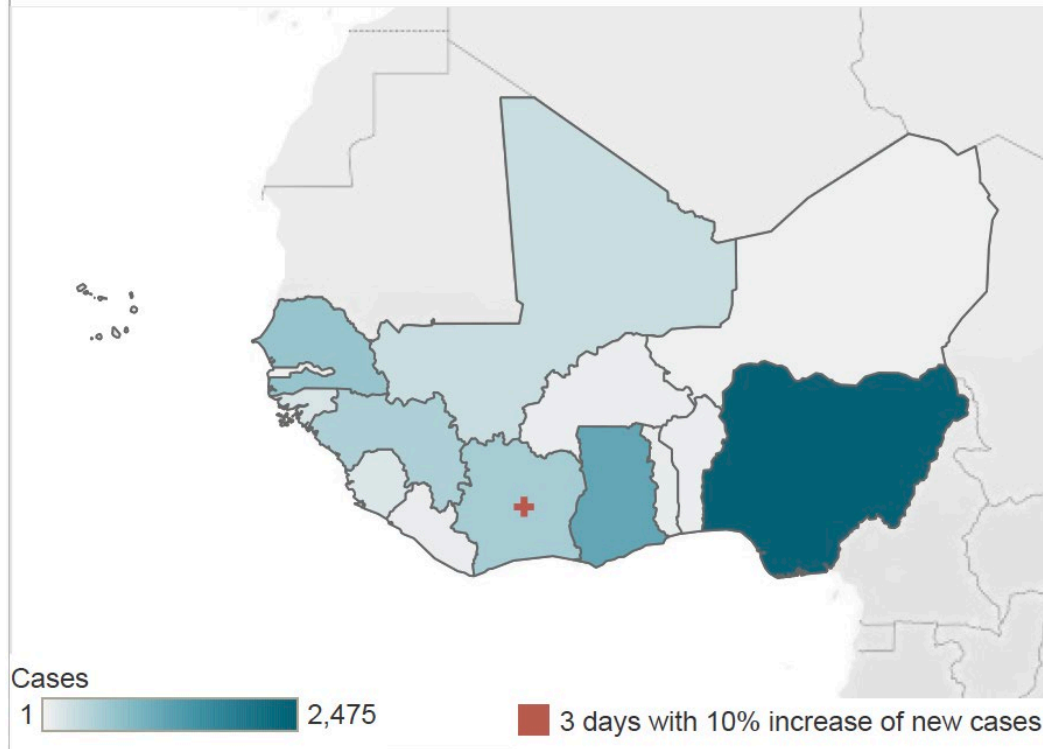
# Western Africa: Countries to Monitor

Country	Total cases (per 100,000 population)	Trend in new cases	PHSM tightening or loosening	Other hazards
Nigeria	10,819 (0.006)	↑	Curfew shortened; businesses, government, schools and places of worship reopen	
Ghana	8,297 (0.028)	↑		
Guinea	3,844 (0.031)	→	Loosening of attendance limits for gatherings	

## Western Africa: Disease Dynamics

Total cases	New cases in past week	Total deaths	New deaths in past week	Countries with CFR >4%
36,741	6,203 +20%	751	98 -14%	Liberia 9% Niger 6.8% Burkina Faso 6% Mali 5.8% Sierra Leone 5.1%

Number of new cases reported and epidemiological triggers from May 28 to June 3 in Western Africa

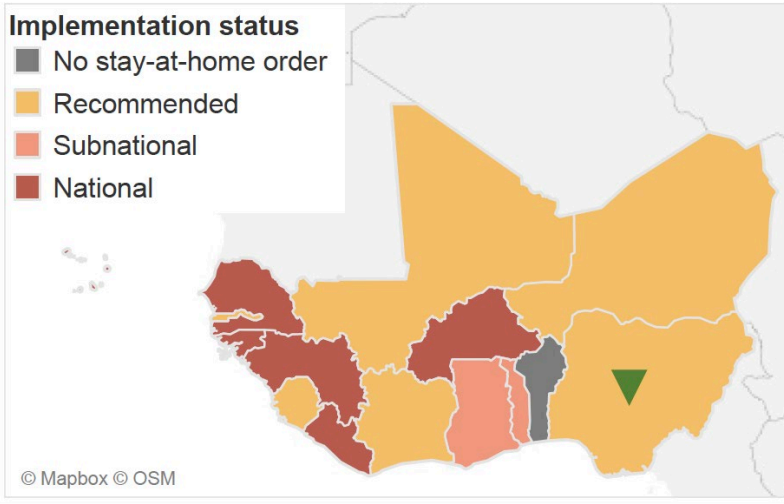


- The weekly number of new cases in Western Africa has **increased by 20%**—from 5,155 May 21-27 to 6,203 May 28-June 3. The number of new cases was highest in **Nigeria**.
- Côte d'Ivoire** experienced at least three days with a 10% increase in new cases during the last week, a sign that the epidemic may be accelerating.
- The high case fatality rates in **Liberia, Niger, Burkina Faso, Mali** and **Sierra Leone** may reflect limited testing/surveillance in addition to low health system capacity.
- While public data on testing are only available for **Ghana, Senegal** and **Nigeria**, there is significant variation in testing rates. Nigeria continues to have low test coverage of 0.34 per 1,000 population. Senegal has increased testing to 2.67 per 1,000 population and Ghana has greater testing capacity at 6.59 test per 1,000 population (as of May 26, the last date for which data are available).
- Concerns over heightened risk of COVID-19 were driven by medical personnel, government officials and community leaders in the region warning against the sudden reopening of public facilities, due to the lack of capacity of facilities for complying with reopening guidelines.



## Western Africa: PHSM Implementation and Adherence

Status of stay at home orders in Western Africa as of June 3



- Despite **Nigeria** reporting a very large increase in new cases in the past week, the country has begun loosening PHSMs in order to bolster the economy. This could lead to an even greater increase in cases over the next several weeks.
- Referring to the recent sharp increase in new cases, **Nigerian** Minister of Health Osagie Ehanire was recently quoted stating that “We are, not surprisingly, worried about the increasing number of COVID-19 confirmed cases... and the capacity of our health system to cope.”
- Some **Nigerian** social media users in Lagos complained that citizens are not washing their hands or wearing masks or other protective coverings in public.
- Social media discourse about PHSM implementation and adherence was predominantly from **Nigeria** in the past week.

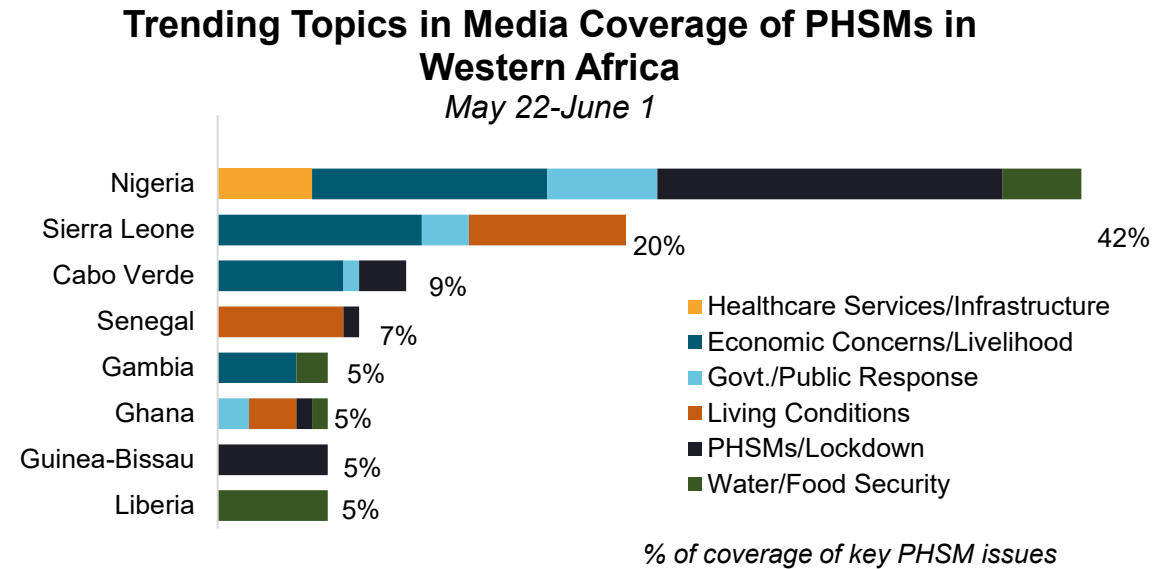
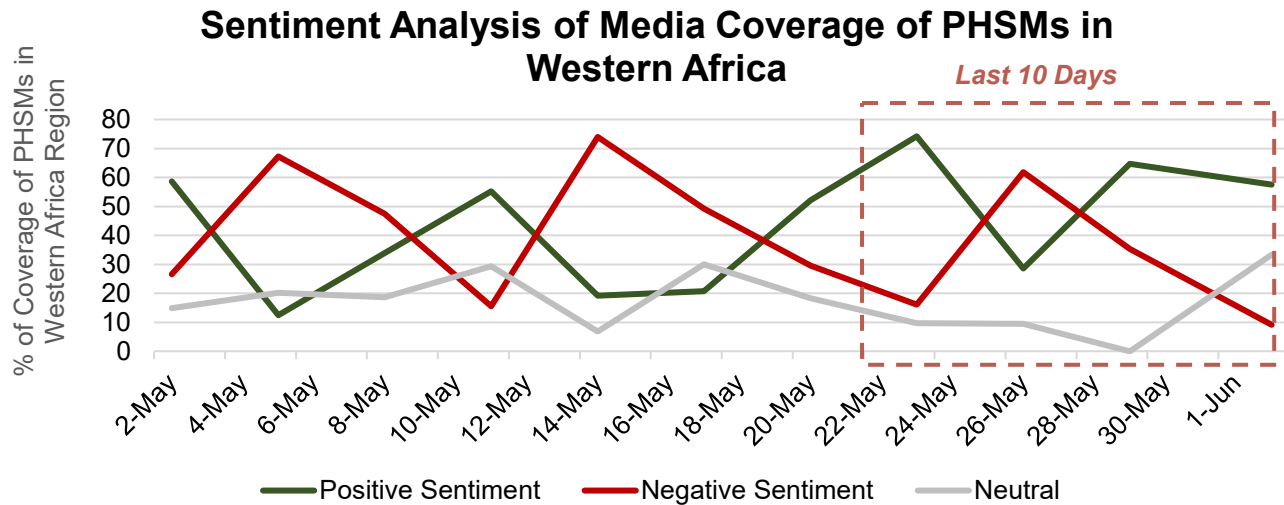
### Changes in PHSM Implementation

Loosening

Tightening

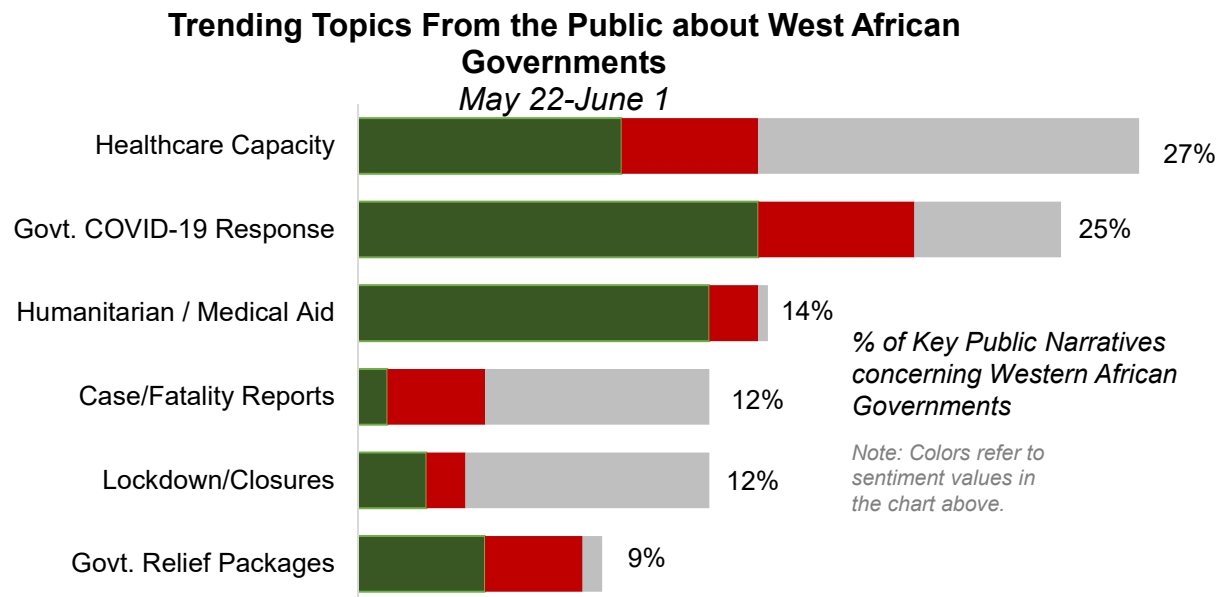
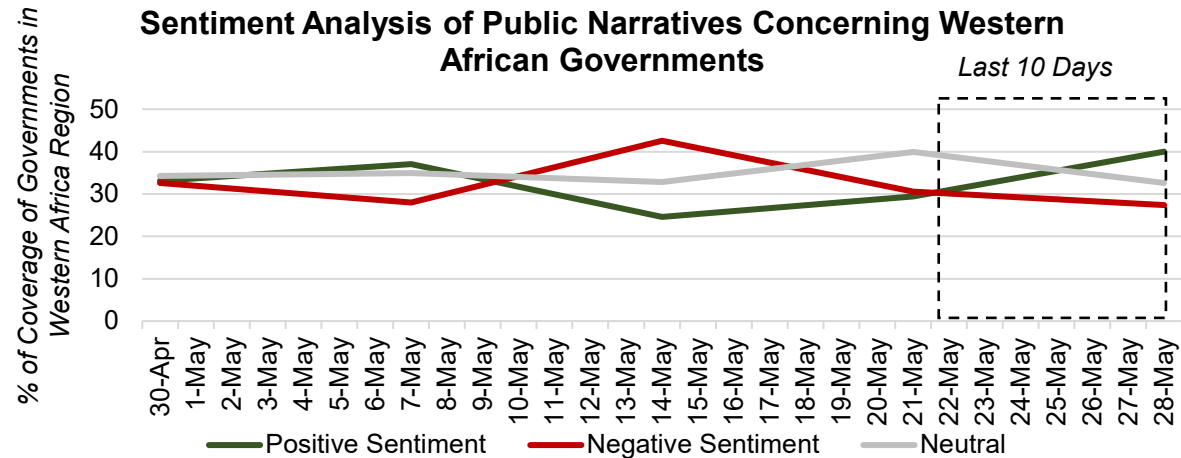
Country	Individual	Environment	Surveillance	Shielding the vulnerable	International travel	Internal travel	Mass gatherings	Schools	Businesses	Stay-at-home
Niger								June 1: reopened		
Nigeria						June 2: domestic flights will resume 6/21	June 1: places of worship reopened		June 2: gov't offices, banks, markets in Kano reopened	June 2: curfew shortened
Guinea							May 30: limits increased for weddings/ baptisms/funerals			

## Western Africa: Burden of PHSMs



- **Negative** sentiment toward PHSMs in Western Africa has significantly dropped over the past week.
- **Living Conditions:** Experts, NGOs and citizens warned that the COVID-19 crisis has left many women vulnerable to economic hardship and therefore at greater risk of domestic violence and exploitation.
- **Water/Food Security:** Social media users from **Nigeria** and **Gambia** complained that the prices of basic food items have “skyrocketed” over the last few weeks, making it increasingly difficult for people in low-income communities to purchase staple foods. Reports showed many Gambian citizens have reduced spending on food which may have “significant consequences for their nutrition.”
- **Health Care:** Government and domestic health officials in **Nigeria** warned that local hospitals lack the capacity to deal with the recent increase in confirmed COVID-19 cases.
- **Education:** Officials from the U.N. as well as local Nigerian NGOs such as Teach for Nigeria warned that inaccessibility to digital tools means that hundreds of children have been unable to continue their education.

## Western Africa: Government Responses



- Public sentiment toward West African governments were on balance more **positive** in the last week. This was driven by discussion of new and expanded relief measures, and government efforts to expand health care capacity and testing.
- One-third of countries in the region have introduced or expanded existing cash transfers to date, while 11 have distributed food or other in-kind support to vulnerable populations. Coverage of these programs is targeted. Six countries are also subsidizing water and electricity services for vulnerable households.
- Government officials from **Nigeria** and **Sierra Leone** called for “bold” and “expansive” economic stimulus packages in order to address the economic fallout from the crisis, resulting in positive commentary. Citizens similarly called for greater financial support and complained that prolonged closure of businesses has led to dramatic losses of income.
- Negative sentiment** was driven by accusations from private citizens that government officials, particularly in **Nigeria**, mismanaged response efforts to the crisis and have avoided publishing information on the actual number of cases.

# Central Africa



## Key trend

The rate of new cases has fallen in the Central African region during the past week. However, there has been variable reporting in some countries (e.g. **Burundi**) and citizen/media reports have expressed concerns about official case reporting in **São Tomé and Príncipe** and **Cameroon**.

**Food and water security** and **livelihoods** are a major concern across the region, and relief measures have been more limited compared to other regions.

Government officials across Central African nations complained that many citizens continue to **ignore physical distancing guidelines** and lockdowns.

The **Democratic Republic of the Congo (DRC)** is experiencing an Ebola outbreak in the Northwest, which will complicate the COVID-19 response. There have also been reports of rising food prices.

Schools reopened in **Cameroon**, the country with the largest outbreak in the region.

The **Central African Republic** is experiencing a rapid rise in new cases despite a regional decline.

## Recommendation

Governments should ensure adequate surveillance to make sure that the decreasing trend in new cases reflects reduced transmission. Governments should ensure transparency in case reporting, including reporting any testing shortages. This will contribute to public confidence in government response efforts.

Governments should consider expanded relief measures where possible, particularly measures such as cash transfers to replace lost income, food distribution and water trucking to ensure food and water security, and distribution of masks, hygiene supplies and public hand-washing points to facilitate adherence to preventive measures.

Risk communication should be tailored to emphasize the importance of PHSMs and their impact on the health of communities, while the burdens of PHSMs should be mitigated with appropriate relief measures.

Regional and international bodies should work with DRC authorities to ensure adequate health care infrastructure and supplies to manage the concurrent outbreaks. While DRC has already distributed cash and food aid to some citizens, further support may be needed if food prices rise. The situation should be closely monitored, and efforts should be made to reduce misinformation and rumors.

New cases should be closely monitored over the coming weeks, including any transmission occurring in school settings.

The government should consider tightening PHSMs to the extent feasible to mitigate accelerating transmission.

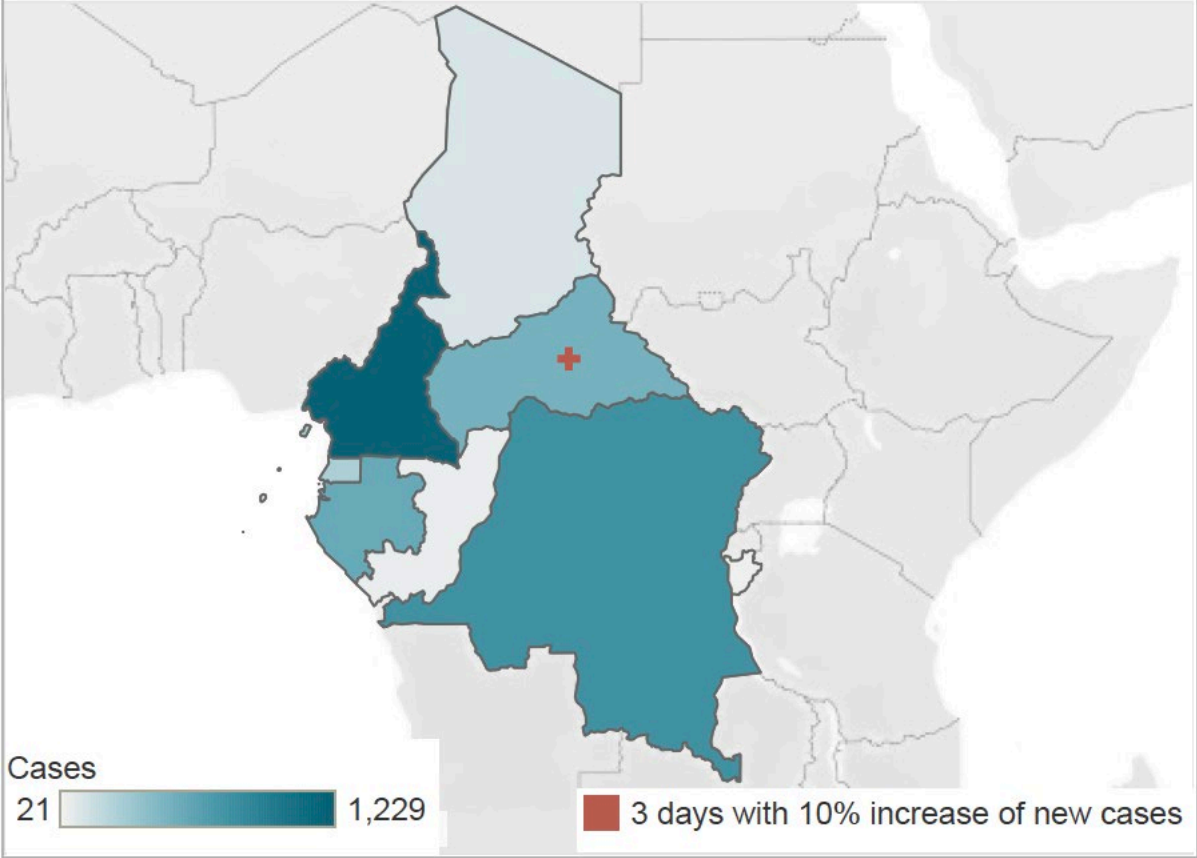
# Central Africa: Countries to Monitor

Country	Total cases (per 100,000 population)	Trend in new cases	PHSM tightening or loosening	Other hazards
Cameroon	6,585 (0.026)	↓	Schools reopened June 1	
DRC	3,325 (0.004)	→		New Ebola outbreak in northwestern region and Ebola outbreak in the east
Central African Republic	1,173 (0.025)	↑ (doubled)		Ethnic tensions and fighting

# Central Africa: Disease Dynamics

Total cases	New cases in past week	Total deaths	New deaths in past week	Countries with CFR >4%
17,153	3,548 +17%	407	44 -30%	Chad 8.2%

Number of new cases reported and epidemiological triggers from May 28 to June 3 in Central Africa

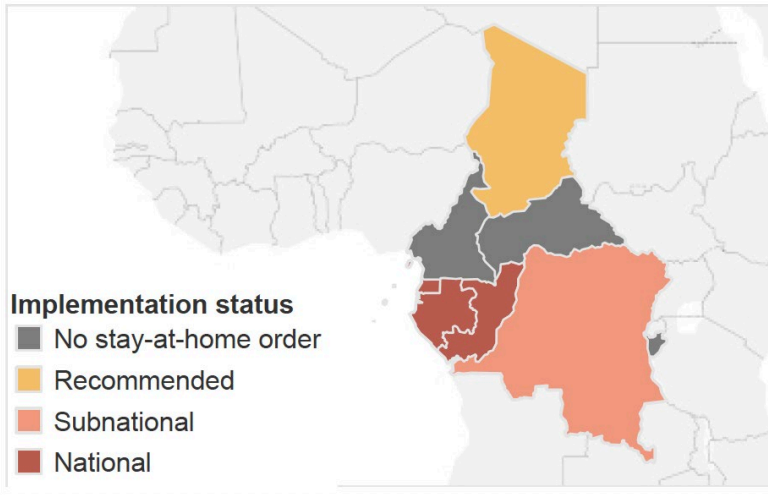


- The weekly number of new cases in Central Africa has **decreased by 17%**—from 4,284 May 21-27 to 3,548 May 28-June 3. The greatest number of new cases was reported in **Cameroon**.
- Case detection and reporting in some countries has been variable. After 12 days without reporting any new cases, **Burundi** reported 21 new cases on May 29. In addition, the high case fatality rate in **Chad** may reflect limited testing/surveillance in addition to low health system capacity.
- Public data on testing are not available for Central African countries.
- Citizens from **Cameroon** and **São Tomé and Príncipe** expressed concerns that governments have not been accurately reporting cases.



## Central Africa: PHSM implementation and adherence

Status of stay at home orders in Central Africa as of June 3



- No significant changes have been made to PHSMs in most Central African countries since May 28, with the exception of schools reopening in **Cameroon** on June 1.
- Government officials across Central African nations complained that many citizens continue to ignore physical distancing guidelines and lockdowns. Meanwhile, citizens in **São Tomé and Príncipe** called for nightly curfews to be lifted, mocking the government for their belief that COVID-19 “comes at night.”
- Scarcity of potable water remains a major barrier to implementation of hygiene and PHSMs, with reports primarily in **Cameroon**.
- A new outbreak of Ebola in northwestern **DRC** may affect the COVID-19 response. Although scarce resources including personal protective equipment (PPE) may be diverted, PHSMs for both outbreaks need to work in concert. NGOs and civil society groups have been advocating for public adherence to PHSMs and hygiene measures to combat both COVID-19 and Ebola.

### Changes in PHSM Implementation

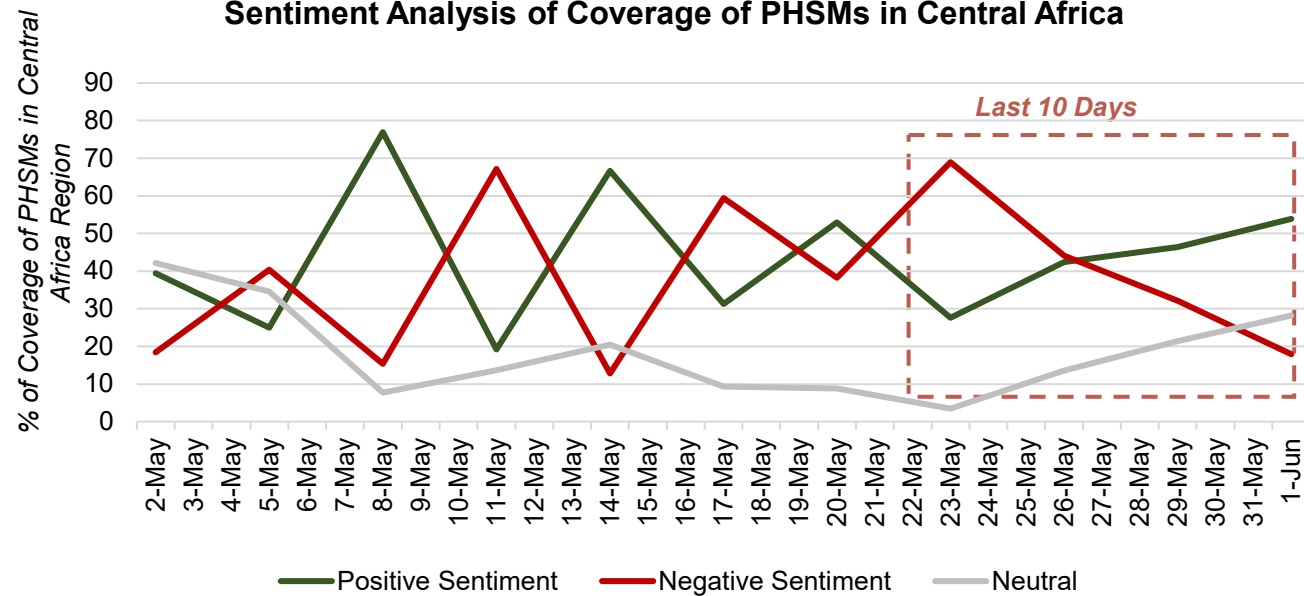
Loosening

Tightening

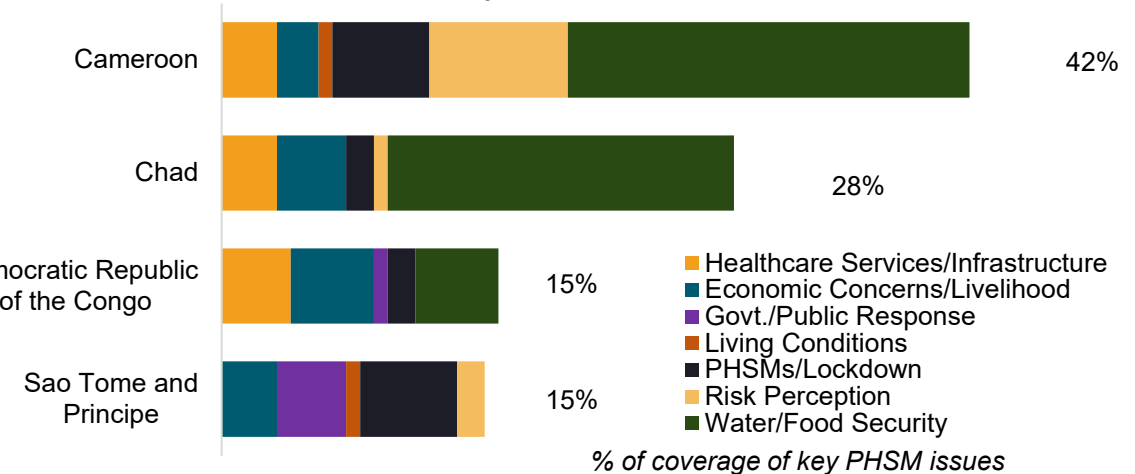
Country	Individual	Environment	Surveillance	Shielding the vulnerable	International travel	Internal travel	Mass gatherings	Schools	Businesses	Stay-at-home
Cameroon								June 1: reopen		

## Central Africa: Burden of PHSMs

Sentiment Analysis of Coverage of PHSMs in Central Africa

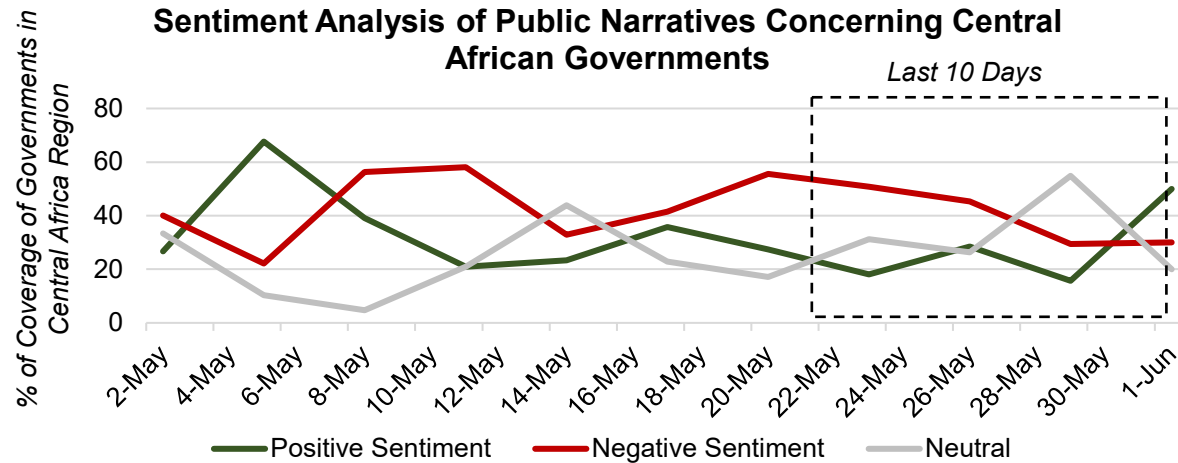


Trending Topics in Media Coverage of PHSMs in Central Africa  
May 22-June 1

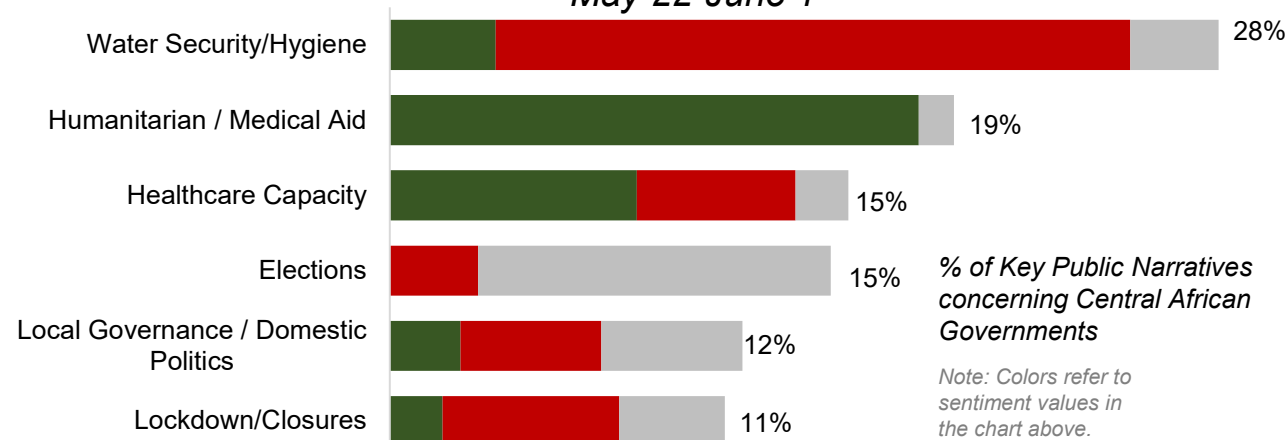


- Negative** sentiment toward PHSMs in Central Africa has decreased over the past 10 days. Positive sentiment toward PHSM implementation was driven by discussion of civil society and government programs aimed at alleviating water and food insecurity in both urban and rural areas.
- Livelihoods:** Government officials across the region acknowledged the dire economic consequences arising from closing businesses.
- Health care Services:** Experts and medical professionals in **Cameroon** warned of limited hospital beds and quarantine facilities in the country. Central African media reported that civil society groups in **Cameroon** and **DRC** worked to provide hygiene supplies and install hand-washing stations in urban areas, as well as in camps and informal settlements.
- Public Response:** Citizens, particularly those from **Cameroon** and **São Tomé and Príncipe**, expressed frustration at perceived government mismanagement of crisis response. Citizens were concerned over the possibility that governments have not been accurately reporting cases.

## Central Africa: Government responses



### Trending Topics from the Public about Central African Governments May 22-June 1



- Public narratives toward Central African governments were on balance more **negative** in the last week, driven by food and water insecurity, especially in **Cameroon**.
- There has been evidence of a perception of government mismanagement in the response to COVID-19, specifically in **São Tomé and Príncipe**, **Cameroon**, and **Burundi**.
- Positive sentiment** was driven by recognition of international organizations (UN and WHO) accomplishments in provision of aid and medical supplies.
- Relative to other regions, Central African governments have not been able to introduce as many cash transfer programs, with only 3 (**Cameroon, Congo, São Tomé and Príncipe**) announcing transfer measures. Some countries are also distributing food/supplies or subsidizing water/electricity.

# Northern Africa



## Key trend

New **cases in Northern Africa (10,561) increased by 44%**, largely driven by the large number of new cases reported by Egypt (8,780). Mauritania saw a significant increase in new cases from the prior week.

Remaining negative sentiment toward governments was driven by **calls for authorities to increase PHSMs**, including travel restrictions and quarantine. A **trend in positive sentiment toward government measures** may suggest nominal public acceptance of government efforts. Discourse around PHSMs is increasingly neutral, with both positive and negative sentiments falling.

**Medical professionals in Egypt criticized the el-Sisi administration** for failing to provide sufficient medical supplies, including personal protective equipment, to health facilities and hospitals. These professionals cited this failure to provide supplies as a cause for a rise in health care worker infections.

Despite the Tunisian media's praise of the government's police and health procedures at border crossings and the recently implemented economic support for COVID-19-impacted families, **coordinated, peaceful protests in Tunisia** on May 28th drew attention to economic stress caused by PHSMs and poor conditions for health workers.

## Recommendation

Risk communication should be improved to combat PHSM fatigue and clearly convey the heightened risk of COVID-19 in the region. It is likely too soon to see any increase in new cases as a direct result of the holiday Eid-al-Fitr (May 23-26), and governments should closely monitor new cases over the coming weeks in order to detect any spikes in transmission.

Governments should consider amplifying their messaging around PHSMs and implementing additional PHSMs or extending existing PHSMs, especially given the increase in new cases. They should also monitor the economic conditions affected by PHSMs and consider economic relief packages designed to improve adherence, including expanded cash transfers and social insurance benefits.

Egypt should ensure that health facilities and hospitals have the medical supplies, including personal protective equipment, they need to treat patients safely.

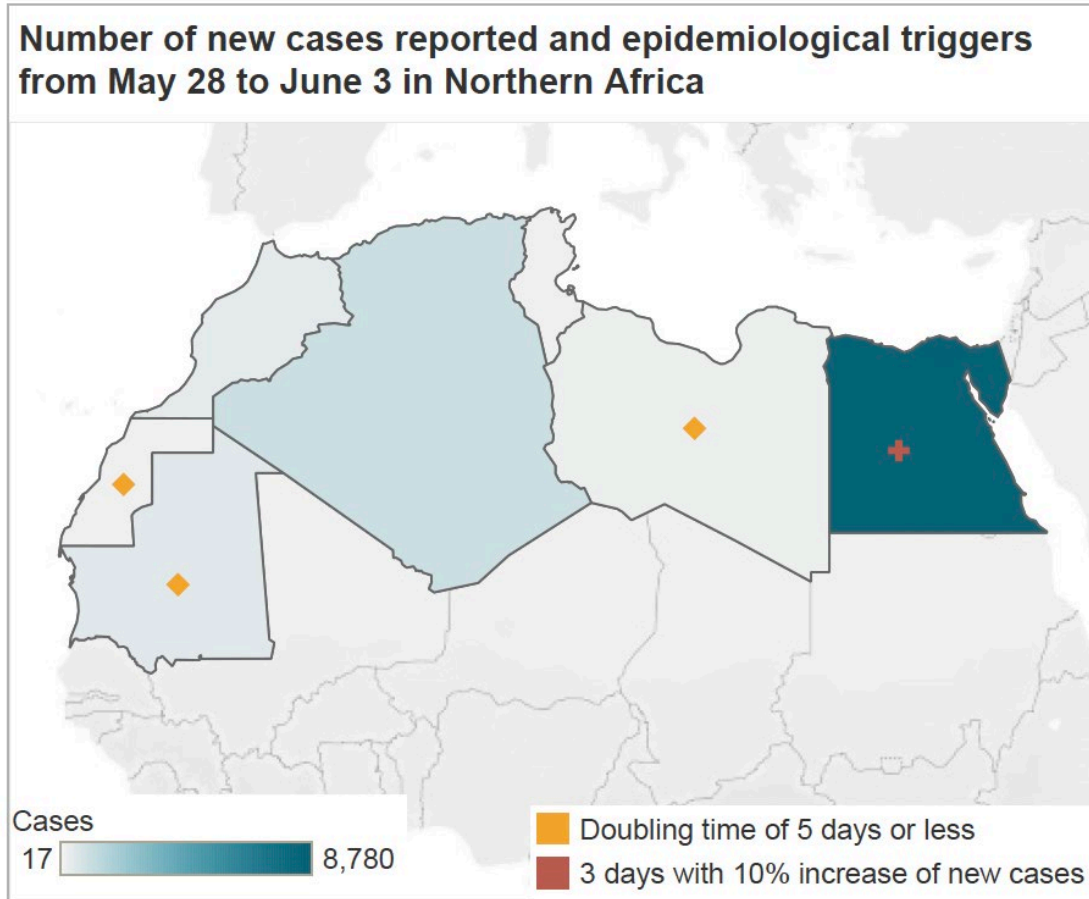
Tunisia should monitor the implementation and impact of current economic support packages in order to address shortcomings and should consider putting in place grievance and redress mechanisms. The government should consider expanding support for the health care system to protect the health and safety of its workers.

# Northern Africa: Countries to Monitor

Country	Total cases (per 100,000 population)	Trend in new cases	PHSM tightening or loosening	Other hazards
Algeria	9,626 (0.023)	↓	Extended curfew and internal travel restrictions	
Egypt	27,536 (0.028)	↑	Made masks required in public spaces	
Mauritania	668 (0.015)	↑		
Tunisia	1,086 (0.009)	↑		Peaceful protests of poor economic conditions resulting from lockdowns

## Northern Africa: Disease Dynamics

Total cases	New cases in past week	Total deaths	New deaths in past week	Countries with CFR >4%
46,987	10,561 +44%	2,010	334 +60%	Algeria 8.2% Mauritania 4.6% Western Sahara 4.4% Tunisia 4.4%

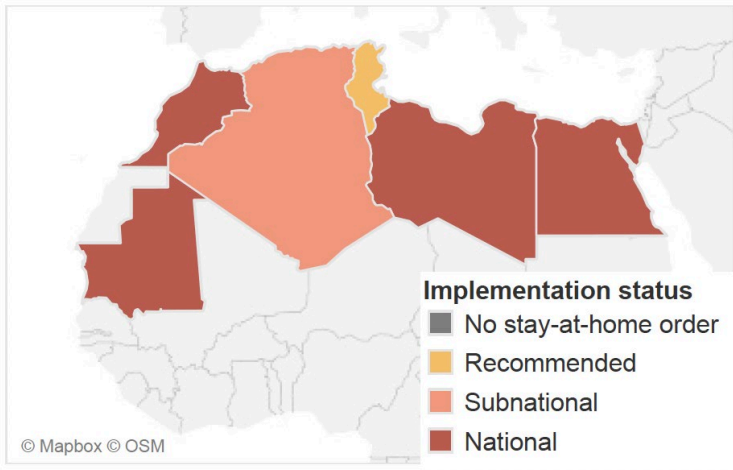


- The weekly number of new cases in Northern Africa has increased by 44%—from 7,343 May 21-27 to 10,561 May 28-June 3. The number of new cases is highest in **Egypt**.
- Egypt:** In the past week, the number of new cases increased by 67%. Socializing during the Eid al-Fitr holiday may contribute to transmission, although it is likely too soon to see this increase reflected in case reports.
- Mauritania:** The number of new cases increased by 124% compared to last week. As of May 21, Mauritania had conducted 2,583 tests.
- The only other country in the region with available testing data is **Tunisia**, which has conducted 4.23 tests per 1,000 population (53,161 total).
- The high case fatality rates in **Algeria, Mauritania, Western Sahara, and Tunisia** may reflect limited testing/surveillance in addition to low health system capacity.



## Northern Africa: PHSM Implementation and Adherence

Status of stay at home orders in Northern Africa as of June 3



- Algeria** extended its curfew and internal travel restrictions through June 13, as new cases declined in the past week.
- Positive sentiment toward the government of **Morocco** was driven by efforts to increase contact tracing.
- Egyptian** government statements dominated media coverage of PHSMs as the el-Sisi administration pushed for gradual lifting of the lockdown and a “coexistence with Corona” policy. National and regional Egyptian officials urged public adherence to PHSMs, namely use of masks and physical distancing.
- Discussion of lockdown and physical distancing has generally declined in Northern African social media, potentially reflecting public acceptance of PHSMs.
- Mobility data shows **Libya** appears to be going back to pre-COVID mobility levels (see Annex for data)

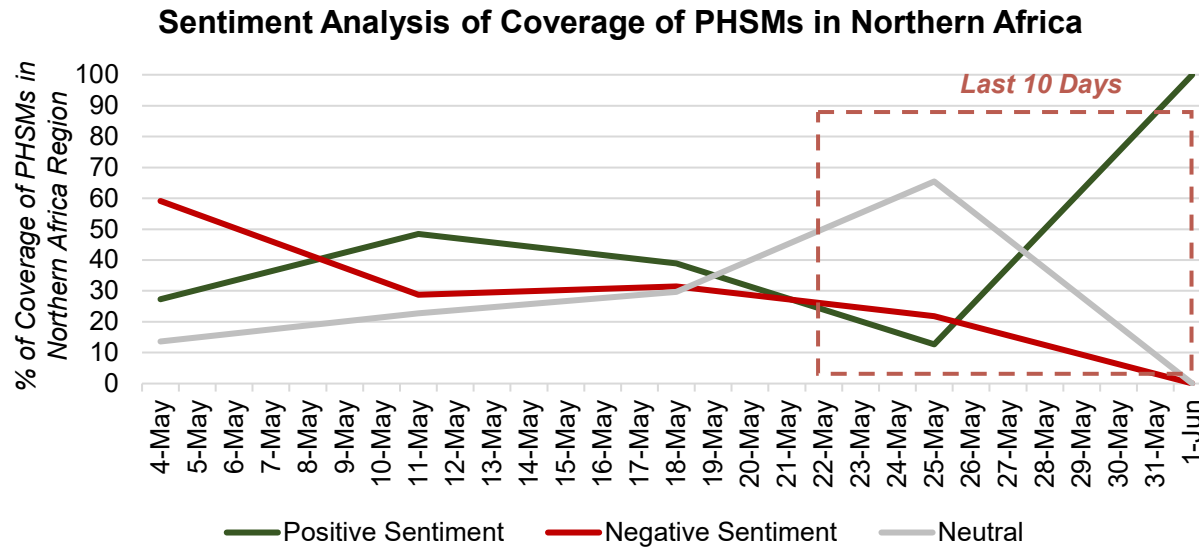
### Changes in PHSM Implementation

Loosening

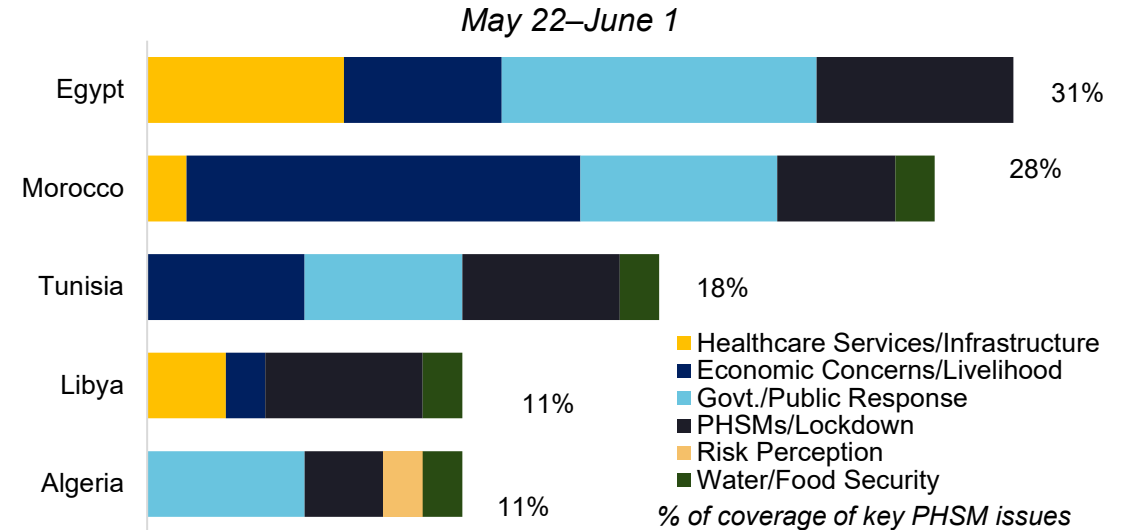
Tightening

Country	Individual	Environment	Surveillance	Shielding the vulnerable	International travel	Internal travel	Mass gatherings	Schools	Businesses	Stay-at-home
Algeria					June 1: some commercial flights resume	May 28: restrictions extended to 6/13				May 28: curfews extended to 6/13
Egypt	5/30 - masks required in public spaces/transport								June 1: hotels reopen 50% capacity	May 30: curfew shortened 8pm-6am

## Northern Africa: Burden of PHSMs



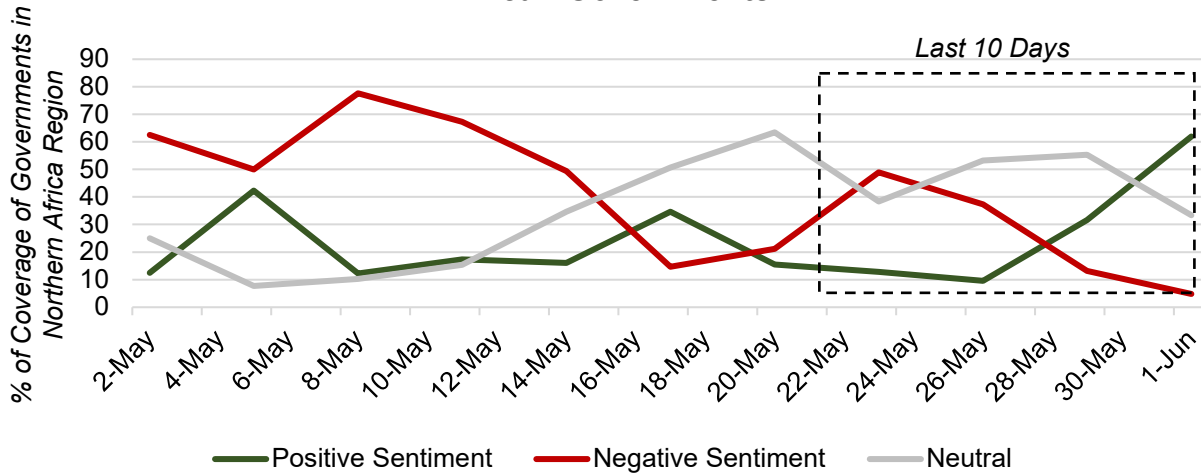
## Trending topics in Media Coverage of PHSMs in Northern Africa



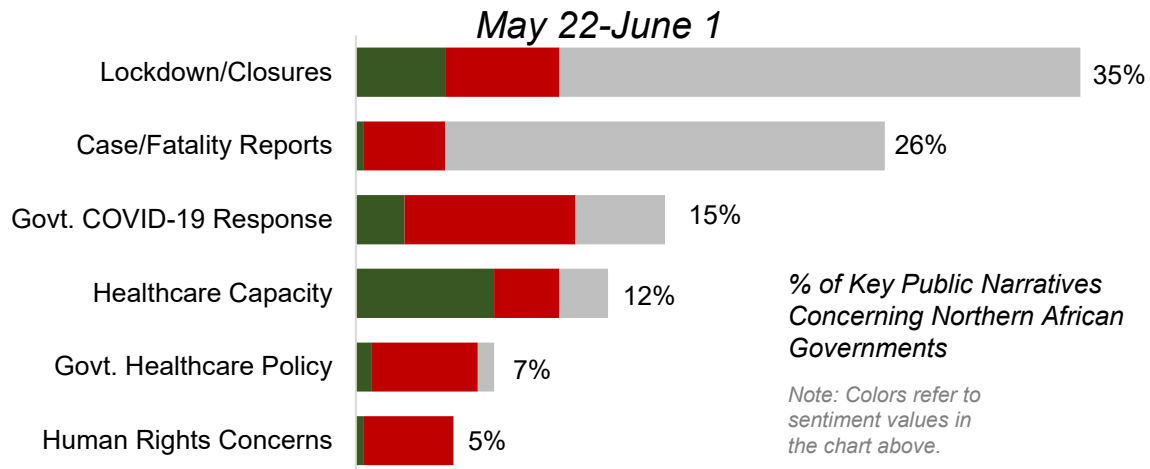
- **Negative** sentiment toward PHSMs in Northern Africa has decreased over the past week.
- Discussion of **health care infrastructure** continued to trend negatively in the past ten days, particularly in Egypt after the government was blamed for the death of health workers. The government was also blamed for shortages of medical supplies, PPE, and testing kits. Egyptian health professionals have consistently criticized the government for poor supplies during the COVID-19 pandemic.
- National governments in **Egypt**, **Tunisia**, and **Morocco** focused their messaging on widescale relief packages and economic reforms meant to mitigate the economic and social consequences of the COVID-19 pandemic and lockdown.
- **Coordinated, peaceful protests** in **Tunisia** on May 28th drew attention to economic stress caused by PHSMs and poor conditions for health workers.

## Northern Africa: Government Responses

Sentiment Analysis of Public Narratives Concerning Northern African Governments

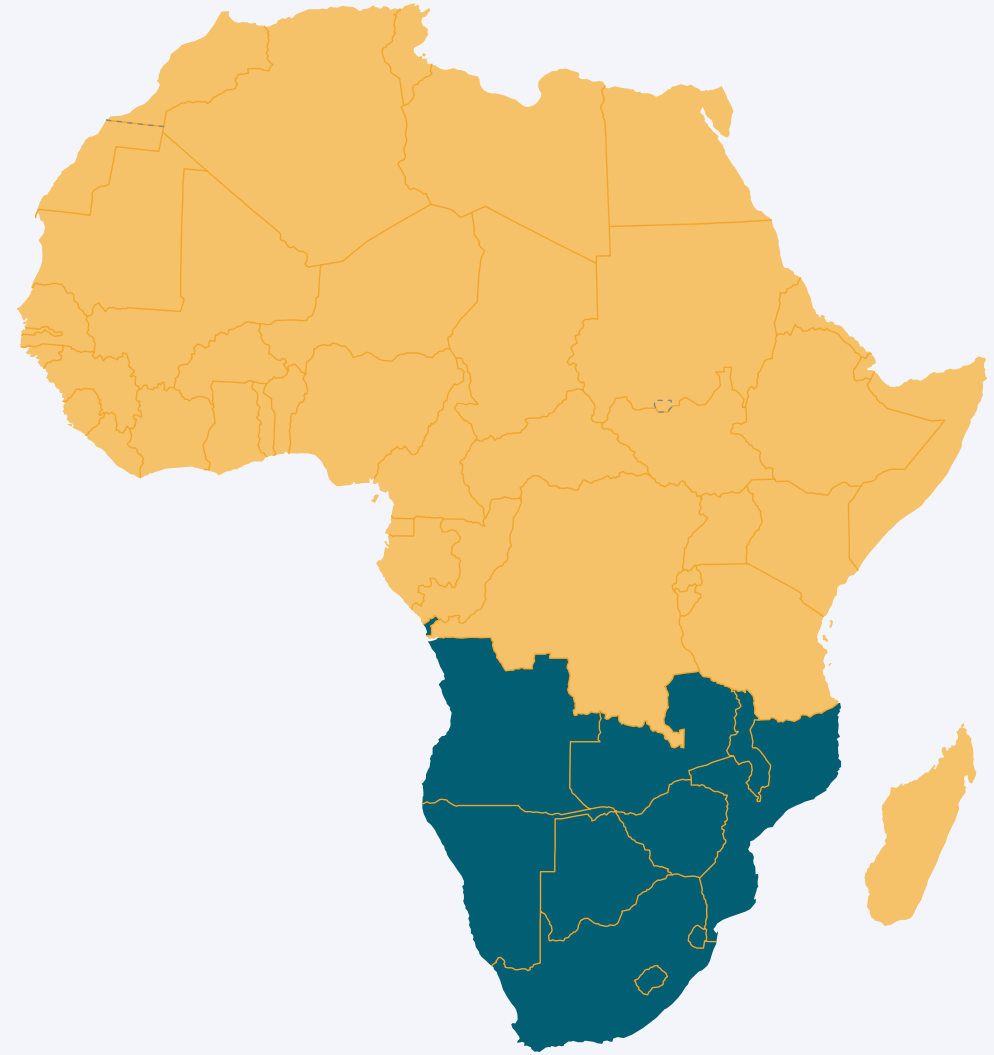


Trending Topics from the Public about Northern African Governments



- Public narratives toward Northern African governments were on balance more **positive** in the last week, driven by praise for the repatriation of citizens and increased testing for COVID-19.
- Media in **Libya** criticized the government's failure to conduct testing, institute restrictions on incoming flights, or apply quarantine protocols to travelers.
- In **Algeria**, negative sentiment was driven by media and opposition parties which accused the Algerian authorities of using the pandemic as reason to crush the Hirak protest movement.
- Tunisia**: the media called the government's police and health procedures for border crossing "meticulous," and spoke positively of the \$155 million allocated to assist individuals and families who lost their livelihoods during the pandemic.
- Five of six countries in the region have introduced or expanded cash transfer programs. **Egypt** and **Tunisia** have expanded unemployment benefits.

# Southern Africa



## Key trend

**South Africa lowered its alert level** from 4 to 3, despite an accelerating growth in cases. The government noted that a different approach may be taken in transmission "hotspots" in future.

**Four countries in the region** (South Africa, Botwana, Namibia and Zimbabwe) **have begun the process of reopening schools**. In South Africa, reopening in public schools was postponed by a week due to opposition by teachers unions concerned about the lack of personal protective equipment.

**Test kit shortages** were reported in South Africa (with a backlog of more than 100,000 cases) and Zimbabwe.

While most of the countries in the region have announced programs to deliver either **cash or in-kind support** (food, supplies) to people affected by PHSMs, there is **widespread dissatisfaction with the measures** and their implementation, including complaints that planned distributions have not reached targeted households/communities.

The **caseload varies significantly** across the region and there is significant concern in countries with low caseloads, such as Malawi and Zimbabwe, about transmission from citizens returning from South Africa and other countries. In both Malawi and Zimbabwe people escaped from quarantine centers, resulting in concerns about local transmission.

## Recommendation

The South African government should closely monitor transmission and communicate about the potential need to increase the alert level—including in specific areas/hotspots—if the situation worsens.

The phased approach in which schools are reopening should be continued, with close monitoring of infections resulting from school settings. Adequate infection control including environmental hygiene measures and protective equipment for teachers and staff should be prioritized.

Regional and international bodies should work with governments in the region to rapidly address shortages of test kits.

Governments should consider expanding the coverage of relief measures and should work to address bottlenecks in implementation. Clearly communicating eligibility requirements and distribution plans can help to ensure that people can access benefits that they are entitled to. Administrative requirements should be minimized.

Governments should collaborate closely to ensure that repatriation of citizens does not result in transmission risk. This includes ensuring that people in mandatory quarantine centers receive adequate care and support to ensure adherence.

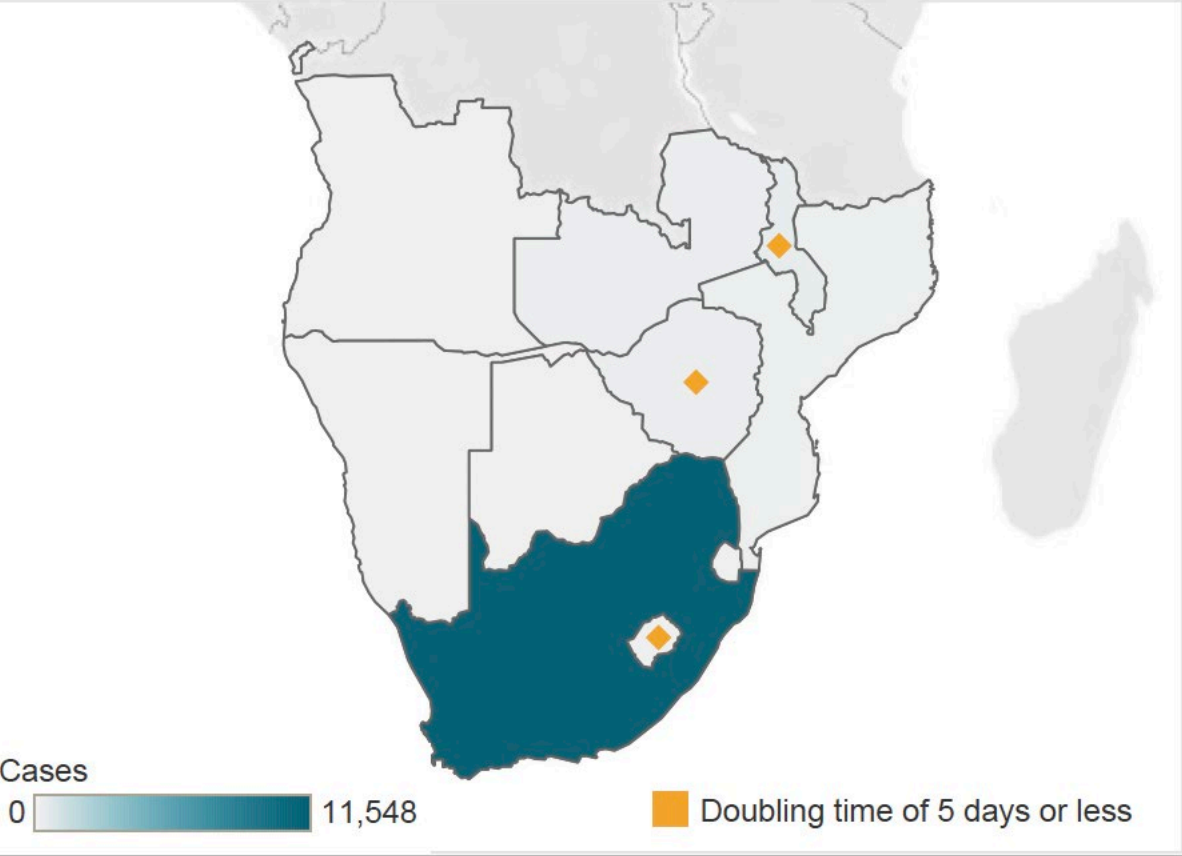
# Southern Africa: Countries to Monitor

Country	Total cases (per 100,000 population)	Trend in new cases	PHSM tightening or loosening	Other hazards
Botswana	38 (0.002)	↓	Partial school reopening	
Malawi	358 (0.002)	↑		>400 ppl escaped from a quarantine center
Namibia	25 (0.001)	→	Partial school reopening	
South Africa	35,812 (0.062)	↑	Moved to alert level 3	Flooding in Cape Town, impacting informal settlements
Zambia	1,089 (0.006)	↑	School reopening	
Zimbabwe	206 (0.001)	↑		>100 people escaped from a quarantine center

# Southern Africa: Disease Dynamics

Total cases	New cases in past week	Total deaths	New deaths in past week	Countries with CFR >4%
38,216	12,272 +66%	780	233 +8%	Angola 4.6%

Number of new cases reported and epidemiological triggers from May 28 to June 3 in Southern Africa

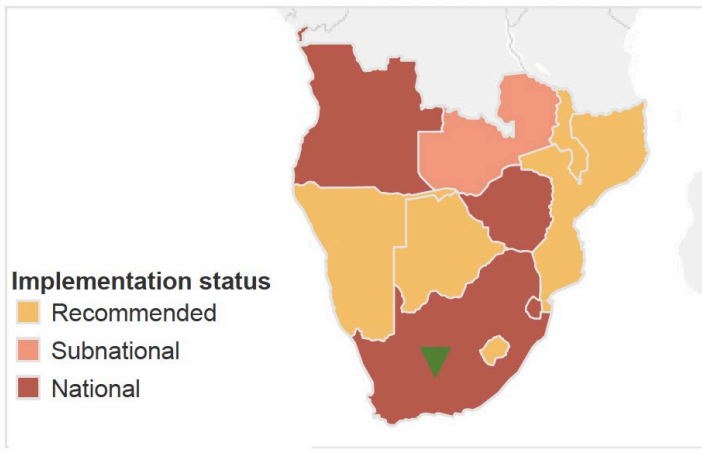


- The weekly number of new cases in Southern Africa has increased by 66%—from 7,409 May 21-27 to 12,272 May 28-June 3. The number of new cases is highest in **South Africa**.
- **Zimbabwe’s** government urged calm after the number of reported cases nearly quadrupled over the past week to 206—driven by cases among people returning from South Africa.
- **South Africa’s** government says it has a backlog of 100,000 unprocessed tests due to a shortage in supply. President Ramaphosa said that China will supply test kits across the continent. Private citizens tweeted that **Zimbabwe** had run out of testing kits.
- **South Africa** has conducted more than 785,000 tests as of June 3 (13.25 per 1,000 population), the highest number and rate of any country on the continent according to publicly-available data. **Zimbabwe** has tested 20,000 (1.35 per 1,000 population).
- The high case-fatality rate in **Angola** may reflect limited testing/surveillance in addition to low health system capacity.



## Southern Africa: PHSM Implementation and Adherence

Status of stay at home orders in Southern Africa as of June 3



- As of June 1, **South Africa** changed its alert level from 4 to 3, allowing most industries to reopen but maintaining a stay-at-home order with exceptions for work/exercise/essential trips. The country is loosening restrictions despite steadily increasing new cases throughout May. Limited alcohol sales resumed while tobacco sales remained prohibited. School reopening was postponed due to opposition by teachers unions. More stringent measures may be reinstated in transmission “hotspots”.
- Flooding in **Cape Town** has disproportionately affected people living in informal settlements, complicating the response.
- Mobility increased in the region between mid to late May – particularly in **Botswana** which started a phased reopening May 8.
- More than 400 people in **Malawi** and more than 100 in **Zimbabwe** were sought by authorities after escaping quarantine centers where they were being held after returning from abroad (mainly from South Africa and Botswana). There were reports of poor sanitary conditions and lack of food provision in facilities.
- In **Malawi**, PHSM implementation has been complicated by politics surrounding the June 23 re-run election (after annulment of 2019 presidential election) and the High Court injunction against the government’s lockdown order in April.

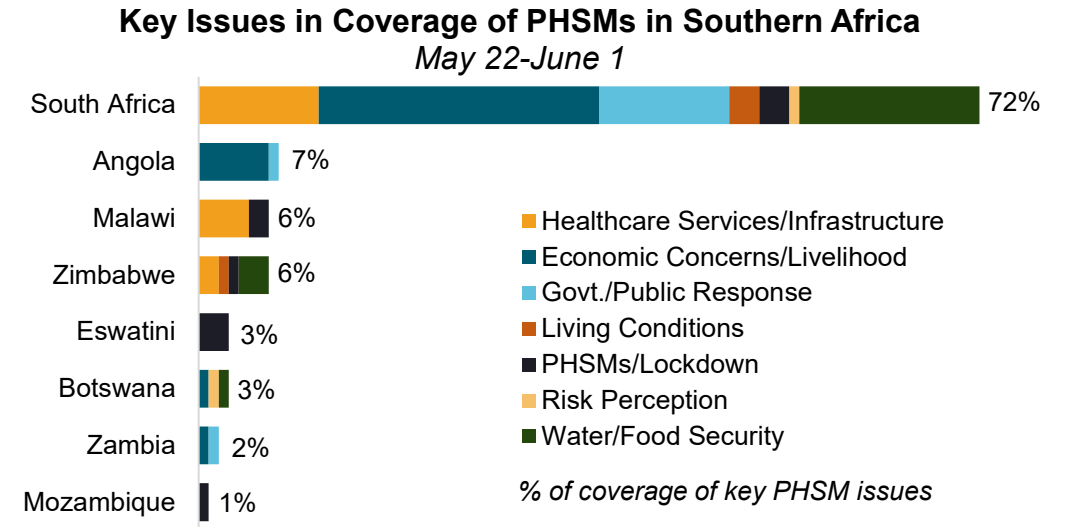
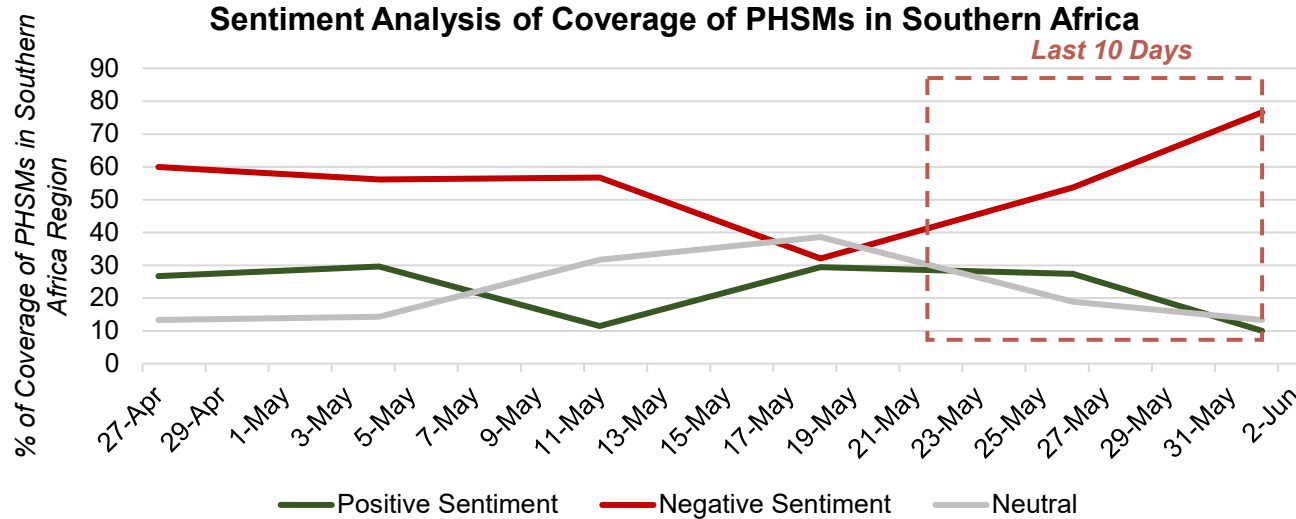
### Changes in PHSM Implementation

Loosening

Tightening

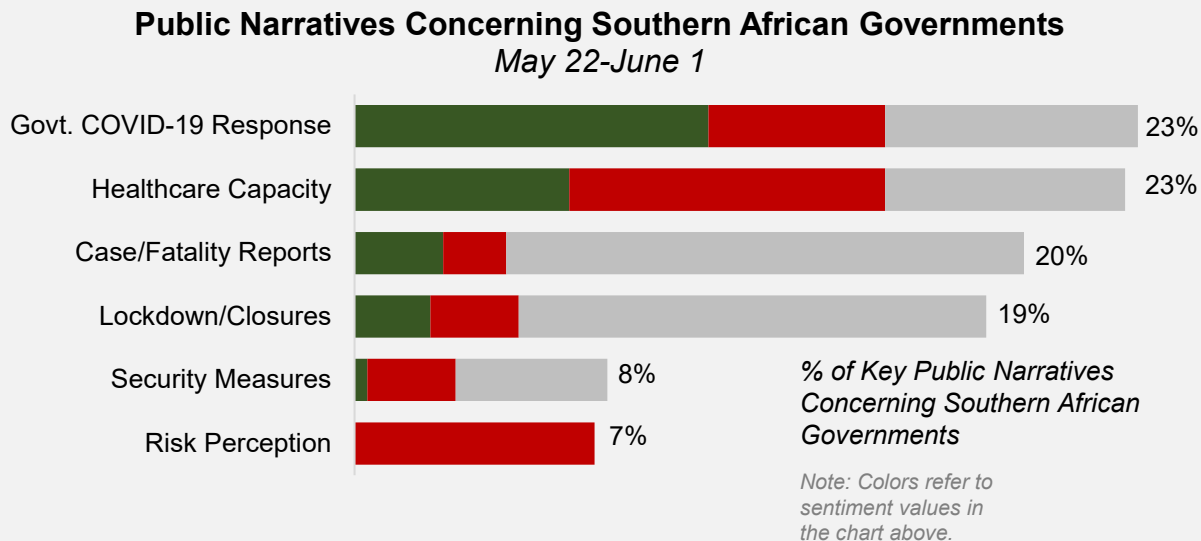
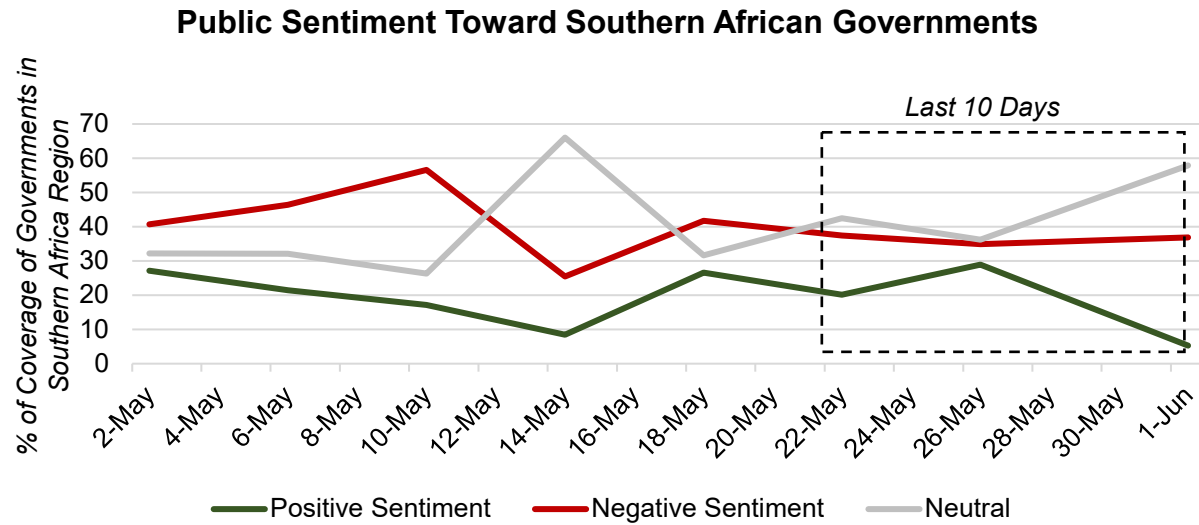
Country	Individual	Environment	Surveillance	Shielding the vulnerable	International travel	Internal travel	Mass gatherings	Schools	Businesses	Stay-at-home
<b>South Africa – alert level 3 June 1</b>	June 1: masks required on public transport, individual exercise allowed			June 1: people age 60+ recommended to stay at home		June 1: permits required; movement within “hotspots” restricted	June 1: places of worship, funerals w/ limit of 50 ppl	June 1: universities reopen at 1/3 capacity; school opening postponed	June 1: most industries reopen incl. retail, restaurants open for takeout	June 1: curfew lifted, people required to stay at home except for specific activities
<b>Zambia</b>								June 1: primary, secondary reopen		
<b>Botswana</b>								June 2: completing classes resume		
<b>Namibia</b>								June 3: grades 11, 12 resume		

## Southern Africa: Burden of PHSMs



- **Negative** sentiment toward PHSMs in Southern Africa has increased over the past week. The vast majority of coverage is from South Africa.
- **Livelihoods:** PHSM effects on livelihoods and economies continued to dominate coverage. The Southern African business community and domestic media expressed concern over **rising unemployment rates** and dwindling exports—with many linking the country’s economic crisis to the COVID-19 lockdown.
- **Food/Water Security:** Continued concerns about food and water security throughout the region. Complaints in **Zimbabwe** that public water sources prevented women – who are typically responsible for traveling to community sources to fetch water —from adhering to physical distancing guidelines, and that there was not sufficient water for handwashing in addition to household needs. The Water Alliance Zimbabwe highlighted falling dam levels and drying of shallow wells.
- **Health Care:** Media reports raised concerns about South Africa’s health infrastructure in the context of rising cases.

## Southern Africa: Government Responses



- **Negative sentiment** toward **health system capacity** remained significant in social and traditional media. Private citizens tweeted that in **Zimbabwe** those in quarantine centers reportedly had to pay for their own test kits.
- Public narratives toward Southern African governments continued to be **negative** in the last week, driven by discussion of government failures to deliver on medical, financial, and food relief measures. These critiques were often linked to reports of non-adherence to PHSMs. Private citizens claimed that **South Africa's** planned food distribution failed to reach targeted households.
- Half of the countries in the region (5) have introduced or expanded **cash transfer programs** to date, while fewer (3) have relied on **food/in-kind distributions**. Coverage of these programs varies and is limited to specific populations.

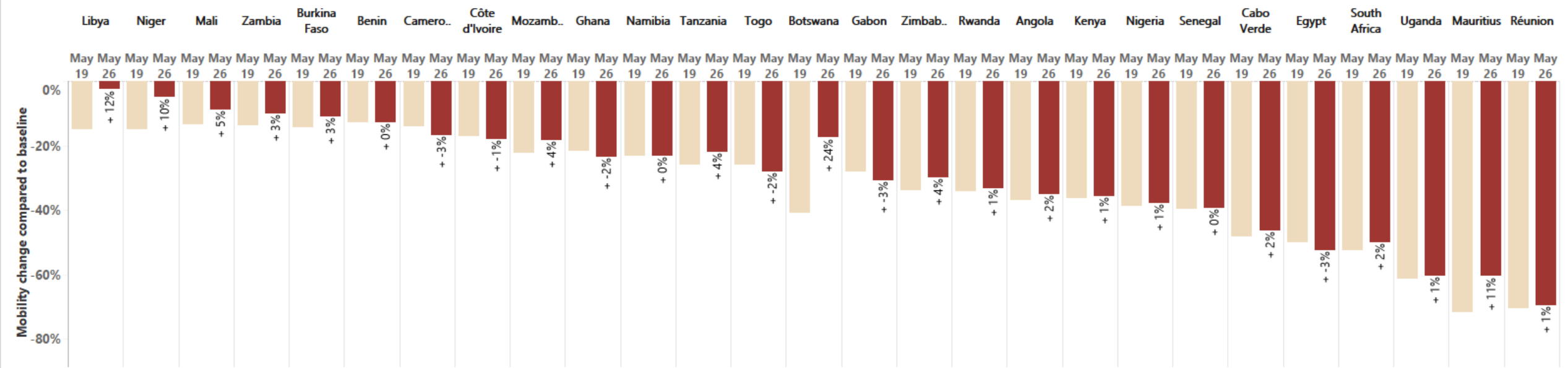
# Annex

# Data Sources

Domain	Sources	Methodology and Limitations
Epidemiology	<a href="#">European Centre for Disease Prevention and Control (ECDC) 2020</a>	Data are updated daily and contain the latest available public data on COVID-19. National updates are published at different times and in different time zones. Data are subject to retrospective corrections; corrected datasets are released as soon as processing of updated national data has been completed. This, and the time ECDC needs to process these data, might lead to discrepancies between the national numbers and the numbers published by ECDC.
Testing	<a href="#">Our World in Data COVID-19 Testing Dataset</a>	Testing data are based on test for the presence of the virus, aiming to establish whether an individual is currently infected. Because the reporting of tests can take several days, for some countries figures for the last few days may not yet be complete. Countries are reporting testing data in different ways: some report the number of tests, others report the number of people tested.
Sentiment	Novetta Mission Analytics traditional and social media analysis	Traditional media analysis: Research for this report was conducted using African media, as well as human-curated aggregation of open source content from a variety of key African sources. Article- and quote-level metadata was then added in the framework of Novetta Mission Analytics. Results were then culled on the basis of relevance, resulting in a sample of 456 articles and 3,853 quotes from African media outlets from May 22 to June 1, 2020. Social media analysis: Research for this report was conducted using geo-located African Twitter sources, resulting in a set of content from the media listed below. Quote-level metadata was then added in the framework of Novetta Mission Analytics. Results were then culled on the basis of relevance, resulting in a sample of 1,334 Africa-focused Tweets from May 22 to June 1, 2020.
Public Health & Social Measures	<a href="#">Oxford COVID-19 Government Response Tracker</a>	OxCGRT collects publicly available information on 17 indicators of government responses. Data are collected from public sources by a team of over one hundred Oxford University students and staff. Gaps within the last week are expected as data is captured and retrospective changes may happen as data is reviewed. As of 19 May 2020, the majority of their 400,000 data points are yet to undergo a secondary review.
Public Health & Social Measures	<a href="#">ACAPS COVID19 Government Measures Dataset</a>	The COVID19 Government Measures Dataset compiles all the measures implemented by governments worldwide in response to the COVID-19 pandemic. Data collection includes secondary data review. Data are subject to retrospective additions and corrections. Linguistic barriers also might have prevented ACAPS from identifying all available information. Some measures are also extremely nuanced, so ACAPS relies on expert judgement for coding.
Security	<a href="#">Armed Conflict Location &amp; Event Data Project (ACLED) Coronavirus-Related Events</a>	The ACLED database catalogs conflict, security, and protest activity by location, type (peaceful or non-peaceful), and actors involved. It includes a short description of each event that can be used to determine whether or not it is related to the pandemic.
Relief Measures	<a href="#">Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures</a>	A “living paper” collating and analyzing data on social protection programs used by governments for responding to COVID-19. Data are collected from public sources by a World Bank research team. The paper is updated weekly. The data are limited to public reports of new measures and may not be comprehensive or reflect the latest information about measures.
Mobility	<a href="#">Google COVID-19 Community Mobility Reports</a>	The dataset shows how visits and length of stay at different places change compared to a baseline. The baseline is the median value, for the corresponding day of the week, during the 5-week period Jan 3–Feb 6, 2020. The data is from users who have opted-in to Location History for their Google Account, this may or may not represent the exact behavior of a wider population. The category for Retail and Recreation includes mobility trends for places like restaurants, cafes, shopping centers, theme parks, museums, libraries, and movie theaters.

# Mobility Trends

Difference in average mobility change for retail and recreation between the periods of May 12-18 and May 19-25



# Acronyms

**COVID-19:** Coronavirus Disease 2019

**CSO:** Civil society organization

**DRC:** Democratic Republic of the Congo

**EVD:** Ebola Virus Disease

**NGO:** Non-governmental organization

**PHSM:** Public health and social measure

**PPE:** Personal protective equipment