

# Brief on Public Health and Social Measures Implementation in Africa

30 June – 13 July 2020

## COVID-19



*NOTE: In light of recent media reports of increased food insecurity due to COVID-19, this report includes an in-depth spotlight on COVID-19's impact on food security across Africa (where data is available). In many cases, countries struggled with food security prior to the pandemic and COVID-19 has only made an ongoing crisis worse. As governments weigh loosening, adapting or tightening PHSMs, our analysis aims to highlight how these measures are affecting access to food.*

Visit [www.preventepidemics.org](http://www.preventepidemics.org) for more information or email [covid19-eiu@vitalstrategies.org](mailto:covid19-eiu@vitalstrategies.org) with any questions or requests for additional analysis. Prevent Epidemics is a project of Resolve to Save Lives, an initiative of Vital Strategies.

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# Africa COVID-19 Situation: Metrics

Region	Total cases	New cases in past 2 weeks	Total deaths	New deaths in past 2 weeks	Countries with positive test rate <sup>1</sup> >13%	Countries with high % of population with insufficient food consumption <sup>2</sup> >40%
Central Africa	40,570	↓	835	↓	Central African Rep. (16%) Chad (15%) Congo (13%) DRC (27%) Equatorial Guinea (17%) Gabon (13%) Sao Tome & Principe (37%)	Central African Rep. (46%) DRC (46%)
Eastern Africa	47,432	↑	1,244	↓	Comoros (27%) Madagascar (17%) Somalia (26%) South Sudan (18%) Sudan (40%)	Madagascar (46%) South Sudan (56%)
Northern Africa	124,349	↓	5,345	↓	Algeria (40%) Egypt (20%)	
Southern Africa	286,028	↑	4,237	↑	South Africa (13%)	Lesotho (46%) Zimbabwe (61%)
Western Africa	97,037	→	1,592	↓	Cameroon (16%) Cote d'Ivoire (18%) Guinea (16%) Guinea Bissau (22%) Mali (13%) Niger (15%) Nigeria (18%) Sierra Leone (16%)	Burkina Faso (60%) Mali (44%) Niger (60%) Sierra Leone (54%)

1. The positive test rate is the % of total people tested for COVID-19 that tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing. <https://ourworldindata.org/coronavirus-testing>

2. The indicator ‘insufficient food consumption’ (IFC) refers to people with poor or borderline food consumption in the past 7 days, as identified by the Food Consumption Score (FCS) which is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups. In Regional slides, countries with >20% IFC are highlighted, but in this metrics table, countries with >40% IFC are highlighted.

# Africa COVID-19 Situation: Key Trends

- The COVID-19 epidemic is accelerating in Africa, with a 41% increase in new cases reported from 30 June to 13 July, two-thirds of which were in Southern Africa. Though several countries reported decreases in new cases, media reports and testing data indicate many cases may be going undetected.
- On social media, public criticism of how governments are managing COVID-19 continues to grow. Most countries have eased public health and social measures (PHSMs) often to meet growing public demand to reopen and reduce economic fallout. Schools are also gradually reopening in a number of countries, with significant public debate about risks.
- The effects of COVID-19 on food security vary greatly across Africa (based on seasonality and livelihood zones), but in most countries the virus has led to increased food insecurity, often exacerbating food crises that were ongoing before COVID-19.

# Africa COVID-19 Situation: Disease Dynamics

## Key trends

**New cases in Africa increase by 41% from 30 June – 13 July.**

- As of 13 July, there were 595,416 reported COVID-19 cases in Africa. The increased caseload was mainly driven by the Southern Africa region, which accounted for 67% of all new cases.
- Reported new cases across Eastern Africa increased by 14%, driven by Ethiopia, Kenya and Madagascar. In Western Africa, cases remained relatively stable (decreasing by a reported 1%)
- South Africa, Egypt, Nigeria, Ghana, and Algeria had the highest number of new cases throughout Africa.

**In Central Africa and Northern Africa, reported new cases decreased by 10% and 17%, respectively.**

- However, reported new cases increased in several countries across the regions and many reported high positive test rates\*.

## Key recommendations

**Continue efforts to scale up surveillance, testing, contact tracing and care for people with COVID-19, collaborating with the Africa Centres for Disease Control and Prevention (Africa CDC) and the [Partnership to Accelerate COVID-19 Testing \(PACT\) in Africa](#).** Key recommendations for areas with increasing community transmission include:

- Engage in two-way discussion and open dialogue with communities about the importance of PHSMs, especially in areas with rapid transmission. Continue to emphasize the importance of avoiding large gatherings, wearing masks in public spaces, physical distancing, hand-washing, and shielding high risk people.
- If additional PHSMs are required, consider geographically targeted measures with corresponding [risk communication](#) strategies. High-risk activities, sectors, and geographic areas may require targeted approaches
- Surge hospital capacity by creating temporary dedicated healthcare facilities for COVID-19 care, ensuring adequate personal protective equipment and infection control and prevention training for staff, providing health care workers with overtime pay, transferring staff from less affected regions, and recruiting non-health workers for supporting roles (see [Inter-Agency Standing Committee Interim Guidance](#)).

**Countries with [high positive test rates](#) may have a higher rate of COVID-19 cases than detected.** This metric can be used to identify the hot spots and expand testing in those areas. Other considerations for settings with limited testing capacity:

- Monitor other [key indicators to detect increasing cases](#) (e.g., syndromic data for influenza-like illness, non-responding malaria symptomatology and hospitalizations).
- Prioritize available tests for health care workers with symptoms and cases where the results can directly inform clinical care or prevent further transmission through contact tracing and quarantine.
- When testing kits are limited, consider [pooled or group testing](#) as a strategy, with samples drawn from multiple people and tested at the same time.

# Africa COVID-19 Situation: PHSM Implementation & Adherence

## Key trends

**Many countries have relaxed PHSMs even as cases continue to rise [Cabo Verde, Egypt, Ghana, Libya, Namibia, Zimbabwe], while others have selectively tightened or reintroduced some measures [Angola, Kenya, Madagascar, South Africa].**

- Mobility data show a gradual increase in mobility in all countries with available data.

**Schools continue to gradually reopen in a number of countries.**

- There is significant public debate about risks [Comoros, Ghana, Morocco, Malawi, Mauritania, Mauritius, Namibia, South Africa].

**Public criticism of how governments are managing COVID-19 continues to grow on social media.**

- While some commentators are calling for greater enforcement of PHSMs, others are demanding loosening of measures.
- Negative sentiment in several countries reflects misinformation narratives around COVID-19 [Angola, DRC].

## Key recommendations

- Continue to adapt PHSMs to reflect the locally evolving epidemiological situation as well as the social and economic situation. Africa CDC [recommends](#) a staged approach and conducting a risk assessment before easing PHSMs.
- Provide clear and transparent communication within a framework for risk assessment; for example see [guidance on alert-level systems](#), which clearly link risk assessments to PHSMs in a dynamic and transparent way [[Refer to Annex](#)].
- Increase community engagement with a focus on explaining risk and individual measures that households can take, including information on the [3 W's to reduce the risk of COVID-19](#), importance of self-isolation of those with symptoms and self-quarantine for contacts, and limiting exposure to high-risk environments are (e.g., crowded or indoor locations). Provide appropriate social and economic supports and supplies to make these actions feasible, focusing on people with high risk and limited means to adhere to recommendations.
- Adopt clear policies for managing risk in school settings and protocols for how reported cases will be handled. See guidance [here](#). Engage teachers, parents and students in defining these strategies and policies.
- Develop targeted strategies to support students most likely to be left behind—based on gender, income, disability, geography or other factors—either during periods of prolonged school closure or as schools reopen. Address barriers to [girls' enrollment and attendance](#).
- If schools remain closed or attendance is limited, ensure response to negative impacts are addressed, including increased teenage pregnancy, potential for domestic violence, social isolation, poor mental health, and food insecurity due to the loss of school lunches.
- Continue [evidence-based risk communication](#) and engage community leaders and trusted people to encourage the importance of PHSM adherence and dispel misinformation regularly. Trusted sources for health information vary across contexts, and polling data or local information on trusted information can support effective risk communication strategies.

# Africa COVID-19 Situation: PHSM Burden

## Key trends

African countries have seen a [25% increase in food assistance needs](#) compared to before the pandemic.

- Casual labor and self-employment are still limited in many countries, even as governments ease restrictions.
- Urban areas have been hit hard – with restrictions on informal work driving high acute food insecurity among people already living in poverty.
- Border closures that limit labor migration and restrictions on livestock markets continue to limit income activities.
- Labor restrictions which occurred during the main cultivation periods could impact future harvests.

Many people with HIV are at risk of losing access to antiretroviral (ARV) medicines due to mobility restrictions brought on by COVID-19.

- Despite efforts to maintain cargo flights, sea transportation and trucking operations, many countries report that suppliers are failing to deliver ARVs on time.
- Coupled with decreased access to health services due to physical distancing, lockdowns and general fear of contracting COVID-19 when leaving home, [COVID-19 may lead to increases in deaths from AIDS-related illnesses](#).

## Key recommendations

Identify areas at highest risk of COVID-19 overlaid with areas with low access to food, water and health services. These should be prioritized for humanitarian aid and COVID response activities.

- Consider how PHSMs can impact harvest and lean seasons (refer to FEWS NET [resource](#)). For instance, if mobility restrictions occur during crop harvesting, farmers may not be able to hire workers to collect crops and the income they can generate from selling crops may deplete.
- Avoid imposing complete lockdowns that disproportionately impede vulnerable populations.
- [Cash transfers](#) continue to be a key tool for mitigating food insecurity; consider increasing value, expanding eligibility and prolonging duration to reflect increased need.
- Where markets are disrupted or rapid implementation of cash transfers is infeasible, distribute food, water and basic supplies.




[WHO guidance on continuing essential health services](#) during COVID-19 recommends that countries limit disruptions to HIV treatment by dispensing multi-month doses of ARV medicines (up to 6 months).

- Maintain flights, sea transportation and work with manufacturers to ensure supply chain is not disrupted (including generic ARV producers, 80% of which are produced in India).
- Work to maintain immunization coverage to avoid increased cases of vaccine preventable diseases.

# Central Africa



# Central Africa: Countries to Highlight all data as of 13 July

Country <sup>1</sup>	Total cases (per 100,000 population)	Trend in new cases <sup>2</sup>	Positive test rate <sup>3</sup>	PHSM tightening or loosening	Other key trends/issues
Burundi	<b>232</b> (2.01)		3%	<p>NO CHANGE</p> <p>Newly elected President Évariste Ndayishimiye publicly announced that he promised to beat the virus. Although he did not announce any new PHSMs, he did announce that mass testing will be administered nationwide and free supportive care will be provided for those who test positive.</p>	Following expulsion of several WHO representatives in May, Burundi rekindled a COVID-19 partnership with WHO, which provided reagents for the testing campaign.
Chad	<b>880</b> (5.52)		16%	<p>EXTENDING</p> <p>Hassan Djamous International Airport will remain closed to international passenger traffic until further notice.</p>	Dr. Abdoulaye Sabre was appointed Minister of Health following government reshuffling.
DRC	<b>8,033</b> (9.26)		27%	<p>LOOSENING</p> <p>Stores, banks, public establishments, private industry, restaurants and cafes opened with restrictions.</p> <p>Central markets, discotheques, bars, schools, churches, stadiums, and all trade and catering remain closed.</p> <p>TIGHTENING</p> <p>The cities of Lubumbashi, Likasi, Kasumbalesa and Kipushi locked down for three days from 9-12 July.</p>	<p>Health worker protests over lack of hazard-related bonuses exacerbated limited health resources.</p> <p>University students were arrested during a protest where they demanded a return to school.</p> <p>Accusations surfaced that insufficient testing among prisoners led to widespread transmission.</p> <p>2.29 million more people experienced insufficient food consumption in the past month.</p>

1. Countries highlighted in this table meet the following criteria over the two-week monitoring period: 1) met an epidemiological trigger; 2) tightened or loosened major PHSMs; or 3) experienced other significant trends or developments.

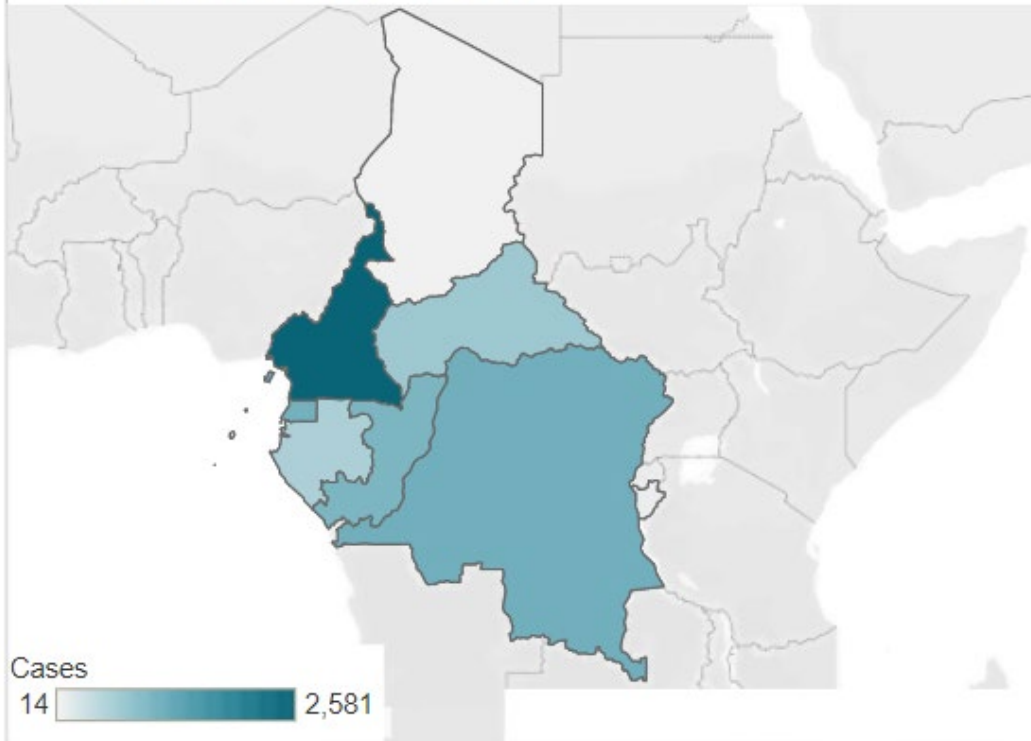
2. Trends are comparing new cases over the current 14 days (30 June – 13 July) to new cases over the prior 14-day period (16-29 June). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.

3. The positive test rate is the percentage of total people tested for COVID-19 who tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing. <https://ourworldindata.org/coronavirus-testing>

# Central Africa: Disease Dynamics

Total cases	New cases in past 2 weeks	Total deaths	New deaths in past 2 weeks	Countries with CFR >4% as indicator suggestive of limited testing
40,570	7,037 -10%	835	106 -31%	Chad 8.5%

Number of New Cases Reported and Epidemiological Triggers, Central Africa, 30 June - 13 July



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 30 June and 13 July. It is a potential signal of accelerating transmission.

In Central Africa, reported new cases decreased by 10% from 30 June to 13 July, when compared to the previous two weeks. However, **increases in new cases** were reported in **Cameroon (+5%)**, the **Republic of the Congo (+170%)** and **Equatorial Guinea (+217%)**.

- The **Democratic Republic of the Congo (DRC)** reported 1,094 new cases in this reporting period—a **44% decrease in new cases** since 16-29 June; DRC has a high positive test rate\*\* of 27%, indicating that cases are likely going undetected. **On 3 July, health workers in Kinshasa went on partial strike** to demand increased pay, government support for health care workers who die of COVID-19, and overtime bonuses. According to media reports, the **strikes have directly led to depleted health staff at hospitals and limited community contact tracing**. Reports in media also emerged that lack of testing for prisoners may have led to widespread transmission in prisons.
- Other countries in Central Africa with positive test rates\*\* above the WHO-recommended 12%** include **Cameroon (16%)**, the **Central African Republic (16%)**, **Chad (15%)**, the **Republic of the Congo (13%)**, **Equatorial Guinea (17%)**, **Gabon (13%)**, **Sao Tome & Principe (37%)**, and **Chad (15%)**. Chad also has the highest reported case fatality rate (CFR)\* in Africa.

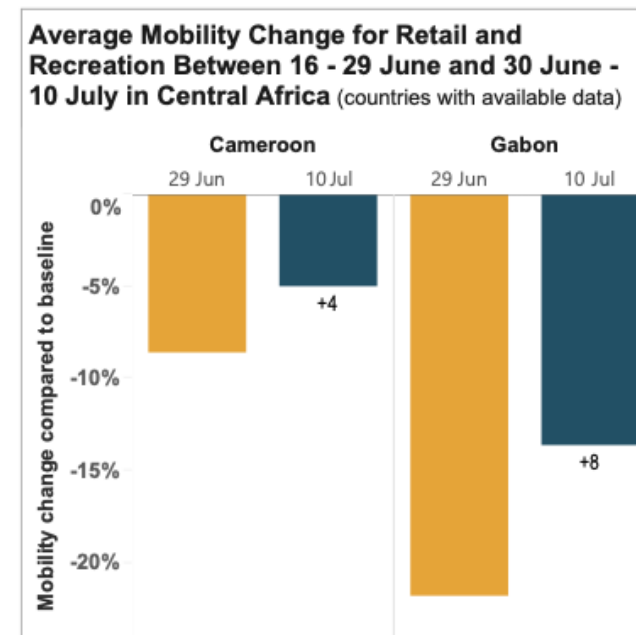
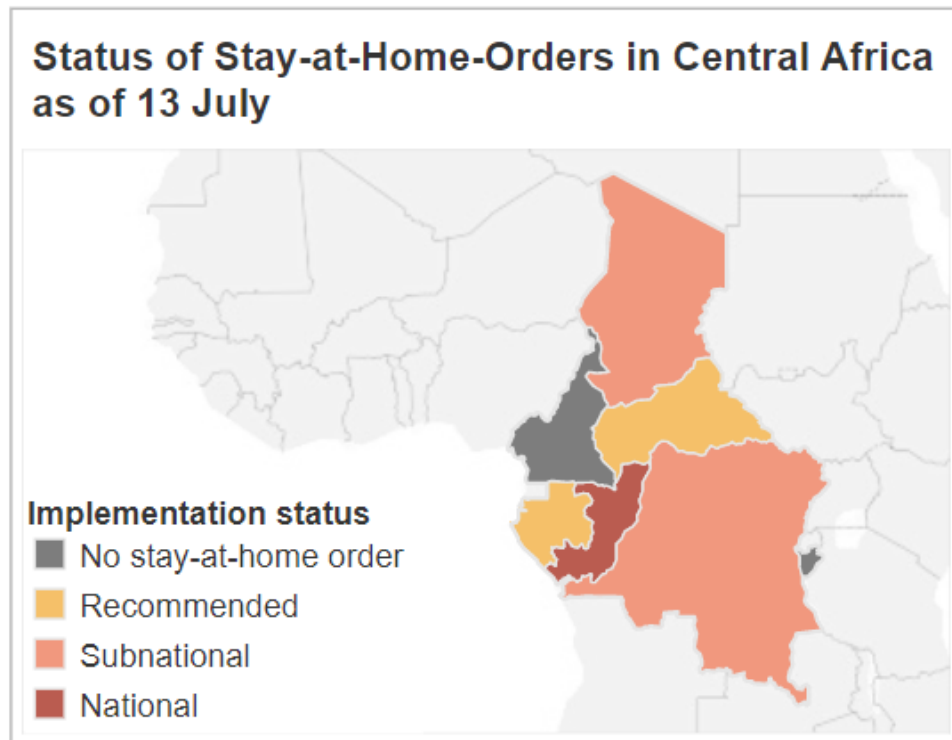
\*A high CFR is used as a proxy indicator for low testing capacity

\*\*The positive test rate is the % of total people tested for COVID-19 that tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing.

<https://ourworldindata.org/coronavirus-testing>

# Central Africa: PHSM Implementation and Adherence

- **Retail and recreation mobility increased** in both **Cameroon** and **Gabon** between 30 June and 10 July when compared to the period from 16 to 29 June.
- In **Cameroon**, the government's efforts to limit the spread of COVID-19 to other countries by restricting border travel led to criticism on social media. People reported that the measures negatively affected farmers who rely on selling their goods in bordering country markets and claimed that, subsequently, the public has not been adhering to the border restrictions.
- **Water security** was consistently cited as the main barrier to PHSM adherence in Kinshasa in western DRC and Goma in eastern DRC. Citizens on social media reported that government hand-washing stations were dangerous and at risk of attacks by rebels.



[Google COVID-19 Community Mobility Reports](#); Countries included where data available  
The baseline for all countries is the median value, for the corresponding day of the week, during the five-week period Jan 3–Feb 6, 2020. This does not control for seasonality.

# Central Africa: Burden of PHSMs

Concerns over poor economic conditions, government corruption and criticism of government testing capacity drove increases in negative sentiment on social media across Central Africa.

- From 30 June to 13 July, an increasing number of DRC social media users encouraged others to avoid interactions with health care workers for fear that they are trying to infect people with the virus to create a “COVID business.”
- Narratives around inaccurate figures and deliberate decreases in tests being administered to potential cases contributed to negative sentiment.
- Positive sentiment was driven by Burundi's President Évariste Ndayishimiye's promises of mass testing.

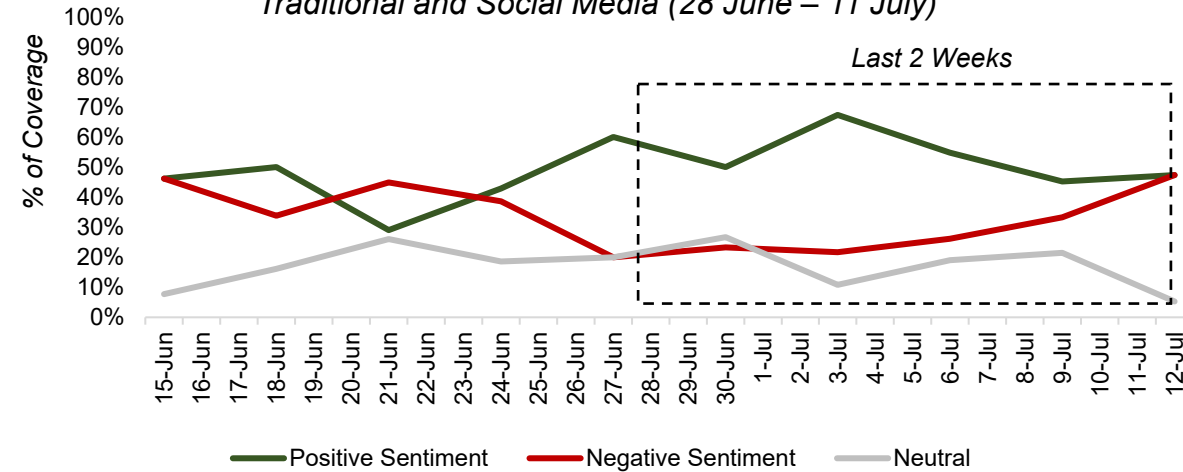
SOS Media Burundi criticized former President Nkurunziza on 30 June for his statement that “anyone who refuses to be tested will be considered a sorcerer and will be severely punished.”



Several residents retweeted: “heavy police presence on the streets of DRC capital Kinshasa ahead of protests by different sides of ruling coalition. The protests not authorised by gvt because of coronavirus, but organisers insisting will go ahead. Still early hours. Following DRC's complex political situation. Tension over nomination of new electoral president, proposed judicial changes etc. Friction in the ruling coalition of president Tshisekedi UPDS party & former President Kabila FCC (coalition)... protests expected today.”

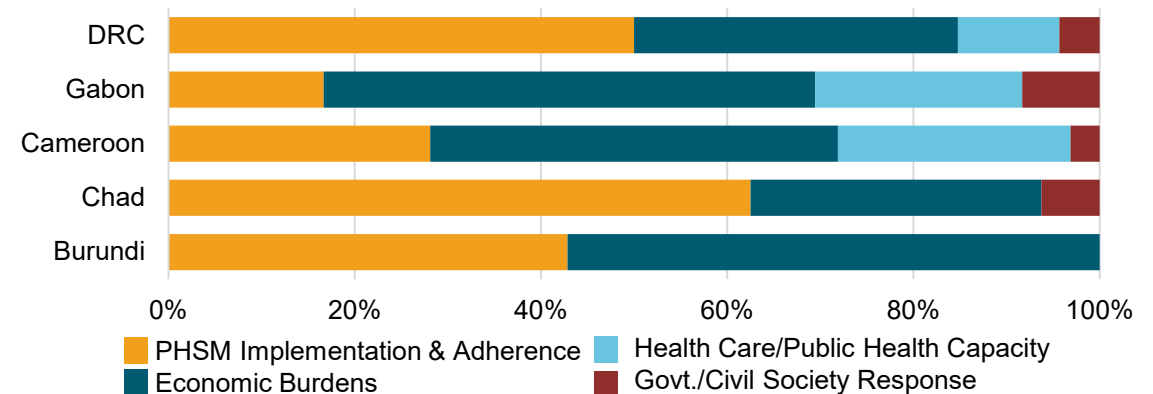


Sentiment of PHSM Coverage in Central Africa  
Traditional and Social Media (28 June – 11 July)



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Breakdown (%) of PHSM Topics in Countries  
Traditional and Social Media (28 June - 11 July)



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# Central Africa: Food Security

According to July data from the World Food Programme (WFP), 52 million people living in Central Africa are experiencing insufficient food consumption (IFC)\* due to ongoing flooding, security issues, and increased cost of food. See [Annex](#) for more information on public perception of food security in Central Africa.

## Countries with Increased Insufficient Food Consumption (IFC)\* OR % of Population with IFC >20%

Country	Increase in IFC since early June (millions)	No. of people with IFC as of 13 July (millions)	% of population with IFC as of 13 July
Burundi	0 (no change)	3.9	35%
Cameroon	1.69	3.5	14%
Central African Republic	-.1 (decreased)	2.2	<b>46%</b>
Chad	.21	2.7	19%
Dem. Rep. of the Congo	<b>2.29</b>	<b>39</b>	<b>46%</b>
Rep. of the Congo	.04	.8	16%
Sao Tome Principe	0 (no change)	.05	22%

Data from [World Food Programme](#), July 2020; includes all countries where data is available. Refer to Annex which includes data limitations.

## Key Country Updates





- **Conflict and flooding in DRC led to a poor harvest in June.** Torrential rains have reportedly displaced more than 500,000 people, putting them at extreme risk for food insecurity. Violence across the country continues to limit humanitarian agencies from delivering aid.
- In **Chad, 2.7 million people reportedly have insufficient food consumption.** The demand for and cost of grain is dropping as household incomes decrease.
- A reported 2.2 million people have insufficient access to food in the **Central African Republic (CAR)**; this is 46% of the population. This number, however, has decreased slightly in the past month likely due to humanitarian response.
- In **Cameroon, 1.7 million more people are experiencing food insecurity in July compared to June** because of floods, droughts, conflicts and decreased labor due to COVID-19. The WFP reports that the main reasons for limited access to groceries/markets in Cameroon are concerns about going out because of the outbreak (59%) and security issues (33.8%).
- Despite some Cameroonians' concerns about contracting the virus, a growing number of Facebook users in Cameroon have posted that they doubt the existence of COVID-19. Meanwhile, regional media outlets reported lower adherence to PHSMs.

\*The indicator "insufficient food consumption" (IFC) refers to people with poor or borderline food consumption in the previous seven days, as identified by the food consumption score (FCS) which is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups.

# Eastern Africa








# Eastern Africa: Countries to Highlight all data as of 13 July

Country <sup>1</sup>	Total cases (per 100,000 population)	Trend in new cases <sup>3</sup>	Positive test rate <sup>4</sup>	PHSM tightening or loosening	Other key trends/issues
Comoros	<b>317</b> (37.25)		27%	LOOSENING Schools to reopen on 1 July, with exams scheduled in Aug-Sep	
Ethiopia	<b>7,766</b> (6.92)		3%	NO CHANGE	Violent protests continued through 3 July over killing of Haacaaluu Hundeessa (reportedly, 145 citizens and 11 security officers died in protests); although internet was reportedly restored in certain parts of the country, citizens highly critical of government on social media
Kenya	<b>10,294</b> (19.58)		5%	LOOSENING On 7 July President Kenyatta lifted movement restrictions for travel in/out of Nairobi, Mombasa county and Mandera county; domestic air travel set to resume on 15 July, with international flights resuming on 1 August; places of worship will have a phased reopening.  EXTENDING Nationwide curfew will continue for 30 days	On 7 July, Saba Saba Day, thousands in Nairobi protested police brutality, which they argued has increased as police enforce PHSMs. The killing by police of a street peddler selling hand sanitizer in Kisii county also triggered violent riots
Madagascar	<b>5,080</b> (18.84) <sup>2</sup>		17%	TIGHTENING/ADAPTING Full lockdown measures in Analamanga region from 6-20 July; only one person per house may leave their homes between 6-12pm. Overland travel suspended on 6 July. Gatherings of under 50 people can take place and there are extension of business hours/ public transportation in designated districts.	Additional screening testing centers reportedly opened on 1 July. Reportedly, 27 lawmakers tested positive, two of whom passed away from COVID-19 on 13 July.

1. Countries highlighted in this table meet the following criteria over the two-week monitoring period: 1) met an epidemiological trigger; 2) tightened or loosened major PHSMs; or 3) experienced other significant trends or developments.  
 2. An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 30 June – July 13. It is a potential signal of accelerating transmission.  
 3. Trends are comparing new cases over the current 14 days (30 June – July 13) to new cases over the prior 14-day period (16-29 June) . Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.  
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Eastern Africa: Countries to Highlight

all data as of 13 July

Country <sup>1</sup>	Total cases (per 100,000 population)	Trend in new cases <sup>3</sup>	Positive test rate <sup>4</sup>	PHSM tightening or loosening	Other key trends/issues
Mauritius	<b>342</b> (26.93)		0%	LOOSENING Schools to reopen on 1 July with required safety guidelines including mandatory face coverings, daily contactless temperature checks at school entrance, and staggered lunch breaks.	
Seychelles	<b>100</b> (102.31) <sup>2</sup>		9%	LOOSENING International commercial flights will be allowed 1 August	
Somalia	<b>3,059</b> (19.8)		26%	LOOSENING Local cargo, passenger flights have resumed, international flights still halted	A large political rally took place on 28 June to celebrate parliament elections; food security threatened by COVID-19, flooding and desert locusts
Sudan	<b>10,250</b> (23.94)		40%	TIGHTENING Extending a lockdown in the state of Khartoum until 7 July	Talks between Egypt, Ethiopia and Sudan over filling and operation of Grand Ethiopian Renaissance Dam (GERD) on Blue Nile river inconclusive
Uganda	<b>1,029</b> (2.32)		0%	NO CHANGE	Makerere University faculty and students were arrested after leading protests against continuous government lockdown of businesses in Kampala. Boda boda drivers challenged the government in court over shutdown of their business

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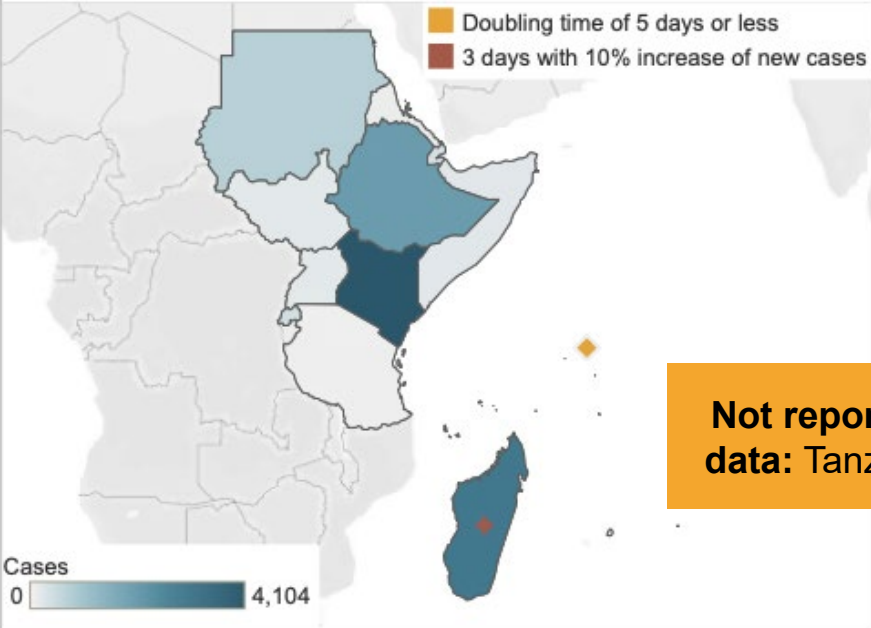
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# Eastern Africa: Disease Dynamics

Total cases	New cases in past 2 weeks	Total deaths	New deaths in past 2 weeks	Countries with CFR >4% as indicator suggestive of limited testing
47,432	10,818 <b>+14%</b>	1,244	155 <b>-40%</b>	Sudan <b>6.3%</b>

Number of New Cases Reported and Epidemiological Triggers, Eastern Africa, 30 June - 13 July



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 30 June and 13 July. It is a potential signal of accelerating transmission.

New cases across Eastern Africa increased by 14% between 30 June and 13 July (when compared to the prior reporting period). However, new **deaths from COVID-19 dropped by 40%.** Ethiopia, Kenya and Madagascar drove the increased caseload, comprising more than 80% of all newly detected cases across the region.

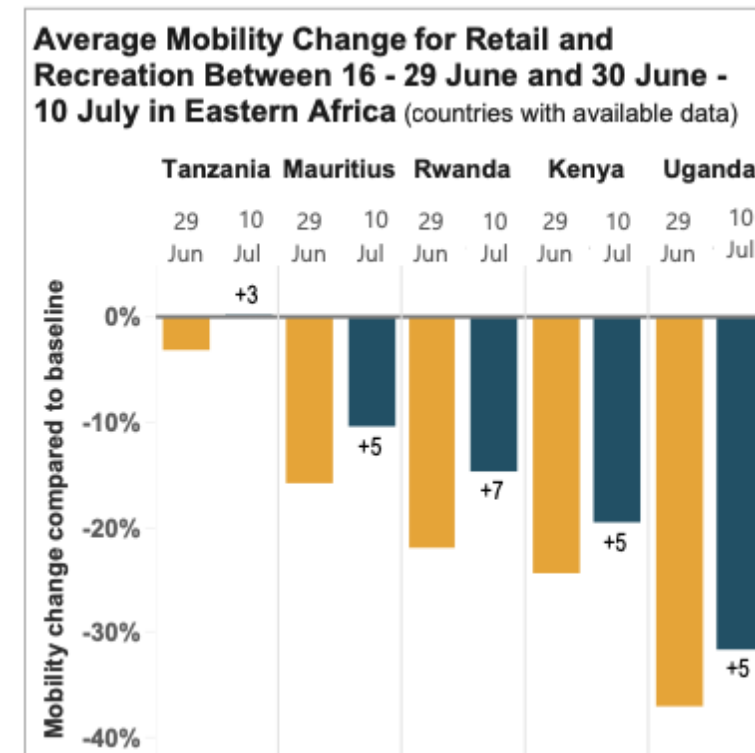
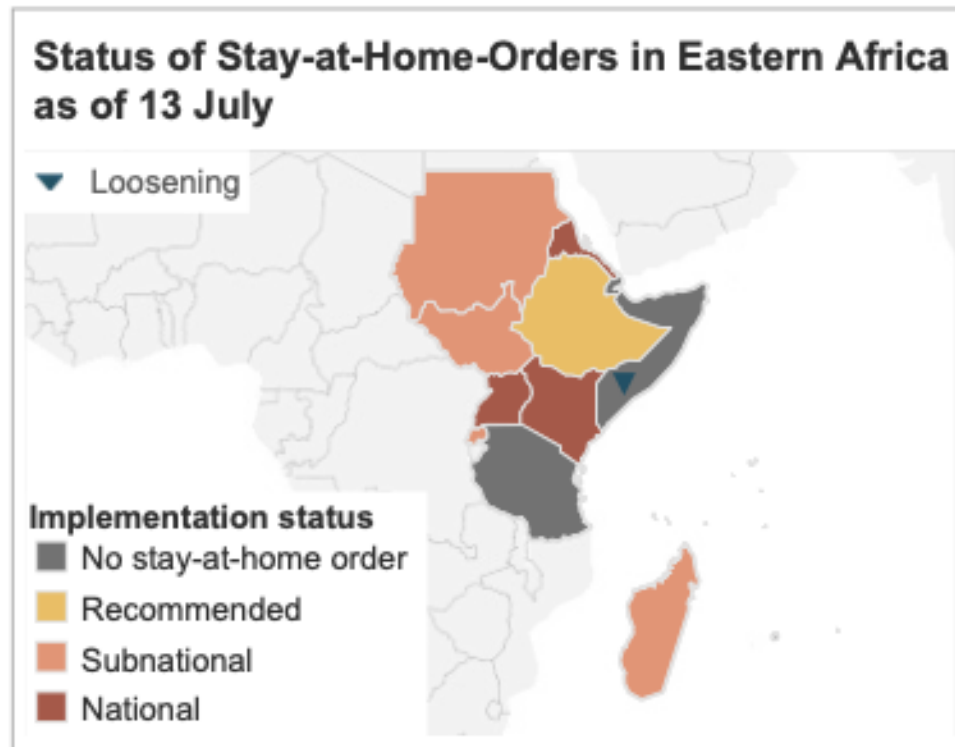
- **Madagascar experienced a 251% increase in new cases** between 30 June and 13 July, when compared to the prior reporting period. The country's **positive test rate\* of 17%** indicates there may be more cases than detected.
- **Between 24-29 June, Seychelles reported a doubling of cases**, although their reporting has been infrequent and the total number of cases for the country is still quite low (only 100 cases have been reported).
- On 2 July, the **Rwanda Biomedical Center announced a COVID-19 street testing survey in Kigali** with a randomly selected sample to understand how many cases they may be missing. Currently, Rwanda's **positive testing rate is 1%.**
- Countries with notably high positive test rates\* include **Sudan (40%), Comoros (27%), Somalia (26%) and South Sudan (18%).** In **Somalia**, the country's COVID-19 incident manager told reporters that COVID-19 cases are likely far higher than reported and a separate health official noted that he had observed an increase in funerals in Mogadishu.

A Somalia citizen reported in [Al Jazeera](#), "There is no tracking at all. The Ministry of Health is just telling us how many people died, they are not sharing with the public which area [in Mogadishu] is hit. It's scary. You see people dying." Another stated in the same article, "Many people are dying in their homes. It's either because the families of the sick think it's a mere common cold, or they're afraid hospitals will turn them away."

\*The positive test rate is the percentage of total people tested for COVID-19 who tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing. <https://ourworldindata.org/coronavirus-testing>

# Eastern Africa: PHSM Implementation and Adherence

- Across Eastern Africa, all countries with available data showed an increase in mobility from 30 June to 13 July, when compared to 16-26 June. Uganda continues to have the lowest movement of people (despite a small increase), in line with the national stay-at-home order in place. Notably, Tanzania has returned to pre-COVID-19 mobility.
- In **Kenya**, President Kenyatta **announced major loosening of PHSMs** in Nairobi and surrounding counties on 7 July, **despite the growing number of new cases**. However, he also announced that the **nationwide curfew will continue for at least 30 days**.



[Google COVID-19 Community Mobility Reports](#); Countries included where data available. The baseline for all countries is the median value, for the corresponding day of the week, during the 5-week period 3 Jan – 6 Feb 2020. This does not control for seasonality.

# Eastern Africa: Burden of PHSMs

In Eastern Africa, governments have moved to loosen PHSM implementation in reaction to the growing unemployment and public criticism of governments across the region.

- Women are feeling much of the burden. According to a [survey from Oxfam](#) of women living in informal settlements in Nairobi, 42% reported they were unable to do their usual paid work because of increased at-home care commitments.
- Social media data showed an increase in public narratives rejecting the existence or risk of COVID-19, and analysis shows that these narratives were highest among poor urban populations. Government messaging that stressed high-risk transmission was amplified in traditional media outlets but was not widely circulated in social media.
- While social media users in Kenya were largely supportive of government-implemented PHSMs, a growing group of Kenyans expressed mistrust in the existence of COVID-19 and blamed the government for not doing enough.
- Positive coverage of PHSMs peaked on 12 July as Ugandan media amplified statements from the Ugandan government and President Yoweri Museveni, who [announced](#) that they would support the country's youth population "with education, skills, jobs and health care...so that they become the engine of economic growth" during the COVID10 pandemic.

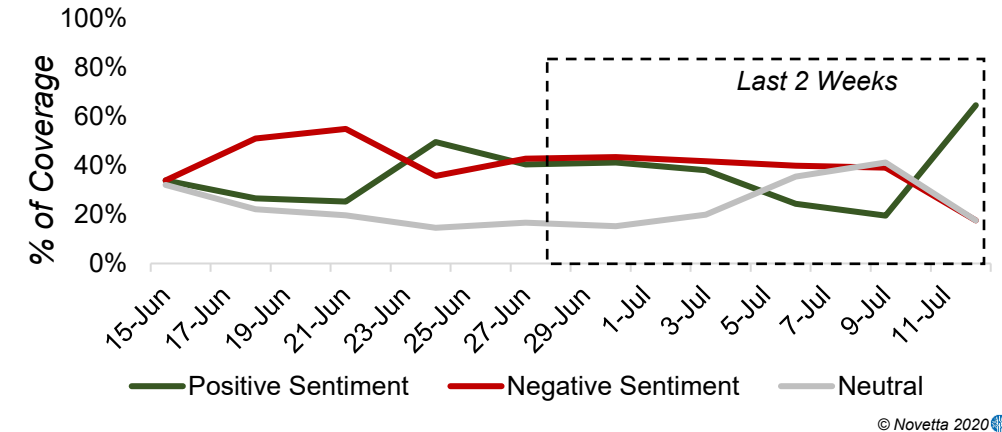
One Twitter user in Kenya wrote, "Covid-19 disease originated in December 2019, Wuhan, Hubei province, China has caused more harm to the world. Back here home the virus has affected society and global economy. Via research that was done more than 1.5(M) Kenyans have lost their daily job. [#ItsChineseFault](#)"



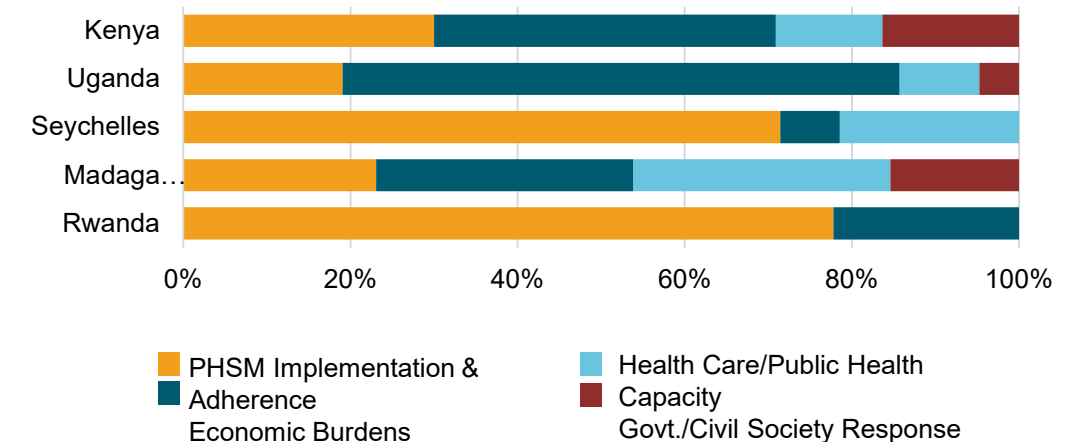
Many Kenyans cited poor living conditions as the reason behind their opposition to the existence of COVID-19. One Swahili-speaking person in Kenya wrote "I am hurting like all of you...we have not seen a single person [with COVID-19]. I believe there is no corona."



Sentiment of PHSM Coverage in Eastern Africa  
Traditional and Social Media (28 June - 11 July)



Breakdown (%) of PHSM Topics in Countries  
Traditional and Social Media (28 June - 11 July)



# Eastern Africa: Food Security

In Eastern Africa, there are 107.6 million people with insufficient food consumption (IFC)\*, with Ethiopia accounting for 29% of all people with IFC in the region. Although there have been some improvements since June, COVID-19 related restrictions on movement, the upsurge in desert locusts, and continued conflicts continue to drive reductions in labor income and increases in food prices, leading to greater food insecurity. See [Annex](#) for more information on public perception of food security in Eastern Africa.

## *Countries with Increased Insufficient Food Consumption (IFC)\* OR % of Population with IFC >20%*

Country	Increase in IFC since early June (millions)	No. of people with IFC as of 13 July (millions)	% of population with IFC as of 13 July
Comoros	-.03 (decreased)	.3	31%
Djibouti	0 (no change)	.3	31%
Ethiopia	-.01 (decreased)	<b>31.1</b>	29%
Madagascar	-.02 (decreased)	12.2	46%
Rwanda	.02	3.4	27%
Somalia	<b>1.29</b>	4.8	40%
South Sudan	-.01 (decreased)	6.1	<b>56%</b>
Sudan	.09	13	31%
Tanzania	.02	12	21%
Uganda	-.86 (decreased)	14.5	34%

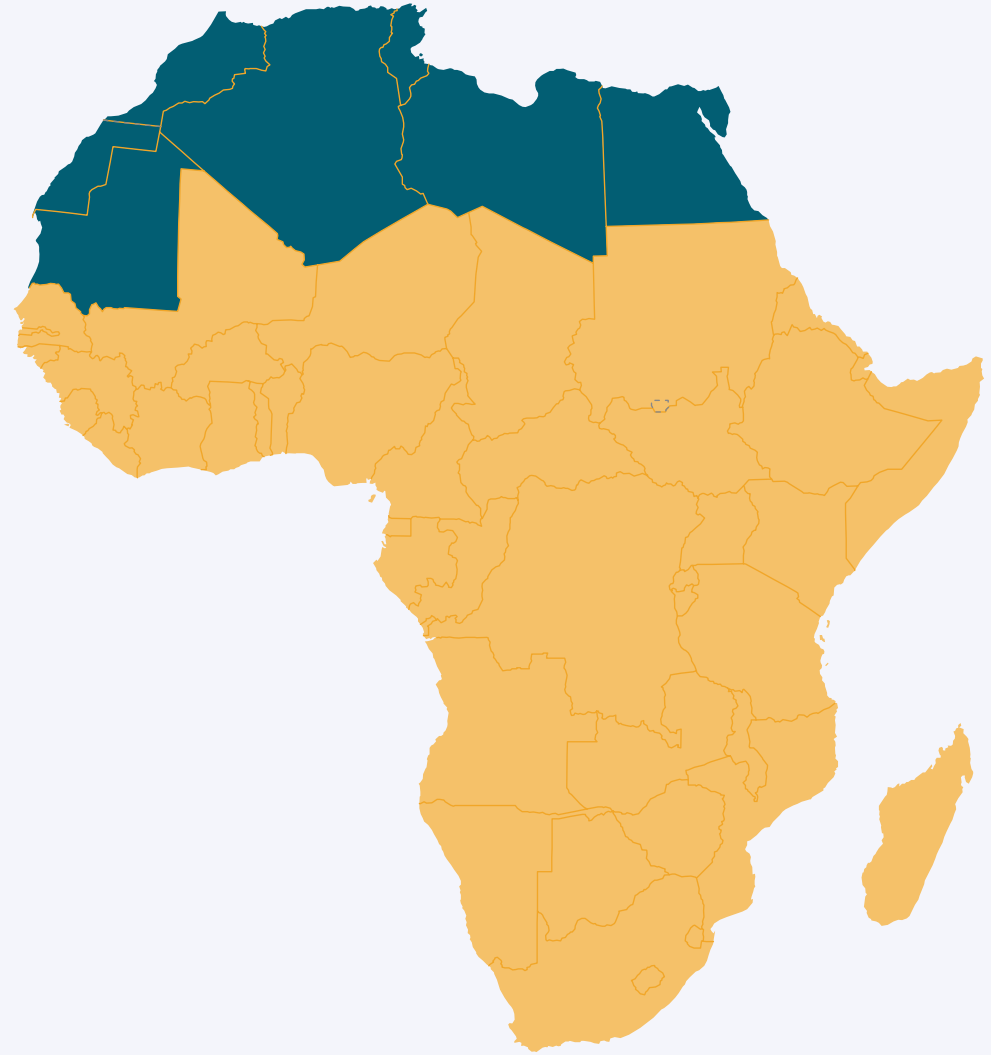
Data from [World Food Programme](#), July 2020; includes all countries where data is available; Refer to Annex which includes data limitations.

\*The indicator "insufficient food consumption" (IFC) refers to people with poor or borderline food consumption in the previous seven days, as identified by the food consumption score (FCS) which is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups.







## *Key Country Updates*

- In urban areas across Eastern Africa, **COVID-19 limits on casual labor and movement restrictions have negatively affected income of many poor urban households** and increased the cost of food—mainly due to increases in transportation costs.
- In Uganda, a reported 1.67 million people living in urban areas reported insufficient food consumption on 6 July—a 47% increase since 24 May.** The main barriers to grocery/market access in Ugandan cities were the government lockdown, cost of transportation, and markets/grocery stores being closed.
- In Somalia, 26.3% of households report they are using crisis livelihood coping** strategies to survive, including borrowing food on credit (16%), borrowing money (15.9%) and engaging in begging (10%). A prolonged dry spell during the March-May season, coupled with ongoing flooding and the desert locust upsurge, is expected to lead to below-average harvests in July, followed by a below-average *deyr* rainfall season in October-December, exacerbating current food insecurity.
- On top of the impacts of COVID-19**, inter-communal conflict, high food prices, and seasonal floods will likely continue to increase food insecurity in **South Sudan**. Harvests in October should improve food access for households in **Sudan**, however, COVID-19 economic impacts may stall gains.

# Northern Africa



# Northern Africa: Countries to Highlight all data as of 13 July

Country <sup>1</sup>	Total cases (per 100,000 population)	Trend in new cases <sup>3</sup>	Positive test rate <sup>4</sup>	PHSM tightening or loosening	Other key trends/issues
Algeria	<b>18,712</b> (43.46)		40%	NO CHANGE	Nonviolent protests were led by health care workers demanding better work conditions and higher pay. Other protesters demanded loosening of lockdown restrictions. Judicial sanctions have started to be given to perpetrators of attacks against hospital staff in the context of COVID-19.
Egypt	<b>82,070</b> (81.75)		203%	LOOSENING Resumed international flights and reopened major tourist attractions including the Great Pyramids of Giza	Overwhelmed medical staff detained by state security agency after voicing concerns about lack of personal protective equipment. COVID-19 fatalities among Egyptian doctors continue to rise.
Libya	<b>1,433</b> (21.14)		4%	LOOSENING Allowed certain businesses, including restaurants and cafes, to reopen under strict conditions. Customers are not allowed to eat inside.	UNHCR calling for the release of people from detention centers in Libya, given precarious health conditions and overcrowding.
Mauritania	<b>5,126</b> (113.26)		11%	LOOSENING Schools reopened for examination classes.	
Morocco	<b>15,745</b> (43.17) <sup>2</sup>		2%	LOOSENING Partial reopening of borders announced on 14 July. In-person classes will resume in September with baccalaureate exams scheduled for July.	Between 30 June 30 and 2 July, at least 16 peaceful protests were led by by health care workers demanding better conditions and greater government recognition, and by various workers' groups demanding a return to work and/or more government compensation for losses during lockdown.
Tunisia	<b>1,263</b> (10.80)		0%	NO CHANGE	Protests were led by health care workers and other industry groups demanding more pay and support. Some protests involved violent clashes between protesters and police.

1. Countries highlighted in this table meet the following criteria over the two-week monitoring period: 1) met an epidemiological trigger; 2) tightened or loosened major PHSMs; or 3) experienced other significant trends or developments.

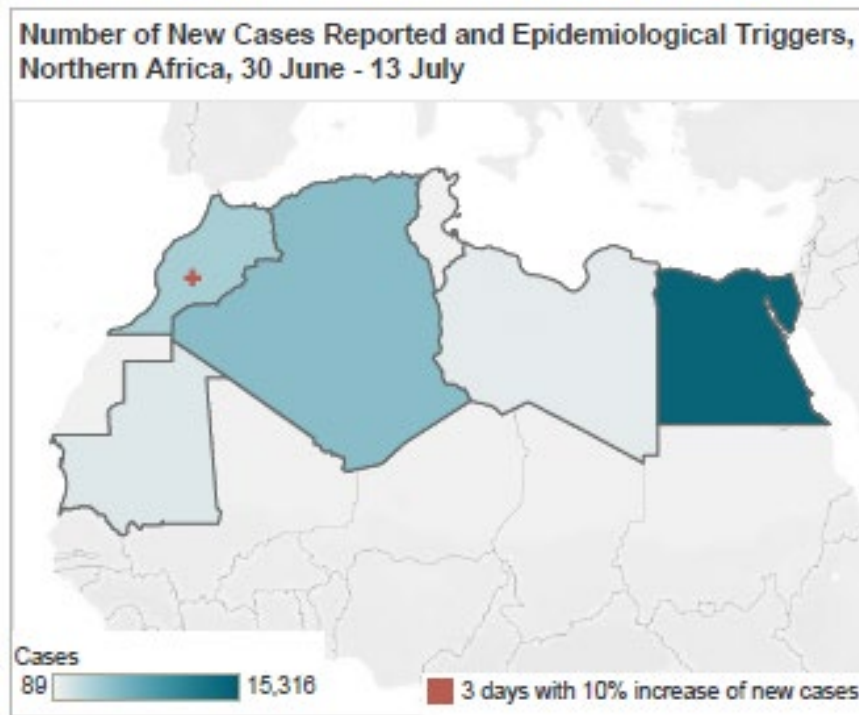
2. An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 30 June-13 July. It is a potential signal of accelerating transmission.

3. Trends are comparing new cases over the current 14 days (30 June – July 13) to new cases over the prior 14-day period (16-29 June) . Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.

4. The positive test rate is the % of total people tested for COVID-19 that tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing. <https://ourworldindata.org/coronavirus-testing>

# Northern Africa: Disease Dynamics

Total cases	New cases in past 2 weeks	Total deaths	New deaths in past 2 weeks	Countries with CFR >4% as indicator suggestive of limited testing
124,349	25,691 -17%	5,345	1,147 -23%	Algeria 5.4% Egypt 4.7%



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 30 June and 13 July. It is a potential signal of accelerating transmission.

**Reported new cases across Northern Africa decreased by 17% between 30 June and 13 July (when compared to the prior reporting period) and new deaths from COVID-19 reportedly dropped by 23%.**

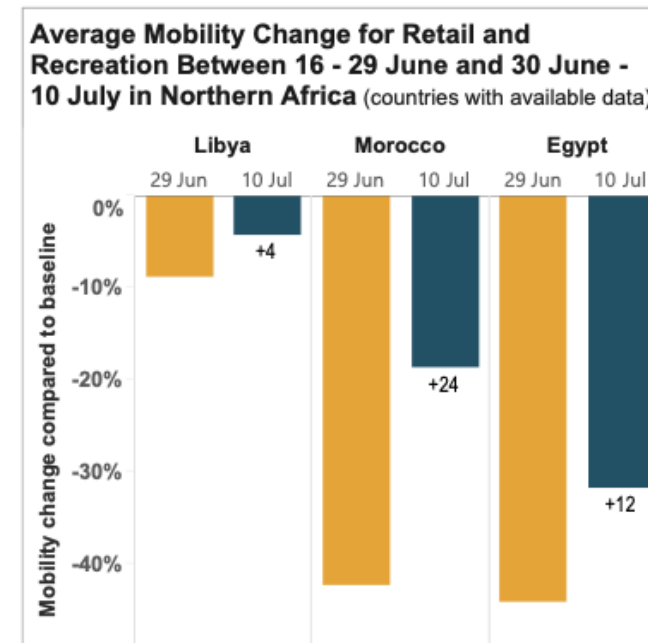
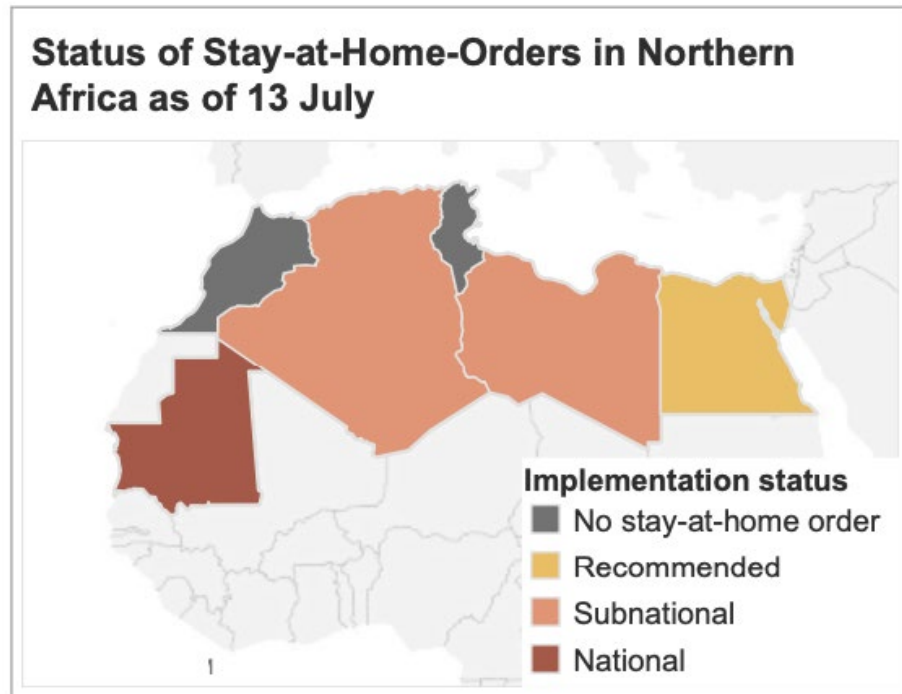
- However, **Egypt**, which accounted for **60% of all newly reported cases** in the region and reported a positive test rate\* of 20.3%, indicating there may be cases going undetected.
- **Algeria**, which reported 5,141 new cases in the two-week period from 30 June to 13 July—a **94% increase** from the previous reporting period—had a high positive test rate as well, at **40.3%**.
- **Morocco** recorded five consecutive days with a 10% increase in cases per day during the period from 7 to 11 July. **However, it also** reported the highest per capita number of tests in the Northern region at 2,409 tests per 100,000 people and a 2% positive test rate.

\*The positive test rate is the % of total people tested for COVID-19 that tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing. <https://ourworldindata.org/coronavirus-testing>

# Northern Africa: PHSM Implementation and Adherence

All countries in the Northern Africa region that reported changes to PHSM implementation in the two weeks from 30 June to 13 July loosened their measures, including reopening borders, schools, businesses and some tourist attractions.

- As of 13 July, **Mauritania** was the only country in the Northern region that had a national stay-at-home order in place. **Algeria** and **Libya** had subnational stay-at-home orders in place.
- Mobility increased from the previous two weeks by 24 percentage points in **Morocco** and 12 percentage points in **Egypt**, which is consistent with loosening of PHSMs in those countries.
- Peaceful protesters in **Algeria** and **Morocco** demanded loosening of lockdown restrictions as well as better pay and working conditions for health care workers, and some protests in **Tunisia** turned violent.



[Google COVID-19 Community Mobility Reports](#); Countries included where data available. The baseline for all countries is the median value, for the corresponding day of the week, during the five-week period Jan 3–Feb 6, 2020. This does not control for seasonality.

# Northern Africa: Burden of PHSMs

In Northern Africa, public narratives in social media remained largely supportive of PHSMs, with many users urging public adherence to physical distance and use of face coverings.

- However, many private citizens remained critical of their national governments, with the greatest anti-government sentiment seen in Algeria.
- Economic burden was a trending topic in traditional and social media coverage of PHSMs in Egypt, Morocco, Tunisia and Libya.

**Egyptian** media outlet *Yum7* reported that throughout the pandemic, “the Egyptian state started using financial and monetary policy tools to enhance financial inclusion policies, accelerate digital transformation procedures, [and] address the socio-economic impacts of the pandemic.”



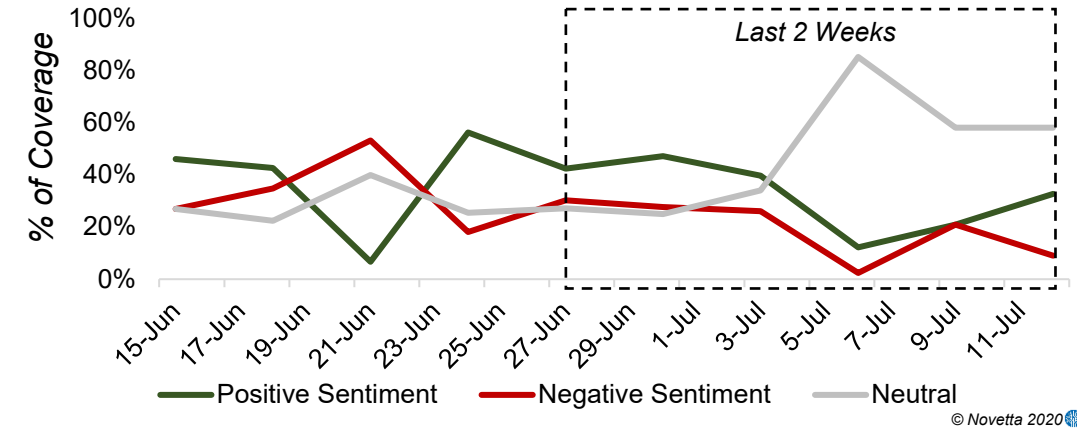
A post from the popular *Guerciff7* Facebook page in **Morocco** reported that many of the page’s followers had not received promised monetary packages from the COVID pandemic fund, adding that “many families are silently suffering as Eid Al-Adha approaches.”



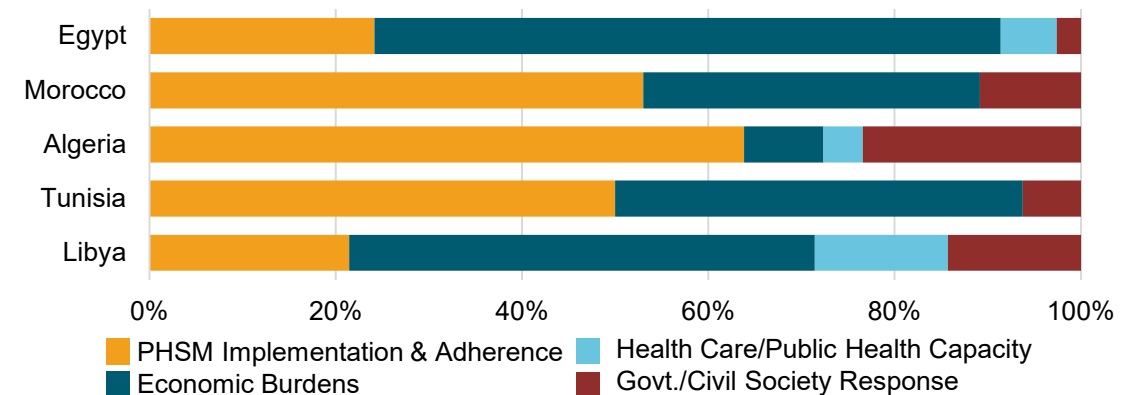
One Facebook user wrote, “No one has denied that COVID-19 does not exist, it is simply said that here in **Algeria** the state is taking advantage of the situation and using this pandemic for political facts.”



*Sentiment of PHSM Coverage in Northern Africa  
Traditional and Social Media (28 June - 11 July)*



*Breakdown (%) of PHSM Topics in Countries  
Traditional and Social Media (28 June - 11 July)*



# Northern Africa: Food Security

In Northern Africa, there are 25.6 million people with insufficient food consumption (IFC)\* according to World Food Programme (WFP) July data. See [Annex](#) for more information on public perception of food security in Northern Africa.

Countries with Increased Insufficient Food Consumption (IFC)\* OR % of Population with IFC >20%

Country	Increase in IFC since early June (millions)	No. of people with IFC as of 13 July (millions)	% of population with IFC as of 13 July
Mauritania	0 (no change)	1.2	28%

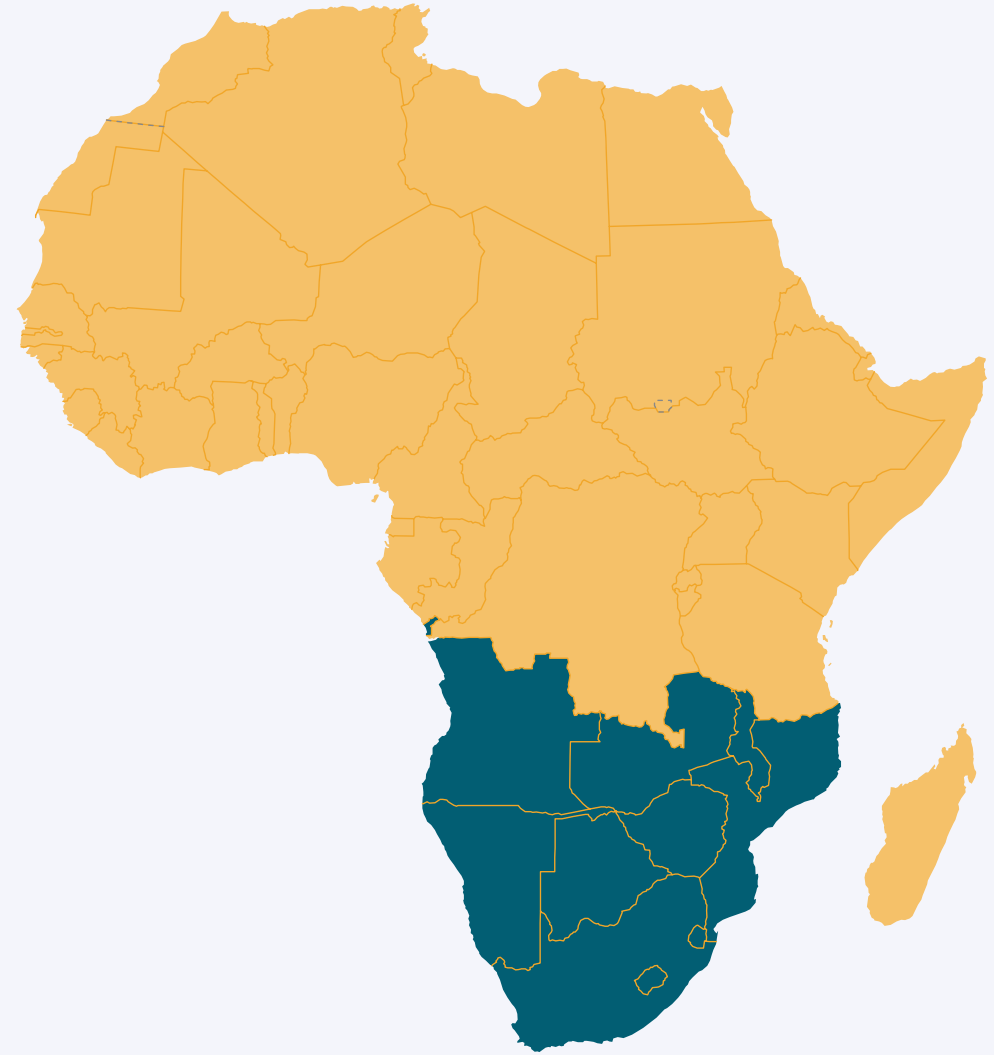
Data from [World Food Programme](#), July 2020; includes all countries where data available. Refer to Annex which includes data limitations.

## Key Country Updates

- The majority of **Northern African countries** (where data is available) have seen a **decrease in the number people with insufficient food consumption (IFC)** in the past month, as well as a decrease from three months ago.
- **Egypt accounted for 46% of all people with IFC in the region**, however, the number of people with insufficient food consumption in Egypt has decreased by 670K people since April.
- In **Mauritania**, the number of people with IFC has remained stable since last month at 1.2 million people; however, this is still a **50% increase in the number of people with IFC from three months ago**.

\*The indicator "insufficient food consumption" (IFC) refers to people with poor or borderline food consumption in the previous seven days, as identified by the food consumption score (FCS) which is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups.

# Southern Africa



# Southern Africa: Countries to Highlight all data as of 13 July

Country <sup>1</sup>	Total cases (per 100,000 population)	Trend in new cases <sup>3</sup>	Positive test rate <sup>4</sup>	PHSM tightening or loosening	Other key trends/issues
Angola	506 (1.59)	↑	2%	TIGHTENING & LOOSENING Cordon sanitaire in Luanda extended through 9 August with further restrictions added; travel restrictions for other provinces lifted; cultural sites, museums, libraries and cinemas reopened; secondary schools partially reopened	
Botswana	422 <sup>2</sup> (18.32)	↑	1%	NO CHANGE	
Eswatini	1,351 <sup>2</sup> (117.67)	↑	8%	TIGHTENING Alcohol sales re-suspended	The government announced that the first payments to workers laid off due to COVID-19 were made 10 July, with about 2,000 recipients.
Lesotho	245 <sup>2</sup> (11.53)	↑	4%	NO CHANGE	
Malawi	2,364 <sup>2</sup> (12.69)	↑	11%	EXTENDED School reopening planned for 13 July delayed amid rise in cases	Opposition leader declared winner of re-run presidential election.  Government has suspended mass testing efforts due to critical shortage of test kits; surge in cases likely reflects community transmission.
Mozambique	1,157 (3.81)	→	3%	LOOSENING Limited reopening of borders to facilitate tourism and investment; museums reopened; government is reorganizing markets across the country	

1. Countries highlighted in this table meet the following criteria over the two-week monitoring period: 1) met an epidemiological trigger; 2) tightened or loosened major PHSMs; or 3) experienced other significant trends or developments.

2. An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 30 June-13 July. It is a potential signal of accelerating transmission.

3. Trends are comparing new cases over the current 14 days (30 June – July 13) to new cases over the prior 14-day period (16-29 June) . Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.

4. The positive test rate is the % of total people tested for COVID-19 that tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing. <https://ourworldindata.org/coronavirus-testing>

# Southern Africa: Countries to Highlight all data as of 13 July

Country <sup>1</sup>	Total cases <sup>2</sup> (per 100,000 population)	Trend in new cases <sup>3</sup>	Positive test rate <sup>4</sup>	PHSM tightening or loosening	Other key trends/issues
Namibia	861 <sup>2</sup> (34.52)	↑	6%	<p>LOOSENING</p> <p>Moved to Stage 4 of reopening; pre-primary and grades 7 and 9 resumed classes; limits for weddings, funerals and religious gatherings raised to 250 people; people entering country will be tested and must quarantine</p>	<p>First COVID-19 death reported</p> <p>Reported protests by health care workers, teachers/parents/students, opposition activists, farm workers, and anti-vaccine activists</p>
South Africa	276,242 (471.74)	↑	13%	<p>TIGHTENING &amp; LOOSENING</p> <p>Schools continued reopening with grades 6 and 11 returning after legal challenge to reopening plans failed, but further reopening was postponed; nightly curfew reinstated and alcohol sales re-suspended to protect hospital capacity by reducing trauma admissions</p>	<p>Officials warn that peak of the epidemic is approaching in winter months; with hospital capacity strained, the Military Health Service deployed more health workers to the Eastern Cape.</p> <p>Participants in Africa's first clinical trial for a COVID-19 vaccine were vaccinated in Johannesburg.</p>
Zimbabwe	985 (6.73)	↑	1%	<p>LOOSENING</p> <p>Dining in allowed in restaurants; safari operators and national parks reopened</p>	<p>At least 12 nurses arrested while protesting working conditions and lack of personal protective equipment.</p>

1. Countries highlighted in this table meet the following criteria over the two-week monitoring period: 1) met an epidemiological trigger; 2) tightened or loosened major PHSMs; or 3) experienced other significant trends or developments.

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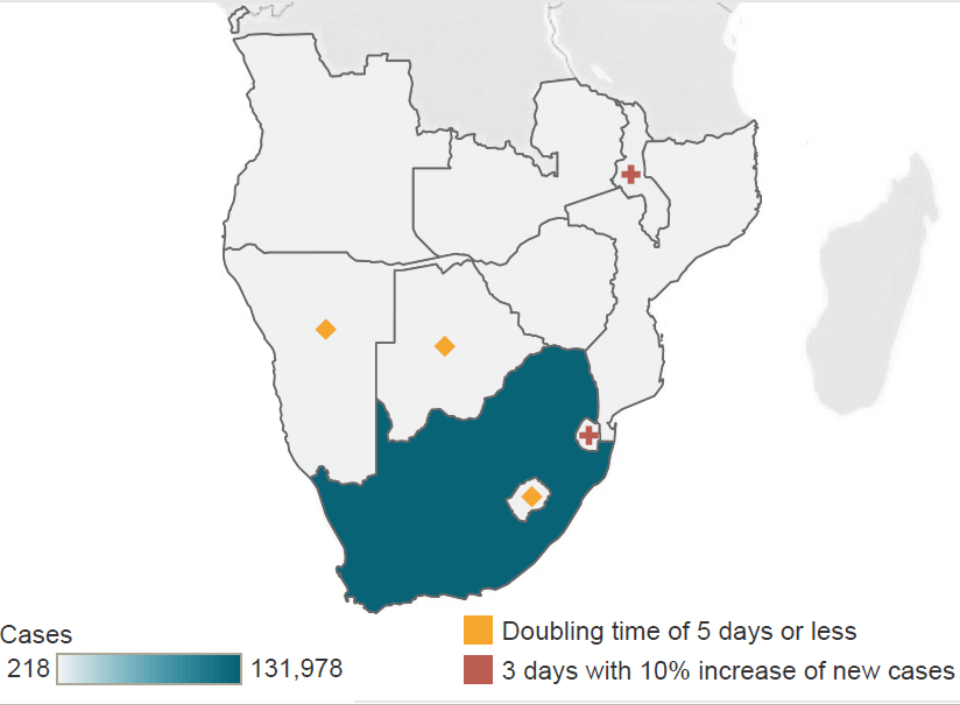
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# Southern Africa: Disease Dynamics

Total cases	New cases in past 2 weeks	Total deaths	New deaths in past 2 weeks	Countries with CFR >4% as indicator suggestive of limited testing
286,028	136,046 +87%	4,237	1,636 +64%	Angola 5.1%

Number of New Cases Reported and Epidemiological Triggers, Southern Africa, 30 June - 13 July



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 30 June and 13 July. It is a potential signal of accelerating transmission.

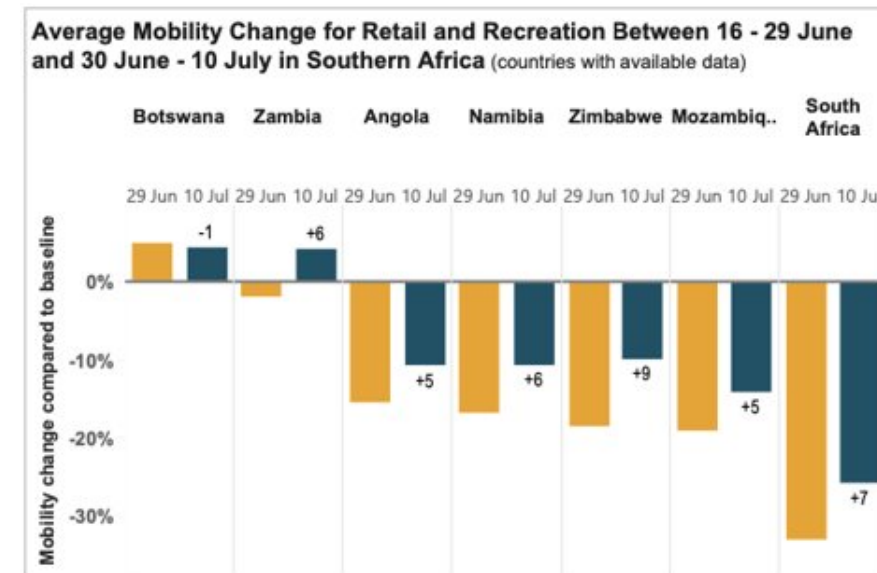
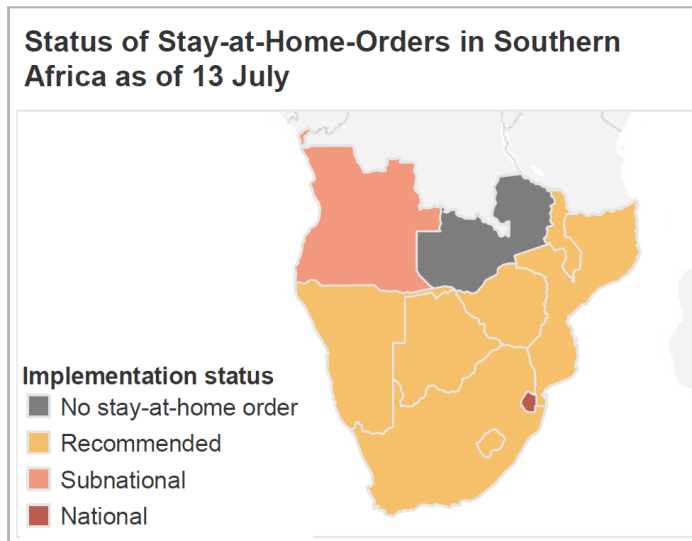
The **Southern African region** is continuing to experience a rapidly growing epidemic. **South Africa** represents 97% of the region’s cases, but growth in reported cases is accelerating across the region—except in Mozambique—raising fears that other countries are experiencing community transmission.

- **Botswana, Eswatini, Lesotho, Malawi and Namibia** reported epidemiological triggers over the past two weeks.
- In **South Africa**, turnaround times for testing improved to five days in the public sector and two in the private sector. The National Institute for Communicable Diseases reported a 27% test positivity rate for the week ending 4 July, representing a continued increase and suggesting that many cases are going undetected. While South Africa has conducted more tests than any other country on the continent, the cumulative test-per-case ratio is 7.8, below the WHO benchmark of 10-30.
- **Malawi** is experiencing a critical shortage in test kits and is limiting testing to people experiencing symptoms. Malawi’s test-per-case ratio of 8.7 is the second lowest in the region (after South Africa).
- At 1.5%, **South Africa’s** case-fatality ratio remains low. Angola’s high case-fatality ratio of 5.1% may indicate limited testing/surveillance.

# Southern Africa: PHSM Implementation and Adherence

Across the region, governments are adjusting PHSMs to counter rapid acceleration of the epidemic while responding to acute social and economic burdens. The trend toward loosening restrictions is reflected in the fact that while most countries in the region still have lower mobility to retail and recreation sites compared to before the pandemic, mobility is rising.

- **Angola** has tightened restrictions in Luanda while loosening measures for the rest of the country.
- Many countries in the region continued to open schools (**Angola, Namibia** and **South Africa**) and restart critical sectors of the economy such as tourism (**Mozambique, Zimbabwe**).
- Among measures to reduce transmission, **Malawi** delayed school reopening, **South Africa** reinstated a nightly curfew and both **South Africa** and **Eswatini** reinstated bans on alcohol sales nationwide, while **Angola** also banned alcohol sales in Luanda.
- **South Africa's** President Cyril Ramaphosa called on citizens to avoid social gatherings and wear masks: "In the midst of our national effort to fight against this virus there are a number of people who have taken to organizing parties, who have drinking sprees, and some who walk around in crowded spaces without masks."



[Google COVID-19 Community Mobility Reports](#); Countries included where data available. The baseline for all countries is the median value, for the corresponding day of the week, during the five-week period Jan 3–Feb 6, 2020. This does not control for seasonality.

# Southern Africa: Burden of PHSMs

Public narratives about government response in Southern Africa were highly critical—with particular criticism of the South African and Angolan governments.

- The economic burden of PHSMs continued to be a major topic of discussion, particularly in South Africa where issues of unemployment (especially youth unemployment) and livelihood insecurity continue to be widely discussed.
- School reopening remains a contentious issue. In South Africa, some teachers unions, parents and students urged delays in reopening while others advocated for reopening combined with strict preventative measures. A legal challenge against the government's reopening plans failed in court.
- In Angola there were widespread accusations on social media that government officials and health facilities were overreporting COVID-19 deaths, presumably in order to profit in some way from the pandemic.

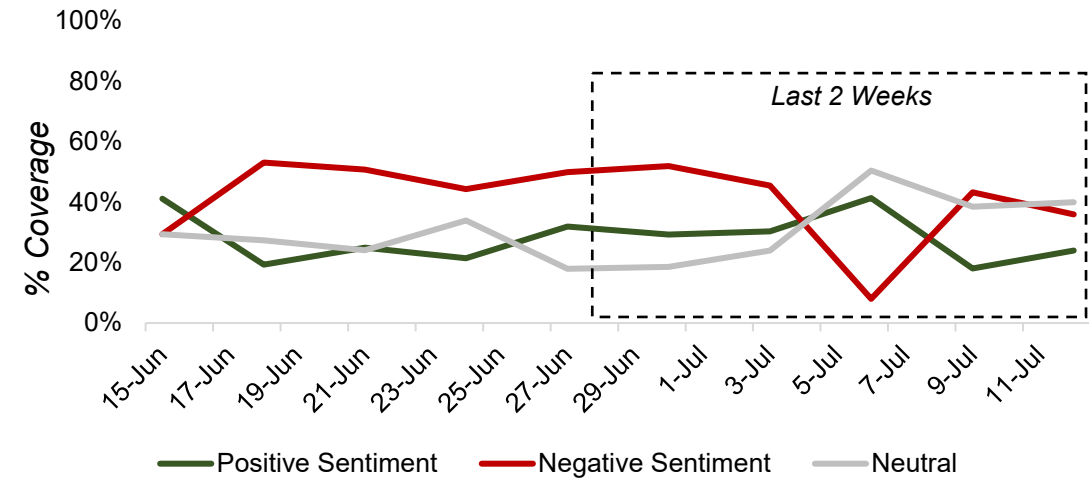
Facebook user in **South Africa**:  
 "Covid-19 feels like a global hostage crisis, where humanity has been taken captive. A large proportion of the population has 'Stockholm syndrome' and trusts their enslavers. They are deceived into destroying their livelihoods and wellbeing via inversions of morality and science."



Facebook user in **Angola**:  
 "Honestly, we need to live again. We need clarity. What game are they playing. These are people's anxieties and it is being weaponized against us. Statements being retracted and no form of comfort advertised. We need hope and more positive stories regarding covid-19 because the fear is creating an unhealthy nation. Just an opinion."

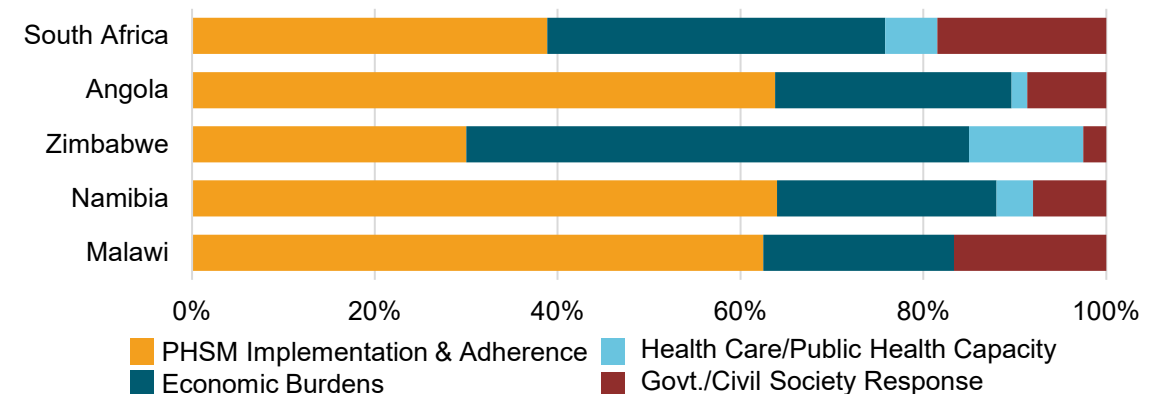


*Sentiment of PHSM Coverage in Southern Africa  
 Traditional and Social Media (28 June - 11 July)*



© Novetta 2020

*Breakdown (%) of PHSM Topics in Countries  
 Traditional and Social Media (28 June - 11 July)*



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# Southern Africa: Food Security

Currently, World Food Programme (WFP) data indicates that there are 38.5 million people with insufficient food consumption (IFC)\* in Southern Africa, however, this total excludes South Africa where data is not currently available. See [Annex](#) for more information on public perception of food security in Southern Africa.

## Countries with Increased Insufficient Food Consumption (IFC)\* OR % of Population with IFC >20%

Country	Increase in IFC since early June (millions)	No. of people with IFC as of 13 July (millions)	% of population with IFC as of 13 July
Angola	.02	8.1	26%
Botswana	-.02 (decreased)	.5	23%
Lesotho	-.02 (decreased)	1	46%
Mozambique	-.2 (decreased)	<b>9.8</b>	33%
Namibia	-.04 (decreased)	.6	25%
Zambia	0 (no change)	7	40%
Zimbabwe	<b>.09</b>	8.8	<b>61%</b>

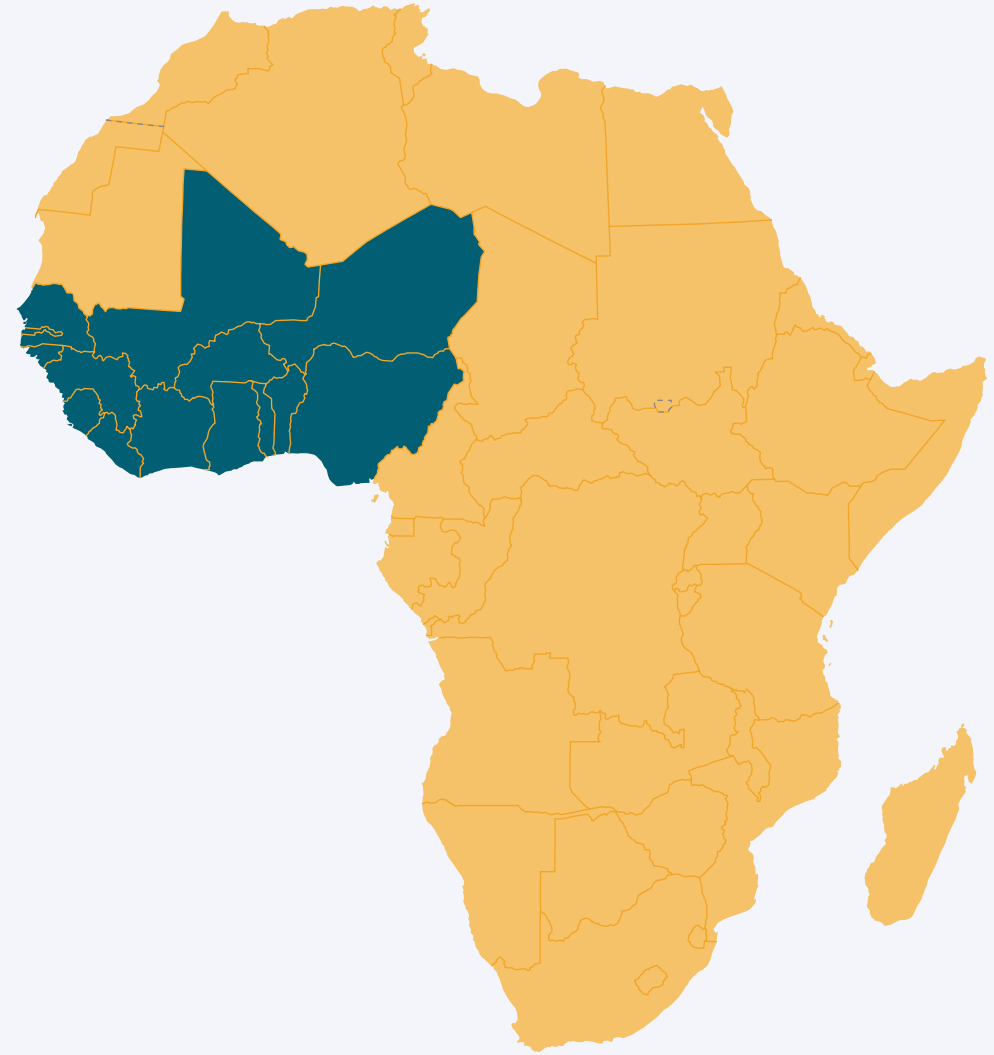
Data from [World Food Programme](#), July 2020; includes all countries where data available. Data from South Africa is currently not available; Refer to Annex which includes data limitations.

## Key Country Updates







- In **Zimbabwe**, consecutive seasons of drought have resulted in low crop production. **COVID-19 mobility restrictions** in the post-harvest period **negatively affected the ability of some households to generate cash income from the sale of crops**. It is estimated that by December, poor households will rely on markets for food and extremely high prices may limit their access.
- In **South Africa's** cities, millions of informal workers have lost work due to the government closing of street vendors to limit the spread of COVID-19. This has negatively impacted access to affordable, healthy food. Additionally, [Food prices have surged due to stockpiling and gouging by supermarkets](#).
- The number of **people with insufficient food consumption has decreased by 850,000 from one month ago in Malawi**, according to WFP estimates based on rolling surveys. At the same time, the number of people who reported issues accessing grocery markets increased since last week—with **95% reporting that a lack of money was their main barrier to accessing markets**.
- Small-scale farmers in Zambia said they were unable to sell their produce** because local markets were shut or because they were worried about contracting the virus. Those farmers who did get to market said they were paid less than normal for their produce.

\*The indicator "insufficient food consumption" (IFC) refers to people with poor or borderline food consumption in the previous seven days, as identified by the food consumption score (FCS) which is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups.

# Western Africa



# Western Africa: Countries to Highlight all data as of 13 July

Country <sup>1</sup>	Total cases (per 100,000 population)	Trend in new cases <sup>2</sup>	Positive test rate <sup>3</sup>	PHSM tightening or loosening	Other key trends/issues
Cabo Verde	<b>1,698</b> (308.76)		4%	LOOSENING Inter-island air links resumed as of 30 June.	
Cote d'Ivoire	<b>12,766</b> (49.64)		18%	LOOSENING International flights to and from Cote d'Ivoire resumed 1 July. Domestic flights resumed 26 June.	Amadou Gon Coulibaly, the prime minister of Cote d'Ivoire and a candidate for president in the coming election, died suddenly.
The Gambia	<b>64</b> (2.73)		2%	LOOSENING Mosques and churches can reopen.	
Ghana	<b>24,518</b> (80.60)		7%	LOOSENING Level JHS final year students returned to school on 29 June.	
Nigeria	<b>32,558</b> (16.20)		18%	LOOSENING Lockdown was lifted in Kano. Interstate travel ban was lifted. Domestic flights resumed.	A student protest to demand COVID-19 testing was dispersed by police. Elsewhere, a COVID-19 testing team protested because they had not been paid.
Senegal	<b>8,198</b> (50.31)		9%	LOOSENING Curfew and state of emergency lifted. Resuming international flights on 15 July.	

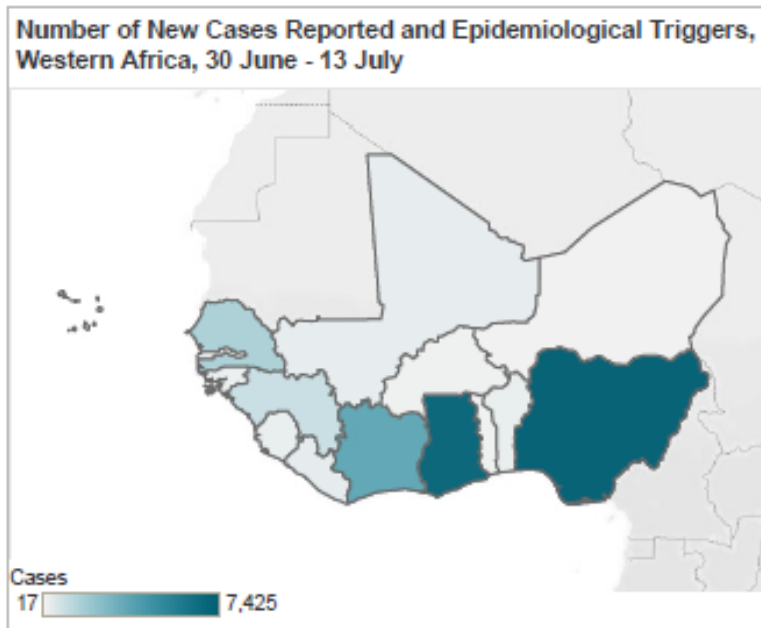
1. Countries highlighted in this table meet the following criteria over the two-week monitoring period: 1) met an epidemiological trigger; 2) tightened or loosened major PHSMs; or 3) experienced other significant trends or developments.

2. Trends are comparing new cases over the current 14 days (30 June – July 13) to new cases over the prior 14-day period (16-29 June). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.

3. The positive test rate is the % of total people tested for COVID-19 that tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing. <https://ourworldindata.org/coronavirus-testing>

# Western Africa: Disease Dynamics

Total cases	New cases in past 2 weeks	Total deaths	New deaths in past 2 weeks	Countries with CFR >4% as indicator suggestive of limited testing
97,037	22,214 -1%	1,592	301 -8%	Niger 6.2% Burkina Faso 5.1% Mali 5.0% Liberia 5.0% The Gambia 4.7%



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 30 June and 13 July. It is a potential signal of accelerating transmission.

**New cases across Western Africa decreased by 7%** between 30 June and 13 July (when compared to the prior reporting period). **New deaths from COVID-19 dropped by 8%. Nigeria comprises 33% of all newly reported cases in the region.**

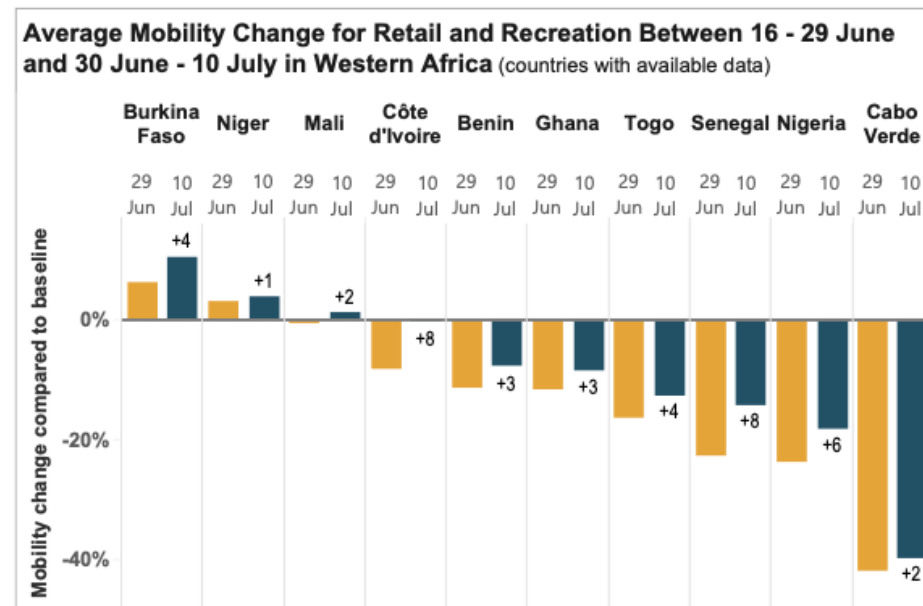
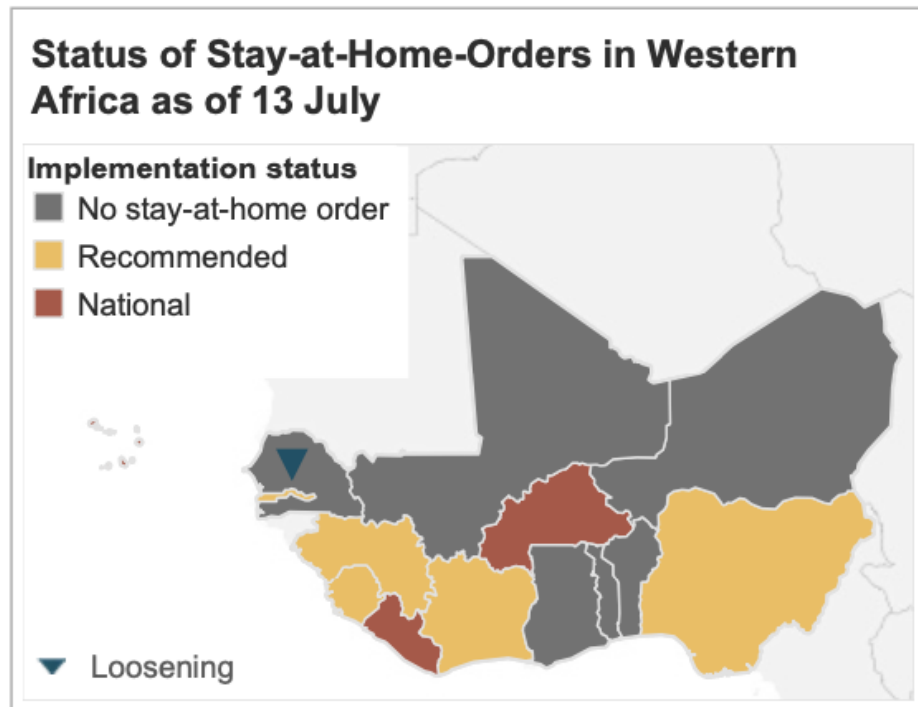
- The high case fatality rates (CFR)\* in **Niger** and **Burkina Faso** may reflect limited testing.
- Guinea Bissau** reported the lowest number of tests per case in the Western region at 4.5 tests per case and a 22% positive test rate.\*
- Cabo Verde** reported the highest per capita number of tests in the Western region at 7,179 tests per 100,000 people and a relatively low positive test rate,\* of 4%. **Niger** reported the lowest per capita number of tests in the Western region at 31 tests per 100,000 people and 15% positive test rate.\*

\*The positive test rate is the % of total people tested for COVID-19 that tested positive. Countries with a very high positive rate are unlikely to be testing widely enough to find all cases. The WHO has suggested a positive rate of around 3–12% as a general benchmark of adequate testing. <https://ourworldindata.org/coronavirus-testing>

# Western Africa: PHSM Implementation and Adherence

All countries in the Western region that reported changes to PHSM implementation in the past two weeks loosened their measures, including lifting lockdowns, curfews and states of emergency, and resuming flights.

- As of July 13, **Burkina Faso and Liberia** were the only countries in the Western region that had national stay-at-home orders in place.
- Mobility increased from the previous two weeks by 6 percentage points in **Nigeria** and 8 percentage points in **Senegal**, which is consistent with loosening of PHSMs in those countries.
- A student protest in Nigeria to demand COVID-19 testing was dispersed by police. Elsewhere in Nigeria, a COVID-19 testing team protested because they had not been paid. Health care workers started a three-day strike on 13 July in Lagos.



[Google COVID-19 Community Mobility Reports](#); Countries included where data available. The baseline for all countries is the median value, for the corresponding day of the week, during the five-week period Jan 3–Feb 6, 2020. This does not control for seasonality.

# Western Africa: Burden of PHSMs

In Western Africa, public narratives about governments in Ghana and Nigeria were largely negative toward the governments, driven by mistrust of government messaging about COVID-19.

- Adherence to PHSMs emerged as a contentious issue in Ghana where private citizens and key civil society groups expressed concern about disregard for PHSMs during parliamentary primaries and the ongoing registration for the December national elections.
- Nigerian private citizens remained highly suspicious of national and regional government COVID-19 messaging but did not question PHSM efficacy.

In the Gambia, traditional media reported that “scores of students have advocated for a sit down strike amid the introduction of the online classes” and insisted on the resumption of physical classes.



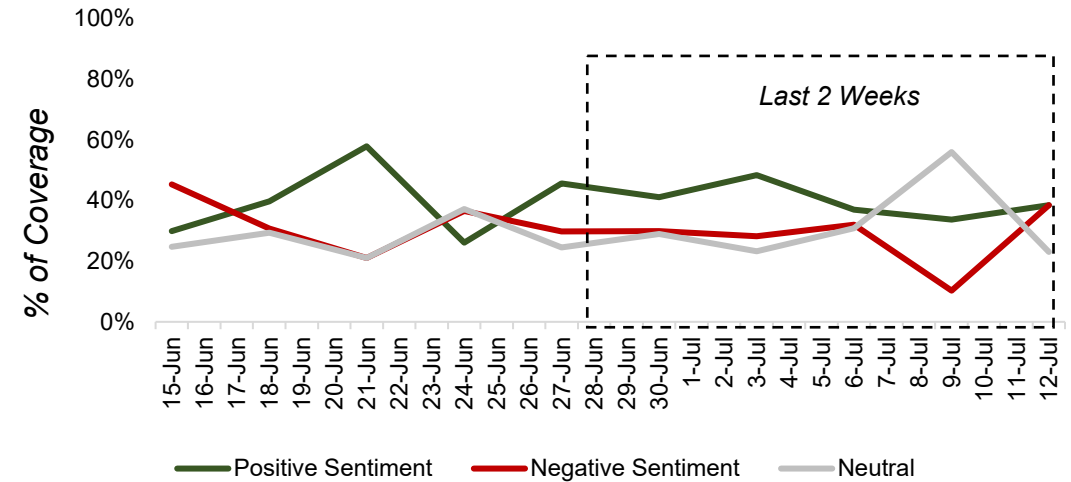
Nigerian Facebook users were increasingly critical of the Rivers State regional government, framing the local government response as a “fraud,” and arguing that “Covid-19 is a political virus in Rivers State where they embezzle public funds.”



Ghanaian bishops were quoted in local and international media expressing concern over a “high level of disregard” for COVID-19 protocols during the New Patriotic Party parliamentary primaries, as well as in the “ongoing voters’ registration exercises.”

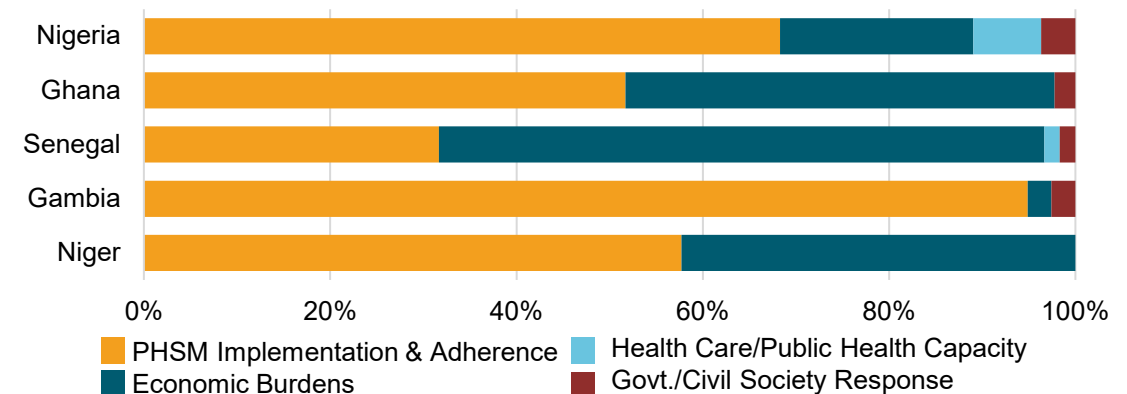


*Sentiment of PHSM Coverage in Western Africa  
Traditional and Social Media (28 June - 11 July)*



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*Breakdown (%) of PHSM Topics in Countries  
Traditional and Social Media (28 June - 11 July)*



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# Western Africa: Food Security

In West Africa, the World Food Programme estimates that 100 million people are with insufficient food consumption (IFC).<sup>\*</sup> Nigeria accounts for 38% of the total population with IFC in West Africa, as well as the greatest increase in people with IFC this past month across the continent (where data is available). Much of the increase in food insecure populations in Nigeria can be attributed to urban areas. See [Annex](#) for more information on public perception of food security in Western Africa.

## Countries with Increased Insufficient Food Consumption OR % of Population with IFC >20%

Country	Increase in IFC since early June (millions)	No. of people with IFC as of 13 July (millions)	% of population with IFC as of 13 July
Burkina Faso	.09	11.8	60%
The Gambia	.01	.4	19%
Guinea	-.07 (decreased)	4	32%
Guinea-Bissau	-.01 (decreased)	.7	39%
Liberia	-.07 (decreased)	1.1	24%
Mali	-1.14 (decreased)	8.5	44%
Niger	-.12 (decreased)	14.3	<b>64%</b>
Nigeria	<b>6.16</b>	<b>38</b>	19%
Sierra Leone	-.01 (decreased)	4.1	54%
Togo	-.52 (decreased)	2.3	29%

Data from [World Food Programme](#), July 2020; includes all countries where data available. Refer to Annex which includes data limitations.

<sup>\*</sup>The indicator "insufficient food consumption" (IFC) refers to people with poor or borderline food consumption in the previous seven days, as identified by the food consumption score (FCS) which is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups.

## Key Country Updates

- In the **Sahel Region of Western Africa**—which includes Burkina Faso, Mali, Mauritania, Niger, Nigeria and Senegal—[it is estimated that the pandemic could lead to an additional 50 million people with insufficient access to food.](#)
- Border closures and restrictions on movement have led food prices to increase sharply (**10% in Mali, 30% in Nigeria**) and limited farmers' ability to drive their herds. Despite recent easing of restrictions, it is likely that herders will not have the proper time to prepare for their lean season **and the health of herds may be severely affected.**
- **Declines in oil prices and depreciation of the Nigeria naira** are likely to continue to increase food prices in Nigeria. In conflict-affected areas in Northern Nigeria, **the harvest in October is expected to be below average.**
- In **Mali, 8.5 million people are currently experiencing IFC**, continuing a steady decline since a reported 11 million people were food insufficient in March. Notably, fewer people reported security concerns limiting their access to groceries/markets compared to the .
- **Conflict continues to increase in Northern Burkina Faso**, causing displacement and decreasing households' access to typical food and income sources. As in other countries in Africa, **urban poor in Burkina Faso continue to be at great risk for reduce income and food insecurity.**
- In **Niger, forecasts predict favorable agroclimatic conditions compared to averages over the past 30 years, but the positive effects of these climate factors may be overshadowed by the negative impact of COVID-19.** Notably, many households had limited access to seeds due to COVID-19 movement restrictions and there was a shortage of laborers due to border closures. Humanitarian agencies continue to struggle to reach populations most in need in conflict-ridden areas.

# Annex

# Aims and Approach

## Aims

- This report aims to **inform decision-making about the implementation of public health and social measures (PHSMs)** on the African continent by synthesizing data from multiple sources to identify key trends. These trends are linked to operational recommendations that can support national-level responses. This specific report includes additional analysis detailing how COVID-19 and PHSMs have affected food security per region.
- The intended audience is decision-makers involved in the COVID-19 response in African countries, including **national task forces and/or emergency operations centers**.

## Approach

- The report compiles and synthesizes data on COVID-19 trends in Africa from multiple data sources for the period 30 June – 13 July.
- Recommendations are based on observed trends as well as technical expertise and guidance reflecting the latest scientific knowledge—including social and behavioral science—relevant to the use of PHSMs.

## Data Sources

- Data include official reports of cases and deaths, reports of government response measures, analysis of narratives in traditional and social media, reported security incidents, food security data and mobility data. Further details are included in the Annex.
- Data are summarized and analyzed by the five African Union regions.

# Methods and Limitations

## Analysis

- **Epidemiological analysis** is based on standard surveillance metrics. Descriptions of indicators and methods of calculation are included in the Annex. Countries highlighted in regional analysis tables met the following criteria over the two-week monitoring period: 1) met an epidemiological trigger;\* 2) tightened or loosened major PHSMs; or 3) experienced other significant trends or developments.
- For analysis of **traditional and social media**, research is conducted using online, open-source African media, geo-located Twitter sources in Africa, and geo-located Facebook sources in Africa. Article and quote-level metadata are added by Novetta Mission Analytics. Results are culled on the basis of relevance to PHSM implementation in Africa, resulting in a sample of 403 media articles (2,000 quotes), 1,347 tweets, and 2,658 Facebook posts from 29 June – 11 July.
- For analysis of **food security** across Africa, quantitative data is included from the World Food Programme (WFP) and qualitative analysis is included from the Early Famine Warning System Network (FEWS NET). In areas where limited or no data is available, WFP uses machine learning-based predictive models to estimate the food security situation. WFP is still in the process of improving the accuracy of the predictive modeling in consultation with partners and will continue to assess the need for more or better-defined input variables and explore additional evaluation metrics used to optimize the model and measure performance.

## Limitations

- Analysis of **public health and social measures** (PHSMs) implementation and **security incidents** are based on publicly available data repositories and may not include all relevant events.
- **Traditional and social media data** are qualitative in nature and reflect the varying media and social media environments of the countries included. The data are not intended to be representative of the views of the full populations of these countries.
- 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.

*\*Epidemiological triggers = cases doubling in five days or less or 10% growth in cases for three consecutive days during the period of analysis. These may signal accelerating transmission.*

# Epidemiological Indicators

- **Regional totals:** Sum of total number of cases/deaths as of 13 July across countries in a given African Union region
- **New cases/deaths in past two weeks:** Sum of daily newly reported cases/deaths between 30 June and 13 July across countries in a given African Union region
- **Percent change from previous two weeks:** 30 June through 13 July regional sum minus 16 June through 29 June regional sum, divided by the 16 June through 29 June regional sum, multiplied by 100
- **Case-fatality ratio (CFR):** Country-specific total number of deaths divided by the total number of cases as of 13 July
- **Trigger—Doubling time of five days or less:** A country reached the threshold of total cases doubling in five days or less between 30 June and 13 July
- **Trigger—3 days with 10% increase of new cases:** 10% increase in cases on three consecutive days between 30 June and 13 July

# Data Sources

Domain	Sources	Methodology and Limitations
Epidemiology and Testing	<a href="#">Africa Centers for Disease Control and Prevention (ACDC) 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 ACDC needs to process these data, might lead to discrepancies between the national numbers and the numbers published by ACDC.
Traditional and social media analysis	<a href="#">Novetta Mission Analytics</a>	<p>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 403 articles and 2,000 quotes from media outlets in Africa from June 28-July 11, 2020.</p> <p>Twitter analysis: Research for this report was conducted using geo-located Twitter sources in Africa. 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 1,347 Africa-focused tweets from June 28-July 11, 2020.</p> <p>Facebook analysis: Research for this report was conducted using geo-located African Facebook sources. Post and comment level metadata was added in the framework of Novetta Mission Analytics. Results were then culled on the basis of relevance, resulting in the sample of 2,658 Africa-focused Facebook posts and comments from June 28-July 11, 2020.</p>
Public health and 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 100 Oxford University students and staff. Gaps within the latest week are expected as data is captured and retrospective changes may happen as data are reviewed. Most data entries do not receive secondary review.
Public health and 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.

# Data Sources, continued

Domain	Sources	Methodology and Limitations
Food Security	<a href="#">World Food Programme Hunger Map</a>	The World Food Programme's (WFP) conducts continuous food security monitoring via computer assisted telephone interviewing (CATI) through call centers. Data is collected on a rolling basis and updated daily. The following countries are currently covered by surveys: Burkina Faso, Cameroon, Central African Republic, Chad, DRC, Malawi, Mali, Mozambique, Niger, Nigeria, and Somalia. For countries where daily updated survey data is not available, the prevalence of people with poor or borderline food consumption score (FCS) and the prevalence of people with reduced coping strategy index (rCSI) $\geq 19$ is estimated with a predictive model. People with insufficient food consumption refer to those with poor or borderline food consumption, according to the <b>Food Consumption Score (FCS)</b> . WFP uses the FCS as a proxy indicator for food security that measures the diversity of household diets, and how frequently food is consumed. The FCS is calculated using the frequency of consumption of eight food groups by a household during the seven days before the survey using standardized weights for each of the food groups reflecting its respective nutrient density, and then classifies households as having “poor,” “borderline” or “acceptable” food consumption.
	Famine Early Warning Systems Network ( <a href="#">FEWS NET</a> )	FEWS NET analysts, working in more than 28 countries, continuously gather evidence of the current food security situation in areas of concern. They collect data from a variety of sources, including U.S. science agencies, national ministries of trade and agriculture, international organizations, and NGOs. In some countries, FEWS NET also employs networks of monitors to report localized data such as staple food prices and rainfall. FEWS NET has 19 “presence” countries, where locally based analysts work full time from a national office. In addition, it monitors nine countries remotely, typically from a nearby country office. Along with its regular monthly reports and maps, FEWS NET also produces alerts, special reports, and in-depth thematic products as it relates to food security and COVID-19.
Mobility	<a href="#">Google COVID-19 Community Mobility Reports</a>	<p>The dataset shows how visits and length of stay at different places change compared to a baseline. The baseline for all countries is the median value, for the corresponding day of the week, during the five-week period Jan 3–Feb 6, 2020. This does not control for seasonality.</p> <p>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.</p>

## Example: COVID-19 Alert-Level System for Accountability and Transparency

Alert level	COVID-19 situation and Action	Key Guidance
<b>Level 4 Very High Risk</b>	Widespread uncontrolled outbreak that is growing with many undetected cases. <b>Take strong measures to limit all contact.</b>	<ul style="list-style-type: none"> <li>• <b>All individuals</b> should shelter in place when possible.</li> <li>• <b>All individuals</b> should wash hands, cover coughs, wear a mask in public, stay home if sick, maintain physical distancing, keep surfaces clean.</li> <li>• <b>Mass gatherings</b> should be cancelled</li> <li>• <b>Schools closed</b> (i.e. learning or radio)</li> <li>• Only <b>essential services</b> should be open</li> <li>• <b>Modified healthcare services</b> (e.g. telemedicine, essential care)</li> <li>• <b>No visits</b> to congregate facilities (e.g. boarding houses or prisons)</li> <li>• Recreation locally with safety measures* (e.g. walking)</li> </ul>
<b>Level 3 High Risk</b>	Many cases, including spread in the community, with some undetected cases. Some control measures in place. <b>Limit everyday activities to increase safety.</b>	<ul style="list-style-type: none"> <li>• <b>High-risk individuals**</b> should stay at home or shelter whenever possible.</li> <li>• <b>All individuals</b> should wash hands, cover coughs, wear a mask in public, stay home if sick, maintain physical distancing, keep surfaces clean</li> <li>• <b>Schools closed</b> (e-learning or radio)</li> <li>• General public should <b>limit non-essential travel</b> and attend only small gatherings*</li> <li>• Businesses open with safety measures (e.g. distancing)*</li> <li>• <b>Modified healthcare services</b> (e.g. telemedicine, essential care)*</li> <li>• <b>Essential visit</b> to congregate facilities only (e.g. boarding houses, prisons)*</li> <li>• Recreation expanded with safety measures (e.g. low risk)*</li> </ul>
<b>Level 2 Moderate Risk</b>	Moderate number of cases, with most cases from a known source and control measures in place. <b>Continue efforts to limit personal exposure.</b>	<ul style="list-style-type: none"> <li>• <b>High-risk individuals**</b> should stay at home or shelter whenever possible.</li> <li>• <b>All individuals</b> should wash hands, cover coughs, wear a mask in public, stay home if sick, maintain physical distancing, keep surfaces clean</li> <li>• <b>General public</b> can travel outside home with safety measures</li> <li>• <b>Schools open</b> with safety measures, no vulnerable staff or students*</li> <li>• <b>General public</b> can travel outside of home and attended mid-size mass gatherings, with safety measures*</li> <li>• <b>Businesses open</b> with safe measures (e.g. distancing)*</li> <li>• <b>Healthcare services</b> with safety measures (e.g. elective procedures)</li> <li>• <b>Essential visits</b> only to congregate facilities (e.g. boarding houses, prisons)</li> <li>• Recreation with safe measures</li> </ul>
<b>Level 1 New Normal</b>	Cases are rare and transmission controlled. <b>Take everyday precautions.</b>	<ul style="list-style-type: none"> <li>• <b>Individuals</b> should continue to wash hands, cover coughs, stay home if sick, maintain physical distancing, keep surfaces clean and wear a mask if sick</li> <li>• <b>Schools, businesses, healthcare services, mass gatherings and recreation</b> open with safety measures</li> <li>• Minimal safe visits to <b>congregate facilities</b> (e.g. prisons)</li> </ul>

\* Safety measures include appropriate measures to reduce transmission such as: Reducing occupancy, staggering shifts, working remotely, physical distancing, separating customers from employees, reducing public transportation use, screening employees, working in lower transmission geographic areas, reducing risk to vulnerable groups, keeping places clean with routine cleaning and disinfection, providing necessary supplies and equipment (e.g. sanitizer).

\*\* 55 and older, those with underlying conditions or immunocompromised

Full guidance on Alert-Level Systems for COVID-19 can be accessed [here](#).

# Additional Analysis of Public Perceptions of Food Security

# Central Africa: Food Security, continued

## *Snapshots: Traditional & Social Media Coverage of Food Insecurity*

In Cameroon, an unemployed young mother said that, since the drop in food prices due to COVID-19, it is the first time in her life that she can afford to buy a few meals of meat per week for her children. She said that she is very happy that food is now very cheap and poor Cameroonians like her can add chicken to their diet. Although she does not like seeing people infected and dying from COVID-19, she wishes for prices to remain low so that the poor can also eat well.



Social media users in Central Africa have increasingly accused officials and organizations responsible for the distribution of aid, water, money, and PPE during the COVID-19 pandemic of improper management and misappropriation of these resources. Social media users in Republic of the Congo questioned “where the food aid for Oyo district went?”



## *COVID-19 Impact on Food Prices*

- **In the Sahel, livestock prices have fallen** as bans on large gatherings limit livestock markets. Across Africa, food prices have both increased and decreased—depending on the local market context—as a result of COVID-19.
- Traditional media highlighted how **dairy farmers struggle to compete with cheaper, imported milk**. Local milk producers in Central and Western Africa came together for the [“My Milk is local” campaign](#), to encourage governments to help them compete with milk imports from Europe.
- In the **Central African Republic**, the reduction in transport, and the partial closure of borders with Cameroon and the DRC, **has led to a surge in the price of imported food**.
- Despite food prices rising in many countries, [food prices have dropped by a reported 70% in Cameroon](#), making it easier for poor communities to purchase food, but decreasing income of food sellers. **Cameroon’s Minister of Finance reported that the government plans to give farmers tax breaks and subsidies** to ensure production.

# Eastern Africa: Food Security, continued

## Snapshots: Traditional & Social Media Coverage of Food Insecurity

In reaction to the possibility of travel restrictions from Nairobi being lifted, a Twitter user wrote, "It's a choice between stay in Nairobi and die of starvation or take a risk and go upcountry where you will not die of starvation. Sophie's choice."



In an [AllAfrica article](#), a UN official in Somalia was quoted: "Somalia's coping mechanisms are significantly less than those of the neighboring countries. Therefore, the impact [of floods, locusts and COVID-19] is not simply humanitarian but has the potential to reverse some of the political and security gains that the international community has invested in over the past decade."



One Facebook user posted about the President of Uganda, "He will promise you a mask (3,400/=) before you get the kilo of posho (2,000/=) he promised earlier, and before you get the mask he promises you a small radio (20,000/=), and before you get the radio he promises you a television set (400,000/=). All this so that he can keep you home, hoodwink and manipulate you as the malleable fool that he thinks you are."



## Food Security Among Refugee and Asylum Seekers

Across East Africa, [refugees and asylum seekers have sustained increased food insecurity](#) as governments limit border crossing, humanitarian funding becomes stretched and employment opportunities dissolve for migrants due to COVID-19.

- On 1-3 July, [3,000 refugees arrived in Uganda from the DRC](#), when Uganda temporarily opened its borders for two days. A reported 65% of the refugees are children. Currently there are more than 1.2M refugees living in 30 formal settlements in Northern and Western Uganda. WFP anticipate rations for these refugees to fall by 50% in July.
- In **Rwanda**, World Food Programme market monitoring around refugee camps **found food prices were already on average 27% higher in April 2020 compared to 2019**, and 40% higher than in 2018.

# Northern Africa: Food Security, continued

## Snapshots: Traditional & Social Media Coverage of Food Insecurity

A Twitter user in Tunisia wrote, “People in the south of Tunisia are protesting because the lockdown has plunged them further in poverty and hunger and they’ve been left to die.”



A Libyan refugee was quoted as saying, “Every day, I am afraid of death because of hunger... I sleep on mats. There are many shops that I want to work in but there is no work. There is nothing in my house other than bread and tea.”



Egyptian Twitter and Facebook users amplified and praised food distribution efforts by Afroact, the Egyptian Red Crescent, Vodafone Egypt Foundation for Community Development, and the Egyptian Food Bank. However, the Egyptian government food relief efforts did not receive the same amount of media attention.



## Food Security Among Refugee and Asylum Seekers

- [One-third of migrants in Libya were found to be food-insecure](#) according to a phone survey conducted by the World Food Programme (WFP) in June. Unemployment was cited as one of the major risk factors for increasing migrant vulnerability in Libya. Media reported on WFP humanitarian efforts to provide ‘emergency food distributions’ to Libyan refugees. It should be noted that prior to COVID-19, in July 2019, [about half \(52%\) of migrants in Libya reported that they were worried about not having enough food to eat.](#)
- Despite food security improving slightly in the past month in **Tunisia**, traditional and social media highlighted a recent report from the Tunisian National Institute of Statistics, which reported: “**60 percent of Tunisian families were affected by [the COVID-19] crisis**, especially in terms of high food prices and the loss of jobs.” Tunisian social media users spotlighted hunger as one of the main reasons behind recent protests.

# Southern Africa: Food Security, continued

## *Snapshots: Social and Traditional Media Coverage of Food Insecurity*

One Zimbabwe Twitter user wrote, "Because I've been deprived of income, I have to live in one room at my in-laws' with my two children and my property. We have no money for food and no one is helping us."



One resident of KwaZulu-Natal, South Africa was quoted in a June 29 [News24 article](#) stating that "we have more important things to worry about. Most of us don't have jobs. Those who had temporary employment have been let off because of Covid-19. Our biggest worry right now is putting food on the table, not wearing a mask."



A South African Twitter user wrote, "The only thing worse than COVID-19 in South Africa is ANC corruption. This is the true pandemic: they have looted money for food parcels, ventilators, medical facilities & equipment like PPEs. Under their watch the only thing that matters is their bellies & capitalist profits!"



## *Public Criticizes Government Response to Food Insecurity and Unemployment Brought on by COVID-19*

- **Social media coverage of food security in Southern Africa was largely negative toward regional governments.** Twitter and Facebook users in South Africa, Eswatini, and Zimbabwe continued to criticize politicians for allegedly distributing food aid based on partisan affiliation or race/ethnicity.
- In the region's social media environment, narratives regarding corruption have overlapped with misinformation regarding COVID-19.
- In **South Africa**, traditional and social media highlighted the negative impacts of COVID-19 on food access for disadvantaged people.
  - Prior to the pandemic, an estimated 9M South African students received government-supplied food at school. Recent increases in new cases across **South Africa have slowed school reopening plans—placing millions of children at continued risk of missing meals.**
  - Although South Africa's announced stimulus package covers provision of COVID-19 social relief grants to unemployed South Africans, registered migrants, and refugees, the country's four million undocumented migrants are not eligible for help.

## Western Africa: Food Security, continued

### Snapshots: Social and Traditional Media Coverage of Food Insecurity

Nigerian Journalist Adejumo Kabir tweeted on June 29 that “For days, I walked through Lagos to document how difficult it is to achieve social distancing. For residents, hunger kills more and faster than the popular Coronavirus.”



A private citizen from Burkina Faso was quoted: “COVID-19 is causing us a lot of harm. Giving my children something to eat in the morning has become difficult. We are totally dependent on the sale of milk, and with the closure of market[s] we can’t sell the milk anymore. If we don’t sell milk, we don’t eat.”



The Lagos State chairman of the Poultry Association of Nigeria Egbegbe Godwin was quoted in local media saying that the state aid “will go a long way in helping farmers because as we speak, we have problem of bandits in the northern areas.” Farmers cited increased banditry and extortion by local police as obstacles to food production.



### Media Highlights Impact of COVID-19 on Vulnerable Urban and Rural Populations

- Positive coverage of food security in Nigeria was driven by the **Nigeria COVID-19 Action Recovery and Economic Stimulus Program** (NIGERIA CARES). However, Nigerian journalists highlighted rising food costs in cities and some criticized the government for not doing enough. Social distancing and travel restrictions are hampering the earnings of lower-income small business owners who rely on in-person contact for cash-dominated business. In **Lagos**, data from the World Food Programme shows an **increase in [1.23M people categorized as food insecure](#) in July compared to June (World Food Programme)**. COVID-19 mobility restrictions have also **[led to increases in transportation costs](#)** in Lagos.
- Liberian farmers and civil society leaders** warned that the COVID-19 pandemic, as well as PHSMs, threaten to negatively impact food supply chains in Liberia and, in turn, **“disproportionately affect the most vulnerable.”** The Farmers’ Union Network of Liberia was quoted stating that labor shortages (partially due to movement and distancing restrictions) are already negatively affecting the food supply chain.