



Brief on Public Health and Social Measure Implementation in Africa

14-27 July 2020

Note: This report includes information on how COVID-19 has affected health care workers across Africa and how public mistrust of governments and international agencies is affecting PHSM adherence and fueling vaccine hesitancy.

Table of Contents

I. [Africa COVID-19 Situation](#)

- [Metrics](#)
- [Key Trends](#)
- [Disease Dynamics](#)
- [PHSM Implementation & Adherence](#)
- [PHSM Burden](#)

II. [Spotlight](#)

- [Health Care Worker Burden](#)
- [Vaccine Hesitancy](#)











III. [Regional Analysis](#)

- [Central Africa](#)
- [Eastern Africa](#)
- [Northern Africa](#)
- [Southern Africa](#)
- [Western Africa](#)

IV. [Annex](#)

- [Aims and Approach](#)
- [Methods and Limitations](#)
- [Epidemiological Indicators](#)
- [Data Sources](#)
- [Reporting Rates](#)
- [Resources](#)

Africa COVID-19 Situation: Metrics

Region	Total cases/ Trend 13-27 July	Total deaths/ Trend 13-27 July	Countries with positive test rate ¹ >10%	7-day moving average of mobility change between 15 Feb - 27 July ² > +10% or < -10%	No. of health care workers tested positive/ % of total cases ³
Central Africa	45,504 	896 	Central African Rep (15%) Chad (13%) Congo (15%) DRC (20%) Sao Tome & Principe (30%)	Gabon (-16%)	1,050 (2.6%)
Eastern Africa	67,718 	1,555 	Comoros (22%) Madagascar (25%) Somalia (17%) S. Sudan (19%) Sudan (34%)	Kenya (-20%) Mauritius (-16%) Rwanda (-14%) Uganda (-29%)	712 (1.6%)
Northern Africa	149,264 	6,330 	Algeria (29%) Egypt (21%) Mauritania (10%)	Morocco (-12%) Egypt (-24%)	2,826 (1.9%)
Southern Africa	463,999 	7,146 	South Africa (16%) Malawi (13%)	Angola (-24%) Mozambique (-13%) South Africa (-31%) Zimbabwe (-18%)	5,386 (1.4%)
Western Africa	120,594 	1,849 	Cameroon (12%) Cote d'Ivoire (18%) Equatorial Guinea (12%) Gabon (10%) Guinea (14%) Guinea Bissau (19%) Nigeria (15%)	Burkina Faso (+12%) Cabo Verde (-38%) Nigeria (-17%) Senegal (-14%) Togo (-14%)	4,687 (4.3%)

1. The positive test rate is the % of total people tested for COVID-19 that test positive. Countries with a high positive test rate are unlikely to be testing widely enough to find all cases. *Africa CDC recommends a <10% benchmark as an indicator of adequate testing.*
2. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. The baseline used for pre-COVID-19 mobility reference is 15 February. Mobility change >+10% is meant to estimate a return to near average, pre-COVID-19 mobility, whereas mobility data <-10% indicates mobility is less than the pre-COVID-19 average mobility. Note, this does not control for seasonality and only includes analysis of 27 countries with available mobility data available. <https://www.google.com/covid19/mobility/>
3. According to WHO AFRO data as of 21 July. For Northern Africa, data compiled from Ministries of Health reports, press releases, reports of contributors on Twitter, Africa CDC, WHO, Govt websites and social medias accounts. % of health care workers excludes countries where 0 cases reported, as indication cases are likely underreported or missing altogether. Refer to [Annex](#) for more information on limitations of this data.

Africa COVID-19 Situation: Key Trends

- **Reported cases increased by 8.5% between 14 and 27 July** (when compared to 30 June-13 July), driven by new cases in Southern Africa and Eastern Africa. Positive test rates and reports of limited testing indicate the increase may be much higher.
- Across all regions, **reports of non-adherence to PHSMs are growing**, fueled by government mistrust, increases in unemployment and rampant misinformation narratives. Coupled with easing of curfews and lockdowns in some countries, public refusal to wear masks place countries at risk for new outbreaks. In DRC, Kenya, Nigeria and South Africa, social media users express doubt that COVID-19 exists at all and warn against trusting a “western” COVID-19 vaccine.
- **More than 11,000 health care workers have tested positive for COVID-19.** Demands from health care workers for fair compensation and better personal protective equipment (PPE) are on the rise. The increasing caseload across Africa means that health care workers will only be stretched further in coming days and weeks.

Africa COVID-19 Situation: Disease Dynamics

Key trends

New cases and new deaths increased by 8.5% and 23.5%, respectively, across Africa between 14-27 July. Total cases reached 847,079.

- Southern and Eastern Africa continue to drive the increase, with new cases accelerating in South Africa Zimbabwe, Zambia, Ethiopia, Kenya and Madagascar.
- Health officials fear that some countries may experience a surge in cases at the same scale as South Africa, particularly with the recent easing of PHSMs.
- Additionally, many countries that report decreases in new cases have high positive test rates—indicating cases are likely going undetected.

More than 11,000 health care workers have tested positive for COVID-19. South Africa (4,821), Algeria (2,300), Ghana (2,065), Nigeria (987) and Cameroon (753) reported the largest number of health care worker cases.

- Increasing caseload across Africa means that health care systems, often already overburdened and understaffed, will only be stretched further in coming months.
- WHO warns that infections are also high among health care workers working on non-COVID-19 floors and those providing health services to supposed non-COVID-19 patients.

There were 193 health care worker protests related to COVID-19, with majority in Northern Africa and focused on poor pay/unreliable compensation and lack of personal protective equipment.

Key recommendations

In a recent WHO briefing, Dr. Matshidiso Moeti stressed the importance of decentralizing PHSMs to address known COVID-19 hot spots in cities, whilst minimizing the economic burdens caused by nationwide, or state-wide, lockdowns.

- In countries with accelerating cases, 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](#)).
- In countries with high positive test rates, monitor other [key indicators to detect increasing cases](#) (e.g., syndromic data for influenza-like illness, non-responding malaria symptomatology and hospitalizations) or adopt innovative models for data collection (e.g. burial site surveillance). 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.

African countries will need ongoing support from international partners to ensure steady flow of PPE and testing kits so that all people, including health care workers, can protect themselves and be tested efficiently.

- WHO has stated that 2 million PPE have been shipped to African countries with 1 million in the pipeline, but additional support is needed. Relevant sectors and stakeholders must be engaged at regional, national and subnational levels for manufacturing, procurement and distribution of sufficient PPE to medical personnel.
- Health care workers should be first in line for a COVID-19 vaccine when it becomes available.

Provide fair compensation for any hours worked and free mental health resources for treatment of anxiety and depression.

- This will also help prevent health care worker burnout (Reference Africa CDC's [guidance](#) on providing mental health and psychosocial support).

Health systems should treat all patients as potentially having COVID-19, even if they do not have symptoms.

- Provide appropriate PPE and infection prevention and control (IPC) supplies and refresher trainings. Health care workers should also be informed of the latest COVID-19 technical guidance. Refer to WHO's "Rights, Roles and Responsibilities of health care workers during COVID-19" [guidance](#) as well as WHO's [guidelines](#) on IPC.
- Set clear policies on what health care workers should do if they suspect they may have been exposed or they have symptoms of COVID-19, as well as when they can return to work. Reference U.S. CDC [guidance](#).

Africa COVID-19 Situation: PHSM Implementation & Adherence

Key trends

Reports of non-adherence to PHSMs are growing, fueled by government mistrust, unemployment increases and rampant misinformation narratives.

- An increasing number of social media users blame governments for benefiting from COVID-19, either financially or in terms of stifling political opposition. Others doubt whether the virus exists at all.
- There are widespread traditional and social media reports of people not adhering to mask wearing in public.
- In Western Africa, health officials report that risk perception is much lower now than it was at the start of the pandemic, nothing that many people believe it is harmless compared to Ebola.
- Social media users continue to post that PHSMs are causing more harm than the virus itself.

While Central, Northern, and Western African governments mainly announced loosening of PHSMs, governments in Eastern and Southern Africa reinstated, extended or tightened existing measures.

- States of emergency were extended in South Africa and Mozambique. Due to accelerating cases, Kenya announced the extension of the nationwide curfew. In Madagascar and Zimbabwe, new curfews were announced in high-burden areas.

Key recommendations

Rapidly scale-up relief measures to provide people with the economic means to adhere to PHSMs, while simultaneously strengthening their trust in government. Continue [evidence-based risk communication](#) by:

- Engaging community and religious leaders and other trusted people to understand what the misinformation narratives are and work to address them. Consider identifying trusted influencers that can share information on social media, where many misinformation narrative are spreading.
- Emphasizing, in messaging, the importance of avoiding large gatherings, wearing masks in public spaces, physical distancing, hand-washing and shielding high-risk people. Messages should also focus on removing the stigma that often and increasingly is associated with COVID-19 infected community members.
- Consider launching normalization campaigns that aim to make masks and social distancing trendy.
- Local governments in high-burden areas should adopt tactics such as restricting hours of open markets or locally governed public areas.

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. All efforts should continually be informed by available data.

- 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. Clear communication will allow governments to more aptly reinstate PHSMs if cases continue to increase.

Africa COVID-19 Situation: PHSM Burden

Key trends

COVID-19 could push between 26-39 million people in Sub-Saharan Africa into extreme poverty by 2021, according to a [World Bank report](#) (analysis based on poverty line of \$1.90 a day).

In many countries in Africa, maternal mortality was high prior to COVID-19, and disruptions to the health system, coupled with mobility restrictions, could result in dramatic increases in maternal and child deaths. A May 2020 [study](#) predicted that if essential health services are reduced between 9-19%, over 6 months there would be 253,500 additional child deaths and 12,200 additional maternal deaths in low- and middle-income countries.

- Health officials in Nairobi, Kenya [reported](#) that cases of maternal, fetal and neonatal death are likely on the rise, as the curfew and mobility restrictions have kept some women from giving birth at hospitals with skilled service providers.

Key recommendations

Continue to prioritize providing humanitarian aid to communities most at risk and support local economic systems.

- 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.

Establish a system for medical emergencies during lockdowns that is clearly communicated to the public.

- In the case of Nairobi, local doctors started a hotline for pregnant women to call if they were in labor so that government-approved transportation could be provided for their safe travel to the closest hospital. Deemed “Wheels for Life,” the hotline has helped 890 pregnant women travel to hospitals in Nairobi during lockdown.
- WHO [guidance](#) on continuing essential health services during COVID-19 recommends that strategies should be directed at preventing communicable disease, averting maternal and child morbidity and mortality, preventing acute exacerbations of chronic conditions by maintaining established treatment regimens, and managing emergency conditions that require time-sensitive intervention.

Biweekly Spotlight

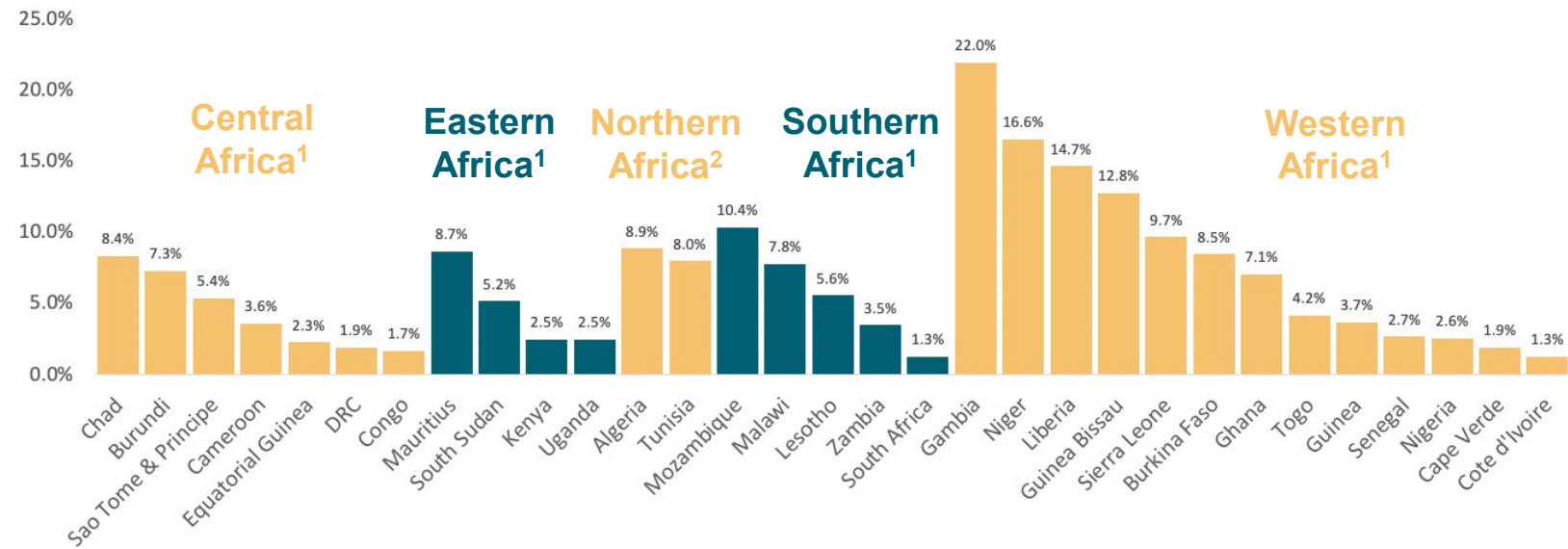
Health Care Worker Burden: More than 11,000 COVID-19 cases reported as of 21 July

The safety and health of health care workers—whether nurses, doctors or administrative staff—is critical to ensuring health systems are responsive during pandemics. Inconsistent reporting of COVID-19 cases among health care workers is an issue across the globe, as well as in Africa.

- **Largest total number of health care worker cases reported:** South Africa (4,821), Algeria (2,300), Ghana (2,065), Nigeria (987), Cameroon (753).
- **Largest % of total reported cases as health care workers:** Gambia (22%), Niger (17%), Liberia (15%), Guinea Bissau (13%), Mozambique (10%).

% of Total COVID-19 Cases That Are Health Care Workers

Important Limitations: (1) Graphs excludes countries < 1% and with 0 health care worker cases reported, which may indicate health care worker tests are not being reported on (see table), (2) For countries that do report on health care worker cases, it is important to note that health care workers may be more likely to get tested than the average person. See [Annex](#) for data limitations



Countries that report no health care worker cases or where % of total cases that are health care workers is < 1%*

Country	Health Care Workers Cases Reported
Angola	1
Benin	1
Botswana	3
Central Africa Republic	1
Comoros	0
Djibouti	2
Eritrea	0
Libya	0
Mali	0
Morocco	12
Madagascar	2
Namibia	3
Rwanda	0
Somalia	8
Sudan	0
Tanzania	1
Western Sahara	0
Zimbabwe	0

1. Data from WHO AFRO, 21 July. https://apps.who.int/iris/bitstream/handle/10665/333388/SITREP_COVID-19_WHOAFRO_20200722-eng.pdf.
2. Data for Northern Africa compiled as of 24 July from Ministries of Health, Africa CDC, and WHO reports, as well as press releases, social media and traditional media.

*As an indication of underreporting of health care worker cases

Health Care Worker Burden: Shortage of equipment, testing and staff, coupled with long working hours, put health care workers at physical and mental health risk

Health care workers, often already overworked due to COVID-19, and underpaid before the virus, will only be stretched further as cases rise across Africa. Importantly, the more health care workers that become infected with COVID-19, the less likely health systems are to be able to respond to the virus, as well as other communicable and noncommunicable disease.

Key challenges

- **Inconsistent reporting on the number of COVID-19 cases, recovery and deaths among health care workers in Africa.**
 - For positive health care worker cases, it is difficult to determine if the virus was contracted at work or in the community, a global issue with COVID-19 surveillance. WHO reports that they are working with governments to improve surveillance of cases among health care workers.
- **Shortage of personal protective equipment (PPE) and testing kits, as well as delays in testing results.**
- **All health care workers, whether treating COVID-19 patients or not, are at risk of getting COVID-19 unless they have the proper equipment and training, since they are in close contact with people who may be asymptomatic.**
 - WHO reports that health care workers in non-COVID-19 health service delivery points are at risk of contracting COVID-19 due to lack of proper PPE and infection prevention training. Without proper PPE and training, these workers also risk spreading COVID-19 to high-risk patients, and to their communities.
- **Front-line workers experience long working hours, psychological distress and fatigue, and may face community stigma.**
 - A March 2020 survey of hospital staff in Wuhan, China found high rates of reported distress (71%), depression (50%), anxiety (45%) and insomnia (34%).

Implications

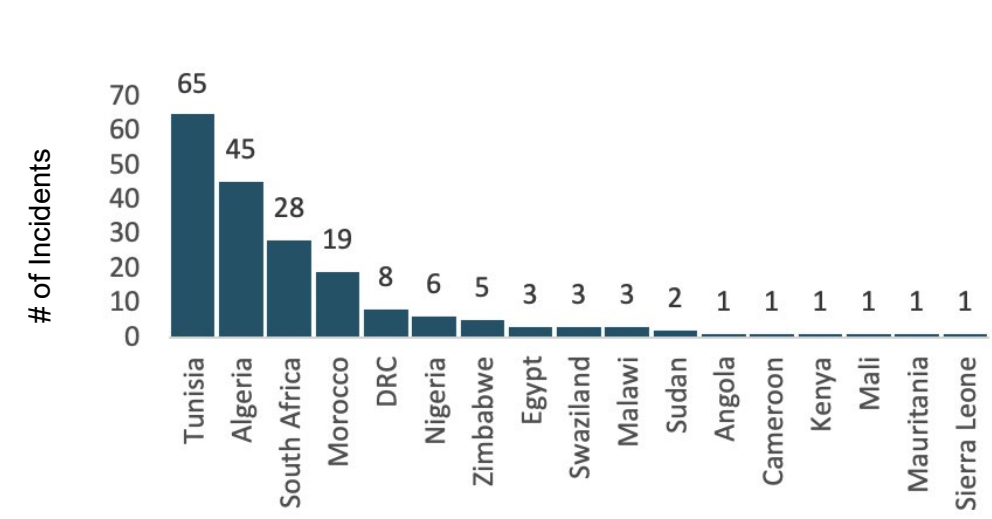
- Without proper protection and sufficient testing, all health care workers are at risk of contracting COVID-19 and spreading it to patients, other health care workers, and their own community.
- Health care workers are at risk of mental health issues and burnout due to overwork, underpayment, and feeling unsafe at work. Poor working conditions and a high risk of contracting the virus could lead to a shortage of health care workers and weaken health systems.
- If health care workers have known high rates of infection or community stigma is not properly addressed, people may be less likely to seek care for COVID-19 or for any health issues.

Health Care Worker Burden: Protestors demand better compensation and personal protective equipment

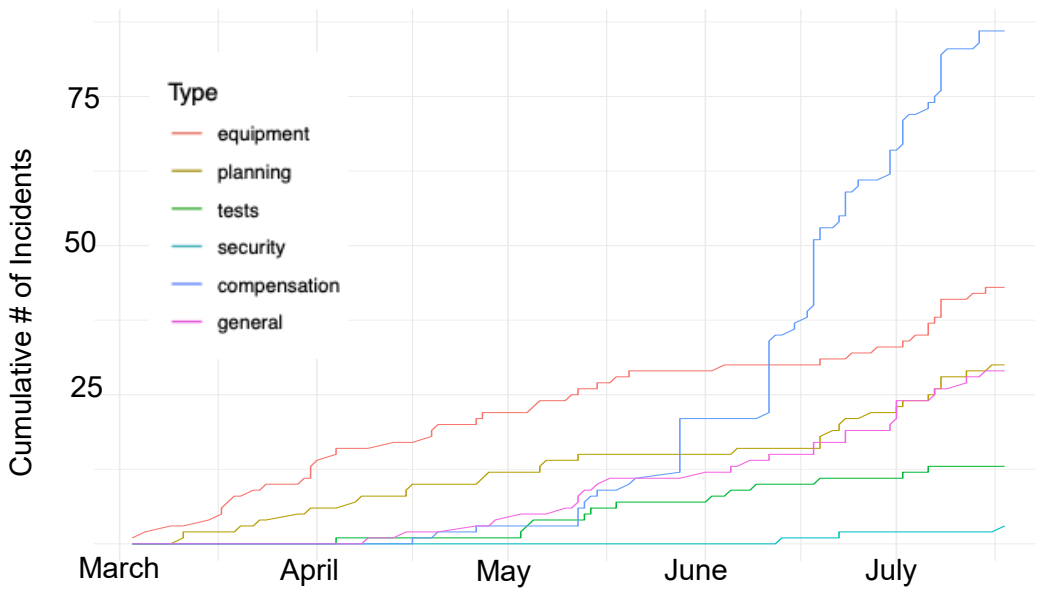
As COVID-19 cases continue to grow, **protests are likely to increase** if governments do not meet demands for fair pay and proper personal protective equipment (PPE).

- The majority of the 193 health care worker protests reported since March demanded either **better compensation/overtime** (45%) or **improved personal protective equipment** (22%). Health care worker demonstrations mainly occurred in Northern Africa, with 65 and 45 occurring in Tunisia and Algeria, respectively.
- **Most demonstrations were small** (<100 people) and peaceful. Only three included health care worker strikes (DRC, Sudan and Tunisia).

Health Care Worker Demonstrations by Country (1 March-15 July 2020)¹



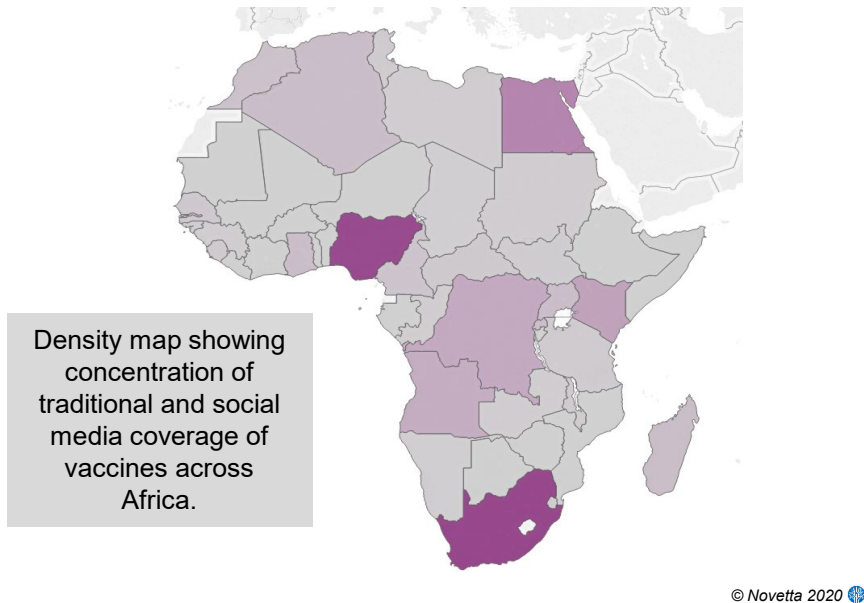
Focus of Health Care Worker Demonstrations (1 March-15 July 2020)¹



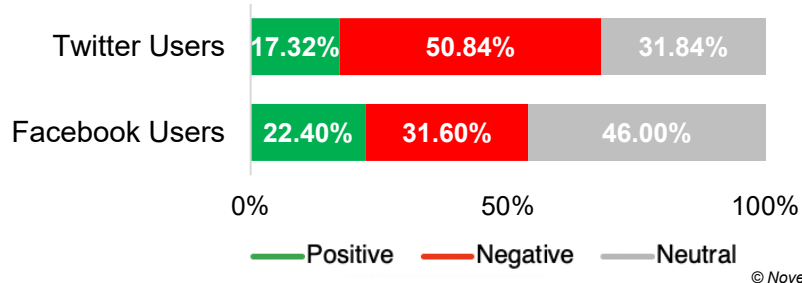
1. Source: [Armed Conflict Location and Event Data \(ACLED\)](#)

Vaccine Hesitancy Narratives: Social media users cast doubt on COVID-19 vaccines; some deem the virus a “plandemic”

*Geolocated Coverage of Discussion of Vaccines
(1 April – 21 July 21)*



Sentiment of Social Media Posts: 51% of Twitter Posts on COVID-19 Vaccines Were Negative

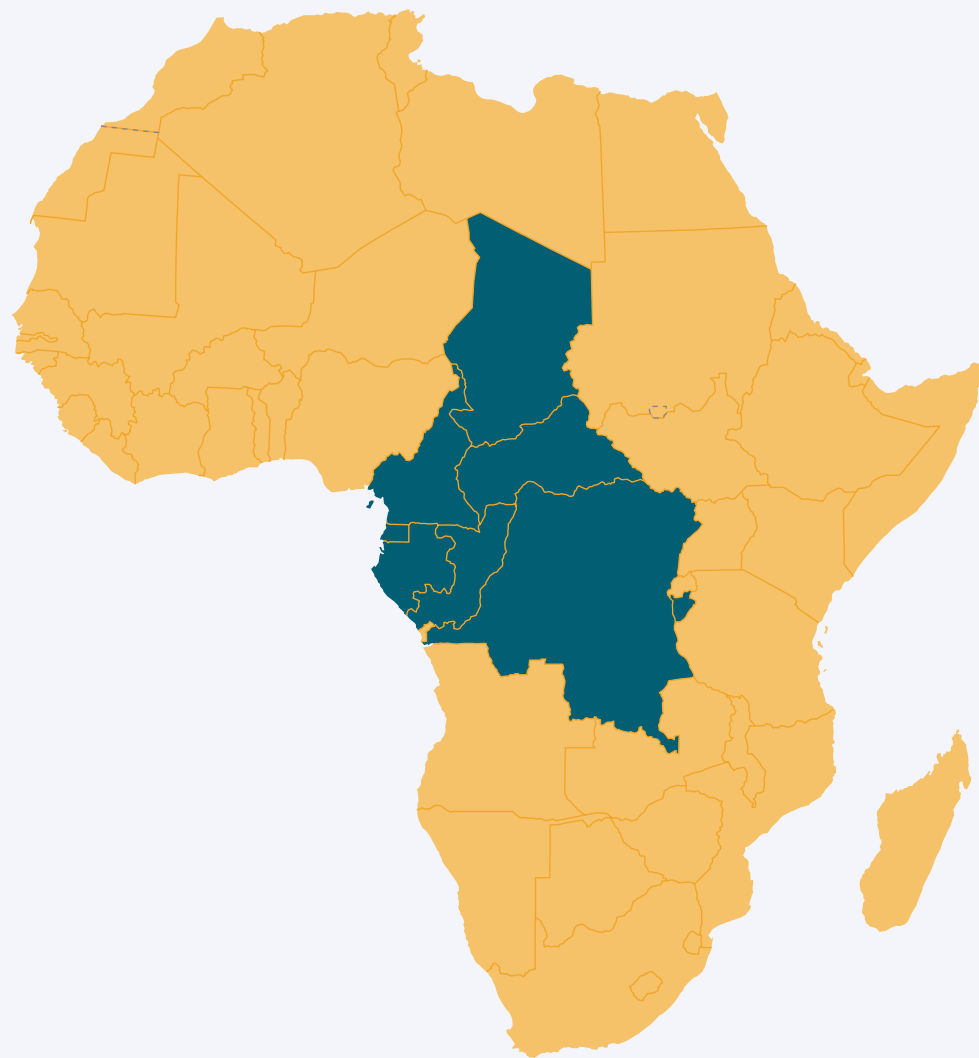


Traditional media coverage of COVID-19 vaccines was mainly neutral-positive in tone, whereas social media posts in sub-Saharan Africa were more critical. Vaccine hesitancy narratives were most common in South Africa, Kenya, Nigeria and the DRC.






- A common theme in negative posts was that the COVID-19 vaccine was a Western/foreign weapon meant to harm Africans and cause infertility.
- In Kenya, [The Star](#) reported on 14 July that the recruitment of study participants for COVID-19 vaccine clinical trials was suspended, after Kenyans protested that they were being used as a “testing lab.”
- On 23 June, following the announcement of the vaccine trials at Wits University in South Africa, the hashtag ‘#SayNotoWitsVaccine’ was used 4,110 times
- The term “plandemic”—which supports the narrative that COVID-19 was manufactured by Western governments (and, in some cases, African governments, too)—was used 21,600 times on Twitter in Africa in the last 90 days. 1,410 of these posts mentioned Bill Gates and 1,330 mentioned vaccines.

Conversely, social media users in Northern Africa were mainly supportive of vaccines, particularly vaccine trials taking place in China and Russia.

Central Africa



Central Africa: Countries with Epidemiologic Triggers and PHSM Changes

Country ¹	Total cases (per 100,000 population) ²	Trend in new cases ³	Positive test rate ⁴	PHSM tightening or loosening	Other key trends/issues
Central African Republic	4,599 (96.92)		16%	LOOSENING Flights resumed at Bangui-Mpoko airport but are restricted to one flight per company per week.	On 16 July, CAR Health Minister reported to the WHO a scarcity of testing equipment as, compared to other countries, the nation has less access to tests.
Chad	915 (5.73)		15%	LOOSENING Sporting events resumed on 15 July but without fans present.	
DRC	8,844 (10.19)		27%	LOOSENING On 22 July, President Félix Tshisekedi announced the end of the state of emergency that had been in effect since March. Large social gatherings, events, and meetings were allowed to resume. All shops, bars, restaurants, cafes, and other business were allowed to reopen. Airports, ports, and borders will reopen 15 August. Schools and universities will reopen 3 September.	DRC is experiencing increasing cases of Ebola , Monkeypox and the plague as well as an ongoing measles outbreak. Three people were killed during protests in Kinshasa following the nomination of an election commission chief. Public calls surfaced for the Minister of Health to resign.
Gabon	6,984 (321.46)		13%	LOOSENING Post-secondary classes resumed 13 July. Classes resumed 20 July for graduating students.	
Sao Tome and Principe	863 (401.31)		37%	LOOSENING International flights resumed and domestic flights and boat transport resumed. Gyms reopened and markets may now operate between 5 a.m. and 5 p.m. Monday to Saturday.	

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.

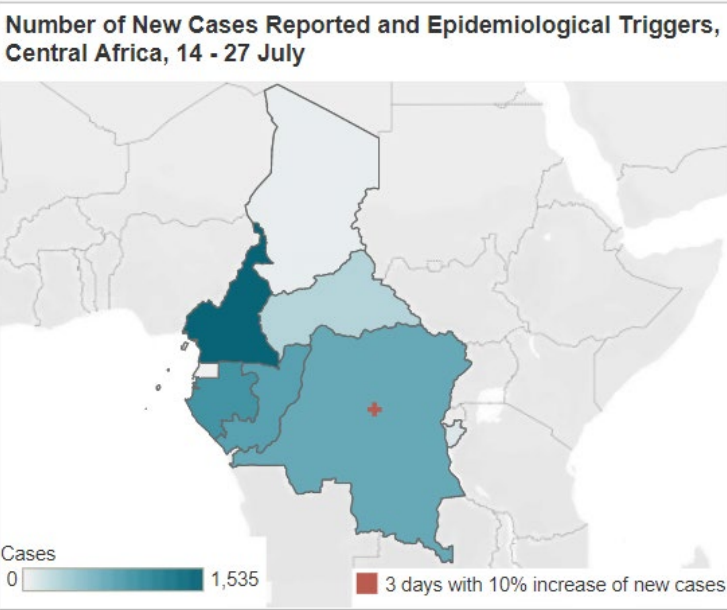
2. An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.

3. Trends are comparing new cases over the current 14 days (14-27 July) to new cases over the prior 14-day period (30 June-13 July). 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.

Central Africa: Disease Dynamics

Total cases	New cases between 14-27 July	Total deaths	New deaths between 14-27 July	Countries with CFR >4% an indicator suggestive of limited testing ¹	Countries with a positive test rate ² >10%	7-day moving average of mobility change between 15 Feb - 27 July ³ > +10% or < -10%	No. of health care workers tested positive ⁴
45,504	4,539 -39%	896	59 -45%	Chad 8.2%	Central African Rep. (16%) Chad (14%) Congo (15%) DRC (20%) Equatorial Guinea (12%) Gabon (10%) Sao Tome & Principe (31%)	Gabon (-16%)	1,050



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.

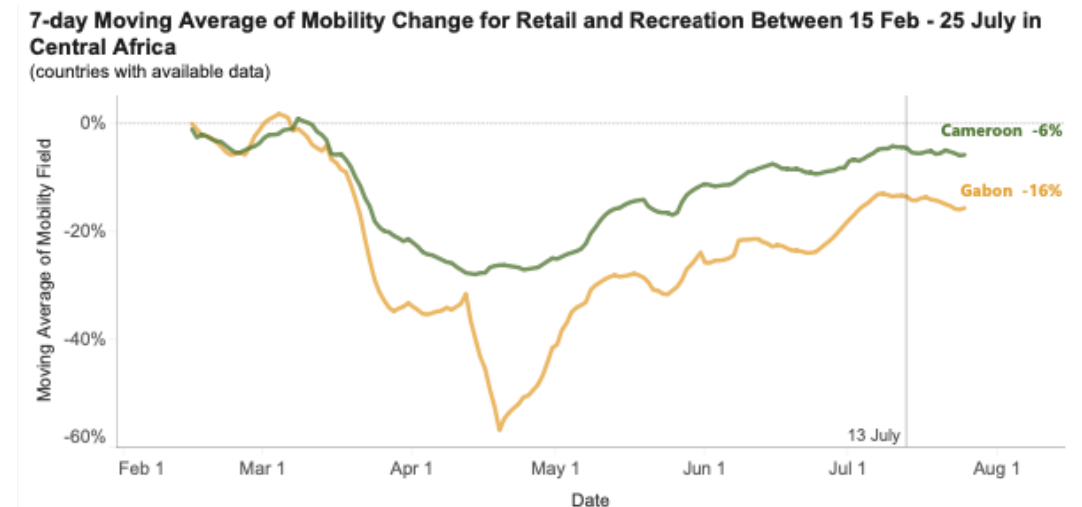
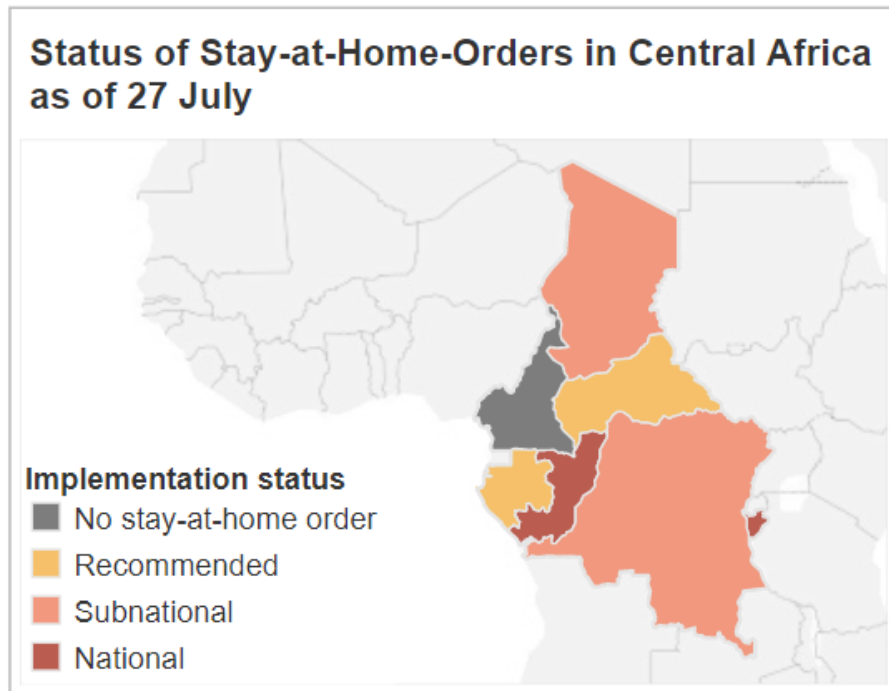
In Central Africa, reported new cases decreased by 39% from 14-27 July, when compared to the previous two weeks.

- However, **increases in new cases** were reported in **Chad (+150%)**, **Gabon (+52%)**, and **Sao Tome & Principe (+589%)**. **Sao Tome & Principe's** spike in new cases occurred when 320 probable cases were [reclassified](#) as confirmed. In **Chad**, which has the highest reported case fatality rate in Africa, there are reports of severe medical equipment shortages.
- The **Democratic Republic of the Congo (DRC)** reported a **41% decrease in new cases** since 30 June-13 July. However, the DRC continues to report a high positive test rate² of 27%, indicating that cases of COVID-19 are likely going undetected, and may even escalate with current loosening of PHSMs (on 22 July the president announced an end to the state of emergency in place since March). The DRC is also experiencing increasing cases of [Ebola](#), [monkeypox](#), the [plague](#) as well as an ongoing measles outbreak—an indication that its health system will continue to be overburdened in coming months.

1. A high CFR is used as a proxy indicator for low testing capacity
2. The positive test rate is the % of total people tested for COVID-19 that tested positive.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to [Annex](#) for more information on limitations of this data.
<https://www.google.com/covid19/mobility/>
4. According to WHO AFRO data as of 21 July. Refer to [Annex](#) for more information on limitations of this data.

Central Africa: PHSM Implementation and Adherence

- Social media discussion of PHSMs and personal protective equipment (PPE) suggests that some social media users in **DRC** do not believe in the efficacy of PPE and do not use it.
- The Congolese Union of Media Women expressed concern that swaths of the population deny the existence of the virus, specifically groups in certain areas, such as in Ngaba, Kimbanseke, Matadi Kibala, Mbanza. Lemba, Cité Pumbu, Marché 7, Mobutu 1 and 2, Ozone and Delvaux. According to this group, people deny the existence of the pandemic and do not comply with social distancing.
- In **Republic of Congo**, narratives were primarily negative and driven by concerns that the government was “politicizing” the virus. Claims also surfaced on monitored social media that the government was manufacturing COVID-19.



[Google COVID-19 Community Mobility Reports](#); Countries included where data available
The pre-COVID-19 baseline for all countries is the 7-day mobility average on 13 February. This does not control for seasonality.

Central Africa: Burden of PHSMs

In Central Africa, PHSM implementation and adherence and related economic concerns drove traditional and social media coverage. In keeping with recent trends, public perception of Central African governments continued to be largely negative.

- Concerns over economic burden of PHSMs accounted for 42% of monitored traditional and social media coverage in Central Africa.
- Some users in the **DRC** criticized the government for prioritizing the COVID-19 response over the economy, livelihood, and food security. Similarly, reports of corruption and claims that the government may have manufactured COVID-19, contributed to negative public sentiment in DRC. Some social media users in the **DRC** dismissed government messaging in comment threads and claimed that leaders were taking relief funds allocated for COVID-19.
- In **Burundi**, the coverage of economic burden was amplified primarily on Twitter following the International Monetary Fund (IMF) Executive Board's 20 July decision to grant US \$7.6 million in debt service relief to help Burundi's economy recover.

One Facebook user in DRC commented on a media report on rising case numbers: "we are tired with your lies here in Congo, we do not respect any PHSMs. We put then mask on not for the corona but to avoid the problem with the police."



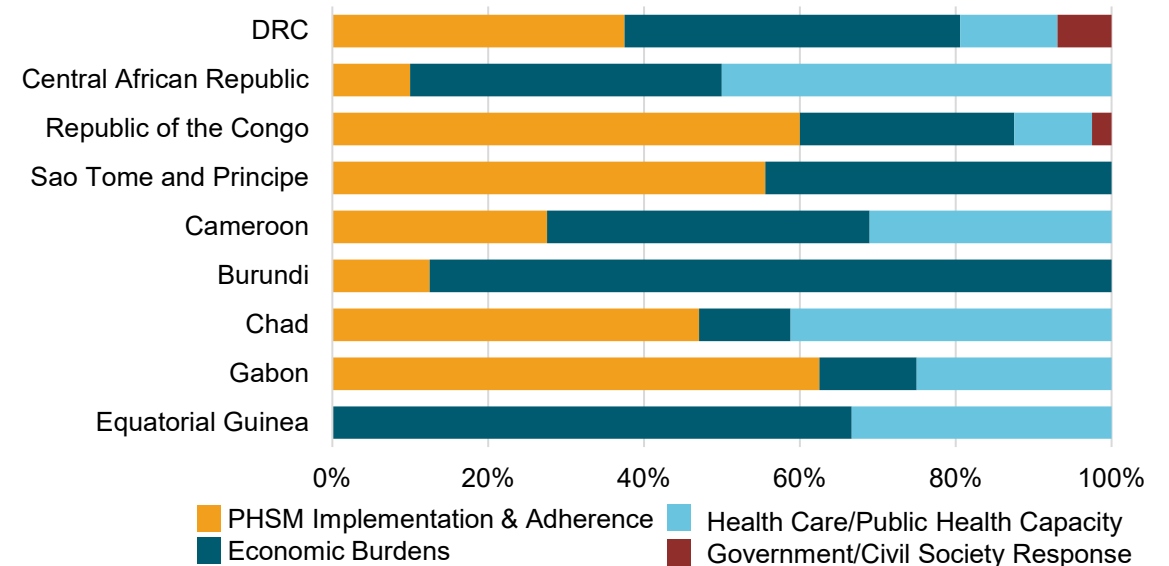
A Facebook user in the DRC wrote: "people suffer more from insecurity than from coronavirus."



One Facebook user in the DRC directed a comment at DRC officials, writing "for COVID-19 you oblige the Congolese to wear masks and stay at home but for famine, suffering, shantytowns and other issues the authorities are quiet."







*Breakdown (%) of PHSM Topics in Countries
Traditional and Social Media (12-26 July)*



Eastern Africa







Eastern Africa: Countries to Highlight all data as of 27 July

Country ¹	Total cases (per 100,000 population) ²	Trend in new cases ³	Positive test rate ⁴	PHSM tightening or loosening	Other key trends/issues
Djibouti	5,050 (518.7) ²		9.2%	<p>LOOSENING</p> <p>On 17 July all international flights resume with passengers tested for COVID-19 upon arrival; government is working with neighboring countries to reopen land borders in coming months.</p>	
Ethiopia	13,968 (12.46)		3.7%	NO CHANGE	Study reports that Ethiopia's PHSMs are stringent "on paper but enforced in a well-balanced way," in an effort to minimize economic damage. However, the report warns of economic fallout and the country's weak health system should cases rise.
Kenya	17,603 (33.48)		6.4%	<p>EXTENDING/TIGHTENING</p> <p>After loosening PHSMs in early July mainly due to economic concerns, President Kenyatta announced on 27 July that the nationwide curfew from 21:00–4:00 will continue for at least 30 days; no sale of alcohol in eateries and restaurants; all restaurants must close by 19:00.</p>	<p>Kenya experienced the highest single-day jump in infections (960 new cases on 26 July). The President announced plans to convert existing structures (schools, sporting facilities) into quarantine centers to prepare for a surge in new cases.</p> <p>A 17 July <i>People Daily Kenya</i> article reported that the government "quietly" closed 20 public testing centers, leaving only seven private centers open. Anecdotal reports from Kenya include that private hospitals may be restricting admission if patients do not have a COVID-19 test.</p> <p>AP reports that Kenya's dusk-dawn curfew has likely led to an increase in maternal, fetal and neonatal mortality, as it prevents women from travelling to hospitals to deliver. There were also reports of COVID-19 infections in maternity wards in Nairobi.</p>
Madagascar	9,690 (35.92)		25.1%	<p>TIGHTENING</p> <p>All international and domestic flights suspended until further notice and cruise ships are not allowed in ports. Curfews announced in Tamatave and the island of Sainte-Marie (22:00 – 4:00) and Tulear (21:00 – 4:00).</p>	<p>Government announced that people who are not tested for COVID-19 and die at home will not be included in official statistics.</p> <p>WHO reports that a treatment center with 400 beds has been operationalized.</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. An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (14-27 July) to new cases over the prior 14-day period (30 June-13 July). 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. [us-testing](#)

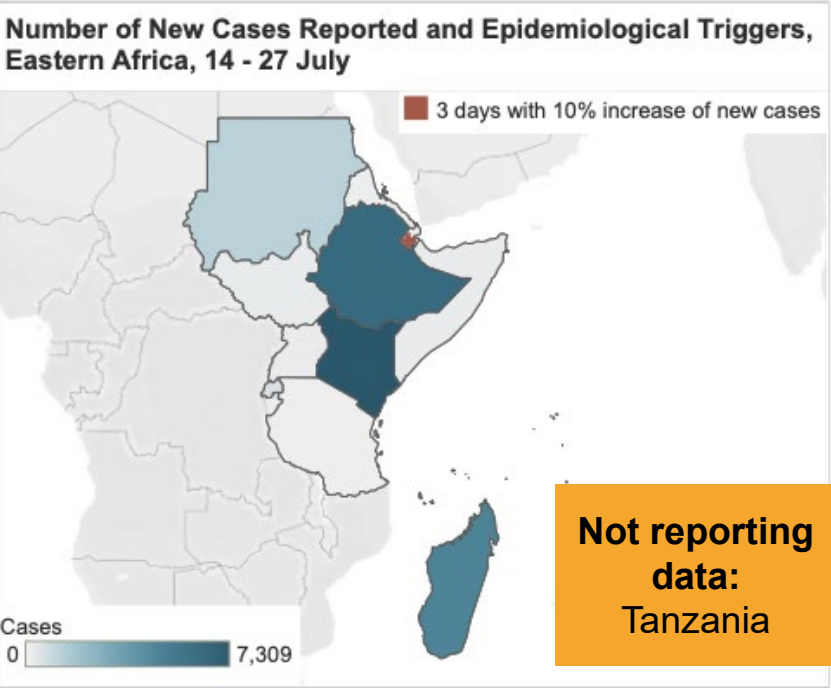
Eastern Africa: Countries to Highlight all data as of 27 July

Country ¹	Total cases (per 100,000 population)	Trend in new cases ³	Positive test rate ⁴	PHSM tightening or loosening	Other key trends/issues
Rwanda	1,821 (14.42)		.8%	NO CHANGE	Media reports on Rwanda's comprehensive public health response to COVID-19, including new robots that can screen patients for COVID-19 and administer medication at health centers.
Somalia	3,178 (20.58)		16.8%	NO CHANGE	Media reports that due to border closures, men are suffering from withdrawals and hospitalization from Kenyan-imported Khat. On 27 June, the African Development Bank announced a US \$25.1 million grant to Somalia for COVID-19
Sudan	11,424 (26.68)		36%	LOOSENING Resumption of flights to/from Egypt, the United Arab Emirates and Turkey announced on 14 July. The border with Egypt was also partially opened, facilitating the return of about 2,000 Sudanese citizens stranded in Egypt due to border closure.	Reports of several violent police actions against crowds violating public meeting restrictions, including political rallies.
Uganda	1,128 (2.55)		.4%	LOOSENING 48 shopping arcades in Kampala were allowed to re-open for business on 17 July after they met the required "Standard Operating Procedures." The restrictions on public and private transport in border districts is being lifted on a case by case basis.	Critics of President Museveni report in media that he has been using anti-coronavirus measures like bans on public gatherings to secure an advantage and stymie preparations by opponents. There are also reports that politicians, including the president, may be promoting underreporting, to portray control of the situation headed into elections.

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 14-27 July. It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (14-27 July) to new cases over the prior 14-day period (30 June-13 July). 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.

Eastern Africa: Disease Dynamics

Total cases	New cases between 14-27 July	Total deaths	New deaths between 14-27 July	Countries with CFR >4% as indicator suggestive of limited testing ¹	Countries with positive test rate ² >10%	7-day moving average of mobility change between 15 Feb - 27 July ³ > +10% or < -10%	No. of health care workers tested positive ⁴
67,718	19,958 79%	1,555	293 69%	Sudan 6.3%	Somalia (17%) S. Sudan (19%) Comoros (22%) Madagascar (25%) Sudan (36%)	Kenya (-20%) Mauritius (-16%) Rwanda (-14%) Uganda (-29%)	712 (1.6%)



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.

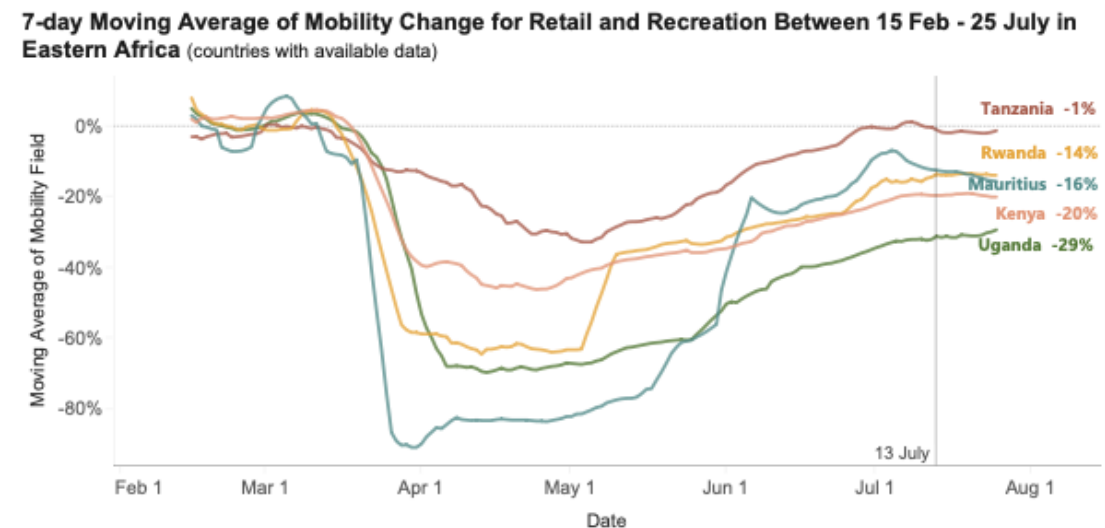
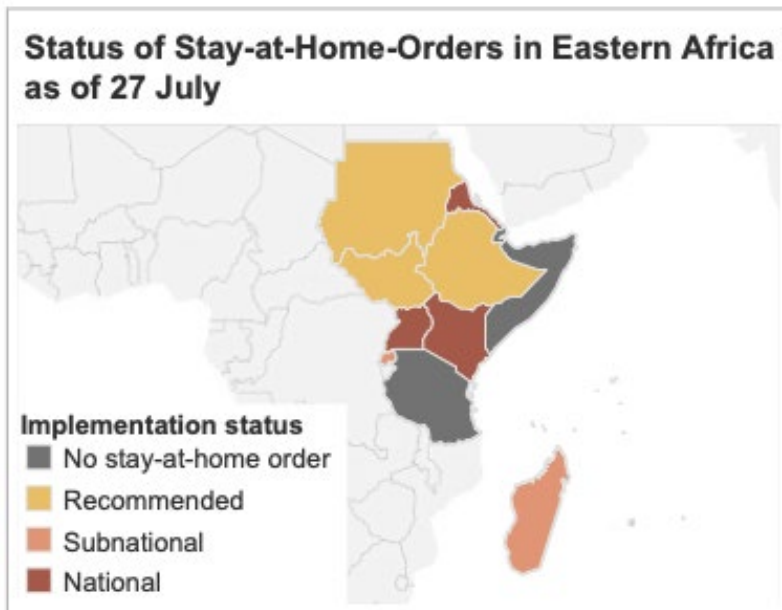
The 19,958 new cases reported between 14-27 July in Eastern Africa comprise 30% of total cases for the region, indicating that the virus is accelerating. Kenya, Ethiopia and Madagascar continue to drive the vast majority of new cases (90%) and new deaths (75%).

- Ethiopia saw 5,966 new cases, a 183% increase. However, this should be interpreted with caution, as some case reporting may have been delayed during 30 June–13 July, due to the government’s internet shutdown following a wave of violent protests sparked by singer Haacaaluu Hundeessaa’s assassination on 2 July. At the same time, the protests, which brought together thousands, may have led to new cases.
- Kenya reported the largest total number of new cases (7,304), an 80% increase. On 26 July, it hit its highest daily average with 960 cases reported. Notably, truck drivers that trade in the Mombasa port, are at risk of bringing COVID-19 further inland to other Eastern African countries.
- Sudan and Rwanda also saw increases in new cases (18% and 49%, respectively). Sudan has the highest positive test rate (36%) and case fatality rate (6.3%) in the region, indicating many cases may be going undetected. Rwanda, however, has one of the lowest positive test rates (<1%), indicating adequate testing.

- 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.
- Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to [Annex](#) for more information on limitations of this data.
<https://www.google.com/covid19/mobility/>
- According to WHO AFRO data as of 21 July. Refer to [Annex](#) for more information on limitations of this data.

Eastern Africa: PHSM Implementation and Adherence

- In Eastern Africa, the **average mobility on 27 July is much higher than in the April-May timeframe; however, it appears to be plateauing below the pre-COVID-19 baseline (15 February)** in most countries with data available.
- While some countries in Eastern Africa loosened their PHSMs, some moved to extend certain measures given increasing cases. After announcing loosening of travel restrictions in early July, Kenya announced the extension of its national curfew for at least another 30 days. The president, citing anecdotal evidence, blamed the increase in new cases on “reckless” behavior of young people and alcohol. However, many Kenyans blame the government and worry they are not doing enough. Others dismissed the idea that COVID-19 was a threat at all.
 - A 17 July *People Daily Kenya* [article](#) reported that the government “quietly” closed 20 public testing centers, leaving only seven private centers open. Citizens widely criticized the move. Government officials reported that the testing centers were closed due to fear that they would become overcrowded and lead to further infections.
- Citizens in Madagascar, Uganda, and Kenya **reported that increased enforcement of PHSMs by security forces has had either little effect, or an adverse effect on public adherence** to PHSMs. One Madagascar news outlet noted “people continue to take to the streets despite a strong presence of elements of the security forces.”



[Google COVID-19 Community Mobility Reports](#); Countries included where data available
The pre-COVID-19 baseline for all countries is the 7-day mobility average on 13 February. This does not control for seasonality.

Eastern Africa: Burden of PHSMs

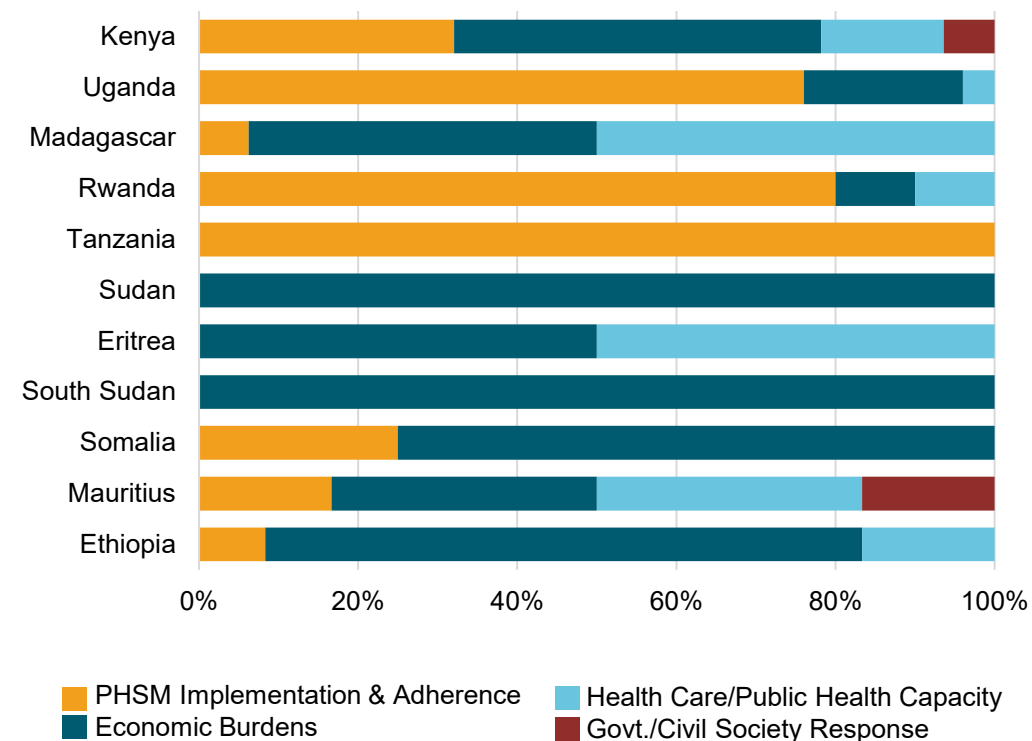
In Eastern Africa, the economic burdens of PHSMs, including unemployment and food insecurity, continue to dominate traditional and social media coverage of COVID-19.

- In Sudan, South Sudan, Somalia and Ethiopia, economic burdens are the main topic of discussion in traditional and social media. The initial strict lockdowns led to high unemployment rates that have left people struggling financially. All these countries are also facing political instability.
- Kenyan social media users widely protested the Kenyan government's decision to welcome 20 Cuban doctors to the country as part of its COVID-19 response, citing high unemployment of Kenyans, and the availability of over a thousand unemployed Kenyan doctors.
- Health officials in Kenya also [reported](#) that cases of maternal, fetal and neonatal death are likely on the rise as the curfew has restricted some women from giving birth at hospitals due to travel restrictions. In response to the growing needs of pregnant women, doctors in Nairobi set up a tollfree number for women to call if they need to be transported to a hospital during curfew.

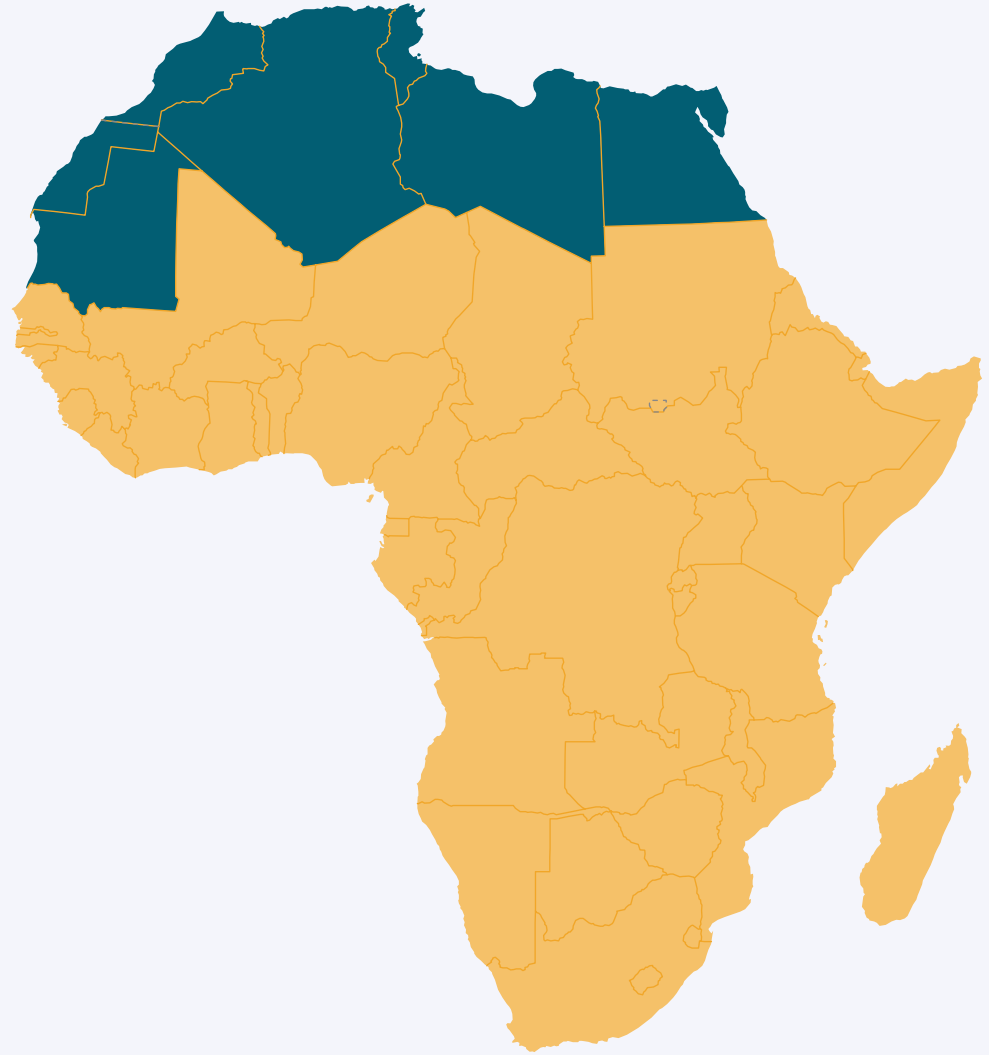
A 15 July [article](#) from *Mada-Actus* titled, "Starve or die from Coronavirus? The Impossible Containment in Madagascar," argued that poor living conditions, water and food insecurity makes PHSMs adherence near impossible. The article concludes, "unfortunately, containment measures risk heavily penalizing the poor, who live hand to mouth. Ultimately, containment will wreak more havoc than COVID-19 itself".






*Breakdown (%) of PHSM Topics in Countries
Traditional and Social Media (12-26 July)*



Northern Africa



Northern Africa: Countries to Highlight all data as of 27 July

Country ¹	Total cases (per 100,000 population) ²	Trend in new cases ³	Positive test rate ⁴	PHSM tightening or loosening	Other key trends/issues
Algeria	26,750 (62.13)		28.8%	NO CHANGE	<p>Peaceful protests took place, including many healthcare workers demanding better working conditions.</p> <p>The Council of Ministers adopted a draft ordinance which amended and supplemented the penal code to include prison sentences for anyone who verbally or physically attacks health care workers. Such attacks have increased since the start of the pandemic.</p>
Egypt	92,062 (91.71)		20.5%	<p>LOOSENING</p> <p>Egypt announced that Eid al-Adha prayers will follow the same regulations taken when holding Eid el Iftar prayers in May. Official conferences and meetings will be permitted provided the total number does not exceed 50 people. Cafes, restaurants and stores will be opened at 50% capacity until midnight during Eid al-Adha.</p>	<p>Human Rights Watch reported that at least 14 prisoners have died from COVID-19 in Egyptian detention centers.</p> <p>Egypt received nearly 1,000 foreign tourists per day since resuming international flights on 1 July. Egypt has also been steadily reopening hotels.</p>
Morocco	20,278 (55.60) ²		1.8%	<p>TIGHTENING</p> <p>Morocco will stop people from entering and leaving some of its biggest cities to contain a surge in COVID-19 cases (Casablanca, Tangier, Marrakech, Fez and Meknes).</p>	<p>Peaceful protests were organized by many groups, including demands by different economic sectors for looser restrictions and economic support, lower school fees, and travel restrictions.</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.

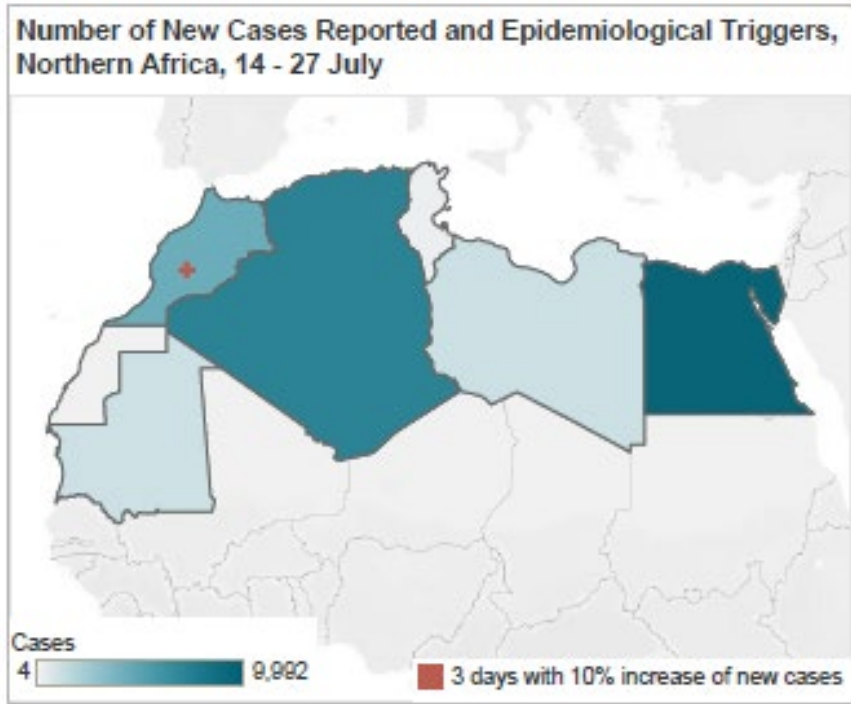
2. An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.

3. Trends are comparing new cases over the current 14 days (14-27 July) to new cases over the prior 14-day period (30 June-13 July). 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.

Northern Africa: Disease Dynamics

Total cases	New cases between 14-27 July	Total deaths	New deaths between 14-27 July	Countries with CFR >4% as indicator suggestive of limited testing ¹	Countries with positive test rate ² >10%	7-day moving average of mobility change between 15 Feb - 27 July ³ > +10% or < -10%	No. of health care workers tested positive ⁴
149,264	24,306 -8%	6,330	985 -14%	Algeria 4.3% Egypt 5.0%	Algeria 28.8% Egypt 20.5% Mauritania (10%)	Morocco (-11%) Egypt (-24%)	2,826



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.

Reported new cases across Northern Africa decreased by 8% between 14 and 27 July (when compared to 30 June-13 July) and new deaths from COVID-19 reportedly dropped by 14%.

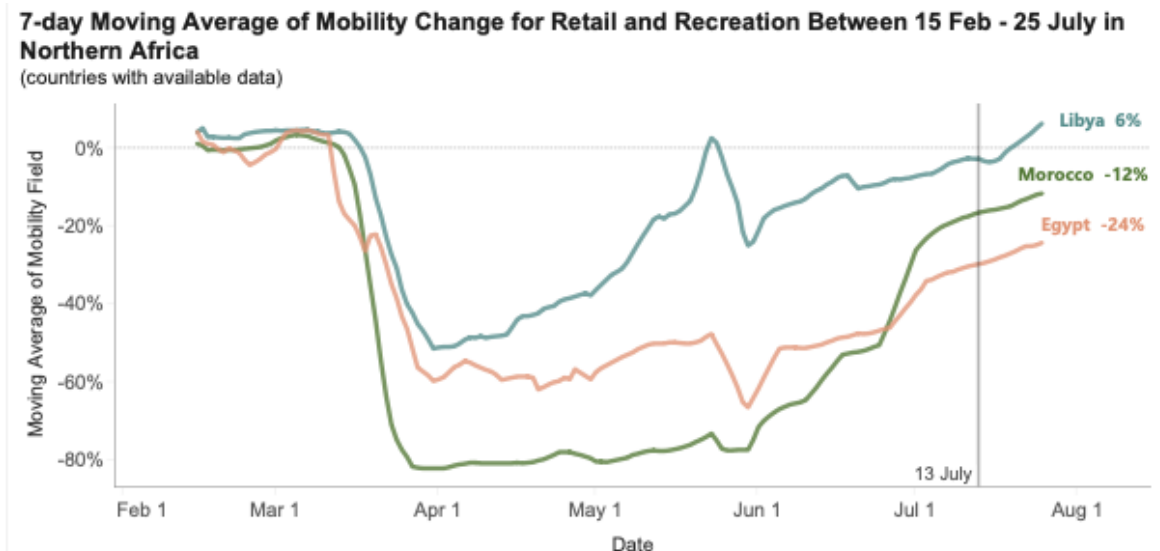
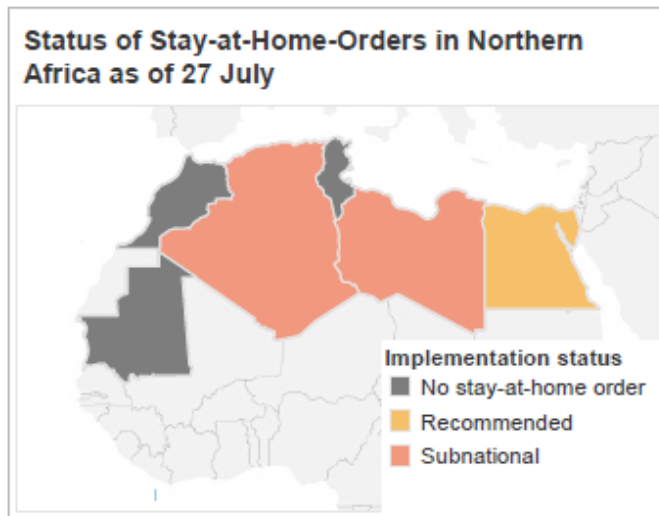
- **Egypt** accounted for **41% of all newly reported cases** in the region and **reported a positive test rate of 20.5%**, indicating there may be cases going undetected.
- **Algeria**, which reported 7,544 new cases in the two-week period from 14 to 27 July—a **34% increase** from the previous reporting period—had a high positive test rate as well, at **28.8%**.
- **Morocco** recorded six consecutive days with a 10% increase in cases per day during the period from 21 to 26 July. However, it also reported the highest per capita number of tests, at 3,145 tests per 100,000 people in the Northern region and a 1.8% positive test rate—indicating sufficient testing is taking place.

1. A high CFR is used as a proxy indicator for low testing capacity
2. The positive test rate is the % of total people tested for COVID-19 that tested positive.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to [Annex](#) for more information on limitations of this data. <https://www.google.com/covid19/mobility/>
4. According to WHO AFRO data as of 21 July. Refer to [Annex](#) for more information on limitations of this data.

Northern Africa: PHSM Implementation and Adherence

All countries in the Northern Africa region that reported changes to PHSM implementation in the two weeks from 14-27 July loosened their measures, including reopening cafes, restaurants and stores at partial capacity.

- As of 27 July, **none of the countries** in the Northern region had a national stay-at-home order in place. **Algeria** and **Libya** had subnational stay-at-home orders in place.
- Peaceful protesters in **Algeria** and **Morocco** demanded loosening of lockdown restrictions as well as better pay and working conditions for health care workers.
- A 23 July Reuters [article](#) reported, “Thousands of **Egyptians defied government warnings** over the coronavirus on Thursday to crowd a vast seasonal livestock market near the capital, without wearing face masks, a week before the Muslim Eid Al-Adha holiday.”



[Google COVID-19 Community Mobility Reports](#); Countries included where data available
The pre-COVID-19 baseline for all countries is the 7-day mobility average on 13 February. This does not control for seasonality.

Northern Africa: Burden of PHSMs

Eid al-Adha celebrations highlighted underlying public frustration across Northern Africa over rising food and meat prices, weakened local economies, the perceived weakness or absence of government relief packages, and enforcement of PHSMs.

- Government use of security forces to enforce PHSMs in public spaces or ensure mosque closures on Friday, 31 July, were expected to incense an already frustrated public and trigger further protest.
- Economic burden was a trending topic in traditional and social media coverage of PHSMs in Egypt, Morocco, Tunisia, Mauritania and Libya.

A July 23 Reuters article reported, “Thousands of **Egyptians** defied government warnings over the coronavirus on Thursday to crowd a vast seasonal livestock market near the capital, without wearing face masks, a week before the Muslim Eid Al-Adha holiday.”



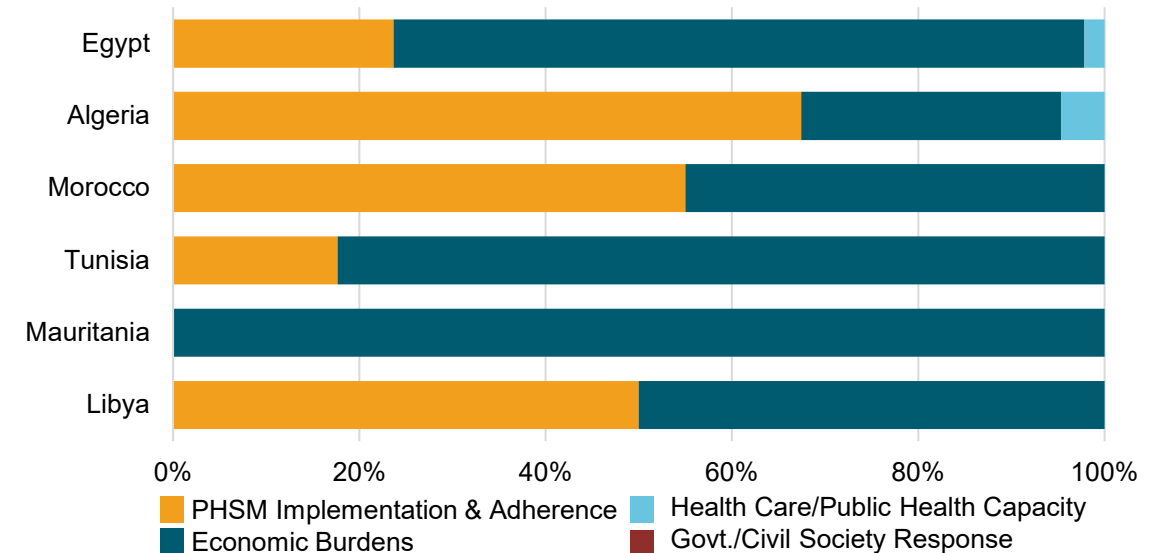
Professor Mustapha Khiati, president of FOREM (National Foundation For Health Progress And Research Development), was quoted by TSA Algeria asking, “What is the point of allowing research centers and universities to do PCR testing but then not provide them with reagents?”



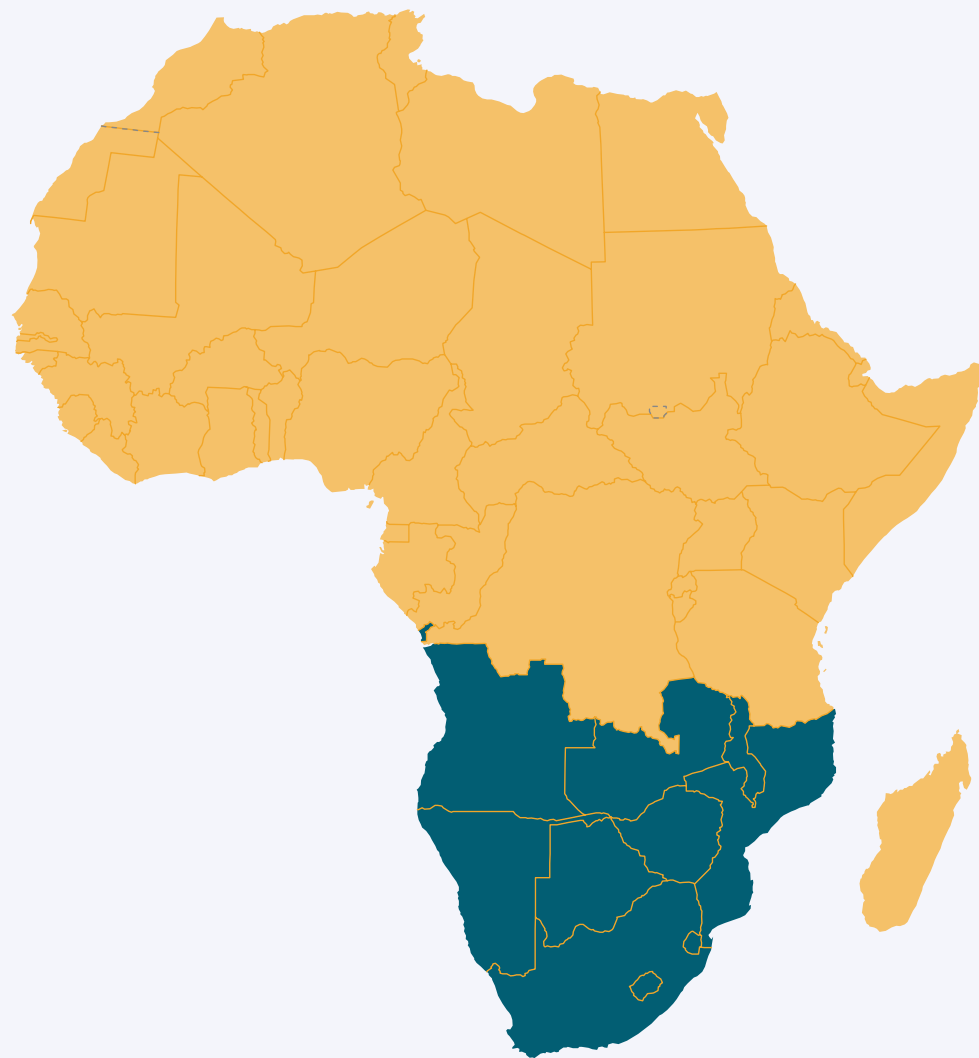
In **Morocco**, unemployed factory workers held protests on 22 July demanding pay, stating “Eid is near and we want compensation.”



Breakdown (%) of PHSM Topics in Countries Traditional and Social Media (12 – 26 July, 2020)



Southern Africa



Southern Africa: Countries to Highlight all data as of 27 July

Country ¹	Total cases (per 100,000 population)	Trend in new cases ³	Positive test rate ⁴	PHSM tightening or loosening	Other key trends/issues
Botswana	682 (29.60)	↑	1%	LOOSENING Domestic flights resumed; restrictions on workshops/conferences of less than 75 people relaxed; cultural and traditional events can include up to 50 people; arts and entertainment facilities can open for up to 75 people.	
Eswatini	2,207 ² (192.23)	↑	10%	LOOSENING Casinos, cinemas, gyms, spas/salons, auctioneers reopened.	
Lesotho	505 (23.76)	↑	7%	TIGHTENING New limits on weddings and funerals; schools, churches, gyms and parks closed; public gatherings, contact sports, political rallies, prison visits suspended; factories remain open at 50% capacity; high court suspended services for six days for disinfection.	Prime Minister Dr. Moeketsi Majoro announced that the government would purchase food from Basotho farmers to assist vulnerable groups.
Mozambique	1,669 (5.50)	↑	3%	EXTENDING Level 3 state of emergency extended until 29 July requiring closure of many nonessential businesses and prohibition of most public gatherings; self-quarantine required for all arrivals following limited border reopening.	Nearly one-third of health facilities have closed in Cabo Delgado province due to ongoing conflict, leaving ~700,000 people without access to health services. Ministry of Health will conduct serological surveys in Maputo to assess COVID-19 exposure.
Namibia	1,843 (73.88)	↑	8%	LOOSENING Further school reopening with grades 4, 5, 6, 8, 10 resuming classes.	Government reported that it has increased contact tracing and testing efforts with 3,333 contacts of confirmed cases identified.

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 14-27 July. It is a potential signal of accelerating transmission.

3. Trends are comparing new cases over the current 14 days (14-27 July) to new cases over the prior 14-day period (30 June-13 July). 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 27 July

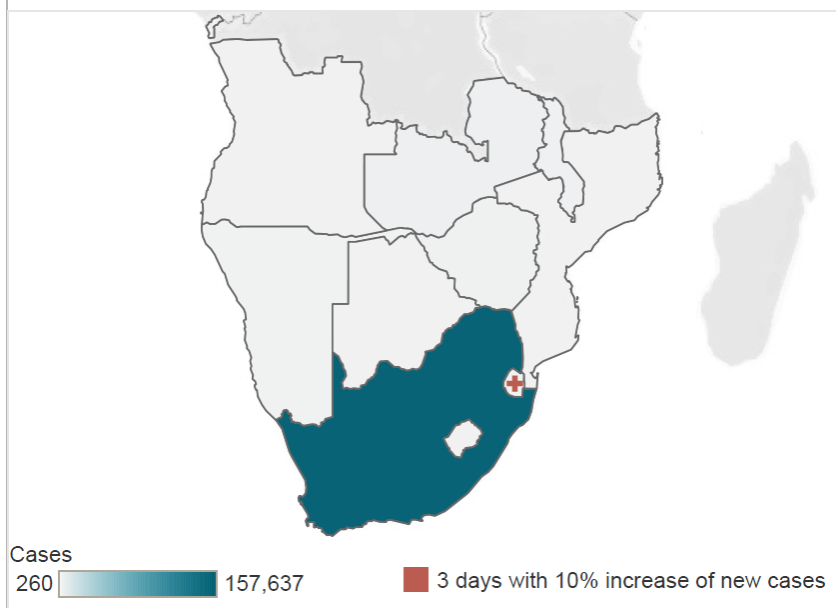
Country ¹	Total cases ² (per 100,000 population)	Trend in new cases ³	Positive test rate ⁴	PHSM tightening or loosening	Other key trends/issues
South Africa	445,433 (760.67)	↑	16%	TIGHTENING/EXTENDING National state of disaster extended to 15 August; public schools to close for four weeks from 27 July to 24 August during anticipated epidemic peak, while private schools will remain open.	<p>Teachers unions held demonstrations calling for school closures. Restaurant owners protested, demanding economic support from the government.</p> <p>The Department of Health launched COVIDConnect, an SMS and WhatsApp-based app for receiving test results and contact tracing.</p> <p>Health minister Zweli Mkhize appealed to citizens to wear face coverings and keep their distance, linking rising cases to low adherence. He also announced that medical advisories from scientific advisors on the Ministerial Advisory Committee would not be made public.</p> <p>The International Monetary Fund approved US\$ 4.3 billion in emergency financing for South Africa to help mitigate the social and economic burden of the crisis.</p>
Zambia	4,552 (25.49)	↑	6%	EXTENDING Colleges and universities will remain closed and primary/secondary classes that have not yet returned will remain closed.	<p>The National Assembly suspended sittings after two parliamentarians reportedly died of COVID-19; at least 15 have been infected.</p> <p>The Zambia Conference of Catholic Bishops called on people to adhere to COVID-19 regulations and urged the government to provide adequate supplies and personal protective equipment to all health facilities.</p>
Zimbabwe	2,512 (17.15)	↑	2%	TIGHTENING Dusk-to-dawn curfew reinstated with people required to stay at home except to travel to/from work; large public gatherings prohibited including political and religious gatherings; operating hours of businesses reduced; school reopening postponed.	<p>Ban on political gatherings to affect planned anti-government protest on 31 July; there are accusations that new restrictions have political motivations.</p> <p>100,000 people have been arrested for violations of PHSMs such as “unnecessary movement” or not wearing masks.</p> <p>Economy expected to shrink by 4.5% according to the Finance Ministry.</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. An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (14-27 July) to new cases over the prior 14-day period (30 June-13 July). Red arrows signify an increase in cases (>5%), green arrows signify 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.

Southern Africa: Disease Dynamics

Total cases	New cases between 14-27 July	Total deaths	New deaths between 14-27 July	Countries with CFR >4% as indicator suggestive of limited testing ¹	Countries with positive test rate ² >12%	7-day moving average of mobility change between 15 Feb - 27 July ³ > +10% or < -10%	No. of health care workers tested positive ⁴
463,999	165,834 +12%	7,146	2,772 +56%	Angola 4.3%	South Africa 16% Malawi 13%	Angola (-24%) Mozambique (-13%) South Africa (-31%) Zimbabwe (-18%)	5,386

Number of New Cases Reported and Epidemiological Triggers, Southern Africa, 14 - 27 July



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.

While the epidemic may be peaking in South Africa, with newly reported cases trending down over the past 10 days, transmission is accelerating in other countries across the Southern Africa region.

- **Eswatini** reported an epidemiological trigger over the past two weeks, while new reported cases more than doubled in **Zambia** and **Zimbabwe** comparing 14-27 July to the previous two weeks. **Angola's** high case-fatality ratio of 4.3% may indicate limited testing/surveillance.
- In **South Africa**, Gauteng surpassed Western Cape as the province with highest case count. The National Institute for Communicable Diseases reported an increased test positivity rate of 33% nationwide for the week ending 18 July, driven by North West, Eastern Cape, and Gauteng provinces which all had test positivity rates >35%. The pace of testing has also fallen since late June; for this reason, the recent decline in newly reported cases should be interpreted with caution.
- While **South Africa** has recorded 7,067 deaths from COVID-19, the South African Medical Research Council estimated excess mortality of more than 22,000 people between 6 May and 21 July.

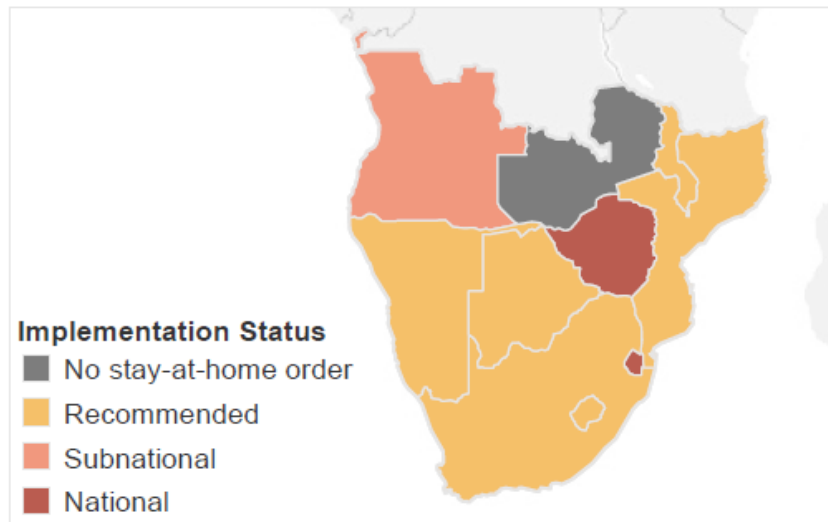
1. A high CFR is used as a proxy indicator for low testing capacity
2. The positive test rate is the % of total people tested for COVID-19 that tested positive.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to [Annex](#) for more information on limitations of this data. <https://www.google.com/covid19/mobility/>
4. According to WHO AFRO data as of 21 July. Refer to [Annex](#) for more information on limitations of this data.

Southern Africa: PHSM Implementation and Adherence

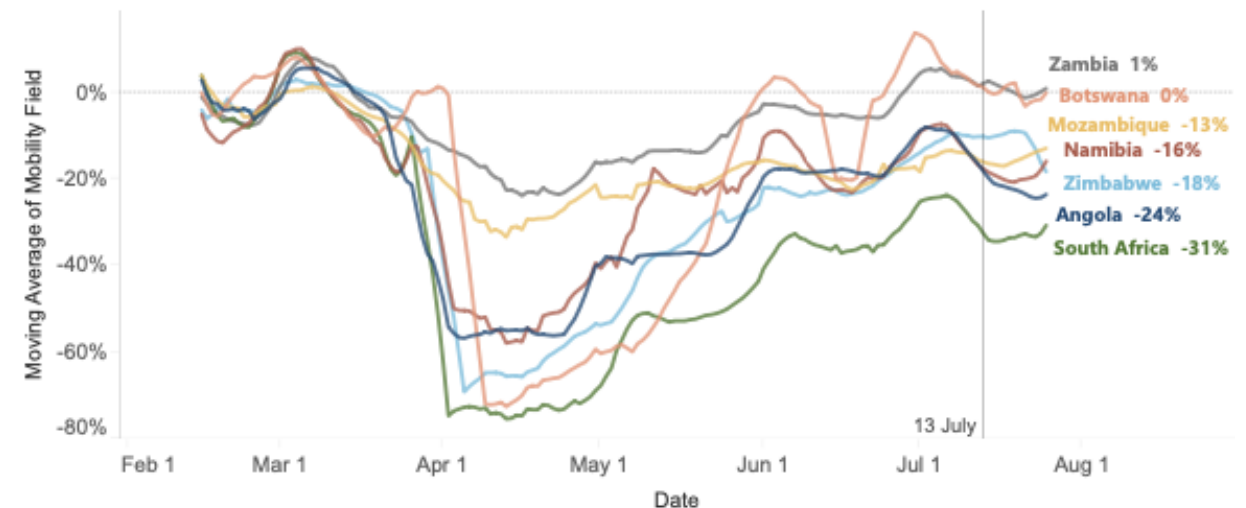
Across the region, governments continue to adjust PHSMs to counter rapid acceleration of the epidemic while responding to acute social and economic burdens. While some countries continued to loosen restrictions (Botswana, Eswatini, Namibia), others are extending or tightening measures (Lesotho, Mozambique, South Africa, Zimbabwe). Mobility to retail and recreation sites has shown a recent uptick in most countries, particularly in Botswana, while declining in Zimbabwe—reflecting the tightened restrictions there.

- **Zimbabwe** reinstated a curfew and required people to stay at home unless traveling to or from work or making essential trips. **Lesotho** also reinstated many measures including closing churches and schools and limiting mass gatherings.
- School reopening remains contentious, particularly in **South Africa**, which closed schools for a four-week period until 24 August. School reopening plans were put on hold in **Zambia** and **Zimbabwe**, while **Namibia** proceeded with reopening.
- **Botswana**, **Eswatini** and **Namibia** proceeded with phased reopening plans despite increasing trends in new reported cases, while maintaining some restrictions in place.

Status of Stay-at-Home-Orders in Southern Africa as of 27 July



7-day Moving Average of Mobility Change for Retail and Recreation Between 15 Feb - 25 July in Southern Africa (countries with available data)



[Google COVID-19 Community Mobility Reports](#); Countries included where data available

The pre-COVID-19 baseline for all countries is the 7-day mobility average on 13 February. This does not control for seasonality.

Southern Africa: Burden of PHSMs

Public narratives about government COVID-19 response in Southern Africa continued to be highly critical compared to other regions.

- There were significant public narratives around government corruption, particularly in **South Africa**, including looting and price gouging. The general secretary of the health workers union Hospera was quoted as saying that despite government claims that sufficient resources had been distributed to provinces for personal protective equipment, shortages continued in hospitals.
- A survey in **Western Cape province in South Africa** found that hunger and need for food aid has risen since the beginning of the crisis, with 70% of NGOs reporting they needed additional resources to meet demand for assistance.
- Misinformation narratives about the COVID-19 epidemic being fake continued, including in **Zambia**—where social media users claimed that health workers were reporting non-COVID deaths as COVID-19 deaths, and in **Malawi**—where social media users claimed the country's new leaders had changed their message on COVID-19 to secure votes in the re-run election.

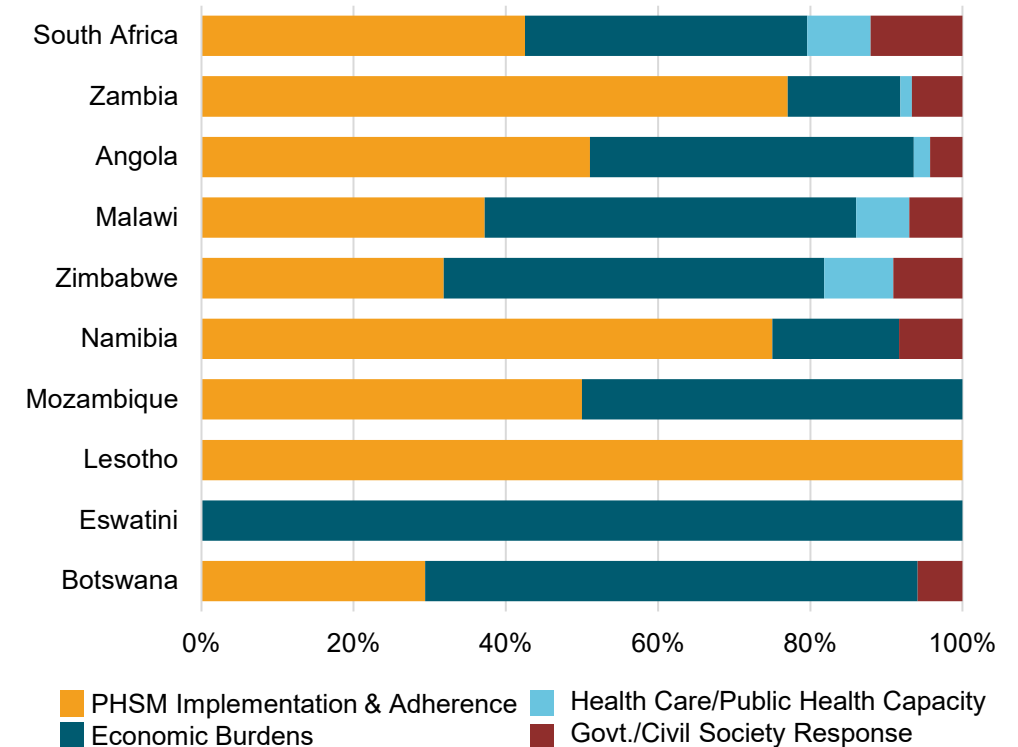
One popular tweet commented on alleged corruption by **South Africa's** ruling party, the African National Congress (ANC): "The only thing worse than Covid-19 in South Africa is ANC corruption. This is the true pandemic: they have looted money for food parcels, ventilators, medical facilities & equipments like PPEs. Under their watch the only thing that matters is their bellies & capitalist profits!"



A Facebook user in **Zambia** claimed: "Whoever has some kind of problem with doctors, it is better to go apologize now, because if you end up in a hospital for any other type of health problems other than COVID-19, you are able to give yourself a high dose of Dipyrone and when die, put in the death certificate 'victim of covid-19'. Attention to the move!"







Breakdown (%) of PHSM Topics in Countries, Traditional and Social Media (12-26 July)



Western Africa



Western Africa: Countries to Highlight all data as of 27 July

Country ¹	Total cases (per 100,000 population)	Trend in new cases ³	Positive test rate ⁴	PHSM tightening or loosening	Other key trends/issues
Cabo Verde	2,307 (419.50)		5.2%	LOOSENING Domestic air and maritime travel resumed starting on 15 July.	
Cote d'Ivoire	15,596 (60.65)		17.8%	NO CHANGE State of emergency extended through 30 July.	
The Gambia	277 (11.80) ²		5.5%	NO CHANGE State of emergency extended for an additional seven days.	
Ghana	32,969 (108.39)		8.8%	LOOSENING Restrictions on the number of worshippers in churches and mosques will be lifted on 1 August, with an extension of worship time to two hours.	Over 2,000 healthcare workers in Ghana have been infected with COVID-19 since the start of the pandemic. A large percentage of these are nurses and midwives.

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 14-27 July. It is a potential signal of accelerating transmission.

3. Trends are comparing new cases over the current 14 days (14-27 July) to new cases over the prior 14-day period (30 June-13 July). 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.

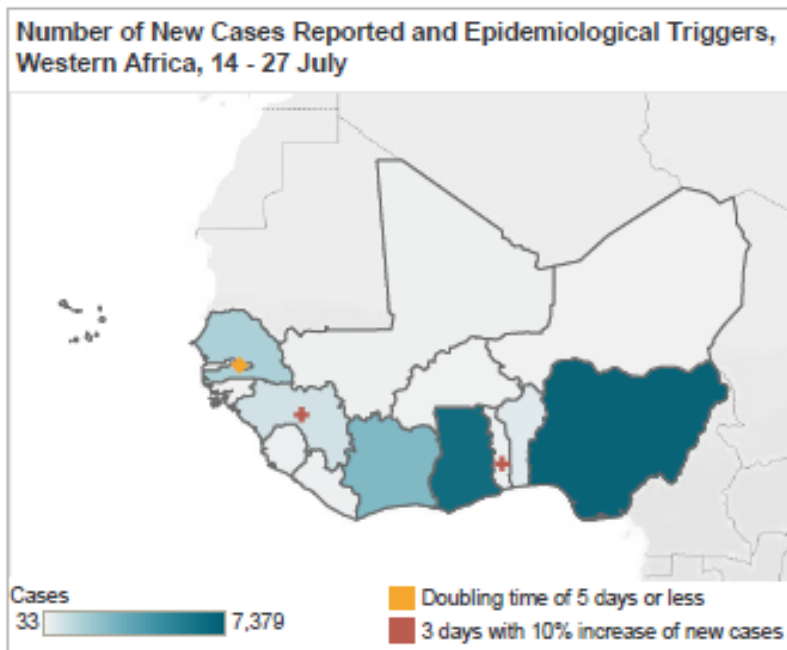
Western Africa: Countries to Highlight all data as of 27 July

Country ¹	Total cases (per 100,000 population)	Trend in new cases ³	Positive test rate ⁴	PHSM tightening or loosening	Other key trends/issues
Guinea	6,867 (53.77) ²	↓	13.9%	NO CHANGE State of emergency extended through 15 August. Mosques, churches, schools, bars, churches and other businesses remain closed.	Demonstrations took place against the possibility of a third term for the president. One COVID-related protest took place against mosque closure.
Nigeria	40,532 (20.17)	↓	15.4%	NO CHANGE Flight ban extended until 15 October, delaying the reopening of airports from the original intended date of 19 August.	On 22 July, the Islamic State West African Province made public that five humanitarian workers had been abducted and executed in Borno state in early June. There are also reports of challenges with testing in Borno state due to insurgence.
Sierra Leone	1,783 (22.82)	↓	11.3%	LOOSENING Starting 13 July, all mosques, churches and places of worship opened.	
Togo	868 (10.74) ²	↑	2.1%	LOOSENING Partial reopening of public and private universities started 15 July. Churches and places of worship reopened 17 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 14-27 July. It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (14-27 July) to new cases over the prior 14-day period (30 June-13 July). 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.

Western Africa: Disease Dynamics

Total cases	New cases between 14-27 July	Total deaths	New deaths between 14-27 July	Countries with CFR >4% as indicator suggestive of limited testing ¹	Countries with positive test rate ² >10%	7-day moving average of mobility change between 15 Feb - 27 July ³ > +10% or < -10%	No. of health care workers tested positive ⁴
120,594	21,090 -15%	1,849	238 -26%	Burkina Faso 4.8% Liberia 6.2% Mali 4.9% Niger 6.1%	Cameroon (12%) Cote d'Ivoire (18%) Equatorial Guinea (12%) Gabon (10%) Guinea (14%) Guinea Bissau (19%) Nigeria (15%)	Burkina Faso (+12%) Cabo Verde (-38%) Nigeria (-17%) Senegal (-14%) Togo (-14%)	4,687



New cases and deaths across Western Africa decreased by 15% and 26%, respectively, between 14 and 27 July (when compared to 30 June-13 July). However, high positive test rates in a number of countries indicate that the decrease should be interpreted with caution.

- **Nigeria and Ghana continue to comprise the majority of new cases reported in the region (67%),** but both countries reported decreases between 14 and 27 July. Nigeria also experienced a 33% drop in new deaths, whereas Ghana saw an increase of 7%.
- Despite Liberia, Sierra Leone and Guinea's attempts to slow the spread of the virus by adapting strategies used during the Ebola epidemic, [health officials are wary](#) that COVID-19 has started to spread to overcrowded, informal settlements in cities. They note that asymptomatic cases are likely causing the spread, and report that more people are refusing to wear masks or to quarantine.
- Health workers have also started to report that they are not receiving payments for their work. One health worker said, "Since they never paid us what they owed us during Ebola, I've decided not to risk my life again for COVID." Continued health care worker disgruntlement could threaten the stability of the health care system.

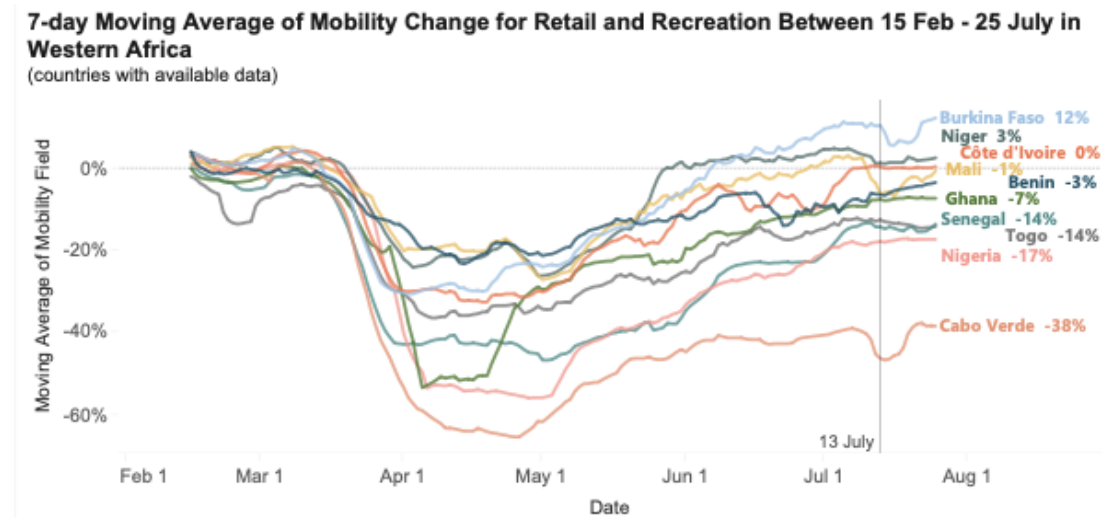
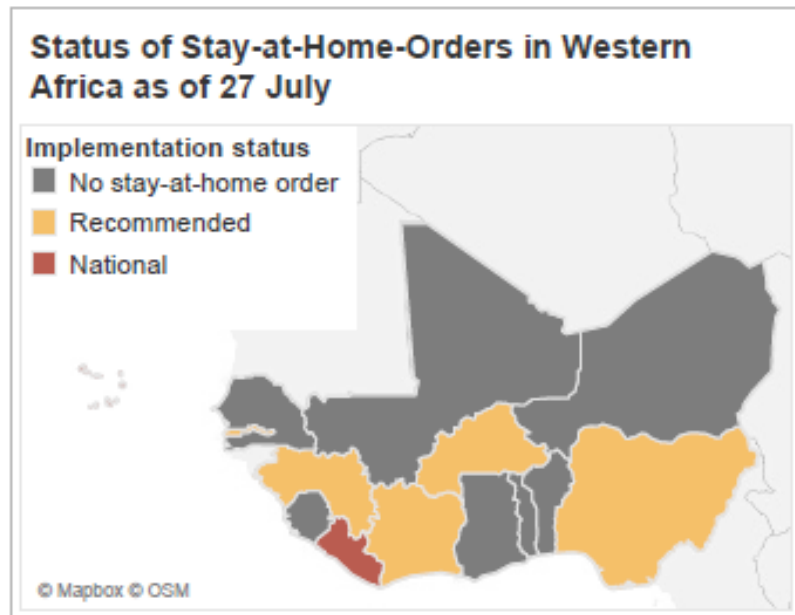
1. A high CFR is used as a proxy indicator for low testing capacity
2. The positive test rate is the % of total people tested for COVID-19 that tested positive.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to [Annex](#) for more information on limitations of this data. <https://www.google.com/covid19/mobility/>
4. According to WHO AFRO data as of 21 July. Refer to [Annex](#) for more information on limitations of this data.

An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 14-27 July. It is a potential signal of accelerating transmission.

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 resuming domestic travel and opening mosques, churches, and universities. However, several countries extended their states of emergency.

- As of 27 July, **Liberia** was the only country in the Western region that had a national stay-at-home order in place.
- Mosques and churches remain closed in Guinea, and a protest demanding mosque reopening took place in July.



[Google COVID-19 Community Mobility Reports](#); Countries included where data available

The pre-COVID-19 baseline for all countries is the 7-day mobility average on 13 February. This does not control for seasonality.

Western Africa: Burden of PHSMs

In Western Africa, concerns and obstacles to PHSM implementation raised by private citizens over social media—including poverty, homelessness and hunger—are rising in coverage.

- Moreover, there has been an increasing number of people refusing to wear masks or practice social distancing, and officials argue that this may be because COVID-19 seems harmless compared to Ebola.
- Nigeria** has not discussed poverty in its COVID-19 response. The disconnect between government messaging on PHSMs and the public's concerns related to poverty and livelihood could lead to feelings of distrust by citizens.

One social media user in **Nigeria** wrote, "Poverty is a priority. It's also the reason Nigerians have failed to observed the COVID-19 guidelines."



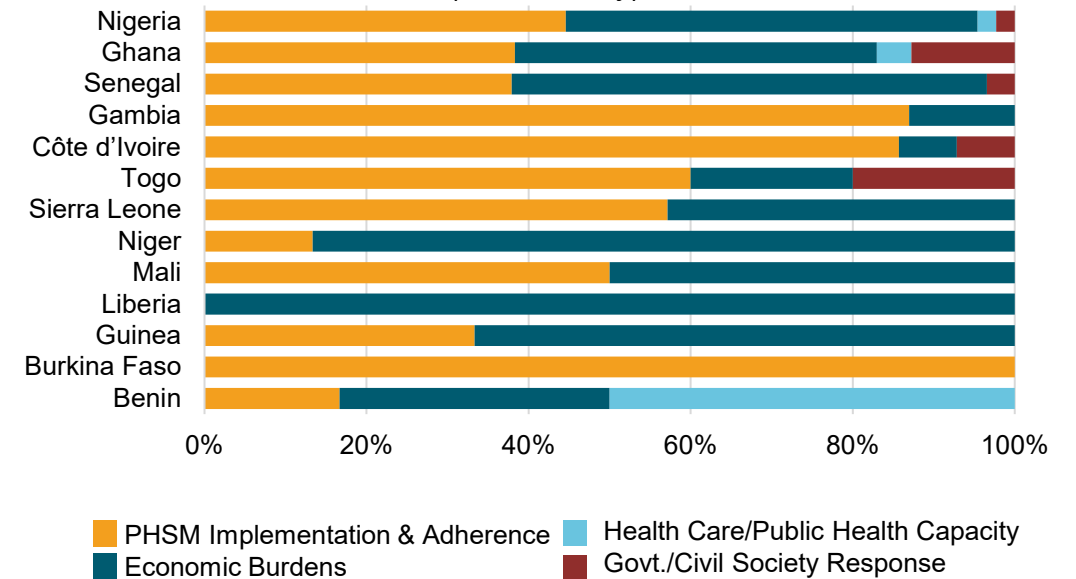
One Facebook user in **Nigeria** reported, "The economic fallout from the coronavirus has ruffled the low-income earners and created a new generation of homeless Nigerians in major cities, especially Abuja, Lagos, and Port Harcourt."



In **Senegal**, citizens were overwhelmingly unreceptive toward social distancing and the use of masks while enjoying the summer season, with a beachgoer explaining, "Here at the beach, we come to have fun. We forget everything, coronavirus, wearing a mask and physical distancing."



Breakdown (%) of PHSM Topics in Countries Traditional and Social Media (14 – 27 July)



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 14-27 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 sources 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 428 media articles (2,992 quotes), 2,031 tweets, and 5,223 Facebook posts from 12-26 July, 2020.

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 27 July across countries in a given African Union region
- **New cases/deaths in past two weeks:** Sum of daily newly reported cases/deaths between 14-27 July across countries in a given African Union region
- **Percent change from previous two weeks:** 14-27 July regional sum minus 30 June through 13 July regional sum, divided by 30 June through 13 July regional sum, multiplied by 100
- **Case-fatality ratio (CFR):** Country-specific total number of deaths divided by the total number of cases as of 27 July
- **Trigger—Doubling time of five days or less:** A country reached the threshold of total cases doubling in five days or less between 14-27 July
- **Trigger—3 days with 10% increase of new cases:** 10% increase in cases on three consecutive days between 14-27 July

Data Sources

Domain	Sources	Methodology and Limitations
Epidemiology and Testing	Africa Centers for Disease Control and Prevention 2020	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. The positive test rate is the % of total people tested for COVID-19 that test positive. Countries with a high positive test rate are unlikely to be testing widely enough to find all cases. The Africa CDC recommends a <10% benchmark as an indicator of adequate testing.
Traditional and social media analysis	Novetta Mission Analytics	<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 428 articles and 2,992 quotes from media outlets in Africa from 12-26 July, 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 2,031 Africa-focused tweets from 12-26 July, 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 5,223 Africa-focused Facebook posts and comments from 12-26 July, 2020.</p>
Public health and social measures	Oxford COVID-19 Government Response Tracker	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	ACAPS COVID19 Government Measures Dataset	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 Assessment Capacities Project (ACAPS) from identifying all available information. Some measures are also extremely nuanced, so ACAPS relies on expert judgement for coding.
Security	Armed Conflict Location & Event Data Project (ACLED) Coronavirus-Related Events	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.
Mobility	Google COVID-19 Community Mobility Reports	Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. The baseline used for pre-COVID-19 mobility reference is 15 February. Mobility change >+10% is meant to estimate a return to near average, pre-COVID-19 mobility, whereas mobility data <-10% indicates mobility is less than the pre-COVID-19 average mobility. Note, this does not control for seasonality and only includes analysis of 27 countries with available mobility data available. 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.
Health Care Worker Data	WHO AFRO	For Central, Eastern, Southern and Western Africa regions, health care worker data compiled from WHO COVID-19 Situation Updates (as of 21 July). Data for Northern Africa compiled as of 24 July from Ministries of Health, Africa CDC, as well as press releases, social media and traditional media. Reporting on health care worker cases is inconsistent across Africa, and the current numbers may be an underestimate, particularly as some countries report 0 health care worker cases (which may indicate they are simply not reporting on health care worker cases at all). A further limitation is that health care workers may be more likely to get tested than the average person, which may make the % of total cases that are amongst health care workers skewed.

Reporting Rates from 14-27 July

Central Africa

Country	Case Reporting		Test Reporting	
	Date Last Report ¹	Frequency ²	Date Last Report ¹	Frequency ²
Burundi	7/24/20	5	7/24/20	4
Cameroon	7/24/20	2	7/24/20	2
Central African Republic	7/25/20	10	7/25/20	10
Chad	7/23/20	5	7/26/20	10
Congo	7/24/20	5	7/24/20	4
Democratic Republic of the Congo	7/26/20	11	7/26/20	10
Equatorial Guinea	7/2/20	0	7/23/20	0
Gabon	7/24/20	5	7/24/20	4
Sao Tome & Principe	7/26/20	10	7/26/20	11

Eastern Africa

Country	Case Reporting		Test Reporting	
	Date Last Report ¹	Frequency ²	Date Last Report ¹	Frequency ²
Comoros	7/23/20	4	7/23/20	1
Djibouti	7/26/20	10	7/26/20	9
Eritrea	7/25/20	3	7/23/20	1
Ethiopia	7/26/20	12	7/26/20	11
Kenya	7/26/20	12	7/26/20	12
Madagascar	7/27/20	12	7/27/20	12
Mauritius	7/25/20	2	7/23/20	1
Rwanda	7/26/20	12	7/26/20	12
Seychelles	7/23/20	2	7/23/20	1
Somalia	7/25/20	9	7/23/20	1
South Sudan	7/25/20	7	7/23/20	2
Sudan	7/27/20	5	7/23/20	2
Tanzania	5/7/20	0	6/26/20	0
Uganda	7/27/20	11	7/27/20	11

Northern Africa

Country	Case Reporting		Test Reporting	
	Date Last Report ¹	Frequency ²	Date Last Report ¹	Frequency ²
Algeria	7/27/20	10	7/23/20	1
Egypt	7/27/20	13	7/23/20	1
Libya	7/26/20	12	7/26/20	10
Mauritania	7/27/20	8	7/27/20	5
Morocco	7/27/20	13	7/27/20	12
Tunisia	7/27/20	12	7/27/20	10
Western Sahara	7/24/20	1	6/26/20	0

Date Last Report¹: The last date that the case or test data was updated between 14-27 July

Frequency²: The number of times case or testing dated was updated between 14-27 July (13 is the maximum frequency)

Reporting Rates from 14-27 July 2020, continued

Southern Africa

Country	Case Reporting		Test Reporting	
	Date Last Report ¹	Frequency ²	Date Last Report ¹	Frequency ²
Angola	7/26/20	12	7/21/20	1
Botswana	7/23/20	3	7/23/20	2
Eswatini	7/26/20	12	7/26/20	4
Lesotho	7/26/20	4	7/26/20	3
Malawi	7/26/20	11	7/26/20	11
Mozambique	7/26/20	11	7/26/20	10
Namibia	7/27/20	13	7/27/20	12
South Africa	7/26/20	12	7/26/20	12
Zambia	7/27/20	11	7/27/20	10
Zimbabwe	7/26/20	12	7/26/20	12

Western Africa

Country	Case Reporting		Test Reporting	
	Date Last Report ¹	Frequency ²	Date Last Report ¹	Frequency ²
Benin	7/24/20	3	7/24/20	3
Burkina Faso	7/26/20	10	7/26/20	10
Cape Verde	7/26/20	12	7/23/20	2
Cote d'Ivoire	7/26/20	12	7/23/20	3
Gambia	7/25/20	8	7/25/20	7
Ghana	7/24/20	6	7/24/20	6
Guinea	7/24/20	7	7/23/20	9
Guinea Bissau	7/21/20	3	7/23/20	1
Liberia	7/25/20	10	7/23/20	1
Mali	7/27/20	9	7/27/20	10
Niger	7/26/20	8	7/23/20	1
Nigeria	7/26/20	12	7/26/20	12
Senegal	7/27/20	13	7/23/20	6
Sierra Leone	7/26/20	11	7/23/20	1
Togo	7/26/20	12	7/26/20	12

Date Last Report¹: The last date that the case or test data was updated between 14-27 July

Frequency²: The number of times case or testing dated was updated between 14-27 July (13 is the maximum frequency)

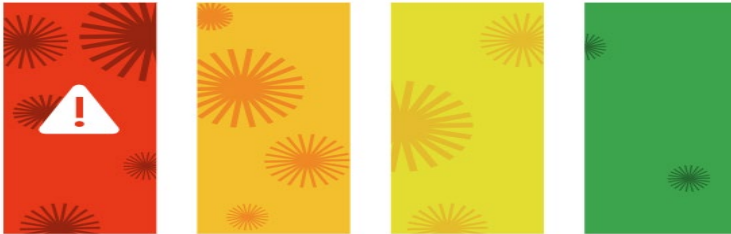
Resources

COVID-19 Playbook →

Frequently updated guiding principles and high-yield tools for adaptive response.
Review before creating new documents.

PREPAREDNESS CONTAINMENT MITIGATION SUPPRESSION RECOVERY

**STAYING ALERT:
Navigating
COVID-19
Risk Towards a
New Normal**



 Prevent
Epidemics

COVID-19 HUB →



COVID-19

 **RESOLVE**
TO SAVE LIVES

 Vital
Strategies

**COVID-19 Risk Communications
Hub:** Scientifically accurate, adapt-
able messages to help people be
prepared and stay informed



[Africa CDC COVID-19 Resources](#)

[WHO Country & Technical Guidance for COVID-19](#)