PERC

Partnership for Evidence-Based Response to COVID-19 (PERC)

Brief on Public Health and Social Measure Implementation in Africa

28 July-10 August 2020

Note: The next biweekly report will be skipped to facilitate more in-depth PERC analysis, to be released early September. The biweekly briefs will begin again in September.

African Union | AFRICA CDC Centres for Disease Control and Prevention Safeguarding Africa's Health | Ipsos | NOVETTA | RESOLVE TO SAVE LIVES AN INITIATIVE OF VITAL STRATEGIES | Vital Strategies | LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE | WORLD ECONOMIC FORUM | World Health Organization

Table of Contents

I. Africa COVID-19 Situation
- Metrics
- Key Trends
- Disease Dynamics
- PHSM Implementation & Adherence
- PHSM Burden

II. Regional Analysis
- Central
- Eastern
- Northern
- Southern
- Western

III. Annex
- Aims and Approach
- Methods and Limitations
- Epidemiological Indicators
- Data Sources
- Reporting Rates
- Resources

Africa COVID-19 Situation: Key Trends

- **Reported new cases decreased by 23% during 28 July-10 August (when compared to 14-27 July).** New deaths increased by 10% in the same timeframe, consistent with the lag in mortality typically seen with COVID-19. Total cases surpassed 1M for the first time.
- **Much of the recent decline in new cases and increase in new deaths can be attributed to South Africa**, where data indicates the epidemic may be peaking in provinces hit earliest by COVID-19. The number of tests performed per positive case has remained low (6 tests per case), indicating cases are likely going undetected. At the same time, the tests per case has remained stable or decreasing over the past month—indicating the decrease in new cases may be due to actual epidemiologic trends, not simply poor testing.
- **Low tests per case ratios, which indicates poor testing capacity, signals that many cases are likely not being detected** (e.g., Algeria, DRC, Egypt, Madagascar, Somalia, South Sudan and Sudan). As a result, reported decreases in new cases should be interpreted with caution in many countries.
- **Traditional media and social media users continue to criticize governments** for implementing PHSMs through force in some countries, and others report of police brutality.

Africa COVID-19 Situation: Metrics

Africa Union Region	Total cases/ Trend 28 July-10 August[1]	Total deaths/ Trend 28 July-10 August[1]	Countries where test per case[2] < 10	Countries with relative mobility near (within 10%) or above pre-COVID baseline[3]	Reported health care worker cases[4]
Central	50,353 ↓	961 ↑	Cameroon (9) Central African Republic (6) Chad (9) Congo (6) DRC (5) Equatorial Guinea (9) Sao Tome & Principe (7)	Cameroon (+1%) Gabon (-7%)	1,360
Eastern	91,045 ↑	2,007 ↑	Comoros (6) Madagascar (4) Somalia (6) S. Sudan (6) Sudan (3)	Tanzania (+2%) Mauritius (-6%)	1,593
Northern	177,118 ↑	7,126 ↓	Algeria (4) Egypt (5)	--	5,434
Southern	589,343 ↓	11,093 ↑	Eswatini (9) Malawi (7) South Africa (6)	Mozambique(-9%) Namibia (-9%) Zambia (+4%)	26,691 **97% of cases reported from South Africa*
Western	140,601 ↓	2,087 ↓	Cote d'Ivoire (6) Gambia (7) Guinea (8) Guinea Bissau (6) Nigeria (7)	Burkina Faso (+16%) Cote d'Ivoire (+4%) Benin (-1%) Ghana (-3%) Niger (-4%) Mali (-5%) Togo (-9%)	6,438

1. The total number of cases reported is the number of cases reported since the start of the epidemic. The trend compares new cases and new deaths during 28 July - 10 August to 14-27 July to the previous two-week period (14-27 July). The trend is illustrated in by an arrow icon: a green arrow indicates a decrease >5%, gray is a decrease/increase within 5%, and red means an increase >5%
2. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases. Africa CDC recommends 10-30 tests per case, as a benchmark of adequate testing.
3. 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 close to (within 10%) or above is meant to estimate a return to near average, pre-COVID-19 mobility. This may be a result of loosening PHSMs, and countries with pre-COVID-19 mobility are likely at increased risk for spread of the virus. Note, this does not control for seasonality and only includes analysis of 27 countries with available mobility data available. Reference data limitations section for more information.
4. Data compiled on number of health care worker cases since onset of COVID-19. Data from WHO AFRO where available as of 12 August, as well as reports from Ministries of Health and other government-affiliated organizations and people. Refer to Annex for more information on limitations of this data.

Africa COVID-19 Situation: Disease Dynamics

Key trends

New cases decreased by 23% between 28 July-10 August (compared to 14-27 July) while new deaths increased by 11%. Total cases surpassed 1M.

- Much of the recent decline can be attributed to South Africa, which saw a 35% drop in newly reported cases.
- While South Africa still leads in new cases, Morocco, Kenya and Ethiopia report growing case counts and new deaths.
- The Economist noted that while it took Africa 5 months to reach 500,000 cases, it took only 1 month to reach 1M—signaling acceleration.

Low tests per case ratios—which indicates poor testing capacity—and inconsistent reporting signals that many cases are likely not being detected. Aljazeera reported that the 'peak is yet to come' in Africa.

- The true extent of the epidemic may be unknown in most countries, particularly those with a low number of tests performed per positive cases (e.g., Algeria, DRC, Egypt, Madagascar, Somalia, South Sudan and Sudan).
- There are increasing reports of stigma surrounding the virus, which could prevent people from seeking care, or even getting tested.

Reports of shortages of personal protective equipment (PPE) for health care workers continue to be widespread across the continent, in traditional media and on social media.

- As cases begin to surge in many countries, there are also reports of shortages of oxygen—a key treatment for COVID-19.

Key recommendations

To balance economic burdens with increasing caseloads, implement PHSMs at the local level, in areas with known widespread community transmission. As much of the cases continue to be centered in urban areas, implement measures to prevent the spread of COVID-19 within cities, as well as suburban and rural areas with higher positive cases or increased chance of community transmission.

- Reference the Inter-Agency Standing Committee guidance on implementing PHSMs in urban areas, which recommends:
- Conducting community mapping to collect data and engage community-based organizations
- Prepare and share public communication to prevent stigma and discrimination that prevents people from seeking healthcare.

Governments should continue efforts to rapidly scale up surveillance, testing, contact tracing and care for people with COVID-19, collaborating with the Africa Centres for Disease Control and Prevention and the Partnership to Accelerate COVID-19 Testing (PACT) in Africa.

To prevent stigmatization surrounding COVID-19 and encourage people to seek care, increase community engagement efforts.

- Community outreach is a known effective way of reaching vulnerable populations with information about health services, providing referrals to hospitals and clinics, and encouraging positive social norms. If provided with the proper training and personal protective equipment, community health workers can help lessen stigma associated with COVID-19 and dispel misinformation narratives as they are often trusted within their communities.

Where testing capacity is low, seek to measure the incidence of COVID-19 through other means.

- 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).

Reference the Africa Centres for Disease Control and Prevention (CDC) 28 July guidance on managing acute shortages of PPE during the pandemic.

- Guidance recommends that response teams develop plans with clear triggers for implementation and resumption of standard practice, and only re-use or reprocess single-use PPE as a last resort. It also spotlights the SPACES approach, which can be implemented for 'maximum patient contact-minimum staff exposure'.

Africa COVID-19 Situation: PHSM Implementation & Adherence

Key trends

The direction of PHSM implementation across Africa was mixed, with some countries loosening to allow return to school and places of worship, while others tightening to combat growing caseloads.

- Schools partially reopened in Benin, Cameroon, the DRC, Nigeria and Sierra Leone. Places of worship partially reopened in Algeria, Ghana and Rwanda.
- Morocco and Egypt both tightened PHSMs to combat the growing number of cases, and mobility fell 23% below pre-COVID-19 mobility for both countries.
- Botswana imposed a lockdown in the Greater Gaborone region and Malawi prohibited gatherings of more than 10. Average mobility in Botswana, which was near pre-COVID-19 mobility on 27 July, fell to 30% below pre-COVID-19 mobility by 7 August.

Traditional and social media users are criticizing governments across the continent for implementing PHSMs through force and imposing seemingly harsh punishments for violators.

- Although lauded for their public health success, media highlighted that violators of PHSMs are forced to attend lengthy COVID-19 awareness raising programs in Rwanda and police are forcefully imposing PHSMs in Uganda. The low number of cases in Uganda has also decreased risk perception and fueled ongoing rumors that the virus is not actually real.
- On 27 July, the DRC announced that people not wearing face masks would be arrested, to the dismay of many on social media. In the Republic of Congo, social media users reported cases of police brutality when enforcing the nightly curfew.
- In Egypt, health care workers were reportedly jailed over criticism of working conditions and lack of government support. Social media users criticized mandatory mask wearing policies in Egypt and Morocco.

Key recommendations

In countries/areas affected by tightening PHSMs, consider measures that can help to manage financial consequences, promote compliance and build credibility.

- Additional relief, with the support of the international community, should be considered for the most vulnerable populations disproportionately impacted by PHSM tightening.
- 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.

In countries/areas with loosening PHSMs, adopt clear policies for managing transmission risks as opening occurs given there is significant risk that cases will only grow with increasing mobility.

- Adopt clear risk management policies and communicate them clearly to the public.
- In school settings, develop protocols for how reported cases will be handled. Engage teachers, parents and students in defining these strategies and policies.

Governments should strengthen 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	Key recommendations
Early lockdowns imposed in many African countries—while affective at slowing the spread of the virus–are being loosened to respond to growing economic demands. However, even with loosening of PHSMs, demand for goods have slowed and unemployment remains high. • As some countries start to ease PHSMs, cases are starting to rise, signaling that PHSMs may need to be tightened again. • The informal sector is the hardest hit, with jobs in the urban informal settlements evaporating, with no sign that they will return anytime soon.	**Continue to monitor conditions in very poor, highly impacted populations and prioritize appropriate forms of humanitarian assistance where possible.** • Avoid imposing complete lockdowns that disproportionately impede vulnerable populations (e.g., those living in poverty that rely on the informal economy or those that live in informal settlements; refugees and internally displaced). • Consider populations most at risk of mortality from COVID-19, including the elderly and those with comorbidities (diabetes, obesity, HIV). • Prioritize cash-based assistance to help cover rent, utilities and other housing needs. • Where markets are disrupted or rapid implementation of cash transfers is infeasible, distribute food, water and basic supplies.
Routine infant/child vaccination campaigns continue to be disrupted by COVID-19 across Africa, and particularly so in Central Africa. • The Central African Republic, which planned a vaccination campaign for August, cited that challenges with PPE supply may limit its ability to carry it out. On 30 July, the DRC launched a mass vaccination campaign for cholera.	**Continue to monitor COVID-19 impact on essential health services (reference WHO's guidance on maintaining essential health services during COVID-19).** • A risk-benefit assessment should be conducted before implementing mass vaccination campaigns. • In the case of cholera and polio, consider distribution of oral vaccines to reduce exposure risk for health care workers. • Prioritize providing community health workers with PPE. If community health workers have the appropriate training and PPE, opt for community-based service delivery over mass vaccinations at service delivery points.

Central Region

Central: Countries with Epidemiologic Triggers and PHSM Changes

Country[1]	Total cases (per 100,000 population)[2]	Trend in new cases[3]	Tests per Case[4]	PHSM Status (tightening/extending/loosening)	Other key trends/issues
Cameroon	**17,586** (68)	↓	9	EXTENDING Gatherings over 50 remain banned and limits on public transport capacity continued. LOOSENING Schools partially reopened.	On 28 July, Cameroon launched a mass testing campaign. On 2 August, a grenade attack on a makeshift camp in Nguetchewe by suspected Boko Haram fighters killed at least 18 and injured 11 people. From 29 July to August 7, retail and recreation mobility approximately returned to the pre-COVID baseline level.
Central African Republic	**4,641** (98)	↓	6	NO CHANGE	Following the declaration of a measles epidemic in January, children are facing greater measles risk due to disruptions in routine measles vaccination from COVID-19. The Ministry of Health planned a vaccination campaign for August but cited challenges with PPE supply.
Democratic Republic of the Congo	**9,488** (11)	↓	5	LOOSENING Schools reopened on 10 August. Night clubs/entertainment venues and places of worship reopened on 15 August. Commercial passenger flights resumed on15 August. International flights entering/exiting DRC require negative test.	On 30 July, DRC launched a mass vaccination campaign for cholera.

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 28 July-10 August. It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (28 July-10 August) to new cases over the prior 14-day period (14-27 July). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.
4. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.

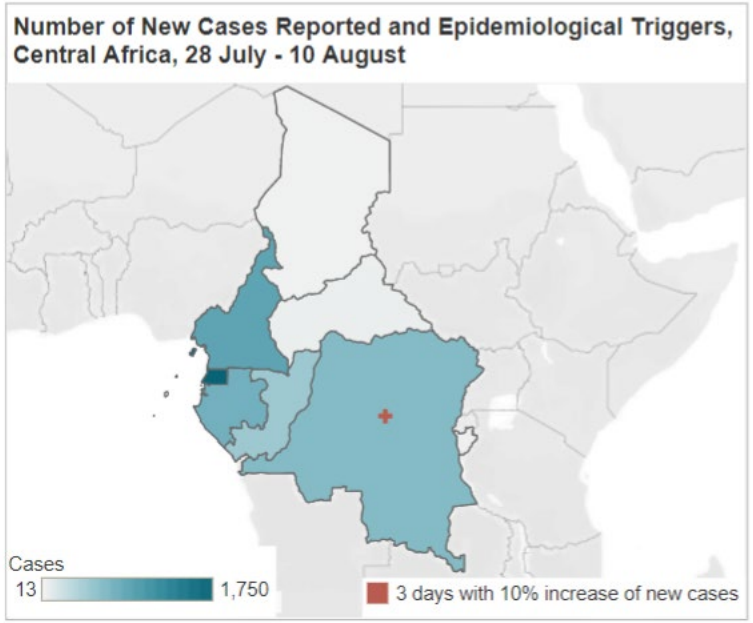
Central: Countries with Epidemiologic Triggers and PHSM Changes

Country[1]	Total cases (per 100,000 population)[2]	Trend in new cases[3]	Tests per Case[4]	PHSM Status (tightening/extending/loosening)	Other key trends/issues
Gabon	**7,923** (365)	↓	11	NO CHANGE	Supporters of Jean Ping, a Gabonese opposition leader, circulated videos on Twitter claiming former First Lady Sylvia Bongo and Minister of Health Guy Patrick Obiang Ndong were running a "testing racket." Supporters also claimed that government partisan supporters were using false testing results to diminish Ping's political and health authority. From 29 July to August 7, retail and recreation mobility approximately returned to the pre-COVID baseline level.
Republic of Congo	**3,664** (68)	↓	7	EXTENDING International flights remain suspended and the borders remain closed. The State of Health Emergency was extended to 19 August.	Concerns surfaced on monitored social media channels over police brutality in enforcing the nightly curfew in Brazzaville.

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 28 July-10 August . It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (28 July-10 August) to new cases over the prior 14-day period (14-27 July). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.
4. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.

Central: Disease Dynamics

Total cases	New cases between 28 July-10 August	Total deaths	New deaths between 28 July-10 August	Countries with CFR >4%[1]	Countries with tests per case[2] <10	Countries with relative mobility close to (within 10%) or above pre-COVID baseline[3]	No. of health care workers (HCW) tested positive[4]
50,353	4,548 **-6%**	961	65 **+10%**	Chad **8.1%**	Cameroon **(9)** Central African Republic **(6)** Chad **(9)** Congo **(7)** DRC **(5)** Equatorial Guinea **(9)** Sao Tome & Principe **(7)**	Cameroon **(+1%)** Gabon **(-7%)**	1,360



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.

Total new cases decreased by 6% from 28 July to 10 August in the Central Region (compared to 14 to 27 July). All countries in the region reported a decrease in new cases except for Equatorial Guinea. However, the region overall saw a 10% increase in deaths.

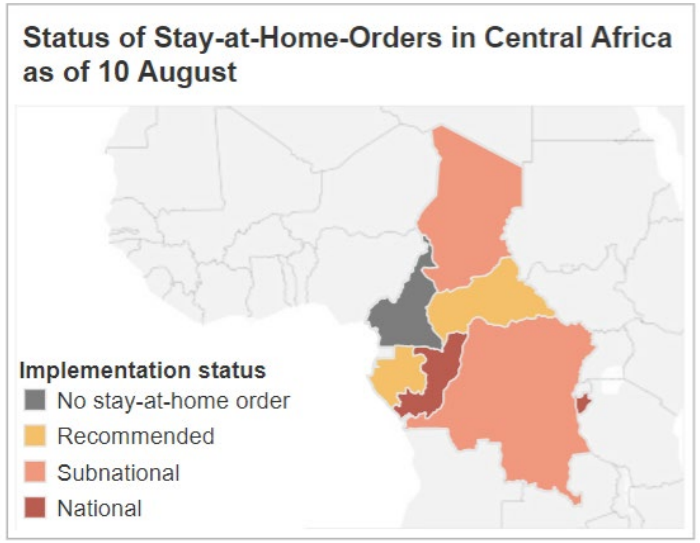
- **Equatorial Guinea** reported 1,750 new cases from 28 July to 10 August, compared to reporting no new cases from 14 to 27 July. This change is likely due to an inconsistency in reporting. The country has begun sharing case data again after not reporting due to a dispute with WHO.
- **Chad** continued to report the highest CFR in the region. Meanwhile, **Burundi**, **Central African Republic**, and **Sao Tome and Principe** reported major decreases in new cases for the reporting period (72%, 85%, and 90%, respectively).
- **DRC** reported a 17% decrease in new cases and an 11% decrease in new deaths from 28 July to 10 August. However, the number of tests performed per positive case remains low, indicating that cases of COVID-19 are likely going undetected, and may even escalate as PHSMs continue to loosen. DRC also continues to experience ongoing Ebola and measles outbreaks which will continue to create strain on the health system.

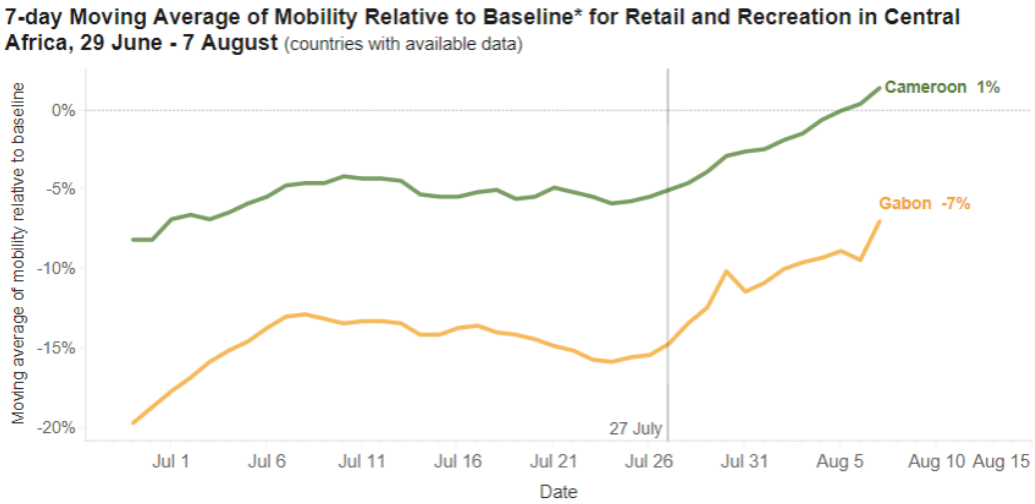
1. A high Case Fatality Rate (CFR) is used as a proxy indicator for low testing capacity
2. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to Annex for more information on limitations of this data.
4. According to WHO AFRO data as of 21 July. Refer to Annex for more information on limitations of this data.

Central: PHSM Implementation and Adherence

Concerns over police brutality in enforcing PHSMs circulated on social media channels in the DRC and Republic of Congo. This negative public sentiment could impact adherence to PHSMs.

- On 27 July, the DRC government announced that people not wearing face masks in Kinshasa would be arrested. While some Facebook users encouraged face mask usage, more users in the DRC expressed fears that this mandate would justify police brutality and claimed that the police were largely non-adherent in using face masks.
- In the Republic of Congo, negative sentiment on social media was driven by concerns over police brutality to enforce a nightly curfew. Facebook users in the country criticized the measure, posting statements meant to be ironic, such as “COVID only circulates at night”. Overall, the use of police force to enforce curfew drove negative public sentiment and could negatively impact adherence to PHSMs.
- Mobility for retail and recreation generally increased from 27 July to August 10 in Cameroon and Gabon and reached relatively close to pre-COVID baselines.





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.

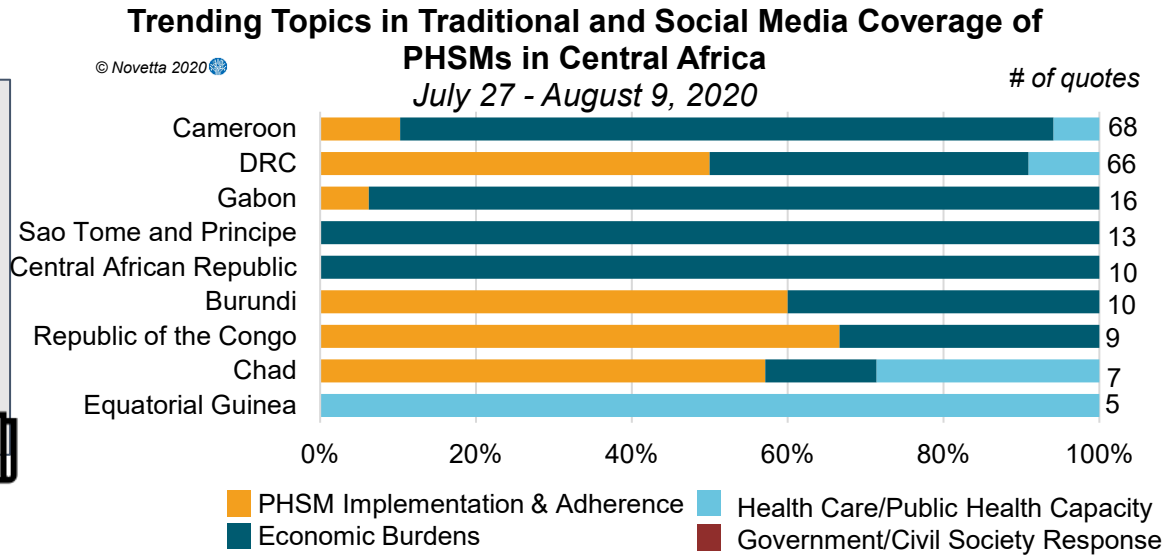
Central: Burden of PHSMs

Concerns over widespread unemployment in Cameroon due to the economic burden imposed by PHSMs contributed to coverage in traditional and monitored social media. Otherwise, coverage of PHSMs in the Central Region during the reporting period was low.

- In Cameroon, local and international media and NGOs echoed growing concerns over employment security in the food production sector. Since the pandemic began, tens of thousands of Cameroonian citizens have become unemployed. Findings from a Data Cameroon report cited widespread dissatisfaction by employers with the government's PHSMs.
- In both Cameroon and Chad, lockdowns and cross-border restrictions have disrupted supply chains and negatively impacted farmers and herders who depend on regional exports for business. A 30 July Voice of America article cited a Cameroonian farmer who claimed that the price of cattle dropped 70% since the pandemic began.

A post from BrazzaNews, a popular Facebook page with +166K followers, posted a picture of a police unit with canines overseeing curfew in Brazzaville and wrote: "Curfew: Why this whole show? Is it hunting or a purge? These police officers already imagine themselves in a hunting ground."

A Cameroonian tomato farmer told *Reuters*: "He normally sells more than 80% of his harvest in large-scale lots to buyers from neighboring countries. But those buyers no longer are coming."



© Novetta 2020

Eastern Region

Eastern: Countries with Epidemiologic Triggers and PHSM Changes

Country[1]	Total cases (per 100,000 population)	Trend in new cases[2]	Tests per Case[3]	PHSM Status (tightening/extending/loosening)	Other key trends/issues
Ethiopia	**13,968** (13)	↑	22	NO CHANGE	While Ethiopia was one of the fastest growing economies in 2018, COVID-19 and recent violent protests and political unrest are expected to cut growth to 3.2% this year as unemployment skyrockets compared to regional average. More than 30,000 migrant workers have reentered Ethiopia (mainly from the Persian Gulf) since March; doctors are worried they may bring cases of COVID-19 as they travel from overcrowded, unsanitary quarantine centers.
Kenya	**26,928** (51)	↑	13	LOOSENING International flights resumed on 1 August; To be exempt from 14-day quarantine upon international arrival, travelers must present recent negative COVID-19 test.	The Kenyan government reported expected losses of $511M in hotel revenue if pandemic persists. Daily Nation reported that some families convinced doctors to issue reports stating that their loved ones did not die from COVID-19 to be allowed to hold regular burials and avoid stigma. There are reports of increasing teenage pregnancy, likely due to schools closing and poor economic opportunities pushing more young girls into transactional sex. Health officials warn Kenyans of increased tuberculosis and respiratory infection risk during cold months, on top of increasing COVID-19 cases.
Mauritius	**344** (27)	↓	597	NO CHANGE	Travel/tourism contributes to nearly 20% of the country's economy, and government is under pressure to reopen the airport to international travel. With cases low to non-existent, health officials are wary influx of travelers will lead to reemergence of cases.

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 (28 July-10 August) to new cases over the prior 14-day period (14-27 June). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.
3. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.

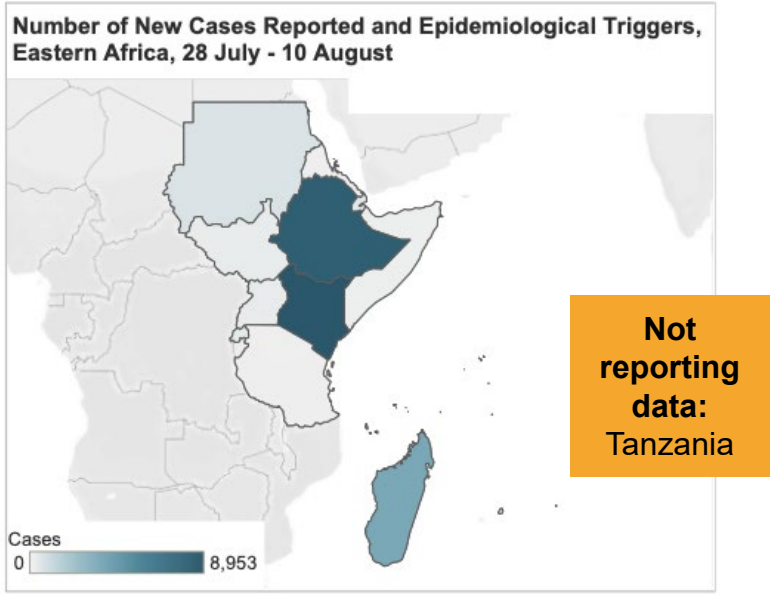
Eastern: Countries with Epidemiologic Triggers and PHSM Changes

Country[1]	Total cases (per 100,000 population)	Trend in new cases[2]	Tests per Case[3]	PHSM Status (tightening/extending/loosening)	Other key trends/issues
Rwanda	**2,140** (17)	↓	141	EXTENDING Movement prohibited from 9pm - 5am; land borders and schools remain closed (schools set to open in September); mass gatherings (30+ people) prohibited; bars and gyms remain closed LOOSENING Places of worship may resume with restrictions; civil and religious ceremonies to resume (no more than 30 people); hotels open with restrictions; outdoor sports permitted	Media reported that Rwandans caught breaking curfew or not wearing masks in public must attend lengthy public health lectures or pay fines.
Seychelles	**126** (129)	↓	26	LOOSENING On 1 August, international flights resumed; travelers must present negative COVID-19 test taken 72 hours before arrival	With tourism comprising 40% of Seychelle's economy, businesses are eager for travel to resume but health officials are worried it could increase cases.
Somalia	**3,227** (21)	↓	6	LOOSENING Primary and secondary schools reopened on 15 August.	Immunization rates continue to fall and seasonal floods since April have severely damaged sanitation infrastructure, increasing spread of communicable diseases (e.g. cholera and polio).
Sudan	**11,956** (28)	↓	3	NO CHANGE	Heavy rains since 29 July destroyed more than 1,200 houses, and washed away crops and livestock in Khartoum, Blue Nile and River Nile states. Dam that provides water to 84,000 people in Blue Nile collapsed. On 9 August, government declared on outbreak of vaccine-derived poliovirus.
Tanzania	Data not available since May			TIGHTENING On 6 August, president announced that all travelers, whether foreigners or returning residents entering or leaving the country will be subjected to enhanced screening for COVID-19; All Kenya airways flight suspended.	President reported that power of prayer eradicated virus from Tanzania and invited tourists to return.
Uganda	**1,297** (3)	↑	231	LOOSENING Boda bodas permitted to carry passengers with restrictions. Media reports that Ugandans stranded in other Eastern African countries will be able to reenter by road if they present negative COVID-19 test results.	Media reported women dying in labor due to travel restrictions and police brutality enforcing public health policies.

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 (28 July-10 August) to new cases over the prior 14-day period (14-27 June). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.
3. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.

Eastern: Disease Dynamics

Total cases	New cases between 28 July-10 August	Total deaths	New deaths between 28 July-10 August	Countries with CFR >4%[1]	Countries with tests per case[2] <10	Countries with relative mobility close to (within 10%) or above pre-COVID baseline[3]	No. of health care workers tested positive[4]
91,405	21,021 **6%**	2,007	441 **45%**	Sudan **6.5%**	Comoros **(6)** Madagascar **(4)** Somalia **(6)** S. Sudan **(6)** Sudan **(3)**	Tanzania **(2%)** Mauritius **(-6%)**	1,593



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 28 July-10 August. Eastern Africa did not experience any triggers between 28 July-10 August

New cases and deaths continued to climb in Ethiopia and Kenya, while testing issues and reporting inconsistencies persisted in many countries across the region, leading health officials to believe the true extent of the virus' spread is still unknown.

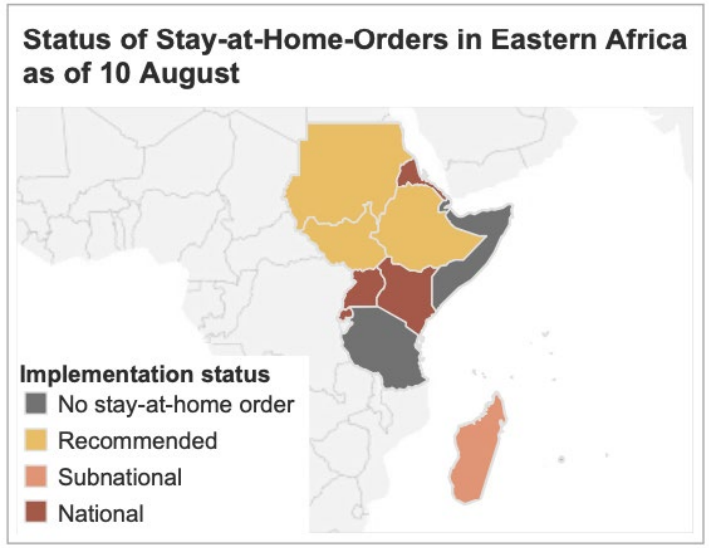
- Madagascar, Somalia and Sudan–which reported 23%, 75% and 52% decreases in new cases, respectively—also reported some of the lowest tests per case in Africa.
- In Ethiopia, new cases and deaths increased by 26% and 100%, respectively. However, the number of tests performed per positive case (22) remains high, indicating the government's efforts to scale testing and contact tracing may be detecting most cases.
- Although Uganda saw a 70% increase in new cases from 28 July-10 August, it still has one of the lowest rates of infection (3 per 100,000) in Africa. It also has one of the highest number of tests performed per positive case, indicating its testing capacity is more than sufficient. Along with Rwanda, Uganda is being lauded for its public health success, but Ugandans have put pressure on the government to ease restrictions due to the growing economic crisis. As PHSMs have started to loosen since early July, the number of new cases has risen.

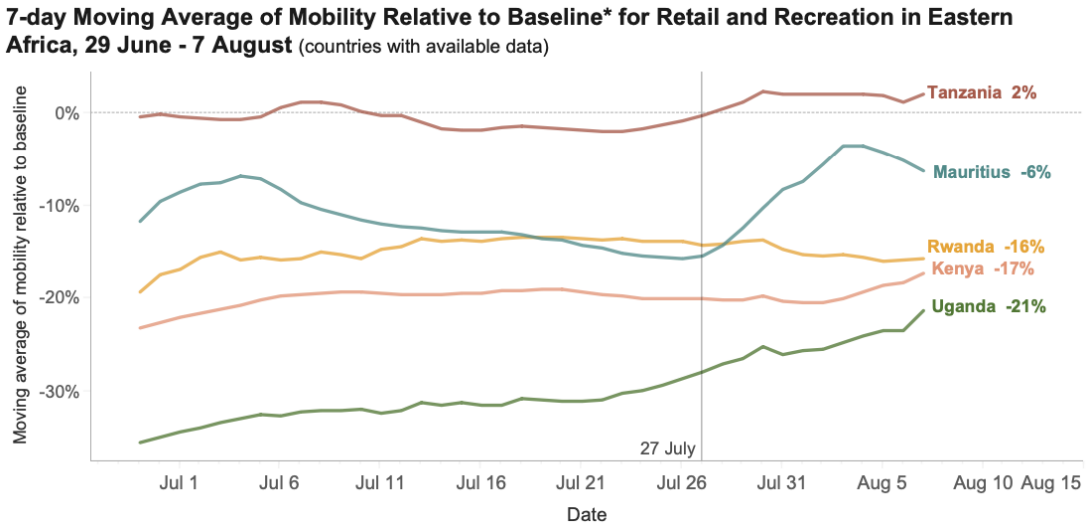
1. A high Case Fatality Rate (CFR) can be used as a proxy indicator for low testing capacity
2. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to Annex for more information on limitations of this data.
4. According to WHO AFRO data as of 12 August. Refer to Annex for more information on limitations of this data.

Eastern: PHSM Implementation and Adherence

In countries with available data, mobility has stayed relatively unchanged or increased gradually since July with easing of PHSMs. On social media, public criticism of governments' handling of COVID-19 continued.

- Mauritius experienced a notable increase in mobility—nearly approaching pre-COVID-19 mobility levels by 7 August—as the country reported no new cases between 28 July-10 August. One the other hand, Uganda, which experienced increased mobility in recent weeks, reported an increase in new cases (although the number of cases per total population remains markedly low).
- Following the Kenya announcement on 31 July that all Tanzanians would be quarantined upon arrival at airports, Tanzania rescinded approval for all flights from Kenya Airways. Media reported the recent disputes between the two countries over the handling of COVID-19 has 'opened old wounds, which were slowly healing'.
- Kenya social media users criticized the governments decision to close bars on 27 July and some claimed that local police would use the closures to force citizens to pay bribes.
- There were reports that the Kenya Medical Supplies Authority purchased N95 masks at inflated rates. On Facebook, health care workers reported of shortages of personal protective equipment at health centers and a lack of resources. Traditional media and social media users reported that masks available to citizens in markets were poor in quality.





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: Burden of PHSMs

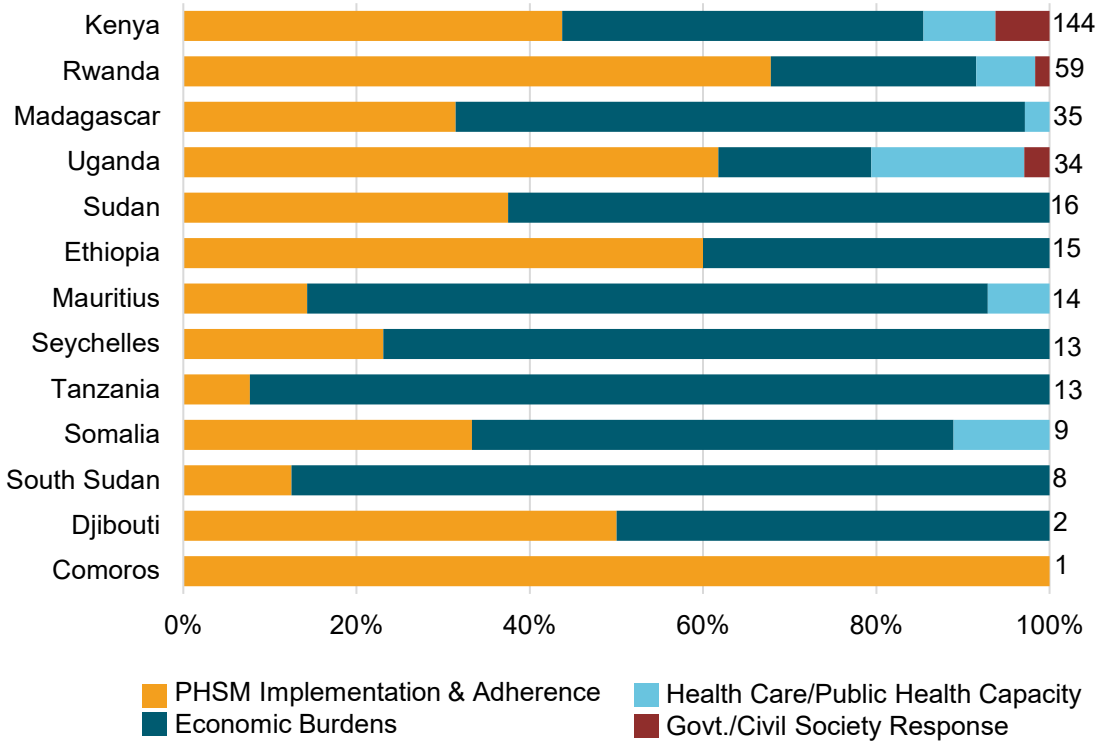
The economic impact of COVID-19 intensified across Eastern Africa, even as economies started to reopen.

- Both Rwanda and Uganda are being lauded as success cases in terms of implementing PHSMs quickly to slow the spread of the virus. However, media reports that their strict approaches have led to widespread criticism from citizens over the harshness of enforcement and economic burdens.
- While Seychelles and Mauritius have been able to contain the virus, both island economies are heavily reliant on tourism and are moving to reopen to international travel despite fears that it may cause a resurgence of cases.
- In Nairobi, Kenya, the informal sector—which employs nearly 80% of the city's population—has been the hardest hit. There are reports that government aid programs are prone to corruption and private sector efforts are too small in scale to effectively help those most in need.
- In Ethiopia, recent violent protests, political unrest and COVID-19 are expected to cut growth to 3.2% this year, with unemployment skyrocketing compared to the regional average.

One Ugandan reported: "I go hungry sometimes and eat only once in a day… Coronavirus hasn't killed us but the hell of going hungry is not that far from death."

In Kenya, one Facebook user said, "I am a mortician and the situation is really bad. Soon we will not handle the bodies."

Trending Topics in Traditional and Social Media Coverage of PHSMs in Eastern Africa
July 27 - August 9, 2020



© Novetta 2020

Northern Region

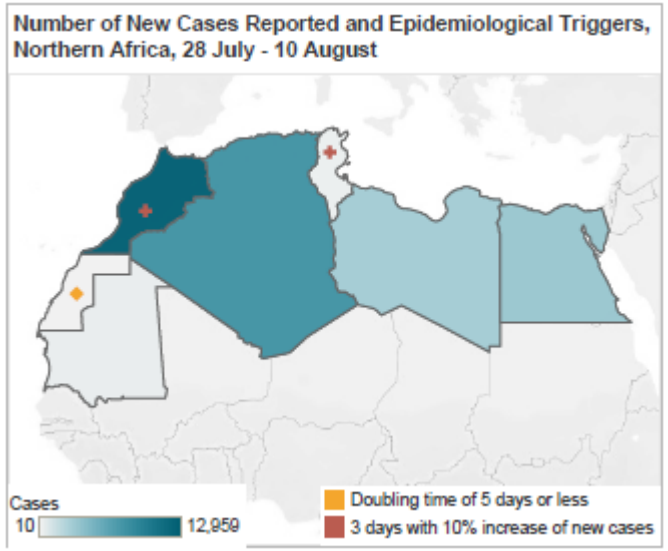
Northern: Countries with Epidemiologic Triggers and PHSM Changes

Country[1]	Total cases (per 100,000 population)[2]	Trend in new cases[3]	Tests per Case[4]	PHSM Status (tightening/extending/loosening)	Other key trends/issues
Algeria	34,658 (81)	→	4	LOOSENING Overnight curfew shortened; some travel restrictions lifted, and large mosques allowed to reopen	Algeria withdrawn by the EU from the list of safe countries.
Egypt	95,492 (95)	↓	5	LOOSENING Mosques with a capacity of more than 1,000 worshippers can reopen as of 15 August. TIGHTENING Entry into the country without proof of a negative PCR test for COVID-19 banned	Healthcare workers arrested after comments criticizing government response to COVID-19. At least seven doctors and two pharmacists are in pretrial detention and face charges related to terrorism and misusing social media.
Libya	5,541 (82)	↑	12	TIGHTENING Five-day lockdown declared starting 31 July	
Morocco	33,237 (91)[2]	↑	44	TIGHTENING Travel to and from major cities (Casablanca, Tangier, Marrakech, Fez, and Meknes) suspended; state of emergency extended to 10 September	Healthcare workers protested cancellation of annual leave and poor working conditions. Morocco withdrawn by the EU from the list of safe countries.
Tunisia	1,678 (14)[2]	↑	62	TIGHTENING Mask wearing in public now mandatory.	Protests held over changing school requirements due to COVID-19.

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 28 July–10 August. It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (28 July-10 August) to new cases over the prior 14-day period (14–27 July). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.
4. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.

Northern: Disease Dynamics

Total cases	New cases between 28 July-10 August	Total deaths	New deaths between 28 July-10 August	Countries with CFR >4%[1]	Countries with tests per case[2] <10	Countries with relative mobility close to (within 10%) or above pre-COVID baseline[3]	No. of health care workers tested positive[4]
177,118	27,854 **+15%**	7,126	796 **-19%**	Egypt **5.2%**	Algeria **(4)** Egypt **(5)**	None	5,434



An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 28 July–10 August. It is a potential signal of accelerating transmission.

Reported new cases across Northern Africa increased by 15% during 28 July–10 August when compared 14–27 July, and reported new deaths dropped by 19%. Testing also increased by 17% in this period—from 944 tests per 100,000 during 14–27 July to 1,114 tests per 100,000 population by 28 July–10 August.

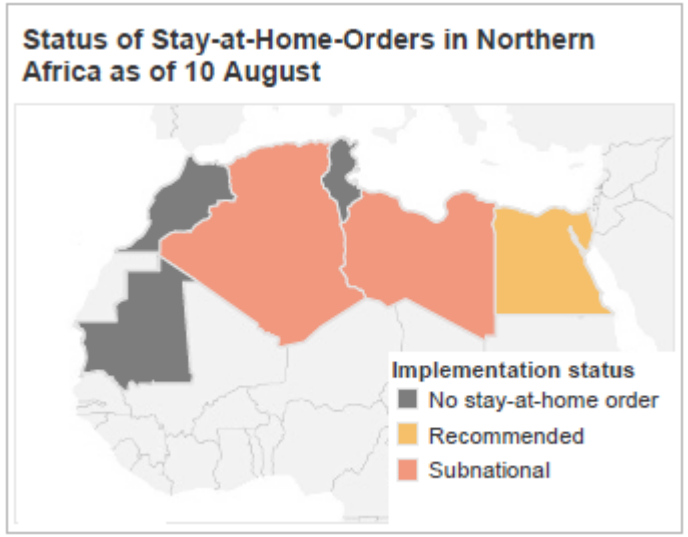
- Morocco accounted for 46.5% of all newly reported cases in the region, reporting 12,959 new cases—an increase of 191% compared to the previous reporting period from 14–27 July. Morocco also reported the highest number of tests per capita in the Northern region, at 3,962 tests per 100,000 population. Media reported that delays in test results may be contributing to spread of the virus.
- Algeria reported the lowest number of tests performed per positive case in Africa (just two tests performed for every positive case).
- Tunisia recorded five consecutive days with a 10% increase in cases per day during the period from 27–31 July. However, the high test per case ratio indicates that broad-based testing is taking place.

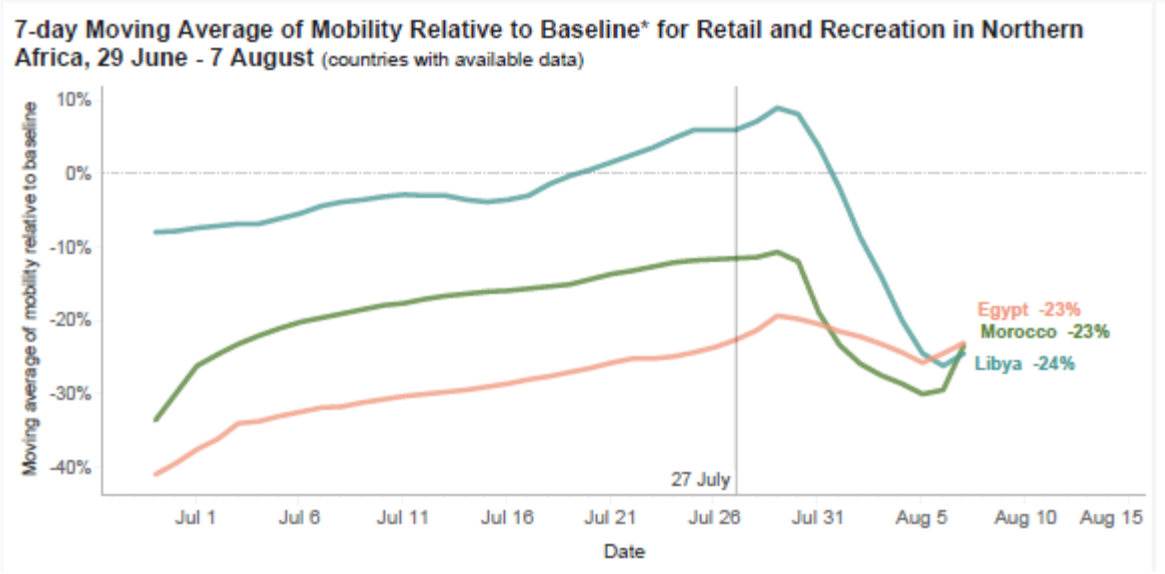
1. A high Case Fatality Rate (CFR) is used as a proxy indicator for low testing capacity
2. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to Annex for more information on limitations of this data.
4. According to WHO AFRO data as of 21 July. Refer to Annex for more information on limitations of this data.

Northern: PHSM Implementation and Adherence

Morocco and Egypt were the only countries in Northern Africa that tightened PHSMs; Morocco locked down its major cities in conjunction with an increase in cases and Egypt banned entry into the country without a negative PCR test for COVID-19 in conjunction with a decrease in cases.

- As of 10 August, 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 Morocco and Tunisia demanded better conditions for healthcare workers and protested changing school requirements.
- In a statement on 9 August, Egypt's Health Minister Hala Zayed called on Egyptians to abide by social distancing rules in public places, avoid family gatherings, and wear face masks in public to help stem the infection rate.





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: Burden of PHSMs

Northern African public narratives have been consistently positive and receptive to COVID-19 aid and vaccine efforts from the Russian and Chinese governments. The Egyptian government's alignment with China and Russia in the COVID-19 response has also received popular praise.

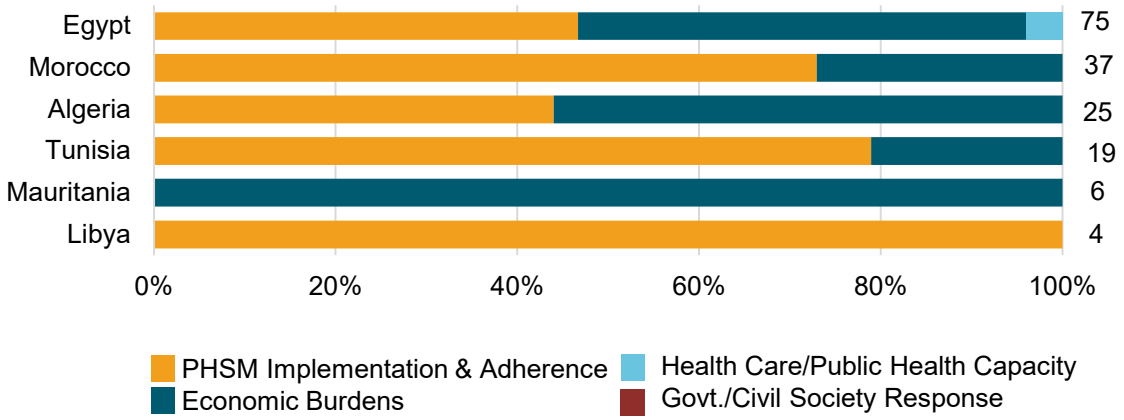
- Moroccan private citizens on social media were highly critical of their national government's decision to make mask wearing obligatory, as well as the government's policing of this directive. Both Moroccan media outlets and private citizens negatively characterized this measure as the beginning of a new stage of surveillance.
- Egyptian and Pan-Arab media reported that Egyptian authorities are instituting PHSMs, including mandatory mask wearing, in polling places for the 11 August Senate election. The new requirements may heighten mask wearing as a controversial political topic in Egypt.

Arrests occurred on 8 and 9 August after the Moroccan government passed a bill penalizing non-adherence to public mask wearing. Residents of Morocco denounced the arrests over Facebook as "muscle flexing," and "more robbing of the people's pockets" by the government.

Internet users in Morocco widely denounced the government's measures to ensure PPE use, claiming that the decisions had caused illegal rigging of mask prices, the spread of low-quality masks, and ultimately "benefited the [rich] minorities at the expense of the citizen."

On 30 July, Bloomberg reported that "Algeria is getting ready to resume protests amid coronavirus," citing private citizens who expressed disregard for the government and ignored the curfew.

Breakdown (%) of PHSM Topics in Countries' Traditional and Social Media (27 July-9 August 2020)



© Novetta 2020
© Novetta 2020

Southern Region

Southern: Countries to Highlight all data as of 10 August

Country[1]	Total cases (per 100,000 population)	Trend in new cases[3]	Tests per Case[4]	PHSM Status (tightening/extending/loosening)	Other key trends/issues
Angola	1,672[2] (5)	↑	39	NO CHANGES	
Botswana	909 (40)	↓	75	TIGHTENING Two-week lockdown in Greater Gaborone region, with citizens required to stay at home except for essential trips; jotels, restaurants, gyms and schools closed	The new cases that precipitated the lockdown in Gaborone were linked to schools, which reopened in June.
Eswatini	3,236[2] (281.85)	→	9	NO CHANGES	Teachers and parents outspokenly opposed school reopening.
Malawi	4,658 (25)	↓	7	TIGHTENING Gatherings of more than 10 people banned, except for funerals which are limited to 50 people; places of worship closed; bars have limited operating hours for takeaway only; face masks now required in public spaces, with fines for non-compliance	
Mozambique	2,269 (8)	↑	29	EXTENDING State of emergency extended; school reopening postponed to enable improved sanitation, water supply and environmental hygiene	
Namibia	3,101 (124)	↑	11	NO CHANGES	The Teachers Union of Namibia called for school reopening to be delayed, saying that teachers and schools are not ready. The government will auction its share in the country's annual fish quota for the first time to raise funds for the COVID-19 response. The local dairy industry is reportedly at risk of extinction due to supply chain issues and other challenges exacerbated by the COVID-19 crisis.

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 28 July-10 August. It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (28 July-10 August) to new cases over the prior 14-day period (14-27 July). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.
4. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.

Southern: Countries with Epidemiologic Triggers and PHSM Changes

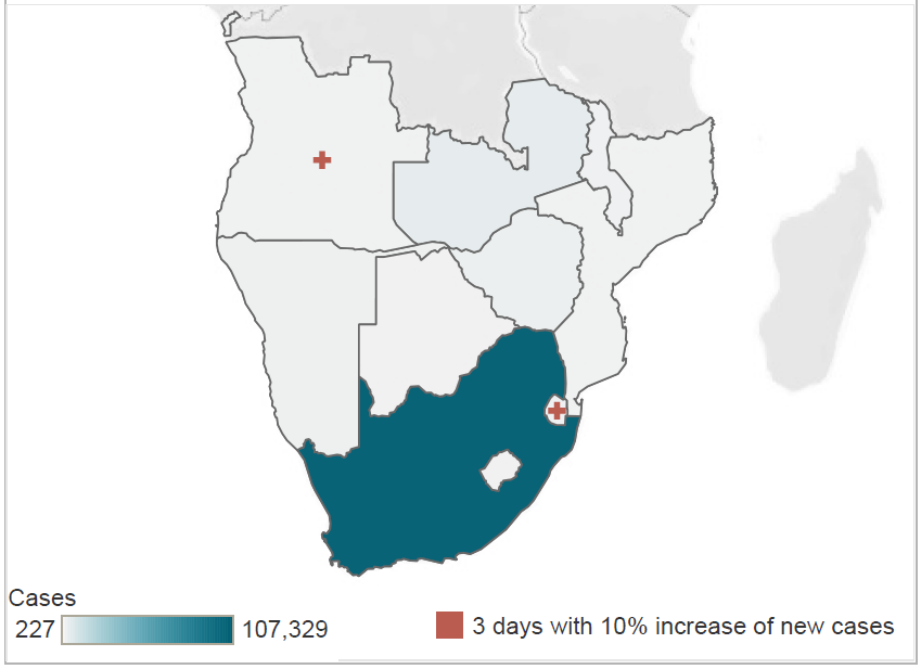
Country[1]	Total cases[2] (per 100,000 population)	Trend in new cases[3]	Tests per Case[4]	PHSM Status (tightening/extending/loosening)	Other key trends/issues
South Africa	559,858 (956)	↓	6	LOOSENING Curfew shortened to start at 10pm in response to restaurant industry demands; alcohol and tobacco remain banned	The government announced that more than 24,000 health care workers have been infected by COVID-19, with 181 deaths. Due to the discrepancy between confirmed COVID-19 deaths and excess mortality, all sudden deaths will now be tested for COVID-19. The first of 20,000 planned ventilators were produced in Cape Town. WHO sent a team of senior experts to South Africa to support the response. President Ramaphosa announced a ministerial committee to investigate corruption allegations related to COVID-19 supplies procurement and economic relief programs. The Institute for Security Studies Protest and Public Violence Monitor reported the number of demonstrations increased from 169 in June to 232 in July, with many protests against PHSMs. Protests in Johannesburg focused on demands for economic support for the poor.
Zimbabwe	4,649 (32)	↑	16	NO CHANGES	Junior and senior doctors joined nurses on strike over pay and personal protective equipment, while there were reports of dire situations in public hospitals including spikes in neonatal and maternal mortality. 10% of confirmed COVID-19 cases are among frontline health workers. Vice President Constantino Chiwenga was appointed as the new Minister of Health and Child Care, after the previous minister was removed in July over corruption charges. The appointment was criticized by the opposition party. Agriculture minister Perrance Shiri died of COVID-19. The government canceled gatherings for public holidays on 10 August (Heroes Day) and 11 August (Defense Forces Day).

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 (28 July-10 August) to new cases over the prior 14-day period (14-27 July). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.
4. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.

Southern: Disease Dynamics

Total cases	New cases between 28 July-10 August	Total deaths	New deaths between 28 July-10 August	Countries with CFR >4%[1]	Countries with tests per case[2] <10	Countries with no case or test reporting[3]	Countries with relative mobility close to (within 10%) or above pre-COVID baseline[4]	No. of health care workers tested positive[5]
589,343	117,852 **-32%**	11,093	2,772 **+18%**	Angola **4.5%**	Eswatini **(9)** Malawi **(7)** South Africa **(6)**	N/A	Mozambique**(-9%)** Namibia **(-9%)** Zambia **(+4%)**	26,691 **97% of cases reported from South Africa*

Number of New Cases Reported and Epidemiological Triggers, Southern Africa, 28 July - 10 August



**An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 28 July-August 10. It is a potential signal of accelerating transmission.*

Newly reported cases in the Southern Africa region are declining, driven by a drop in new reported cases in South Africa as well as Botswana and Malawi.

- In **South Africa**, Gauteng province began to see declining numbers of new cases, while cases and hospitalizations continued to decline in the Western Cape province. Free State province reported the highest weekly incidence of new cases for the week ending 1 August, according to the National Institute for Communicable Diseases (NICD). The decline in reported cases should be interpreted with caution given that the pace of testing has fallen since July according to NICD reports.
- **Eswatini** and **Angola** reported epidemiological triggers* over the past two weeks, while new reported cases continued to rise in **Mozambique**, **Namibia**, **Zambia** and **Zimbabwe**. Three of these countries (**Mozambique**, **Namibia**, **Zambia**) had mobility close to or above baseline levels as of 10 August.

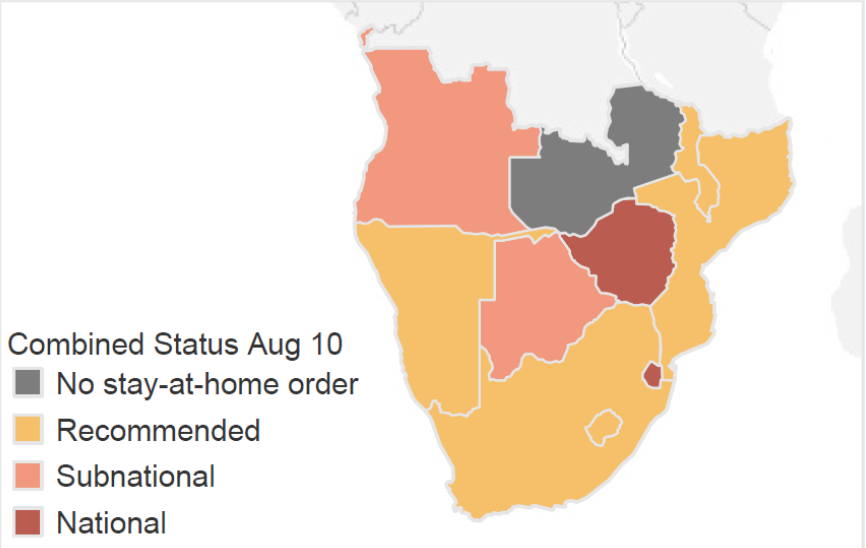
1. A high Case Fatality Rate (CFR) is used as a proxy indicator for low testing capacity
2. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to Annex for more information on limitations of this data.
4. According to WHO AFRO data as of 21 July. Refer to Annex for more information on limitations of this data.

Southern: PHSM Implementation and Adherence

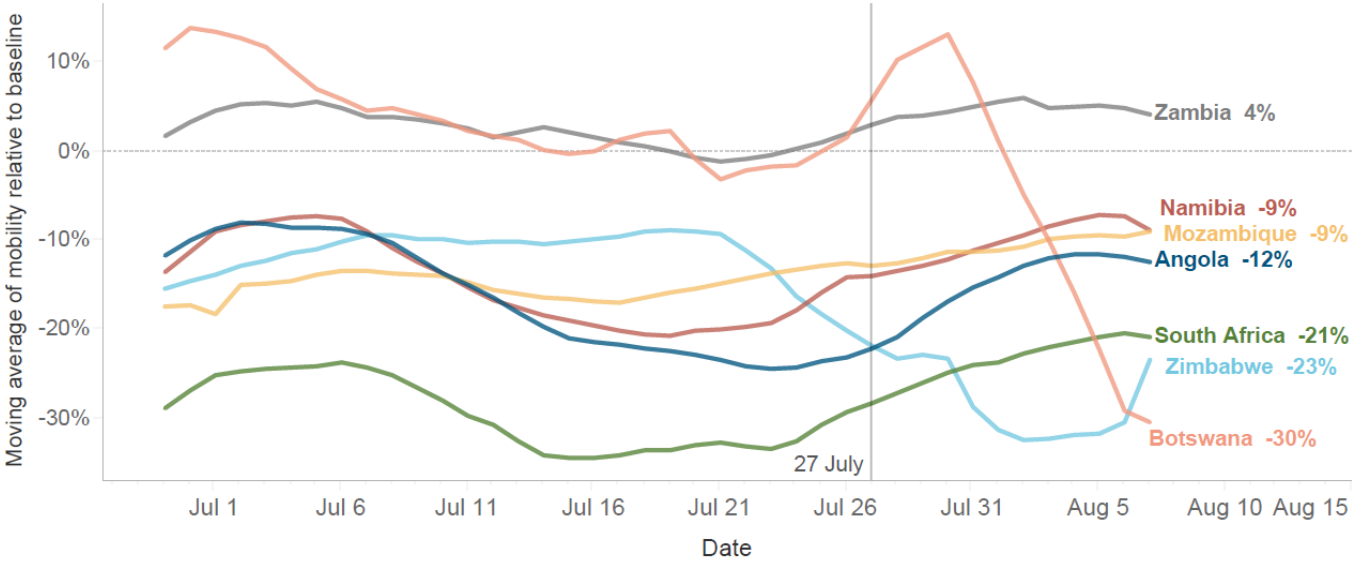
There has been limited loosening of PHSMs in Southern Africa over the past two weeks, with most countries either extending or tightening measures, reflecting the region's high disease incidence.

- Botswana instituted a two-week lockdown and stay-at-home order in the greater Gaborone region on 31 July in response to a rise in cases linked to schools, leading to a precipitous decline in mobility. Restrictions had previously been loosened in June and July, including reopening schools and increasing the number of people allowed to gather in public.
- Malawi introduced new measures including limits on public gathering and a face mask requirement; human rights groups questioned the mask requirement because the government has not distributed masks to people who cannot afford them. Religious groups also challenged the decision to close places of worship.
- Mozambique extended its state of emergency again and postponed school reopening to enable greater preparation.

Status of Stay-at-Home-Orders in Southern Africa as of 10 August



7-day Moving Average of Mobility Relative to Baseline* for Retail and Recreation in Southern Africa, 29 June - 7 August (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: Burden of PHSMs

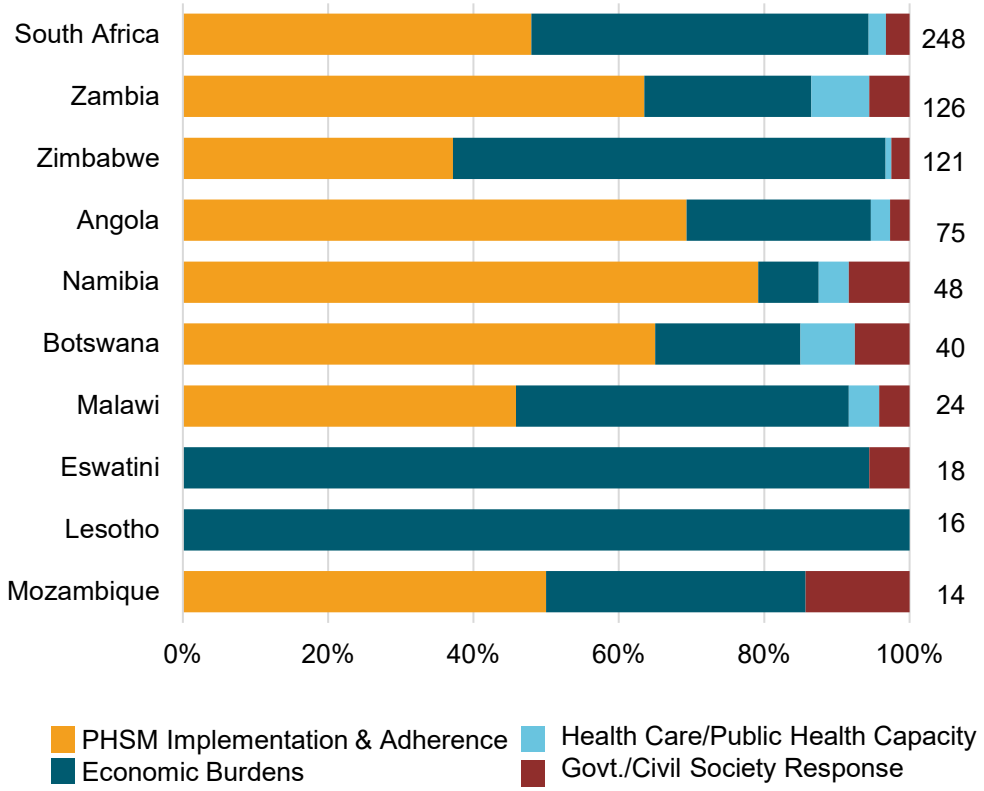
Public narratives about government COVID-19 response in Southern Africa continued to be highly critical.

- In South Africa, coverage of protests focused on the economic burden of PHSMs, as well as government corruption and broken promises related to economic relief. Government announcements about investigations of corruption met with criticized as lip service, and social media users drew attention to Finance Minister Tito Mboweni's alleged involvement in corrupt schemes.
- Xenophobia was evident in South African social media, with complaints of migrant workers taking jobs and receiving government benefits ahead of citizens. These narratives were linked to evictions and looting of migrant businesses in Phola Park in Thokoza, south of Johannesburg.
- In Zimbabwe, coverage focused on food security challenges exacerbated by COVID-19 restrictions. The hashtag #ZimbabweanLivesMatter was used over 2 million times to criticize the government response and focus attention on corruption.
- Zimbabweans also criticized the politicization of food distribution, with thousands of social media users commenting on or liking posts that accused the ruling ZANU-PF party of murdering an MDC Alliance member who drew attention to food distribution on partisan lines.

A Tweet in **Zimbabwe** received nearly 1,000 likes and retweets: "What happens on the ground in rural Zimbabwe? This is Mazwi Ndlovu. Killed in Bulilima, Mat South by Zanu Youths for querying the politicization of Covid19 food aid. 7,7 million Zimbabweans are food insecure. Their lives are the spirit behind the hashtag #ZimbabweanLivesMatter"

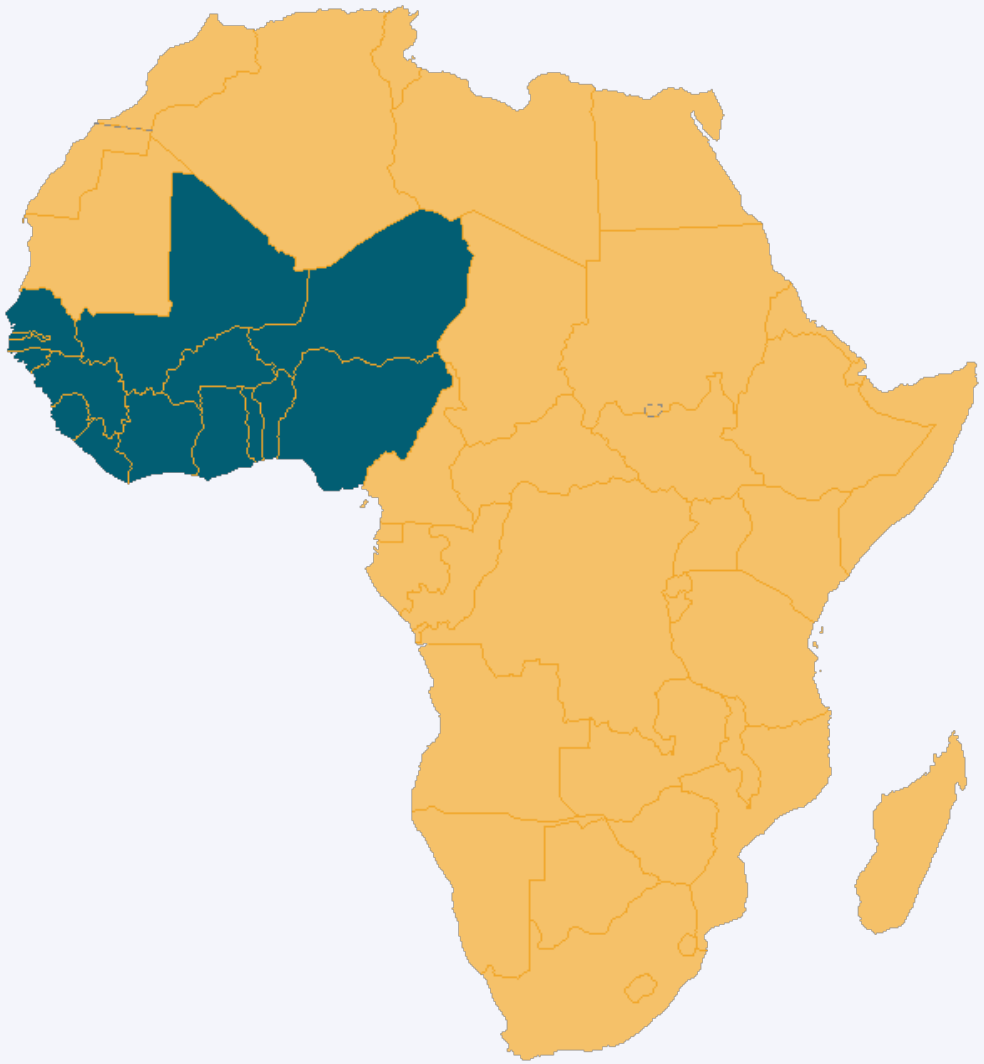
An article in the Mail & Guardian about corruption investigations in **South Africa** quoted a civil society leader as saying: "This, unfortunately, has been the experience of all civic society over the years … We are dealing with a government that is reluctant to divulge information related to potential corruption and misuse of public finances … The only reason you're seeing this increased outrage now is because we're in a public health crisis.

Trending Topics in Traditional and Social Media Coverage of PHSMs in Southern Africa
27 July-9 August



© Novetta 2020

Western Region



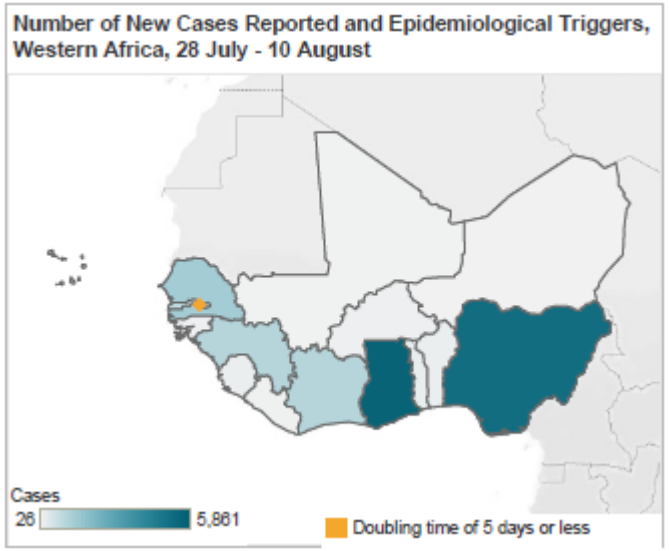
Western: Countries with Epidemiologic Triggers and PHSM Changes

Country[1]	Total cases (per 100,000 population)	Trend in new cases[3]	Tests per Case[4]	PHSM Status (tightening/extending/loosening)	Other key trends/issues
Benin	1,914 (16.22)	↓	33	LOOSENING Schools reopened on 28 July	
Cote d'Ivoire	16,715 (65.00)	↓	6	LOOSENING As of 31 July, bars, clubs, movie theaters, and other entertainment in Abidjan reopened EXTENDING State of emergency extended to 31 August	
The Gambia	1.235 (52.60)[2]	↑	7	TIGHTENING Three-week curfew from 10pm to 5am imposed beginning 6 August	
Ghana	41,003 (134.80)	↓	10	LOOSENING Restrictions on number of worshippers in churches and mosques lifted on 1 August	
Liberia	1,237 (25)	↓	10	NO CHANGE	AP reported that vice president tested positive on 10 August and traveled to Ghana for treatment.
Niger	1,158 (5)	↓	10	NO CHANGE	An unidentified armed group killed 7 humanitarian workers on 9 August in the Tillaberi region. Severe flooding has affected 88,000 people and led to increased food insecurity.
Nigeria	46,577 (23.18)	↓	7	LOOSENING Schools reopened on 4 August for exit classes only so students could prepare for West African Examinations	Anti-government protests took place and were broken up by police, with demonstrators arrested for breaking rules about gatherings.
Sierra Leone	1,916 (24.52)	↓	10	LOOSENING Schools opened for students sitting for standard examinations	

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 28 July–10 August. It is a potential signal of accelerating transmission.
3. Trends are comparing new cases over the current 14 days (28 July–10 August) to new cases over the prior 14-day period (14–27 July). Red arrows signify an increase in cases (>5%), green arrows a decrease (>5%), and gray arrows a less than 5% change.
4. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.

Western: Disease Dynamics

Total cases	New cases between 28 July-10 August	Total deaths	New deaths between 28 July-10 August	Countries with CFR >4%[1]	Countries with tests per case[2] <10	Countries with relative mobility close to (within 10%) or above pre-COVID baseline[3]	No. of health care workers tested positive[4]
140,601	17,031 **-29%**	2,087	227 **-9%**	Liberia **6.4%** Mali **4.9%** Niger **6.0%**	Cote d'Ivoire **(6)** Gambia **(7)** Guinea **(8)** Guinea Bissau **(6)** Nigeria **(7)**	Burkina Faso (**+16%**) Cote d'Ivoire (**+4%**) Benin (**-1%**) Ghana (**-3%**) Niger (**-4%**) Mali (**-5%**) Togo (**-9%**)	6,438



New cases and deaths across Western Africa decreased by 29% and 9%, respectively, between 28 July and 10 August (when compared to 14-27 July). However, low tests per case in several countries indicate that the decrease should be interpreted with caution because testing rates may be insufficient.

- Nigeria and Ghana continue to comprise the majority of new cases reported in the region (66%), but both countries reported decreases between 28 July and 10 August. Nigeria also experienced a 27% drop in new deaths, whereas Ghana saw an increase of 11%.
- Guinea Bissau had the lowest number of tests per case in the Western region, indicating a need for more expansive testing.

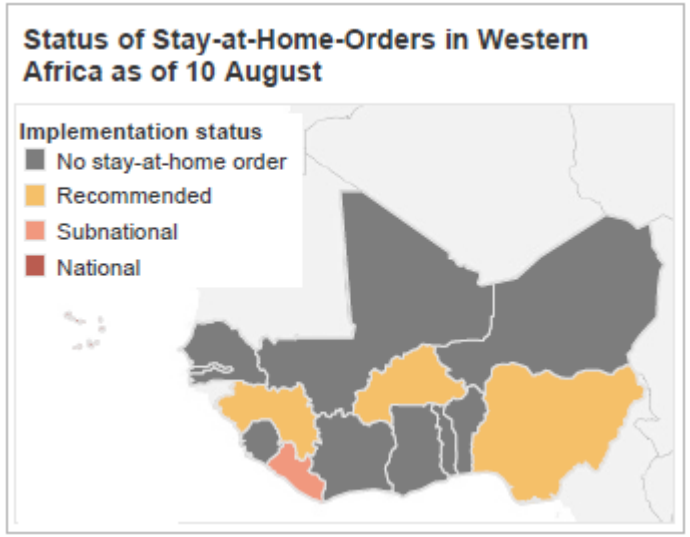
An epidemiological trigger reflects cases doubling in five days or less, or a 10% increase in cases on three consecutive days between 28 July-10 August. It is a potential signal of accelerating transmission.

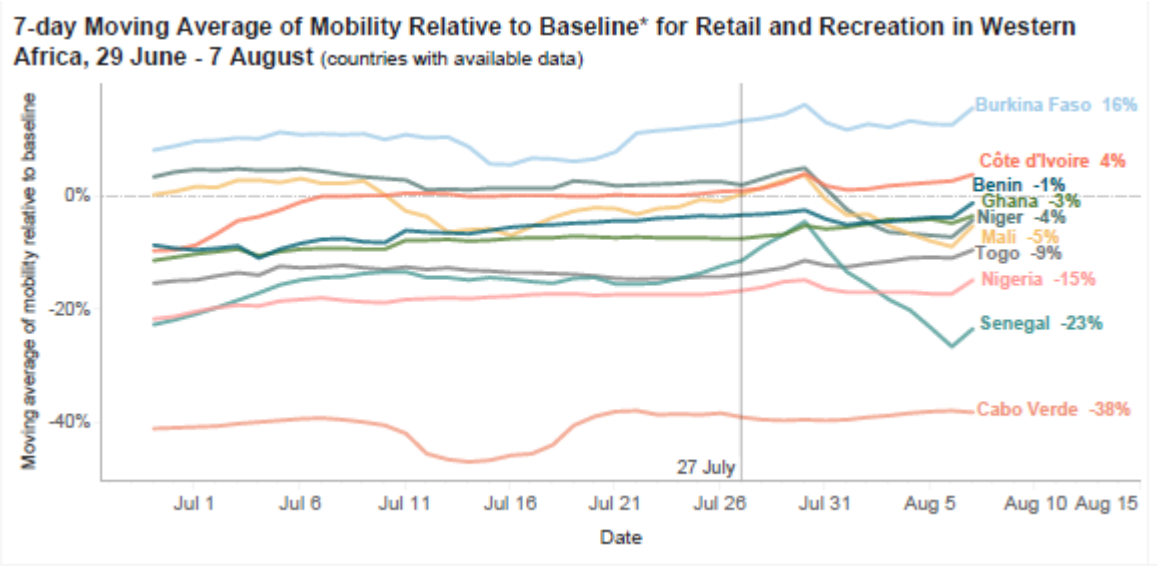
1. A high Case Fatality Rate (CFR) is used as a proxy indicator for low testing capacity
2. The test per case is the number of tests performed per positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases.
3. Recreation and retail mobility data is analyzed from Google COVID-19 Community Mobility Reports. Refer to Annex for more information on limitations of this data.
4. According to WHO AFRO data as of 21 July. Refer to Annex for more information on limitations of this data.

Western: PHSM Implementation and Adherence

Almost all countries in the Western region that reported changes in PHSM implementation in the past two weeks (Benin, Cote d'Ivoire, Ghana, Nigeria, and Sierra Leone) loosened their measures in the context of decreasing cases, including reopening schools, bars, clubs, movie theaters, and places of worship.

- As of 27 July, no countries in Western Africa had a national stay-at-home order in place, and Liberia was the only country in the Western region with a subnational stay-at-home order in place.
- The Gambia was the only country in Western Africa that tightened PHSMs, implementing a three-week curfew beginning on 6 August.





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: Burden of PHSMs

Lack of consistent and transparent government messaging regarding aid deliveries has repeatedly caused confusion and claims of corruption, especially in Nigeria, and there has been a rise in negative sentiment toward PHSMs in Western Africa.

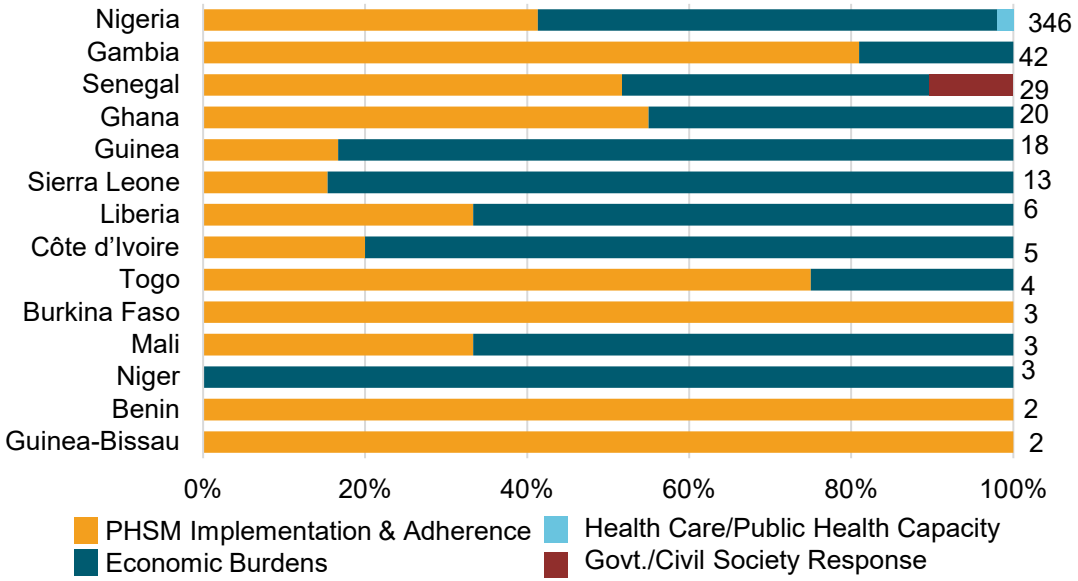
- In Nigeria, separatists from the Biafra region denounced the COVID-19 virus and related Nigerian government responses, including food distribution, policing, and PHSMs as political tools and "scams."
- With an election looming in Ghana in December, claims that PHSMs are being politicized are increasing. Compliance with mask wearing and physical distancing may decrease if PHSMs are perceived to be political acts.

Social media users in Nigeria expressed confusion over the existence of food palliative aid, asking, "Who ate the food?"

On 7 August, the Biafra Nations Youth League denounced Nigerian President Muhammadu Buhari's declaration of compulsory mask wearing, stating, "They should stop this game. The lockdown didn't work. The eased face of the lockdown is not working, not one is complying with the rules."

Nigerian First Lady Aisha Buhari's trip to Dubai for medical treatment on 7 August triggered outrage amongst critics of the government who argued the funds should be directed to medical infrastructure within Nigeria. Political activist Deji Adeyanju tweeted on 7 August, "The N81bn they stole at NDDC during COVID-19 lockdown is enough to build the same world class hospital she's going to in Dubai." The tweet received ~1200 likes.

Breakdown (%) of PHSM Topics in Countries' Traditional and Social Media (27 July-9 August, 2020)



© Novetta 2020

© Novetta 2020

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. An epidemiological triggers signifies 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.
- 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 329 media articles (1,796 quotes), 1,174 tweets, and 1,597 Facebook posts from 27 July-10 August, 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 quantitative data sources** cover different date ranges and some are subject to delays and retrospective corrections (please reference reporting rates section for more information). Findings reflect the latest available information at the time of analysis. Case reporting should be interpreted with the positive test rate in mind, which indicates whether or not testing capacity is sufficient enough to be detecting most cases.

Epidemiological Indicators

- **Regional totals:** Sum of total number of cases/deaths as of 10 August across countries in a given African Union region
- **New cases/deaths in past two weeks:** Sum of daily newly reported cases/deaths between 28 July-10 August across countries in a given African Union region
- **Percent change from previous two weeks:** 28 July-10 August sum minus 14-27 July sum, divided by 14-27 July sum, multiplied by 100
- **Case-fatality ratio (CFR):** Country-specific total number of deaths divided by the total number of cases as of 10 August
- **Trigger—Doubling time of five days or less:** A country reached the threshold of total cases doubling in five days or less between 28 July-10 August
- **Trigger—3 days with 10% increase of new cases:** 10% increase in cases on three consecutive days between 28 July-10 August

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 test per case ratio is the number of tests performed for every positive case. Countries with a low number of tests per case (<10) may not be testing widely enough to find all cases. Africa CDC recommends 10-30 tests per case, as a benchmark of adequate testing.
Traditional and social media analysis	Novetta Mission Analytics	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 329 articles and 1,796 quotes from media outlets in Africa from 27 July-9 August, 2020. 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 1,174 Africa-focused tweets from 27 July-9 August, 2020. 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 1,597 Africa-focused Facebook posts and comments from 27 July-9 August, 2020.
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.

Resources

- **Africa CDC COVID-19 Resources**
- **WHO Country & Technical Guidance for COVID-19**
- **Resolve to Save Lives Resource Library**
  - *COVID-19 Playbook*
  - *Staying Alert: Navigating COVID-19 Risk Toward a New Normal*
  - *COVID-19 Risk Communication Hub*