

Reporting period: 28 October - 10 November

## Biweekly Report

The Partnership for Evidence-Based Response to COVID-19 (PERC) [released a brief on 13 November](#) that delves deeper into findings from its 24,000-person survey conducted in 18 African Union (AU) Member States on disruptions to essential health services since the start of the pandemic. As governments across Africa start to reinstitute more restrictive public health and social measures (PHSMs) to respond to the continent's second wave, ensuring continued access to health care services will be critical in preventing morbidity and mortality not only from the virus itself, but from other infectious diseases. Although some vaccination campaigns have resumed, the World Health Organization (WHO) estimates that millions of children have been left unvaccinated and are at increased risk for tuberculosis, measles and malaria, among other diseases.

### Disease Situation (28 October – 10 November)

- In Africa, new cases and deaths increased by 20% and 26%, respectively, between 28 October – 10 November compared to the previous two-week reporting period (14-27 October). **Morocco, South Africa, Tunisia, Kenya and Libya** accounted for more than three-fourths of new cases and deaths. The test per case ratio remains below the recommended range in 15 AU Member States (see table below).<sup>1</sup> Three-fourths of AU Member States are reporting community transmission.
- Morocco** (61,432 new cases) continues to be at the epicenter of Africa's second wave, reporting nearly three-fold the number of cases South Africa (22,403 new cases) reported between 28 October – 10 November. **Kenya** [reported](#) its highest number of new daily COVID-19 cases, and a 50% increase in new deaths during this reporting period.
- Algeria, Benin, Ghana, Somalia and Sudan** saw new cases increase by more than 100% in this reporting period. **Sudan** [reported](#) a 665% increase in cases (574 new cases) and 279 new deaths in this reporting period, compared to only 77 new cases and 1 new death between 14-27 October. The test per case ratio remained below the recommended range in **Algeria, Sudan and Somalia**, at less than 7 tests per case, indicating many cases are likely going undetected.
- Uganda**, which saw an 84% increase in new cases, reported 39 tests per case, which is within the recommended range.<sup>1</sup> However, despite the recent rise in cases, the government [moved](#) to loosen restrictions on public gatherings in an effort to restore the economy.
- In **Kenya**, the media continued to [report](#) on rising cases among health care workers, with the increase attributed to a lack of personal protective equipment (PPE) available at hospitals. A large referral hospital in rural **Kenya** [closed](#) after 8 health care workers tested positive on 5 November.

Africa Total Reported Cases	New Cases (28 October – 10 November)	Total Reported Deaths	New deaths (28 October – 10 November)	AU Member states where test per case <10 <sup>1</sup>	Total reported cases among health care workers (HCW) <sup>2</sup>
1,907,066	166,752 (20% increase since 14-27 October)	46,048	4,078 (26% increase since 14-27 October)	Algeria, CAR, Congo, DRC, Egypt, Eswatini, Gambia, Libya, Madagascar, Sao Tome and Principe, Somalia, South Africa, Sudan, Tanzania and Tunisia	60,229 (2% increase in total HCW cases since 27 October)

<sup>1</sup> 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.

<sup>2</sup> Data compiled from WHO AFRO where available, as well as reports from Ministries of Health and other government-affiliated organizations. Reporting on health care worker cases is inconsistent across Africa, and the current numbers may be an underestimate.

For more information on the disease situation, PHSM implementation and adherence in Africa, as well as PERC Survey findings, please visit the PERC [dashboard](#) and [website](#).

### TOP 5 COUNTRY HIGHLIGHTS<sup>3</sup>

Countries with the largest increase in new cases when comparing 28 October – 10 November to 14-27 October	
Sudan	+665% (574 new cases reported)
Somalia	+368% (360 new cases reported)
Benin	+184% (224 new cases reported)
Algeria	+133% (7,027 new cases reported)
Ghana	+105% (1,753 new cases reported)

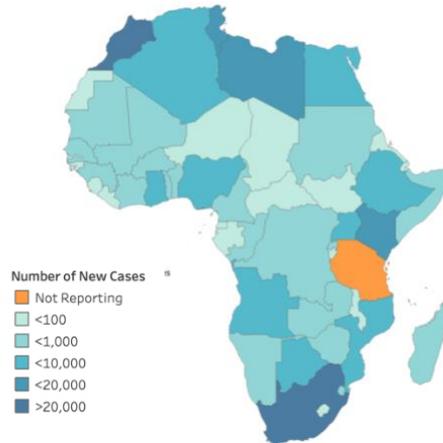


Figure 1. Increase in new cases between 28 October – 10 November. Data source: Africa Centres for Disease Control and Prevention

## PHSM Implementation

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

### PHSM HIGHLIGHTS

National lockdowns/curfews
<p><b>Tightening</b></p> <ul style="list-style-type: none"> <li>On 4 November, <b>Kenya</b> <a href="#">extended</a> its national curfew until 3 January 2021 and suspended all political rallies and gatherings for at least 2 months.</li> <li>All 24 provincial governors were <a href="#">authorized</a> to implement curfews in <b>Tunisia</b>, and new national capacity limitations were announced for indoor venues.</li> <li><b>Morocco</b> <a href="#">extended</a> its emergency decree until 10 December.</li> <li><b>Algeria</b> <a href="#">extended</a> its curfew through 10 November in 20 provinces, and <a href="#">recognized</a> on 3 November that its president tested positive for the virus.</li> <li>The state of health emergency was <a href="#">extended</a> in the <b>Congo</b> until 27 November.</li> </ul> <p><b>Loosening</b></p> <ul style="list-style-type: none"> <li><b>Uganda</b> <a href="#">announced</a> loosened of PHSMs, including permitting up to 200 people to attend mass gatherings for prayers, political rallies, meetings and weddings. However, closure of bars will remain.</li> </ul>
Mobility (air travel; public transportation)
<ul style="list-style-type: none"> <li>All travel, except for absolute and exceptional emergencies, is banned between provinces in <b>Tunisia</b>.</li> <li>On 5 November, <b>Rwanda</b> <a href="#">announced</a> that it would partially reopen land borders with DRC's city of Goma to ease small cross border business. The border has been closed since March.</li> <li><b>Burundi</b> <a href="#">reopened</a> its international airport on 8 November, requiring travelers to show a negative test for entry.</li> </ul>
School reopenings/closures
<ul style="list-style-type: none"> <li>On 28 October, <b>Tunisia</b> announced new school closures.</li> </ul>

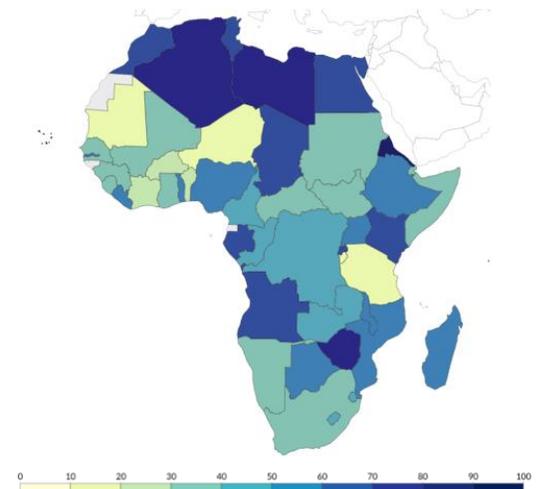


Figure 2. PHSM stringency index as of 5 November. Data Source: The Oxford Stringency Index is a composite measure based on nine indicators, which include school closures, workplace closures, and travel bans, which are rescaled to a value from 0 to 100 (100 = strictest). Countries that are not shaded are missing data.

<sup>3</sup> Countries with greatest % increase in new cases and with cases >200 (to rule out increase of smaller outbreaks)

For more information on the disease situation, PHSM implementation and adherence in Africa, as well as PERC Survey findings, please visit the PERC [dashboard](#) and [website](#).

## Secondary burdens of COVID-19 and PHSMs

### 1. Essential health services

- PERC released a new [brief](#) on how access to essential health services have been disrupted during the pandemic, building on its September 2020 “Responding to COVID-19 in Africa: Using Data to Find a Balance” [report](#). Key findings from the brief include:
  - More than half of respondents reported that mobility restrictions, coupled with health facility disruptions, contributed to their missing or delaying services. Safety concerns and affordability of care were also key barriers to access reported.
  - The proportion of respondents that reported missing health visits for potentially life-threatening conditions was concerningly high. People most at risk for missing health services included those that lived in cities and those that reported having longstanding illnesses or health problems.
  - Almost one-third of respondents report that COVID-19 is contributing to mental health issues, such as increased stress or anxiety. People with mental health issues were also more likely to report missing or delaying health services.
- WHO [reported](#) in a preliminary analysis that there has been a sharp decline in overall use of essential health services in 14 countries in Africa, with the most disruption occurring between May-July (when PHSMs were most strict). More than a million children have missed vaccinations protecting against TB (1.37 million) and measles (1.32 million).
  - In Nigeria alone, an estimated 367,000 pregnant women missed antenatal care and 97,000 gave birth away from health facilities since the start of the pandemic. In August, there were 310 maternal deaths reported at Nigerian health facilities, which is nearly double the amount recorded in August 2019.
- In a new [study](#), WHO and the U.S. Centers for Diseases Control and Prevention reported that, globally, there were 867,770 measles cases reported in 2019, which is the highest number reported in 23 years. Deaths related to measles climbed by nearly 50% between 2016-2019. The authors of the paper attribute the increase to vaccination failures and warn that vaccination disruptions due to COVID-19 could exacerbate the current crisis.
- An [assessment](#) conducted of 200 vaccination sites in Libya found that TB vaccines were out of stock in all sites, and only limited quantities were available of hexavalent vaccine, which protects against multiple infectious diseases. South Sudan [confirmed](#) an outbreak of measles in five regional states on 11 November. In Nigeria, an [outbreak](#) of Yellow Fever has claimed the lives of at least 50 people since September in Enugu and Delta states.

### 2. Economic and social burden

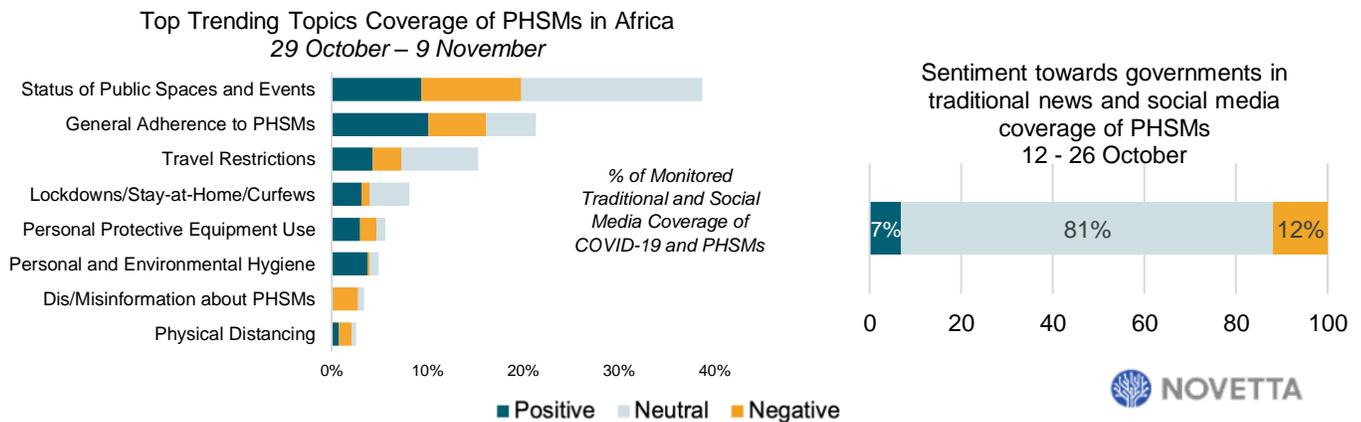
- In a 6 November [report](#), the United Nations warned that regions in Burkina Faso, West Africa’s Sahel region, northeastern Nigeria, and South Sudan were at heightened famine alert due to conflict compounded by economic decline, climate extremes and the pandemic.
- With the help of World Food Programme, the Kenyan government is [rolling out aid](#) to more than 400,000 urban poor households in Nairobi and Mombasa, many of whom work in the informal sector and have seen their incomes drop considerably since the start of the pandemic.
- On 29 October, the Nigerian president warned that the country could not afford to let cases increase again because its “economy is too fragile to bear another lockdown.” However, on 8 November, Nigeria [recorded](#) its highest daily tally of cases since August. [Reports](#) of people raiding warehouses for food aid continued.

- A 9 November [report](#) from the International Organization for Migration and the World Food Programme highlights that the world's 164 million migrant workers, and the people that they support, are some of the worst hit by the pandemic. The World Bank reports that the pandemic will cause a likely 14% drop in remittances to low- and middle-income countries by 2021.

## Public sentiment in news articles and on social media (Facebook and Twitter)

### 1. Sentiment towards PHSMs and government response

- The majority of posts on social media and citizen quotes in news articles continue to support PHSMs across Africa. However, country and regional differences in tone persist. Coverage expressing support for PHSMs accounted for 18% in Northern Africa, but less than 7% in other regions (notably, only 1% of coverage was positive towards PHSMs in Eastern Africa).
  - Messaging from government officials, including domestic health authorities, drove positive coverage of PHSMs in Northern Africa. Social media users amplified government messages on COVID-19 in tweets and Facebook posts. However, in Egypt, there were growing reports in news and on social media that people were not adhering to PHSMs.
- Following the announcement that the Algerian president was diagnosed with COVID-19, coverage of COVID-19 and PHSMs in Algeria nearly doubled between 29 October – 9 November, compared to the previous two weeks. Coverage was largely supportive of PHSMs in Algeria, with posts reflecting high-risk perception.
- While the Ugandan and Kenyan governments have cooperated to provide efficient and affordable tests to truck drivers at border crossings, social media users as well as truckers cited in traditional media, claimed that the prices remained high (\$50 USD). The article claims that the high price has forced some into buying counterfeit COVID-19 certificates in order to cross the border between the two countries for trade.



### 2. Coverage of adherence to and politicization of PHSMs

- In Africa – and globally – adherence to PHSMs has increasingly become politicized as cases continue to rise and elected government officials weigh reinstating PHSMs against the potential impact on their electability.



- In Nigeria, following reports of people wearing politically-branded face masks, the government banned political face masks at all polling units for the gubernatorial elections that took place in September and October.
- An October [article](#) from *Ghana News Agency* reported that only 4% of a sample of 50 market-goers in Accra wore masks, noting that some traders told reporters they did not believe that the virus existed. Media have [reported](#) that the leading political parties in Ghana have used PHSMs as a political tool in different ways.
- In Uganda, there have been [reports](#) that the leading political parties have used PHSMs, and face masks in particular, for political gain. The report notes that residents in Kampala often own three masks, one for each political party, and alternate them depending on where they are going.

## Science update

- New research [published](#) on 7 November suggests that populations in Africa have likely been pre-exposed to coronaviruses prior to the COVID-19 pandemic, which may partially explain the lower incidence of COVID-19 cases and deaths across Africa, compared to other regions of the world.
- An [assessment](#) of government COVID-19 vaccine purchasing agreements shows that high-income countries have already purchased nearly 3.8 billion doses and will be able to vaccinate nearly their entire populations before billions are vaccinated in low-income countries. It concludes that some people in low-income countries may be waiting until 2024 for a vaccine at the current state.
- Oxford's COVID-19 vaccine [kicked-off clinical trials](#) with 40 frontline health care workers in Kilifi County, **Kenya**. Researchers noted that 360 volunteers will be added to the trial once the efficacy and safety is established.
- **Morocco** [announced](#) that it will receive upwards of 10 million doses of China's vaccine by mid-December and launch a national vaccination campaign, focused on health care workers and groups most at risk.

## Other key items

- A global [report](#) from Insecurity Insight published on 2 November found that COVID-19-related violence against health care workers (HCWs) spiked during the initial lockdown phase in March- May, but has since declined from June- August 2020. Violence against HCWs was often due to people fearing that they would spread COVID-19 and political opposition to state-imposed PHSMs. The report also noted that kidnappings of HCWs increased in **Nigeria** in August and conflict-related violence remains a major concern for HCWs in the DRC and **Libya**.
- **Egypt** [warned](#) citizens that a national lockdown may be in store if cases continue to rise and announced fines of up to \$250 USD for people found not wearing masks, urging people to adhere to PHSMs. And, a new law [announced](#) in **Ethiopia** could put people in jail for up to two years for refusing to wear a mask.