Reporting period: 14 - 27 October

Biweekly Report

International media and organizations continue to spotlight Africa as an example of a successful COVID-19 response, particularly as Europe and North America enter large second and third waves. However, the secondary impacts of public health and social measures (PHSMs) have been significant: across the continent, health systems are becoming increasingly overburdened, and food prices and insecurity are rising; public mistrust of government handing of the virus and disbursement of aid is fueling protests. In some African Union (AU) member states, cases have begun to rise again, signaling that a second wave is starting. Strengthening public trust in government and expanding rapid testing and contact tracing will be necessary to control the spread in the coming months.

Disease Situation

- For the continent as a whole, new cases and deaths reported between 14-27 October remained relatively unchanged compared to the previous two weeks (30 September 13 October). The test per case ratio remains below the recommended range in two-thirds of AU Member States surveyed, indicating many cases are still going undetected and underscoring the importance of strict adherence to PHSMs, particularly when testing is limited.²
- New cases are concentrated in the Northern Region, and in parts of the Southern and Eastern Regions. Morocco sustained its largest single day increase in new cases and surpassed South Africa to report the largest number of new cases from 14-27 October. Cases from Morocco, Libya, Tunisia and Algeria comprised more than half of total new cases.
- Hospitals in Libya are overwhelmed by rising cases, as more than 50% of hospitals are currently shuttered due to
 existing conflict. Health officials <u>report</u> that contact tracing is difficult because of the stigma associated with the
 virus, highlighting the need for expanded community outreach to communicate accurate, helpful information to
 dispel misinformation about COVID-19.
- Following loosening of PHSMs in early October, new cases in **Kenya** are approaching the 7-day moving average experienced during its highest peak in August. There are <u>reports</u> of hospitals being overwhelmed and COVID-19 outbreaks among health care workers, as well as a <u>health care worker strike</u> at Nairobi's largest hospital, underscoring the need for more investment in the safety and health of frontline workers.

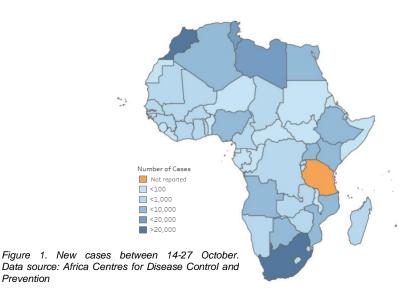
Total Reported Cases	New Cases (14 October – 27 October)	Total Reported Deaths	New deaths (14 October – 27 October)	AU Member states where test per case <10 ¹	Total reported cases among health care workers ²
1,729,580	127,843 (.2% increase since 30 September – 13 October)	41,636	2,900 (5% decrease since 30 September – 13 October)	Algeria; CAR; Congo; Cote d'Ivoire; DRC; Egypt; Eswatini; Gambia; Guinea; Libya; Madagascar; SAR; Sao Tome and Principe; Somalia; South Africa; Sudan; Tanzania; Tunisia	58,849

¹ 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.

2 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.

TOP 5 COUNTRY HIGHLIGHTS³

Countries with the largest increase in new cases reported between 14-27 October and 30 September – 13 October			
Botswana	+313% (1,415 new cases reported)		
Kenya	+150% (8,896 new cases reported)		
Angola	+51% (2,964 new cases reported)		
Algeria	+38% (3,020 new cases reported)		
Zimbabwe	+34% (267 new cases reported)		



PHSM Implementation

In the month of October, more than half of countries in Africa (53%) loosened their PHSMs, while one third made no policy changes. While the trend toward loosening PHSMs continues, as cases rise in Northern, Southern and parts of the Eastern Region, governments have hinted at reinstating more strict measures (although not as restrictive as in March and April).

Prevention

PHSM HIGHLIGHTS

National lockdowns/curfews

- In early October, Kenya announced bars/restaurants could extend opening hours with proper hygiene measures in place; resumption of religious gatherings at one-third capacity; and, that funerals and weddings could be held with up to 200 people.
- In **South Africa**, the government announced on 15 October a continuation of its national state of disaster until at least 15 November.
- On 28 October, Zimbabwe announced the relaxing of its nightly curfew (from 8pm to 10pm)
- Since mid-October, mosques have been authorized to reopen in Libya and Morocco.

Mobility (air travel; public transportation)

- In Zimbabwe, borders will reopen to private passenger vehicles starting 1 December.
- Gambia reopened its land, air and sea borders (19 Oct)
- Tens of thousands of people attended **Senegal's** Grand Miagal Pilgrimage in early October; people were required to wear masks but media reported that not all adhered to measures

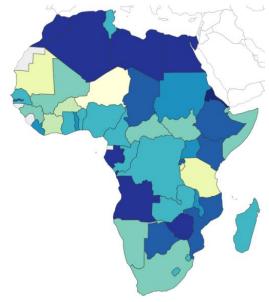


Figure 2. PHSM stringency index as of 25 October. Data Source: The Oxford Stringency Index is a composite measure based on nine indicators, which include school closures, workplace closures, and travel bans, which are rescaled to a value from 0 to 100 (100 = strictest). Countries that are not shaded are missing data.

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.

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

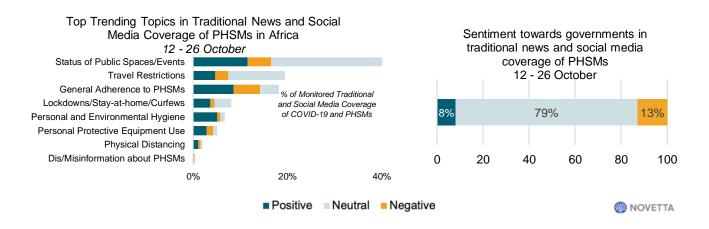
School reopenings/closures

- On 12 October, Kenya <u>reopened</u> its schools for students in grade 4, standard 8, and form 4.
- In early October in Zimbabwe, students started gradually returning to school for specified grades.
- Central African Republic announced partial/gradual resumption of schools on 19 October.

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 warn of the risk of COVID-19. Content
 expressing low risk perception was infrequent but was most common on social media in South Africa, Kenya
 and Tanzania, and frequently tied to statements about government corruption.
- Social media users in Kenya continued to post the hashtag "#COVID19Millionaires" when expressing their
 criticism of government mismanagement of funds. As cases continue to rise in Kenya, public mistrust of the
 government, as seen on social media, may erode adherence to government enforced PHSMs. Relief providers
 should ensure that their aid is disbursed with strict oversight measures and government should ensure that how
 the aid will be distributed is communicated transparently.
- As reported cases surge in Libya, coverage was largely negative towards the government. Social media users
 claimed that tests were only being sent to private hospitals and that the government was setting the price of the
 tests too high for the average person to afford.
- Negative sentiment in **Zimbabwe** was driven by coverage of the president's supposed buying of Land Rovers for government health officials. A viral tweet claimed that each car was worth 80 ventilators.
- The **Nigerian** protests to end the Nigeria Police's Special Anti-Robbery Squad (#EndSARS) composed half of all media mentions in the country, with some users expressing concern about how the protests could affect the spread of COVID-19.



Social media quotes

"What a coincidence? No sooner had the World Bank's Board of Executive Directors approved an envelope of \$12 billion for developing countries to finance the purchase and distribution of COVID-19 vaccines, tests and treatments for their citizens than Kenya's case load spiked!" – Twitter user, Kenya

"I just watched a video in which vaccination is mandatory to attend a public school... can someone help us get to the bottom of this. I just hope it is not that vaccine against COVID-19? I am not sure where it has been tested and I won't want it imposed on my child." – Twitter user, Cameroon

2. Coverage of misinformation narratives on social media

- Misinformation narratives on social media accounted for less than 1% of coverage surrounding PHSMs. However, as reported cases continue to rise in **Kenya**, some social media users claimed that the government was falsifying case numbers to attract additional resources from the World Bank's COVID-19 relief fund.
- In **Nigeria**, the federal government pointed fingers at the state governments for failing to distribute the food aid the federal government had provided them with. The news from Nigeria also spurred conversations in other countries and criticism against their own governments. In **Uganda**, for example, complaints emerged over proposed food aid by Uganda officials, which never materialized.
- In **Cameroon**, a video circulated that claimed vaccinations would be mandatory to attend public schools, and social media users expressed reservation about exposing their children to a vaccine. The video highlights the need for engaging prominent officials and local celebrities to combat vaccine misinformation.

Secondary burdens of COVID-19 and PHSMs

1. Essential health services

- More than 70% of women who are refugees in Africa report an increase in gender-based violence in their
 communities since the pandemic started. It also found that economic hardship brought on by COVID-19 is placing
 women and girls at greater risk for sexual exploitation in exchange for food, highlighting the need for targeted
 social programs and community outreach to identify and help those most at risk.
- Massive flooding is occurring across the Eastern and Central regions, destroying crops and increasing prices of
 essential goods, which were already elevated due to COVID-19. In **Sudan**, the flooding has destroyed health
 facilities and led to an <u>increased</u> risk of cholera and malaria. The United Nations Office for the Coordination of
 Humanitarian Affairs (OCHA) <u>reports</u> more funding is needed for water, sanitation and hygiene services, which is
 also critical in preventing COVID-19 transmission.
- Morocco announced on 21 October that it aims to achieve universal health coverage for an additional 22 million Moroccans by the end of 2022; this comes as the country experiences its largest surge of cases yet. Similarly, Senegal announced plans to expand its health system, with the goal of recruiting 1,500 more health care workers and raising \$893 million in four years.

2. Economic and social burden

- According to the World Food Programme, in Sierra Leone, Niger, Burkina Faso, and Togo, food inflation has
 increased by at least 5 percentage points since January. Internationally, the price of corn, wheat and sugar has
 increased significantly over the past month.
- The effects of food scarcity are apparent in Nigeria, where EndSARS protestors supposedly <u>seized government</u> food aid that had been sitting in several warehouses across the country, accusing the government of keeping the food from people most in need.
- A <u>study</u> found that more than three-fourths of women reported their household lost at least partial income since
 the start of the COVID-19 restrictions in DRC, Burkina Faso, Kenya and Nigeria. Complete loss of household
 income ranged from 16% in Burkina Faso to 62% in DRC.
- Africa is entering its first recession in 25 years, and recent estimates show that COVID-19 could push up to 40 million people in Africa into extreme poverty. The World Bank launched <u>"Beyond COVID: the Road to Recovery in Africa"</u>, highlighting the African response thus far, advancing recommendations on how to rebuild the economy and spotlighting success stories from across the region.

Science update

- The WHO <u>announced</u> that it is rolling out 120 million COVID-19 rapid tests to low- and middle-income countries.
 Under the umbrella of the ACT-Accelerator, UNITAID, the Global Fund, FIND and the Africa Centres for Disease Control will distribute the tests in 20 African countries.
- The Biovac Institute in Cape Town, **South Africa** is in <u>talks</u> with the global COVID-19 vaccine distribution scheme and pharmaceutical companies to potentially produce vaccines for Africa.

Other key themes

- There are <u>reports</u> from **Zimbabwe** (as well as **Mozambique** and **Uganda**) that hospital staff are issuing falsified, negative COVID-19 tests to people who want to travel internationally.
- <u>Many countries</u> will be holding presidential elections between October and December, including Seychelles,
 Tanzania, Cote d'Ivoire, Guinea, Burkina Faso, Ghana, Central Africa Republic, and Niger. Violence linked
 to the elections has already occurred in <u>Guinea</u> and <u>Tanzania</u>, which could have potentially negative effects on
 social distancing and COVID-19 transmission.
- Criticism of the violent enforcement of PHSMs continues. In **Kenya**, NGOs <u>announced</u> a collective lawsuit against the police for the actions during the national lockdown, as well as violent enforcement of other PHSMs. They are calling for compensation from the government and that those responsible for the violence are held accountable.