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 handling 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 report 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 reports of hospitals being overwhelmed and COVID-19 outbreaks among health care workers, as well as a health care worker strike at Nairobi’s largest hospital, underscoring the need for more investment in the safety and health of frontline workers.

### Total Reported Cases

<table>
<thead>
<tr>
<th>Total Reported Cases</th>
<th>New Cases (14 October – 27 October)</th>
<th>Total Reported Deaths</th>
<th>New deaths (14 October – 27 October)</th>
<th>AU Member states where test per case &lt;10¹</th>
<th>Total reported cases among health care workers²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,729,580</td>
<td>127,843 (2% increase since 30 September – 13 October)</td>
<td>41,636</td>
<td>2,900 (5% decrease since 30 September – 13 October)</td>
<td>Algeria; CAR; Congo; Cote d’Ivoire; DRC; Egypt; Eswatini; Gambia; Guinea; Libya; Madagascar; SAR; Sao Tome and Principe; Somalia; South Africa; Sudan; Tanzania; Tunisia</td>
<td>58,849</td>
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</tbody>
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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.

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

<table>
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<tr>
<th>Countries with the largest increase in new cases reported between 14-27 October and 30 September – 13 October</th>
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<tbody>
<tr>
<td>Botswana</td>
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<td>Kenya</td>
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<td>Angola</td>
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<td>Algeria</td>
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<td>Zimbabwe</td>
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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).

**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 Magal Pilgrimage in early October; people were required to wear masks but media reported that not all adhered to measures.

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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 increased risk of cholera and malaria. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reports 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.

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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 seized government 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 study 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 "Beyond COVID: the Road to Recovery in Africa", 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 announced 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 talks with the global COVID-19 vaccine distribution scheme and pharmaceutical companies to potentially produce vaccines for Africa.

Other key themes

- There are reports 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.

- Many countries 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 Guinea and Tanzania, which could have potentially negative effects on social distancing and COVID-19 transmission.

- Criticism of the violent enforcement of PHSMs continues. In Kenya, NGOs announced 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.

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