

COVID-19 in Africa: half a year later

With the number of COVID-19 cases decreasing across the continent, it is time to reflect on the first months of the pandemic in Africa. Munyaradzi Makoni reports.



In February 2020, the first case of COVID-19 was recorded in Africa. Borders were closed, confirmed cases quarantined, and curfews imposed early, which helped countries to slow down the spread of the virus. A slow rise in cases compared with other parts of the world resulted, highlighting Africa's weak health systems, fragile infrastructure, inadequate availability of trained personnel, and poor access to medical supplies and equipment. As of Sept 3, the continent had more than 1.2 million symptomatic cases and 30 000 deaths, with a 2.4% case fatality, representing 5% of global infections.

The African Union, the African Centre for Disease Control and Prevention (Africa CDC), and the WHO Regional Office for Africa leading the efforts to control COVID-19 say the continent has come a long way from two referral test centres and untrained health workers to limit human-to-human transmission, ensuring countries have the capacity to isolate, and provide appropriate treatment to affected people.

In January, South Africa's National Institute of Communicable Diseases and Senegal's Institute Pasteur were the only referral laboratories on the continent, responsible for testing samples from other African countries. Now preventive, diagnostic, and treatment measures have been improved, and all African countries can now diagnose COVID-19, with 14 performing over 100 tests per 10 000 people.

WHO and its technical partners sourced more than 2.1 million testing kits among other medical supplies and trained around 100 000 health workers. After measuring the countries' readiness in coordination, surveillance, laboratory

capacity, case management, and infection prevention and control, WHO said that Africa's score rose to 78% from 62% 6 months before.

"We have had what seems to have been a peak and now have the daily number of cases being reported overall at the regional level going down", says WHO's Africa regional head, Dr Matshidiso Moeti. The gradual rise in COVID-19 cases has made it difficult to distinguish a specific peak, while transmission patterns vary within and between countries, she says.

Dr John Nkengasong, director of Africa CDC, said in the Sept 3rd weekly media briefing, that they have observed a 14% decrease in new cases in the past 2 weeks in Africa. The largest number of infections, however, are still being recorded in South Africa, Egypt, Morocco, Nigeria, Ethiopia, and Algeria.

The Partnership to Accelerate COVID-19 Testing (PACT): Test, Trace, Treat started in April, resulting in 12 million tests being conducted. "The concerns we may have had many months ago are disappearing", says Nkengasong. "More countries are testing."

Amidst a general continental decline, Libya is among few countries experiencing a surge of cases, said Elizabeth Hoff, WHO representative in Libya. "The stigma associated with COVID-19 is so great that infected people are reluctant to come forward for health care and unwilling to disclose the names of others with whom they have been in close contact." The rising numbers of infected patients are placing a huge strain on the health system, which is already unable to cope with normal workloads, she says.

One of 13 African countries identified by WHO at the onset of

the COVID-19 pandemic as being at high risk due to the high volume of international travel, high prevalence of non-communicable diseases, and older people considered to be vulnerable to severe illness from COVID-19, Mauritius has been exemplary in handling the pandemic. WHO expected about 90 000 cases and over 800 deaths if Mauritius failed to contain the disease. To date the country registered 356 cases and ten deaths. Mauritian Prime Minister Pravind Kumar Jugnauth says timely and decisive response determined his country's success in bringing down COVID-19 infections in 5 weeks after the first case was confirmed.

There were difficult moments during the pandemic. In May, Tanzanian President John Magufuli condemned the imported COVID-19 test kits as faulty because they had given positive results on non-human samples deliberately submitted for testing, with technicians unaware of their origins. Nkengasong rejected the assertion telling journalists that the tests being used in Tanzania were known to work very well, and no other countries have made public complaints about the tests. An herbal concoction touted by Madagascar's President as a cure for COVID-19 woefully failed, as witnessed by rising cases in the island nation, but incidentally sparking a renewed interest in African herbal medicines research.

Reflecting on the COVID-19 pandemic, Nkengasong said that three lessons have emerged so far for Africa: focus on diagnostics, vaccine development, and drugs. "Africa imports 95% of drugs—this is unsustainable for a continent of 1.3 billion".

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