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The COVID-19 Crisis in Africa

Assisting Africa Benefits the Whole World

After a relatively late start, the COVID-19 pandemic is gathering force in Africa.

According to the World Health Organization (WHO), the novel coronavirus could infect up to 44 million people and kill up to 190,000 in the first 12 months of the epidemic, depending on the success of containment measures. An early United Nations report projected that between 100 and 800 million could ultimately be infected on the continent, with a death toll in the millions. In addition, economic contraction could push 27 million people into extreme poverty, reversing hard-won development gains.

Stay-at-home restrictions have shown promise in curbing the spread, but overcrowded urban slums and weak health systems make containment and treatment particularly difficult, and restrictions of movement can impose a terrible hardship on the working poor and their families.

Since testing has been spotty, the rate of spread remains unknown. WHO notes that it appears slower than on other continents, but the outbreak could persist for several years.

Swift support to African health sytems is required to prevent a humanitarian disaster on the continent. The stakes are, in fact, global in scope. Experts warn that a widespread epidemic in Africa, particularly in sub-Saharan Africa, could trigger a second, third and even fourth wave of COVID-19 in the United States and Europe.

If Africa is to deal successfully with the pandemic and resulting economic disruption, it will need support from the international community, particularly as these crises threaten access to other life-saving services, including innocculations and reproductive health care.

As the United States struggles to cope with the pandemic and economic devastation, it's tempting to turn inward. Yet failure to assist Africa at this point would be self-defeating, since outbreaks anywhere put people in danger everywhere.

In recent decades, countries in sub-Saharan Africa have gained valuable experience in campaigns against the spread of other infectious diseases, including HIV/AIDs, measles, Ebola, and tuberculosis (TB). They have improved disease surveillance and prevention, contact tracing, treatment, and the use of behavior-change communication. In many countries, trained cadres of community health workers and volunteers have extended vital healthcare services to poor urban settlements and remote rural areas. These resources are now being mobilized against COVID-19, including early and expanded use of COVID-19 diagnostic testing.

Shortages of Healthcare Personnel, Infrastructure, and Supplies

The poorest continent in the world, Africa's population is also growing at twice the world average. According to the United Nations, population is likely to double in 30 years, from 1.2 to 2.4 billion. Expanding and improving healthcare systems is a significant challenge in the best of times given this growth rate, let alone during a pandemic.

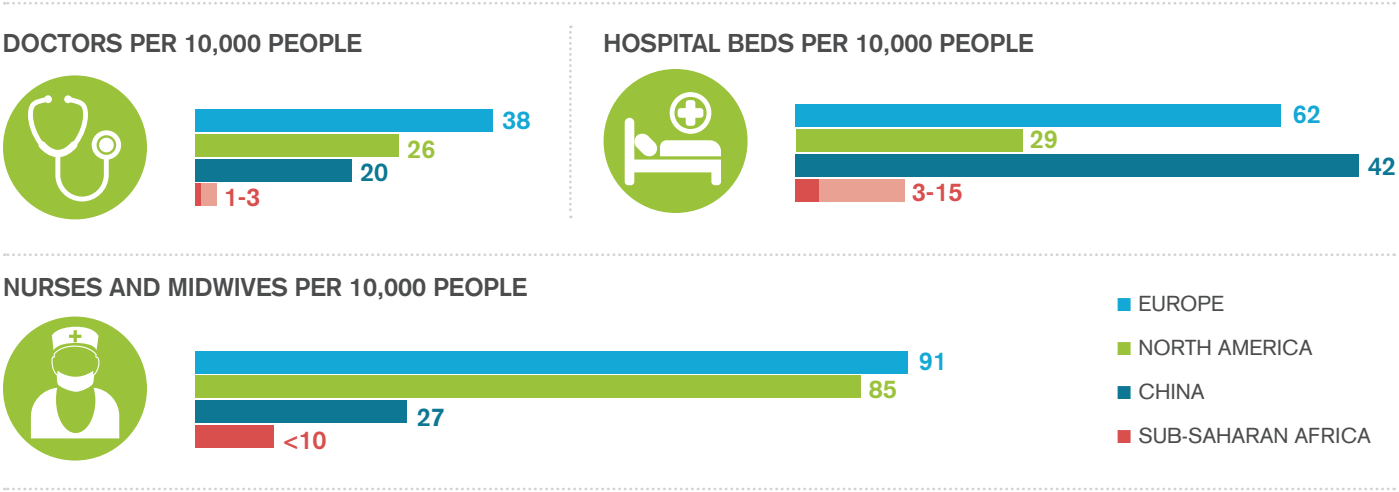
Sub-Saharan Africa's sliver of global GDP—about 3 percent—provides highly inadequate funding for the education and training of healthcare personnel. In addition, low salaries for health workers in many countries spur a chronic brain drain. Africa also lags behind in the medical equipment and healthcare infrastructure needed to deal with the coronavirus pandemic.

Despite progress in the past 20 years, the number of health workers and hospital beds remain a fraction of those in Europe, the U.S., or China. Ventilators are all but nonexistent in some countries, with only a few per million inhabitants. In the WHO Africa region, which roughly coincides with sub-Saharan Africa, countries host on average nine intensive care units (ICUs).

Largest burden of disease, fewest health workers

Worldwide, countries with the highest need—the greatest burden of disease—have the smallest cadre of health workers. The WHO's African Region suffers more than 24% of the global burden of disease, yet has only 3% of the world's healthcare workforce.

In general, African healthcare systems suffer from decades of underfunding and understaffing. For examples, see below.



Other Challenges and Factors Affecting the Course of COVID-19

CLIMATE

Health officials have expressed cautious optimism that the novel coronavirus may be stymied by hot and humid conditions. Outbreaks in such areas of South America may contradict this hope, but no one knows for sure yet. Even if COVID-19 turns out to be climate-sensitive, several major African cities have seasons that are relatively cool or dry, including Johannesburg, Cape Town, Addis Ababa, Nairobi, and Harare.

YOUTHFUL AGE STRUCTURE

Some expect Africa's youthful age structure to confer a degree of protection against the pandemic. The average age in Africa is 20, compared to 39 in North America and 43 in Europe. (Conversely, only 6 percent of Africans are over 60, compared to 23 percent in North America and 26 percent in Europe.)

COMORBIDITIES

Yet Africans young as well as old suffer numerous health challenges that could exacerbate COVID-19, including malaria, tuberculosis, measles, and HIV/AIDS. Malaria affects 200 million people in sub-Saharan Africa each year. The region is also the epicenter of the HIV/AIDS epidemic: 26 million people are living with HIV/AIDS, which compromises the immune system. Undernutrition also weakens immune response, and sub-Saharan Africa is the region with the highest prevalence of undernourishment in the world. Some 40 percent of children under five are stunted.

HYGIENE AND SOCIAL DISTANCING

In an effort to slow the spread of COVID-19, many sub-Saharan African countries were quick to promote good hygiene and social distancing. For the severely poor, however, clean water and soap are often unavailable or unaffordable. One in three Africans lacks access to clean water. In addition, nearly half the population of sub-Saharan Africa now lives in crowded cities. And more than half of city-dwellers—238 million—live in "informal settlements," where social distancing is virtually impossible. Extended families in these areas may occupy one or two rooms, with dozens of people sharing a toilet.

PREVENTION OR FOOD

In sub-Saharan Africa, an estimated 70 percent of workers are employed in the informal sector, living hand-to-mouth and without healthcare insurance, unemployment benefits or a safety net other than family. Even many with formal-sector jobs face a cruel choice: risk exposure to COVID-19 or see their family go hungry.

CONFLICT AND DISPLACEMENT

Conflicts and terrorist attacks in Africa compound the challenge of containing COVID-19. Conflict and violence have forced 25 million Africans from their homes (a nearly fivefold increase since 2005.) Despite the international spotlight on "migrants" trekking to Europe, 95 percent of Africa's displaced people stay in Africa. Most of these are "internally displaced" (IDPs) who stay in their own country rather than fleeing to another. The vast majority of the forcibly displaced live in informal settlements or refugee camps, where it is difficult to prevent the spread of viruses and access to health care is extremely limited.

In recent years, Africa's Sahel region has seen a sharp increase in terrorist activity. Major attacks have occurred in Mali, Chad, Niger, Mali and, more recently, Burkina Faso. The International Committee of the Red Cross reports that jihadists destroyed 93% of healthcare facilities in northern Mali; the remaining facilities are at or beyond capacity treating patients with malaria, measles, and other diseases.

Resurgence of polio, measles, and HIV/AIDS?

The pandemic is already diverting sorely needed funding and attention from existing health needs including immunizations against childhood diseases; detection and treatment of TB and HIV/AIDs, and reproductive health. A resurgence of measles, polio, and other diseases appears inevitable as major immunization campaigns have been disrupted or suspended.

According to the head of UNAIDS, "We could see the progress made in fighting AIDS reversed by 10 years." If HIV services are severely disrupted, AIDS-related deaths could double in sub-Saharan Africa in a year, leading to an additional 500,000 deaths. Mother-to-child transmission could more than double in some countries. Gender-based violence, which increases with the stress of lockdown, is likely to lead to a surge in HIV infections, particularly in young women.

Millions more unintended pregnancies

Diversion of medical staff and interruptions in the supply chain are severely interrupting access to reproductive health services and jeopardizing contraceptive security. Unwanted pregnancies could add to the extreme hardship on women and families. Globally, the UN projects that an additional 7 million unintended pregnancies could occur in the coming months as a result of COVID-19 impacts.

Debt constrains Africa's response options

Experts are concerned that Africa's mounting debt load will hamper governments in their fight against the coronavirus. In Africa, the average debt-to-GDP ratio has increased from 39.5 percent in 2011, to 61.3 per cent in 2019.

Even before the pandemic, economists were concerned that the escalating debt was threatening economic growth prospects on the continent. Calls for another round of debt relief have been rising in recent years.

Conclusion

Africa requires an infusion of international assistance, and fast. As in any disease, prevention is far more cost-effective than treatment. In addition, aid from the U.S and other donor countries could help minimize the severe economic disruption that COVID-19 is likely to inflict on the continent. The sooner and more effectively we can work together as a global family, the sooner and more effectively we will all emerge from this crisis. There is no hiding from this virus; as long as it persists unchecked, no country is safe.