



## COVID-19 – An African perspective

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**COVID-19 Actuaries Response Group – Learn. Share. Educate. Influence.**

### Summary

COVID-19 numbers in Africa are currently much lower than in Europe and the USA. It is not clear to what extent this is due to a lack of data or to features of Africans and their environment which are helping to keep the numbers down. The young age profiles and experience of past pandemics is beneficial.

While many African countries have implemented some lockdown measures, they need to be careful to avoid causing greater damage to their sometimes fragile economies through excessive restrictions than would be caused by less constraining policies.

### Cases in Africa

If the COVID-19 situation and outcome is far from clear and certain in countries such as UK, the same could be said with even more justification for countries in Africa. Just as questions can be asked about the accuracy of the data for say UK cases and deaths the same questions can also be asked about the accuracy of the data from Africa.

The latest map of cases (as at 5 May 2020) in Africa shows<sup>1</sup>:



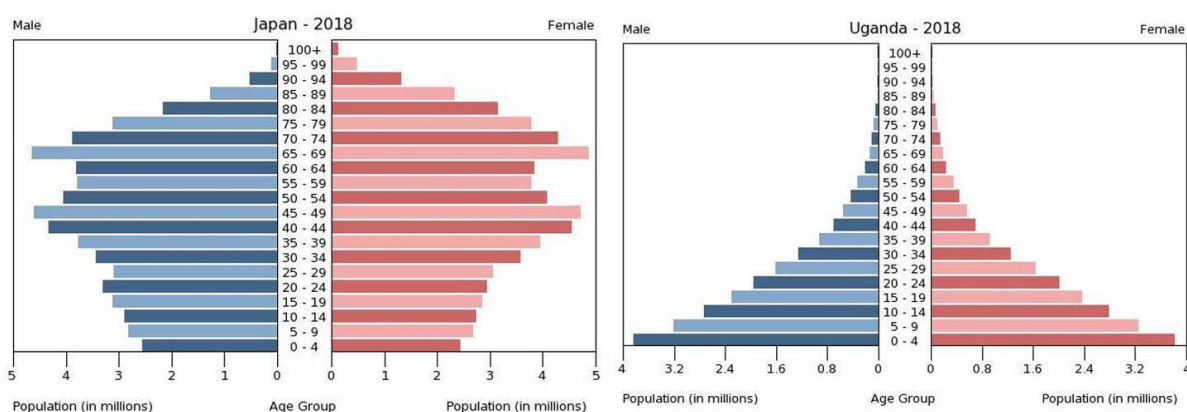
The top 10 countries in Africa, by number of confirmed cases are<sup>ii</sup>:

Country	Confirmed cases
South Africa	7,220
Egypt	6,813
Morocco	5,153
Algeria	4,648
Cameroon	2,104
Ghana	2,719
Nigeria	2,802
Guinea	1,710
Cote d'Ivoire	1,432
Djibouti	1,116

These figures compare with current figures of around 1.2 million in the USA, 250,000 in Spain, 210,000 in Italy, and in the 150-200,000 range for France, Germany and the UK<sup>iii</sup>.

The lower prevalence may be partly due to less testing (South Africa, for example, with a population of 56 million is doing around 7,500 to 10,000 tests a day while Italy with a population of 60 million is doing well over 60,000) and less extensive health care systems but it will also reflect many areas in Africa being less connected with places suffering more from the COVID-19 crisis. However, it does not seem that there has been any noticeable spike in morbidity nor hospitals overflowing with patients, so the current lower prevalence rates may well reflect the reality of the situation and not be an artefact of the amount of testing. In some countries, the cases that have arisen were due to those returning from abroad and restricted to people of a certain social milieu.

Epidemiologically it has been speculated that Africa's warmer climate and younger population makes it more difficult for the virus to affect people and if it does, the symptoms may be relatively mild and less noticed. The following charts comparing Japan and Uganda clearly illustrate the demographic difference<sup>iv</sup>.



Although COVID has a high infection rate, it is possible to believe that African countries have built up, during the past few decades, a robust responsiveness to epidemics (eg cholera, measles or Ebola). In the DR Congo for example, they successfully managed to contain the last Ebola epidemic despite it happening in a part of the country with recurrent security problems. With some flexibility, the experience accumulated in dealing with other epidemics could be used to deal with COVID 19 without lockdowns – or at least, not such severe ones. But, the presence of other disease such as HIV-AIDS and malaria may make some sectors of society more vulnerable.

## Responses to the COVID-19 crisis in Africa

Many governments in Africa have also imposed lock downs to deal with the pandemic. For example, on 23 March, President Cyril Ramaphosa President of South Africa addressed the nation and announced a 21-day national lockdown effective from midnight 27 March to 16 April, with the deployment of the South African National Defence Force to support the government. On 9 April the President announced a two-week lockdown extension, until the end of April. This may have been enough to not just 'flatten the curve' but to significantly reduce the spread of the disease.

In Kenya, there has not been a lockdown on the same scale although travel restrictions have been imposed within the country and many events and large gatherings have been cancelled. Rwanda has focused on raising public health awareness of the importance of hand-washing and wearing face masks in public. They are making special provisions for cross-border truck drivers who could bring the virus in from other counties. Many, if not all, African countries have suspended international flights.

However, this may not have as much of an effect as, say, in Europe and the US. Fewer people in Africa will be in the age groups that would require shielding in other demographically older countries although the relative proportions of those with co-morbidities is not known.

On the other hand, the economic impact of a lockdown, to the extent that they are adhered to, may be much more severe in African countries or certain parts of those countries than they are in Europe (where the economic consequences are bad enough). African countries have less well developed social insurance and protection schemes, and rely more on informal and community-based support systems, which can come under strain if lockdowns and social distancing are imposed. In many parts of African people need to go out each day in order to earn what they need to buy the food for that day to collect water. It is hard to socially distance in areas of urban overcrowding and poor infrastructure.

The motivation for staying home to protect a nation healthcare system is less applicable in countries where there is a limited healthcare system to protect and where other causes of death such as malaria and measles and poverty in general are much more serious. The current number of COVID cases in Africa is not just small but small compared to the incidence of other diseases which more developed countries have largely got under control or eradicated. There is also less incentive for people to try and protect their health service if they cannot realistically access due to cost of distance.

African countries may therefore be better advised to take alternative approaches to lock down, such as shielding the most vulnerable while letting the rest of the population continue to go about their lives as best as they can and over time build up 'herd immunity'.

One additional impact that the virus will have on African countries will be the aid and remittances they received from more developed countries. Governments' aid expenditure is often formulated as a percentage of GDP. As GDP is expected to fall this year this could reduce the amount of aid to Africa. Remittances from the African diaspora can be more important than aid but, as people in the diaspora lose jobs or see their own earnings reduce, flows to their home countries may fall. African countries may therefore see a reduction in income to their country which will affect the trajectory to economic and social development.

McKinsey & Co have commented on the impact of COVID-19 on Africa. In their least-worst case scenario, allowing also for the impact of the collapse in the oil price, they estimated that Africa's average GDP growth in 2020 would fall from 3.9 percent to 0.4 percent. Their worst-case scenario saw a -3.9% fall in GDP. The impact would vary by country. Prominent voices inside and outside the continent have already started asking for debt forgiveness from international organisations such as

the World Bank. President Magufuli of Tanzania recently cancelled a USD10 billion loan from China, as he judged it was impossible to pay back, insisted on taking more serious preventive measures but avoiding at all costs lockdowns that would devastate struggling economies.

As the history of pandemics shows, food shortages after a pandemic could lead to more famine. According to the Global Report on Food Crises (2020), more than half of the global population affected by acute food insecurity is from Africa. If in the normal course of events these numbers were expected to double (from 135 million in 2019 to 265 million in 2020), after a pandemic they would certainly worsen. Although many African countries have great potential in terms of farmland, the reality is that they can barely feed themselves. Foreign direct investments from countries such as France, the UK, the US or China are more turned to mineral resources, and local governments invest little in the agricultural sector preferring to buy food from abroad.

## **Conclusion**

These are clearly early days in the development of COVID-19 in Africa. Therefore, it is difficult to know with any certainty how this is going to play out over the coming months. One thing we can be sure of is that it will be different to how the pandemic has unfolded in Europe and the USA, and this may be for both better and worse. The direct health impact may not be as great as elsewhere but the economic consequences of lockdowns in African countries and the knock-on effects of reduced economic activity in the external markets for African goods and services are likely to have major adverse impacts on Africa's economic development, and hence on health and education.

Africans are, though, resilient and resourceful. If Africa turns out to have a low infection rate, the area end up being a very attractive destination for the provision of goods and services, especially if countries and organisations start looking for alternatives to China.

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## **References**

i <http://covid-19-africa.sen.ovh/>

ii (Ibid)

iii <https://www.worldometers.info/coronavirus/#countries>

iv CIA World Factbook and indexmundi

v <https://www.mckinsey.com/featured-insights/middle-east-and-africa/tackling-covid-19-in-africa>