



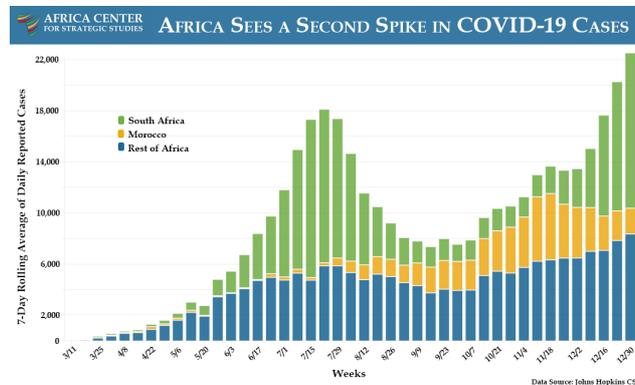
Analyzing Africa's Second Wave of COVID-19

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By the Africa Center for Strategic Studies

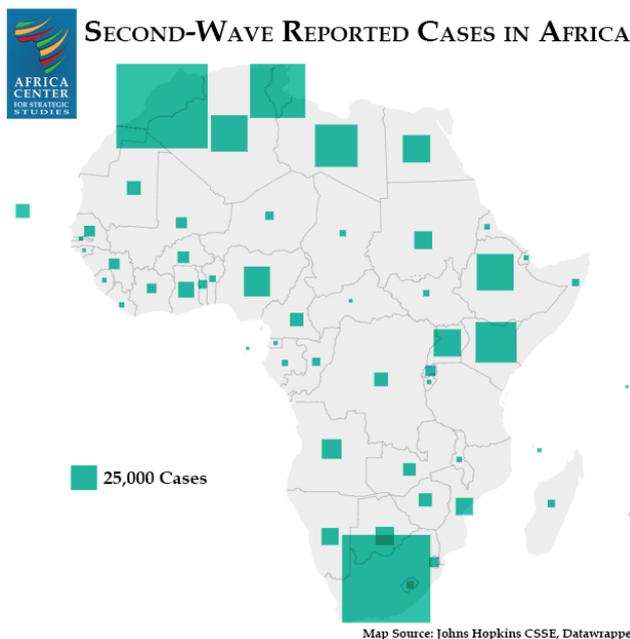
January 5, 2021

2020 saw COVID-19 infect over 2.7 million Africans and kill over 65,000. A surge of cases in the last quarter of the year, combined with the emergence of more contagious mutations, pose new challenges for Africa in 2021.

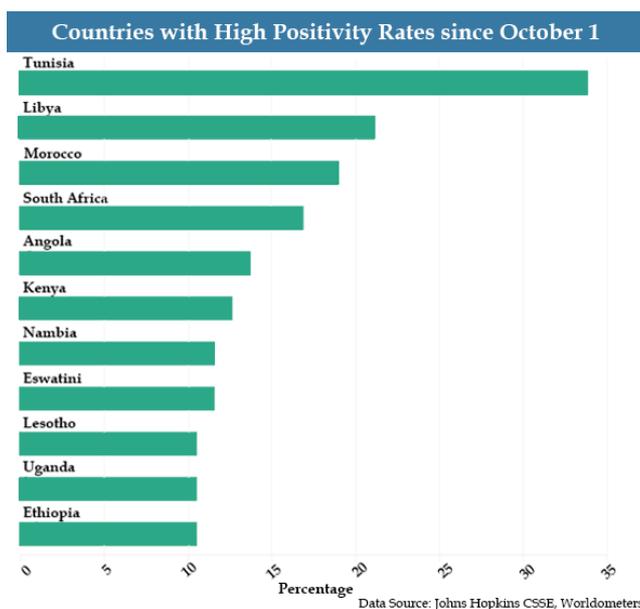


- An average of 28 of the continent's 54 countries have reported a higher number of new COVID-19 cases each week compared to the previous week since the beginning of October. This trend has resulted in an average of 22,000 reported new cases per day in December, eclipsing the peak rate of 18,000 during the first wave in July. Nearly half of the total cases recorded on the continent have been reported since October.
- Most recorded cases continue to be seen in South Africa and Morocco, which have among the best capacity for testing in Africa. Nonetheless, record levels of reported cases are observable continent-wide. Countries like Tunisia, Botswana, Uganda, Angola, Eritrea, and Burkina Faso, for example, have experienced steep increases in exposure during the second wave, though their cumulative number of reported cases remain relatively low.
- Mutations in the COVID-19 virus detected in South Africa and the United Kingdom (and potentially Nigeria) in December that make it significantly more transmissible raise prospects that the second wave could become even more dispersed. In South Africa, the mutated strain of the virus is dominant and driving the second wave. While the virulence of these new variants remains to be seen, it bears recalling that the second wave of the Spanish flu pandemic a century ago was more widespread and lethal in Africa (and other parts of the world) than the first.
- The surge may be particularly dangerous for public health systems in countries like Angola, Benin, Burkina Faso, the Democratic Republic of the Congo, Lesotho, Mali, Mauritania, Niger, Nigeria, and Togo, all of which have recorded their highest number of weekly cases during the second wave and whose public health systems were starting with fewer resources before the pandemic. Even countries with stronger health systems and those that are not yet experiencing surges during the second wave are still at risk of being overburdened as the virus spreads into rural or active conflict areas. In South Africa, the rising number of hospitalizations has required care to be rationed to those patients highest on triage lists.

- One of the striking characteristics of the first wave of the pandemic in Africa has been apparently lower mortality and morbidity than other parts of the world, perhaps because of the youthful demographics in much of the continent. Multiple studies suggest, however, that the asymptomatic spread of the disease has been significantly more widespread than these numbers might indicate. The emergence of new strains of the disease may then pose new dangers in countries where the combination of a more limited death toll but significant economic losses may make containment difficult. Other studies and reports indicate that significant numbers of COVID-19 fatalities may have been missed during the first wave in countries like South Africa, Sudan, and Nigeria.
- Geographically, countries in North Africa and Southern Africa stand out in their reported exposure to this second wave (as well as testing). These nations also fit the typology of Gateway countries (i.e. those with significant international contacts) or those with large urban hubs.



Many of the countries reporting a surge of cases in the second wave have high test positivity rates:



- This means the actual number of cases is likely much higher than is being captured by current levels of testing. This also suggests that countries with less extensive public health systems may be experiencing more cases than have been recorded. The Africa CDC is seeking more tests in addition to vaccines to more effectively control the virus. To date, ten African countries have conducted over 75 percent of the continent's total recorded tests.
- While the second wave is spreading at a record pace across much of the continent, 93 percent of the recorded cases in the second wave are concentrated in 15 countries. For the continent as a whole, countries with relatively older populations, greater international exposure, and stronger public health systems to conduct testing have consistently reported higher numbers of cases. These 3 factors by themselves correlate with 55 percent of the second wave of reported cases.
- Aside from these factors, the prevalence of cases has varied greatly across the continent. Low levels of government transparency or democracy correlate to lower testing and case numbers, indicating that caseloads are likely further underreported in these countries. Tanzania stands out in this regard for its near absence of testing and reporting of cases. This opacity makes it difficult to know the true extent of the second wave and underscores the reality that a high number of reported cases is, in large part, a factor of testing capacity, clear public health communications, and transparency in publishing results.

Reported Cases in Africa during the Second Wave								
Country	Reported Cases since October 1	Total Reported Cases	Share of Total Cases since October 1 (%)	Country	Reported Cases since October 1	Total Reported Cases	Share of Total Cases since October 1 (%)	
South Africa	364,822	1,039,161	35	Guinea	3,055	13,707	22	
Morocco	313,679	437,332	72	Côte d'Ivoire	2,642	22,366	12	
Tunisia	118,803	137,216	87	Niger	2,011	3,208	63	
Libya	65,410	99,935	65	Togo	1,827	3,611	51	
Kenya	57,722	96,251	60	Republic of the Congo	1,819	6,908	26	
Ethiopia	48,488	123,856	39	Lesotho	1,499	3,094	48	
Algeria	47,781	99,311	48	Madagascar	1,306	17,714	7	
Egypt	33,446	136,644	24	Somalia	1,126	4,714	24	
Nigeria	27,728	86,576	32	Benin	894	3,251	27	
Uganda	26,548	34,677	77	Eritrea	877	1,252	70	
Angola	12,461	17,433	71	Chad	877	2,077	42	
Namibia	12,068	23,333	52	South Sudan	836	3,540	24	
Botswana	11,528	14,700	78	Gabon	805	9,571	8	
Mozambique	9,737	18,485	53	Malawi	698	6,471	11	
Sudan	9,676	23,316	41	Liberia	436	1,779	25	
Ghana	8,145	54,771	15	Djibouti	408	5,824	7	
DRC	6,717	17,376	39	Sierra Leone	352	2,583	14	
Mauritania	6,689	14,191	47	Burundi	301	809	37	
Zimbabwe	5,787	13,625	42	Comoros	286	765	37	
Cabo Verde	5,769	11,793	49	Equatorial Guinea	234	5,264	4	
Zambia	5,703	20,462	28	The Gambia	218	3,797	6	
Cameroon	5,439	26,277	21	Mauritius	146	527	28	
Burkina Faso	4,575	6,631	69	CAR	134	4,963	3	
Senegal	3,963	18,945	21	Guinea-Bissau	128	2,432	5	
Mali	3,911	7,029	56	Seychelles	112	256	44	
Eswatini	3,664	9,146	40	São Tomé and Príncipe	103	1,014	10	
Rwanda	3,410	8,250	41	Tanzania	-	509	0	
				Total	2,728,748	1,246,819	46	

Data Source: Johns Hopkins CSSE

Shifts in the pattern of exposure can be seen during the second wave. Beyond the total number of reported cases, countries with sizable rural populations though large capital cities, such as in the Sahel, have experienced some of the most rapid rates of increase during the second wave. This suggests the virus is spreading beyond countries with significant international exposure. Many of these are also facing conflicts.

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COVID Landscape Category

- Gateways
- Complex Microcosms
- Stable Hubs
- Clustered Cities/Fragile States
- Small/Open
- Small/Closed

- Public health strategies of individual countries like [Senegal](#), [Nigeria](#), [Ghana](#), and South Africa have mitigated the effects of the first wave. Likewise, [the Africa Center for Disease Control \(CDC\)](#) has coordinated with member states to establish the Africa Joint Continental Strategy for COVID-19, which has organized the continent’s monitoring, response, and [communication on the state of the pandemic](#). Still, the pandemic’s disruptions and the enormous resources required to combat it have exacerbated fragility in many African countries. This fragility, combined with depleted public health systems as a result of the pandemic and public impressions that the virus is not afflicting average Africans, could make the second wave more threatening than the first.
- African public health officials are coordinating a massive and complex vaccination program. They are calling for [full funding of the COVAX initiative](#) to accelerate the timetable for inoculation across the continent. Without a successful vaccination program conducted in parallel with the rest of the world, the Africa CDC has warned that COVID-19 could become an endemic disease in Africa, creating an opportunity for the virus to mutate further, and slowing and complicating efforts to eradicate the virus globally.

Additional Resources

- Sheri Fink, [“As Virus Resurges in Africa, Doctors Fear the Worst Is Yet to Come,”](#) *The New York Times*, December 26, 2020.
- Africa Center for Strategic Studies, [“Africa’s Varied COVID Landscapes,”](#) Infographic, July 13, 2020.
- Africa Center for Strategic Studies, [“Lessons from the 1918-1919 Spanish Flu Pandemic in Africa,”](#) *Spotlight*, May 15, 2020.
- Africa Center for Strategic Studies, [“Mapping Risk Factors for the Spread of COVID-19 in Africa,”](#) Infographic, April 3, 2020.
- Africa Center for Strategic Studies, [“Coronavirus Spreads through Africa,”](#) Infographic, March 19, 2020 (updated weekly).
- [Johns Hopkins University Center for Systems Science and Engineering COVID-19 Global Cases](#)
- [Africa Centres for Disease Control and Prevention](#)