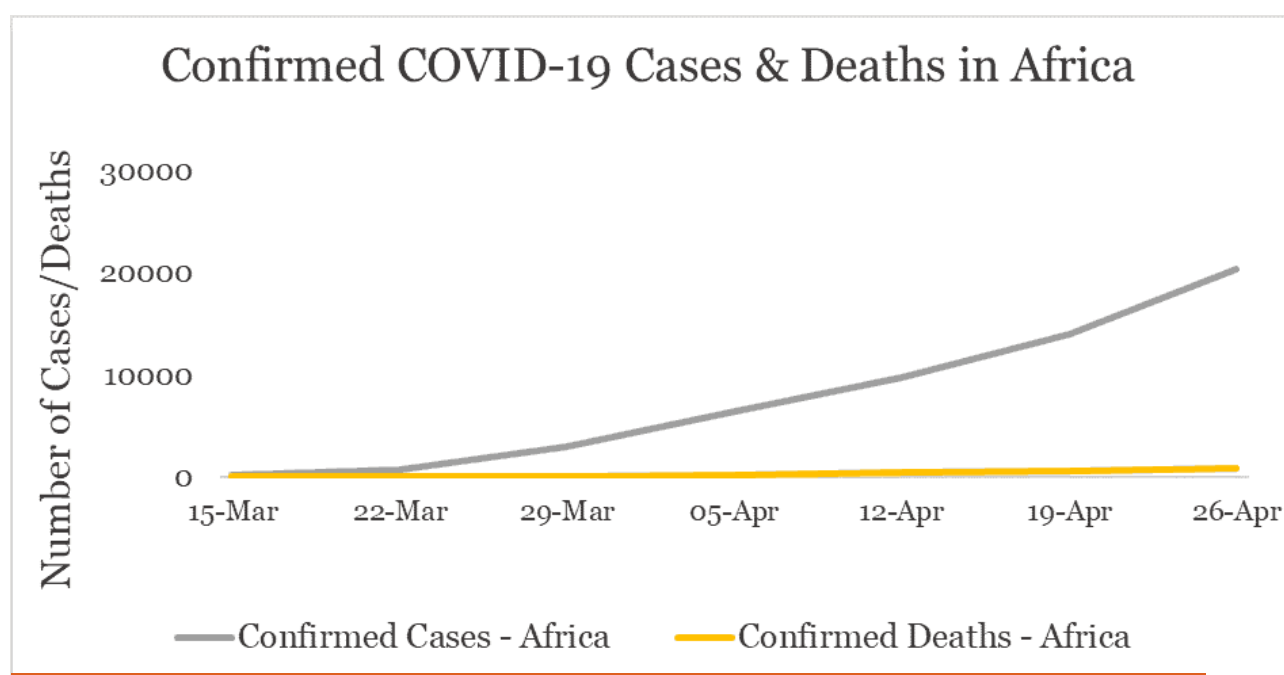




COVID-19 in Africa

[COVID-19 in Africa](#)[COVID-19 in India](#)[Visualizations](#)

African nations have thus far reported lower disease incidence with only 20,316 confirmed COVID-19 cases and 839 deaths across the continent as of 26 April 2020 ([WHO Situation Report #97](#)). Infectious disease surveillance and reporting infrastructure remains highly underdeveloped in many African countries, and COVID-19 testing is limited given the shortage of human resources and appropriate laboratory and surveillance facilities across the continent. Moreover, African populations may be at particular risk for high morbidity and mortality from COVID-19 given the high prevalence of immunocompromised individuals including those with HIV, malnutrition, and other communicable and non-communicable comorbidities. To contain the



Effective implementation of such measures may be difficult to sustain given sociocultural, economic, and political challenges.

The purpose of this work is to estimate potential COVID-19 case burdens in each African nation considering various social distancing interventions. Given current trends in case burden, the model estimates the potential resource needs that would be needed under different scenarios. The model is for planning purposes and is based on current understanding and the most up-to-date assumptions. Results reported here are not forecasts but scenarios that may unfold given the assumptions about social-distancing and population health. Case estimates are provided for the following four scenarios:

- **Baseline** Disease continues to spread with no curfew, lockdown, social distancing, or other intervention(s) and with no change in transmission rate. ($R_0 = 2.74$)
- **Intervention Scenarios:**
 - **Moderate Lockdown** Reduce transmission by 25% during lockdown period, then transmission resumes at 90% of pre-lockdown value due to sustained changes in behavior.
 - **Hard Lockdown** Reduce transmission by 44% during lockdown period, then transmission resumes 90% of pre-lockdown levels.
 - **Hard Lockdown and Continued Social Distancing/Isolating Cases** Transmission is reduced by 44% during the lockdown period then, through social distancing regulations and isolation of symptomatic individuals, resumes at 75% of pre-lockdown levels.

*As with all responsive research, this work has not been peer-reviewed. At this time, given insufficient testing data, we have not been able to assess the impact of the lockdown (starting in April 2020 in most countries) on transmission. We



2020 and publicly available [here](#). Our findings will be continuously updated to reflect best available data and insights on the SARS-CoV-2 virus and COVID-19 pandemic. This research was funded by the Centers for Disease Control and Prevention's Modeling in Infectious Disease (MInD) Network and was produced by a team of researchers at CDDEP and John Hopkins University; this work does not represent the views of these institutions.

We present national case projections by African region according to the intermediate regional classifications set forth by the [United Nations Statistics Division](#). (Inclusion/exclusion of a country or region and regional classification is meant for organizational purposes only and do not represent official endorsement or geopolitical position in any way.) National projections by region can be found below and will be continuously updated:

North Africa | Algeria, Egypt, Libya, Morocco, Sudan, Tunisia

Middle Africa | Angola, Cameroon, Central African Republic, Chad, Congo-Kinshasa (Democratic Republic of the Congo), Congo-Brazzaville (Republic of the Congo), Equatorial Guinea, Gabon, Sao Tome and Principe

West Africa | Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo

East Africa | Burundi, Djibouti, Ethiopia, Eritrea, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Rwanda, Seychelles, Somalia, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe

South Africa | Botswana, Eswatini, Namibia, South Africa

(*Comoros, Mayote, Reunion, Lesotho, and St Helena are currently omitted due to lack of case data.)

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