Status of COVID-19 in Supported Countries of East, Central and Southern Africa

Issue 2: 24th April-7th May 2020
This report covers the period 24th April to May 7th 2020, and follows the first that covered 13th March to 23rd April. The methods of data collation are covered in Issue 1.

Trend

Coronavirus disease 2019 (COVID-19) continues to be a public health emergency in eastern and southern Africa (ESA) affecting the health and socio-economic wellbeing of the populations. From 24th April to 7th May, the countries under review reported a total of 2344 confirmed cases; 541 more confirmed cases since the last report of 23rd April 2020, an increment of 68%. The highest numbers were reported in: Kenya (607 cases), Tanzania (509 cases), Mauritius (332 cases) and Rwanda (271 cases). Eswatini and Zambia had 153 confirmed cases each. The rest of the countries reported 100 or less confirmed cases. The Kingdom of Lesotho had not reported a single case yet. The cumulative case fatality ratio was 2.9% (2.8% in the report of 13th March-23rd April 2020). Figure 1 provides the trend of cases reported by countries.

Figure 1: Cumulative number of confirmed cases of COVID-19 in ESA countries 24April to 7th May 2020
Rate of increase of cases

Overall, there was a 68% increase in cases reported. The highest increase was in South Sudan (1750% increase) which by 23rd April had reported only 4 cases, and by 7th May they had 74. Eswatini had a 394% increase, Kenya 176%, and Zambia 101%. Burundi registered a cumulative total of 15 cases of confirmed cases, an increment of 36%. Cases in Tanzania increased by 69%; Malawi by 30%, Uganda by 36% and Zambia by 101%; Mozambique and Rwanda had an increase of cases of 76% each. Since 20th April 2020, Mauritius had reported only one confirmed case of COVID-19; Tanzania did report any new cases since 30th of April.

Table 1: Reported cases, per cent increase and deaths due to COVID-19 in ESA countries April 24th-May 7th 2020

<table>
<thead>
<tr>
<th>Country</th>
<th>Reported cases</th>
<th>% Increase since 24 April</th>
<th>Reported deaths</th>
<th>Recoveries</th>
<th>Cum CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>15</td>
<td>36</td>
<td>1</td>
<td>7</td>
<td>6.7</td>
</tr>
<tr>
<td>Eswatini</td>
<td>153</td>
<td>394</td>
<td>2</td>
<td>12</td>
<td>1.3</td>
</tr>
<tr>
<td>Kenya</td>
<td>607</td>
<td>176</td>
<td>29</td>
<td>197</td>
<td>4.8</td>
</tr>
<tr>
<td>Lesotho</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Malawi</td>
<td>43</td>
<td>30</td>
<td>3</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Mozambique</td>
<td>81</td>
<td>76</td>
<td>0</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Mauritius</td>
<td>332</td>
<td>0</td>
<td>10</td>
<td>320</td>
<td>3</td>
</tr>
<tr>
<td>Rwanda</td>
<td>271</td>
<td>76</td>
<td>0</td>
<td>133</td>
<td>0</td>
</tr>
<tr>
<td>South Sudan</td>
<td>74</td>
<td>1750</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tanzania</td>
<td>480</td>
<td>69</td>
<td>16</td>
<td>167</td>
<td>3.3</td>
</tr>
<tr>
<td>Uganda</td>
<td>101</td>
<td>36</td>
<td>0</td>
<td>55</td>
<td>0</td>
</tr>
<tr>
<td>Zambia</td>
<td>153</td>
<td>101</td>
<td>4</td>
<td>103</td>
<td>2.6</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>34</td>
<td>21</td>
<td>4</td>
<td>5</td>
<td>11.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2344</strong></td>
<td><strong>68</strong></td>
<td><strong>69</strong></td>
<td><strong>1037</strong></td>
<td><strong>2.9</strong></td>
</tr>
</tbody>
</table>

Deaths

Since the last report, 24 (53%) more deaths occurred in the region due to COVID-19. Kenya registered 15 more deaths, Tanzania 6, and each of Burundi, Eswatini, Mauritius, and Zambia had one more. Malawi, Rwanda, South Sudan, Uganda and Zimbabwe did not experience a death during that period.
Recoveries

The region saw 1037 (44% of reported cases) under care, recover from COVID-19. In Mauritius, 96% (320 of 332) cases identified and put in care recovered. In Zambia, 103 (67%) of cases recovered; Uganda reported 54% recovery and Rwanda 49%. In Burundi, 47% of cases recovered as were 35% in Tanzania and 33% in Malawi. In Kenya, 32% (167) recovered, in Mozambique 30%, Zimbabwe 10%, and Eswatini 8%. South Sudan had not recorded any recoveries by reporting time.

*Figure 2: Reported cases of COVID-19, and associated deaths and recoveries in ESA countries 13th March to 7th May 2020.*
Supported Interventions

ECSA-HC communicated with project supported countries requesting them to provide a priority list of the assistance they needed to strengthen their response/preparedness to COVID-19 pandemic. After reviewing ECSA-HC and some countries agreed on the feasible support that ECSA-HC could provide within limits of available resources and the travel restrictions. Consultation with other countries continues.

The need for capacity building for health care workers on COVID-19 was expressed by nearly all countries. In view of existing restrictions on travel, ECSA-HC:

1. Instituted online training for health workers in all supported countries through webinar sessions. These have continued on various topics on COVID-19 clinical management. A consultant was hired and the training sessions have continued twice a week since 14th April 2020. Arrangement has been made to also have training on Infection prevention and control in the context of COVID-19.

2. In Lesotho, Malawi, Zambia and Zimbabwe, through the Southern Africa TB and Health Systems Support project (SATBHSS) ECSA-HC organized remote online training on surveillance at Points of Entry; contact tracing, case management and laboratory diagnosis of COVID-19. In Lesotho, in-person training on Infection Prevention and Control using in-country experts was held.

3. In Kenya, through the East Africa Public Health Laboratory Networking project, the organization is supporting capacity building for sub-national rapid response teams and expanding testing capacities—five of the EAPHLNP-supported laboratories (Wajir, Machakos, Malindi, Busia and Kitale) have been designated testing centers for their catchment regions for COVID-19.

4. ECSA-HC and Zanzibar are working out modalities of offering support to the island. The Ministry of Health of Zanzibar opted for assistance in training to laboratory personnel, surveillance teams and COVID-19 case management. Trainers will be in-country experts and WHO staff. ECSA-HC will provide financial resources.

5. On 8th May, ECSA-HC coordinated a regional virtual conference to review COVID-19 response in the East African region. It included surveillance teams from the ministries responsible for health in Partner States, cross-border surveillance teams and East African Community. The meeting expressed the need for the East African Community to develop protocols to harmonize COVID-19 response practices especially at Points of Entry, and inter-country information sharing.

Comment

Reported cases and deaths: The pandemic has continued to grow in the ESA region. Countries are at different levels of the pandemic: while Lesotho is yet to report a case, Kenya has reported 607 confirmed cases. Mauritius had a steep rise to 332 cases, and stagnated there since about April 20th. By the last report of 23rd April, South Sudan had reported only 4 cases. By 7th May, they had 74 cases, a 1750% increase. Some countries may be reaching the epi curve flattening period, others are still on the steep rise. More time is needed to gauge the trend. As of May 7th, a total of 69 deaths due to COVID-19 had been reported, giving a cumulative case fatality ratio of 2.9%. This compares with what was reported for the WHO African region of 3.6% on 6th May 2020.
Out of 2344 confirmed and reported cases, 1037 (44%) have recovered and been graduated from follow-up. The load under review and care is still high, needing resources and expertise. Mauritius has done so well in this aspect. In all, 96% of identified cases had recovered. Only two were under follow up by 7th May. It may mean the country has turned a corner in the epidemic and its epi curve could soon start sloping or has sloped (https://voxeu.org/article/mauritian-response-covid-19).

ECSA-HC supported interventions are welcome by the health workers, as exemplified by the increasing numbers of participants in the webinars. Given the restrictions on travel, the innovation of online training has been found to be very useful and feasible. In-person training will be continued when the restrictions are eased, but a good beginning has been made.

**Conclusion**: The COVID-19 pandemic is still growing including in ESA countries. While Mauritius may be showing signs of slowing the epidemic, some countries are still experiencing a steep rise, and some countries have recorded low numbers of cases so far. The restrictions in travel poses a limitation on transfer of support. ECSA-HC, through its organized virtual training and meetings, and local support using in-country experts, is providing timely assistance to countries. It is an innovation that has so far been effective with great rewards.

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