Africa threatened by sudden surge in coronavirus cases

By Kumaran Ira
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Coronavirus spread rapidly this weekend in Africa, jumping to over 1,300 detected cases, while there are over 335,000 confirmed cases and 14,000 deaths worldwide. At least 33 of the continent’s 54 countries are affected, though it is certain that many undetected cases or asymptomatic coronavirus carriers are circulating in Africa.

The continent’s entire population is at risk of becoming infected, a development which would rapidly swamp its inadequate and underfunded health systems. A horrific death toll would result if the virus spreads in the countryside, densely packed slums and working-class areas of the continent’s massive cities. A coordinated, international struggle to halt the spread of coronavirus in Africa is now an urgent necessity.

Africa must “prepare for the worst” as community spread of the virus has already begun, World Health Organization director Tedros Adhanom Ghebreyesus warned last Wednesday. Most African countries have now closed their borders to people arriving from countries hard hit by coronavirus, including the United States and the European countries.

In North Africa, Egypt—the continent’s hardest-hit country, where Africa’s first case was recorded on February 14—has at least 294 cases and 6 dead. The military regime of General Abdel Fattah el-Sisi is contemplating a curfew and generalized stay-at-home orders for the population to try to halt the pandemic’s spread. Egypt is followed by Algeria (201 sick, 17 dead), Morocco (109 cases, 3 dead) and Tunisia (75 sick, 3 dead). The number of cases in Libya, a country devastated by the ongoing civil war provoked by the 2011 NATO war nearly a decade ago, is unknown.

Authorities in these countries have closed schools, mosques and universities, suspended flights towards high-risk countries, and banned mass gatherings. In Tunisia, the state is even asking its impoverished population to finance the struggle against the virus with donations.

Many West African countries are also hard hit. Senegal has confirmed 56 cases of COVID-19, the disease caused by coronavirus, and authorities are considering outlawing the sale of bread in neighborhood groceries in an attempt to halt the spread. They have also banned all public demonstrations on Senegal’s entire territory for 30 days.

The number of the sick is surging in other West African countries as well, including Burkina Faso, a country destabilized by French imperialism’s war in Mali; it has seen 75 cases including four dead, the first in sub-Saharan Africa. Ghana has 21 cases and Nigeria—Africa’s most populous country, with over 200 million inhabitants—has 30 confirmed infections.

In East Africa, the spread of the virus also poses enormous dangers with dozens of cases detected in many countries: Rwanda (17), Ethiopia (11), Kenya (15), Tanzania (12), Sudan (2), Seychelles (7), Somalia (1) and Mauritius (24 sick and two dead). Yesterday, Rwandan authorities closed their borders, imposed confinement orders on the population and put the country on lockdown.

According to Radio France Internationale, Kenyan authorities have arrested several individuals accused of profiteering or inciting panic over the pandemic. They arrested a 23-year-old man who had posted messages to Twitter accusing the state of lying about the first COVID-19 cases recorded in the country, and who now faces a $50,000 fine and up to 10 years in prison. Last night, the Kenyan government also moved to suspend all flights out of the country indefinitely starting Wednesday at midnight.

Cases have also been detected in Central Africa.
notably in Cameroon (40), the Democratic Republic of the Congo (23) and in the impoverished Central African Republic (3). Governments there are taking preventive measures to suspend all flights to and from at-risk countries and close schools, places of worship and bars.

Coronavirus is particularly threatening to Africa not only because of the lack of adequate health infrastructure in working class areas, slums and the countryside, but also because of the many AIDS and tuberculosis patients. These and other individuals with weakened immune systems risk developing extreme serious cases of COVID-19 that they could not survive without intensive care in a hospital equipped with respirators and other advanced equipment. With this equipment largely lacking as the virus rapidly spreads, a catastrophe that could claim millions of lives threatens the continent.

The COVID-19 contagion has spread significantly in South Africa, a country of 59 million people, with more than 274 cases as of this writing. “We must alert all South Africans that the risk of internal transmission has now arrived,” commented Health Minister Zweli Mkhize. “Once this infection begins to spread in taxis and buses, it will create a new dynamic.”

“We have seven million HIV+ people, and 2 million are not currently under treatment,” recalled professor Susan Goldstein, a health specialist and assistant director of the Wits Center for Health Economics and Decision Science, in an interview with Al Jazeera. “Nor do we know either how things will go in very poor regions where there is no space for quarantines,” Goldstein added.

The coronavirus pandemic is again revealing the bankruptcy of the world capitalist system. African governments defend the interests of a narrow layer of capitalist elites, closely tied to imperialism, who have overseen the exploitation of low-wage labor by corporations from the old European colonial powers, American imperialism, and emerging Asian economies. They collaborate as well in imperialist wars launched in Africa by Washington or the European imperialist powers.

As a result, decades after these countries won formal independence from imperialism, basic social services and social infrastructure remain at best deeply inadequate. Most of the African population does not have health insurance and depends on public clinics or hospitals. Even in South Africa, one of the continent’s wealthier countries, 82 percent of the population does not have insurance. Public hospitals are critically short on staff and are frequently overwhelmed by epidemics.

It is essential to coordinate an international campaign to provide the medical equipment and staff necessary to stop the contagion in Africa.

Professor Mosa Moshabela of the School of Nursing Sciences and Public Health of the University of Kwazulu Natal, told Al Jazeera: “We cannot contain COVID-19 with our health system alone. If we look at how Italy [Europe’s coronavirus hotspot] is coping with the virus - we can’t do it.”

Addressing the catastrophic situation in Italy, where thousands are dying as hospitals are overwhelmed by the rapid onrush of patients in critical condition, the professor added: “We will be similar to that with the difference is that we don’t have a big old population but a high number of people who have TB and HIV. Those who are going to be affected the most are going to be between 20 and 60.”

It is urgent to sound the alarm on the danger of that without immediate action the disease could spread, become endemic, and potentially lead to a catastrophic loss of millions of lives. This danger is not, moreover, a threat for the African population alone. Given the close links in a globalized economy—notably between Europe, America and Africa through which this disease has spread—the growth of COVID-19 in any individual country poses an enormous threat of contagion to workers of all countries.

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