

## **Flashpoint Africa: How Reliable are the COVID-19 Prevalence, Incidence, and Mortality Rates Reported in Africa?**

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### **Abstract**

COVID-19 needs no introduction: screening, social distancing, wearing masks or face coverings, proper hygiene, and an overwhelming and incomprehensible barrage of daily data, numbers, and statistics. However, how reliable are the data, especially data from, arguably, the second most populated continent in the world, Africa? It is quite possible, even likely, that the COVID-19 data from Africa are misrepresented, under-reported, and unreliable due to various reasons put forth in this paper. Until a cure or vaccine for COVID-19 is developed, the world's best strategies to combat this pandemic are based on vital and crucial data. Thus, the data should be as accurate as possible. The apparent under-reporting of COVID-19 data from Africa is leading to a false sense of success and security, whereas in reality, Africa may be poised to be the next flashpoint for a second or third wave of the COVID-19 pandemic.

**Keywords:** *Coronavirus; COVID-19; Incidence; Mortality; Reporting*

### **Abbreviations**

Africa CDC: Africa Centres for Disease Control and Prevention; WHO: World Health Organization

### **Introduction**

The COVID-19 pandemic has been ravaging the world since it was first reported in December 2019. According to World Health Organization (WHO) COVID-19 data, as of September 2020, almost 31 million cases have been reported globally—almost one million people have died, and over 22 million have recovered [1]. One prominent forecast projected a worldwide death toll of 2.8 million by the end of 2020. The daily incidence and death rates (compiled by John Hopkins University) put the number of cases in the United States alone at almost 7 million, and over 200,000 deaths [2]. However, according to Africa Centres for Disease Control and Prevention (Africa CDC), the number of reported cases as of September 2020 was over 1.3 million, with less than 34,000 deaths and 1.2 million recoveries [3]. Considering comparative population numbers between Africa and the United States (Africa about four times that of the United States), there seem to be frank discrepancies regarding COVID-19 data from each country. (The population of Africa numbers over 1.3 billion, while the North American continent is 528 million) [4], with the United States 2020 population estimated at 331,002,651 people [5]. Thus, one

must somberly ask, how reliable are these numbers from Africa? It strongly seems that the African COVID-19 data are erroneous and unreliable—patently false, intentionally misleading, or due to incompetent or lax data-sourcing.

### Discussion

Although COVID-19 activity in many parts of Africa continues to grow exponentially even as most of the continent is on lockdown, many people are concerned that the region could become the next pandemic epicenter in due time, according to an update from the WHO [1]. There have been reports around the continent of daily mass burials due partly to the fear of contracting the disease. As a result, most of these “quick-and-mass burial” cases are not being investigated or reported. So, how reliable are COVID-19 data from Africa? Who is at fault for the dubious or deceptive reporting? Is it the government or the private sector? Moreover, what are the apparent reasons or hidden agendas for the impractical data-gathering and questionable reporting?

Special reports and data from the WHO, Africa CDC, and John Hopkins revealed that ten countries in Africa account for 80% of the COVID-19 cases in all of Africa; transmission is widespread in seven of these ten countries. The hardest-hit countries include South Africa, Egypt, Morocco, Ethiopia, Nigeria, Algeria, Ghana, Kenya, and Cameroon. Guinea-Bissau, Central African Republic, Sao and Principe, Eswatini, and Gabon have so far reported a sharp increase in COVID-19 cases over the past week, and the mortality rate in some of these countries is projected at over 25% [1–3].

The United States, with a population of 331 million people, accounts for less than 5% of the world population but close to 25% of COVID-19 cases and deaths globally. Africa, with its population of nearly 1.4 billion people, accounts for almost 18% of the global population but less than 5% of COVID-19 cases and 2% of deaths [1,3,6]. While the United States, Europe, and other parts of the world have better healthcare, testing facilities, and treatment centers for COVID-19 than African countries, the data inequality does not explain the gross lack of COVID-19 case-reporting in Africa. The African COVID-19 data are not possible. There may be many reasons for low COVID-19 case-reporting, and both the government and the private sector are responsible, as follows.

African countries miss many cases as they test far fewer cases than the rest of the world due to a lack of testing capacity. A pandemic report on BBC News stated that “the relatively low number of coronavirus cases in Africa so far have [has] raised hopes that African countries may be spared the worst of the pandemic”. However, at the same time, it urged “caution” [7]. According to the reporter, “There is a general consensus among those in charge of health policy on the (African) continent that testing rates are woefully low, and this could be distorting our understanding of how far the virus has spread” [7]. So, if there has been relatively low testing throughout the African continent, the perception that the continent has been spared is hollow. It seems more plausible that the early “apparent successes” in combatting the spread of COVID-19 and the relatively low number of cases (compared to elsewhere) are due to a lack of testing, not the application of robust treatment and containment.

One conspicuous example of the unreliable nature of the data coming from Africa involves Nigeria and Ethiopia. These two countries account for 321 million people, about 23% of the Africa population, but have reported about 57,000 and 67,000 positive cases, respectively, and less than 1,000 deaths each. By comparison, South Africa, with a population of less than 60 million, representing less than 4% of the continental population, has reported over 655,000 positive cases and almost 16,000 deaths during a similar period. Those numbers equate to over 47% of COVID-19 positive and death cases in Africa. Thus, it can be surmised that South Africa has either more and better testing facilities or reporting measures than Nigeria, which is the giant of Africa with the highest GDP (worth 350 billion U.S. dollars) [8]. For the most part, South Africans agreed that “a nationwide hard lockdown was necessary to prevent a major health crisis, an event which had the potential to cripple an already fragile public healthcare system” [9 p7,8].

As reported by Paravicini (2020) in Reuters: According to John Nkengasong, head of the Africa CDC, “South Africa, Egypt, Nigeria, Ghana, Morocco, Kenya, Ethiopia, Rwanda, Uganda, and Mauritius have each conducted more than 200,000 tests” [10]. That report was in

August 2020 and currently cases exceed 300,000. However, is that testing-level sufficient to form an accurate picture of how widely spread COVID-19 is in the African continent? The report continues, “Some governments across the continent are too poor or conflict-ridden to carry out widespread testing, while others are reluctant to share data or to expose their crumbling health systems to outside scrutiny” [10].

African culture may also adversely impact the identification and reporting of COVID-19-related data. In many countries on the continent, death is regarded as sacrosanct. As a result, when someone dies, they may be buried immediately, and people do not question the cause of death; autopsies are rare or non-existent. Thus, in these regions under such circumstances, COVID-19 death cases are rarely, if ever, reported. Also, the governments of these regions lack the workforce to investigate all cases. A publication in the *Financial Times of London* by Munshi (2020) reported: “Scores of mysterious deaths in northern Nigeria have sparked speculation that coronavirus may be moving untracked through Africa’s most populous nation, which has reported few confirmed cases but conducted fewer tests than other countries with smaller populations” [11].

In that same article, one Nigerian official conceded that “the low count is due in part to limited testing” [11]. At the time of the article, Nigeria had conducted only 27,000 tests to about 356,000 tests in South Africa, having a population less than a third of Nigeria’s. An article in Reuters reported on the mysterious deaths of more than 640 people in Nigeria’s Kano state linked to COVID-19, based on an investigation by the country’s presidential task force [11,12].

Some epidemiologists have speculated that many countries in Africa acted slowly in implementing lockdowns, partial lockdowns, bans on large gatherings, curfews, and border controls [13].

### Conclusion

There appears little doubt that the COVID-19 data coming from Africa are grossly under-reported, and in many instances, unreliable. However, the fault does not directly and solely lie with the governments of these countries. Due to cultural factors, people are likely to impede or disallow investigations to make accurate conclusions. It also appears likely that Africa is bound, very soon, to become the next flashpoint for this pandemic, similar to China at the beginning of the crisis and, currently, the United States due to the intense migration of people. There is an impetus for a second or even third wave of this pandemic. As the quest continues for a cure or vaccine for COVID-19, it is crucial for containment efforts to assess the actual prevalence, incidence, and mortality rates in African countries and the continent.

### Conflict of Interest Statement

The authors declare that this paper was written in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

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