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By Stephan McCoy
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Africa records over 2,400 cases of COVID-19

The number of cases of coronavirus on the African continent continues to grow with more than 2,400 confirmed cases and 60 reported deaths across the continent as of Wednesday. There is the potential for a horrific loss of millions of lives, should the virus start to spread in working class areas and densely packed slums in many of the overcrowded cities across Africa. The spread can only be exacerbated by the conflicts, poverty and disease that are a scourge on the continent.

Jan Egeland, the Norwegian Refugee Council secretary-general, warns of the already desperate situation facing many in refugee camps, like the 1 million refugees in the Sahel region who have been displaced by the wars and intrigues of the imperialist powers and their proxy forces in the region. He told the *Financial Times* (FT), “How can you do social distancing when thousands of people are already crowded together in a tiny camp or refugee settlement?”

Atiya Mosam, a doctor and public health specialist from South Africa, told the FT, “In these areas once it gets in we will have widespread infection. We say, wash your hands, someone in the informal settlements will say, with what?”

In addition to tuberculosis and HIV, some experts are beginning to worry how the virus will affect malaria patients—a disease that kills 404,000 people across the continent each year, mostly children. Dr. Chikwe Ihekweazu, head of the Nigeria Centre for Disease Control and a prominent epidemiologist, told Bloomberg, “There are lots of unknowns. We don’t know how this virus will interact with malaria in our context. ... It’s a challenge

around diagnoses, it's a challenge around care. It makes it even more complex.”

Also speaking to *Bloomberg*, Dr. Ngozi Erondú, associate fellow in the Global Health Program at Chatham House in London, said, “We are seeing that the virus has a more severe impact on people with underlying health conditions and so it is logical to hypothesize that we may see more severe COVID-19 illness in a population that is malnourished, has malaria as well as a mound of other infections.”

An international and coordinated struggle against the spread of coronavirus on the African continent is an urgent necessity. This is underscored by the attitude of the major imperialist powers to the unfolding crisis. Having spent decades looting and impoverishing the continent, exploiting and oppressing its vast working class, instigating neo-colonial wars of conquest that have resulted in the death, displacement and destitution of millions, the financial oligarchy and its governments are set on abandoning millions to die.

Summing up the mood of the ruling elite to the impending catastrophe in Africa and the urgently needed assistance that will be required to halt the spread of the virus, the *FT* writes, “[W]ith every country looking inward, there are few with resources to spare.”

The *FT* quotes Gyude Moore, a government minister in Liberia during the 2014 Ebola outbreak that killed more than 11,000 people in West Africa, that it was no good asking people to stay at home when they needed to work every day to survive. “People do not have resources to stock up. They have to go out and hustle daily to feed their families.”

Moore added, “Health systems back home are in no way as robust as in the West, they will be overwhelmed quickly. In the past you could look to the West to help. But they are battling the same thing so it's not certain that any help is coming at all.”

South Africa recorded 155 new cases yesterday, for a total of 709. This was a nearly 28 percent increase from the previous day. Nigeria (46 cases) and Zimbabwe (3 cases) each recorded their first deaths. In Egypt, 402 cases have been reported and 21 deaths, and in Algeria, 302 cases and 21 deaths. In Tunisia, there are 173 cases and five deaths, and in

Morocco, 225 cases and six deaths. In Ghana, 69 cases are reported and three deaths, and in Senegal, 99 cases. The first case has been reported in war-torn Libya.

In Zimbabwe, Zororo Makamba, a prominent journalist and son of a business tycoon, died from COVID-19 after returning from a trip to New York. He was just 30 years old and had underlying health problems.

With HIV and AIDS the most prominent underlying conditions on the African continent, many other young people are primed to succumb to COVID-19.

According to the international AIDS and HIV charity Avert, “AIDS is now the leading cause of death among young people in Africa,” with “The majority of young people living with HIV [being] in low- and middle-income countries, with 84 percent in sub-Saharan Africa...half of the 15- to 19-year-olds who are living with HIV in the world live in just six countries: South Africa, Nigeria, Kenya, India, Mozambique and Tanzania.” Fully 73 percent of new HIV infections among adolescents occurred in Africa.

In a bid to curb the spread of the novel coronavirus, many African countries have already instituted some form of lockdown and mass quarantine.

South Africa, on Monday, joined the list of countries to implement a lockdown with President Cyril Ramaphosa enforcing a 21-day stay-at-home order and shut down of all non-essential services—deploying the military and police. And in Senegal, the government has instituted a dusk-till-dawn lockdown.

But while African governments posture as taking decisive action to curb the spread of the virus, they have played a major role in the state of virtual collapse of health care. According to Bloomberg, Africa accounts for “16 percent of the global population but just 1 percent of health-care spending.” Italy, where the hospitals have been overwhelmed and over 7,500 have already died from COVID-19, has 41 medical doctors per 10,000 people, whereas in Africa there are just 2 per 10,000.

During the 2014 Ebola outbreak, “More people died from a lack of general health services than from Ebola,” Jimmy Whitworth, a professor of public health at the London School of

Hygiene & Tropical Medicine, explained to Bloomberg Business earlier this month. That crisis resulted in the disruption of basic treatments and procedures for HIV, malaria and tuberculosis as clinics shuttered and patients avoided doctors out of fear of contracting the disease.

This horrific scenario is bound to repeat itself, as most doctors lacking personal protective equipment (PPE) are likely to contract the virus and pass it on patients and co-workers, making hospitals transmission hotbeds.

Decades after many African countries won formal independence, even the most basic social services and social infrastructure are a dream for the masses of working people. The bankruptcy of the various petty-bourgeois and bourgeois nationalist movements has been exposed. African governments preside over massive inequality, defend the interests of a narrow layer of capitalist elites and seek to balance between American imperialism, Chinese capitalism and the old European colonial powers.

Much was made of the low number of cases on the African continent in its initial stages, and why there was a long lag between the initial outbreak and its arrival on the continent. But this too was largely an expression of decades of underdevelopment, impoverishment and backwardness that imperialism and the African ruling elite are responsible for. In speaking to France24, Augustin Augier, executive director of Alliance for International Medical Action (ALIMA), said the “most likely reason Africa has such a low number of cases is because of the low volume of contact between the continent and the world, including fewer planes and people coming here.”

An international campaign in the working class demanding the necessary resources, staff and equipment to stop the spread of the virus on the African continent is imperative. But this requires independent political leadership and a perspective based on the struggle against imperialism and its local agents and for socialism.

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