Letter to the Editor

What the COVID-19 pandemic means for sub-Saharan African countries

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Abstract

The coronavirus disease 2019 (COVID-19) may cause a significant loss of life in sub-Saharan African countries. According to the Africa Centers for Disease Control, on June 1st, 2020, the number of COVID-19 cases within Africa reached 147,099. Simultaneously, in sub-Saharan African countries, the number of cases reached 34,888, while 707 patients had died. As of June 1st, 2020, a total of 885,632 tests had been carried out in sub-Saharan Africa which stands for a testing rate of 0.77 per thousand people such that the testing rates of Niger, Chad and South Sudan were found to be 0.18, 0.17 and 0.31, respectively. Considering poor healthcare capacities of its countries, sub-Saharan Africa is vulnerable to possible consequences of the pandemic. It is difficult to treat a disease on the African continent, but preventive measures are possible. Therefore, it is necessary to accelerate training activities and take preventive measures in the region.

<u>Keywords:</u> COVID-19; pandemics; sub-Saharan Africa; prevention & control; global health.

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The effects of coronavirus disease 2019 (COVID-19) are now global and it has already caused a significant loss of life in sub-Saharan African countries. Although some suggest that African countries might face smaller outbreaks than other countries, little evidence supports this claim.¹

According to the Africa Centers for Disease Control, on June 1st, 2020, the number of COVID-19 cases within Africa reached 147,099 while this number reached 34,888 in sub-Saharan African countries where 707 patients had died.² In a modeling study, it has been estimated that there can be 250 million COVID-19 cases and 190,000 deaths across the continent in the remaining time of the year.³

As of June 1st, 2020, a total of 885,632 tests had been carried out in sub-Saharan Africa with a rate of 0.77 per thousand population.² Simultaneously, this rate was 64.87 in Italy, 51.17 in the USA, 47.18 in Germany, 46.13 in Switzerland, 24.55 in Turkey, and 14.2 in France. The testing rates of the three countries with the lowest Human Development Index in sub-Saharan Africa that are Niger, Chad and South Sudan were found to be 0.18, 0.17 and 0.31 per thousand population,

respectively.² In most African countries, the number of hospital beds is lower than five, and the number of medical doctors is fewer than two per 10,000 population.¹

Due to poor healthcare systems and shortages of medical staff in sub-Saharan Africa, this area is unable to adequately respond to the pandemic where the number of intensive care beds per million people is only five.⁴ In sub-Saharan countries, it was detected that there was less than one ventilator per million population.⁴ Thus, it is considered that many deaths may be observed to take place.

However, Africa may have some advantages including the predominance of a young population and the acquired experience with epidemic diseases. Regional characteristics including cultural differences, ultraviolet light, immunological features of the population and higher temperatures could all have slowed down the effects of COVID-19 in Africa and it is difficult to predict if the upcoming winter season may change the course of the pandemic.⁵

Finally, training and educational activities for health care personnel could have a significant impact on this outbreak. Due to the lack of

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sufficient healthcare resources in Africa, there's no doubt that it would be better to focus on preventing the spread of the disease in addition to the efforts on treating sick patients.

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