

## COVID-19 Cases in Africa Rising Sharply

Infections now surpass a half million while the United States formally breaks with the World Health Organization (WHO)

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*Concerns are mounting across the African continent and internationally over the exponential growth in COVID-19 infections.*

*At the time of this writing the African Center for Disease Control and Prevention (ACDC) reported a total of 508,584 cases resulting in 12,000 deaths. This same source says that 247,207 of those previously diagnosed as positive are now considered fully recovered. (See [this](#))*

These figures related to the numbers of COVID-19 deaths are greater than the worst outbreak of the Ebola Virus Disease (EVD) in three West African states in 2014-2015. Approximately 11,000 died from the EVD pandemic, most of whom were residents in Sierra Leone, Liberia and Guinea-Conakry.

The World Health Organization (WHO) in a regional situation report noted that within the last five months the number of COVID-19 cases in African Union (AU) member-states has lagged behind other geo-political areas. However, over the last few weeks, the rate of infections has doubled in 22 countries. (See [this](#))

Some of the leading economic and political states in Africa such as Algeria, Ghana, Egypt, South Africa and Nigeria account for 71% of the cases on the continent. The Republic of South Africa, the most industrialized country in the AU, is reporting 43% of the overall number of infections.

Nonetheless, the spread of the pandemic in Africa is not uniform. Some countries which have previously reported very few cases are now witnessing a growing number of infections.

WHO Africa Director **Dr. Matshidiso Moeti** said of the present situation:

*“With more than a third of countries in Africa doubling their cases over the past month, the threat of COVID-19 overwhelming fragile health systems on the continent is escalating. So far the continent has avoided disaster and if countries continue to strengthen key public health measures such as testing, tracing contacts and isolating cases, we can slow down the spread of the virus to a manageable level.”*

88% of the cases on the continent are among people under 60 years of age. This could be attributed to the predominantly youth population in Africa. However, those facing the greatest risk of death are over 60, while having co-morbidities that place them at higher risk for critical respiratory and cardiovascular illnesses requiring hospitalization.

As the infections spread the more healthcare workers are becoming sick. There are also the problems related to the shortages in personal protective equipment for clinics and hospitals along with equipment and medications needed to treat patients.

The WHO has been providing assistance to AU member-states since the beginning of the pandemic during the early months of the year. The organization has contributed technical assistance, the supplying of medical equipment including 3,000 oxygen concentrators, the remote instructional training of 25,000 healthcare workers, distributing 23,000 diagnostic testing machines and 4 million units of PPE.

These efforts by the WHO are taking place at a time of tremendous political and economic attacks by the United States **President Donald Trump**. The administration in Washington has attempted to scapegoat the WHO for purportedly misleading the international community about the character and threat of COVID-19.

Not only has the Director General of WHO, **Dr. Tedros Adhanom Ghebreyesus**, strongly rejected the accusations from the White House by chronicling the historical trajectory of the identification and sharing of the scientific details related to the existence and spread of the virus. In actuality, it was the Trump administration which consistently denied the initial warnings about the dangers posed by the pandemic and since late March, provided contradictory statements and policies related to the mitigation efforts recommended by the Center for Disease Control and Prevention (CDC), National Institute of Allergy and Infectious Diseases (NIAID) and even the White House Task Force on the Coronavirus headed by Ambassador Dr. Deborah Birks.

On July 8, the White House in its usual fashion, refuted previous statements made by NIAID Director **Dr. Anthony Fauci** related to the risks involved in social gatherings, work places and the proposed reopening of K-12 and higher educational institutions. The guidelines issued by the CDC in the U.S. for the resumption of school room instruction were amended by the White House because Vice President Mike Pence, the Chair of the White House Task Force, said the measures would delay the resumption of classes.

Also the previous day, July 7, the administration announced its formal severing of ties with the WHO in which funding had been suspended during April as COVID-19 cases spiraled out of control in many urban and rural areas of the U.S. Trump has repeatedly asserted that the WHO is aligned with the People's Republic of China as if this is an established fact warranting the separation.

### **Africa, COVID-19 and the World**

How does the African continent compare with other geo-political regions in regard to the attempts to suppress COVID-19? Although the first confirmed instances of the virus were reported in Wuhan, China during late 2019, the number of cases in Europe and the U.S. has far exceeded those in any other regions in the world.



African women in Tanzania wash hands during COVID-19 pandemic

Trump has fanned the flames of racism and xenophobia by referring to COVID-19 as the “China virus” while experts indicate that the pandemic in all likelihood entered the U.S. through the European continent. In Asia, there are vast differences in regard to the spread of the disease in China, Vietnam and the Koreas as opposed to the rapid rate of infections in India.

India, whose government under **Prime Minister Narendra Modi**, has won praise from the Trump administration on a number of foreign policy issues, particularly its hostility towards China. However, India is one of the fastest rising countries in regard to the numbers of cases globally.

The [Indian Express newspaper stated in an article](#) on July 8 that:

“The coronavirus has infected nearly 11.8 million people worldwide and killed over 500,000. The United States has the most number of infections, over three million, followed by Brazil (1.6 million), India (700,000) and Russia (600,000). Dr. Michael Ryan, emergencies chief of the WHO, said the rise in cases was not due to widespread testing, but because the epidemic was ‘accelerating’”.

In another article from the same Indian Express newspaper, the publication reports that Bengal has been placed on severe restrictions due to the spread of the virus among the population. All together as of July 8, over 20,000 people have died from the pandemic.

This [media account says](#):

“Maharashtra continues to remain the worst-affected state with 217,121 cases including 9,250 deaths. Bihar on Wednesday (July 8) announced fresh lockdowns in several regions, including the worst-hit Patna district from July 10. Lockdowns will also be imposed in containment zones in West Bengal for seven days from 5pm Thursday. As the number of diagnostic tests for novel Coronavirus is increasing in the country, so is the positivity rate. This means

more numbers of people, from among those who are being tested, are found to be infected with the disease. The positivity rate had crossed the 6 per cent mark for the first time on June 20, and has risen swiftly thereafter. At present, the positivity rate is around 7.09 per cent.”

Latin American countries have maintained different outcomes in their response to the pandemic. Cuban officials are reporting that the spread of the virus has been greatly curtailed and preparations are being made for a return to some sense of normalcy.

Granma International in a July 3 article credited Cuba’s scientific approach and its socialist system with controlling the impact of the pandemic. A high-level meeting of scientists reviewed the statistics related to the rise and decline of the pandemic inside the Caribbean state.

Nevertheless, the government does not want the public to believe that a lessening of restrictions on movement and work should mean that precautions and protective measures are no longer needed. This report says of the scientific meeting:

“As usual in these gatherings, Raúl Guinovart Díaz, dean of the University of Havana’s department of Mathematics and Computing, presented the well-known curve graphs depicting the evolution of active cases in Cuba, emphasizing that it would be a mistake for the population to think that in the recovery stage no preventative measures are needed, adding that special attention should be paid to crowded closed spaces, where outbreaks can occur.” (See [this](#))

A completely different approach has prevailed in the South American state of Brazil, one of the largest nations in the world with a population of 212 million. Brazil has the second highest number of cases worldwide and on July 7, it was reported that the right-wing and neo-fascist President Jair Bolsonaro had tested positive for the virus after months of minimizing the threat of the pandemic in a fashion quite similar to Trump.

### **Imperialism Remains at the Core of the Healthcare Crisis**

Although the number of COVID-19 cases in Africa remains far behind those in India, the U.S. and Brazil, the magnitude of the growth in confirmed illnesses and deaths requires an intensification of efforts to control the spread. Such an effort is hampered by the continuing economic dependency of the AU member-states under the system of world imperialism.

Under colonialism and neo-colonialism, priorities were placed on the extraction of natural wealth and the exploitation of labor based upon the economic interests of the European and North American ruling classes. The gross domestic products of the African countries are largely derived from their participation in the international economy which is still dominated by the leading capitalist nations.

Consequently, the role of socialist countries such as Cuba and China in addressing the plight of Africa in the present period is essential. Both China and Cuba are providing medical and technical assistance through the WHO and other institutions to address the needs of the AU member-states.

The economic downturn in the U.S. is worsening and therefore the ability and desire to

provide humanitarian assistance is waning. Washington's withdrawal from the WHO is a reflection of the internal crises as well as mounting hostility towards socialism and anti-imperialism.

Africa will be forced to further disengage from the imperialist system in order to guarantee its own survival and development. Socialism provides the only alternative to the current structures of exploitation and oppression. Only a policy of anti-capitalist development can embark upon the path of building adequate healthcare institutions which will ensure universal healthcare for all.

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*Featured image: Ethiopian Director General Dr. Tedros Adhanom Ghebreyesus of the WHO in Geneva; all images in this article are from the author*

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