

THE MISSING MILLIONS: SIX EXPLANATIONS FOR LOWER-THAN-ANTICIPATED **COVID-19 CASES AND DEATHS IN THE AFRICAN REGION**

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MOTIVATION

- In 2020 global health experts and policymakers warned of an "African COVID-19 apocalypse."
- Widespread COVID-19 transmission projected throughout the region due to several factors.
- But, worst-case scenarios for African countries have largely not materialized.
- Six explanations proposed for lack of cases and deaths across the region.
- This poster **consolidates** and **evaluates** current research in relation to each explanation and uses publicly available data from Our World In Data to **examine relationships** between theorized predictors and COVID-19 outcomes in the African region.



CONCLUSION

We find **strong evidence for undercounted** cases and deaths and mixed evidence for all other explanations.

Full paper, refs here \rightarrow



Undercounted Cases

- COVID-19 tests per population remain very low across the African region.
- Despite scale up of testing capacity, most countries test fewer than 10 people per 10,000 population.
- Studies measuring seroprevalence of antiSARS-CoV2 antibodies from 2020 and 2021 consistently show high population exposure to COVID-19 (Chisale et al. 2021).
- at 65.1% [56.3-73.0%] in the African region (Lewis et al. 2022).



Geographic Factors

connectedness limit introduction of COVID-19 and spread from urban centers.

- transmission of viruses of respiratory viruses.
- African countries are less dense, less urban, and warmer than countries in other regions.
- Population density, urbanicity, and Jan-March temperature predicted active COVID cases in 2020 (Nguimkeu & Tadadjeu 2021).
- COVID-19 antibody prevalence is lower in rural areas in Africa (Lewis et al. 2022).
- Protective effect decreases Higher attack rate in rural areas at second wave in South Africa (Kleynhans with pandemic duration and may even increase risks for et al. 2021). 60% of urban population lives in isolated communities once crowded slums with limited access to exposed (Nguimkeu & Tadadjeu clean water, sanitation (UN 2015). 2021).

Exp 1: The true count of cases exceeds official counts.



As of September 2021, SARS-CoV2 antibody prevalence was estimated

SARS-CoV2 Antibody Prevalence

30.0	40.0	50.0	60.0	70.0
30-Jun-20, 25,4				
, 19.8				
	19-Au	g-20, 41.2		
	30-Aug	g-20, 40.8		
	30-Au	g-20, 41.0		
Sep-20, 23.7				
	11-Sep-20,	38.5		
13-Oct-20, 25.1				
	31-Oct-20, 34.8			
	Oct-2	20, 42.0		
	31-Oct-20, 36.2			
26-Nov-2	0, 29.2			
)				
			25	5-Jan-21, 63.0

ation of data presented in Chisale et al. 202

Exp 4: Variation in population density, distribution, and

• Dense communities, urban congestions and colder weather may **favor** the



Share of population leaving in urban areas Source: Nguimkeu and Tadadjeu 2021

Undercounted Deaths

Exp 2: The true count of deaths exceeds official counts.

- Mortality data were limited and unreliable in most African countries prepandemic.
- Official estimates of COVID-<u>19 deaths quickly diverged</u> from excess death estimates in places with better data, like South Africa.



e vear between 2005 and 2012. Source: Mikkelsen et al. 20

76 127 excess deaths since 6 May mber of excess death for people over age 1 relative to justed base, by province in South Africa, 2020. Source: Bradshaw et al. 2021



- · African hospitals had an additional 11–23 deaths per 100 patients compared with global average in 2020 (Biccard et al. 2021).
- Sub-Saharan African countries reported 150,000 COVID-19 deaths by Dec 31, 2021. Estimated excess deaths for same period 2,130,000
- The average ratio of estimated excess mortality rate to reported COVID-19 mortality rate is more than 14:1 for sub-Saharan Africa and is more than 30:1 in several countries, including Ethiopia, Kenya, Mozambique, and DR Congo. This is higher than all other regions (COVID-19 Excess Mortality Collaborators 2022).

on of the ratio between estimated excess mortality rate due to the COVID-19 pandemic and reported COVID-19 mortality rate, for the cumulative period 2020–21. Source: COVID-19 Excess Mortality Collaborators 2022

Government Response

Exp 5: Swift and strict national responses have limited COVID-19 transmission.

- Early continent-wide leadership, mobilization, organization.
- **Consolidated executive power** to direct action in many contexts.
- Consistent public health messaging.
- Social welfare packages implemented quickly in some places (Dafuleya 2020).
- Police/security forces enforced lockdowns with arrests in several places
- North Americ
- From March to mid-July 2020, police arrested more than 105,000 people in Zimbabwe for violating COVID-19 regulations.
- Media reports, human rights reports on police violence against citizens, journalists in Nigeria, Kenya, Zambia, Zimbabwe, Uganda, Namibia.
- At least a few leaders have used COVID-19 as cover to **consolidate power, hoard** resources, enact violence against already marginalized groups.



