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Author(s): | Dr. Sam Okuonzi |

Title: Coronavirus lockdowns: Is Africa doing too much or too little?

The COVID-19 pandemic caused by SARS-COV-2 has infected nearly [2 million people worldwide and killed about 122,000](#) by 15 April 2020. It is not only threatening the lives of humankind by its direct affliction but also imposing poverty and hunger, and exacerbating existing health problems.

There are still many unknowns about the virus; no known treatment or vaccine has been found to be effective yet. However, it appears social distancing measures are mitigating the spread of the disease. Most countries have instituted various versions of social distancing measures or lockdowns. While we believe that lockdown measures have some effect on curtailing the spread of COVID-19, the nature, duration and intensity of lockdown that will be most effective and proportionately beneficial for the level of sacrifice required are yet to be fully understood.

On 23 January 2020, the central government of China imposed a lockdown in Wuhan and other cities in Hubei in an effort to limit the spread of the outbreak. This action was described as [unprecedented in the history of public health](#). This "[Wuhan lockdown](#)" has been emulated in different forms globally. But one distinguishing feature of the [Wuhan lockdown was that it was announced without giving a window period for people to leave the city and within hours travel restrictions were also imposed on the nearby cities thereby limiting the chances of panic travel out.](#)

The lockdowns embarked upon by many African countries lack the ingredients of suddenness and intercity travel restrictions. Although the evidence of success or failure of the various lockdown types is still far-fetched, if the inspiration is from the [Wuhan experience in China](#), we in Africa have not yet done enough. Perhaps we will have to do more as the outbreak in our countries evolve.

Observations and news items show that in some African countries, the lockdowns are either at least too partial to have the full benefit or at worst could potentially contribute to escalating the spread of the infection.

In Ghana, a rumour of a looming lockdown was rife by [16 March 2020](#) and the [Ghana Medical Association \(GMA\)](#) and [Ghana Health Service \(GHS\)](#) openly called for a lockdown. Further to this, [a leaked police operational strategy for the lockdown](#) sent panic signals for [massive shopping and/or getting out of the city by many people](#). On 27 March 2020 the [President announced a somewhat partial lockdown of Accra and Kumasi \(the largest cities in the country\) effective from 30 March 2020](#), leaving a 3-day window period within which there was escalated movement of people from the locked-down cities to other towns and villages. Two weeks after this, the cases of COVID -19 is escalating from 137 at lockdown to 636 by 15 April 2020, about 364% increase in the case count. Whilst this should ordinarily not cause alarm yet, what is perhaps worrying is the fact that many of the new cases found after lockdown are coming from regions that initially had no cases. Was the massive travel out responsible?

Similar to, but before Ghana's experience, the Government of South Africa announced a [21-day nationwide lockdown on 24 March 2020 which took effect on 27 March 2020](#). The window period ahead of the lockdown was also marked by [hundreds of people travelling outside the city of Johannesburg which they considered as a high-risk city](#). Notably, on the eve of the lockdown, some people held massive social non-distancing gatherings and parties as part of 'preparations' for the lockdown. The distinctive part of South Africa's lockdown is that it is nationwide and nearly strictly enforced. The case count has risen to 2,415 by 15 April 2020 from 1,174 by the time of lockdown. [Although the restrictions are said to have succeeded in reducing the country's average daily increase of confirmed COVID-19 cases from 42% to about 4%, new cases have emerged from areas that had no cases prior to the lockdown](#). Did the massive travel out play a part?

In Uganda, the government took an early decision and action. Uganda got its first case of COVID 19 on March 21, 2020 – a Ugandan who travelled back from Dubai in the United Arab Emirates. By March 25, the number of COVID-19 cases in Uganda had increased to 14 and rose to by the 18 March 27. By April 16, the number has stagnated at 55, believed to be because of a wide range of lockdown measures. The global experience so far has been that the number of people affected by the Coronavirus can rise exponentially in a matter of days. But this has not been the case in Uganda and in much of Africa

The mainstay of control has been to limit people's movement and interaction, in addition to hand hygiene, coughing and sneezing etiquette, social distancing and for individuals to avoid touching their face. The Government has also instituted the measures of self, institutional and mandatory quarantine of those who are suspected to be infected; those who have tested positive or have recently arrived from high-risk countries. Borders have been closed. Schools and places of worship have been closed. Most markets have closed down. On March 25, 2020, Government instituted a 14-day ban of public transport, which was renewed on April 15 for another 21 days, running up to May 5. In spite of the seemingly severe restrictions, it is surprising to find many people walking or cycling to central Kampala and suburb townships. It thus looks like the early decision to quarantine people arriving from abroad from early March 2020 paid off in stemming the pandemic.

In Tanzania, the government rejected the lockdown policy and in fact encouraged people to continue worshipping in churches and mosques. Initially, the COVID cases stagnated at around 25. But suddenly by April 15, the number had gone to 95 with 6 deaths; the steepest rise in East Africa.

After nearly 3 weeks of lockdown, the cases of COVID 19 in Africa are increasing albeit at a much slower pace in some countries. Lockdown extensions have started and are inevitable, but the consequences of lockdowns on the survival of the poor have raised serious concerns. Africa's continued COVID 19 lockdowns could lead to more deaths from starvation and other prevalent diseases. The lockdowns need to end and the pandemic managed in a different style. Possibly lockdowns will be downgraded to supervised measures of hand hygiene, social distancing and face masks to enable people resume economic activities. There is a risk that the pandemic could run longer and low-level course, but it will avert deaths from other causes when people resume their economic activities.

So far, lockdowns appear to be effective where decisions to impose them were made at an early stage of the outbreak and enforced strictly or even aggressively. Examples are China, South Korea and Malaysia. Where there is a delay to impose a lockdown, like in the US and most of Europe, the spread of COVID 19 is fairly fast and extensive. In all cases, it appears, COVID 19 runs its course within 2- 3 months and wanes off. There's fear however that secondary outbreaks may occur, so some measures must remain in place for much longer, possibly up to two years. But no Wuhan type of lockdown is envisaged.

Africa and India have uniquely shown low COVID-19 infection rates and very low numbers of those infected by COVID-19. It is postulated that this is due to the wide [coverage of BCG vaccine](#). As the pandemic progresses, more light will be thrown on this aspect.