

## **African lessons for tackling COVID-19**

*Health challenges in urbanising Africa and win-win partnership, Panel D20, 4 December, report by Robin Bredeveld*

Almost nine months into the pandemic, Africa's case fatality rate of COVID-19 is much lower than the global average. Researchers mention Africa's young population and experience with Ebola as reasons for a lower number of deaths. Because of its experience with Ebola, Africa was probably better prepared. Many governments took drastic measures and were quick to announce lockdowns and designate isolation centres.

In this panel, experts discussed what health challenges COVID-19 poses in Africa. Despite rapid urbanisation, a large share of Africa's population is still living in rural areas – contrary to Europe. In rural areas, there is obviously more space to socially distance than in urban cities. This keeps infection rates low.

Alvin Mutengerere of SolidarMed Zimbabwe also mentioned the difference in lifestyle. People in rural areas eat a lot of fresh vegetables and walk long distances, which keeps them fit. People in cities drive in cars and generally eat less nutritious foods. A better lifestyle leads to less heart disease and diabetes. Even though health services may be more available in urban areas, the lifestyle that comes with city life poses a challenge to health. Higher numbers of heart disease and diabetes in cities pose an extra challenge to dealing with COVID-19.

Although Africa has had far fewer infections than Europe and the US, the continent is dealing with similar issues. For example, patients with noncommunicable diseases (NCD), such as diabetes or heart disease, were highly affected. Drawing from his research in Zimbabwe, Mutengerere said that as a result of increasing pressure on health care caused by COVID-19, many of them could not get regular check-ups and medicine. Because NCDs are related to lifestyle, the issues COVID-19 posed on NCDs might have been more prominent in urbanised areas. If diabetes or heart disease are not closely monitored, the risk of COVID-19 becoming deadly for these patients increases. It is thus a vicious circle.

Poverty in urbanised areas also contributes to higher infection rates. Nicholas Walter Otieno Ajwang', professor of sociology at Pwani University, explained that in Eldoret, Kenya, a household's income, place of residence and health insurance significantly affect access to health care. The consequences of COVID-19 are especially visible in poorer, urbanised areas.

Since the case fatality rate is lower in Africa, lessons drawn from the African context are relevant globally. But further research needs to be done to explain the difference.

## **Takeaways**

- The case fatality rate of COVID-19 is lower in Africa than elsewhere
- Africa's young population, experience with Ebola and quick action by governments could have caused this
- Just like elsewhere, the poor and the urban were most affected