Common Market for Eastern and Southern Africa



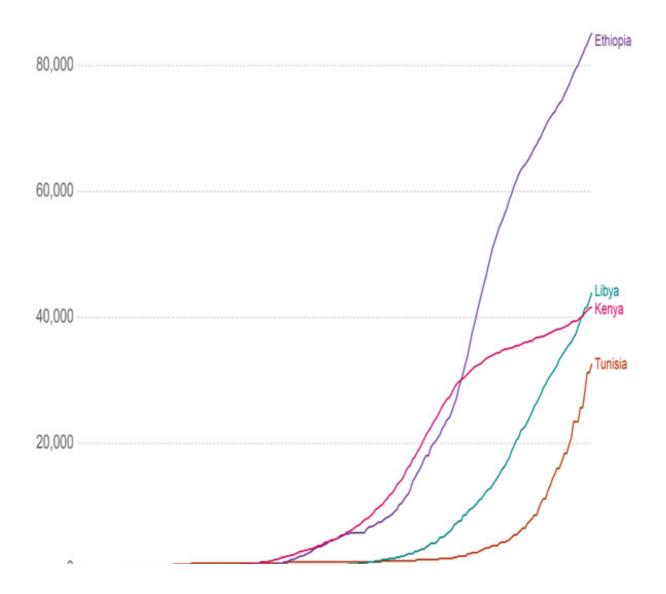
Four COMESA Countries Record Increases in New Covid-19 Cases

COVID-19 in COMESA

Situational Update No. 33 13th October, 2020

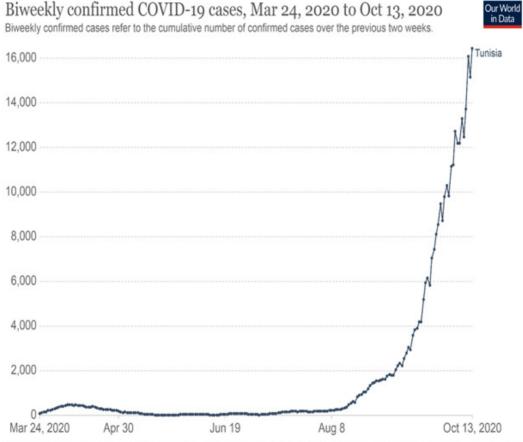
Four COMESA Countries Record Increases in New Covid-19 Cases

Recent data compiled by the COMESA Early Warning System (COMWARN) indicates that four countries in the region have recorded increases in the number of new COVID 19 cases. This is despite the majority of the Member States having continued to put in place stringent measures to contain the spread of the pandemic. In the last five days, Tunisia has recorded 8,014 new cases, Libya 4,308, Ethiopia 4,241 and Kenya 1,712.



The new record in Tunisia represents a 32.65% increase and it should be noted that Tunisia was among the first countries in the region to put in place stringent measures that helped to contain the COVID-19 pandemic. However, the new surge in the numbers can be attributed to the opening up of borders and allowing tourism activities to resume. Non-adherence to preventive measures such as social distancing and wearing of masks has also contributed.

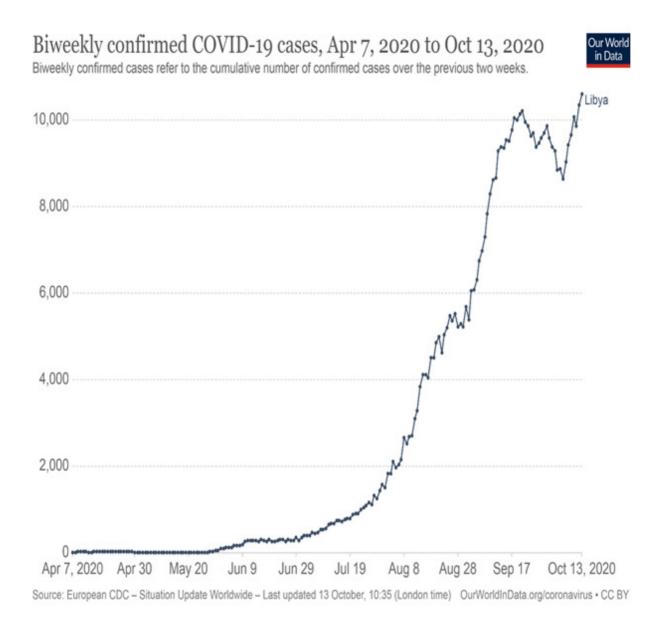
This has prompted the Government to reintroduce night curfews starting on 8th October 2020 from 9pm to 5am during weekdays and 7pm to 5am during weekends in the Greater Tunis governorates of Tunis, Ben Arous, Ariana and Manouba. As part of additional measures to curb the continued increase in cases, weekly markets and Friday prayer meetings (Juma`a) have been prohibited whilst cafes and restaurants will no longer serve dine-in customers. The south-eastern province of Gabes has also significantly been affected by the surge of new cases. Of the total new cases (8,014), 9.98% were recorded in Gabes province. There is fear that if the numbers of new cases continue to increase in Gabes province, then it is likely to overwhelm the health systems of the province.



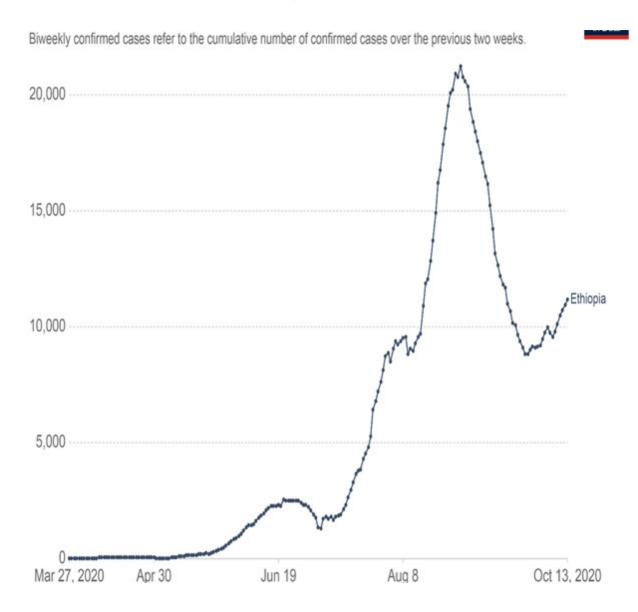
Source: European CDC - Situation Update Worldwide - Last updated 13 October, 10:35 (London time) OurWorldInData.org/coronavirus • CC BY

3

Libya has also experienced rapid escalation of COVID-19 cases in the past five days. The rapid increase in Libya, mainly in Tripoli and Sebha is linked to community transmission. Contact tracing has also remained a challenge and this has been exacerbated by stigma and insecurity. The stigma associated with COVID-19 has made it difficult for those affected to openly seek medical care and the patients are also unwilling to disclose the names of persons they would have come into close contact with. The ongoing civil war has also adversely affected health service delivery as most of the health infrastructure has been destroyed. In addition, the civil war has led to massive internal displacement leading to the emergence of IDP camps that also face challenges of social distancing, access to proper sanitation, adequate testing and treatment facilities.

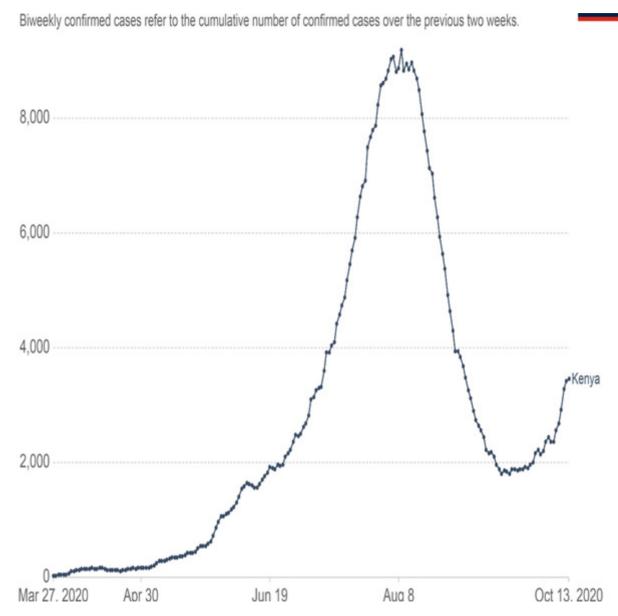


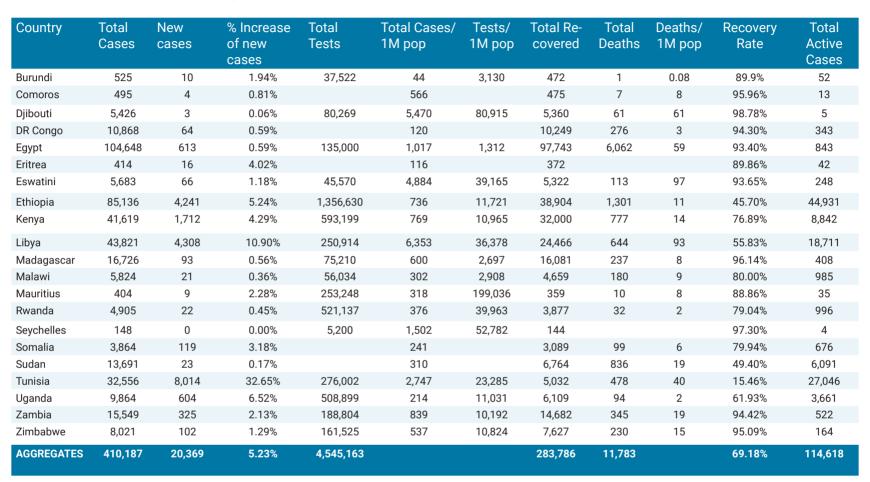
Recent COVID-19 data compiled by COMWARN indicate that Ethiopia experienced an increase of 5.24% in the last five days. While the high increase is significantly reduced when normalized by the population, the continued increase of the new cases, if not contained, may pose a health security risk. The recent increase of the new numbers could be linked to non-adherence to COVID-19 preventive health measures and the opening of the country's economic sectors such as tourism.



5

While the daily recorded new COVID-19 cases for Kenya had significantly reduced in September 2020, which prompted the Government to open the economy and educational facilities, recent data compiled by COMWARN indicate that the number of new cases has been increasing in the past few days. The main factor for the increase in cases is due to non-adherence to COVID-19 prevention measures. The highest numbers of new cases were reported in Nairobi (157), Bungoma (118), Nakuru (48), Turkana (41), Mombasa (33) and Kilifi (31) counties.





Summary of Regional Figures as of 13th October 2020

Source: World Health Organisation, Worldometer, Johns Hopkins University (compiled by COMWARN)



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