The problem with predicting coronavirus apocalypse in Africa

Claims that Africa will be hit the worst by the pandemic ignore African epidemiological know-how and action.

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In an April 10 interview with CNN, American philanthropist Melinda Gates expressed her belief that the coronavirus pandemic will have the worst impact in the developing world. She said she foresees bodies lying around in the street of African countries.

A day later, it was announced that the United States, where Gates is from, had surpassed Italy in terms of the number of dead from COVID-19.

It is quite surprising to see that although there have been shocking reports of hospitals overwhelmed with patients and dead bodies left to decompose in homes and in the streets of the US and in other Western countries, the billionaire philanthropist and others like her still choose to talk about dead bodies in Africa.

Clearly, despite the massive crisis the West is experiencing, some Western thought leaders continue to insist that a whole continent of 54 countries will collectively and inevitably experience apocalypse as a result of a virus outbreak.

Indeed, the white gaze knows no rest, even amid a pandemic that has struck the West.

There exists a considerable difference between an informed fear and an uninformed assumption. Much of the conversation surrounding the potential impact of COVID-19 on Africa so far seems to have stemmed from the latter.

Gates is not the only one to be predicting total doom in Africa. A report released by the United Nations Economic Commission for Africa (UNECA) in April stated: "Anywhere between 300,000 and 3.3 million African people could lose their lives as a direct result of COVID-19."

While there have been multiple projections in regards to the number of COVID-19 deaths that the African continent will see, the recent estimate from the UNECA might be the most confusing.

This is especially because the prediction of millions of COVID-19 deaths in Africa is difficult to reconcile with the present growth rate and the reality on the ground. As of publication time, there were a total of 50,996 COVID-19 cases on the continent and 1,998 deaths reported.

To put this into perspective, based on the lowest projection from UNECA and at the present growth rate, African nations would need to see at least 7.6 million confirmed infections to be able to reach 300,000 deaths; 84 million people will have to be infected continent-wide for the UNECA projected 3.3 million deaths to happen.

Many like Gates are assuming that the only reason African countries are reporting low rates of infection is due to its limited testing capacity. While this is not untrue for some countries, Gates's statement easily excludes from the conversation countries like Ghana, Senegal, South Africa, Mauritius, and others which have ramped up their testing capability.

If the low numbers are only a result of the lack of testing, African countries would be seeing increased rates of hospitalisations and even deaths, which has not been the case so far.

Predictions of mass deaths in Africa are problematic for reasons beyond inaccuracy. They assume that nothing that African countries do can mitigate the spread of the disease and prevent high death tolls. They presuppose that Africans will be just passive victims of yet another viral outbreak.

But many African countries have long experience in dealing with infectious diseases and by now have developed know-how that many Western countries might not have. And many African leaders are also not unaware of their fragile healthcare systems - unlike some of their Western counterparts.

This might, in fact, be the basis on which a lot of the continent's proactive response is founded. Just as someone who is diabetic knows to avoid sugar, African governments understand that their most effective strategy in the battle against COVID-19 is prevention and applying lessons learned from previous and/or ongoing outbreaks.

Uganda has already redirected its screening efforts and systems from combatting Ebola into its current interventions against COVID-19. Even before the country registered its first case, President Yoweri Museveni put in place travel restrictions and social distancing measures that advanced into full lockdown.

Since the first case was announced on March 22, Uganda has seen a total of 100 cases, 55 recoveries, and no deaths.

Rwanda was quick to react, too. Shortly after the outbreak was confirmed in January, the government organised a committee to evaluate and bolster preparedness and response to the pandemic and trained about 500 health workers, including laboratory technicians to cope with a potential national epidemic.

Senegal is another example where local experts are leading the way in developing critical interventions during the pandemic. The West African country has used its experience in fighting HIV-AIDS and Ebola to create a $1 COVID-19 testing kit, a cost-effective and necessary resource it plans to share with other countries on the continent.

In Nigeria, drive-through COVID-19 testing has been deployed. People who suspect they may have the disease register online, are screened to ascertain whether they qualify for a test, drive through a testing centre, if they meet the parameters, and then receive their results electronically too.

Mauritius has enforced a lockdown and rolled out mass testing, planning to have 100,000 people (roughly 10 percent of its population) tested in the span of two weeks. The island nation has established strong social welfare buffers and mobilised its healthcare facilities, which boast 3.4 hospital beds per 1,000 people - more than some Western nations have, including the UK, the US and Canada.

And Somalia, defying the usual media stereotypes about the country, announced in later March that it was sending 20 doctors who had volunteered to help the fight against the virus in Italy.

Indeed, there surely will be some African countries where the COVID-19 outbreak will have a devastating impact. But painting with a wide brush a whole continent of 54 countries and dismissing efforts of African governments to deal with the situation is simply wrong.

Why do we not see the same broad strokes applied to continents like Europe and North America? Western countries are able to recognise nuance and complexities within themselves, acknowledging that no two countries are exactly alike. If outcomes of this epidemic in Europe and North America vary greatly from country to country, why is it not possible to assume that the same would be the case in Africa?

The view that all Africans think the same way and that all African countries will suffer the same fate is deeply rooted in colonial ideology, which dismisses an entire continent as inherently backward and dysfunctional.

The legacy of colonialism has perpetuated the lie that Black bodies are to be pitied and to exclusively be the recipients of aid. Is it possible for African people to be regarded as experts rather than passive victims?

The problem with the UNECA and Gates's projections of the impact COVID-19 will have on the African continent is that they strip African countries of their agency and redirect focus on providing charity rather than supporting already existing and well-functioning epidemiological responses.

There is a time and place for every culture and country to be the expert, to be the frontrunner and African countries deserve to be perceived as autonomous, complex, and nuanced as every part of the world.