The Impact of COVID-19 on Africa. The Case of Somalia

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"We now live in a nation where doctors destroy health, lawyers destroy justice, universities destroy knowledge, governments destroy freedom, the press destroys information, religion destroys morals, and our banks destroy the economy". – Chris Hedges

The Coronavirus (*Covid-19*) epidemic has hit really hard to African continent and Somalia in particularly.*In this article I will discuss and reflect on the capabilities of different countries to respond to the crisis and contemplating the necessary actions in order to safeguard the public both health wise and economically.*

For a nation with a population of 19 million (*2017*) there is less than 50 intensive care (*ICU*) beds in the country, besides lack of personal protective equipment (PPE) supplies such as face masks, gloves and goggles as well as thermal temperature guns; and qualified Medical virologist and intensive care medical gear such as ventilators and quarantine units.

A pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China on 31 December 2019 and the outbreak was declared a Public Health Emergency of International Concern (*PHEIC)* on 30 January 2020. Subsequently on Feb. 11, 2020 it was named Covid-19 by the WHO.

In Somalia, the first positive case was announced on 16 March, with the first fatality reported on 9 April 2020. On 23 April, the Ministry of Health reported 42 new cases in just one day.

Initially COVID-19 cases in Somalia were unknown and the federal government took the initiative of full preparedness with support of WHO, and the international community. The Government of Somalia continues to implement a range of preventive measures. This includes a curfew from 7 pm to 6 am, a ban on travel between regions, with some exemptions, such as emergency, humanitarian and essential services. All international air travel suspended.

All nonessential services remain closed, and public sector offices remain on reduced working hours. Schools, Universities, and public gatherings of more than 5 person totally discouraged.

"As of 6 April, the government has officially reported 7 lab-confirmed cases of COVID-19, 2 of these cases were reported from Somaliland. While 6 of these reported cases have travel history before they became sick or were quarantined, the investigation on the remaining case suggests that the case might have been locally acquired as the case has no travel history. This clearly

shows that the country is now entering into a different transmission phase where further human-to-human transmission from COVID-19 can be expected. Given the fragility of the health systems, security situation in the country, weak surveillance system and insufficient number of skilled health workforce in the country, there are heightened risk that cases may go undetected or undiagnosed if community transmission begins as a result of wide-spread of the virus" [1]

Since early April, Somalia has been on lockdown. Daily life has come to a halt. Movement is restricted. Public gatherings are suspended. All but a small number of essential businesses are closed.

Every one of the country's 19 million people has been affected by these restrictions, but – as ever – the most vulnerable have been hit the hardest. In Somalia, only a small minority are formally employed. Everyone else who earns a living works in the informal economy with no employer-provided benefits, few alternative livelihood options, and only the most meager social safety net to fall back on.

The world is in the midst of a value shift that could potentially define the fourth revolution. We are witnessing a dynamic transition from maximizing growth to maximizing people's wellbeing and welfare. This has been marked through the increased awareness to combat the Covid-19 pandemics and now, to protect the population during the Covid-19 pandemic.

- Confirmed coronavirus cases in Africa: 30,367
- Recovered: 9,107
- Confirmed coronavirus deaths: 1,378
- Confirmed coronavirus cases in Somalia: 480
- Recovered: 26
- Confirmed deaths: 14
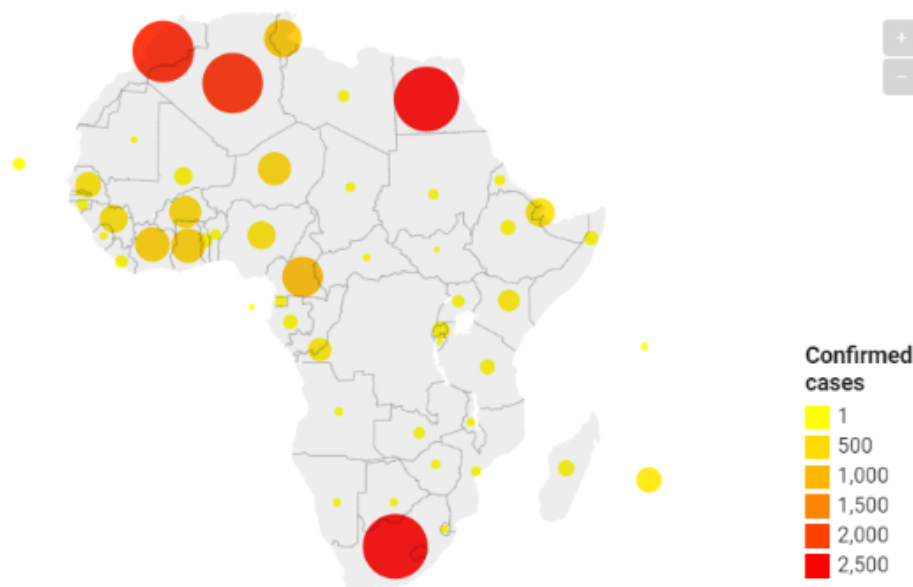
"Since 13 April, the number of confirmed COVID-19 cases in Somalia has spiked rapidly from 25 to 390 (286 male, 104 female) as of 25 April. Eighteen people have died and 10 others recovered. Those affected include 15 health workers. After a handful of initial cases related to travel, community transmission now accounts for the vast majority of cases. Concerns remain

over the possible spread of the virus to some 2,000 congested IDP settlements where social distancing is impossible and adherence to infection prevention control measures is challenging.

Banadir region is the most affected with 380 confirmed cases. Six cases have been reported in Somaliland – the first two in Berbera and Burao; one in Galmudug, one in Puntland and three in Jubaland. Apart from Mogadishu, Hargeisa and Garowe, there is no testing capacity, and there is a lack of isolation and treatment facilities, thus limiting the capacity to contact trace and test cases. All states have, however, announced various control measures such as closing borders, suspending flights, closing schools and banning large gatherings. The ability and willingness of the population to adhere to these directives remain mixed and the spread of community transmission is increasing. [2]

The economic impact of Covid-19 on the African continent+ Somalia in particularly is huge

Those in the informal economy are particularly hard hit by responses to the pandemic. This isn't inevitable. It's the result of political decisions.The government of Uganda has presented its [coronavirus](#) response as a necessary set of measures to deal with the pandemic. A crisis is, apparently, not the time for politics. But those in the informal economy know that politics and policy always go hand in hand. Their added vulnerability is not the inevitable and unavoidable result of technocratic decision-making. It is the outcome of political decisions. The situation facing the poorest in Uganda today is not a departure from routine politics, but their continuation under exceptional circumstances.

Lockdown restrictions [appear to be fuelling a wave of repression](#) against street vendors and motorcycle taxi drivers. Road side Tea-cafes, restaurants and all gathering places are severely effected by the lockdown. But this is far from new. Traders in Mogadishu main markets i.e. (*Bakara, Xamer Weyne*) also have reasons to worry that the response to the pandemic will put their livelihoods under threat. This is particularly true for those who sell live and dead [animals](#).

Even primary health interventions against the virus such as washing hands, can be difficult to follow if there's a lack of access to clean water. Social distancing measures can be impractical in countries that rely on agriculture as the leading source of income, a disruption in which can substantiate food insecurity issues. As Covid-19 spreads amongst the settings of the most vulnerable, it will place extra pressure on crowded hospitals, with poor sanitation and medical appliances, poor surveillance and poor health care services.

Conclusion

"Somalia is going to be crucial in the country's fight against COVID-19. But in a complex context with a chequered history of international assistance, efforts to save lives must guard against inadvertently causing harm and build on existing Somali-led efforts for long-term peace."

As of 13 April Somalia had [60 confirmed cases](#) of the novel coronavirus (COVID-19). In the context of a weak healthcare system, ongoing insecurity, major flooding and an expected return of locust swarms, COVID-19 could be catastrophic to the 3.7 million people living in the densely packed capital Mogadishu and half a million internally displaced people in crowded camps around the city.

If wealthy countries with strong health systems are buckling under the pressure (*Italy, France, Spain, UK, & US*) of COVID-19 outbreaks, imagine what will happen in countries in the midst of deep humanitarian crises caused by war, natural disasters and climate change.

If we leave coronavirus to spread freely in Africa and Somalia in particularly, we would be placing millions at high risk, whole regions will be tipped into chaos and the virus will have the opportunity to circle back around the globe. [3]

With the support of WHO, the Federal Ministry of Health received testing equipment and has, as of 26 April. Conducted 692 tests, Including 11 in Garow.Testing is being done in Mogadishou and Garow and testing laboratory in Somaliland is expected to begin testing this week.Efforts are also underway to increase the number of ICU's and isolation centers, and ensure sufficient services are provided within them.

The procurement of personal protective equipment (PPE), Generators and Ventilators is being expedited to boost response capacity in Mogadishu and the country. The overall Covid-19 preparedness and response is coordinated through the office of the Prime Minister (PMO) and Ministry of Health and Human Services.

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Notes

1. http://www.emro.who.int/som/somalia-news/as-cases-of-covid-19-increase-rapidly-in-somalia-operational-readiness-also-scaled-up-to-early-detect-and-respond-to-community-transmission.html
2. https://africanarguments.org/2020/04/26/coronavirus-in-africa-tracker-how-many-cases-and-where-latest/ (accessed April 18th 2020)
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