

Zambia Newsletter

Zambia Missions

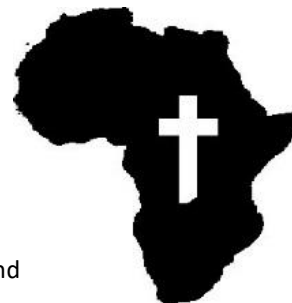
1910 Sycamore View Rd
Bartlett, TN 38134
(901) 574-9552

Web: www.zambiamissions.org

David & Lorie French

P.O. Box 350070
Lusaka, Zambia (Africa)
zambiamissions@gmail.com

April 2020



Basically, all the news this month has to do with the coronavirus and how it is affecting us and our work in Zambia. Everyone's focus these days is pretty much centered on what is happening in Europe, China and the USA. It is very difficult to find any reliable information on how the epidemic is going to affect Africa.

As I write this newsletter, the number of cases in Africa is surprisingly low. South Africa is the only country whose numbers are above 200. No one seems to understand why the virus has not broken out in Sub-Sahara Africa. I've been closely watching what is happening on the continent in order to determine how best we in Zambia can deal with this outbreak.

Personal Situation.

First, let me report on how Lorie, Kerin and I are doing. Lorie and I had just returned to the USA from Zambia when the virus began to break out in the USA. Since churches are not meeting, I had to cancel all our appointments to visit supporting congregations. Thus, we, like many people are now pretty much stuck at home. There is still much that I can do from home, so I am focusing most of my time accordingly.

Kerin, however, remains in Zambia. Since two of her children do not have all the documents that they need to travel (passports, visas), Kerin is unable to return to the USA. This is of some concern to us since the healthcare system in Zambia will quickly collapse when or if the virus breaks forth in the country. But, there not much else that can be done.

Report: Bible College.

As I began to realize the seriousness of this epidemic in mid-March, I instructed the staff in Zambia (Kerin) to buy enough food, medicine and supplies to last for 3 months. We already had 4-5-month supply of maize (corn) which we can grind up into mealie-meal (the primary staple food of Zambia). Once these supplies were bought, my plan was to lockdown the campus (implementing a strategy of containment) – allowing no one to enter from the outside. My plan was that we could continue with our classes and normal activities within the campus as long as we maintained containment.

However, two days later the government ordered all churches, schools and colleges closed. This order forced the

closure of our Primary School and Bible College. So, once all the supplies had been bought, I ordered the lockdown of our campus. Anyone who wants to leave can leave, but no one from the outside can now enter our campus. We have two drivers who live off-campus and who have agreed to remain off-campus. They are continuing to re-supply our campus and to run whatever errands are needed.

The Spread of COVID-19 in Africa.

I am quite concerned about what is going to happen in Africa. As I write this newsletter, the virus has not yet broken out. Except for South Africa, only small numbers of cases have been reported in Sub-Sahara Africa. Zambia is reporting just 45 cases.

At first, I thought that perhaps this virus (like the common flu) would not fare well in warm, humid climates; but this hope vanished as the virus spread into places like India, SE Asia, Saudi Arabia and South America. Besides, Zambia is now heading into the cool, dry season.

I then thought that perhaps the widespread use of chloroquine (malaria drug) would act as a deterrent to the spread of the virus (as this drug has been used widely throughout Africa for many years). However, research just released yesterday from some early tests now show that chloroquine is not a preventive nor an effective treatment of the virus.

What is surprising everyone is that the virus has not broken out like it has in most other countries. Why has the virus not broken out as expected by now? No one really seems to understand why. In addition to the two reasons mentioned above, some have thought that it is due to the fact that the median age in Africa is significantly younger than anywhere else in the world, but while the young may not die as much, they are not less immune to the virus. Some medical experts have suggested that it is possible Africa has some unknown level of endemic immunity (due to all the diseases Africans have been exposed to) that might make them more resistant to the virus. Perhaps, but medical experts don't really think this is likely either.

This best explanation now probably has to do with the fact that there is far less international and domestic travel in Africa. The epidemic has hit hardest in countries where people travel the most – both internationally and within their own country (e.g., USA and Europe). There is far less international travel between

Africa and the rest of the world, and Africans really do not travel very much even within their own countries (where the roads are few and in poor condition). People don't really travel very far from their homes. Thus, this significantly slows the spread of this or any virus/diseases in Africa. It is Africa's best defense.

Add to this the fact that COVID-19 has a long incubation period. People who are infected often do not show symptoms (if at all) for up to 14-21 days. Thus, the virus can be spreading among the population before it ever shows itself.

Expectations for COVID-19 in Africa.

Based on everything that I have read/heard, it does not appear to me that Africa will escape this epidemic. The surprising delay in the spread (outbreak) of COVID-19 in Africa is most likely due to the lack of travel in Africa, along with the long incubation period for this virus. Thus, I do not believe it is a matter of if but when the virus will break out in Africa. It is just slow in doing so.

If, in fact, this does happen, I fear the mortality rate will be higher than anywhere else in the world. There are several reasons for this opinion. First, the healthcare system in Africa is woefully inadequate to handle such an epidemic. There are few ICU beds and ventilators, and the medical personnel are poorly trained.

Second, Africa cannot afford to implement a strategy of mediation (social distancing) as has been employed in Europe and the USA. Most African countries have closed churches, schools, bars and certain public gatherings (e.g., soccer games). These are businesses that do not really hurt the economy. Africa cannot afford to shut down businesses as the governments cannot bail out these businesses. As well, most Africans live "hand to mouth." They cannot afford to not work. They would starve to death. Already there have been riots in Africa where the governments have tried to shut down a few businesses. One thing is already certain. Regardless of what happens now, the economic damage to Africa has already been severe. It is just a matter now of how much worse it will get. This is going to really set back the economic development of every country in Africa.

Not only can Africa not afford the strategy of mediation, but mediation is not a strategy that is appropriate for Africa. The main reason that developed countries like the USA have implemented this strategy is in order to "flatten the curve" so that the number of sick patients needing hospitalization does not overwhelm our medical resources (doctors, hospital beds and ventilators). This doesn't matter in Africa where the medical resources barely exist at all. Regardless of what happens, the healthcare system in Africa will quickly collapse as thousands of sick and dying patients have nowhere to get medical care.

The best hope for Africa is Africa's lack of travel (which is a form of social distancing between communities/villages). This will slow the spread of the virus. It will slowly spread to the cities (where it will hit hardest) and then very slowly spread out into the rest of the rural areas (perhaps not hitting every village). But, I fear the mortality rate in the densely populated cities of Africa will be far above that seen thus far in any other country. The reason I believe this is due to the following reasons: (a) Malnutrition is very high in Africa; (b) the percentage of people with HIV-AIDS, tuberculosis, diabetes, and other health problems is higher than most anywhere

else in the world; (c) Africans are **very** social people, living in densely populated housing, and will not effectively practice any form of social distancing; and (d) the healthcare system will totally collapse.

I sincerely hope I am wrong in my expectations, but based on everything that I have been able to read from medical experts, this appears to be the most likely outcome for Africa. Whatever does happen in Africa will be different from what has happened in the rest of the world. This could be good, or it could be worse. I fear the latter. The lack of travel is the only mediating factor that could reduce the numbers. But it should be remembered that the poorest countries in the world are in Africa, and nowhere are the people less prepared or able to fight off this invisible enemy than in Africa.

Medically speaking, Africa is not much better off than where America was a hundred years ago when the Spanish Flu of 1917-1918 killed 50 million people in the world. Unless a vaccine or existing drug is found soon that is effective in treating or preventing this virus, I expect dire consequences for Africa in the next few weeks and months in Africa.

Strategy for Daybreak.

As for our staff and students at Daybreak, it is our hope that we can successfully maintain our containment until the epidemic has passed through. There is little else we can do. However, there is a limit as to how long we can successfully isolate ourselves from this invisible enemy. If our strategy of containment fails, then we will implement social distancing within the campus and try to reassert containment from the outside community.

One other concern that we have has to do with the ability to buy supplies, food and medicine from the stores. If things get bad enough, then the supply chain could be seriously disrupted. Zambia has very limited manufacturing and produces very little other than food. Most goods are shipped up from South Africa (1200 miles away). If this supply chain is disrupted due to the epidemic, then it wouldn't take long before the shelves in Zambia would become empty.

Just now (as I was finishing this newsletter), I got an email from the U.S. Embassy in Zambia informing us that the govt. has just ordered a "lockdown" of Kafue town (ordering all citizens to their homes to be tested). This is a small township just 12 miles south of our campus. It indicates that there is some type of outbreak of the virus not far from our campus.

Prayers for Africa.

I hope that you will keep our staff and students in your prayers and that you will pray God might spare Africa from what appears now to be the most likely scenario. Lorie and I, of course, are quite concerned for Kerin and our four grandchildren who are now pretty much stuck in Africa with no hope of medical assistance should they become sick from this virus. I hope that you will keep them in your prayers as well. It is my prayer that my expectations for Africa will prove totally wrong and that I will be able to report good news two months from now in my next newsletter.