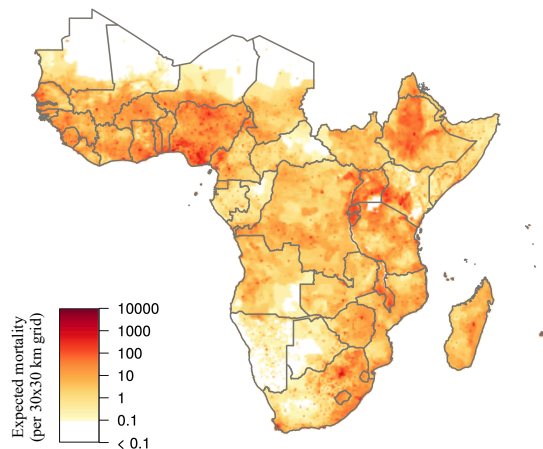
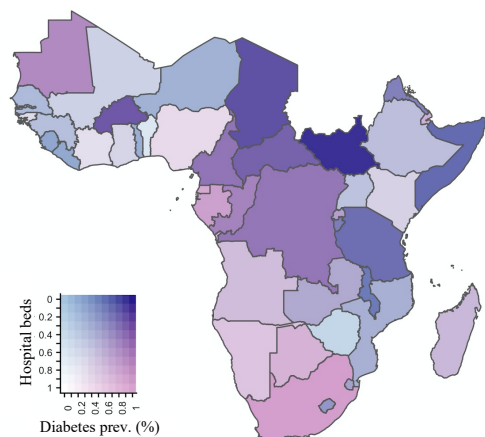


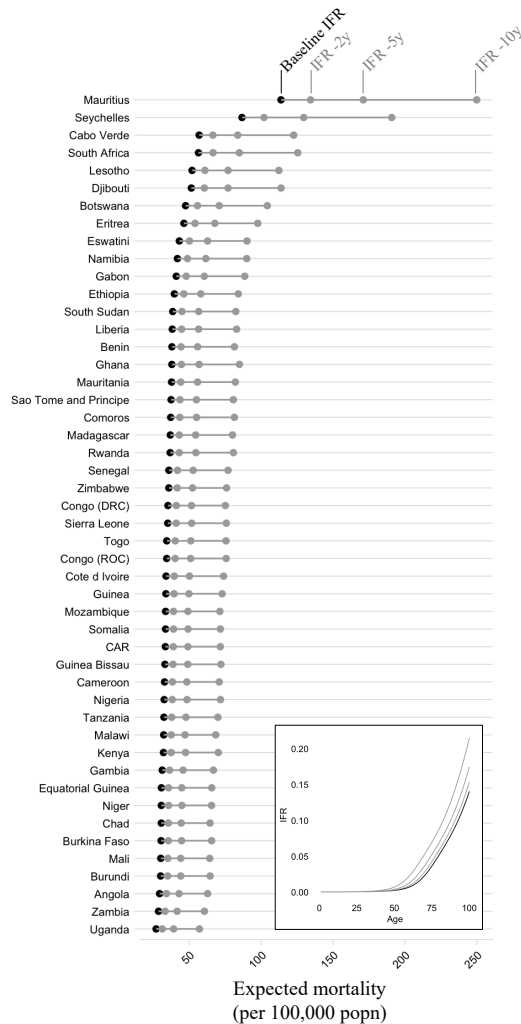
A | Baseline mortality risk from demographic structure



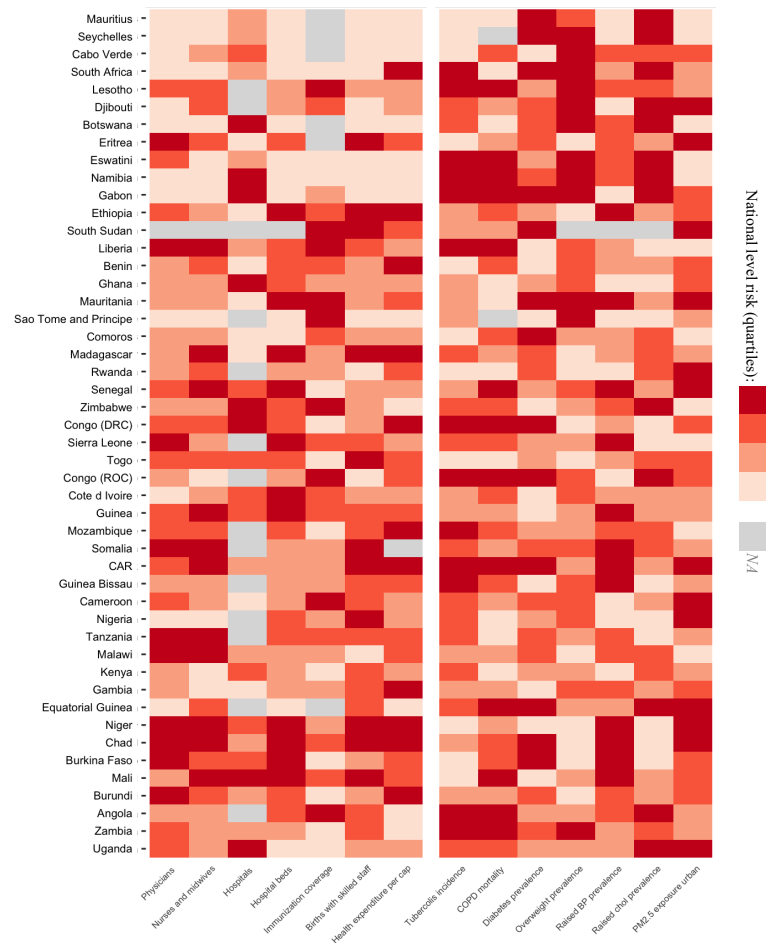
B | Comorbidity vs access to care



C | Range in mortality under simulated IFR scenarios



D | Indicators of access to care at national level



E | Indicators of comorbidity burden at national level

Figure 3 | Variation in expected burden for SARS-CoV-2 outbreaks in sub-Saharan Africa

A: Expected mortality in a scenario where cumulative infection reaches 20% across age groups and the infection fatality ratio (*IFR*) curve is fit to existing age-stratified *IFR* estimates (see methods, **Table S4**). **B:** National level variation in comorbidity and access to care variables, for e.g., diabetes prevalence among adults and the number of hospital beds per 100,000 population for sub-Saharan African countries. **C:** The range in mortality per 100,000 population expected in scenarios where cumulative infection rate is 20% and *IFR* per age is the baseline (black) or shifted 2, 5, or 10 years younger (gray). Inset, the *IFR* by age curves for each scenario.

D-E: Select national level indicators; estimates of reduced access to care (e.g., fewer hospitals) or increased comorbidity burden (e.g., higher prevalence of raised blood pressure) shown with darker red for higher risk quartiles (see **Figure S4** for all indicators). Countries missing data for an indicator (NA) are shown in gray. For comparison between countries, estimates are age-standardized where applicable (see **Table S3** for details). See the [\[SSA-SARS-CoV-2-tool\]](#) for high resolution maps for each variable and scenario.