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# CORONAVIRUS IN AFRICA: HOW THE PANDEMIC WILL SHAPE A CONTINENT'S FUTURE

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The coronavirus finally arrived in sub-Saharan Africa, one of the last regions of the world to be affected by the pandemic. As much as reasonable arguments have been made with regard to a direct, "specifically African" impact of the virus – due to the likes of climate, median age, population density, human mobility, and so on – the region **will not be spared a shocking economic impact**. While governments are adopting lockdown measures, often not sustainable for poor people working in the informal sector, fragile health systems struggle to respond to the emergency. How will the pandemic shape Africa's future? Will African governments be able to effectively tackle the global health crisis and its economic effects?

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## The Coronavirus Will Hit Africa Hard

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As had been feared and expected, Africa was not spared from the “novel coronavirus” pandemic. The rapid spread of COVID-19 on the continent is a matter of grave concern. If the very first confirmed cases were linked to European clusters – the “patient zero” in sub-Saharan Africa was an Italian citizen traveling to Nigeria from Milan – what frightens now is the activation of local chains of transmission further worsening the prospects for a widespread diffusion of the virus and threatening to put a strain on African management and response capacities.

In this respect, the health systems’ fragilities, on a continent where the number of acute care beds are dramatically scarce – [less than 1,000 in South Africa](#), one of the best health systems in Africa – are major sources of concern, looking at the prevention, diagnosis and control needs in emergency situations. Over the last weeks, efforts made by the African governments to enhance their capacity are encouraging, though. At the outbreak of the



epidemic in the world, only two health centres, in Senegal and South Africa, were adequately equipped to conduct tests and diagnose cases of coronavirus: the continent's capacity has been strengthened rapidly and the number of countries "ready" has been boosted to 43, thanks to the support of the World Health Organisation. According to Matshidiso Moeti, Regional Director for Africa, WHO's [main goal was](#) to "prioritize strengthening the capacities for countries to investigate alerts, treat patients in isolation facilities and improve infection, ensure prevention and control in health facilities and in communities" to prevent the COVID-19 spread to Africa.

To this aim, the Africa Center for Disease Control and Prevention (CDC) and the African Union established a continental task force – [Africa Task Force for Novel Coronavirus \(AFCOR\)](#) – led by Morocco, South Africa, Senegal, Nigeria and Kenya, to oversee the progress made in broadening African response capacity to the epidemic and provide the help and technical support needed to deal with possible clusters of infections. The initiative was based on five pillars: surveillance (screenings and controls on entry into countries); infection prevention and control in healthcare facilities; clinical management of persons with severe infection; laboratory diagnosis; risk communication and community engagement.

## **AFRICA UNDER LOCKDOWN, TOO**

The best advice for Africa is to prepare for the worst and prepare today". A few weeks ago, WHO general director, the Ethiopian Tedros Adhanom Ghebreyesus's [statement stressed that real numbers of positive cases](#) could be much higher than official figures, warning African states against the risks of a worrying development in the spread of the pandemic on the continent. The adoption of restrictive measures by a growing number of governments reflected these concerns. The initial suspensions of flights to China – Ethiopian Airlines was one of the only airlines to keep providing regular connections to Chinese cities – has been followed by the adoption of [restrictions and precautionary measures](#) – from reinforced health checks to compulsory quarantines or bans on entry – for travellers coming from the most affected areas in the world, such as Italy.

Ultimately, the growing number of cases on the continent persuaded the political authorities of African states to adopt lockdown regulations along the lines of the European measures. The Senegalese head of state, Macky Sall, was among the first to order the [closing of schools and universities](#) and the cancellation of the main religious events in the country, while in South Africa Cyril Ramaphosa declared a [national state of disaster](#), announcing strict measures to contain the spread of COVID-19. Many other states have followed their example. Paul Kagame's Rwanda, for instance, decided



the [total closure of the country](#), except for essential and emergency services.

### **THE ECONOMIC IMPACT OF THE GLOBAL HEALTH CRISIS**

Sub-Saharan Africa is entering its third post-2000 economic stage. Besides the human costs, the coronavirus pandemic will mark an economic earthquake for the region as much as it is doing across the globe. For Africa, it comes at a particular time and opens a new chapter that must be understood in relation to those immediately preceding it.

Between 2000 and 2014, sub-Saharan economies had gone through a rather comprehensive period of surprising dynamism and impressive achievements. Sustained by renewed international interest in the region, growth rates, trade increases and foreign investments broke record after record, turning sub-Saharan Africa from a laggard to a high-growth area. Macroeconomic management and indicators also generally appeared sounder than had previously often been the case.

Yet this landscape changed in the five years between 2015 and 2019. Many countries, particularly oil producers, were badly affected by a widespread decline in international commodity prices. Others were better positioned to cope with or even benefit from the new circumstances, and kept piling up remarkable rates of economic expansion. Africa's economic trajectories thus became more diverse, ranging from fast-growing

economies to cases of low growth or stagnation. This was also a time when many state budgets began to suffer, with a rising number of nations swelling their debt burden.

The coronavirus will likely hit Africa hard. The effects of the economic shock will condition African states' performances for years to come. If phase one (2000-2014) was a stage of economic ascent, phase two (2015-2019) was a moderation and mixed scenario, phase three is bound to be a socially disrupting and economically halting time, beginning in 2020 with an unpredictable duration.

In March, the UN Economic Commission for Africa [estimated a loss of Africa's GDP growth](#) for 2020 from 3.2% to 1.8%, due to the disruption of global supply chains, demand shocks (in sectors as energy, tourism, remittances), the slowdown in investment flows and the loss of jobs, supply side shortages and inflation pressures. In a more recent analysis of the state of sub-Saharan economies, the [World Bank foresees](#) the first recession for the region in 25 years, with growth expected to slow down to -5.1% and output losses between 37 billion and 79 billion dollars for 2020. The deteriorating fiscal position will likely lead to unsustainable debt growth and welfare losses, with destabilising effects. According to ECA, the demand shocks and the decline in commodities prices could cause losses for almost 65 billion dollars for oil-exporting countries in Africa: from 2016 to 2018, fuels accounted for 7.4% of Africa's GDP, with almost 166 billion dollars of yearly





export revenues. The impact of the COVID-19 pandemic on the fuels sector could lead to export revenues falling to 101 billion dollars. The most affected countries would be Angola, in which oil accounts for 89% of total export, with a share of 30% of GDP; Nigeria, where a COVID-19 crisis could reduce total exports of crude oil by between 14 billion and 19 billion dollars compared to predicted export for 2020; South Africa, which despite better production diversity exports 9 billion dollars worth of fuels.

The effects of the production shutdown and the decline in Chinese demand pose a severe threat to sub-Saharan economies. Particularly, some figures show how deep China-Africa connections are: there are **at least 200,000 Chinese workers** in Africa, and almost **80,000 African students in China**, 5,000 in the Hubei province. China is Africa's largest commercial partner: the trade volume in 2018 was 204 billion dollars. Sixty-four percent **of African exports to China** (99 billion dollars) concern fuels and mining resources. The main supply markets on the continent are South Africa (gold, diamonds, manganese) and Angola (oil exports filled 10% of Chinese needs in 2018), jointly accounting for 53% of Chinese imports from Africa, followed by Congo (oil), Democratic Republic of Congo (cobalt ores), Zambia (copper). Imports from Africa grew 38% between 2017 and 2018. Moreover, in 2017 Chinese **direct investments stocks in Africa** were worth about 43 billion dollars: still behind France, Netherlands, United States and the United Kingdom, but constantly

growing from 2013. In the infrastructure sector, China has established itself as the **main state investor in Africa**, with an 11.5 billion dollar average of funds invested yearly between 2012 and 2016, 15% of the total infrastructure investments, mostly in East Africa to support Xi Jinping's Belt and Road Initiative (BRI). Some examples of strategic infrastructures financed by China in the region are the Addis Ababa-Djibouti railway, connecting the Ethiopian capital to Djibouti, on the Red Sea, and the Nairobi-Mombasa railway in Kenya. Lastly, **McKinsey's findings** suggest that more than 10,000 Chinese-owned firms operate in Africa, across many sectors: a third involved in manufacturing activities, a quarter in services and a fifth each in trade and construction. According to **an Overseas Development Institute (ODI) report**, Kenya will likely be the African country most vulnerable to the effects of the pandemic on China's economy, as it is one of the most exposed to China in terms of trade connections, investments and airline services, and one of the least well placed to address the impact of the crisis over the next months.

## CONCLUSION

Beyond economic and financial risk factors, two further elements should be taken into consideration concerning the coronavirus spread in sub-Saharan Africa. First, the fact that the disease is particularly prevalent and severe in older people, while the case-fatality rates are nearly irrelevant for young people



and children. On a continent where the **median age of the population is under 20**, the impact of the pandemic could be after all be lower than elsewhere. It is understood, however, that pressures on fragile health systems, characterized by the lowest physicians' density in the world – 1 doctor per 5,000 inhabitants on average –, an average health expenditure of about 5% of GDP and several comorbidities weakening immune systems, could prove unsustainable. Second, some sort of resilience related to the diffusion of endemic diseases such as malaria, dengue, Lassa fever, and the incidence of severe epidemics territorially circumscribed such

as Ebola, that affected West Africa (Liberia, Sierra Leone and Guinea) in 2013-2014 and north-eastern Democratic Republic of Congo more recently, with lethality rates around 50%. The experience in management of serious health emergencies throughout the continent could provide African states with an essential asset in terms of expertise in control and response to the emergency: in this respect, the response capacity should be built on existing structures, while **communities should be engaged to stop the spread** of the disease and **adapt containment measures to local conditions** and cultural specificities.





## Coronavirus and African Economies: Are Dominoes Starting to Fall?

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Only 3,778 cases of COVID-19 were recorded in sub-Saharan Africa as of 1 April, according to the WHO. Whether the global pandemic is reaching the continent later or there are reporting challenges, it seems safe to assume that these numbers will unfortunately rise.

Just like elsewhere in the world, COVID-19 puts Africa in a trying situation. It has the potential to quickly become a human tragedy, given weaker health systems. It is also turning into a deep economic crisis, with countries battling the fallout from the global recession and using their limited fiscal space to meet health needs, support their productive systems and protect jobs, amid high poverty rates and lack of safety nets.

The difference from the rest of the world is that some African countries were already clutching at straws before it hit. This year had started with Africa reeling from the effects of climate change, with East Africa's crops ravaged



by [locust swarms](#); Mozambique just [getting back on its feet](#) after two cyclones; and Zambia and Zimbabwe grappling with the [worst drought in forty years](#). China's pandemic-induced slowdown caused a drop in commodity prices, with the breakdown of the [OPEC+ talks](#) the last nail in the coffin for oil prices. This week, Zambia announced it will enter [debt restructuring](#) talks with creditors. With the [IMF categorising](#) 16 of the 36 "low-income" SSA countries already either in debt "distress" or at "high risk" thereof before COVID-19 hit, the question increasingly being asked in the midst of this perfect storm is – "are the dominoes starting to fall?"

African countries are digging deep into the public purse to face this health crisis, but resources are limited. The World Bank estimates that [Africa generally spends](#) only half (5.2% of GDP) as much as the rest of the world (10% of GDP) on health. Redirecting resources to health spending or raising more will be challenging, so African countries have announced economic stimulus packages worth only 0.8% of GDP – about one-tenth of the Developed Markets average. Ghana, Senegal, and South Africa said they will tap the IMF's [Rapid Financing Instrument](#) (RFI) to help meet public health needs. Others will likely follow. Yet RFI support is modest and targeted by design and, as economic crises deepen, some may well enter full-fledged IMF structural reform programs.

African governments are seeing revenues and capital inflows fall, as commodity exports drop,

investment is put on hold, tourism grinds to a halt, and businesses shut down. Kenya's [cut-flowers industry](#) – a top-three FX-earner (foreign exchange earner), with tourism and remittances – is operating at 20% capacity, as demand from Europe falls. Exxon Mobil may halt its \$30bn [Rovuma LNG project](#), which would be twice the size of Mozambique's GDP. Nigeria's largest trading partner, India (30% of exports), is in lockdown since last week and, as FX earnings from oil fall, [pressures for a Naira devaluation](#) keep rising. Angola faces similar challenges as 60% of its exports go to China. African workers in Europe and the USA, who send home around \$50bn every year, may also face layoffs.

Borrowing necessary resources may also be more challenging as bond yields soar. Presently, international capital markets remain virtually shut to "frontier markets" with their weaker sovereign balance sheets (versus emerging markets). Yields on the debt of oil-exporting Angola, Gabon and Nigeria have risen sharply. Their response has been to revise lower the oil price assumptions in their budgets and reduce spending. But financing shortfalls will still ensue and meet rising borrowing rates, particularly for those that cannot count on deep domestic debt markets and a local investor base, like Nigeria. To be clear, debt management has improved across the continent over the last twenty years, with yield curves extending, issuance currencies diversifying and domestic debt markets growing, albeit from a low base.



Still, even South Africa – with its fiscal deficit expected to balloon from the planned 6.8% of GDP to 10-12% of GDP this year – is facing higher borrowing rates, having lost its last [Investment Grade rating](#) (Moody's) last week.

So it is increasingly apparent that some countries will struggle to meet their debt service commitments. Zambia has already said so. Moody's has placed it with Angola and Ghana among half a dozen countries that are facing the toughest mix of high interest payments (35-45% of government revenues), increasing borrowing requirements and already elevated debt stocks. Although African Eurobond maturities do not increase meaningfully (to \$6.2bn p.a. on average) until 2024-25, coupons still need servicing. Indeed, Africa's debt burden has increased tenfold in the last 10 years as QE-induced low interest rates favoured new entrants in the Eurobond market. Zambia debuted in 2012 with a 10-year Eurobond at 5.625% – a rate cheaper than Spain's at the time.

As [calls for debt relief](#) understandably increase, the elephant in the room is the more complex composition of Africa's debt stock. Over the last week the IMF, World Bank and UNECA (UN Economic Commission for Africa) have called for debt relief, although the G20 did not endorse this. The Fund requested that its [Catastrophe Containment and Relief Trust](#) (CCRT) be replenished for this purpose. UNECA proposed a \$44bn SPV (special purpose vehicle) to service Africa's debt. Rumours

abound right now but a plan is expected to be released at the IMF/WB Spring Meetings on 15 April. Depending on its goal – short-term debt relief or resetting debt profiles on sustainable paths? – it may ask concessions beyond multilateral creditors. The moral implications of any creditor's choice notwithstanding, any concession is rendered more complicated by the fact that Africa's debt composition has changed dramatically over the last decade. Zambia is again the perfect example, with its debt split almost equally four ways between Multilaterals, China, Eurobond investors, and other commercial creditors. Johns Hopkins University estimates that China has lent over \$30bn to the continent since the Global Financial Crisis. J.P.Morgan's EMBIGD Index now hosts 13 African countries' Eurobonds – virtually all new post-GFC entrants. Investors bought Eurobonds to meet their clients' return expectations and debt forgiveness will have fallout on pension funds and retail investors in the G7 too. Lastly, particularly during the 2014-2015 oil price slump, commodity traders and commercial banks significantly increased their exposures to African countries, with deal terms often not made public. Getting this diverse set of creditors to sit at the negotiating table is a task that may make Heavily Indebted Poor Countries (HIPC) look like a walk in the park and how it will be managed may impact investment appetite for the continent for some time to come.



## On the Verge of Collapse: Covid-19 in Africa

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**W**ith more than a million cases of COVID-19 now confirmed across the globe and 209 countries and territories affected by outbreaks of varying degrees of intensity, the world has reached a critical threshold. Thus far, the hardest hit nations are the United States, Italy, Spain, Germany and China: nearly a quarter (305,913) of confirmed cases have been registered in the United States, while Italy is the worst hit in terms of mortality, with 16,043 of the 64,471 deaths reported worldwide. Up until now, the countries most overwhelmed by the novel coronavirus are the so-called “advanced” ones.

If the pandemic has brought such grim statistics and consequences to the more “robust” regions of the world, what lies in store for Africa?

The continent is now hanging in the balance, with the direst situations in the countries bordering the Mediterranean (for example, Algeria, with 1,516 confirmed cases, and Egypt, with 1,155) and in South Africa (1,665). Mortality

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rates vary greatly from country to country, ranging from 6.5% to 11.5% in Egypt and Algeria to 0.6% in South Africa. And every day more countries are unwillingly finding their way onto this "map of infection": as we write, South Sudan is reporting its first case of COVID-19, bringing the total number of African countries affected by the viral infection to 52 out of 54. The overall number of cases in Africa also continues to grow. But it is sub-Saharan Africa that gives cause for the greatest concern, as its healthcare systems would be unable to cope were the epidemic to overwhelm them the way it has, for example, in Italy. Should COVID-19 spread rapidly in Africa, most countries will not be able to afford large-scale diagnostics<sup>[1]</sup>. Therefore, in the absence of testing, it will be necessary to prioritize triage based on clinical case definition or presumptive diagnosis.

### **CRITICAL WEAKNESSES OF A FRAGILE CONTINENT**

Many of Africa's healthcare systems are able to provide only very limited care, due first and foremost to objective constraints including extremely low doctor-to-patient ratios – in a country like Mozambique, for example, there are 0.38 physicians to 10,000 people, while in Italy the ratio is 40 to 10,000 –; dependence on other countries for the production of both diagnostic means (swabs, serological tests, radiology and so forth) and therapeutic ones (drugs); limited intensive care unit (ICU) capacity, possibly as low

as one ICU bed per million people<sup>[2]</sup>; dearth of personal protection equipment (PPE); scarcity of laboratories and analysis centres; weak epidemiological surveillance systems, which are indispensable for isolating infected individuals as quickly as possible.

Low-resource countries are also affected by other factors that could further aggravate COVID-19 outbreaks:

- **Pre-existing comorbidities:** HIV/AIDS, malnutrition and tuberculosis are just three of the diseases that burden the African continent, increasing the susceptibility to COVID-19 of those who are affected by one or more of them.
- **Limited access to running water:** Hand-washing, a simple but powerful measure for preventing COVID-19 infection, is not possible when people lack access to clean water.
- **Densely populated metropolises:** Cairo, Lagos and Kinshasa all have more than 10 million inhabitants. It is practically impossible to practice social distancing if you live in a crowded slum such as those found in these cities.
- **Cultural resistance:** This manifests itself in various ways, with some finding it difficult to grasp the gravity of COVID-19, or to leave behind their (often very large) families in order to be hospitalized, or – given their communal lifestyles – to follow strict European-style containment measures.





- **Financial difficulties:** The lack of a welfare system necessitates daily work in order to survive.  
**Ongoing armed conflict in a number of countries (South Sudan, for example):** this increases the vulnerability of their populations, as it often leads to the presence of displaced people and refugees in overcrowded camps.

### **POSSIBLE LINES OF DEFENSE AND GLIMMERS OF HOPE**

Yet there is some reason for hope, including a number of potentially helpful factors. The median age of 18.7 years in sub-Saharan Africa is a positive factor, given that current scientific knowledge seems to indicate that SARS-CoV-2 affects younger people both less frequently and in a less severe manner. The climate and climate-specific cultural differences in most sub-Saharan countries (for example, spending more time outdoors than indoors) could limit the speed of the virus's spread. Also, the limited impact of epidemics prior to the coronavirus pandemic should be considered: the SARS-CoV and MERS-CoV global outbreaks did not affect Africa on a large scale; possible contributing factors may have included the effect of UV light on the survival of the viruses on surfaces, the immunological differences of populations (innate immunity possibly boosted by BCG vaccination against tuberculosis at birth), and pre-exposure to coronaviruses.

Furthermore, the closing of national borders in most African countries, which took place early on, in some cases even prior to the reporting of any COVID-19 cases, could have reduced the impact of the virus. Lastly, the reduced mobility of populations in rural areas might keep specific parts of countries from becoming infected.

We should also keep in mind that, in the wake of other recent public health emergencies, for example the Ebola outbreak that severely impacted several African countries – Sierra Leone, Guinea and Liberia in 2014 and, more recently, the Democratic Republic of Congo – significant active surveillance, isolation, and containment measures have been put in place to control the outbreak. Even though there is a fundamental difference in the way that Ebola and SARS-CoV-2 are transmitted (through body fluids in the former case and primarily through respiratory droplets in the latter), the Ebola experience could provide valuable lessons in how to handle the current pandemic.

However, these are but glimmers of hope, factors that could prove helpful in some countries but not in others, or in more rural areas but not in urban ones, which could instead face catastrophe.

### **HEALTH CONSEQUENCES**

If the pandemic were to explode in this part of the world in the absence of an effective vaccine or population immunity, we could witness an apocalyptic scenario.





Given the reasons mentioned above, it would be impossible for local healthcare systems, already neglected and starved for resources, to take on responsibility for those in need: the sickest individuals would find it extremely hard to find a place in the tiny number of ICUs available across the continent. Moreover, a viral epidemic has to be fought on the ground, through active surveillance, containment and isolation measures, and this too would be exceptionally difficult, especially in Africa's great metropolises.

In the fight against the COVID-19 pandemic, healthcare professionals' work has to be focused on prevention and awareness activities for local populations, at the community level; care, triage, patient isolation and case management activities at the hospital level; the development of guidelines, protocols, and informative materials for integrated management of healthcare systems with local authorities, at the ministerial level. An action plan should be developed in order to tackle COVID-19 in an optimal manner, and set up a system that will enable us to continue to provide primary health services to local populations, so that they will not have to go without care for diseases other than COVID-19 and delivery assistance for pregnant women.

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**1** Managing COVID-19 in Low- and Middle-Income Countries by Hopman J., Allegranzi B., Mehtar S., in *Jama Network*, online 16 March 2020

**2** Murthy et al. (2015) suggest that this is the ICU capacity for many low-income countries.

- *Doctors with Africa CUAMM, Italy's oldest non-governmental organization focused on healthcare, has worked in support of healthcare systems in Africa for 70 years now. Throughout history, it has always been the poorest who are hardest hit by pandemics. CUAMM is committed to protecting precisely these most vulnerable populations.*



## How Africa's Age Structure Will Affect the Impact of Covid-19

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Cases of COVID-19 in Africa represent a tiny fraction of those in other countries, but countries in the region are still taking strong action to slow the spread of the virus: closing borders, imposing curfews, closing schools, and more. These actions – along with those that other countries take to slow the spread, such as factory closings in China – have economic consequences in addition to health consequences. Estimates for African growth in 2020 have fallen dramatically, with impacts from tourism to manufacturing. Africa is the continent with the **highest number of poor people** in the world, which means the consequences of an economic downturn come with **greater risks**. Are the actions that high-income countries are taking to stop the pandemic the same ones that Africa's low- and middle-income countries should take?

Slowing the tide of the pandemic and limiting the impact on the economy are closely connected. The spread of the disease keeps



workers from the job because they fall ill (or, tragically, die) or have to care for sick family members. Yet the economic impacts come with their own health effects, with more deaths from hunger and other health conditions. Allowing businesses to continue as usual can facilitate the spread of the virus, but many of Africa's workers are in the informal economy, where staying home means not getting paid. Expanding the safety net may be good for slowing the spread (as it allows workers to stay home and still afford food), but thus far, [African nations have been the slowest](#) to expand social protection to cushion the impact of virus containment measures.

## **AFRICA'S YOUNG POPULATION**

One key way that Africa's nations differ from those of high-income countries are that they have much younger populations. Across Africa, more than half the population is under the age of 20, compared to just 22 percent in high-income countries. At the same time, [recently published estimates](#) suggest that a teenager is more than 500 times less likely to die conditional on getting infected than a person in their seventies. In Africa, around 2 percent of the population is in their seventies or older. This has dramatic potential implications for the impact of the virus on population mortality.

Here are some assumptions underlying this analysis: (1) 90 percent of the population would be infected. This is [a recent estimate](#) in the face of no mitigation efforts. Obviously, countries are

taking actions to mitigate the spread, so this is a pessimistic scenario. (2) The percentage of infected persons in each age group who will die [come from cases in China](#). These estimates range from a mortality rate of 0.00 percent for children age 0-9 to a rate of 13.4 percent for adults age 80 and above. We use the latest [United Nations population estimates](#) for 2020. We are not epidemiologists, and the numbers we provide are not intended to be predictions of the actual mortality rate across countries, but rather demonstrations of how much the mortality rate could be affected by differing age distributions.

Under those assumptions, 1.8 percent of the population of high-income countries would die from the pandemic, whereas "only" 0.4 percent of the population of Africa would die. That means a mortality rate in Africa that is less than a quarter the size of that in high-income countries. The effects are even more striking for the countries with the youngest populations. For example, in Uganda, almost one third of the population is under the age of 10. There, the projected mortality rate would be just 14 percent of that in high-income countries. In Zambia, the mortality rate would be just 15 percent of that in high-income countries. The interactive figure shows how the rate would vary across the continent.

While the age structure of the population could reduce the fatality rate dramatically, there are other factors that could increase it. People with existing health issues (called comorbidities) are



at higher risk of fatality from COVID-19: Africa's populations face many of these, including the highest concentration of people living with HIV/AIDS of any region in the world by more than a factor of six and the highest burden of disease overall. Furthermore, African hospitals may be more poorly staffed and equipped than those in China – the place the mortality data came from – which means that mortality rates may be higher. Whether these factors are sufficient to outweigh the impact of Africa's youthful population is yet to be determined.

### WHAT DOES THIS IMPLY?

From epidemiologists, we need models of the spread of COVID-19 and the impact of different containment measures with parameters specific to Africa's low- and middle-income countries with their different age distributions, health care resources, and household sizes. A recently-released paper from Imperial College goes partway there, including Africa in a worldwide model. The logic of "flattening the curve," which in high-income countries relates to the capacity of intensive care beds and ventilators, needs to be theorized appropriately for a low-income context, where those medical resources are already much scarcer.

Every death is tragic, so it may seem callous to highlight this point. But especially in Africa's low-income countries, the increase in extreme poverty resulting from an economic slowdown will be higher, which translates into its own death toll. Moreover, in low-income

countries the government's room for fiscal stimulus and the effectiveness of monetary stimulus are much lower than high-income countries. As a result, the right balance of decisions to contain the virus versus to protect the economy may be different from that in high-income countries.

Finally, this balance has implications for the role of high-income countries in fighting COVID-19 in African settings. High-income countries reap some of the benefits from African countries containing the virus, since COVID-19 spreads beyond borders and high-income countries have more to lose in terms of mortality. As a result, high-income countries should have an even stronger incentive to use their resources — stretched though they might be right now — to help African countries contain the virus and protect their vulnerable peoples and economies.

- *This article benefitted from research assistance by Amina Mendez Acosta. This article is adapted from our previous article, "What a Population's Age Structure Means for COVID-19's Impact in Low-Income Countries." The estimates have been updated with more recent data on fatality rates.*



## China's Health Diplomacy in Africa: Pitfalls Behind the Leading Role

Maddalena Procopio  
ISPI

Although the Chinese authorities have so far **not explicitly said** that the donation of masks and other protective equipment to developing countries is part of a formal, coherent strategy, the Chinese government has put significant effort into activating its diplomatic machinery, seemingly taking a leading role in response to the COVID-19 outbreak in Africa. It has created numerous **online resources** to share its experience, it sent **12,000 testing kits** to multiple African countries and **organized videoconference sessions** with health leaders from 20 African countries. The Chinese billionaire and founder of the e-commerce giant Alibaba, **Jack Ma, has also distributed** 20,000 testing kits, 100,000 masks and 1,000 protective suits to each of the 54 African states. **And on 19 March, Beijing announced plans** to build an African Centre for Disease Prevention and Control research facility in Nairobi.

This is not the first international health emergency in which China has played an



active role, with the Ebola epidemic in West Africa in 2014 preceding it. However, this time around China finds itself on a rather new global playing field. The US appears unwilling and, more importantly, unable to take the lead, disdaining international cooperation and lacking medical supplies. The Trump administration's response to the COVID-19 crisis contrasts with the [Obama administration's response to the 2014 Ebola crisis](#) when [Washington mobilised a coalition](#) of 70 countries, international organizations and private sector companies to prevent and mitigate the disease spread around the world. European countries are struggling with their own shortages though recently the European Union [rechannelled funding](#) from existing external resources to fight the pandemic in partner countries, 20% of which was allocated to Africa (Eur3.25 bn, of which Eur2.06 to sub-Saharan Africa). Still far from the [request made by the Economic Commission for Africa](#) to the international community of \$100bn emergency fund. Despite the World Health Organization's [call for unity, the pandemic is taking](#) on a divisive path and [breaking down globalism](#). This can turn out to be particularly damaging for Africa whose preparedness to face the pandemic is currently very [low and dependent](#) upon external support. While China has rapidly moved to provide support, its predominantly bilaterally-oriented health diplomacy, vis-à-vis participation in the multilateral global health system, will hardly put it in the position to coordinate international

assistance to Africa, but may nonetheless grant it a leading solo position – not without pitfalls. China's reasons to step up its health diplomacy in Africa are under scrutiny, with views ranging from the ambition to gain influence over other states through humanitarian gestures, to protecting national security and economic power, and again to being genuinely interested in helping African countries in need, in a sort of global justice framework. To understand China's logic when it comes to health diplomacy in Africa, and its position compared to other international actors and multilateral organizations, it may be helpful to trace it back to the start.

#### China-Africa Health Cooperation: From Aid to Trade to Global Health

The engagement between China and African countries in healthcare dates back to the 1960s when China started dispatching [Chinese medical teams](#) to Africa. These were composed of Chinese health care practitioners providing direct care to African people, building local capacity, training healthcare personnel, and constructing hospitals, serving as a tangible expression of solidarity among developing countries, against colonial and imperialist powers. In that period China was effectively excluded from all multilateral health governance, until 1972, as international organizations (including the United Nations and the World Health Organization, WHO) recognized Taiwan instead of the People's Republic of China (PRC) as the legitimate





government. China used health aid to [achieve foreign policy goals](#), especially influence over Europe, the Soviet Union and the United States in Africa, and international recognition of the PRC over Taiwan. In 1971, 26 African countries in the UN General Assembly [voted to recognize the PRC](#), and the year after China joined the WHO and so the multilateral global health system. Despite clear foreign policy motivations, China's assistance to Africa came at a time when China's domestic resources were limited, making its efforts more commendable and 'solidarity' among equals a building block of the Sino-African narrative.

Since then, China's health diplomacy towards Africa experienced periods of contraction (1980s-1990s) and expansion (since the 2000s). Since the first Forum on China Africa Cooperation in 2000, China's relations with Africa, in every field, including health, have expanded incredibly. The 2006 [China's African Policy](#) described the evolving relationship and, health-wise, significantly expanded the scope of relations to the flagship [anti-malaria campaign](#), China-supported medications, building and improving facilities and hospitals in Africa, the development of traditional medicine, investments in preventing HIV/AIDS and other infectious diseases, as well as maternal and child health, and emergency response.

Importantly, these relations fast became a springboard for commercial activities, with the Chinese hoping to gain a foothold in African markets, in the context of expanding trade

and investment activities on the continent. Hospital construction, supply procurement, drug distribution and [production](#), and other health-related projects in Africa became more and more linked to commercial projects – rather than being merely grant-based. [Aid](#) remained a very small percentage of China's engagement with Africa (\$3.3bn in 2018 - \$28bn 2008-2018) if compared to [loans](#) (\$16bn in 2017, down sharply from \$29bn in 2016 - \$136bn 2007-2017) and [trade](#) (\$185 bn in 2018 - \$1.657bn 2008-2018).

Also, the Chinese government (similarly to the US and the EU) increasingly acknowledged that public health threats around the world could undermine its security, business interests and people. In shaping China's new approach to global health, the SARS outbreak in southern China in 2003, and the Ebola epidemic in West Africa in 2014 played an important role. With the Ebola crisis, in particular, China joined, [for the first time, the international health response](#) to an epidemic, pledging around \$125 million to UN agencies, the WHO and other organizations, sending almost 1,500 health workers, building a treatment center with 100 beds, a biosafety lab, operating a mobile testing lab and sending additional supplies, including ambulances, medical equipment and food aid [to the West African region](#). Additionally, existing Chinese Medical Teams (CMTs) in the region trained thousands of local health workers and community-level social mobilizers on Ebola prevention measures. While China was an

incredible contributor, [insufficient coordination with other development partners](#) earned it criticism.

China's focus on [bilateral health assistance](#) has been pinned to the belief that adherence to the multilateral system could shift state authority over to intergovernmental or nongovernmental actors. Despite this underlying posture, in the past few years, China's participation in multilateral health governance grew significantly, contributing to the World Health Organization (with leaders and funds) as well as to specific programmes initiated by the US (such as the [Global Fund](#), [The Bill and Melinda Gates Foundation](#) etc.) showing concern and commitment to jointly improving global health. The opening up comes at a time when [China is reforming its foreign aid governance](#) with the aim of increasing efficiency and effectiveness, differentiating between foreign aid and commercial packages, and integrating into the foreign aid portfolio socially conscious development projects, also in the area of public health. In that spirit, in 2018 China launched its first agency dedicated to foreign assistance, the China International Development Cooperation Agency (CIDCA). However, the role of the CIDCA is still being fine-tuned and the agency remains, as of today, relatively small and rather inexperienced in coordinating efforts.

The Effectiveness of China's Health Diplomacy in Africa? Not Granted

Although the circumstances – namely the US' distancing from Africa in the past few years, the

EU's confusion/breakdown over the COVID-19 emergency despite its new commitment to Africa enshrined in the recently launched Africa Strategy, and a widespread retreat of globalism – may leave more room to China to win hearts and minds in Africa (through efficiency, timeliness and generosity), the endeavour is neither simple or smooth. The effectiveness of health diplomacy depends on the perceptions of recipients and cannot be detached from broader socio-economic dynamics.

This time around (if compared to the Ebola crisis), Beijing is vulnerable to the accusation that the outbreak began because of China's negligence and censorship. Acts of xenophobia were observed in Africa against Asians (and white people) believed to be virus-carriers, adding up to a pre-existing polarized perception of the Chinese on the continent. In addition, the claims, worldwide, that the equipment sent by China is [defective, counterfeit, substandard](#) is something that resonates with Africa where perception that Chinese-made goods and medicine are of poor quality is widespread, damaging China's reputation and undermining its attempts to present itself as a benefactor. Though China has strengthened its regulation of medical equipment exports in response to complaints of poor quality, this may not be sufficient, especially in African contexts where [robust testing and regulatory infrastructure is often underperforming](#).

However, health is only one dimension of this pandemic, the economy being the other



crucial one. African countries are finding themselves terribly exposed to imports from China, not just in terms of medical equipment and medicines, but also basic commodities such as food. With China's halt in production and disrupted supply chains, African countries are realizing the hard way the need to accelerate the diversification of partners.

Finally, the financial burden that the COVID-19 health and economic crises are placing on African governments is often much bigger than they can afford. Debt relief measures to

prevent the least developed African countries from falling further into poverty may help them open up fiscal space to spend on other health measures as well as economic support measures. Leadership by China on this – as a major lender in many African countries – could [cement the country as a global humanitarian leader](#). But the reality is that it is more likely for China to [prioritize credit lines and loan renegotiations](#) over debt forgiveness, thus reducing its chances to effectively contribute to, let alone Africa's crisis management.



## The Impact of Covid-19 on Africa's Trade and Integration

Trudi Hartzenberg  
 Trade Law Centre (Tralac)

**T**he COVID-19 pandemic continues its indiscriminate and devastating impact across the world and brings a massive economic crisis in its wake. For Africa, this is a development crisis whose impact will be felt for years to come.

The spread of the virus has yet to hit African countries with full force, but its effects are already being felt. Many African countries are commodity-dependent and their trade with the rest of the world still exceeds trade with other African countries. Early assessments by the [International Monetary Fund \(IMF\)](#) are clear – the pandemic has pushed the global economy into recession. As global growth slows, so will the demand for Africa's commodities, like oil, minerals, cacao and coffee. A decline in remittances is also already evident.

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## INTRA-AFRICA TRADE AND INTEGRATION

Intra-Africa trade is low in comparison with other regions, such as Asia and Europe. In 2018, [15% of Africa's total exports](#) went to other African countries. This however does not include informal cross border trade (ICBT), which is particularly vulnerable to the pandemic. ICBT varies considerably across the continent. Agricultural products (e.g. maize, rice) are often traded, making it important for food security. Most informal traders are women; more than half in western and central Africa and about 70% in southern Africa, [according to the Food and Agricultural Organisation \(FAO\)](#). Although a lot of ICBT doesn't always go through border posts, border and other restrictions on the movement of persons, will have an impact.

The Common Market for East and Southern Africa (COMESA) is among the regional economic communities that have introduced [Simplified Trade Regimes \(STR\) for small traders](#). Some, like the Southern African Development Community (SADC) have not. Many countries also have de minimus provisions in their customs regulations, with flat rates of duty applicable to imports below specific value thresholds. On 7 April [SADC adopted regional guidelines](#) to harmonise and facilitate cross-border transport during the pandemic. The aim is, amongst others, to facilitate the flow of 'essential goods', such as fuel, food, medicines and agricultural inputs. Undoubtedly well-intentioned, there is a

downside to such a measure. Trade restrictions for 'non-essential' goods will impact economic viability of all enterprises across regional supply chains; disproportionately impacting small and informal enterprises.

However, the SADC guidelines encourage pre-clearance, single window processing, and digital platforms, as well as information sharing about measures. This will enhance transparency and certainty for the private sector and consumers. Hopefully COVID-19 will be a push factor to speed up the adoption of digital trade solutions.

## WHAT MEASURES ARE COUNTRIES IMPLEMENTING?

Regulations related to transport, freight and borders are being implemented by many countries – here are [some of these measures](#):

- [Eritrea](#): Land borders are closed
- [Kenya](#): Trucks to South Sudan are allowed, but returning truck crew must self-isolate, leading to truck shortages
- [Malawi](#): Land border with Zambia is closed
- [Namibia](#): Air cargo is not allowed
- [South Africa](#): Cross-border land freight restricted to food and essential items. 35 of its 53 land borders (with neighbouring countries; Namibia, Eswatini, Botswana and Lesotho) and two sea ports are closed.

Measures adopted by large economies will have significant impact in their sub-regions.



South Africa is a good example. Its transport, logistics, wholesale and retail enterprises are integral to many supply chains across east and southern Africa. Any measures that stifle the functioning of these supply chains and impede cross-border flow of goods will have serious effects for the region as well as for these sectors in South Africa.

### **WHAT ABOUT SERVICES?**

It is not only the transport, logistics and distribution sectors that are impacted. The tourism sector is particularly hard hit. Nigeria, South Africa, Morocco, Mauritius, and many other African countries have introduced restrictions on international travel; [some banning international passenger arrivals](#). The African Union estimates that the [tourism and travel sector in Africa](#) could lose at least US\$50 billion and at least 2 million direct and indirect jobs, due to COVID-19.

### **COVID-19 AND TRADE NEGOTIATIONS**

African Union member states agreed in January 2012 to establish the African Continental Free Trade Area (AfCFTA). Negotiations started in 2015 and made impressive progress. However negotiations on tariff concessions and rules of origin are ongoing. These are essential for a free

trade area. For trade in services, negotiations of sector commitments for 5 priority sectors (financial, communication, transport, business services and tourism) are still underway.

The first Secretary General of the AfCFTA Secretariat, Mr Wamkele Mene, was sworn in on 19 March. The Committee on Trade in Goods also met in March. But then, all meetings and negotiations have been suspended as a result of COVID-related travel and other restrictions. Work is continuing, and the review of terms of reference for the sub-Committees pertaining to the Annexes to the Protocol on Trade in Goods is being done remotely by delegations and Members of the Committee on Trade in Goods. Hopefully negotiations and other processes will also move to digital platforms, so as not to lose momentum now.

Trade under the AfCFTA regime was expected to begin on 1 July 2020. This date has now been pushed to 1 January 2021.

Preparations for implementation at national levels are also important; training of customs and other officials can be done virtually, guidelines for business on Annexes that have been completed e.g. on trade facilitation, can be prepared. This is all necessary for trade under the AfCFTA to begin.





## **Covid-19 Is Paralyzing One of West Africa's Main Resources: Migrants**

Giacomo Zandonini  
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While about 10,000 people in Africa were registered as positive to the coronavirus as of April 7 – a marginal figure if compared to data coming from Europe, Asia or North America – the pandemic outbreak has already had huge, multilayered and sometimes hard-to-detect impacts on the continent.

Consequences for migrants, refugees, stateless people and all citizens on the move have been and will continue to be particularly dire. The Economic Community of West Africa States (ECOWAS), Africa's 15-country, largest free movement area, stands as an example of how migrants in all conditions are vulnerable both to risks for public health and to the measures adopted to tackle them.

Movement restrictions, border closures and curfews imposed throughout the ECOWAS from mid-March onward affected millions of people on the move, from overcrowded refugee settlements in the conflict-ridden drylands of Mali, Burkina Faso, Niger and the troubled Lake

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Chad basin to volatile and ramified smuggling networks, from urban refugees in mega-cities such as Lagos and Accra to millions of seasonal rural workers in guesthouses in Ivory Coast or Burkina Faso.

As questions still outgrow answers, it's possible to trace potential scenarios, based on the existing knowledge of an inherently dynamic phenomenon. These revolve around social-economic impacts, the humanitarian dimension and the management of borders and mobility. Strictly intertwined and combined with behaviours of state authorities and non-state actors, these elements might accelerate existing trends but also open ways for new measures and a stronger recognition of the positive role of mobility.

## **MASS MOVEMENTS, REMITTANCES AND BLOCKADES**

Restrictions to both regional and internal movements and to vital economic activities, with a partial closure of markets and the frequent removal of informal stalls and prohibition of street-vendor activities, had immense impacts on domestic and international migrant workers and their families, often employed in the informal sector, which is estimated to serve 30 to 80 percent of workers in the ECOWAS region.

As in several countries around the world, these measures were accompanied or anticipated by large movements of population from urban to rural areas. "A striking phenomenon,

if we consider that urbanization was one of the defining characteristics of mobility in the 20th century", in the words of Roberto Forin, a researcher with the Geneva-based Mixed Migration Center, that launched a data-collection programme to analyse the impacts of the pandemic on migrations globally.

While hundreds of thousands of internal migrants had opportunities to leave Bamako, Lagos, Dakar or Abidjan to reach their home villages, for international migrants this process has been riskier and sometimes impracticable. The whole map of West Africa is dotted with episodes of blockade, some of which were ongoing at the time of this publication: 75 Nigeriens were stuck in a no-mans-land at the border between Mali and Burkina Faso, 800 travellers were kept for days at the Togo-Benin border and 600 were stranded along the Ivory Coast-Burkina Faso frontier, as reported by the International Organization for Migration.

On the one hand, these movements will impact economic sectors relying on migrant manpower, such as construction work, agriculture and trade, and might also connect with the disruption of stock and food supply chains. On the other, remittance flows are already dramatically slowing down. In 2018, the World Bank tracked 27 billion dollars in remittances to countries in the ECOWAS. Such flows represent 15 to 20 percent of the national economy in Gambia and Liberia and lower but relevant shares in other countries.

With migrants left unemployed and blocked in



countries other than their own, where they have limited access to any source of revenue, these sums already fell drastically over the last month. According to ICMPD advisor Hugo Brady, "operators like Western Union or MoneyGram report a 40-85 per cent drop-off from countries in lockdown such as Italy and the UK", which are home to hundreds of thousands of West Africans. Cutting the cost of cash-based transactions could then be vital to reduce the impacts of this sudden, dramatic decrease.

### **ISOLATION AND FURTHER VULNERABILITY FOR MIGRANTS AND REFUGEES**

Looking at the humanitarian dimension, international actors rang an alarm bell on the situation of ten million refugees, internally displaced and stateless people living in the region. These include people who escaped jihadist attacks and counterterrorism operations in the Sahel, where decades-long insurgencies led by Boko Haram and Al-Qa'ida factions turned into long, asymmetric wars; refugees from past conflicts in Sierra Leone, Liberia and Ivory Coast and the current war-ravaged western Cameroon, as well as political opponents and threatened minorities.

Dozens of informal settlements and camps throughout the region hardly guarantee sufficient water provision and healthcare for these groups, let alone social distancing and quarantine measures. While the United Nations system is launching dedicated programmes

to avoid outbreaks in these communities and pushing global donors to provide extra funds, access to populations in need is further compromised by the new emergency, and borders risk being closed to people seeking asylum.

Restrictions also affect all operations of resettlement to safe countries for refugees, including an evacuation programme for people detained in Libya to be set up by the UNHCR and relying on temporary hospitality in centers in Niger and Rwanda. Voluntary return schemes for migrants stranded or detained in Libya and Niger to other countries of origin in West Africa are also suspended, while groups of travellers have been violently pushed back at the external borders of the ECOWAS, between Niger and Libya, Niger and Algeria and Mali and Algeria, forcing international organizations to provide emergency assistance.

People on the move, to North Africa or to richer coastal states in the ECOWAS region, are and will be increasingly stuck in countries where they weren't planning to stay, without access to welfare provisions and to the labour market. A condition of "involuntary immobility, that will make them further disempowered and vulnerable", warns Roberto Forin. Specific policies, including regularizations, temporary authorizations to stay and welfare support need to be adopted to avoid recourse to smuggling activities, the rise of xenophobic sentiments and the manipulation of grievances by armed groups and non-state actors.



A last remark goes to the evolution of border management throughout the ECOWAS region. Apart from a few exceptions, only documented traders carrying merchandise are authorized to cross land, sea and air borders in the region, in an unprecedented closure since the ECOWAS Free Movement Protocol was signed forty years ago.

### **REDESIGNING LOCAL BORDERS**

Nonetheless, a combination of vast, porous borders and limitedly effective enforcement agencies, often denounced for their corrupt practices, make for a dangerous mix in terms of containment strategies and might lead to increased funding for border controls by willing European donors, concerned about the pandemic as much as about mobility patterns and smuggling networks from the region to North Africa, and potentially to European shores.

While the International Organization for Migration is planning a scale-up in its border activities, to prepare national authorities for medical checks and quarantine periods close

to crossing points, the coronavirus emergency might turn into a business opportunity for the global security sector and re-orient European Union external funds for Africa, in a delicate moment for determination of the next seven-year financial framework.

If the ECOWAS, a fragile creature, wants to survive lockdowns and closures, it will need to recognize the fundamental contribution of migrants to the economic and social life of the region, improve relations between countries and their diasporas and re-think free movement and regional integration, negotiating with its main international partners and donors. While emotionally-driven public statements and decisions might accompany the awaited growth in the number of positive cases – a 10,000 threshold should be reached in every bloc's country around mid-May according to projections by the London School of Hygiene & Tropical Medicine – addressing the issue of migrants and refugees will be crucial for the future one of the most mobile areas of the world.



## Ethiopia and Abiy's Response to Covid-19

Hilary Matfess  
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In his two years in office, Ethiopian Prime Minister Abiy Ahmed has cultivated a reputation internationally for his commitment to diplomacy and international cooperation, even winning the [2019 Nobel Prize](#) for his efforts to promote peace in the Horn of Africa. At the same time that Abiy's earned plaudits from the international community, his domestic agenda (including the [dissolution](#) of the ethnic coalition that constituted the ruling party in favor of a unitary party, the release of [political prisoners](#), and the privatization of the state run entities, such as the telecommunications company) has encountered opposition at home. Perhaps unsurprisingly, Abiy's response to the COVID-19 pandemic is characterized by his taking up the mantle of regional leadership, organizing a continent-wide response to the crisis and coordinating a polished appeal to the international community for additional assistance, while struggling to implement his plans at home.





## Abiy: Spearheading the African Response

Abiy has been unequivocal about the need for international assistance to help African countries manage the challenges presented by the COVID-19 panic. His appeal to the G20 for financial assistance asserted that the virus constitutes “an existential threat to the economies of African countries,» and compelled members of the G20 to recognize that «just as the virus knows no borders, our responses should also know no borders.» Abiy's appeal included a request for **\$150 billion** in budget supplements and private sector investment, also relief for heavily-indebted African countries, and called for **greater cooperation** with multilateral organizations like the **World Health Organization (WHO)** and **Africa Centers for Disease Control and Prevention (CDC)**. In an op-ed with the **Financial Times**, Abiy also raised the alarm about the potential for the pandemic to wallop African economies and cautioned that Africa's development partners should retain their commitment to internationalism and not let aid budgets be “diverted to domestic priorities.”

In mid-March, Abiy reported that “he had **secured** a continent wide support” for efforts to combat coronavirus in Africa from Jack Ma, the founder of the popular Chinese e-commerce company Alibaba. Ma, through the **Jack Ma Foundation**, pledged “20,000 testing kits, 100,000 masks, and 1,000 medical use protective suits and face shields” to all 54

African countries and also promised internet-based clinical training to improve African health systems' ability to treat COVID-19 patients. Since then, Abiy has taken a leading role in the distribution of this aid, routing relief deliveries through the country's crown jewel, Ethiopian airlines. As of March 27th, just 5 days after the supplies arrived in Addis Ababa, Ethiopian Airlines had delivered relief to **41 countries**.

## STRUGGLING TO MANAGE THE CRISIS AT HOME

In addition to grappling with the international community's unwillingness to devote resources to bolstering African countries' capabilities to respond to the pandemic, Abiy has also struggled to manage the disease within his country's borders. As of April 8, when **the government declared a state of emergency**, there were 52 **confirmed cases** of COVID-19 in the country and one reported fatality. Though Abiy and his administration moved relatively quickly to **close** the country's land borders, bar **large** gatherings, close **schools**, adopt **domestic economic and trade reforms** to improve the national response to the pandemic, the **cleaning and sanitization of public spaces** in Addis Ababa, and promote social distancing as a national practice, among other reforms, the enforcement of these dictates have encountered considerable challenges.

Some of these hurdles, such as the fact that social distancing may be difficult in the types of **informal settlements common**





in African cities, that those working in the informal sector or living in economically precarious situations may not be able to work from home, and that the lack of access to water complicates the implementation of best practices regarding hand washing are shared with other African countries. The US embassy warned that foreigners, thought to be responsible for bringing COVID-19 to Ethiopia, faced violence in the country; these attacks mirror a broader pattern of xenophobic violence that has followed the spread of the disease globally.

Other issues are more specific to Ethiopia. Some religious leaders, for example, stand accused of defying government regulations by continuing to hold large services, placing their congregations at risk of becoming disease vectors. Effectively implementing social distancing and effectively treating COVID-19 among Ethiopia's internally displaced population (estimated to be more than 3 million people as of July 2019, making it one of the largest internally displaced populations in the world) is a pressing challenge. The country's National Electoral Board has indicated that the already-delayed elections will be further delayed by the pandemic; the Board will release a new timeline once the pandemic has been managed, injecting Ethiopia's already precarious political transition with another source of uncertainty.

Some of these country-specific challenges are a direct result of the Ethiopian government's

actions; for example, the three-month telecommunications shut down in parts of Western Oromia state, where the government has been battling an insurgency, made it difficult both for citizens to obtain critical information about how to take care of themselves and their families and for the international community "monitor disease outbreaks or provide adequate assistance." The Ethiopian government's slowness to lift the internet and phone black out (and its adoption of such tactics generally) underline that the government's anti-democratic attributes only complicate its effort to respond to the pandemic.

Ahead of the (again delayed) 2020 elections, Abiy appears to be tying the success of the country's response to COVID-19 to his policy platform. In a recent televised speech about the pandemic, Abiy stated "the only way to defeat the coronavirus is medemer," a reference to Abiy's governing philosophy of synergistic unity. While this may merely be a rhetorical tick, it may also be a sign of politicization of the public health response; if it is the latter, Abiy risks undermining the national effort to respond to the pandemic by tying it to his domestic reform agenda.

Undoubtedly, Prime Minister Abiy Ahmed has played a critical role in organizing the response to COVID-19 in Africa. While Abiy has organized and distributed assistance to regional health systems, the response to COVID-19 in Ethiopia faces a number of hurdles. Enforcing social distancing and delivering assistance



in a country that has a significant number of displaced people, a religious elite that have not uniformly adhered to government regulations, and which is scheduled to hold an election in a few months is extremely difficult. While the country's quick moves to close schools and promote appropriate public health measures may help slow the spread of the pandemic in Ethiopia, some of

the domestic policies Abiy has adopted have made these challenges more acute by making information gathering and sharing more difficult. Managing the COVID response requires both the brokering of international cooperation and the implementation of best practices at home; though Abiy is unique in his ability to succeed in the former, like other heads of state, he has struggled to achieve the latter.



## **Covid-19 in South Africa: Harsh Times Ahead**

**Lorenzo Simoncelli**

La Stampa & RSI Africa Contributor

**A**s predicted by many analysts at the beginning of the pandemic, South Africa is the country most affected by the SARS-COV-2 virus in Africa. The good news is that the “Rainbow Nation” is the African country with the most testing facilities and the best-equipped hospitals across the continent. As of April 07 2020, South Africa had 1,686 confirmed cases of the novel coronavirus disease, COVID-19, with more than 50,000 tests conducted since 5 March, when the country’s first case was confirmed. All nine South African provinces have recorded cases of COVID-19, however a large number of the confirmed infections are in Gauteng, the richest and most densely inhabited province in South Africa, that stretches from the administrative capital Pretoria to the commercial hub Johannesburg. The numbers of confirmed cases and related deaths in South Africa are after all much lower than elsewhere in the world. However, without swift intervention from the



government, which imposed a travel ban from the most affected countries and a 21-day nationwide **lockdown** until 16 April, the death toll could have reached dramatic proportions. According to the **economic modelling** by scientists Warwick McKibbin and Roshen Fernando, the virus could have led to between 75,000 and 337,000 fatalities in South Africa.

A **study** from the European Respiratory Journal shows that COVID-19 fatalities are highest among those who have comorbidities. South Africa has **7.7** million people living with HIV and **301,000** suffering from tuberculosis. It is likely that those living with tuberculosis and/or HIV could be at a higher risk from the more severe complications of COVID-19, given that they compromise the lungs and the broader immune system.

Additionally, South Africa is exposed to medical supply chain disruptions, given its high demand for tuberculosis and HIV medications and the closure of several China-owned pharmaceutical factories. Pretoria imports 60% of its antiretrovirals for HIV treatment largely from India and China.

As the Minister of Health confirmed the first cases in densely populated areas such as Mitchell's Plain and Khayelitsha in Cape Town and Alexandra in Johannesburg, South African President Cyril Ramaphosa announced in a television address the launch of a new **phase** to fight the spread of the SARS-COV-2 virus. The government will be rolling out a screening, testing, tracing and monitoring programme.

A total of 10,000 field workers will visit homes around the country, scanning people for COVID-19 symptoms. People with moderate symptoms will be treated at home or at COVID-19 facilities, while those with serious symptoms will be transferred to hospitals. Ramaphosa said a mobile tracing system to track those who had come into contact with infected people and to monitor new cases would have been set up in April.

The national lockdown is President Ramaphosa's most decisive act since taking office in 2019. He acted swiftly without minimizing the virus threat, fully aware that an increasing number of cases would stretch the country health's facilities beyond their capabilities. "Never before in the history of our democracy has our country been confronted with such a severe situation," **said** Ramaphosa in his first television speech on 15 March. Opposition parties and detractors inside the divided ruling party buried the hatchet and showed solidarity and unity behind Ramaphosa's stringent measures to curb the spread of the virus and convince those sections of the population who were underestimating the potential disruption of what in the first weeks was labelled the "**white virus**", due to the fact that the first cases were all white South Africans who had travelled overseas for tourism or business.

Unlike his predecessor, the former President Jacob Zuma, Ramaphosa coordinated his actions and consulted all stakeholders to



set up a National Council. For the first time in democratic South Africa, the head of state wore a military uniform to show the nation the harsh times ahead.

Almost 18,000 security personnel between police and soldiers have been deployed to enforce the lockdown. Despite the president's recommendation not to use violence towards citizens, some members of the army and the police have used **force** against people who failed to comply with lockdown regulations: security forces claimed that this kind of action was permitted during the national lockdown, and that they were following orders from "**the top**". In this respect, Ramaphosa conceded in his latest television address that mistakes had been made in how the lockdown has been implemented.

South Africans will have to wait until 16 April to see if the stringent measures adopted by the government have had an effect. What is certain is the economic impact of the COVID-19 pandemic on a country that was already in recession. According to Efficient Group chief

economist Dawie Roodt, the South African economy would have grown by around 0.5% in 2020 without the COVID-19 crisis. "The second quarter is when we are really going to feel the impact and I expect a significant contraction of between 5% and 6%," Roodt **said**. The decision by the Moody's ratings agency to downgrade South Africa's credit rating to **junk** status further deteriorated the economic outlook and the local currency, the rand, hit a record low against the US dollar, trading at \$18. Ramaphosa reacted overnight with a stimulus package that aims to get more money into the hands of households and provide some relief to small and medium-sized enterprises. In South Africa **8 million** people are part of the informal labour sector and they are likely to be the hardest hit by this crisis. Excluded from social grants and from the unemployment insurance fund, they risk literally starving to death if the state does not implement a disaster relief package. An urgent measure is needed to avert a humanitarian crisis in Africa's most industrialized country.



## The Effect of the Coronavirus on the Poor in Africa

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Africa is the continent that has most of the world's poorest people living on less than two dollars a day. Most of these people derive their livelihoods from the informal economy, small-scale farming, livestock keeping, mining and fishing. They are self-reliant and show solidarity in their daily transactions. They do not have a salary or social security, and some may not even have saving accounts. This means that in the case of a lockdown they are likely to be adversely affected, living on daily transactions.

The coronavirus is likely to affect poor people more, because they live in informal settlements where crowding is the norm, thus making impossible for them to practice social distancing. The room sizes in their houses are small and working from home may not be feasible, while [their businesses are likely to be affected](#) by reduced demand for their goods, cuts in suppliers and disruption of transport.





The coronavirus' effect on the poor will also be exacerbated by the fact that the [health system in most of the African countries is wanting](#). The response to past pandemics like Ebola and HIV/AIDS has shown the weaknesses of the health systems. The continent had to rely on external aid to deal with the effects of these pandemics. Today most of the anti-retroviral drugs (ARVs) administered in Africa are financed by aid from countries like the US. Today these countries, which come to Africa's aid during crises, are having their own problems. The United States is battling with its own infections and deaths and so is the United Kingdom, the European Union and China. This means that aid in the form of supplies and drugs may not be forthcoming. Their economies have also been devastated. In the United States over six million people are applying for unemployment benefits. It makes good sense for these countries to first address the issues of their own citizens, but this leaves Africa in a dire situation.

Africa's vulnerability is also revealed by the fact that it imports most of its medical supplies and medicine from China, Europe and North America. These imports are also financed by loans. Very few pharmaceutical companies make drugs in Africa. With lockdowns in these countries, the production of medical supplies and medicines will be reduced, and whatever is being produced will be first used in these countries rather than for exports.

Africa is indeed in a quagmire both at the state level and the individual.

The above scenarios further complicate the situation for poor people in Africa, who have no resources or insurance to cushion the social and economic impact of the pandemic.

In the Kenyan case, a government report highlighted that [two hotspots of the infection were in the rich neighborhoods](#) of Kilimani and Westlands, while few cases have been reported in poor neighborhoods and in the rural areas, even if this could be attributed to under-testing. If the pandemic spreads to poor suburbs or rural areas, its effects could be even more severe. There has been resistance to the implementation of government directives, such as the curfew, because poor people are not able to adapt to them. Therefore, governments have had to use violence in enforcing regulations. There are [many videos circulating](#) showing how the Kenyan police treated poor people at the ferry on the first day of curfew.

If lockdowns are extended, we'll probably see more resistance, food riots and gang activity as well as police brutality on the people. Governments will need to understand that poor people already live traumatized lives and their reaction is based on their past traumas. To stop the spread the governments need to respond with more compassion and understanding rather than brutality.

The coronavirus is giving us a chance to rethink our approaches to poverty. Rethink our development models geared towards poverty alleviation. Think more about self-



reliant and collective models of development. It has revealed how interconnected and how vulnerable we all are. In the words of Martin Luther King Jr: "We are caught in an inescapable network of mutuality, tied to a single garment of destiny. Whatever affects one directly affects all indirectly". Dealing with poverty and the disease will entail the need to renegotiate our capitalist model of development that condemns some to perpetual poverty.