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**Africa and COVID-19:
Impact, Response, and
Challenges to Recovery**

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ABSTRACT

The COVID-19 outbreak poses a severe challenge to Africa's social, economic, and political resilience. The associated economic complications, caused due to disruptions in global and regional value chains and a slump in commodity prices, can derail the continent's progress in the recent years. Despite the bleak forecasts, however, African countries have managed to mount a concerted response to the pandemic. This paper examines the extent of the economic and health impact of COVID-19 in the African continent and highlights the key responses undertaken at the continental and subregional levels. It attempts to sketch a range of measures in the public-health domain that would allow African nations to preserve the progress made so far, while also rebuilding better.

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INTRODUCTION

The COVID-19 pandemic has caught the world off-guard, with most nations being inadequately prepared to meet the challenges of this rapidly spreading virus that has affected both health and economy. In Africa, 42 nations imposed full or partial lockdowns on the movements and activities of people in response to the pandemic.¹ However, lockdowns have considerable economic costs, putting livelihoods at risk and exacerbating poverty. In May 2020, the United Nations Economic Commission for Africa (UNECA) estimated that a one-month full lockdown across Africa would cost the continent about 2.5 percent of its annual gross domestic product (GDP), i.e. approximately US\$65.7 billion per month.² This, in addition to the wider external impact of lower commodity prices and investment flows.

As countries now begin to lift their lockdown measures, timing will be key. A premature exit could render useless all efforts made against the pandemic so far. While African countries currently account for only five percent of all reported COVID-19 cases globally, there has been a massive acceleration in the rate of infection across the continent beginning in the month of May 2020, with South Africa becoming the epicentre of the outbreak. Thus, as African countries are now reopening their economies and relaxing the restrictions on the movement of goods, people and services, they must continue to observe social-distancing practices, handwashing and wearing of masks in public places. Moreover, all countries must continue the strict surveillance of COVID-19 and severe acute respiratory infections (SARI), as well as the screening of incoming travellers at national borders.

COVID-19 IN AFRICA: THE NUMBERS

According to the World Health Organization (WHO), as of 13 September 2020, a total of 35 African countries have reported community transmission, 11 have reported clusters of cases, and three countries have sporadic cases.³ According to the Africa Centres for Disease Control and Prevention (CDC), as of 22 September 2020, the continent had recorded 1,412,699 cases; 34,077 deaths; and a Case Fatality Rate (CFR) of 2.4 percent.⁴ By region, Northern Africa has reported the most cases (46 percent), followed by Southern (30 percent), Eastern (15 percent), Western (7 percent), and Central Africa (1 percent).⁵

Table 1: Confirmed COVID-19 Cases, Deaths and Recoveries Reported in Africa [as of 22 September 2020]

Country	Number of Cases	Number of Deaths	Number of Recoveries	Epidemic Phase ^a
Central Africa	56,900	1,071	49,571	
Burundi	474	1	462	2
Cameroon	20,431	416	19,124	3
CAR	4,793	62	1,830	3
Chad	1,153	81	967	3
Rep of Congo	5,002	89	3,913	3
DRC	10,523	271	10,011	3
Equatorial Guinea	5,002	83	4,509	3
Gabon	8,704	53	7,875	3
Sao Tome & Principe	908	15	880	2

a Phases defined according to Africa CDC's Recommendations for a stepwise COVID-19 response, <https://africacdc.org/download/recommendations-for-stepwise-response-to-covid-19/>.

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Country	Number of Cases	Number of Deaths	Number of Recoveries	Epidemic Phase
Eastern Africa	161,040	10,077	231,169	
Comoros	470	7	450	3
Djibouti	5,404	61	5,336	2
Eritrea	364	0	305	1
Ethiopia	69,709	1,108	28,634	3
Kenya	37,079	650	23,949	3
Madagascar	16,136	226	14,743	3
Mauritius	367	10	337	1
Rwanda	4,722	27	2,973	2
Seychelles	143	0	136	1
Somalia	3,465	98	2,877	1
South Sudan	2,649	49	1,294	3
Sudan	13,555	836	6,760	3
Tanzania	509	21	178	3
Uganda	6,468	64	2,778	2

Country	Number of Cases	Number of Deaths	Number of Recoveries	Epidemic Phase
Northern Africa	301,375	10,077	231,169	
Algeria	50,026	1,679	35,180	3
Egypt	102,141	5,787	90,332	2
Libya	28,796	454	15,384	2
Mauritania	7,384	161	6,977	3
Morocco	101,743	1,830	80,732	2
Tunisia	11,260	164	2,541	2
Saharawi ADR	25	2	23	1

Country	Number of Cases	Number of Deaths	Number of Recoveries	Epidemic Phase
Southern Africa	720,679	17,192	634,421	
Angola	4,117	154	1,449	2
Botswana	2,567	13	624	2
Eswatini	5,282	104	4,647	3
Lesotho	1,424	33	754	2
Malawi	5,739	179	5,065	3
Mozambique	6,912	44	3,738	3
Namibia	10,607	116	8,359	3
South Africa	661,936	15,992	591,208	3
Zambia	14,389	331	13,629	3
Zimbabwe	7,706	226	5,948	3

Country	Number of Cases	Number of Deaths	Number of Recoveries	Epidemic Phase
Western Africa	172,615	2,580	152,840	
Benin	2,294	40	258	3
Burkina Faso	1,896	56	1,189	3
Cape Verde	5,281	52	4,674	2
Cote d'Ivoire	19,327	129	18,630	3
Gambia	3,526	108	1,992	3
Ghana	46,062	297	45,258	3
Guinea	10,344	65	9,757	3
Guinea-Bissau	2,303	39	1,468	3
Liberia	1,336	82	1,218	3
Mali	3,024	128	2,377	3
Niger	1,189	69	1,104	2
Nigeria	57,437	1,100	48,674	3
Senegal	14,759	302	11,621	3
Sierra Leone	2,168	72	1,650	3
Togo	1,669	41	1,274	3

Source: Africa CDC, "African Union member states reporting COVID-19 cases," 22 September 2020.

As of 15 September 2020, out of the total reported cases across the continent, six nations accounted for over 70 percent of the total caseload: Morocco (27 percent), South Africa (21 percent), Morocco (21 percent), Ethiopia (10 percent), Libya (nine percent), Tunisia (four percent), and Algeria (four percent).⁶ According to WHO, as of 16 September 2020, 25 African countries have reported less than 5,000 COVID-19 cases, and nine countries have reported 5,000–10,000 cases, i.e. 34 African countries have together reported less than 10,000 COVID-19 cases. Only 13 countries have reported over 10,000 cases.⁷

Amongst healthcare workers, from 25 February to 8 September 2020, Africa reported a total of 41,936 number of infections.⁸ Of these, South Africa has the highest number of healthcare-worker infections.

Table 2: Top 10 Countries with the Most Infections amongst Healthcare Workers [25 February–15 September 2020]

Country	Health-Worker Infections	Case Fatality Rate (%)
South Africa	27,360	2.4
Algeria	2,300	3.3
Ghana	2,065	0.6
Nigeria	2,025	1.9
Ethiopia	1,210	1.6
Kenya	970	1.7
Cameroon	803	2.1
Equatorial Guinea	429	1.7
Namibia	372	1.0
Senegal	349	2.1

Source: WHO External Situation Report 29, 16 September, 2020.

The world is only seven months into the pandemic, and the virus can still play out in several ways. Past incidents, such as the outbreak of Ebola, have highlighted the difficulties in responding to a severe, sustained and geographically dispersed public health crisis. In many African nations, the challenge is often compounded by a struggling public health infrastructure, the severe shortage of healthcare workers, strikes by healthcare workers, overdependence on traditional healers, and high population mobility across porous borders. However, despite these challenges, the continent has managed to address the impacts of the pandemic. While the cases of infection have been increasing, data indicates that Africa will be able to contain the pandemic if they continue to exercise caution. With the steady rise in the number of cases, contact-tracing will become increasingly difficult. Therefore, African nations must be aggressive in their tracing strategies—backed by community engagement, community ownership, and public safety measures.

THE IMPACT OF COVID-19 ON AFRICA

The impact of the pandemic can be most accurately described in terms of the health and human costs involved, as well as its impact on the economy.

Health and Human Costs

Before the pandemic, many African countries were experiencing economic growth. In 2018, the subregions of the continent had recorded a growth rate of 3.2 percent.⁹ Many countries had made notable strides in reducing poverty and improving the indicators of the healthcare system and good governance. The intra-African trade under the African Continental Free Trade Area (AfCFTA), set to begin on 1 July 2020, was expected to accelerate growth across the continent, with a combined GDP of over US\$3.4 trillion. However, the pandemic has caused the postponement of the date of commencement, especially considering the cancellation of the May 2020 Summit between the heads of state of African Union (AU) member countries. The AU Commission has now proposed 1 January 2021 as the new tentative start date for trade under the AfCFTA.¹⁰

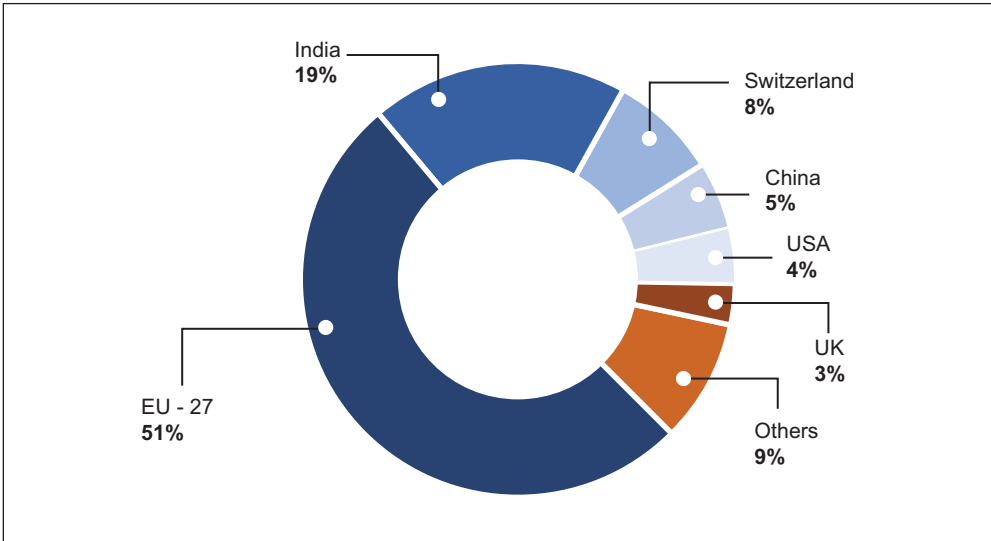
The continent's first reported case of COVID-19 was in Egypt, around mid-February 2020. In the initial stages, the nations escaped the brunt of the virus outbreak, mostly due to relatively fewer flight connections with the rest of the world, especially Europe and China. However, cases have increased steadily since. An April 2020 report by the UN Economic Commission for Africa (UNECA) estimated that "anywhere between 300,000 to 3.3 million African people could lose their lives as a direct result of COVID-19."¹¹ The virus entered the continent's capitals mainly through international flights originating from European countries.

The following factors make Africa more susceptible to infectious disease outbreaks:

- About 56 percent of Africa's urban population is concentrated in overcrowded and poorly serviced slum dwellings.¹²
- Many households do not have access to basic facilities such as soap and water. Only 34 percent of the continent's population have access to proper facilities for washing hands.
- The continent has the highest prevalence of tuberculosis, malaria, cholera and HIV/AIDS.
- Close to 40 percent of children under five years of age are undernourished. In countries such as Liberia, one in three children under the age of five is stunted or too short for their age.¹³

The principal challenge for African countries is their fragile and strained public healthcare systems. African countries are overly dependent on other nations for pharmaceutical products. Indeed, as much as 94 percent of the continent's total stock of pharmaceuticals is imported (See Figure 1).

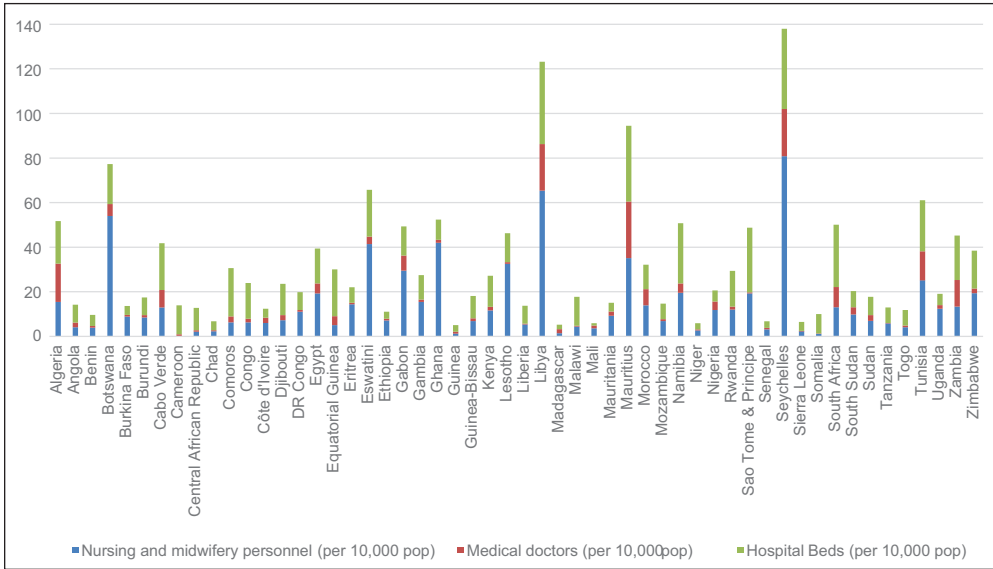
Figure 1: Africa's Import Sources of Medicinal and Pharmaceutical Products [2016-2018]



Source: United Nations Economic Commission for Africa, April 2020

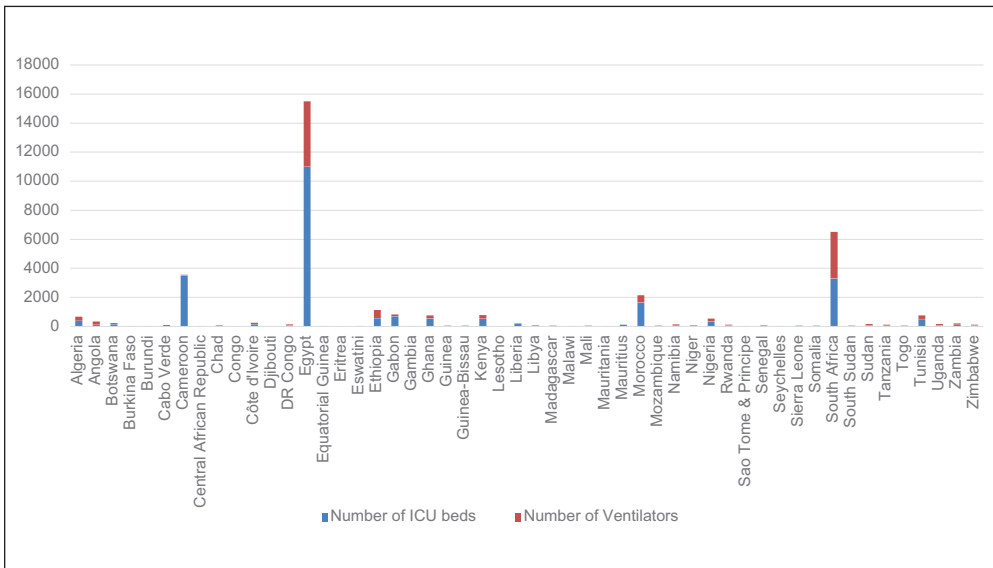
Compared to other regions, Africa's health resources, hospital beds, nursing and midwife personnel, number of ICU beds and ventilators, and medical doctors are drastically inadequate (See Figure 2). The lack of such critical healthcare infrastructure has a negative effect on the continent's preparedness against the pandemic. Some African countries such as Egypt, South Africa and, to some extent, Cameroon have better healthcare infrastructure than the rest of the countries on the continent (See Figure 3).

Figure 2: Medical Resources [Per 10,000 Population]



Source: *The Day After Tomorrow: Africa's Battle with COVID-19 and the Road Ahead*, Observer Research Foundation, 2020

Figure 3: Number of ICU Beds and Ventilators in African Countries



Source: *The Day After Tomorrow: Africa's Battle with COVID-19 and the Road Ahead*, Observer Research Foundation, 2020

Despite the many challenges, most African nations have managed to escape the high mortality rates seen in other parts of the world. There are two possible reasons for this:

Early Responses: Since African countries have relatively few flight connections with the rest of the world, the governments had time to put in place public-safety measures. They were largely successful in conducting thermal-screening and monitoring passengers at key points of entry such as airports, borders, and railway stations.

Prior Experience: African countries have experience in dealing with viral disease outbreaks, e.g. Ebola, Tuberculosis, Cholera and Malaria. This helped them establish innovative strategies for tracing, isolation, treating and caring of COVID-19 patients. Consequently, many African nations managed to successfully roll out COVID-19 preparedness plans as well as engage with communities in high-risk border areas, crowded urban slums and informal settlements. West African countries, for example, were able to apply insights gained from addressing the 2014–16 Ebola outbreak.

Some lessons learnt from Africa’s experience with previous outbreaks:

1. There is a “need for countries to decentralise the response to the community level and increase [the] capacity to identify and diagnose cases.”¹⁴
2. The work around surveillance and accessing the patterns of illness must start at the level of individuals, and then slowly reach the community level. African countries have been better able to work with community groups to disseminate information about infectious diseases.

3. The Ebola experience highlighted the importance of reaching out and engaging with people. It is vital to not only disseminate information but also value the feedback from locals and incorporate that information into response strategies. Incorrect and fake information must be addressed through proper two-way communication between government and citizens.
4. Engaging with the sociocultural dimension of epidemics is critical for mounting an effective response.
5. African countries have benefitted by building on their existing laboratory-testing capacities. They were able to conduct screening at all points of entry in collaboration with organisations such as the International Organisation for Migration (IOM), which is a specialised agency of the UN. There was a rapid exchange of testing capacities, knowledge, and technological know-how between the national laboratories of various nations across the continent. Additionally, the Africa CDC, in collaboration with WHO, has carried out clinical trials to explore traditional medicines and therapeutics;¹⁵ however, rigorous clinical testing to evaluate their safety and efficacy remains pending.
6. The Ebola outbreak highlighted that disease outbreaks often move faster than the money allocated to respond to them.¹⁶ Therefore, it is essential to set up rapid-response funding mechanisms, so that money is immediately available to jumpstart an outbreak response.

While most African countries successfully restricted the initial spread of the virus, it is now accelerating across the continent, having entered the period of community transmission.¹⁷ This poses a serious challenge, since healthcare systems in rural areas are fragile

and ill-equipped to deal with cases that may require intensive care.

Key Challenges Going Forward

Limited testing capacity: Currently, the continent’s testing rate is one of the lowest in the world. According to Dr. John Nkengasong, Director of the Africa CDC, with a population of over one billion, “Africa may need over 15 million test kits over the next few month.”¹⁸

Unprocessed tests across laboratories: Many of the laboratories are understaffed, creating bottlenecks in the processing of test samples. Since the number of tests received exceeds their capacity to deliver results quickly, the turnaround time in many laboratories is currently around one to two weeks.¹⁹ This, in turn, results in massive backlogs. Such delays create the possibility that the current COVID-19 figures could be lower than the actual number of infections.

Structural challenges in health systems: African countries currently do not manufacture diagnostic tools domestically and import close to 94 percent of their pharmaceuticals. Further, the continent does not produce vaccines.²⁰ The prevalence of trickle-down diagnostics and the high dependence on imports make African health security extremely vulnerable.

Insufficient testing laboratories: At the beginning of the pandemic, the continent had only two testing laboratories to carry out training and testing for other countries: the Institute Pasteur (Senegal) and the National Institute of Communicable Diseases (South Africa). Since then, the number has increased to over 44 dedicated COVID-19 testing laboratories.²¹ However, the ability of a country to test for COVID-19 is strongly related to its income level. Since some of

the African countries are amongst the poorest in the world, they have the lowest testing rates per 1,000 people.²² However, under the leadership of the AU Commission and the Africa CDC, the number of tests being conducted have increased. During the period 15 February–15 September 2020, the African continent conducted over 13.1 million tests for COVID-19, with tests per reported case ration of 9.7 and a positivity rate of 10.3 percent.²³ The testing process must be accelerated further for Africa to stay ahead of the curve, especially with the easing of lockdown measures and restarting of cross-border movement of goods, people and services. Moreover, while the overall testing rates have improved, nearly 80 percent of these are being conducted in only 10 countries: South Africa, Egypt, Nigeria, Ghana, Morocco, Ethiopia, Rwanda, Uganda and Mauritius.

Economic Impact

Table 3: Projected Medium- to Long-term Economic and Social Impacts of COVID-19

Document / Organisation / Report	Projected Economic Impact / Losses due to COVID-19
World Bank Africa Pulse Report	Sub-Saharan Africa (SSA) will face its first recession in 25 years, with growth potentially falling as low as negative 5.1 percent in 2020. ²⁴
International Monetary Fund (April 2020)	Growth in SSA will contract by 1.6 percent this year, reversing the development progress of recent years and slowing the region's growth prospects in the years to come. ²⁵ In June 2020, the growth has been revised to –3.2 percent, a downgrade of 1.6 percentage points from April 2020. ²⁶
African Development Bank	Africa will experience a negative growth rate of around –1.4 percent to –3.1 percent. ²⁷ The nations are likely to enter a recession phase in 2020. The sheer loss in terms of financial resource and viability of mega-development and infrastructure projects would be critical. Africa could lose anywhere between US\$157 billion to US\$212 billion and will need up to US\$154 billion in recovery support. ²⁸

There are four indicators by which to gauge the economic impact of COVID-19 on African countries.

Impact on Oil-Producing Countries

Many African countries are resource-dependent—they rely on revenues generated from the export of oil. Five out of the top 30 oil-producing countries in the world are in Africa: Nigeria, Angola, Algeria, Libya and Egypt. Other important oil-producing countries include Sudan, Republic of Congo, Equatorial Guinea and Ghana. In 2019, the continent accounted for more than 7.9 million barrels of exports per day, which is 9.6 percent of the world's output.²⁹ However, in the first quarter of 2020, oil prices fell by 50 percent.³⁰ For many fuel-oriented African economies, this has had considerable fiscal and exchange-rate implications. Following COVID-19, the UNECA estimates a minimum loss of US\$65 billion in fuel revenues for Africa.³¹ In countries such as Nigeria and Angola, oil accounts for as much as 70–75 percent of the total government revenue and 90 percent of export earnings.^{32,33} The decline in revenues from oil exports and commodities has had a negative multiplier effect and subsequently constrained the ability of African governments to generate the required revenue to cope with the pandemic.

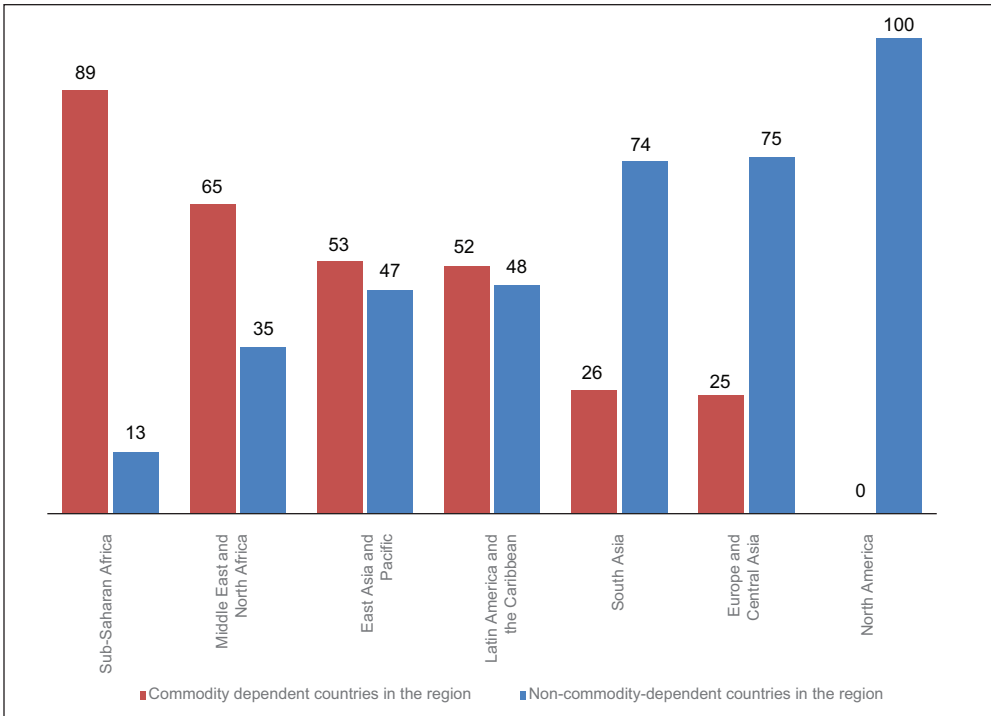
Impact on Commodity-Dependent Countries

Several SSA countries export raw materials, followed by intermediate goods, and import consumer and capital goods. These nations also export gold, diamonds, LNG, bituminous coal, minerals, and metals. Almost 89 percent of the countries in the region are commodity-dependent, compared to two-thirds of the countries in the Middle East and North Africa (MENA) region, half of the countries in Latin America and the Caribbean, and half of the countries in East Asia and

the Pacific. In South Asia, Central Asia and Europe, only a quarter of the countries are considered commodity-dependent; North America has no commodity-dependent countries.³⁴ Thus, the falling prices of minerals, commodities and oil due to the destabilising effects of COVID-19 have disproportionately affected SSA's economy.

Impact on Remittances to the Continent

In Africa, remittances are one of the biggest sources of external financial flows. They are a vital source of resilience for households, especially since the monetary value of remittances exceeds the value of aid.³⁵ Moreover, they significantly improve education and health in the SSA region.³⁶ The COVID-19 pandemic placed a severe financial strain on OECD and oil-producing countries, causing a reduction in the income of the African diaspora. This has, in turn, resulted in reduced remittances. The World Bank estimates that remittance flows will decline in all major regions with SSA, accounting for a decrease of 23.1 percent, compared to the global drop of 20 percent.³⁷ Figure 4 shows that in 2018, South Asia and SSA received the highest migrant remittance inflows. While the overall trend declined in 2019, the two regions continue to depend heavily on remittance inflows.

Figure 4: Growth of Remittances by Region [%]

Source: Dilip Ratha et al, World Bank, October 2019.³⁸

Impact on Tourism

Tourism generates billions of dollars and jobs in Africa and is a major source of revenue for countries such as South Africa, Rwanda, Botswana, Seychelles, Tanzania and Kenya. Before the outbreak, Africa's tourism industry was growing at an annual rate of five percent, with the continent being the second-fastest-growing region for tourism. According to the World Bank, one out of 20 jobs in SSA is in the tourism and travel sector.³⁹ However, this industry is highly vulnerable to external shocks and crisis, as seen in the fallout of the COVID-19 pandemic. Within the first three months of the outbreak, African countries lost US\$55 billion in travel and tourism revenues.⁴⁰ Moreover, it could now take anywhere between 10 months to a

year for the tourism industry to recover and attract international tourists again. To compensate for this loss, African nations plan to focus on increasing domestic and intra-African tourism and travel in the short term.

AFRICAN RESPONSES

Evidence-Based Data Collection

As discussed in the earlier sections of this paper, African countries have had the advantage of time to assess the pattern of spread and the impact of the pandemic and undertake precautions accordingly. The AU Commission and the Africa CDC had immediately convened a meeting of African health ministers, which endorsed the Africa Joint Continental Strategy for COVID-19 Outbreak.⁴¹ This early political engagement at the highest level facilitated continent-wide alertness to prepare the countries. Public health and social measures were quickly put in place.

However, there remain large information gaps that can disrupt suitable responses. The demographics, healthcare systems, challenges and local needs of each African country is different, making a one-size-fits-all approach untenable. Governments must draw on country-specific and evidence-based data to tailor response measures and make appropriate policies and strategic decisions regarding the relaxation of lockdowns.

To this end, the Partnership for Evidence-Based Response to COVID-19 (PERC), a public-private partnership, released a report titled “Responding to COVID-19 in Africa: Using Data to Find a Balance,” which provides evidence-based data to adapt COVID-19 pandemic responses to the local needs and capacities of African

nations.⁴² A survey was conducted in 28 cities across 20 AU member states. Around 32 percent of the respondents were inadequately about COVID-19, how it spreads, and how to protect oneself.⁴³ Approximately 69 percent of the respondents felt that accessing food and water will be a challenge if they were required to stay at home due to lockdowns, and 51 percent said that they would run out of money.⁴⁴ Such data-based surveys provide useful lessons for decision-makers. African governments could strengthen public health systems; monitor data regularly; and engage high-risk and vulnerable communities to adapt public health and social measures to the local context, and effectively communicate the risks of the infection through social media to garner public support.

Partnership to Accelerate COVID-19 Testing (PACT)

In the aftermath of the pandemic, African countries have rightly focused on diverting and channelling resources to testing. However, the number of tests being conducted remains inadequate. The AU Commission and the Africa CDC launched the Partnership to Accelerate COVID-19 Testing (PACT) in April 2020, aiming to strengthen testing capacity across the continent. Its objective is to test 20 million Africans by the end of October 2020.⁴⁵ This is an Africa-led and Africa-owned response and is a part of continental strategy endorsed by the ministers of health across African nations. Under this initiative, over one million community workers will be deployed to help identify infected populations and facilitate contact tracing. It will be coordinated and led by the Africa CDC, in close collaboration with the Africa Task Force for Coronavirus. It employs the 3T formula of “test, treat and trace.” The PACT will help African countries achieve a balance between saving lives and saving livelihoods.

Fund Mobilisation for Low- and Middle-Income Nations

Low- and middle-income African countries have limited resources for mitigating the social and economic disruptions caused by COVID-19. The problem is exacerbated by a decline in the demand for African products, the decrease of commodity prices and disruptions in supply chains. These issues have constrained the fiscal space needed to effectively respond to the pandemic. The United Nations Development Programme's (UNDP) regional offices in Africa have conducted country-specific situational analyses to estimate the total budget required for the continent to mobilise in the fight against COVID-19 (See Annexure 1), based on three broad parameters:⁴⁶

- i. Building resilient health systems, including health procurements and training;
- ii. Promoting inclusive and integrated crisis-management and multi-sectoral response; and
- iii. Addressing socioeconomic impact and recovery.

Most African countries currently lack the financial resources needed to tackle the pandemic. The gap is especially huge for Ethiopia, Democratic Republic of Congo, Nigeria, Cameroon, and Guinea—countries that the UNDP estimates to be most in need of mobilising the largest amount of funds. As Dr. Akinwumi Adesina has said, “Social distancing is an imperative, but fiscal distancing is not.”⁴⁷

Support from International Financial Institutions

On 26 March 2020, the AU set up the African Union COVID-19 Response Fund. The African Development Bank (ADB) launched

a COVID-19 Response Facility to provide up to US\$10 billion to African governments and the private sector,⁴⁸ aiming to provide resources to countries for immediate liquidity. The facility entails US\$5.5 billion for bigger, oil-exporting economies; US\$3.1 billion for small, poor, landlocked economies, not as loans but as grants; and an additional US\$1.4 billion for private-sector operations.⁴⁹ The African Development Bank also launched a record-breaking US\$3 billion Fight COVID-19 Social Bond, which is the world's largest social bond ever in the international capital market.⁵⁰ The European Union has allocated €60 million to help countries in the Horn of Africa tackle the health and socioeconomic impact of the pandemic.⁵¹ WHO has donated US\$2 million to the ADB, in addition to donations to individual countries such as Cote D'Ivoire and Guinea.⁵² The World Bank Group and the IMF, too, have contributed to the efforts in Africa. "Official creditors have mobilised up to \$57 billion for Africa in 2020 alone – including upwards of \$18 billion from the IMF and World Bank each"⁵³ to provide for frontline health services and keep African economies afloat in the face of a global economic downturn.

The G20 nations have agreed to suspend the debt of poor countries from 1 May 2020 until the end of the year, with an option to extend this by another year.⁵⁴ While African leaders have appreciated the move, they believe that the time period will not be sufficient. According to Ngozi Okonjo-Iweala, AU's special envoy to solicit G20 support to tackle COVID-19, "Only a two-year time scale will give African countries the breathing room it needs to deal with the enormous consequences of the pandemic."⁵⁵ Thus, the support offered by the international community must be in accordance with the severity of the impact of COVID-19 on Africa.

Africa Communication and Information Platform (ACIP)

The UNECA, in partnership with the Africa CDC, has launched a unique mobile-based tool for enhancing two-way communication between citizens and governments.⁵⁶ The Africa Communication and Information Platform (ACIP) has the potential to disburse the latest public health advice to more than 600 million users across the continent. The initiative has been a breakthrough in bringing together the major mobile operators, regulators and governments. This free-to-use platform has been developed to collect data by harnessing mobile narrowband channels by using a combination of text (USSD) and voice interactions (IVR). On the broadband side, the platform will use public data from digital channels such as social media. This effort marks the first time that a mobile USSD platform has been interactively paired with Big Data and artificial intelligence to provide much-needed insights into COVID-19.

Self-Sufficiency in Medical Procurement

The pandemic has put a heavy strain on medical facilities across countries, with an unprecedented surge in the global demand for PPEs and essential medical supplies. With countries scrambling to source protective gears, rising prices, hoarding and misuse have exacerbated the situation. The demand for medical equipment far outweighs the limited international availability, and African countries are especially dependent on pharmaceutical imports from external sources and on international supply chains for protective gear and equipment. Therefore, there is an urgent need for countries in Africa to start manufacturing PPEs and medical devices, by increasing their local-manufacturing capacity and partnering with the public and private sector to access expertise, technologies and financial resources.

To this end, the AU launched the Africa Medical Supplies Platform (AMSP),⁵⁷ an online platform for creating a single online marketplace for countries to procure COVID-19-related critical medical supplies. The Afreximbank will facilitate payments, while national carriers will be responsible for logistics and expedited deliveries. The AMSP will ensure the availability of critical medical supplies that are vetted and available at affordable prices. The Africa CDC will be responsible for providing market intelligence regarding reliable manufacturers and will facilitate the pooled procurement and distribution of products to countries across the continent.

In the years to come, local innovation will be critical for survival. Rwanda has already deployed robots in its fight against the pandemic. Senegal has created a multifunctional robot doctor called “Docteur Car.” The California-based start-up ZipLine is facilitating medical deliveries to rural communities in Rwanda and Ghana by using automated drones.

ONGOING CHALLENGES AND POST-COVID RECOVERY

The COVID-19 pandemic has posed severe challenges to Africa’s social, economic and political resilience.⁵⁸ The countries are locked in different stages of the crisis, with varying degrees of preparedness, protection and prevention, and policymakers are re-assessing the trade-offs between short-, medium- and long-term priorities. While the impact of the pandemic has been devastating for the continent, as it has for nations across the globe, it has largely persevered. This section explores ways in which African nations can build on and preserve the progress it had made before the outbreak of COVID-19.

Healthcare Systems

African countries would need to work towards transforming their healthcare systems, with an emphasis on resilience and equity. Public health is a national security issue as well as a global common. Virus outbreaks and epidemics are not a new phenomenon, and similar crises will continue to occur in future. Investing in a strong healthcare system will help reduce inequalities and prevent vulnerable sections of the population from falling into poverty. In the 2001 Abuja Declaration, African leaders had pledged to invest 15 percent of their national budgets into healthcare.⁵⁹ However, less than 10 African countries have delivered at this level in the last decade. Affordable and quality healthcare for the continent's most disadvantaged and vulnerable is a critical requirement. To continue to tackle COVID-19 effectively, African countries can focus their interventions across six priorities:⁶⁰

- Building enduring systems for outbreak prevention and response by institutionalising emergency operation centres, lab networks, and disease surveillance systems;
- Accelerating public-sector investment in primary healthcare systems, including at the community level, tailored to the needs of rural and urban areas;
- Developing Africa-wide procurement platforms and end-to-end supply chains;
- Facilitating greater private-sector investment in primary healthcare, targeting priority areas such as diagnostic services, pharmaceuticals and healthcare facilities;

- Facilitating local manufacturing of critical medical supplies; and
- Investing in digital health ecosystems and innovations in service delivery.

Digital Technology

In the last decade, there has been a surge in digital innovations and mobile phone ownership across nations. Governments can take concrete steps towards harnessing such digital technologies. Mobile phones are a primary platform for internet access. However, while most people across SSA own mobile phones, smartphone adoption remains modest in the region.⁶¹ Smartphones are important as they allow users to conduct e-commerce and e-trade.⁶² Evidence suggests that the African countries that have successfully fought off diseases such as Ebola through tracing, tracking and treating have relied on access to technologies.⁶³ Therefore, a tech-enabled and digitised Africa is essential to fight health pandemics and ensure that vulnerable people are identified and traced. The growth rates in many countries have dropped substantially due to COVID-19, with a corresponding increase in poverty and the gap between the rich and the poor. Small and medium enterprises, as well as the informal sector, have been severely affected. Governments can identify the affected people by building digital identity systems and using digital access and transformation to help the informal economy and SMEs.

Trade of Goods and Services

Many landlocked countries in Africa rely on continued access to regional and global economy through trade corridors and main ports. However, during the lockdowns, most countries closed their borders

and implemented flight and transit restrictions. Such shutdowns, in addition to export restrictions on medicine and food products, have increased the price of basic, essential products, negatively impacting the poorest and those below the safety net. Small-scale cross-border trade in agricultural and livestock products is an essential part of food security in many countries; it creates employment and supports livelihoods, especially for women. By securing access to medicinal goods, services and essential food products; avoiding imposing blanket export bans or increasing taxes; and supporting transport and logistics to maintain both cross-border and international value chains, governments can maintain trade flows during this crisis. Border closures and non-tariff barriers are a big obstacle. Even when PPEs were available, there were restrictions on its movement due to border closures. Countries can build corridors of trust to facilitate the movement of essential goods and services while maintaining adequate precautions, to keep critical supply chains up and running.

Debt Sustainability

On the issue of debt, the continent must negotiate in unison. This will lend greater economic and political weight to the interests of all the nations across the continent. The debt question is complicated, stemming from the fact that these nations spend more on paying off interests on debts than they do on public healthcare. Dealing bilaterally with individual countries gives private creditors room to assert their own interests. While Africa's macroeconomic balances have improved in recent years, in the wake of the pandemic, the continent needs to find additional stimulus and immediate resources to increase healthcare funding. One way to do this is to tap into national budgets to find additional fiscal space. The initial call for

debt relief involved a two-year debt standstill on all interests and principal payments. Negotiations over debt cancellations may be explored later.^b The fundamental issue regarding debt sustainability is the issue of governance. Countries must invest resources in the right projects to guarantee sufficient returns to pay back their creditors. If the investments fail, the governments will fail to pay back debt and revert to their finite taxpayer sources. Since debt sustainability relies on good governance and resource management, governments will need to ensure transparency and uphold accountability. To this end, the role of civil society and citizens is central. These must be strengthened and given the power to monitor government procurements, track the disbursement of palliatives, and examine how the governments are using their resources.

Renewable Energy

Renewable energy has tremendous potential to power and accelerate Africa's sustainable recovery from the COVID-19 pandemic. However, while the continent has vast renewable energy potential, which can support its pursuit of Sustainable Development Goals (SDG) 7, close to 600 million people in SSA live without access to modern energy services.⁶⁴ Broadly, two factors weaken Africa's energy sector: unreliable and non-resilient infrastructure, and the lack of international funding. The continent must prioritise sustainable energy investments and push for decentralised energy solutions to

b It is important to differentiate between debt cancellations, debt service, and debt standstill or moratorium. What Africa needs is a debt standstill, before undertaking any discussion on cancellations. Africa's debt can be broadly divided into three baskets: multilateral debt that is owed to institutions such as the IMF and World Bank; bilateral debt; and commercial debt. In terms of magnitude, it is commercial debt that holds the largest piece at about US\$17 billion.

create a low-carbon and climate-smart economy. Renewable energy solutions can also support the health system by supplying cost-effective power, which is essential for rural health centres; facilitating the provision of clean water; and supporting agriculture. Moreover, improved development cooperation under initiatives such as the International Solar Alliance, and greater participation from the continent's private sector will be crucial in leading the continent's ambitious energy transition. In the post-COVID scenario, Africa can invest in technologies that are consistent with climate sustainability, such as flexible power grids, energy storage, green hydrogen and electric vehicle charging.

Social Protection and Cash Transfer Programmes

In the last two decades, many countries in SSA have planned or put in place social protection measures in the form of cash transfers. In June 2020, the Togolese government launched Novissi, a COVID-19 cash transfer programme aimed at assisting the most vulnerable individuals and families.⁶⁵ So far, 36 countries have offered cash transfers to eligible citizens (although their requirements vary drastically), while 15 countries have provided food assistance.⁶⁶ Few countries provide both. Such assistance has been helped by the fact that in SSA, there were 600 million registered mobile accounts in 2019.⁶⁷ Such a large customer base allows mobile money services to be an effective way for citizens to deal with the pandemic through direct cash transfers.

However, fiscal and capacity constraints limit the reach of such programmes to only a small proportion of financially deprived people, mostly concentrated in rural areas, while ignoring the working-class population in urban areas. In most instances, the onus lies on

the communities to fill the gaps in critical services. The COVID-19 pandemic can further exacerbate income inequality in the continent. Ten out of the world's 19 countries with the highest income gaps are in SSA, e.g. South Africa, Zambia and Namibia.⁶⁸ Many people in the SSA region do not qualify for cash transfer programmes despite being in danger of being pushed back into poverty, especially in urban areas. The challenge for governments is to expand the eligibility criteria to those that fall outside the purview of social registries, increase the benefits in terms of value and frequency, and make administrative requirements simpler and more flexible.⁶⁹ Digital technology and innovations in service delivery, especially through mobile cash transfers, could help governments expand the reach of social safety programmes, expand communications through radio or SMS, and help protect vulnerable communities.

The African Continental Free Trade Area

The negotiations for starting trade under the AfCFTA marked an important milestone in a long list of African efforts aimed at implementing continental and regional integration. The primary goal of the AfCFTA is to spur intra-African trade. However, the pandemic can derail the progress made on these negotiations, as nationalistic and protectionist impulse continues to increase worldwide. According to a report by the Afrochampions Initiative, countries are less than 50 percent committed and less than 50 percent prepared for the implementation of the AfCFTA implementation,⁷⁰ with Rwanda, Togo and Mali being the most committed nations and Eritrea, Libya and Burundi the least. In terms of implementation readiness, South Africa, Rwanda and Botswana are most ready, whereas South Sudan, Seychelles and Cape Verde are least ready for the AfCFTA.⁷¹ This is concerning, since AfCFTA the agreement will

be central in speeding up recovery. The post-COVID world offers the continent the opportunity to demonstrate the merits of unity, regional cooperation, and connectedness. Thus, the negotiations must continue via online and video-conferencing platforms, and once operational, the initial trade under the agreement must focus on critical and essential goods such as pharmaceutical and food products.^c

Sustainable Development Goals

For Africa, the new decade began with the promise and opportunity of achieving the 2030 deadline for the SDGs and the objectives under Agenda 2063. However, across the globe, COVID-19 has exposed the vulnerability of the current systems in dealing with external shocks. In Africa, the pandemic poses a serious challenge to the progress on the SDGs. Therefore, the governments must focus on preserving the progress made so far and building a society that is sustainable, resilient and inclusive. According to a Brookings report, while all countries in SSA are anticipated to make some progress towards achieving SDGs by 2030, “18 out of 44 countries are predicted to get less than halfway to the SDG targets by 2030.”⁷²

Indeed, the progress on implementing SDGs has always been uneven across countries and goals. Over the years, Africa has made good progress towards SDG 3 (good health and wellbeing),

c Benefits from the AfCFTA are likely to accrue across African countries, both in terms of time and geography. For the AfCFTA to succeed, African countries must work together to remove non-tariff barriers such as import bans, discriminatory rules of origin, quality conditions imposed by importing country on the exporting country, complex regulatory environment, general or product-specific quotas, unjustified sanitary and phytosanitary conditions, and fixation of minimum import price.

including SDG 3.2 (under-five mortality), SDG 6 (clean water and sanitation), SDG 10 (reducing inequalities), and SDG 14 (protecting life underwater). However, over-burdening of the health systems during the pandemic has threatened the progress on SDG 3. Some nations are also struggling in their efforts towards SDG 16 (peace, justice, strong institutions), with various instances of elections getting postponed and basic constitutional rights (such as freedom of movement) being curtailed. The most fundamental challenge remains SDG 1 (no poverty) and SDG 2 (zero hunger), both of which are exacerbated by climate change. A critical challenge is the huge financing gap. Emerging and developing countries face a financing gap of US\$2.5 trillion annually, with Africa accounting for US\$1.3 trillion.⁷³ Since many African nations are at the risk of debt-distress, the financing gap becomes a crucial challenge and simply mainstreaming the SDGs into national plans does not suffice. Going forward, governments can utilise real-time, local and Africa-centric data that reflect the local socioeconomic realities to make informed decisions.

CONCLUSION

Before the COVID-19 outbreak, African countries were making steady progress towards improving their economies through continent-wide initiatives and cooperative mechanisms. The pandemic has interrupted these growth trajectories, at least in the short-term. It has also highlighted the crucial role of internet connectivity, accessibility and affordability. The fragile and strained public healthcare systems, and the overdependence on the import of pharmaceuticals and medical protective equipment, further exacerbate the situation.


Despite these challenges, early and prompt interventions by governments helped delay the initial transmission of the virus. Their previous experience of dealing with Ebola and other infectious outbreaks taught valuable lessons on the need to decentralise the response to the community level and increase capacity to identify and diagnose cases. The response has been largely cooperative, with nations joining forces and combining their efforts in mitigating the outbreak. New continent-wide initiatives, such as PACT, AMSP, and several cash-transfer programmes have shown the determination of governments to gain self-reliance through homegrown solutions.

However, adopting or promoting a one-size-fits-all policy would not work. The levels of vulnerability, lockdown capacity, and willing compliance vary widely across countries. Consequently, the nature and extent of the impact of COVID-19 on public health and the economy have differed accordingly. Reaching out and engaging with people in communities is important, since the requirements of each country, province and locality is unique. As governments plan their next steps, these peculiarities must be taken into account.

The virus is now accelerating across the continent. However, there is cause for cautious optimism. While South Africa has become the epicentre of the virus in the continent, other countries have registered a steady decline in numbers. To be sure, delays in reporting, testing capacity, and under-reporting in certain instances may be affecting the patterns. By region, the bulk of COVID-19 cases have been reported in Ethiopia, Kenya and Sudan in East Africa; in South Africa, Zambia and Namibia in Southern Africa; in Nigeria, Ghana, Cote d'Ivoire, Senegal, and Guinea in West Africa; and in Egypt, Morocco, Algeria and Libya in Northern Africa; and Cameroon, Democratic Republic of Congo and Gabon in Central Africa.

Globally, African countries account for five percent of the total reported COVID-19 cases. As of mid-September 2020, the continent has witnessed declining trends both in the number of new cases and deaths. However, vigilance remains key. Contact-tracing and basic hygiene methods such as handwashing and wearing of masks have been moderately effective in curbing the spread of the virus, and these efforts must be carried on with consistency.

Going forward, as African nations begin to ease their lockdown measures, their primary focus would be to commit their resources and work together to save lives and economy. Such efforts can be centred around five key activities:

- Scaling up testing and contact tracing;
- Increasing cross-border testing;
- Engaging communities in response efforts;
- Increasing surveillance to detect hotspots; and
- Strongly enforcing the public use of face masks. 

ANNEXURE 1

UNDP COVID-19 Response by Country [15 Most-Affected African Nations]

Country	Budget (in million USD)	Available (in million USD)	Gap (in million USD)
South Africa	\$6.56M	-	\$6.56M
Egypt	-	-	-
Nigeria	\$15.5M	\$1M	\$14.5M
Ghana	\$2.70M	\$0.65M	\$2.05M
Algeria	-	-	-
Cameroon	\$18.5M	\$6.1M	\$12.38M
Morocco	-	-	-
Senegal	\$6.84M	\$1.89M	\$4.95M
Ivory Coast	\$1.51M	\$949K	\$567k
Democratic Republic of Congo	\$15.1M	\$400K	\$14.7M
Guinea	\$12.5M	\$1.05M	\$11.45M
Kenya	\$8.51M	\$4.05M	\$4.46M
Gabon	\$1.04M	-	\$250K
Ethiopia	\$21M	\$5.81M	\$15.19M
Central African Republic	\$5.08M	\$1.29M	\$3.78M

Source: Compiled by author with data from UNDP, Africa 2020.

*Data for Egypt, Algeria and Morocco is not available.

Note: All data and sources analysed in this paper are until 22 September 2020.

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