European Parliament

Coronavirus in Africa
A crisis with multiple impacts

SUMMARY

At the beginning of May, the number of Covid-19 cases in Africa was lower than in other regions of the world. North African countries and South Africa are the most affected by the pandemic. Limited testing capacity and Africa's young population are often mentioned as possible explanations for this overall low rate. The very early preventive measures adopted by most governments are also credited for slowing down the spread of the disease. Africa's medical systems are poorly equipped to handle a massive epidemic, despite notable recent progress in preparedness for epidemics in general and increased testing capacity for the coronavirus.

On the other hand, African economies have been severely hit by the pandemic. The drop in oil and other commodity prices, the disruption in global supply chains affecting African exporters, the drying up of external financial flows compounding an already difficult financial situation for many states, as well as the effects of confinement particularly on urban populations living off informal daily activities, are taking a heavy toll on the continent's economies. This creates a risk of social instability, with poorer people already facing food deprivation in urban slums. Long-term confinement and social distancing are simply impossible in many African settings. The pandemic has also affected the fragile democratic institutions of some African countries. Restrictions on freedom of expression and assembly, as well as the postponement of elections can undermine recent democratic progress.

Africa needs massive help to overcome these challenges. The international community has prepared various packages, including a debt moratorium to relieve the economic and financial burden. The European Union is refocusing the funds earmarked for Africa to fighting the pandemic. The consequences of the outbreak will profoundly reshape the discussions on a renewed Africa-EU partnership, and if correctly seized, might be the opportunity to strengthen this partnership.

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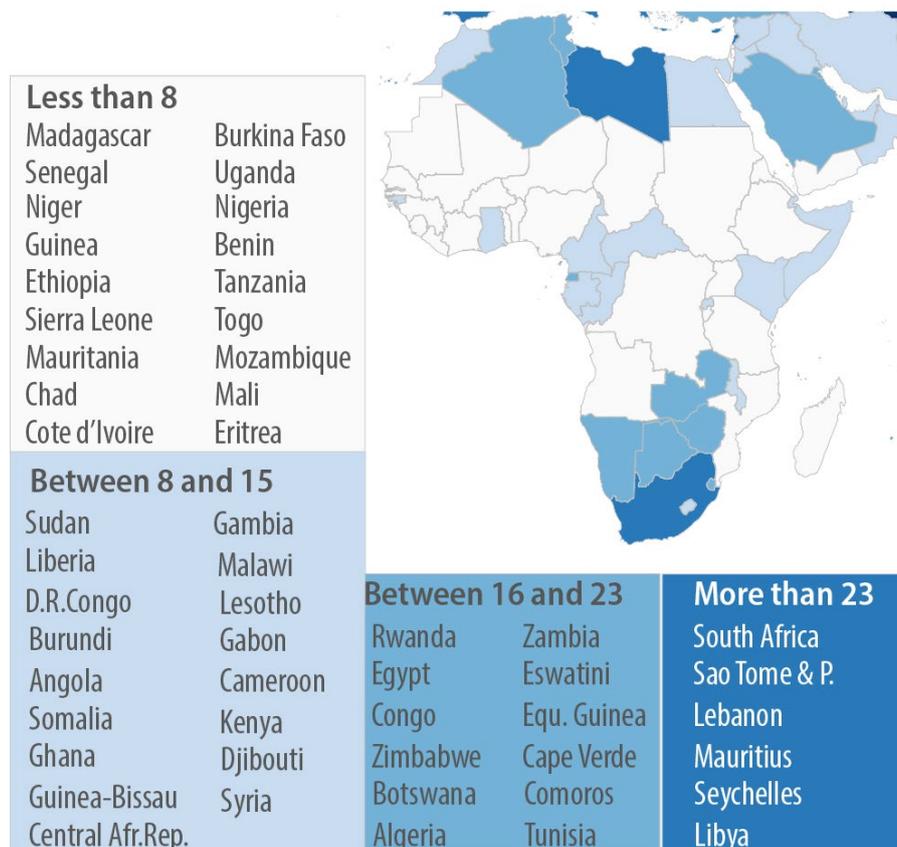> International and EU response

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Background

At the beginning of May, Africa had a relatively low number of cases compared to other continents, even though the pandemic had spread quickly across the continent, infecting people almost everywhere. There are several possible explanations for this: because of low testing capacity, the pandemic is going undetected in many places; when infected, the predominantly young population has less severe symptoms that go undetected; or the preventive measures adopted very early by many governments have been effective at curbing the spread of the disease. Africa's warm weather could also slow down the spread of the virus. As witnessed all over the world, the coronavirus does spread in warmer climates, but preliminary scientific findings suggest that sunlight and hot air are not a favourable environment for it. A central question in this context is whether Africa has already brought the disease under control or is still going through an early stage of it.

Health systems in Africa

Universal health coverage in Africa remains a work in progress: most African countries have fewer than 2 hospital beds (see Figure 1 below), 1 medical doctor and 4 nurses per 1 000 inhabitants. Key health needs are better covered, but the increase in health care costs, ill-covered by welfare systems, makes health care inaccessible to millions of Africans. The weakness of the African health system, including the fact that access to medicines is difficult, is highlighted by the following circumstance: despite progress in the past two decades, Africans are more at risk of dying from non-communicable diseases – such as diabetes, cardiovascular diseases, asthma and respiratory diseases – than the global average. Those underlying health conditions, as well as HIV and malnutrition, predispose affected people to more severe coronavirus symptoms.

Figure 1 – Hospital beds per 10 000 population

Less than 8	
Madagascar	Burkina Faso
Senegal	Uganda
Niger	Nigeria
Guinea	Benin
Ethiopia	Tanzania
Sierra Leone	Togo
Mauritania	Mozambique
Chad	Mali
Cote d'Ivoire	Eritrea

Between 8 and 15	
Sudan	Gambia
Liberia	Malawi
D.R.Congo	Lesotho
Burundi	Gabon
Angola	Cameroon
Somalia	Kenya
Ghana	Djibouti
Guinea-Bissau	Syria
Central Afr.Rep.	

Between 16 and 23		More than 23
Rwanda	Zambia	South Africa
Egypt	Eswatini	Sao Tome & P.
Congo	Equ. Guinea	Lebanon
Zimbabwe	Cape Verde	Mauritius
Botswana	Comoros	Seychelles
Algeria	Tunisia	Libya

Data source: WHO, March 2020; latest available year for each country.

While the coronavirus crisis hit Africa later than it did other continents, the pandemic spread rapidly, affecting all countries (see African Arguments' online map). The quick rate at which the outbreak spread across the continent is partly due to the lack of upstream testing that would have allowed for the rapid isolation of confirmed cases at the outset. At the end of January, only two labs – one in Senegal and another one in South Africa – had the capacity to test for Covid-19. African countries have since significantly extended their testing capacities with help from the Africa Centres for Disease Control and Prevention (Africa CDC), the World Health Organization (WHO) and other organisations. A surge in serious cases would prove unsustainable for health infrastructures already on the brink of collapse in some countries – and even in well-equipped countries such as South Africa (see box on 'Socio-economic impact' below). The lack of protective equipment puts healthcare staff at high risk of contracting Covid-19. Essential medical equipment for combating the symptoms associated with the disease, such as medical ventilators, is lacking in most countries. Furthermore, border closures and trade restrictions risk blocking countries' access to such equipment and relevant pharmaceuticals, given their overwhelming reliance on imports and insufficient local manufacturing capacity. Compounding these issues is the lack of accessible healthcare facilities, which has left space for misinformation on possible cures and adaption of behaviour to contain the pandemic.

In an effort to find alternatives to long hospital stays, some doctors, for instance, in Burkina Faso, Cameroon, Senegal and South Africa, have recommended or used drugs whose effects on treating Covid-19, as well as their side effects, have not been tested with standard medical protocols ('compassionate use'). The proposal by French doctors to first test the coronavirus vaccine on Africans once it is ready outraged many; it also highlighted how low the level of African participation in vaccine research is. As a case in point, South Africa is the only African country participating in the multi-country clinical trial for a Covid-19 treatment conducted by the WHO. This precludes taking into account factors such as African genetic diversity, which is capable of influencing the response rate to the vaccine, and the specific virus strains circulating potentially only in Africa. This lack of clinical trials also affects the development of vaccines or treatments against most kinds of infections.

That said, medical research has significantly evolved since the Ebola outbreak in West Africa in 2013 (see box below), with several countries having established genomic research laboratories. For example, in March 2020 Nigerian institutes were able to quickly make available the genome sequence of the first confirmed Covid-19 case in the country.

The Africa Centres for Disease Control: Lessons learned from the Ebola outbreaks

While Ebola resurgence in the Democratic Republic of the Congo (DR Congo) undoubtedly adds to the burden of medical staff, new cases are being tackled better than during former outbreaks, and past experience related to this disease is useful in addressing Covid-19. The successive Ebola outbreaks in west and central Africa since 2013 highlighted the need to strengthen African countries' public health systems, both with regard to research and cures. It also demonstrated the importance of community engagement in adapting guidelines to local cultural practices. Lessons learned during the Ebola crisis triggered a series of reforms: notably the establishment by the African Union in 2017 of the Africa CDC, with a collaborating regional centre in each of the five African regional economic communities, to help member states develop their public health infrastructures and human competences. The Africa CDC is developing early warning mechanisms and promotes a coordinated response by the member states to public health emergencies in collaboration with WHO and other international partners. Research has also seen progress: several laboratories, notably in Kenya, Nigeria and South Africa, now perform genome sequencing, which makes it possible to identify new viruses.

Demographic and social factors

Africa's population has a uniquely young profile due to the continent's dynamic demographic growth. This circumstance could make the continent more resilient to the spread of a disease that as a rule affects old people more severely than others. According to UN Population Division estimates for 2020, only 12.7 % of Africans are above the age of 60. For sub-Saharan Africa, this

percentage is even lower, at 10.7 %. However, even if young, Africa's population may not be that well-prepared to face the pandemic. Widespread diseases, such as the HIV epidemic in southern Africa, malnutrition, particularly among children, as well as malaria and tuberculosis could increase the vulnerability of those affected, to Covid-19.

Social proximity within families and neighbourhoods makes social distancing very difficult, if not impossible. In Africa, it is customary for several generations to live under the same roof. Because families have numerous children, household size is bigger than in other parts of the world. According to the UN Population Division, 'among the 42 countries or areas of sub-Saharan Africa with a recent estimate, the median average household size is 4.8 persons per household'. Intra-family transmission is considered an important vector of transmission for Covid-19. African social norms also focus on spending time with family, friends and acquaintances. African cities and particularly slums are crowded. Many people live in close proximity to each other. Many Africans, particularly in cities, have jobs that are mostly informal and require their physical presence, and cannot be done remotely. Transport to work takes place in overcrowded buses.

In sub-Saharan Africa, access to sanitation and clean freshwater is limited, both in urban and rural settings. According to WHO and Unicef data, only one quarter of the population have access to basic facilities to wash their hands and only 31 % to at least basic non-shared sanitation. Without clean water, it will be difficult to enforce the most basic personal hygiene rule: washing one's hands.

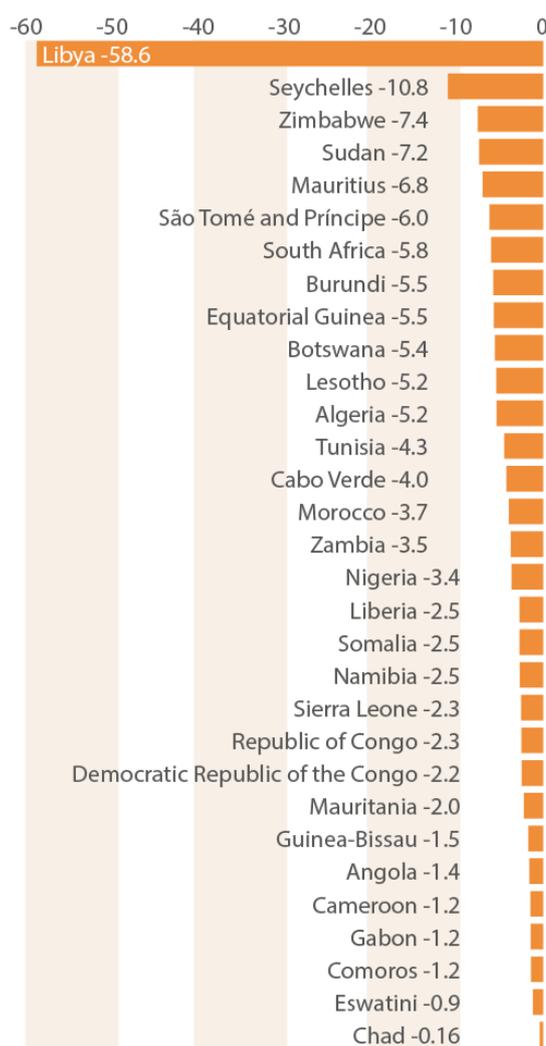# Impacts of the pandemic and of measures to combat it

Regional response

In just several weeks, the African Union (AU) has taken action to address the pandemic. Adopted in March 2020, the joint Africa Covid-19 strategy has two objectives: 'Coordinate efforts of Member States, African Union agencies, World Health Organization, and other partners to ensure synergy and minimise duplication' and 'Promote evidence-based public health practice for surveillance, prevention, diagnosis, treatment, and control of Covid-19'. In this order, the AU has established a task force (AFTCOR) steered by the Africa CDC. On 26 March 2020, the AU bureau coordinated African countries' response to the pandemic and their calls to mobilise support and funds from donors and international partners. The AU bureau decided to increase the funding of the Africa CDC and to establish a continental anti-Covid-19 fund. Additionally, the African Development Bank has announced several initiatives to address the consequences of the pandemic: a US$2 million grant for the WHO, a US$3 billion social bonds initiative (for projects focused on providing access to vital services), and a US$10 billion facility, including US$3.1 billion for fragile countries and US$1.35 billion for the private sector. Sub-regional African communities and most of the governments of the affected countries have reacted quickly in decreeing measures in line with the Africa CDC recommendations and the WHO guidelines (see examples in the various boxes below). National measures, such as border closures, however, have had a negative effect on trade, medical supply deliveries and peacekeeping operations.

Socio-economic impacts

The **economic impact** is already being felt and is expected to be very severe. According to the most recent biannual Africa Pulse report by the World Bank, published on 9 April 2020, economies in sub-Saharan Africa could lose between US$37 billion and US$79 billion in output in 2020 due to the coronavirus pandemic, and the region could face a 'severe food security crisis', with agricultural production expected to contract between 2.6 % and 7 %. Sub-Saharan Africa is set to experience a recession for the first time in the last 25 years because of the pandemic. The World Bank expects the economic contraction to be in the range of -2.1 % to -5.1 % in 2020, after the economy of the region grew by 2.4 % in 2019. The massive loss in economic output will be due to a combination of factors: the sharp drop in commodity prices, particularly oil, but also minerals; the disruption of international trade and global supply chains that will hit exporters; the local economic disruption caused by the

confinement measures; as well as a reduction in international capital flows, including lower remittances, lower investments, capital flight and possibly less development aid. Tourism has been severely affected; as a result, an important foreign exchange source for several African countries has dried up. Several African central banks, including those of Egypt, Kenya, Ghana, Morocco, Namibia and South Africa, are trying to respond aggressively by cutting their interest rates. Nigeria's central bank has devalued the national currency in response to the drop in oil prices. Oil is the main sources of Nigeria's foreign currency.

Figure 2 – African countries whose GDP is expected to contract in 2020 (%)

Country	%
Libya	-58.6
Seychelles	-10.8
Zimbabwe	-7.4
Sudan	-7.2
Mauritius	-6.8
São Tomé and Príncipe	-6.0
South Africa	-5.8
Burundi	-5.5
Equatorial Guinea	-5.5
Botswana	-5.4
Lesotho	-5.2
Algeria	-5.2
Tunisia	-4.3
Cabo Verde	-4.0
Morocco	-3.7
Zambia	-3.5
Nigeria	-3.4
Liberia	-2.5
Somalia	-2.5
Namibia	-2.5
Sierra Leone	-2.3
Republic of Congo	-2.3
Democratic Republic of the Congo	-2.2
Mauritania	-2.0
Guinea-Bissau	-1.5
Angola	-1.4
Cameroon	-1.2
Gabon	-1.2
Comoros	-1.2
Eswatini	-0.9
Chad	-0.16

Data source: IMF, April 2020.

Several African countries have already been hit severely by the impact of the coronavirus pandemic through the depreciation of oil and other commodities. Africa's biggest oil and minerals exporters, including Nigeria, Algeria and South Africa, are expected to be the most affected, with a GDP contraction of 3.4 %, 5.2 % and 5.8 % respectively in 2020, according to IMF estimates. Nigeria's budget revenues in 2020 could contract by 40 % if oil prices stay low. Algeria is another country likely to be severely affected by the fall in oil prices. The country's economy had already suffered under the prolonged political stand-off in 2019 related to the Hirak (the Revolution of Smiles) Movement of popular protest that opposed Abdelaziz Bouteflika's candidacy for yet another presidential term and demanded wide-ranging political reforms. The country has cut its budget by 30 % and its foreign currency reserves are rapidly drying up. The impact of oil prices is also being felt in Angola, the Republic of Congo and other oil exporters. Most severely affected will be Libya, a country devastated by civil war and highly dependent on oil for public revenues.

Exporters of other products, including agricultural ones, are also feeling the effect of disruptions. For example, Kenyan fish exporters to China have been hit hard because of bans imposed by China. Exporters of cotton or textile products, such as Ethiopia, Kenya, Mali, Morocco and Tunisia, have also been seriously affected by disrupted supply chains and lower demand in developed economies. Island states that are dependent on tourism and are well-integrated into global production chains, such as Mauritius and Cabo Verde, will be severely affected too (see Figure 2). Not all countries will see their economies contract; many, particularly in eastern Africa, are expected to witness continuing economic growth, albeit at slower rates. That said, Africa needs higher economic growth to keep pace with its dynamic demographic development that ushers millions of young people into the labour market each year.

Most governments have imposed lockdown or curfew on parts, or the entirety, of their territory. Confinement measures are taking a heavy toll on many workers, particularly informal ones. The percentage of workers employed in sectors considered at risk because of the coronavirus pandemic is lower in Africa than in other regions, at 26 % compared to a world average of 37.5 %, according to the International Labour Organization (ILO). However, Africa has the highest level of labour informality in the world and very low levels of social protection, putting its labour force at particular risk. According to an Oxfam report, the pandemic could wipe out 30 years of progress on fighting poverty in sub-Saharan Africa.

Food shortages in times of large-scale diseases pose a serious risk to Africa, as Ebola in west Africa showed, by severely reducing agricultural production, disrupting flows and trade, and limiting demand for food, because consumers did not have the money to pay for it. All this caused food prices to spike. This time, agricultural production could contract by between 2.6 % and 7 %, according to the World Bank. Lockdown profoundly disrupts farmers' daily food supplies – vital for food security as they are – to markets and cities. Since many Africans have no access to electricity, they cannot store much food and therefore need to buy daily. Moreover, African countries also rely on food imports to a significant extent. At the same time, some major food exporting countries have imposed restrictions on their exports. Certain basic food exports, such as those of wheat and rice, are heavily concentrated in a small number of exporting countries, compounding any potential shortages. A side effect can be political instability in poor African countries, as happened due to food price increases during the 2007-2008 global food crisis. However, unlike back then, for the time being at least, staple food – especially cereals, which are very important for poorer countries – is available in sufficient quantities, due to very good yields in the previous season. This time, access to food will be the main problem confronting the poor. With many activities brought to a halt by the pandemic, they will have no money to buy food. To make matters worse, possible cuts in humanitarian aid could increase the risk of famine in several countries that rely considerably on international food aid. According to the FAO, in March 2020 out of 44 countries in the world requiring external food assistance, 34 were in Africa, including all eastern African countries other than Rwanda. Food security is already at risk in eastern Africa because of an ongoing locust infestation.

Greater Horn of Africa: To combat the locust infestation or the pandemic as a priority?

In East Africa, measures to contain the coronavirus pandemic are complicating the fight against locusts. Since the beginning of the year, billions of desert locusts have been invading a dozen countries in East Africa, especially Ethiopia, Somalia and Kenya. The worst outbreak since the mid-20th century has infested hundreds of hectares of land, thus severely aggravating food insecurity. East Africa's Intergovernmental Authority on Development (IGAD) and the FAO support governments by providing aircraft, pesticides and other means to monitor and combat the insects. While surveillance and spraying are still authorised in the field, lockdown measures implemented in other countries are slowing down FAO shipments of pesticides and materials, notably from South Africa. Food insecurity provoked by locust swarms has often taken the shape of a humanitarian catastrophe.

As part of a regional strategy to fight the pandemic, IGAD Heads of State or Government have decided to establish a regional emergency fund, and called on international donors to help them strengthen their countries' health systems and develop local production of medicines and medical devices. However, east African states' anti-coronavirus measures are strongly divergent: Kenya has introduced tight restrictions, while political considerations have delayed such measures in Burundi and Tanzania, where general elections are planned respectively in May and October.

Millions living in big cities, whether in Nigeria, Kenya or South Africa, are already facing hunger because of lockdown. Several governments and organisations have been distributing food aid, yet resources have not been sufficient to respond to everybody's needs. This has led to violent incidents, for instance in Cape Town's and in Nairobi's slums.

Taking into account the economic situation in many urban settings, as well as the population density that makes real confinement impossible, critics point out that extensive lockdown in Africa

is both inefficient and counter-productive. Without running water at home, many Africans have to go out daily to search for water, not to mention the need to work to be able to buy food. According to commentators, the continent should not imitate what other countries are doing, but develop its own approach to deal with the pandemic. One proposal is to impose more limited restrictions rather than total lockdown and to work more with local leaders and associations. Prevention, identification of cases and other medical measures must take place directly in the community, particularly where social distancing is impossible; this is already being done in South Africa.

Africa's two largest economies – Nigeria and South Africa – are particularly vulnerable

Even if **Nigeria**'s number of Covid-19 cases is still low, a combination of factors makes this country particularly exposed to the current crisis. The crisis compounds a very precarious domestic security situation related to increased attacks by Boko Haram insurgents in the north-east. Boko Haram is also trying to exploit the situation to boost its image. Combined with other security risks, such as an inter-ethnic conflict in the Middle Belt, this puts further strain on security forces already stretched thin, to enforce lockdown and other coronavirus-related preventive measures. Due to the insecurity and the internal conflict, Nigeria hosts one of the biggest internally displaced populations on the continent (see Figure 3 below), living in crowded camps in very precarious conditions. Low oil prices have had a devastating effect on a country that has been highly reliant on oil for its budget revenues and foreign currency inflows. As a result of the crisis, Nigeria has had to devalue its currency, thus limiting its capacity to import food. Yet again, Nigeria is home to Africa's biggest city, Lagos, where many of its over 13 million inhabitants live crammed together in poor and often unhygienic neighbourhoods. The strict lockdown imposed by the federal government to prevent the spread of the virus in Lagos, in the capital city Abuja, and in Ogun State adjacent to Lagos, has caused massive economic hardship and social instability. Criminal violence by gangs made up of hungry people in cities in lockdown is on the rise, causing widespread insecurity. Nigeria's biggest hope in fighting the pandemic resides in its capacity to prevent similar dramatic outbreaks. The country was very successful in avoiding an Ebola epidemic in 2014, by reacting promptly and efficiently once the first case was discovered. This time, Nigerian scientists have been able to produce the first sequencing of the coronavirus genome in Africa from the first patient identified in the country.

With over 7 000 confirmed Covid-19 cases, **South Africa** has been among Africa's hardest-hit states. Its first case was detected on 5 March. On 15 March, the country's president declared a state of disaster. Unlike a state of emergency, a state of disaster is not provided for in the constitution, but in the Disaster Management Act 2002. It allows certain rights to be curtailed, but subject to judicial review if this curtailment conflicts with the Bill of Rights. Under the state of disaster, the government has adopted a range of measures, including banning travel to and from high-risk countries, prohibiting large gatherings, and closing land borders and schools. On 27 March, a complete lockdown came into force for three weeks, limiting all non-essential activities. Sales of alcohol and cigarettes were also prohibited. South Africa is particularly vulnerable because a significant part of its population suffers from health issues, particularly HIV and tuberculosis, which make it particularly vulnerable to Covid-19. According to the UN Programme on HIV and AIDS (UNAIDS), 20 % of South Africa's population was living with HIV in 2018. According to WHO, the prevalence of tuberculosis in South Africa is around 0.5 %, one of the highest in the world. The government's failure to react appropriately to the HIV epidemic, particularly under former President Thabo Mbeki, who publicly denied any link between HIV and AIDS, is still haunting South African public health policy. The lessons learnt and knowledge acquired likely explain the very fast and drastic measures adopted in the current crisis. Mbeki's approach two decades ago was blamed for 300 000 deaths. The social risks associated with the lockdown are serious. Even before the pandemic, the unemployment rate was already almost 30 %. Tourism generated many of the existing jobs, with one in 23 South African jobs having being created within the sector before the crisis. Furthermore, the national economy is likely to be seriously affected too, with revenues from mining decreasing significantly. GDP is expected to go down by 5.8 % in 2020, according to the IMF's latest World Economic Outlook. The drastic measures imposed by the government have proven effective at curbing the spread of the disease, but social discontent is on the rise.

Security, democracy and human rights threatened

With very few exceptions, almost all African countries have adopted legislative measures to deal with the pandemic. According to a platform that tracks coronavirus-related legislative measures in

the world, most countries have prohibited assemblies and at least 31 in sub-Saharan Africa imposed curfews or total lockdown.

While curtailing certain human rights on public emergency grounds is legitimate under international law, restrictions must remain proportionate, necessary to the attainment of the objective pursued and temporary. However, many of the legislative measures adopted are indefinite in nature, which raises concerns that they could be abused by those in power after the pandemic is over. Another concern relates to the way measures are enforced; there are reports of security forces using undue violence to force people to comply with the measures adopted. Across the continent, several civilians have lost their lives in shootings by police trying to enforce lockdown. Furthermore, armed groups have demonstrated their willingness to take advantage of the additional destabilisation caused by the pandemic in fragile states, both by ideological means and by committing deadly attacks against ordinary people and soldiers (see box on the Sahel). There is also a risk the disease will spread unchecked in the territories they control.

Numerous countries have curtailed freedom of expression in various ways in relation to the pandemic. Some have gone so far as to impose criminal penalties on those spreading false information for the purpose of undermining the governments' efforts to fight the pandemic; such has been the case in South Africa, Zimbabwe and Morocco. South Africa has adopted new legislation making dissemination of 'fake news' about the coronavirus in the media, including social media, punishable by a maximum of six months in prison or a fine. According to Reporters Without Borders, 'Zimbabwe is currently Africa's biggest press freedom violator in connection with coronavirus crisis'. Egypt's media regulator has restricted access to news websites and social media accounts over their alleged spreading of 'rumours' about the pandemic. Legitimate restrictions have to strike a fine balance. Misinformation can undermine the governments' efforts to fight the pandemic. Africa is particularly vulnerable to false rumours spreading easily and fast for a multitude of reasons, among them low literacy rates, questionable editorial standards and Africa's very young population getting most of its information from social networks.

The coronavirus pandemic has also had an impact on elections. Ethiopia, which has recently faced considerable political turmoil, has decided to postpone its parliamentary elections, initially scheduled for August. These elections should be decisive in consolidating the political progress achieved under the current administration. While it may be legitimate to postpone elections because of disease-related concerns, there is a risk that undemocratic rulers might abuse the situation to stay in power. According to critics, this may be the case with Malawi's incumbent President, Peter Mutharika, after the Constitutional Court in February annulled the May 2019 presidential poll, won by Mutharika, and ordered a re-run, because of grave and widespread irregularities.

The Sahel: Enforcing anti-coronavirus measures is beyond the capacity of most authorities

In the Sahel countries (Senegal, the Gambia and the G5 Sahel countries), the pandemic has made the situation of the population even more precarious. According to the UN World Food Programme (WFP), food insecurity in Burkina Faso, Mali and Niger now affects 5 million people; in Burkina Faso alone, the WFP estimates that this number stands at 19 million, an increase by 77 % since 2019. Governments – and non-state armed groups' security forces in the areas under their control – struggle to enforce containment measures between their porous borders. These measures risk undermining the informal economy, which provides for the livelihood of many. The coronavirus crisis highlights the Sahel states' incapacity to protect their citizens – all the more because prominent leaders are affected, in particular in Burkina Faso – and risks to trigger violent social revolts. Terrorist groups have taken advantage of the states' increased fragility and launched deadly attacks all over the region, but most notably in Chad. While the UN, EU and French operations have committed to remaining in place, they have also been weakened by confirmed Covid-19 cases among their troops, and their movement has been limited by precautionary measures. Despite armed attacks and the coronavirus outbreak, Mali launched its first round of elections for the legislature on 9 April, but only one in three registered voters took part in the polls. Senegal has reportedly managed the crisis successfully and rapidly, halting air traffic and confining the first Covid-19 cases (some of whom were treated with hydroxychloroquine, despite the absence of conclusive scientific evidence that it helps against the disease).

Coronavirus in humanitarian situations

Figure 3 – African countries hosting more than 100 000 refugees, internally displaced persons and others of concern in mid-2019
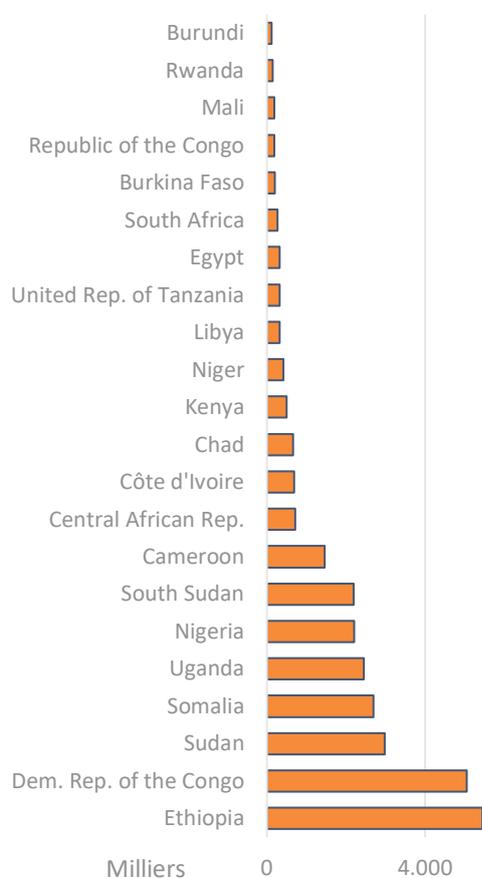
Data source: UNHCR, February 2020.

Africa is among the regions hosting the highest number of refugees and internally displaced persons (IDPs) in the world. According to the latest available data (from mid-2019), out of 80 million displaced persons in the world, Africa has 30 million. Most live in crowded camps where social distancing is impossible, with very limited access to sanitation and medical assistance. Some of these camps face a constant threat of violence from armed groups, for instance, in Somalia and north-east Nigeria, which makes access to them by humanitarian organisations more difficult. Many of the countries hosting big refugee and internally displaced populations have been in situations of chronic instability, which has weakened and strained their medical systems, as has been the case in Somalia, South Sudan and the DR Congo (the latter however having done remarkably well in fighting the Ebola epidemic, given its capacity). These countries are ill-equipped to handle the pandemic and have very limited possibilities for conducting tests and offering intensive care treatment. In the Sahel, where security challenges are enormous, the coronavirus, when it spreads in the conflict areas, puts a lot of strain on refugees and IDPs – such as in Mali, Nigeria and Burkina Faso – who are already in a very precarious situation. In Burkina Faso, many have fled repeated attacks by terrorists. The UNHCR describes the situation there as the 'world's fastest-growing displacement crisis [where] close to 840 000 people have been displaced by conflict and drought in the last 16 months'.

International and EU response

International response

In April 2020, the UN Office for the Coordination of Humanitarian Affairs estimated provisionally and for a limited number of countries concerned, that US$2.01 billion are needed to help the world's poorest countries fight the pandemic and to protect the most vulnerable from its consequences. In his foreword to the Global humanitarian response plan against Covid-19, the UN Secretary-General insisted that the above-mentioned funding should not be diverted from ongoing core humanitarian operations. This funding represents a small portion of global Covid-19-related funding, for which most donor governments and multilateral organisations have entrusted their funds (not specifically dedicated to African countries) to WHO. Bilateral initiatives by third countries have been less under the spotlight, except those undertaken by China. In a video meeting on 10 March 2020 between China's foreign minister and those of most African countries, China was quick to pledge solidarity

with Africa. Since the outbreak, China has dispatched dozens of tons of testing supplies and protective equipment to over 20 African countries and set up field hospitals in Algeria and Zimbabwe. Broad media coverage backed this campaign and the Chinese government condemned demonstrations of hostility against Africans in China.

Among other initiatives, the Global Fund, a multi-donor public–private partnership, has allowed countries to use part of the funds, infrastructures and capacities it supports with its grants – initially donated on the condition that they focus on the fight against HIV, tuberculosis and malaria – for their response to the pandemic. Philanthropic foundations have also stepped in: the largest one, the Bill and Melinda Gates Foundation, has provided technical assistance to Africa CDC on Covid-19 surveillance and testing. The founder of the Ali Baba group, the most important Chinese business-to-business group, has provided protective equipment and testing kits to several African countries, a 'generous donation' for which he was officially thanked by the IGAD heads of state or government.

Financial aid initiatives

Even without the pandemic, several African countries were likely to experience difficulties financing their external debt during 2020. Almost all African countries are severely indebted. Several African leaders, including South Africa's President, Cyril Ramaphosa, Ethiopia's Prime Minister, Abiy Ahmed, and Rwanda's President, Paul Kagame, have called for substantial financial aid to be delivered to Africa to overcome the current economic and health crisis. On 25 March, the World Bank Group and the International Monetary Fund (IMF) issued a joint statement urging the G20 to provide debt relief to the poorest countries. On 14 April, almost 20 European and African leaders issued a joint appeal for an urgent debt moratorium, and a health and economic aid package for Africa. On 13 April, the IMF approved debt service relief under an emergency facility to 25 of its member countries, 18 of which are African. The G20 group agreed on 15 April on a moratorium on the debt of lower-income countries to help them deal with the coronavirus crisis. This agreement is important, as it includes China – the biggest bilateral creditor to such countries. Partial or full cancelation of debt would however be more complicated than it was in 1996, when the World Bank launched the Heavily Indebted Poor Countries (HIPC) debt relief programme. Debt was then owned mostly by the governments of wealthy countries. Today, besides China, African debt is owned, to a considerable extent, by numerous private creditors that have purchased Eurobonds emitted by African governments over recent years. Chinese involvement in any debt relief will therefore be vital and unavoidable, but so far China has not been forthcoming in providing debt relief. It remains to be seen whether China will forbear unpaid African debts or seize assets in compensation for its loans.

The EU response

On 8 April 2020, EU development ministers announced the adoption of a Team Europe package to support the most vulnerable partner countries' fight against the coronavirus pandemic and its impacts, with over €20 billion from EU and Member States' funds, including €15.6 billion from the EU budget, the European Development Fund, the European Investment Bank and the European Bank for Reconstruction and Development. Budgetary reserves are small, as the current EU multiannual financial framework and European Development Fund (EDF) are coming to an end on 31 December 2020, and the above amount is not fresh money. It reallocates existing resources, uncommitted or previously committed for programmes delayed due to the pandemic. EU development ministers declared that the EU team 'will focus on the people most at risk, including children, women, the elderly, and disabled people, as well as migrants, refugees, internally displaced persons and their host communities'. Out of the €15.6 billion from the EU pledge, €502 million has already been used to finance emergency response; €2.8 billion will help to strengthening medical capacities, research and sanitation; the bulk of the package, €12.28 billion, will address the economic and social consequences. Africa will get €3.25 billion of the €15.6 billion (€2.06 billion for sub-Saharan Africa and €1.19 billion for the North African countries).

The European Parliament calls for solidarity

The European Parliament, in particular its committees in charge of external policies and budget, has called for providing immediate humanitarian aid to fragile countries, adopting longer-term measures to mitigate the social impacts of the crisis on them, and strengthening their health systems. This support was expressed on 24 March 2020 in a joint letter by the chairs of the Foreign Affairs, Development and Budget Committees to the EU High Representative of for Foreign Affairs and Security and the Commissioners. A similar call was made on 1 April 2020 by the chair of the EP's Delegation to the ACP-EU Joint Parliamentary Assembly, and the chair of the Parliament's Committee on Development. For this solidarity to quickly translate into action, members of the Budget Committee called on 2 April 2020 for a contingency plan for the 2021 budget, 'able to address the immediate consequences of the Corona emergency, in line with the positive steps being taken in the 2020 budget in terms of reorientation and reinforcements of existing instruments.' This plan is needed because of the probable delay in the adoption of the 2021-2027 multiannual financial framework, which the MEPs wish to see better adapted to the global situation vis-a-vis the pandemic.

Outlook

The need to address the weaknesses of the African economic, agricultural and medical systems is more urgent than ever. Solutions that had already been advocated before the crisis by international and regional organisations, as well as by various researchers, have again come under the spotlight. African countries need to diversify their economies to reduce their dependence on a single export or a few exports that are very sensitive to global price variations. Access to health care has to be extended and health capacities strengthened: the efforts made after the Ebola epidemic, such as the establishment of the Africa CDC, are now paying off. Social safety nets need to be strengthened to cover Africa's numerous informal workers. As everywhere else, the use and integration of digital technologies in various sectors is expected to expand on a continent that had already been at the frontline of adopting new technologies to catch up in various areas. Reducing dependency on food imports and food aid should be prioritised. Developing intra-regional and continental trade – an objective long supported by the EU – could boost African food trade and production.

The crisis has created new challenges and opportunities for EU-Africa relations. EU leaders, together with their African counterparts, have been among the first to call for a debt moratorium and a financial aid package for Africa. The think-tank Centre for European Policy Studies proposes that EU creditor countries should take the lead in cancelling Africa's debts and set an example to other creditors, such as China. The current situation also has the potential to boost initiatives that are already under way. Already before the crisis, the EU had been focusing its efforts on building a new economic partnership with Africa through a series of policies, such as trade liberalisation, large-scale investment plans and comprehensive initiatives to create jobs. This can also be a moment of reflection for African countries that have been reluctant to take the EU's proposals on board, such as Nigeria, which feared a free-trade relationship would undermine its industrialisation ambitions. Having failed to diversify its industry and being highly dependent on oil exports, it is, however, particularly vulnerable in the current situation. Stronger economic links between EU and Africa would provide the latter with an alternative to China's ambitions to expand its influence on the continent, particularly given that China will likely try to boost its exchanges with Africa to make up for the economic fall-out of the crisis at home. China has rushed to deploy its 'mask diplomacy' in the coronavirus crisis and to present itself as a humanitarian leader, but doubts are emerging in developing countries about its good will.

At the same time, due the current crisis it is imperative to refocus EU-Africa cooperation on health and social issues related to the pandemic. The EU High Representative has highlighted that the need to fight against the pandemic and its consequences at global level is a clear argument for multilateralism. EU global action against the coronavirus pandemic needs to be coordinated with other international initiatives, in order not to compete with action in the Member States and not to supersede current EU development cooperation priorities with coronavirus-related measures. The

EU and international partners also have an essential role not only to help tackle the pandemic but also to reinforce dialogue with civil society and credible political groups. This will allow to mitigate the impacts of disinformation and despair and to better foresee future political changes in African countries. The new comprehensive strategy the EU has recently proposed to Africa could be the appropriate tool to rethink the interlinkages between the Covid-19 response and longer-term EU policies towards Africa. To this end, the priorities of this proposed strategy would need to be redefined, and the health-related and wider social aspects given greater attention. Based on the priorities defined in the new EU strategy with Africa, particularly the objective relating to peace and governance, cooperation in this area needs by all means to take into account the additional challenges created for Africa's fragile political systems by the emergency measures taken in response to the pandemic. The latter has also had severe consequences for populations that are already being discriminated against. For instance, it has unleashed hate speech against LGBTI people, foreign and local communities. Lockdown measures have led to increased violence against women and abuse of boys and girls. To help tackle this surge in abuse, part of the EU package will be used to help strengthen social services, police and justice in order to address escalating violence against populations at risk.

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