



# Africa and Covid-19: Where Do We Go from Here?



## Executive Summary

Africa was one of the last regions to be hit by the pandemic; it gave leaders and regional organisations a head start in setting up strategies to mitigate the spread of Covid-19. Nonetheless, the efforts must not stop there. Initially, it seemed like African countries have been spared the Covid-19 devastation that some experts predicted. Although statistics show that Africa's death toll is lower than other regions, concerns have begun to arise as infections multiply and newer variants spread. Countries are experiencing severe second and third waves of the pandemic, with the most affected being Uganda, the Democratic Republic of Congo, Namibia, Zambia, Rwanda, and Tunisia. Unfortunately, global vaccine inequity has placed Africa behind in the vaccine rollouts.

Once the outbreak subsides, African leaders must invest in research and policy responses that mitigate future outbreaks and deliver high-quality healthcare to Africans in secure environments. We suggest that regardless of Africa's relative success in managing the virus, moving ahead, the continent needs not just a collection of policies but also a strategy that integrates emergency disease outbreaks into continental structures.

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## Introduction

The first case of Covid-19 in Africa was reported on 14 February 2020 in Egypt (Egypt Today, 2020). Within three months, the pandemic had spread across 54 countries, with Lesotho as the last African country to report a case (Reuters, 2020). By then, Asia, Europe and North America had already witnessed increasing outbreaks. The fact that Africa was one of the last regions to be hit by the pandemic gave leaders and regional organisations a head start in setting up mitigation strategies to prevent the spread of Covid-19. They had observed the speed and intensity of the infection unfolding in China, Italy, Germany, and other countries. As the spread and challenge of containing the virus grew in the so-called 'Developed Nations', experts preoccupied themselves with forecasts for Africa.

Fortunately, the forecasts did not materialise as predicted. Although the legitimacy of the statistics can be debated, casualties remained lower than previously assumed. Since the beginning of 2021, African countries are undergoing severe second and third waves of the pandemic. The World Health Organisation (WHO) has warned that the current wave of the pandemic sweeping the continent could worsen as the infection rates of new and faster spreading variants intensify (Mwai, 2021). The disparity in economic resources has translated into limited access to vaccines. While countries

like the United States, Canada, and the United Kingdom have procured enough vaccines for their populations, African countries have enough for merely half of their population. As of June 2021, only 2 per cent of the population in the entire continent had been vaccinated.

Over the course of the pandemic, the African Union (AU) and its agencies, in collaboration with Africa Centres for Disease Control and Prevention (**Africa CDC**), have been instrumental in monitoring, reporting, and providing necessary public health facilities to mitigate the spread of the virus. There have been efforts to ensure that Covid-19 vaccines are secured, and trained community health workers are dispersed across member states. In addition, a Covid-19 fund to strengthen the response to the pandemic has been set up, and Partnerships for Africa Vaccine Manufacturing (PAVM) has been recently launched to cater to the manufacturing, procurement, financing, delivery, and delivery uptake of potential vaccines during future outbreaks and pandemics.

As laudable as these efforts are, African leaders and regional organisations must think beyond the current pandemic to fashion out policies that will cushion the effects of a pandemic across other spheres of life. Once the outbreak subsides, African leaders must invest in research and policy responses that mitigate future outbreaks and deliver high-quality healthcare to

Africans in secure environments. We suggest that regardless of Africa's relative success in managing the virus, the continent in the future needs not just a collection of policies but also a strategy that integrates emergency disease outbreaks into continental structures.

## **Africa's 'Dooms-Event' Predictions**

Once China confirmed its first cases of Covid-19, experts turned their attention to Africa, seeking to answer, "how will Africa survive this"? Given that the continent is often considered a hotbed of diseases, answers to this question predicted the virus to devastate the continent's population. Francesco Checchi, a professor at the London School of Hygiene and Tropical Medicine, said in a Deutsche Welle interview that "The current forecasts for the pandemic in Africa are based on evaluations of the Covid-19 in Europe and China. In Africa, however, the situation could develop differently. If we look at the prognosis for infections in Africa, it is clear – with a few exceptions like South Africa – that we are standing in front of a huge mountain" (Schwikowski, 2020). The Economic Commission for Africa was even more grimly specific, stating that depending on responses adopted, "anywhere between 300,000 and 3.3 million African people could lose their lives as a direct result of Covid-19" (Economic

Commission for Africa, 2020, p. V). Luckily, these predictions have been starkly inaccurate.

There are reasons why experts made these predictions. Besides colonial and unreflective assumptions that sometimes cloud even scholarly discussions of Africa, the projections, given the challenges in Africa's health sector, were not entirely baseless. Health emergency systems are considered subpar (Bouso, 2019), and infrastructural deficits have meant many Africans have limited access to high-quality healthcare, sometimes delivered in ill-equipped, understaffed facilities (Essien & Asamoah, 2020; Oleribe et al., 2019).

Overcrowding, an enabler for the spread of Covid-19, is common in cities like Lagos, Nairobi, Luanda, making protocols like physical distancing challenging to follow. At the same time, inadequate sanitation facilities inhibit the effectiveness of hygiene routines (Iroulo & Boateng, 2020). Scientists were concerned that millions of Africans who work in crowded markets of the continent's large informal economy were at a risk of rapid infection. In effect, the epidemiologists, economists, and researchers who predicted devastation 'knew what they were saying' as experts - although they got it wrong and are allowed to make mistakes.

## Current Hypotheses on Africa's Puzzle

Since Africa beat the grim expectations, scientists and policymakers have proposed multiple explanations. Scientists have hypothesised that some Africans, through a knock-on immunity, may have antibodies against Covid-19, possibly from other viral infections (Lone & Ahmad, 2020). More specifically, tests conducted in Kenya by the Kenya Medical Research Institute and the Malawi-Liverpool Wellcome Trust found Covid-19 antibodies in about 15 per cent of those tested, indicating previous infection (Uyoga et al., 2020). This means that Covid-19 may have silently spread in Africa before it became a pandemic. Another scientific hypothesis is that the virus has a short life span at high temperatures (Chin et al., 2020), suggesting that parts of tropical regions may see lower virus survival and infection rates.

It is also argued that Africa's young population with stronger immune systems and fewer comorbidities may explain the continent's low infection and fatality rates. (Diop et al., 2020). Compared with Europe or the United States, where healthcare professionals confirm that most Covid-19 deaths have occurred among older adults with underlying health conditions (Soy, 2020), the demographic factor seems plausible.

Time also favoured Africa, one of the last regions to be hit by the pandemic. Authorities had a head start to plan and implement mitigating measures. By the time Egypt confirmed its first case of Covid-19 in February 2020, most African countries had readied restrictions on international travel, closure of international borders, and other mitigation protocols. Although the appropriateness of such strategies in the African context and their enforcement mechanisms are criticised, they helped slow the spread of the virus on the continent.

Africa is also relatively isolated from the world's major air traffic routes, which often shape the spread of pandemics. The implication is that external outbreaks take time to reach Africa. For instance, the 2002-2003 SARS outbreak did not reach Africa until five months after it started in China. Similarly, the 2009 H1N1 virus reached Africa only after it had spread to over 60 countries and two months after it started in Mexico (Ryder & Lynch, 2020). If this hypothesis holds, it possibly explains why outbreaks that begin on the continent hardly spread to other regions.

Like the 2014-2016 Ebola outbreak, previous viral epidemics forced African authorities to mobilise health responders, create new institutions like the Africa CDC, and participate in reforms like the Joint Health Evaluations (Ihekweazu & Agogo, 2020). The latter

identified priority areas to strengthen health emergency response, and experience from managing previous outbreaks helped countries concretise the use of mitigation protocols like travel restrictions, physical distancing, diagnostics, and therapeutics that have been deployed against Covid-19.

Decisive leadership at the continental, sub-regional and national levels were swift and effective to avoid a situation that would overwhelm healthcare systems. In collaboration with the African Union, national governments, global and private sectors, the Africa CDC raised funds for Covid-19 response, including research, procurement of diagnostic supplies, production of PPEs and the dispatch of healthcare workers.

Civil obedience and domestic mobilisation were crucial for sensitisation. A poll of 24,000 respondents in 18 African countries found that 85 per cent of them adhered to protocols issued by the state (Soy, 2020). Correspondingly, people took the health threat seriously. For instance, bus drivers in Nairobi sprayed passengers' hands with sanitisers before boarding, and many small businesses and shops mounted veronica buckets for customer handwashing (Pilling & Faunce, 2020). Most Africans are aware of the lack of both healthcare facilities and universal healthcare coverage, and

this awareness may have encouraged self-help measures in addition to government policies.

However, there are mounting concerns as severe waves of infections hit 23 countries, with a new variant intensifying the spread. Among the 23 most affected are Uganda, the Democratic Republic of Congo, Namibia, Zambia, Rwanda, and Tunisia. The Africa CDC has reported that over the past month (June 2021), new cases rose by 28 per cent weekly - the worst recorded rise (Mwai, 2021). Additional reports show that there has been a significant increase in the death rate. South Africa has the highest death toll so far.<sup>1</sup> Experts have advised that an intensive rollout of vaccinations is necessary to curb the spread of the virus, but the economic disparity and power relations in global governance has further widened the vaccine inequality gap.

As of February 2021, countries like the US, Canada and the UK had secured between 3 to 9 doses per person for their populations, while the African Union had only 270 million doses to provide only one jab for 20 per cent of its population (The Guardian, 2021). The UK ordered 370 million doses which were more than five times that of its population.<sup>2</sup> Scientists have labelled this phenomenon as 'Vaccination Nationalism' (Liao, 2021) - where richer countries are buying and hoarding vaccines,

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<sup>1</sup> For up-to-date information on Covid-19 cases, deaths and recoveries in Africa see: [Coronavirus Disease 2019 \(COVID-19\) - Africa CDC](#)

<sup>2</sup> [The Guardian Statistics](#)

African countries have to depend on Covid-19 Vaccines Global Access (COVAX), the WHO and the Coalition for Epidemic Preparedness Innovations (CEPI). As a result of the scarcity, most Africans who have received their first shots are unsure about the availability of the second dose (Reuters, 2021). According to the WHO, Africa needs 200 million doses to vaccinate 10 per cent of its population by the end of September. The continent desperately needs to move away from dependence strategies to self-help and sustainable mechanisms if it intends to tackle the current and future pandemics.

## Policy Recommendations

Through a combination of demographic advantage, time, geography, decisive leadership and perhaps luck, African countries seem to have escaped the more catastrophic consequences of Covid-19. Still, governments must exercise caution, mainly because the virus can linger for years and eventually infect about 44 million Africans (World Health Organization, 2020). Therefore, what is needed is a long-term strategy that combines scientific knowledge and decisive policy leadership prioritising health emergency responses. Authorities can achieve this through a combination of the following initiatives. We make these recommendations on two bases. First, the expectation that through the AU's Agenda 2063, the Africa Continental Free Trade

Agreement, and specialised agencies like the Africa CDC, authorities will speed up Africa's integration. Second, as the previous and current outbreaks show, pandemics are best mitigated in international and transnational contexts.

The first base highlights that emergency health research must be integrated into continental policy. As globalisation increases, the continent will become more exposed to outbreaks that current structures may fail to mitigate without time and space advantages. We, therefore, need to control rapid and wide-spreading pandemics by equipping scientists with the necessary resources to research, forecast, and recommend mitigation strategies. The Africa CDC, which is emerging as the science leader on the continent, should reinforce coordination of current research and forge strategic partnerships with universities and centres across the continent to integrate science and policy in emergency health management. Research findings and mitigation measures should be swiftly disseminated across sub-regional and national levels to ensure Africa has a head start over future pandemics.

Another critical step is for African authorities to invest in vaccine research. As of 3 February 2021, 68 countries had commenced vaccine rollouts, while only four African countries had begun vaccinations (McSweeney & Chingono, 2021). We observe a laudable first step in launching the Partnerships for Africa Vaccine

Manufacturing (PAVM) to cater to the manufacturing, procurement, financing, delivery and uptake of potential vaccines during future outbreaks and pandemics. Simultaneously, since accusations of 'hoarding' by Western nations grew, COVAX was created as an international coalition to ensure equal access to vaccines to all countries. However, considering the continent's population growth compared to others, the pandemic has shown that Africa needs to utilise its resources for virology research and vaccine manufacturing for future outbreaks. African countries are not, and rightfully so, should not be a priority on any foreign country's agenda. While an African vaccine may not come on time for the current outbreak, strategic investment in vaccine research will make African countries less vulnerable to risks, hoarding, and vaccine nationalism from producer countries during future outbreaks.

It is commendable that CDCs across the globe have collaborated quite well to manage Covid-19. The Africa CDC must lead the continent's proper integration into this global network so that scientists and policymakers on the continent have ready access to information on patterns of potential pandemics, including their spatial spread forecast, diagnostics methods, and management protocols. Simultaneously, the CDC must retain and reinforce current response structures at national, regional, and continent levels. This also requires African

governments to re-align health priorities to include epidemic mitigation and staff employment and training matched to air travel demands as part of responsive actions for future outbreaks.

Second, though Africa's young population may have helped shield the continent from the devastation of Covid-19, many are migrating for better economic opportunities in cities where overcrowding is already a concern. Due to this migration, the global share of African urban residents is projected to grow from 11.3 per cent in 2010 to 20.2 per cent by 2050 (Awumbila, 2018; Saghir & Santoro, 2018). Authorities must manage the spatial dimension of future outbreaks. African governments must take control of rural-urban migration and the overcrowding that it breeds. While it will be impossible to stem this flow entirely, public-private partnerships must create economic hubs for each region, province, or state to reduce the risks of overcrowding and epidemic spread.

Third, digital innovations must be leveraged for long-term governance policies. According to WHO, 13 per cent of worldwide digital design targeted for Covid-19 response are from Africa, including the WhatsApp Chatbots in South Africa, self-diagnostic tools in Angola, contact tracing apps in Ghana and Nigeria. Governments should leverage these initiatives for optimum health provision. The Africa CDC

must partner with governments to scale technologies for data analytics, diagnostics, and medical supply delivery. Authorities need to maximise Flutterwave's e-commerce, Safaricom's pioneering mobile money and similar ideas for development as the free trade agreement continues with implementation.

Fourth, African governments need to go back to the drawing board to develop health schemes, and other social welfare packages for citizens - just like Togo used Novissi for cash transfers to help informal workers affected by the pandemic. There needs to be institutionalised social protection programs for the poor, disabled, women, children, and elderly. Vulnerable populations must have reliable social safety nets to depend on during future pandemics.

Fifth, in line with health policies, economic activities also must continue for the state and society to thrive amidst future outbreaks. Therefore, member states must utilise AfCFTA, African Union Development Agency (AUDA), African Development Bank (AfDB) as vehicles to encourage manufacturing. The contraction of the economy observed during the Covid-19 pandemic must be avoided in the future. Authorities should utilise policies and incentives to promote equipment production to resource research institutes, hospitals, and other healthcare facilities across the continent. The AfCFTA should serve as the continental channel

through which resources can be easily accessible to all member states. It is crucial to open green lanes through AfCFTA for essential supplies like personal protective equipment (PPEs), vaccines, and medicines to be researched, produced, and distributed on a continental scale for outbreaks. All the decisions should be based on a sound understanding of the economic impact of Covid-19 and outbreaks on African economies for strategic policymaking.

Sixth, with forecasts about the increasing frequency of pandemics, the African Union must create strategies on the political and conflict implications of epidemics. It must employ the expertise of the AU Political Affairs, Peace and Security (PAPS), Humanitarian and Social Affairs, and the African Peer Review Mechanism (APRM). The APRM must devote a thematic area to health governance. In partnership with the necessary AU bodies, the APRM must monitor and assess how pandemics affect political processes. Policies should forecast disease outbreaks and model scenarios of their interactions with political processes like elections and conflict and then design appropriate mitigation measures.

Since its member states control the AU, these reforms are feasible only if they commit and implement them. Decisive leadership must come from national leaders who must articulate this position, authorise regional organisations to

create blueprints for solutions, and secure the necessary funding for them. Additionally, the success of these recommendations will hinge on national governments' commitment to implement them. Governments must be proactive to avoid the devastating effects of future disease outbreaks on Africans.

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