

Understanding Covid-19 Response Dynamics: Perspectives from Africa

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Executive Summary

It is a well voiced belief that Africa, having survived multiple epidemics like Cholera, Ebola and Malaria, will carry forward the intrinsically built resistance in battling the novel coronavirus. In South Africa, the cases were contained initially because of the well-built immunity of the natives and the heat of the region conjugated with the outreaching healthcare of the area. But a glance of Saharan Africa reveals a starkly different picture, where high mortality due to malaria and hunger is normalised and the social stigma around autopsies which prevents its people from accepting screening and quarantine. The wide lands of Africa battle social and systemic hiccups in battling the COVID-19 pandemic with international aid, solidarity and deficient health infrastructure acting as perfectly opposite vectors.

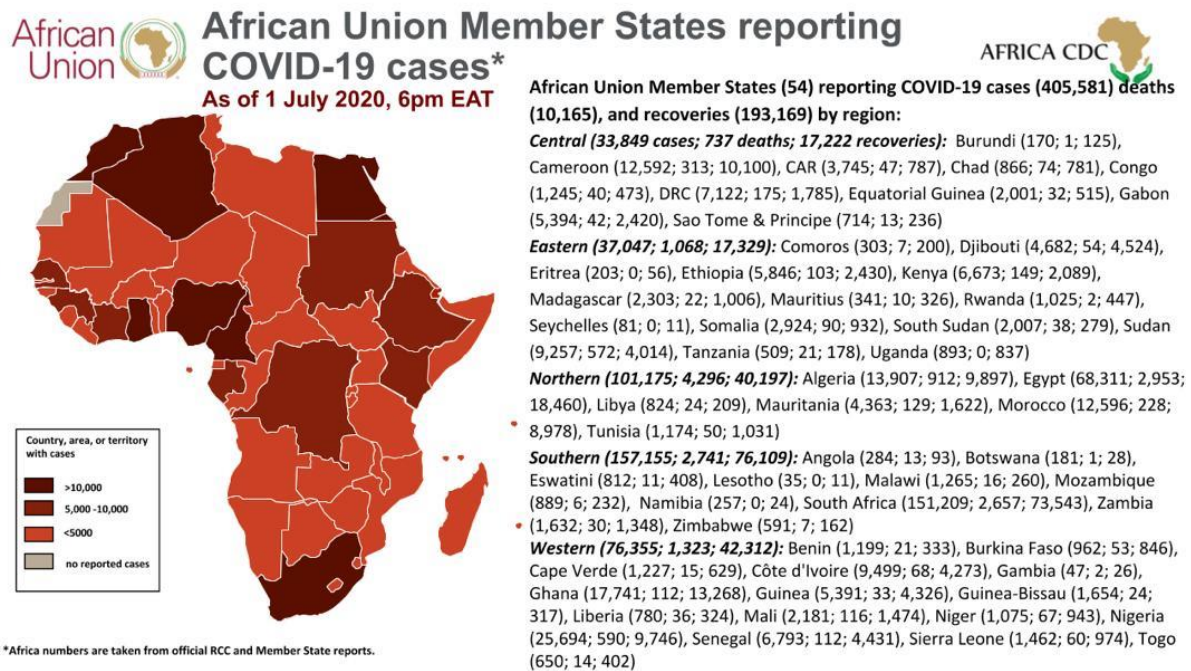
Problem Statement

On 14 February 2020, Africa recorded in Egypt its first case of coronavirus.

On 4 May 2020, there had been an increase to 44,873 in the number of confirmed cases and 1,807 deaths.

As of now, South Africa, Egypt, Nigeria, Ghana and Algeria are the African countries with the largest number of infections at the time of publishing this brief. However, it remains uncertain

whether the pandemic is entirely extensive because of underreported cases and the exactness of the data collection.¹ Africa has reported 405,581 confirmed coronavirus cases with 10,165 deaths, while 193,169 patients have recovered, according to latest data provided by Africa CDC, a technical institution of the African Union strengthening the capacity of Member States to respond quickly and effectively to disease threats.



Source: @AfricaCDC on Twitter

1. Lack of Health Infrastructure

The COVID-19 crisis has certainly added to the pressures of existing fragile health system in African countries. Take the case of Mozambique. With about 2.2 million HIV cases in the country; along with many other diseases like tuberculosis, leprosy, malaria, Cholera, diabetes and many more - The outbreak has affected the medication for existing maladies.

The disparity in medical equipment available to Africa versus OECD countries is telling of the medical disparities of the region, despite receiving billions of dollars in humanitarian aid. The 42 million inhabitants of Uganda with only 55 ICU beds face a disproportionate loss in contrast to the 10.4 million people of Lombardy in Italy having 700 units of the same.² Even

¹ <http://www.oecd.org/coronavirus/policy-responses/covid-19-and-africa-socio-economic-implications-and-policy-responses-96e1b282/>

² <https://www.theigc.org/blog/could-the-economic-cost-outpace-the-health-impact-of-covid-19-in-africa/>

worse is the situation with regard to ventilators that are required to keep people alive: there are less than 20 ventilators each in countries such as Mali, Burkina Faso or Liberia. There are only about 1.2 hospital beds per 1000 people throughout Africa compared to the 6.5 in France, 3.5 in Italy, 3 in Spain, the United States and the United Kingdom. This could lead to mortality from COVID-19 at a similar rate of transmission, as people do not have the required initial treatment in Africa.³

Some experts have also predicted that the health impact of COVID-19 on Africa might be less than in China or in Europe. This is because of the demographic and geographical characteristics of the continent. Consequently, the pandemic has not yet known its full potential impact on health.

2. Economic Challenges

On the economic front, a report from the Confederation of Economic Associations of Mozambique (CTA) mentions that there are 26,000 jobs right now just in the extracting industry which are at risk because of COVID-19.⁴

The consequences of the market for African raw materials and intermediate inputs have already been felt in China, and African nations have had fewer access to industrial components and the region's manufactured goods. In a continent already confronted by widespread geopolitical and economic instability, this can lead to more uncertainty.

More than three-quarters of African exports worldwide focus on natural resources and the effects of any reduction in demand will have a detrimental effect on most of the African economies.

Countries such as the DRC, Zambia, Nigeria and Ghana are exposed in a major way to the risks associated with exports to China of industrial products such as oil, iron ore and copper.

As a result of the virus, this year the Organization of Petroleum Exporting Countries (OPEC) has dramatically reduced its prospects for oil demand.

³ <https://data.worldbank.org/indicator/sh.med.beds.zs>

⁴ <https://clubofmozambique.com/news/covid-19-more-than-26000-workers-in-the-extractive-industry-have-their-jobs-at-risk-in-mozambique-161702/>

In Mozambique, the first case was found in the extractive industry, and following that in northern Mozambique at the site in Palma where they had to significantly decrease the number of staff.

Similarly, in mines where there are extractive rigs, large groups of people and all the employees live onsite, on-camp.

Given the key driver of commodity prices in global economic growth, local prices have been driven by the international impact of the virus. The uncertainty about the effects on local markets of COVID-19 is likely to lead to an increased aversion of investors anticipating its future impact in Africa.

The impact of a potential decrease in sales due to restrictions in the delivery and demand for products will affect retailers in Africa, impacting their liquidity and potential job losses.

3. Misinformation during a Pandemic

Given the weak health infrastructure of the most African economies, access to reliable and available information is crucial for curbing the virus transmission. In Nigeria for example, false assumptions about the perceived immunity of Nigerians from the disease further fuelled the distrust towards the deadly viral disease and its spread. Health communication in the country is mainly transmitted through social networks and Television in the country, to which many have no access.

According to NOipolls, 30% of people in Nigeria claimed that they are genetically resistant to the disease according to the new 'nationally representative' survey. This is because respondents felt that the disease was not from Nigeria or Africa.⁵

In the midst of the global pandemic, in spite of experts' warning the Republic of Madagascar offered its herbal drink *Covid-Organics*, as a cure for coronavirus infection. Many African countries, like Tanzania, have received a thousand doses of herbal medicine without charge according to reports.⁶

⁵ <https://noi-polls.com/covid-19-poll-result-release/>

⁶ <https://www.google.com/amp/s/www.timesnownews.com/amp/health/article/madagascar-offers-its-covid-19-drugs-to-african-countries-who-warns-against-using-unproven-herbal-therapy/590063>

Now two months after it was launched, Madagascar's limited health infrastructure is overwhelmed by patients with respiratory problems and the country is witnessing a surge in community transmission outside of its capital Antananarivo.⁷

Policy Alternatives

The very first move of the Madagascar government was to provide financial support and basic amenities to daily wage workers and other vulnerable communities. In terms of infrastructure, a central monitor and epidemic centre has been built in the eastern part of Madagascar. In the face of a failed partial lockdown, face masks were provided to people.

Physical distancing has also been promoted through a huge media campaign, social media as well as street plays. Helplines have also been installed for gathering accurate information and collect data.

There has been a great deal of international solidarity that has been able to assist in meeting this crisis in Mozambique. The European Union, among others, have been really generous in donating PPEs to the country, especially for healthcare workers.

The support of the international community is paramount to contain the pandemic. Multilateral organisations like the IMF and the World Bank need to be really strong partners to countries like Mozambique.

There is a need to take really small steps, to continue to secure the livelihoods and support education of disadvantaged families and not allow this COVID-19 crisis to take every other pre-existing condition back 10 years. The authorities need to continue to allow farmers to go to their fields and allow safe transport so that people who are living in their peri-urban areas can go to their fields, and get their crops and secure livelihoods.

As the countries start reopening, even the ones that have benefitted by closing down, it is important to continue safe hygiene practices like regular washing of hands, making soap readily available, use of hand sanitisers, using a face mask and having limited people in public transportation. In the unlock phase, it is important to maintain safety measures while making sure that industries can continue to operate to mitigate any economic risks.

⁷ <https://www.telegraph.co.uk/global-health/science-and-disease/madagascar-experiments-miracle-cure-virus-overwhelms-hospitals/>

Policy Recommendations

1. There is an urgent need to implement fiscal and monetary measures that are able to channelize liquidity to MSMEs, low-income households and the informal economy particularly in countries most vulnerable under a well-co-ordinated international response to the pandemic.
2. The implementation of the African Continental Free Trade Area (AfCFTA) has been postponed due to the Covid-19 pandemic. However, the African countries should continue to pursue policies to reform their economies, liberalise goods and services and put forward a new date for AfCFTA's implementation.
3. A long-term strategy should be put into place whereby in collaboration with the global community, the African states should overhaul health infrastructure and extend social and health security schemes to the most deprived and marginalised communities.
4. New legislations to reduce risks of unemployment during crises should be developed. Such laws could contribute to supporting family incomes and maintaining workers' productive capacity, human capital, and the economy as a whole.
5. Implementation of compensation programs for women and getting gender equality right for a better future for women at work.
6. Strengthening technological progress by exploring the reduced costs of establishing or expanding access to distance /online education through mass media and digital platforms.
7. Endorse collaborative approach between African engineering and universities of medical science and local producers to innovate and develop key medical equipment.
8. Establish or extend existing platforms for the sharing of ideas and joint research initiatives across African economies.
9. Better collaboration with Civil Society Organisations and NGOs for effective behaviour change communication programmes to tackle the problem at the grassroots level.

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