COVID-19 in Africa

one year on: Impact and Prospects

MO IBRAHIM FOUNDATION

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Foreword by Mo Ibrahim

Founder and Chair of the Mo Ibrahim Foundation (MIF)

Over a year ago, the emergence and the spread of COVID-19 shook the world and changed life as we knew it. Planes were grounded, borders were closed, cities were shut down and people were told to stay at home. Other regions were hit earlier and harder, but Africa has not been spared from the pandemic and its impact.

The 2021 Ibrahim Forum Report provides a comprehensive analysis of this impact from the perspectives of health, society, politics, and economics. Informed by the latest data, it sets out the challenges exposed by the pandemic and the lessons learned. It also points to how the recovery presents an opportunity for Africa to build a new growth model that is more sustainable and resilient.

With decisive action from the African Union and the Africa Centres for Disease Control and Prevention, supported by strong leadership from governments across the continent, Africa delivered a swift and unified response to the pandemic. Building on the experience of tackling previous pandemics, most African countries moved swiftly to contain COVID-19, deploying some of the fastest travel bans globally and quickly rolling out contact tracing capabilities.

The first wave of the pandemic was relatively late and mild compared to other regions. However, subsequent waves are proving more devastating, and some African countries are already experiencing a third. Africa represents 3% of global reported cases, but poor data capacity could be hiding the true scale of infections. Meanwhile, the toll from other lethal diseases, neglected by the current focus on COVID-19, is high. The refocusing of limited resources towards the pandemic means combined excess deaths from malaria, tuberculosis and HIV/AIDS could exceed one million.

The pandemic has laid bare the long-standing and evolving crisis in Africa's health capacities, resulting from insufficient domestic financial commitment, inadequate infrastructure, and the pervasive problem of 'brain drain'. In 2018, sub-Saharan Africa spent just 1.9% of its GDP on public health, the second smallest share in the world. Meanwhile, a fifth of African-born physicians are working in high-income countries.

Africa remains squeezed out of the global vaccine market, which is dominated by developed countries and is only at the beginning of its vaccination response. Under the committed leadership of Africa's continental institutions, and with swift commitments from its private sector, Africa has stepped up its purchasing power to independently secure vaccine doses. These efforts to supplement the currently insufficient international support mechanisms are impressive. Notwithstanding these measures, on current projections Africa might not be adequately covered before 2023. Vaccinating Africa is an urgent matter of global security and all the generous commitments made by Africa's partners must now be delivered. Looking ahead - and inevitably there will be future pandemics - Africa needs to significantly enhance its homegrown vaccine manufacturing capacity.

Africa's progress towards its development agendas was off course even before COVID-19 hit and recent events have created new setbacks for human development. With very limited access to remote learning, Africa's youth missed out on seven months of schooling. Women and girls especially are facing increased vulnerabilities, including rising genderbased violence.

The strong economic and social impacts of the pandemic are likely to create new triggers for instability and insecurity. In 2020, Africa was already the only continent with increased levels of violence compared to 2019. Against this backdrop, disruptions to democratic practices and restrictions on civic freedoms are undermining citizens' trust in their governments. We know that young people with shrinking prospects are at increased risk of being attracted to criminal and terrorist groups, and so the impact of the pandemic on the existing youth unemployment crisis is of particular concern.

The pandemic has also laid bare the structural vulnerabilities at the heart of Africa's economic growth model. Mainly based on primary commodity exports, with a heavy reliance on the supply of key goods from outside the continent, Africa is highly exposed to external shocks. The global economic shutdown has driven Africa into recession for the first time in 30 years. With social safety nets on the continent already weak, this is set to lead millions more Africans into poverty, widen inequalities and further deepen food insecurity.

These are profound challenges, and it would be easy to become despondent. But within every crisis there is always an opportunity. I have been impressed by Africa's immediate and collective response to the pandemic and I am convinced that, harnessing the lessons from COVID-19, our continent can build a more sustainable, self-reliant and inclusive future. This must be underpinned by sound governance, transparency and accountability, and Africa's youth, who are the future of our continent, must be at the heart of the plan.

It is my sincere hope that this report, and the discussions it informs at the 2021 Ibrahim Forum, play a role in contributing to this goal.

Make -

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Chapter 01. Health: strengthening African health capacity is a priority



a. Africa: only 3% of global cases, unevenly spread over the continent

Africa accounts for 3.0% of global confirmed cases and 3.8% of global reported deaths

African countries have reported 4,565,548 COVID-19 cases and 122,068 deaths as of 1 May 2021, accounting for 3.0% of the cases and 3.8% of deaths reported globally.

World regions: cumulative confirmed COVID-19 cases and deaths (1 May 2021)



Northern and Southern Africa hardest hit, Central Africa lowest recovery ratio

This continental average masks great regional disparities within the continent.



1st case in China: 17 November 2019 1st case in Europe: 24 January 2020 1st case in Africa: 14 February 2020

Africa: 3.0% of confirmed cases globally and 3.8% of reported deaths globally





Source: MIF based on John Hopkins University





Source: MIF based on John Hopkins University

As of 1 May 2021, the Northern and Southern African regions together account for 73.1% of confirmed cases on the continent and have represented more than 60% of cases on the continent since 22 June 2020.

General studies show that countries with higher imports of goods and services and international tourism had higher infection rates, this high case incidence therefore coincides with Northern and Southern Africa having the highest imports of goods and services as percentage of GDP on the continent in 2019.

A recent study on sub-Saharan Africa also shows that of 2,516 cases with publicly available travel history information, 44.9% were considered importation events and most frequently had recent travel history from Europe (53.1%) rather than China as many early studies had predicted.



11 most hit countries account for **more than 80.0%** of cases

South Africa the hardest hit, with 1,582,842 cases, **almost twice** as many as 43 African countries together (864,511)(1 May 2021)

Northern Africa has the most countries featuring in both the ten countries with the most active cases per 100,000 and the ten countries with the most cumulative confirmed cases (Algeria, Libya and Tunisia)

Source: MIF based on John Hopkins University

As of 1 May 2021, the 11 hardest hit countries account for more than 80.0% of Africa's cumulative confirmed cases.

Among these, the country strongest hit by the pandemic as of early May 2021 is South Africa, with 1,582,842 total cumulative confirmed cases, almost doubling those of 43 African countries together (864,511).

Following South Africa, Morocco and Tunisia are in order the second and third most hit.

Additionally, of these 11 countries, seven belong to the 20 countries with the most active cases per 100,000.

When looking at active cases per 100,000, Cabo Verde, Lesotho, Libya, Seychelles and Tunisia have the highest numbers. Uganda is at the bottom of the list with the lowest number of active cases per 100,000.



African countries: active cases of COVID-19 (1 May 2021)





Source: MIF based on John Hopkins University

Five African countries with the most active COVID-19 cases (1 May 2021)

Five African countries with the least active COVID-19 cases (1 May 2021)

Country	Cases per 100,000	Country	Cases per 100,000
Seychelles	752.2	Uganda	0.3
Cabo Verde	568.8	Tanzania	0.5
Tunisia	321.5	Burkina Faso	0.5
Lesotho	192.1	Niger	0.7
Libya	162.2	Côte d'Ivoire	0.9

Source: MIF based on John Hopkins University

Of the 4,565,548 confirmed cases for the 54 African countries as of 1 May 2021, 89.4% were reported as having recovered.

Here too, the continental ratio masks notable differences between countries.

While 29 countries were reporting recovery ratios above 90.0%, Burundi was reporting 19.2% and the ratio for Central Africa was the lowest of all regions (67.7%).

Despite having the lowest number of cases and deaths on the continent, Central Africa is the worst scoring region in 2019 in the IIAG *Health* subcategory. Central Africa scores the lowest on the continent in the 2020 IIAG indicators Access to Water & Sanitation, Control of Communicable Diseases and Compliance with International Health Regulations (IHR), all crucial elements for COVID-19 treatment, which may, in part, explain its low recorded recovery rate.

Comorbidities, a potential factor for disparity of cases

As the pandemic is now well into the community transmission phase, the impact of comorbidities must be considered. A joint WHO-China Report has shown that while patients who reported no comorbid conditions had a Case Fatality Rate (CFR) of 1.4%, patients with comorbid conditions had much higher rates: 13.2% for those with cardiovascular disease, 9.2% for diabetes, 8.4% for hypertension, 8.0% for chronic respiratory disease, and 7.6% for cancer.

The burden of comorbidities and non-communicable diseases is lighter in Africa than in the rest of the world. The prevalence of multimorbidity (two or more underlying chronic illness) is three times higher in Europe than in Africa (10% vs 3%). There has however been an increase in comorbidities in the last few years particularly in Northern and Southern Africa which may explain the higher CFRs despite having more developed health systems. This corresponds to findings from the 2020 Ibrahim Index of African Governance (IIAG), where for the sub-indicator *Absence of Metabolic Risks*, Northern Africa is the worst scoring region in 2019 and Southern Africa is the most deteriorated over the decade (2010-2019).

The first wave hit Africa later and milder, the second significantly stronger, with some countries already into a third

Compared to other continents like North America or Europe, Africa reached the peak of its first wave quite late. Using a 14-day moving average we can see a mean of approximately 17,923 new cases reported per day by 26 July 2020.

The second wave, however, saw a peak almost double that of the first wave with about 30,000 new cases per day by mid-January 2021. This is still only about as many new cases as Europe saw during the peak of its first wave, and by the second wave, Europe saw about 270,000 new cases per day by mid-November.

While the late importation of cases and early implementation of Public Health and Social Measures (PHSM) reduced the magnitude of the first wave, factors such as PHSM adherence fatigue, economic necessity and new more transmissible and deadly variants led to a significantly more devastating second wave with countries reporting a +30.0% increase in both the weekly incidence and the mean daily new cases by the end of 2020, comparing the peak of the first wave to epidemiological week 53.

Additionally, the continent has reached as of 1 May 2021 a CFR of 2.7%, higher than the global CFR of 2.1%.

While countries with low health expenditure were significantly associated with higher CFR, both Southern Africa and Northern Africa regions reported the highest CFR on the continent with 3.2% and 2.9% respectively, which may be the result of inadequate testing capacity during peak outbreak periods.

As of 31 December 2020, 14 (25%) of 55 countries had only experienced or were still experiencing their first wave of cases, 40 (73%) had experienced or were still experiencing a second wave of cases, and four (7%) had experienced or were still experiencing their third wave of cases, showcasing the different speeds at which each country is experiencing the pandemic.

As of 1 May 2021, the continent has reached a Case Fatality Rate (CFR) of 2.7%, higher than the global CFR of 2.1%



Source: MIF based on John Hopkins University

SPOTLIGHT (Q)

Unpacking the low COVID-19 case numbers in Africa

More than a year into the pandemic, COVID-19 case numbers and the death toll in Africa are still lower compared to other world regions. Several factors are reported as possible explanations:

Poor data capacity: are COVID-19 cases and deaths underestimated?

The COVID-19 pandemic has brought into sharper focus fundamental data gaps in Africa. A report by The Economist found that COVID-19 excess deaths* in sub-Saharan Africa could have been underestimated by 14 times. The lack of full death registration systems is one of the main obstacles for the calculation of excess deaths and only eight African countries have a universal death registration system.

Studies support a possible underestimation of cases due to low testing rates. In Kenya, serology surveys** have estimated infections to be closer to about 2.2 million total confirmed cases as opposed to 77,585 reported as of November 2020.

Previous history of handling infectious diseases and early lockdown

Resources meant for HIV/AIDS and tuberculosis (TB) testing were quickly leveraged for COVID-19. Lockdowns and restrictions were swiftly introduced: at least 40 countries had the strictest restrictions before registering the tenth death.

Initial lower importation risk from China

Based on volume of air travel from China, Africa had a lower importation risk than Europe. The risk was highest in Egypt, Algeria, and South Africa.

Age structure

Analysis of COVID-19 cases show how COVID-19 disproportionately affects the elderly. Africa has the youngest population globally: only 2% of the population in Africa is over 70 years old.

Resistance and cross-immunity

Research found that cross-exposure between bats, livestock, and humans in rural Africa may have resulted in cross-reactivity to coronaviruses. Studies also show cross-immunity with malaria, supported by lower case numbers in the malaria-endemic belt of Africa. Only 8 countries -Algeria, Cabo Verde, Egypt, Mauritius, São Tomé & Príncipe, Seychelles, South Africa and Tunisia have a universal death registration system

^{*} Excess deaths constitute a measure that compares the actual deaths over a period of time with the number of deaths expected based on the same period in previous years.

^{**} Serology tests detect antibodies against SARS-CoV-2, which start being measurable around 1–2 weeks after infection.

18 b. Focus on COVID-19 undermines progress achieved in the fight against Africa's most lethal diseases: malaria, TB and HIV/AIDS

Concerningly, while malaria, TB and HIV/AIDS are still amongst the main causes of death in Africa, the current refocusing of already limited resources on COVID-19 could lead to over a million excess deaths.

According to the World Health Organization (WHO), 14 African countries experienced a more than 50% decline in services, ranging from the provision of skilled birth attendants to the treatment of malaria cases in May-July 2020.

Malaria: more excess deaths than from COVID-19?

Sub-Saharan Africa accounts for 94% of global malaria deaths, with Burkina Faso, DR Congo, Mozambique, Niger, Nigeria and Tanzania alone representing up to half of global deaths in 2019.

Fear of visiting clinics, lockdown restrictions and disruptions in the supply chain of essential malaria commodities have delayed malaria prevention campaigns as well as treatment.

According to the WHO, these disruptions to current anti-malaria efforts, if not addressed, could result in deaths from malaria being more than from COVID-19 in sub-Saharan Africa.

A possible cross-immunity?

With an increasing number of studies on the effect of coinfections of COVID-19 and malaria, the precise nature of the interaction is still unclear.

Several studies have indicated a possible role of pre-existing immunity or cross-immunity between the diseases.

On the other hand, malaria as well as tuberculosis prevalence appear as significant factors associated with reduced COVID-19 mortality.

There are also concerns with regards to the false-positives of rapid COVID-19 diagnostic tests in proven malaria cases.

Tuberculosis: back to 2012 levels?

Sub-Saharan Africa accounts for 25% of the 1.4 million deaths globally resulting from tuberculosis.

Just as with malaria, the pandemic has adversely affected the tracking of TB cases as well as supply chains and budgets used for the fight against TB, resulting in millions of missed diagnoses.

WHO models suggest that a decrease in global notifications by 25-50% for just three months could lead to up to 400,000 additional deaths from TB, equivalent to the mortality for 2012.

As with malaria, there is still conflicting information on the response of TB infected patients to COVID-19. While the previously mentioned study has shown negative association with COVID-19 mortality, a population cohort study from South Africa found the risk of death from COVID-19 increased almost three-fold for patients with current or previous tuberculosis diagnosis and two-fold for people living with HIV.

Additionally, there was evidence that COVID-19 pneumonia may speed up tuberculosis progression.

← Malaria

Sub-Saharan Africa accounted for 94% of global malaria deaths in 2019

← Tuberculosis

The risk of death from COVID-19 increased almost three-fold for patients with current or previous tuberculosis diagnosis

HIV/AIDS: back to 2008 levels?

Of the 38 million people living with HIV worldwide, almost 26 million live on the African continent and 60% of the global deaths in 2019 were from sub-Saharan Africa.

Just as with malaria and TB, there have been significant disruptions to the treatment and prevention campaigns as a result of the COVID-19 pandemic.

A joint model by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the WHO estimated that a six-month disruption on antiretroviral therapy may result in an additional 500,000 deaths in sub-Saharan Africa.

According to UNAIDS, this could take the region back to 2008 levels with almost one million AIDS-related deaths.

In MIF's latest survey with 100 members of its Now Generation Network (NGN), almost two-thirds of respondents (65.7%) listed COVID-19 as their biggest health concern. Around 40% also consider malaria a major concern while there are also worries about non-communicable diseases like cancer (32.3%) and diabetes (29.3%).

\leftarrow hiv/aids

60% of the global HIV/AIDS deaths in 2019 were from sub-Saharan Africa

SPOTLIGHT (Q)

Mental health: a mounting concern, especially among youth

Prior to the COVID-19 pandemic, mental health in Africa was a major concern with the continent underperforming on several key mental health metrics, as most countries with the fewest mental health professionals per 100,000 people are in Africa.

For youth, COVID-19 has created mental health challenges due to job layoffs, disease incidence and restrictions on the movement of people as well as goods and services. The impact of COVID-19 on mental health in sub-Saharan Africa is likely to be immense due to the existence of poor health systems on the continent. According to a survey of over 12,000 young people from 112 countries, with Africans representing 6.9% of survey respondents, over half of the youth have become prone to mental health problems such as anxiety and depression since COVID-19 struck. MIF's NGN cohort also lists mental health, stress and anxiety as some of the main health challenges on the continent. A study on depressive symptoms in youth aged 18-35 during South Africa's COVID-19 lockdown shows similar findings. Out of the 5,693 respondents, 72% exhibited depressive symptoms. While 18%-44% of young South Africans reported low levels of emotional wellbeing for an extended period during the COVID-19 lockdown, only 4%-8% reported low levels of emotional wellbeing for an extended period when a survey was conducted in 2017.

Some countries - namely Kenya, South Africa and Uganda - have implemented national plans to reinforce mental health capacities. In May 2020, the Africa Centres for Disease Control and Prevention (AfCDC) released guidelines on Mental Health and Psychosocial Support (MHPSS) during the COVID-19 pandemic, providing practical steps to mitigate COVID-19-related stressors.

A valuable lesson learned from the Ebola virus outbreak was that public health strategies fail when communities are not engaged with or are treated as passive recipients.

As such, psychological first aid training is recommended for contact tracers during infectious disease control.

In Liberia, half of the three-day training curriculum for contact tracers in the COVID-19 response is devoted to MHPSS content.

A major initiative has been a move beyond the biomedical aspects of diagnoses and medication towards more problem-solving therapy remotely delivered by trained non-specialists such as the Problem Management Plus programme which has been adapted for remote training and delivery in Eastern African countries.

Additionally, mental health start-ups across the continent (Wazi in Kenya, PsyndUp in Nigeria, MindIT in Ghana, etc.) are joining local and national associations of psychiatrists who are providing free virtual online mental health consultations.

However, access to these interventions is not equitably distributed. Settings with limited phone, electricity, or WiFi access cannot engage in all of these services.

Furthermore, the systems are being overwhelmed by demand, Nigerian mentalhealth focused platform She Writes Woman has said traffic to its associated helpline has increased by over 60% since the pandemic began. Some countriesnamely Kenya, South Africa and Uganda have implemented national plans to reinforce mental health capacities

An increasing amount of evidence is pointing to a long-lasting mental health impact as a result of the pandemic, greatest in disadvantaged populations

a. Containing: speed and commitment, ahead of other regions

Containment measures put in place speedily but also quickly eased

In response to the first cases of COVID-19 reported on the continent, many African countries introduced large-scale PHSMs such as social physical distancing and restrictions on international travel, in an effort to slow the transmission of COVID-19 and give countries time for planning and expanding healthcare system capacity and avoid becoming overwhelmed.

Almost all African countries had some form of internal movement restriction within the first month of the first confirmed case.



While the weekly COVID-19 case growth rate for the most populous country in each region (DR Congo in Central Africa, Ethiopia in Eastern Africa, Egypt in Northern Africa, South Africa in Southern Africa, and Nigeria in Western Africa), was on average 366% one day before implementing all seven stringent PHSMs*, it went down to 17% after implementing them for 14 days.

However, widespread distancing measures have proven difficult to maintain, particularly on the African continent. Challenges arising from informal settlements and informal employment, access to water, sanitation and hygiene (WASH) infrastructure as well as the difficulty of isolating within large and multi-generational households have led to the easing of restrictions as soon as June 2020.

Of the 48 countries that had five or more stringent PHSM in place by 15 April 2020, only 36 still had them on in 31 December 2020 despite an increase in cases in the preceding months.

By 15 April 2020, 48 African countries had implemented five or more stringent Public Health and Social Measures (PHSMs)

Community Distancing measures from the WHO Glossary of COVID-19-related PHSM

Class of measure	Sub-class	Action	Scope of measure	Level of enforcement	Target	Timing
Individual		Performing hand hygiene	Personal General public	Recommended Required		
		Limiting face touching				
		Performing respiratory etiquette				
		Wearing a mask	Personal Caregivers Ill person/COVID-19 positive Healthcare workers General public	Recommended Required		
		Using other PPE				
		Physical distancing	Personal General public	Recommended Required		
Environmental		Cleaning and disinfecting surfaces and object	Private areas Workplaces/ businesses/ institutions Public areas	Recommended Required		
		Improving air ventilation	Private areas Workplaces/ businesses/ institutions Public areas	Recommended Required		
		Increasing room humidification	Private areas Workplaces/ businesses/ institutions Public areas	Recommended Required		
Surveillance and response	Detecting and isolating cases	Passive case detection	Determined by testing criteria			
		Active case detection	Determined by testing criteria			
		Isolation	Home isolation Facility-based isolation	Recommended Monitored Required		
	Tracing and quarantining	Contact-tracing	Traditional Technology-enhanced			
	CONTRACTS	Quarantine	Home quarantine Facility-based quarantine	Recommended Monitored Required		

* Oxford's Blavatnik School of Government Stringency Index outlines 8 methods of PHSM: Cancel public events, Close public transport, International travel controls, Restrictions on gatherings, Restrictions on internal movement, School closing, Stay at home requirements, Workplace closing.

Social physical	Schools	Adapting	Health checks	Recommended	Childcare centers	
distancing			Promoting hygiene Physical distancing	Required	Primary schools Secondary schools	
		Closing	Partial closure Full closure	Recommended Required	Post-secondary schools	Reactive Proactive
	Offices, businesses, institutions and operations	Adapting	Hygiene Modifying hours Limiting numbers	Recommended Required	Non-commercial workplaces Shopping centres	
			Physical distancing		Restaurants/bars,	
		Closing	Partial closure Full closure	Recommended Required	Sports clubs/fitness centres/gyms, Cultura institutions, Places of worship, Entertainmer venues, Other	l nt
	Gatherings	Private gatherings at home	Numerical restriction	Recommended Required		
		Private gatherings outside the home	Cancellation Restriction Adaptation	Recommended Required		
		Public gatherings outside the home	Cancellation/ closure Restriction Adaptation	Recommended Required		
		Mass gatherings	Cancellation Restriction Adaptation	Recommended Required	Specify	
	Special populations	Shielding vulnerable groups		Recommended Required	Specific high-risk groups Healthcare workers	
		Protecting populations in closed settings		Recommended Required	Long-term care facilities, Prisons, Facilities for disabled persons, Other	
		Protecting displaced populations		Recommended Required	Migrant camps Refugee settlements Internally displaced camps	
	Domestic travel	Restricting movement	Suspension Restriction	Recommended Required	Pedestrians, Bicycles, Private vehicles, Taxis, Public transport, Train Domestic air flights	S,
			Containment zone	Recommended Required	Location	
		Stay at home order	Curfew All day	Recommended Required		
		Restricting entry into subnational areas		Recommended Required		
		Closing internal land borders				
International travel		Providing travel advice or warning				
		Restricting visas			Specific country Multiple countries All countries	
		Restricting entry			Specific country Multiple countries All countries	
		Restricting exit				
		Entry screening and isolation or guarantine				
		Exit screening and isolation or quarantine				
		International flights	Suspension Restriction Airport closure			
		International ferries or ships	Suspension Restriction Seaport closure			
		International land borders	Partial closure Complete closure			
Drug-based		Medications for prevention	1		Healthcare workers Essential employees Clinically vulnerable	Pre-exposure Post-exposure
		Medications for treatment				
Biological		Antibodies for prevention				Pre-exposure Post-exposure
		Vaccine				

Robust international travel restrictions were among the fastest in the world

In Africa, the introduction of robust international travel restrictions for foreigners were amongst the fastest in the world. More than half of the 23 countries that had the most stringent restrictions at the date of their first confirmed case are African.



World countries: international travel restrictions at date of first confirmed COVID-19 case (2020)

Source: MIF based on John Hopkins University & Oxford Blavatnik School of Government

World countries with level 4 restrictions on international travel (total border closure) at date of first confirmed COVID-19 case

Country/Region	First Case Detected
Angola	20/03/2020
Belize	23/03/2020
Botswana	30/03/2020
Cabo Verde	20/03/2020
Djibouti	18/03/2020
El Salvador	19/03/2020
Greenland	16/03/2020
Коѕоvо	14/03/2020
Kyrgyzstan	18/03/2020
Lesotho	13/05/2020
Libya	24/03/2020
Madagascar	20/03/2020
Malawi	02/04/2020
Mali	25/03/2020
Niger	20/03/2020
Palestine	05/03/2020
Sierra Leone	31/03/2020
Solomon Islands	12/10/2020
South Sudan	05/04/2020
Suriname	14/03/2020
Tajikistan	30/04/2020
Vanuatu	10/11/2020
Yemen	10/04/2020

Note: Levels of international travel restrictions during the COVID-19 pandemic shown in this map range from 0 to 4. They account for the following: 0 - No measures | 1 - Screening | 2 - Quarantine from high-risk regions | 3 - Ban on high-risk regions | 4 - Total border closure

first confirmed case.

African country

Source: MIF based on John Hopkins University & Oxford Blavatnik School of Government

Immediate and coordinated efforts to increase continental capacity led by AfCDC

The first confirmed case of COVID-19 in Africa was reported in Egypt on 14 February 2020. On 22 February, the AfCDC convened an emergency meeting and established the Africa Taskforce for Coronavirus (AFTCOR) to support member states in setting up and expanding testing capacity through competency-based training in Senegal and South Africa.

As a result, diagnostic capacity went from **two countries in February to more than 43 by end of March 2020**. All African countries now have coronavirus lab testing capacity.

Nevertheless, by 17 April 2020, the continent had still only conducted an estimated 330,419 COVID-19 tests, representing 0.03% of the entire continent's population. Most diagnostic kits were, at this time, donated or subsidised by grants from international donors.

In an immediate reaction, the AfCDC put in place the **Partnership to Accelerate COVID-19 Testing (PACT)** in April 2020 with four key strategic areas:

- Organising all AU member states as one large customer and coordinating the continuous supply of test kits and commodities at a negotiated price.
- Decentralising COVID-19 testing through strategic planning to guarantee laboratory quality, biosafety, and the establishment of robust sample referral systems.
- Increasing the throughput of molecular testing by supporting automated PCR methods, validated protocols for pooled testing, and optimised laboratory workflows.
- Increasing the number and capacity of the laboratory workforce, including skill development to design and troubleshoot manual PCR testing protocols, and to understand validation and verification processes for new technologies.

Thanks to the PACT initiative, the number of tests increased rapidly from about 600,000 per month in April to about 3.5 million per month in November 2020, an increase of nearly six-fold. This still equated to only 1700 tests per million people, compared with 103 000 tests per million people in Italy and 195 000 in the United Kingdom (UK) over the same period.

As a result, by November 2020, 39 (72.2%) African countries were reporting more than 10 tests conducted for every case identified, as recommended by the WHO.

Africa priced out of PCR testing

Molecular diagnosis (PCR) is considered the gold standard for coronavirus testing, due to its high sensitivity allowing detection of the virus in the first few days of infection.

It is estimated that making use of testing capacity within national disease control programmes, as well as in private laboratories and animal sector laboratories, could yield up to 55 million molecular tests annually in Africa.

Ethiopia was able to increase its capacity to 7600 tests per day through the reconfiguration of existing Abbot closed platform testing machines and engaging academic and animal health laboratories.

In May, the Nigeria CDC managed to activate 26 testing sites, repurposing HIV molecular testing and tuberculosis GeneXpert machines.

Though African countries should be well placed to take advantage of PCR technology, they have been recently priced out of it.

GeneXPert machines from molecular diagnostics firm Cepheid have been distributed and sold on the continent ever since 2006 as part of a global effort to help combat deadly diseases such as Ebola, HIV and TB.

By 2016, Cepheid had received some \$68.1 million from public or non-profit organisations to develop its technology and offer discounts to developing countries.

South Africa alone has over 300 such machines and was hoping to use 180 of them for COVID-19 testing (capable of processing between 4 and 80 tests simultaneously).

However, these machines' critical component is a special reagent solution often proprietary to the machine's parent company used to process the samples. Each test uses one chemical cartridge. The manufacturing capacity of the diagnostic manufacturers has then become the main bottleneck.

While Cepheid pledged to deliver 1.55 million cartridges to a WHO-led consortium of poor nations, including all of Africa, less than a fifth of that total was delivered in the agreed period, from April to August 2020.

Africa is being priced out of the market. Cepheid is now selling reagents to the US and Canada for up to \$50 per cartridge, more than twice the concessionary rate secured for African countries.

According to Médecins Sans Frontières (MSF), Cepheid could charge \$5 per cartridge while still making a profit. Although the company has claimed this assessment to be "not at all reflective of reality", share prices for parent company Danaher climbed 44% last year and molecular diagnostics company GenMark surged by 203%.

Another concern has been unequal access to testing. In South Africa for example, 60% of tests were conducted by private sector health services for people benefiting from medical insurance coverage.

Mitigating resource shortages through pooled testing and rapid antigen testing

Pooling—sometimes referred to as pool testing or pooled testing—means combining respiratory samples from several people and conducting one laboratory test on the combined pool of samples to detect COVID-19. If the pooled test result is positive, each of the samples in the pool will need to be tested individually to determine which samples are positive, if the pooled test result is negative, all the samples can be presumed negative with the single test. The main challenge is ensuring a balance between increasing group size and retaining test sensitivity.

Pooled sampling has already been put in place in Ghana, Morocco and Rwanda.

Field trials for a hyper optimal version allowing up to 100 specimens per batch are underway in Rwanda and South Africa and would dramatically reduce the cost of resources needed for testing.

Nigeria uses Community Health Workers (CHW) to conduct preliminary checks and send those perceived as potential cases for test.

Rapid antigen testing

New guidelines for rapid antigen testing were released by the AfCDC in December 2020. While less accurate than PCR, this method is both cheaper and faster.

Rapid antigen can thus quickly increase testing capacity and a recent study has shown that test sensitivity is secondary to frequency and turnaround time for effective COVID-19 screening.

Additionally, as it does not require the complex infrastructure of PCR, this method can facilitate the decentralisation of testing, reduce further transmission through early detection of highly infectious cases and enable a rapid start of contact-tracing.

Collaborations between the Dakar Institut Pasteur and UK-based company Mologic have succeeded in creating \$1 testing kits that can be used at home either as antigen tests or antibody tests to determine current or previous infection, respectively. It was recently selected by the Rapid Acceleration of Diagnostics (RADxSM) initiative launched by the US National Institutes of Health (NIH) to speed innovations and development in COVID-19 testing technology.

World countries: COVID-19 testing policies (1 March 2020)



In Uganda a new home testing kit from Makerere University, which also developed a rapid testing kit for Ebola, is undergoing approval tests and will cost less than \$1.

Thanks to measures outlined above, and many more, there has been great progress on the continent over the last year, and the number of countries testing only symptomatic and key groups went from 30 in May 2020 down to 13 in May 2021.

Additionally, the number of countries with open public testing has more than tripled, going up from five to 17 in the same period.

World countries: COVID-19 testing policies (1 May 2020)



World countries: COVID-19 testing policies (1 May 2021)



A majority of African countries introduced contact-tracing within two days of the first confirmed case

Best practices established during previous outbreaks like Ebola or Lassa fever played a key role in the continent's containment of this new epidemic, contributing to a speedy introduction of contact-tracing.

Indeed, African countries did particularly well at rapidly implementing contact-tracing measures.

African countries: state of contact-tracing within 15 days of first confirmed COVID-19 case (2020)



Nine countries introduced some form of contact-tracing before their first confirmed COVID-19 case and of those six introduced comprehensive tracing before their first case, namely, Benin, Burkina Faso, Eswatini, Ghana, Mauritania and Rwanda.

21 countries introduced comprehensive tracing before 100 cases, compared to only 14 European Union (EU) countries.

African countries with no COVID-19 cases at introduction of comprehensive contact-tracing

Country	Date of First Confirmed Case	Comprehensive Tracing introduced	Cases
Benin	16/03/2020	07/03/2020	0
Burkina Faso	10/03/2020	09/03/2020	0
Eswatini	14/03/2020	13/03/2020	0
Ghana	14/03/2020	12/03/2020	0
Mauritania	14/03/2020	13/03/2020	0
Rwanda	14/03/2020	08/03/2020	0

Source: MIF based on John Hopkins University & Oxford Blavatnik School of Government

February 2020: introductionby AfCDC of the Africa Taskforcefor Coronavirus (AfTCOR)April 2020: introduction by AfCDCof the Partnership to AccelerateCOVID-19 Testing (PACT)April 2020: introduction by AfCDCof Guidance on Contact-Tracingfor the COVID-19 Epidemic

State of COVID-19 contact-tracing



Source: MIF based on John Hopkins University & Oxford Blavatnik School of Government

In the initial stages of the pandemic, the early deployment of local contact tracers (face-to-face and telephone calls) in African countries was crucial to control chains of transmission.

For contact-tracing to remain effective during subsequent waves of the pandemic, countries must have sufficient capacity to use targeted tests for high-risk and exposed people in rapid time and adapt contact-tracing strategies accordingly.

For this reason, the main challenge in many African countries during the second wave became the increased case burdens, which overwhelmed traditional time-consuming and labourintensive contact-tracing strategies. African countries with the most COVID-19 cases at introduction of comprehensive contact-tracing and cases at introduction of limited tracing

Source: MIF based on John Hopkins University & Oxford Blavatnik School of Government

Country	Date of First Confirmed Case	Comprehensive Tracing Introduced	Cases at Introduction of Comprehensive Tracing	Cases at Introduction of Limited Tracing
Morocco	02/03/2020	02/03/2021	484,159	7,833
Uganda	21/03/2020	10/08/2020	241,997	2,433
Ethiopia	13/03/2020	10/11/2020	100,327	1
Kenya	13/03/2020	13/08/2020	28,754	3
Cote d'Ivoire	11/03/2020	16/07/2020	13,554	1

While the WHO's threshold for effective contact-tracing is a ratio of 80% of contacts of new cases contacted and monitored for 14 days, reports from Uganda, Rwanda, and Nigeria indicate ratios of 97%, 89.9% and 90% respectively in November (Uganda) and October 2020.

Africa & Europe: total confirmed COVID-19 cases at introduction of comprehensive contact-tracing (January 2020 - March 2021)



Testing and tracing: leapfrogging through digital tools

Rwanda leveraged existing IT frameworks to complement traditional contact-tracing methods and reduce workload for health workers during spikes of cases.

This included geospatial mapping, an electronic notification system repurposed from the national HIV programme, an electronic tool for conducting home-based monitoring, and a GPS app for truck drivers which facilitated a comprehensive response at all levels.

19 African countries took part in virtual training sessions for the WHO Go.Data tool, provided free to Ministries of Health, which allowed them to collect electronic contact and patient data on mobile phones.

Gabon made use of the tool to manage data for over 3,500 cases and trace over 4,200 contacts.

Only **14 EU countries** introduced comprehensive tracing before 100 cases.

6 African countries introduced comprehensive tracing before their first confirmed case.

Source: MIF based on John Hopkins University & Oxford Blavatnik School of Government

3. THE MAIN CHALLENGE: THE STRUCTURAL WEAKNESS OF AFRICA'S HEALTH SYSTEMS

The COVID-19 pandemic poses significant challenges to health systems globally, forcing countries to perform a balancing act between additional service delivery needs required to effectively manage the pandemic, while maintaining and guaranteeing access to essential health services.

In Africa over the past decades, most healthcare interventions have focused on primary clinic development, in relation to key focus areas of the Millennium Development Goals (MDGs) such as HIV, TB, and malaria, as well as maternal and child mortality.

The COVID-19 pandemic is now laying bare the continent's lack of capacity when dealing with more complex health challenges that demand highly qualified staff and specialised equipment, such as critical care facilities, or ventilators. But more generally, it has exposed the continent's insufficient human capacities and challenging infrastructure environment.

It thus highlights a concerning lack of commitment from domestic governments, who continue to rely excessively on external support, or out-of-the pocket private expenditure, which widens inequalities.

a. Africa's health capacities: the lowest at global level

Hospital beds and critical care: 135.2 hospital beds and 3.1 ICU beds per 100,000 people

The numbers of hospital beds per 1,000 people in African countries tend to be much lower compared to most other world regions.

Using the latest data year available over the period 2009-2018, of the 42 African countries with data, 17 of them have less than 1 hospital bed per 1,000 people, with the three countries with the lowest densities being Mali (0.1), Madagascar (0.2) and Guinea (0.3).

African countries & world regions: hospital bed density (latest year available 2009-2018)



Using data sources such as published government reports, published scientific articles, human rights and humanitarian NGO reports, local and international media, and in-country informants, a key study spanning 54 African countries provides the most comprehensive picture so far on African critical care capacity, including hospital and Intensive Care Unit (ICU) beds.

Hospital beds: Africa has an average of 135.2 hospital beds and 35.4 physicians per 100,000 people, ranging from 67.4 beds and 9.6 physicians per 100,000 people in low-income countries on the continent, to 302.5 beds and 115.2 physicians in upper-middle-income countries.

ICU beds: Africa has an average of 3.1 ICU beds per 100,000 people, ranging from an average of 0.53 ICU beds in low-income countries to 8.6 in uppermiddle countries and 33.1 in Seychelles, the only high-income country in Africa.

According to the WHO, fewer than 2,000 working ventilators have to serve hundreds of millions of Africans in public hospitals across 41 African countries. 10 African countries have no ventilators at all.

Only five African countries have more than 100 ventilators: Ethiopia (557), Libya (350), Kenya (259), Ghana (200) and Nigeria (169). On the other hand, six countries have less than ten ventilators: Central African Republic (3), Mali (3), South Sudan (4), DR Congo (5), Madagascar (6) and Liberia (7).

African countries: estimated number of ventilators (April 2020)

Country	Ventilators	Persons per ventilator
DR Congo	5	20,356,053
Mali	3	6,517,799
Madagascar	6	4,492,623
South Sudan	4	2,640,311
Central African Republic	3	1,996,952
Burkina Faso	11	1,894,127
Nigeria	169	1,266,440
Malawi	17	1,246,861
Niger	20	1,138,618
Burundi	12	988,818
Zimbabwe	16	909,145
Mozambique	34	885,241
Senegal	20	786,818
Uganda	55	786,418
Liberia	7	724,757
Sudan	80	569,519
Sierra Leone	13	509,610
Namibia	10	263,007
Кепуа	259	206,672
Ethiopia	557	194,099
Ghana	200	146,701
Libya	350	19,687

per ventilator, the worst situation is found in DR Congo (with only one ventilator for more than 20 million people), followed by Mali and Madagascar

In terms of persons

Source: MIF based on New York Times

Southern Africa has the highest average number of hospital beds per 100,000 people while Western Africa has the lowest

Western Africa has the lowest average number of ICU beds, with only 1.1 per 100,000 people

Human resources: 0.2 doctors and 1.0 nurses/midwives per 1,000 people

Health workers (physicians, nurses, community health workers, etc.) are both a central component of the COVID-19 pandemic response and among those most vulnerable to infection and mental health impacts due to their professional exposure.

Strategic workforce planning, support and capacity-building are essential to guarantee health system options, even more so when facing a pandemic. Many countries face pre-existing challenges, including shortages, maldistribution, and misalignment of needs and skills.

The pandemic further affects the availability and capacity of health workers to deliver essential services and meet surge needs. Among COVID-19-specific health worker challenges are the lack of adequate personal protective equipment (PPE) and other essential equipment, infection and quarantine, social discrimination and attacks, and dual responsibility to care for friends and family members.

At global level in 2017, sub-Saharan Africa has the lowest density of physicians per 1,000 people (0.2).

At the same time, the number of physicians per 1,000 people reaches 3.4 in Europe & Central Asia.

World regions: physicians (2017)



- World region
- Sub-Saharan Africa
- 👳 South Asia
- Middle East & North Africa
- 👳 East Asia & Pacific
- Latin America & Caribbean
- North America

40

🛏 Europe & Central Asia

Per 1,000 people Source: MIF based on World Bank

At country level, using the latest data year available during the period 2010-2018, almost all (50) African countries had less than two physicians per 1,000 people.



African countries: physicians (latest year available 2010-2018)

At global level in 2018, sub-Saharan Africa has the lowest density of nurses and midwives per 1,000 people (1.0).

At the same time, the density of nurses and midwives in Europe & Central Asia is more than eight times as high (8.3).





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SPOTLIGHT (9)

Significant brain drain in the health sector exacerbated by COVID-19

Africa's brain drain is particularly pervasive in the health sector. One fifth of African-born physicians are working in high-income countries.

In the period 2015-2030, out of the estimated global health workforce shortage of 14.5 million required to achieve Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), Africa has the most severe health workforce shortage, estimated to reach 6.1 million workers by 2030.

As of 2015, the WHO African region had an average of 1.3 health workers per 1,000 population, far below the 4.5 per 1,000 required for the SDGs.

In 2015, the number of Africa-trained international medical graduates (IMGs) practising in the United States (US) reached 13,584, a +27.1% increase from 2005. This is equivalent to about one African-educated physician migrating to the US per day over the last decade. Of this number, 86.0% were trained in Egypt, Ghana, Nigeria, and South Africa.

African countries: African-educated physicians working in the US (2005 ϖ 2015)





Other 19 countries have less than 50 educated physicians working in the US

Source: MIF based on Duvivier et al

It costs each African country between around \$21,000 and \$59,000 to train a medical doctor. Annually, it is estimated that Africa loses around \$2.0 billion through brain drain in the health sector.

Nine countries – Ethiopia, Kenya, Malawi, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe- have lost more than \$2.0 billion since 2010 from training doctors who then moved to other countries.

One in ten doctors in the UK come from Africa, allowing the UK to save on average \$2.7 billion on training costs, followed by the US (\$846.0 million), Australia (\$621.0 million) and Canada (\$384.0 million). The Africa-trained doctors recruited by these four top destination countries alone have saved them \$4.6 billion in training costs.

COVID-19 has exacerbated medical brain drain. The US, Canada, Germany, and France have issued calls for foreign medical professionals, especially those working on COVID-19 issues. Some of these calls are specifically targeting Africans.

For instance, following a call for applications launched by the US Department of State Bureau of Consular Affairs in late March 2020, 8,600 Egyptian doctors were accepted into the US.

Prevention, protection, and control of international diseases: Africa performs worst

Developed by the WHO since 2010, the International Health Regulations (IHR) Monitoring and Evaluation Framework (MEF) assesses state compliance with IHR – a global legal agreement aimed at preventing and responding to the international spread of diseases while avoiding unnecessary disruption to traffic and trade.

The IHR MEF aims to provide a comprehensive, accurate, country-level overview of the implementation of IHR requirements to develop capacities to detect, monitor and maintain public health capacities and functions.

As of 2019, Africa performs worse than all other world regions in all 13 IHR core capacities. It registers its lowest average performance in Radiation Emergencies and Chemical Events (32% implementation in both), followed by Points of Entry (36%), and it registers its highest average performance in Surveillance (61%) and Laboratory (56%).
World regions: International Health Regulations core capacities (2019)





Both the United Nations' (UN) Sustainable Development Goal 3 (SDG3) 'Good Health and Well-being' and the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) highlight that achieving health goals requires an enabling environment that integrates health with other sectors such as basic infrastructure.

In Africa, health service delivery is harmed by a weak infrastructure environment: unreliable access to electricity and too often scarce, or nonexistent, washing, hygiene and sanitation facilities.

Energy: reliable electricity in only 28% of sub-Saharan African health facilities

Access to reliable electricity is a key component for health information and utilisation of health services and a supply-side prerequisite for health facilities to provide safe and good-quality health services. Indeed, the WHO stresses that electricity is a "critical enabler" of universal access to healthcare and that without access to electricity, "many life-saving interventions simply cannot be undertaken".

Survey data from 13 health facilities in 11 sub-Saharan African countries, covering the years 2001 to 2012, showed that on average, **74% of health facilities had** access to electricity, but only 28% of them reported reliable access.

Selected African countries*: energy access among healthcare facilities (2001-2012)

		Facility Type	
Energy Access	All Facilities	Hospitals Only	Other Facilities Besides Hospitals
Access to electricity, % (N=11 countries)	74	99	72
Source of electricity, % (N=9 countries)			
Generator only	7	6	8
Central, solar, or other	68	93	65
Reliable electricity, % of electrified facilities (N=8 countries)	28	34	26

At global level in 2018, sub-Saharan Africa has the lowest access to electricity (47.7% of population). By contrast, more than 90.0% of the population in every other world region have access to electricity.

World regions: access to electricity (2018)



* Data for access to electricity are averages among 11 countries (Ethiopia, Gambia, Ghana, Kenya, Namibia, Nigeria, Rwanda, Sierra Leone, Tanzania, Uganda and Zambia); for source of electricity, among 9 countries (excludes Ghana and Nigeria); and for reliable electricity, among 8 countries (excludes Ethiopia, Ghana, and Nigeria).

Source: MIF based on Adair-Rohani et al

World region

- North America
- 🔶 Europe & Central Asia
- Latin America & Caribbean
- 🛏 East Asia & Pacific
- 🗁 Middle East & North Africa
- 🔶 South Asia
- 🔶 Sub-Saharan Africa

% of population

WASH: sub-Saharan Africa lags behind other world regions in all key indicators

Water, sanitation and hygiene (WASH) play a pivotal role in health systems, specifically during infectious disease outbreaks. However, in 2017, only 25.5% of people in sub-Saharan Africa had access to basic handwashing facilities including soap and water.

As of 2017, sub-Saharan Africa lags far behind the rest of the world in all key WASH indicators:

Only 60.9% of people have access to at least basic drinking services, compared to 98.3% in Europe & Central Asia.

Only 27.3% of people have access to safely managed drinking water services, compared to 91.8% in Europe & Central Asia.

Only 18.7% of people have access to safely managed sanitation services, compared to 67.4% in Europe & Central Asia.



World regions: water & sanitation indicators (2017)

People using safely managed sanitation services

People using safely managed drinking water services

People using at least basic drinking water services

Lack of water and sanitation in sub-Saharan African hospitals is more than double the global average. As of 2018, 19.2% of hospitals in sub-Saharan Africa lack sanitation services and 6.5% of hospitals lack water services, compared to global averages of 7.5% and 3.0%, respectively.



c. Health: a priority overlooked by African governments

Health ranks low in African governments' priorities

As of 2018, sub-Saharan Africa spent on average only 1.9% of its GDP on domestic public health expenditure. The region has the second smallest public health expenditure globally, only ahead of South Asia (1.0%) and far below the global average (5.9%).



Similarly, the domestic public health expenditure as a share of current health expenditure (CHE) in sub-Saharan Africa was significantly smaller than the average global level (36.3% and 59.5%, respectively).

In 2018, no African country was meeting the pledge made by African Union (AU) member states in Abuja in 2001 to allocate at least 15% of their government expenditure to health.

The ten countries with the highest public expenditure on health are Algeria, Botswana, Cabo Verde, Lesotho, Madagascar, Namibia, São Tomé & Príncipe, Seychelles, South Africa and Tunisia, all of them spending more than 10% of their total general government expenditure.

In five countries, public spending on health is lower than 3% of the total government expenditure: Benin, Cameroon, Comoros, Eritrea and South Sudan.

As a consequence, domestic private spending on health is higher in Africa than in the rest of the world.

In 2018, domestic private health expenditure as a share of CHE in sub-Saharan Africa was more than 10 percentage points higher than the global average (51.4% and 40.3%, respectively).

Furthermore, out-of-pocket health expenditure in sub-Saharan Africa amounted to, on average, 33.3% of the CHE, compared to the global average of 18.1%.



For 13 countries, the share of out-of-pocket health expenditure exceeded half of their current health expenditure (CHE). Nigeria being the worst, followed by Cameroon, Equatorial Guinea, Comoros and Guinea-Bissau.

Relying on external donors is not an option. While for seven countries, the share of external health expenditure in 2018 still represented more than 40% of the CHE (Central African Republic, Eswatini, Malawi, Mozambique, South Sudan, Uganda and Zambia), the role of traditional international donors in supporting African health budgets is set to diminish.

SPOTLIGHT (9)

Universal Health Coverage (UHC): still a long way to go

Contained in Agenda 2030's SDG3 'Good Health and Well-being', UHC would ensure that all citizens can access the quality health services they need without facing financial adversity from paying out of pocket for healthcare.

UHC requires that countries expand the availability of, and effective access to, essential health services and include more people in risk-pooling mechanisms, such as social or private medical insurances or tax-based prepaid systems, to reduce out-of-pocket payments at point of service.

The inclusion of UHC in SDG3 has increased attention on coverage of essential health services, financial protection and health system strengthening. Moving towards UHC requires expanding on investments to strengthen health systems, especially quality primary healthcare. This is the cornerstone for achieving UHC around the world.

While all African governments have committed to achieve UHC by 2030, in 2019 only ten of them provided their citizens with free and universal healthcare (Algeria, Botswana, Burkina Faso, Gabon, Mauritius, Namibia, Rwanda, Seychelles, Tunisia and Zambia). Healthcare in 22 African countries is still neither free nor universal. Almost 80% of respondents in MIF's 2021 NGN survey state that citizens in their countries face obstacles to accessing free and universal healthcare with over 90% citing lack of health capacity and almost 80% citing costs as the main obstacles to healthcare.



World countries: Universal Healthcare (2019)

Note: Free & universal includes Mauritius and Seychelles.

The need to prepare now for 'Disease X'

The COVID-19 pandemic has confirmed what many reports and experts have already voiced since the 2009 H1N1 and 2014-2016 Ebola pandemics: the world is extremely underprepared for large outbreaks of emerging infectious diseases.

COVID-19 is not an anomaly. The 20th century started with devastating waves of Spanish flu that killed up to 100 million people worldwide.

About one new disease is emerging each year. Not all have human-tohuman transmission, but enough do, such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome coronavirus (MERS) and Ebola.

Each year the WHO updates its list of the most threatening infectious diseases that do not have effective treatments or vaccines. Since 2015, the WHO uses the term 'Disease X' to refer to a disease that could cause a pandemic due to a pathogen currently unknown to cause human illness. Last year's 'Disease X' now has a name: COVID-19.

WHO's 2020 list of emerging diseases for research prioritisation

- 1. COVID-19
- 2. Crimean-Congo haemorrhagic fever
- 3. Ebola virus disease and Marburg virus disease
- 4. Lassa fever
- 5. Middle East respiratory syndrome coronavirus (MERS-CoV)
- 6. Severe Acute Respiratory Syndrome (SARS)
- 7. Nipah and henipaviral diseases
- 8. Rift Valley fever
- 9. Zika
- 10. 'Disease X'

SPOTLIGHT (9)

Emerging zoonotic diseases: the concerning healthenvironment link

Many of the same microbes infect animals and humans, as they share the same ecosystems. Focusing on just one sector will not prevent or eliminate the problem. Zoonoses are human diseases or infections that are transmitted from animals to humans.

The frequency of pathogenic organisms jumping from animals to humans has increased considerably, in parallel with the growth in resource consumption in today's world.

About 60% of human infections are estimated to have an animal origin.

Of all new and emerging human infectious diseases, some 75% jump species from animals to people, with the majority happening indirectly, for example via the food system.

Pandemics such as COVID-19 are a predictable and predicted outcome of how people source and grow food, trade and consume animals, and alter environments.

Seven human-mediated factors are most likely driving the emergence of zoonotic diseases:

- Increasing human demand for animal protein
 Unsustainable agricultural intensification
 Increased use and exploitation of wildlife
 Unsustainable utilisation of natural resources accelerated by urbanisation, land use change and extractive industries
 Increased travel and transportation
 Changes in food supply
 - 7 Climate change

Across Africa, the risk of emergence and spread of zoonoses is rising significantly due to increasing human population and increasing demand for milk, meat and eggs due to rising urbanisation and incomes.

About 60% of human infections are estimated to have an animal origin

Lessons learned from COVID-19: prevention and preparedness are measured in billions of dollars, a pandemic costs trillions

In its 2020 report, the Global Preparedness Monitoring Board (GPMB), an independent monitoring and accountability body hosted at the WHO, identified six initial lessons learned from COVID-19:

1. Preparedness is both what governments do to protect their people, and what individuals do to protect each other.

Political leaders who act decisively and on the basis of science, evidence and best practice, and in the interests of people, make the difference.

Citizens' behaviour is particularly important in the absence of an effective vaccine or treatment.

2. The impact of pandemics goes far beyond their immediate health effects.

COVID-19 has shown the centrality of protecting lives and livelihoods, and widened our understanding of preparedness to make education, social and economic sectors pandemic-proof.

3. Current measures of preparedness have proved inadequate.

National measures of preparedness have not predicted the effectiveness of countries' response in stopping viral spread and saving lives.

Furthermore, the critical importance of social protection has been neglected.

4. The return on investment for global health security is massive.

Costs of COVID-19	Investments in preparedness
Over \$11 trillion, and counting, to fund the response	Additional \$5 per person annually
Future loss of \$10 trillion in earnings	

Source: MIF based on Global Preparedness Monitoring Board

5. Development assistance is inadequate for financing this investment.

Global health security is the responsibility of all countries, and demands long-term, predictable, flexible and sustained financing on a much greater scale, based on global solidarity.

6. No one is safe until all are safe.

Global preparedness is not simply the sum of national preparedness. A pandemic is, by definition, a global event and as such requires collective global action. The role of the multilateral system is to support that action.

SPOTLIGHT (9)

"Make it the last pandemic": conclusions from the Independent Panel for Pandemic Preparedness and Response

Mandated by the World Health Assembly in May 2020, the WHO Director-General asked Ellen Johnson Sirleaf and Helen Clark to convene an Independent Panel to review lessons learned from COVID-19. The Independent Panel for Pandemic Preparedness and Response has since reviewed evidence of the spread, actions and responses to the COVID-19 pandemic, and analysed how a pandemic can be prevented from happening again.

The main finding of the Panel is that the initial outbreak became a pandemic as a result of gaps and failings at every critical juncture of preparedness for, and response to, COVID-19.

Based on this, the Panel formulated recommendations in two sets: immediate ones, aimed at curbing COVID-19 transmission; and longer term ones which, if adopted as a package, could transform the international system for pandemic preparedness and response and enable it to prevent a future infectious disease outbreak from becoming a pandemic.

Immediate actions to end the COVID-19 pandemic:

- High-income countries should provide the 92 low- and middle-income countries participating in the COVID-19 Vaccine Global Access (COVAX)
 Facility with at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022.
- The World Trade Organization (WTO) and WHO should convene major vaccine-producing countries and manufacturers to agree to voluntary licensing and technology transfer for COVID-19 vaccines.
- If actions do not occur within three months, a waiver of intellectual property rights under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) should come into force immediately.
- G7 countries should immediately commit to provide 60% of the \$19 billion required for the Access to COVID-19 Tools Accelerator (ACT-A) in 2021 for vaccines, diagnostics, therapeutics, and strengthening of health systems.
- Every country should apply non-pharmaceutical public health measures systematically and rigorously, with an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.
- The WHO should immediately develop a roadmap with clear goals, targets, and milestones to guide and monitor the implementation of country and global efforts towards ending the pandemic.

"The situation we find ourselves in today could have been prevented"

President Ellen Johnson Sirleaf, Co-Chair of the Independent Panel for Pandemic Preparedness and Response

Recommendations to ensure that a future outbreak does not become a pandemic:

- 1 Elevate pandemic preparedness and response to the highest level of political leadership
- 2 Strengthen the independence, authority and financing of the WHO
 - Invest in preparedness now to prevent the next crisis
- Create a new agile and rapid surveillance information and alert system
 - Establish a pre-negotiated platform for tools and supplies
- Raise new international financing for pandemic preparedness and response
- Provide a direct line from National Pandemic coordinators to Head of State or Government

a. COVID-19 vaccine roll out in Africa: no immunity before 2023?

COVID-19 vaccine availability

As of 30 April 2021, 93 COVID-19 vaccine candidates are undergoing clinical trial, 184 are candidates in pre-clinical development.

Of these, five are already in the last phase of clinical trials: MODERNA (USA), ASTRAZENECA/UNIVERSITY OF OXFORD (UK), PFIZER/BIONTECH (US/GERMANY), SINOVAC (CHINA) and SINOPHARM (CHINA).

Development phases for COVID-19 vaccines

When candidate vaccines make it to human clinical trials, they go through the following phases:



Landscape of COVID-19 candidate vaccines in clinical development: phases 4 and 3 (30 April 2021)

Vaccine platform description	Number of doses	Developers	Phase
Inactivated virus	2	Sinovac Research and Development Co., Ltd	Phase 4
Inactivated virus	2	Sinopharm + China National Biotec Group Co + Beijing Institute of Biological Products	Phase 4
Viral vector (Non-replicating)	1-2	AstraZeneca + University of Oxford	Phase 4
RNA based vaccine	2	Moderna + National Institute of Allergy and Infectious Diseases (NIAID)	Phase 4
RNA based vaccine	2	Pfizer/BioNTech + Fosun Pharma	Phase 4
Inactivated virus	2	Sinopharm + China National Biotec Group Co + Wuhan Institute of Biological Products	Phase 3
Viral vector (Non-replicating)	1	CanSino Biological Inc./Beijing Institute of Biotechnology	Phase 3
Viral vector (Non-replicating)	2	Gamaleya Research Institute ; Health Ministry of the Russian Federation	Phase 3
Viral vector (Non-replicating)	1-2	Janssen Pharmaceutical	Phase 3
Protein subunit	2	Novavax	Phase 3
Protein subunit	2-3	Anhui Zhifei Longcom Biopharmaceutical + Institute of Microbiology, Chinese Academy of Sciences	Phase 3

RNA based vaccine	2	CureVac AG	Phase 3
Inactivated virus	2	Institute of Medical Biology + Chinese Academy of Medical Sciences	Phase 3
Inactivated virus	2	Research Institute for Biological Safety Problems, Rep of Kazakhstan	Phase 3
DNA based vaccine	3	Zydus Cadila	Phase 3
Inactivated virus	2	Bharat Biotech International Limited	Phase 3
Protein subunit	2	Sanofi Pasteur + GSK	Phase 3
Inactivated virus	1, 2 or 3	Beijing Minhai Biotechnology Co	Phase 3
Protein subunit	2	Instituto Finlay de Vacunas	Phase 3
Protein subunit	2	Federal Budgetary Research Institution State Research Center of Virology and Biotechnology "Vector"	Phase 3
RNA based vaccine	2	Academy of Military Science (AMS), Walvax Biotechnology and Suzhou Abogen Biosciences	Phase 3
Protein subunit	3	Center for Genetic Engineering and Biotechnology (CIGB)	Phase 3

Source: MIF based on WHO

A belated vaccine rollout: starting last in Africa, with 8 countries not having kicked off their vaccination campaign as of 3 May 2021

Compared to other world regions, sub-Saharan African countries are the last to start to roll out their vaccination campaigns, and very few countries have more than one type of shot in rotation.

As of 3 May 2021, 46 out of the 54 African countries have started to administer vaccines.

Eight African countries have not kicked off their COVID-19 vaccination campaigns: Burkina Faso, Burundi, Central African Republic, Chad, Eritrea, Madagascar, Somalia and Tanzania.

African countries: COVID-19 vaccination started (3 May 2021)





World countries: COVID-19 vaccine doses administered (3 May 2021)

Note: Population coverage accounts for the number of doses required for each vaccine administered, dividing the doses administered for each vaccine type by the number of doses required for full vaccination (one or two depending on the brand of vaccine). The daily rate is a 7-day average; for countries that don't report daily, the last-known average rate is used.

Globally, the five countries that have administered the most vaccine doses in absolute terms as of 3 May 2021 are China (270.4 million doses, enough to cover 9.7% of its population), US (245.6 million doses, enough to cover 38.2% of its population), India (156.8 million doses, enough to cover 5.7% of its population), UK (49.8 million doses, enough to cover 37.3% of its population) and Brazil (47.1 million doses, enough to cover 11.2% of its population).

DR Congo (2,035 doses, enough to cover less than 0.1% of its population) is one of the five countries/territories that have administered the least vaccine doses in absolute terms, along with Nauru, Montserrat, Kyrgyzstan and Armenia.

In terms of the population coverage of COVID-19 vaccine doses administered, the five leading countries/territories are Gibraltar (104.6% of its population), Falkland Islands (73.5%), Seychelles (66.1%), Israel (57.7%) and the Maldives (53.7%).

Benin, Cameroon, DR Congo, Niger and South Sudan feature in the nine countries where vaccine doses administered cover less than 0.1% of the population (along with Armenia, Kyrgyzstan, Papua New Guinea and Yemen).



World countries: population coverage of COVID-19 vaccine doses administered (3 May 2021)

Note: Population coverage accounts for the number of doses required for each vaccine administered, dividing the doses administered for each vaccine type by the number of doses required for full vaccination (one or two depending on the brand of vaccine). The daily rate is a 7-day average; for countries that don't report daily, the last-known average rate is used.

In Africa, the five countries that have administered the most COVID-19 vaccine doses in absolute terms as of 3 May 2021 are Morocco (9.3 million doses, enough to cover 13.1% of its population), Nigeria (1.2 million doses, enough to cover 0.3% of its population), Ethiopia (1.0 million doses, enough to cover 0.5% of its population), Egypt (0.9 million doses, enough to cover 0.5% of its population) and Kenya (0.9 million doses, enough to cover 0.9% of its population).

In terms of population coverage, the vaccine doses administered in all five but Morocco still currently cover less than 1% of the population.

At a global level, Morocco is the best performing African country, ranking 20th (out of 193) in terms of the absolute number of vaccine doses administered.

In contrast to this, the five African countries with the fewest vaccine doses administered in absolute terms as of 3 May 2021 are Niger (9,562 doses), Liberia (7,492 doses), Guinea-Bissau (5,877 doses), South Sudan (3,790 doses) and DR Congo (2,035 doses). All cover 0.2% or less of their population.

Globally, of the ten worst performing countries, two are African: South Sudan and DR Congo (ranking 187th and 190th, respectively).

Regarding population coverage of the COVID-19 vaccine doses administered, the five best performing African countries are Seychelles (66.1% of its population), Morocco (13.1%), Mauritius (7.8%), São Tomé & Príncipe (2.9%) and Equatorial Guinea (2.8%).

Seychelles (66.1%) has the third highest population coverage of vaccine doses administered in the world, only after those of the UK overseas territories of Gibraltar (104.6%) and Falkland Islands (73.5%).

As of 3 May 2021 Seychelles was the leading country globally, with enough vaccine doses administered to cover 66.1% of its population The five African countries with the lowest population coverage are Benin, Cameroon, DR Congo, Niger and South Sudan (all of them with less than 0.1%).

Globally, African countries constitute the majority of countries with less than 0.1% population coverage of their vaccine shots administered so far (five out of nine).

African countries: COVID-19 vaccine doses administered & population coverage (3 May 2021)

Country	Doses administered (million)	Population coverage (enough for % of people)
Morocco	9.3	13.1
Nigeria	1.2	0.3
Ethiopia	1.0	0.5
Egypt	0.9	0.5
Кепуа	0.9	0.9
Ghana	0.8	1.4
Angola	0.5	0.9
Zimbabwe	0.5	1.7
Tunisia	0.5	2.1
Senegal	0.5	1.4
Rwanda	0.4	1.6
Uganda	0.3	0.4
South Africa	0.3	0.5
Malawi	0.3	0.7
Mauritius	0.2	7.8
Тодо	0.2	1.1
Côte d'Ivoire	0.1	0.3
Mozambique	0.1	0.2
Sudan	0.1	0.2
Guinea	0.1	0.5
Seychelles	0.1	66.1
Equatorial Guinea	0.1	2.8
Algeria	0.1	0.1
Libya	0.1	0.5
Sierra Leone	0.1	0.4
Botswana	0.1	1.1
Mali	0.1	0.1
Comoros	0.0	2.5
Eswatini	0.0	1.6
Zambia	0.0	0.1
Congo Republic	0.0	0.3
Namibia	0.0	0.5
Gambia	0.0	0.5
Lesotho	0.0	0.4
Cabo Verde	0.0	1.4
Mauritania	0.0	0.2
Djibouti	0.0	0.6
São Tomé & Príncipe	0.0	2.9
Cameroon	0.0	<0.1
Gabon	0.0	0.3
Benin	0.0	<0.1
Niger	0.0	<0.1
Liberia	0.0	0.1
Guinea-Bissau	0.0	0.2
South Sudan	0.0	<0.1
DR Congo	0.0	<0.1

Note: Population coverage accounts for the number of doses required for each vaccine administered, dividing the doses administered for each vaccine type by the number of doses required for full vaccination (one or two depending on the brand of vaccine). The daily rate is a 7-day average; for countries that do not report daily, the last-known average rate is used.

Source: MIF based on Bloomberg



As of 2 May 2021, 18.8 million COVID-19 vaccine doses have been administered on the African continent.

Currently, 13 sub-Saharan African countries have more than one shot in rotation. As of 24 April 2021, of the 40 sub-Saharan African countries which have started to administer COVID-19 vaccine doses, 32 of them are administering AstraZeneca shots.

Of those 32 sub-Saharan African countries administering AstraZeneca shots, 13 are currently also administering shots from another brand.

The second most administered shot at the moment is Sinopharm, which is being distributed in 16 sub-Saharan African countries.

A striking inequity: less than 2% of globally administered vaccine doses, for almost 18% of the world's population

As of 3 May 2021, the continent had administered less than 2% of vaccine doses administered globally to date, while Africa's population accounts for 17.6% of the global population.



As of 3 May 2021, of the over 1.2 billion COVID-19 vaccine doses that have been administered globally, 36.1% of the vaccinations have taken place in the 27 wealthiest countries, who account only for 10.5% of the world's population.

World countries: uneven access to COVID-19 vaccines (3 May 2021)

The wealthiest 27 countries have 36.1% of the vaccinations...



Note: Vaccine access calculations account for the number of doses needed for full protection; some vaccines require a two-dose regimen while others require just a single dose. Countries are ordered by GDP per capita (PPP).

Least wealthy Most wealthy

Source: MIF based on Bloomberg

A concerning outcome: no herd immunity for Africa until at least 2023?

According to AfCDC, African countries need to vaccinate at least 60% of their populations, in line with the goals of other regions to achieve so-called 'herd immunity' and substantially slow the spread of the disease.

In order to reach that level, the continent will need about 1.5 billion doses, if a double shot regime is used.

The cost of vaccinating 60% of the African population will be between \$10 billion and \$15 billion.

The cost will include the rollout of vaccination programmes.

According to the Economist Intelligence Unit (EIU), while richer countries with priority supply deals and/or small populations are expected to have completed the vaccination of their entire populations by March 2022, the majority of African countries will not achieve widespread vaccination coverage until some time in 2023.

In the continent's poorest countries mass immunisation may not even take place until 2024.

World countries: projections for COVID-19 vaccines rollout (as of 22 January 2021)

Richer countries with priority supply deals and/or small population

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Dec. 20	Jan. 21	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan. 22	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan. 23	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan. 24	Feb.

Most other developed countries, Russia, Brazil

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Most middle-income countries, including India and China

Dec. 20 Jan. 21	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan. 22	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan. 23	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan. 24	Feb.

Some middle-income and most low-income countries (reliant primarily on COVAX)



Regulatory approval

Priority groups (care home residents, elderly, health workers)

Other vulnerable groups

In some countries only Special cases (tourism sector, key corporates, frontline workers)

Rest of population

Back to normal (if restrictions enforced)

SPOTLIGHT (Q)

Multiple bottlenecks for vaccine distribution on the continent

Africa faces unique challenges when it comes to a vaccination programme of this scale. In addition to procurement, it must tackle the issues of storage capacity, handling, stock management, rigorous temperature control and maintenance of adequate logistics management information systems.

Ghana was selected as the first African recipient of vaccines after sending a rollout plan to COVAX, arguing that its healthcare teams and cold chain equipment could support a quick distribution. It now appears to be suffering from concerning bottlenecks due to storage and distribution capacities.

Health workers to administer vaccines on an unprecedented scale

Only health workers with specialised training can administer vaccines, as several of the COVID-19 vaccines pose additional challenges even for trained health workers, such as requirement to be removed/unpacked from ultracold chain refrigeration or mixing in-situ. As a consequence, additional training may be required.

Public trust and effective community engagement strategies

Over the past few years, there has been a growing surge of opinion against vaccinations. Due to the speed with which the COVID-19 vaccines have been developed, people have raised concerns about their safety and efficacy.

Last mile and reaching rural communities

Reaching the last mile in any pharma supply chain is already a challenge in many parts of Africa. A mass vaccine campaign such as this one requires refrigerated vehicles, cold chain packaging and investment in tracking and visibility tools. Africa faces unique challenges when it comes to a vaccination programme of this scale

Concerning bottlenecks due to storage and distribution capacities

b. 'Vaccine nationalism' vs 'vaccine diplomacy': a new geostrategic balance?

Concerning 'vaccine nationalism'

As only a handful of vaccines have been developed, mostly by a few medically advanced countries, and production, distribution, and delivery are lagging well behind demand, a rise in vaccine nationalism has come about where most high-income countries are hoarding as many vaccine doses as possible and appear reluctant to share with others until inoculation against the virus is complete in their own country.

Among high-income countries, those with in-country vaccine manufacturing capacity were the first to secure large advance market commitments. Most high-income countries have been able to negotiate purchases through the investment of large amounts of public funds into Research and Development (R&D) of COVID-19 vaccines and leveraged purchasing power to make large-scale deals across a portfolio of vaccine candidates.

With limited purchasing power, middle-income countries resort to other strategies to reach the front of the queue for advance market commitments. Countries with manufacturing capacity, such as Brazil and India, have succeeded in negotiating large advance market commitments with leading vaccine candidates as part of the manufacturing agreements. For countries without manufacturing or vaccine development capacity, only those with the infrastructure to host clinical trials, such as Peru, have used that as leverage to negotiate purchase deals.

Several middle-income countries, including India, also have robust vaccine development programmes and are putting forward vaccine candidates, but these are not as far along in the process as the leading candidates from high-income countries. If any of the candidates from middle-income countries get regulatory approval, the landscape will likely change significantly.

Low-income countries that lack manufacturing and clinical testing capacity are left out of this deal-making process.

If nationalism prevails, global health security is seriously endangered. With several known COVID-19 variants already in circulation around the world, the pandemic will not be beaten anywhere until it is beaten everywhere – no one will be safe until everyone is safe.

However, commitments by Western nations have so far been few and small.

US: On 26 April 2021, the new administration committed to share up to 60 million doses of its AstraZeneca vaccine with other countries as they become available. This is the first announcement of this kind made by the Biden administration, a few weeks after Gayle Smith, President and CEO of the One Campaign, was appointed as the US State Department's coordinator for global COVID-19 response and health security.

France: Ahead of the G7 meeting hosted by the UK on 19 February 2021, French President Emmanuel Macron urged European countries and the US to share 5% of their vaccine supply with developing nations. In April 2021, France became the first EU member to share some of its own COVID-19 vaccine supplies (an initial total of 100,000 doses of the AstraZeneca vaccine) with developing countries via the international COVAX Facility. France has committed to donating 500,000 doses by mid-June.

UK: Prime Minister Boris Johnson pledged that the UK will share the majority of any future surplus vaccines from its supply to COVAX, the global vaccine-sharing scheme.

African countries are forming coalitions to help address the gap in vaccine rollout, including the African Vaccine Acquisition Task Team (AVATT), set up by the African Union and the AfCDC to pool financing for vaccine procurement as well as to increase manufacturing within Africa.

Bilateral alliances: China, India, Russia... ramping up as 'vaccine donors'

'Vaccine diplomacy' appears as a new means to strengthen ties and enhance power and global status. While Europe and North America have been late to the game in providing vaccines to poorer countries and regions, many non-Western countries, mainly Russia, China and India, have become key vaccine donors.

China has been incubating its domestic pharmaceutical industry for years, working to create high-technology drugs that can compete abroad, relying almost exclusively on homegrown vaccines for its own population. China is also sending doses abroad. According to a Bloomberg tally, outside China, 14 million doses of vaccines developed by CanSino, Sinopharm and Sinovac had been administered as of 8 April 2021. China offered free doses of its vaccines to more than a dozen less-wealthy countries, including Algeria and Mozambique.

Russia has filled a gap as well, with its Sputnik vaccine deployed in at least 39 countries. India, a pharmaceutical manufacturing superpower in its own right, has been ramping up production of a new vaccine made by Bharat Biotech.

As of mid-March 2021, China and Russia combined have supplied more than 800 million doses to 41 countries.

Brand-name COVID-19 vaccines

The top shots ranked by total doses administered (8 April 2021)



Globally, the most administered COVID-19 vaccine shot is the Chinese CanSino/Sinopharm/ Sinovac, with 163.0 million doses administered as of 8 April 2021.

Source: MIF based on Bloomberg

- CanSino/Sinopharm/Sinovac
- Pfizer/BioNTech
- Moderna
- 👳 Gamaleya/Vektor
- AstraZeneca-Oxford
- 🛏 Johnson & Johnson
- Uncategorised

Number of vaccine doses administered (million)

Russia: The Russian Federation has offered 300 million Sputnik V vaccines to the African Vaccine Acquisition Task Team (AVATT), including a financing package for any country wishing to secure this vaccine. Sputnik V vaccines should be available for a period of 12 months commencing by May 2021.

China: As part of South-South Cooperation, China pledged in late February 2021 to provide vaccines to 19 African countries. As of 17 May 2021, 30 African countries have been receiving sales and donations of vaccines from China, with Morocco, Zimbabwe and Egypt having received the most doses (4.5 million, 1.7 million and 1.2 million).

Despite this, the total number of vaccines delivered to Africa by China is the lowest among the regions (12.3 million for Africa compared to 30.0 million for Europe, 65.6 million for Latin America and 106.2 million for Asia Pacific).

Alongside bilateral agreements, Africa has also been receiving vaccines through the COVAX initiative. China has delivered a total of 12 million doses to Africa, out of the 33 million pledged. In contrast to other regions, Africa has been receiving Chinese vaccines through more donations than sales.

India: In January 2021, India launched the Vaccine Maitri (Vaccine Friendship) initiative – a major diplomatic effort to gift and supply made-in-India vaccines to low-income and developing countries globally. As the world's third-largest producer of pharmaceuticals, India is a serious contender in the race to produce COVID-19 vaccines. As of 22 March 2021, India has supplied 60.4 million vaccine doses to 76 countries through different modalities including grants in aid, gifts, commercially and through the COVAX global vaccine-sharing initiative.

COVAX's first allocation round divided up 64.5 million doses of the AstraZeneca vaccine to be distributed to African nations until May 2021, all to be manufactured by the Serum Institute of India (SII). The plan came to a halt when the SII was forced to restrict exports of vaccines towards the end of March, as a second, more virulent wave of COVID-19 swept through the country. Consequently, some vaccine programmes on the continent have been heavily impacted, with African countries having to scramble to delay and find supplies for a second dose.

United Arab Emirates (UAE): UAE donated 50,000 doses of the Chinesedeveloped Sinopharm vaccine to Seychelles.

Africa pays the highest prices per vaccine doses

According to Global Justice Now, South Africa, Africa's worst-hit country, is buying Oxford's AstraZeneca vaccines at \$5.25 per dose, and Uganda at \$7.00 per dose. Meanwhile, the EU is only paying \$2.16 per dose. AstraZeneca's French division said in November 2020 that it was capping the price per dose at €2.50, but somehow European countries are buying doses below the cap and African countries far above it.

Multilateral initiatives are welcome, but far from enough

Set up in April 2020 by the WHO, the European Commission and France, the Access to COVID-19 Tools (ACT) Accelerator is a multi-stakeholder platform aiming to provide innovative and equitable access to COVID-19 diagnostics, treatments and vaccines.

The vaccine pillar of the ACT Accelerator is COVAX, created in December 2020, and coordinated by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO.

Gavi is coordinating the development and implementation of the COVAX Facility and the COVAX Advance Market Commitment (AMC):

The COVAX Facility is a global mechanism that pools purchasing power from all participating countries and invests in the development, manufacturing, and procurement of a portfolio of promising COVID-19 vaccine candidates to make sure at-risk investment in manufacturing happens now. The majority As of 17 May 2021, 30 African countries have been receiving sales and donations of vaccines from China, with Morocco, Zimbabwe and Egypt having received the most doses (4.5 million, 1.7 million and 1.2 million) of high- and middle-income countries have committed funding to COVAX, joining lower-income countries that will be covered as funded countries.

COVAX's primary focus is to ensure that the 92 middle- and lower-income participating countries that cannot fully afford to pay for COVID-19 vaccines on their own get the same access to COVID-19 vaccines as higher income self-financing countries and at the same time.

The COVAX AMC is the innovative financing instrument that will support the participation of funded countries in the COVAX Facility. This will be largely funded through Official Development Assistance (ODA), as well as contributions from the private sector and philanthropy.

COVAX aims at having 2 billion doses available by the end of 2021 This should be enough to protect high risk and vulnerable people, as well as frontline healthcare workers. Under COVAX, no country will receive doses to vaccinate more than 20% of its population until all participating countries have been offered this amount. The only exception is those countries who have opted to receive fewer than 20%.

Out of COVAX's target of \$8.3 billion to fund its vaccine drive, more than \$6.6 billion have already been raised. However, finding money is turning out to be easier than finding vaccines to buy with the money. As of mid-May 2021, COVAX seems to be falling well short of its goal to secure and distribute 2 billion doses by the end of 2021, with only 68 million vaccine doses having been delivered globally.

This is due to the hoarding of vaccine supplies by wealthier nations along with skyrocketing demand for vaccines. As of mid-April 2021, of the 832 million vaccine doses administered, 82% went to high- or upper-middle-income countries, while only 0.2% went to their low-income counterparts. In high-income countries alone, one in four people have been vaccinated, a ratio that drops to one in 500 in poorer countries.

On 18 May 2021, COVAX received a further blow. As a result of the deadly second wave experienced by India, the Serum Institute of India (SII), the world's largest vaccine manufacturer, announced that it would be unable to send COVAX – or any other client overseas – further shipments of its vaccines until the end of the year, as all of SII's production in the near future will be diverted to supplying India first. SII was expected to supply 200 million doses to COVAX, with options of up to 900 million more.

Consequently, COVAX now needs about 20 million extra doses by the end of June to make up for the missed deliveries caused by the spiralling health crisis in India. Sweden has become the latest country to donate some of its vaccine doses to try to fill that gap, pledging one million AstraZeneca doses at the start of May.

Five vaccines have already been given emergency use authorisation by the WHO, which is a pre-requisite for COVAX use. The latest one is by US drugmaker Moderna, which has reached a deal to provide COVAX with 500 million doses at its "lowest-tiered price". However, the bulk of these will not be available until 2022. As of May 2021, only Pfizer and AstraZeneca-Oxford jabs have been distributed by COVAX. However, other agreements that COVAX has in place are with Johnson & Johnson (up to 200 million doses to be made available in 2021) and Novovax (350 million doses to be supplied from late 2021 into 2022). According to results from MIF's latest NGN survey, young Africans trust global initiatives by international organisations the most to ensure equitable delivery of vaccines, followed by national governments. The least trust is given to Western partners like the EU or the US, with trust in new partners like China, India or Russia slightly higher.

Nevertheless, at least one-third of all the NGN survey respondents consider the actions by China, the European countries and Russia to help tackle the COVID-19 crisis in Africa adequate or fairly adequate with China's response being considered the most adequate. The response by the US on the other hand is considered the least adequate.

SPOTLIGHT (9)

COVAX rollout in Africa: 28 countries covered in May 2021

As of 3 May 2021, COVAX has distributed 14.5 million COVID-19 vaccine doses to 28 African countries, accounting for over 29.6% of its total number of distributed doses.

The five countries that have been allocated the most doses are Nigeria, Ethiopia, DR Congo, Kenya and Uganda. They have all received more than 28% of their allocation: Nigeria (3.9 million), Ethiopia (2.2 million), DR Congo (1.7 million), Kenya (1.0 million) and Uganda (0.9 million).

Botswana, Comoros, Eswatini, Guinea-Bissau and Namibia have received the smallest allocations.

Despite qualifying for free vaccines under COVAX, Burundi, Eritrea, Madagascar and Tanzania initially refused to join the programme. However, after criticism from its National Academy of Medicine, Madagascar decided to join.

African countries: COVAX vaccine rollout (3 May 2021)

Country When Doses		Doses received	Doses received	Total doses allocated	% received so far
Algeria	03-Apr-21	364,800	AstraZeneca (AZD1222) vaccine, manufactured by AstraZeneca	1,881,600	19.4
Angola	02-Mar-21	624,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	2,172,000	28.7
Benin	11-Mar-21	144,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	792,000	18.2
Botswana	28-Mar-21	24,000	00 AstraZeneca (AZD1222) vaccine, manufactured by AstraZeneca		23.8
Cameroon	17-Apr-21	391,200	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	1,752,000	22.3
Comoros	12-Apr-21	12,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	108,000	11.1
Côte d'Ivoire	26-Feb-21	504,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	1,740,000	29.0
DR Congo	02-Mar-21	1,700,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	5,928,000	28.7
Eswatini	13-Mar-21	12,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	108,000	11.1
Ethiopia	07-Mar-21	2,184,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	7,620,000	28.7
Gambia	02-Mar-21	36,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	156,000	23.1
Ghana	24-Feb-21	600,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	2,052,000	29.2
Guinea	11-Apr-21	194,400	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	864,000	22.5
Guinea-Bissau	14-Apr-21	28,800	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	120,000	24.0
Kenya	02-Mar-21	1,020,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	3,564,000	28.6
Libya	08-Apr-21	58,000	AstraZeneca (AZD1222) vaccine, manufactured by AstraZeneca	292,800	19.8
Malawi	05-Mar-21	360,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	1,260,000	28.6

Mauritania	14-Apr-21	69,500	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	-	
		31,200	AstraZeneca (AZD1222) vaccine, manufactured by AstraZeneca	-	
		100,700	Total (SII-AstraZeneca + AstraZeneca)	300,000	33.6
Namibia	16-Apr-21	24,000	AstraZeneca (AZD1222) vaccine, manufactured by AstraZeneca	108,000	22.2
Nigeria	02-Mar-21	3,924,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	13,656,000	28.7
Rwanda	03-Mar-21	240,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	1,260,000	19.0
		102,960	Pfizer-BioNTech (BNT162b2) vaccine	102,960	100.0
		342,960	Total (SII-AstraZeneca + Pfizer-BioNTech)	1,362,960	25.2
Sierra Leone	08-Mar-21	96,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	528,000	18.2
Somalia	15-Mar-21	300,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	1,044,000	28.7
South Sudan	25-Mar-21	132,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	732,000	18.0
Тодо	07-Mar-21	156,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	540,000	28.9
Tunisia	17-Mar-21	93,600	Pfizer-BioNTech (BNT162b2) vaccine	93,600	100.0
		0	AstraZeneca (AZD1222) vaccine, manufactured by AstraZeneca	412,800	0.0
		93,600	Total (Pfizer-BioNTech + AstraZeneca)	506,400	18.5
Uganda	05-Mar-21	864,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	3,024,000	28.6
Zambia	12-Apr-21	228,000	SII-AstraZeneca (COVISHIELD) vaccine, licensed and manufactured by the Serum Institute of India	1,212,000	18.8



*Supply refers to volumes of vaccine available from the manufacturer. Timing of forecasts is based on anticipated release of doses from manufacturers. Volumes for expected single-dose regimen vaccine candidates doubled to ensure comparability across vaccine candidates. Volumes have been rounded to the nearest 5M, except those less than 10M, and so totals may not equal sum of segments.

EU's efforts to support COVID-19 vaccination in Africa

"Team Europe" (EU + member states): 2.2 billion contribution to COVAX

€100 million humanitarian initiative to support vaccination campaigns

The initiative will join forces with the AfCDC and other international partners to support two complementary dimensions of the vaccination campaigns in Africa. One track of \leq 25 million in funding will be used to support the rollout of the vaccination campaign in African countries, including capacity building of national health authorities and addressing critical logistical gaps. The second track of \leq 65 million in funding aims to support the rollout of vaccination campaigns in specific humanitarian settings, notably in conflict and hard-to-reach areas. A further \leq 10 million is in reserve to be allocated to either of the two tracks as needed.

World Bank vaccine financing in Africa

Since the outbreak of COVID-19 in March 2020, the World Bank has committed \$25 billion to African countries to support their health and economic recovery, with an additional expected commitment of \$15 billion by June 2021.

Its Board has also authorised \$12 billion to support countries globally in their vaccination efforts. As of 20 April 2021, the World Bank reached \$2 billion in approved financing from this facility. The \$2 billion funding is supporting the purchase and distribution of COVID-19 vaccines in 17 developing countries, including seven African countries (Cabo Verde, Côte d'Ivoire, Eswatini, Ethiopia, Gambia, Rwanda and Tunisia).

The World Bank also prepared emergency vaccine financing projects in 21 countries in Africa, including Cabo Verde, DR Congo, Eswatini, Ethiopia, Mozambique, Niger and Tunisia. The financing would be on grant or highly concessional terms to mobilise financing for vaccine production and therapeutics focused on developing countries.

Vaccine procurement landscape

Individual countries are incentivised to purchase as many vaccine doses (and from as wide a pool of candidates) as possible to increase their chances of covering their whole populations.

Many high-income countries have hedged their bets by advance purchasing enough doses to vaccinate their population several times over (e.g. Canada has purchased enough to vaccinate its population five times).

Direct deals made by high-income (and some middle-income) countries result in a smaller piece of the pie available for equitable global allocation. As a result, most vaccines are going to highincome countries and fewer doses are available for low- and middle-income countries and for equity-focused partnerships like COVAX.

As of 30 April 2021, confirmed purchases cover 8.9 billion doses, with another 6.6 billion doses currently under negotiation or reserved as optional expansions of existing deals.

Of the confirmed 8.9 billion doses, high-income countries currently hold a confirmed 4.7 billion doses, upper middleincome countries hold 1.5 billion doses, lower-middle-income countries hold 732 million doses, and low-income countries hold 770 million. As of 30 April 2021, 70% of vaccines deals go to the high and upper-middleincome countries

World countries: confirmed number of doses purchased by country income level classification (30 April 2021)



Number of doses procured (million)



- High-income
- Upper-middle-income
- Lower-middle-income
- Low-income
- Global entity/COVAX

Source: MIF based on Duke Global Health Innovation Center Data updated on 30 April 2021



5. A WAKE-UP CALL FOR AFRICA: THE NEED TO ENSURE CONTINENTAL VACCINE AUTONOMY

a. Africa collectively stepping up its purchasing power

COVAX is currently the main source of vaccine doses available to African countries, but it is not only a long way from achieving the target of 600 million doses it has committed to delivering to cover 20% of the population by the end of 2021, but it is also far below the 60% ratio considered necessary to achieve herd immunity.

This situation has triggered a strong political commitment at continental level to immediately ensure access to additional vaccines, and, on a longer-term approach, to upgrade and upscale Africa's own manufacturing capacity.

The immediate adoption of an Africa Joint Continental Strategy for COVID-19 Outbreak

Adopted by African health ministers as early as February 2020, the 'Africa Joint Continental Strategy for COVID-19 Outbreak' has two goals:

- Prevent severe illness and death from COVID-19 infection in African countries.
- Minimise social disruption and economic consequences of COVID-19 outbreaks.

To achieve this the strategy seeks to coordinate efforts of member states, AU agencies, the WHO and other partners to ensure synergies, minimise duplication and promote evidence-based public health practice for surveillance, prevention, diagnosis, treatment, and control of the pandemic.

The continental response to the pandemic is managed by the AfCDC through two major initiatives: the Africa Taskforce for Coronavirus (AFTCOR) and the Incident Management System. This level of organisation and coordination is remarkable, considering that the AfCDC was only launched in 2017.

Africa Medical Supplies Platform: a continental platform

The Africa Medical Supplies Platform (AMSP) is a not-for-profit initiative launched by the AU as an immediate, integrated and practical response to the COVID-19 pandemic.

The AMSP unlocks immediate access to an African and global base of vetted manufacturers and procurement strategic partners and enables AU Member States to purchase certified medical equipment such as diagnostic kits, PPE and clinical management devices with increased cost effectiveness and transparency. The platform serves as a unique interface enabling volume aggregation, quota management, payment facilitation as well as logistics and transportation to ensure equitable and efficient access to critical supplies for African governments.

Currently, the AMSP's COVID-19 vaccine pre-orders for the AU member states are open for the Johnson & Johnson, Sputnik V and Pfizer vaccines.

AVATT: a continental strategy for vaccine acquisition

The African Vaccine Acquisition Task Team (AVATT), a 10-member team drawn from across the continent, was established in August 2020 by AU Chair President Cyril Ramaphosa as the entity responsible for leading the continent's COVID-19 vaccine strategy. AVATT is the vaccine acquisition pillar of a whole-of-Africa strategy with two more pillars: coordinating vaccine trials on the continent, and the Africa Vaccine Delivery Alliance.

The direct acquisition of vaccines by African countries through the AVATT initiative is part of the continental objective to vaccinate a minimum of 60% of the African population and achieve herd immunity. This target is in line with targets set in other regions such as Europe and the US. Through the COVAX Facility, the international donor community has pledged to provide AVATT with 27% of the 1.5 billion vaccine doses required, however, Africa must find the rest:

1

In January 2021, AVATT secured a commitment of a provisional amount of 270 million vaccines from three major suppliers: Pfizer, AstraZeneca (through the Serum Institute of India) and Johnson & Johnson. All 270 million vaccine doses will be made available in 2021, with at least 50 million being available for the crucial period of April to June 2021.



In late January 2021, AVATT secured an additional 400 million doses of the Oxford-AstraZeneca vaccine from the Serum Institute of India.

3 As per an agreement signed on 28 March 2021, Africa will have access to 220 million doses of the Johnson & Johnson single-shot vaccine, with the potential to order an additional 180 million doses. Most supplies will be produced at the giant pharmaceutical manufacturing plant in South Africa operated by Aspen Pharma. The vaccines will be made available to African countries through the African Medical Supplies Platform (AMSP), over a period of 18 months.

AVATT is supported by the African Export-Import Bank (Afreximbank) to provide advance procurement commitment guarantees of up to \$2 billion to the manufacturers on behalf of member states having made orders. Upon delivery of the vaccines, member states may pay using their internal resources or access an instalment payment facility of up to five years offered by Afreximbank. AVATT also collaborates with the World Bank to ensure that member states are able to access about \$5 billion either to buy more vaccines or pay for delivery of vaccines committed on their behalf by Afreximbank.

In mid-March 2021, AVATT shipped 925,000 doses of Oxford-AstraZeneca COVID-19 vaccines to 13 countries, with an expiration date of 13 April 2021. Following AfCDC intervention, the Serum Institute of India, from which the vaccines were procured, confirmed an approved "shelf-life extension" for an additional three months, through 13 July 2021. While the AU has been working to procure doses for member states, this is the first distribution of COVID-19 vaccines done by the agency as of early May 2021.

Nigeria's CACOVID: an example of early commitment from the private sector

Launched on 26 March 2020, in partnership with the Federal Government, the Nigeria Centre for Disease Control (NCDC) and the WHO, the Coalition Against COVID-19 (CACOVID) is a Nigerian private sector task force established to combat COVID-19 in Nigeria.

It aims at pooling resources across industries to provide technical and operational support while providing funding and building advocacy through aggressive awareness drives.

In addition to the efforts of the Federal Government, the Coalition is providing and equipping medical facilities in the six geopolitical zones in Nigeria. This involves the creation of testing, isolation and treatment centres, as well as the provision of Intensive Care Units (ICUs) and molecular testing labs. It has started with Lagos (1,000 beds), Kano (500 beds), Rivers (210 beds), Abuja (200 beds), Enugu (200 beds) and Borno (200 beds), and should set up facilities in Anambra, Bauchi, Bayelsa, Katsina, Ogun and Plateau.

b. Looking ahead: securing Africa's own manufacturing capacity

The market is there: Africa hosts almost 18% of the global population, but still produces less than 0.1% of the world's vaccines

There is a large opportunity for growth with Africa already currently representing about 25% of global vaccine demand.

At least 9.4 million children in Africa miss out on basic vaccines.

The 2030 African vaccine public market is estimated to reach between \$2.4 billion and \$4.3 billion, with a potential high-end of \$5.4 billion.

Rapid urbanisation and increased mobility on the continent increase the risk of emerging infectious diseases.

Local manufacturing is almost non-existent: about 99% of Africa's routine vaccines are imported, most of them supplied by a few developing-country vaccine manufacturers (DCVMs), with the support of Gavi, the Vaccine Alliance, and the United Nations Children's Fund (UNICEF). The majority of these DCVMs are Indian manufacturers, such as Bharat Biotech, BioMed and the Serum Institut of India.

Today, Africa is home to 17.6% of the world's population, but it has less than 0.1% of the world's vaccine production

Vaccine manufacturing supply capacity in Africa



About 70% of global vaccine drug substance manufacturing sites are located in Western Europe (40%) and North America (30%), whereas global vaccine production is mostly concentrated in Asia with about 42% of vaccines acquired from top three manufacturers in Asia (Bharat Biotech, BioMed and the Serum Institut of India).

While global vaccine developers have been investing in vaccine targets and formulations for Africa, there remain gaps in product availability that meet Africa's specific needs, such as Africa-specific diseases or health system challenges like cold chain requirements and dosage forms.

Only 10 local vaccine value chain players are currently operating in Africa.

They represent about 30% of overall vaccine value chain players on the continent.

They are mostly concentrated in North Africa, South Africa and Nigeria. The majority of African countries have no presence at all.

About 40% engage only in packaging and labelling, and 40% engage only in fill and finish.

Only five engage in some degree of drug substance manufacturing, but mostly on a very small scale.

R&D capacities are very limited on the continent and only located in South Africa and Nigeria.

Vaccine manufacturing in Africa is scarce and focuses on downstream steps (fill & finish, packaging and labelling, import to distribute)





Few foreign manufacturers are currently willing to produce Africaspecific vaccine products, or require high prices to be incentivised to include these products in their portfolio

Local vaccine production: positive socioeconomic spillover

Local vaccine manufacturing could provide development impact in several ways:

- Developing high-skilled jobs and supporting diversified, value-adding socioeconomic growth.
- Potentially reducing trade deficits through import substitution and easing foreign exchange pressures (likely only in some countries over the long-term).
- Reaping the indirect impacts of a robust and sophisticated pharmaceutical industry (e.g. crowded-in scientific knowledge, stronger regulatory capacity, and better supply chains).

African countries: local vaccine value chain players (2020)

Current capacity
 Planned capacity

Outside-in View	Non-Exhaustive	5		5	(Ð
Local	Vaccines portfolio	R&D	DS Manufacturing	Fill and Finish	Packaging	Import for
manufacturers		2 companies 3 vaccines	5 companies 3 vaccines	6 companies 11 vaccines	5 companies 13 vaccines	6 companies 16 vaccines
Institut Pasteur Dakar (Senegal)	Yellow Fever		•	•	٠	
Vacsera (Egypt)	BCG-T			•	•	•
	Tuberculin			•	•	•
	Tetanus			•		•
	DTP			•	•	•
	Typhoid			•	•	•
	Cholera			•	•	•
	MMR			•	•	•
	OCV			•	•	•
Institut Pasteur Tunis² (Tunisia)	BCG		٠	•		
Biovac ³	BCG				•	
(South Africa)	Measles					•
	Pneumonia ⁴				•	٠
	Hepatitis B ⁴				•	•
	GBS (Group B streptococcus)⁵	•	•			
	Hexavalent Vaccine: DPT, Poliomyelitis, Haemophilus influenzae b and Hepatitis B			•	٠	•
Aspen Pharmacare (South Africa)	COVID-19 candidate			•	٠	
Institut Pasteur Morocco (Morocco)	BCG					٠
	DT					
	Yellow Fever					•
	Typhoid					
	Influenza					•
	Rabies					•
EPHI: Eth Public Health Institute (Ethiopia)	Rabies and plan to produce other vaccines ⁶		•	•	٠	٠
Biovaccines (Nigeria)	Yellow Fever		•	•	•	•
	Plan to produce Hep-B, Tetanus, Measles ⁷		•	•	•	
Innovative Biotech	HIV	•				
(Nigeria)	Ebola					
	Typhoid Fever ⁸			•	•	
	Rota virus ⁸			•	•	
Institut Pasteur Algeria (Algeria)	Rabies		•			•

¹ Possibility to have double-counting as companies can be involved in different part of the value chain

² Very small scale Active Pharmaceutical Ingredient (API) manufacturing

³ Potential further R&D projects planned in future

⁴ Currently only visual inspection, labelling and packaging of imported vials or Pre-filled Syringes (PFSs)

⁵ Small scale Drug Substance (DS) manufacturing as part of development

⁶ Planned vaccine portfolio is not confirmed

⁷ Planned in new facility where construction is currently on hold

⁸ Tech transfer planned with imported bulk

Source: MIF based on UKaid

Existing manufacturing capabilities for related products represent a potential for vaccine manufacturing.

In addition to the 10 human vaccine companies, there are about 16 local animal vaccine players that could be leveraged for human vaccine manufacturing. There are also about 80 local pharmaceutical companies (non-vaccine) that manufacture injectables - in North African countries as well as Nigeria, South Africa and Tanzania.

Given the primary dosage form in Africa is vials (approximately 80% volume of local procurement in 2019), injectable and sterile filling sites can help expand vaccine Fill and Finish activities.

About 26 local pharmaceutical companies manufacturing monoclonal antibodies (mAbs), mostly concentrated in Northern Africa and South Africa, offer relevant know-how for vaccine manufacturing.

July 2020

Egypt: the Health Ministry announced that it had begun preparing to manufacture a coronavirus vaccine once proven to be effective in trials, in cooperation with the Chinese government.

Egypt agreed with China's Sinovac Biotech Ltd to manufacture its COVID-19 vaccine domestically, and could produce up to 80 million doses a year. The agreement could provide a major boost to vaccination efforts in Egypt, which has a population of 100 million and has thus far received just 1.5 million doses.

August 2020

Morocco and China National Biotec Group Company Limited (CNBG) signed two cooperation agreements on COVID-19 vaccine trials to allow Morocco to produce a vaccine.

November 2020

Morocco: Russian Direct Investment Fund (RDIF) signed a deal with Moroccan pharmaceutical manufacturer Galenica to produce the Sputnik V vaccine locally.

Nigeria: Federal Government announced plans to set up a vaccine production company to boost local COVID-19 vaccine production.

Angola: the Russian Government submitted a proposal to the Angolan government for construction of a factory to manufacture vaccines.

January 2021

Morocco: the Pasteur Institute of Morocco is set to establish an industrial unit for the manufacturing of vaccines and other biomedical products near Casablanca. The planned industrial unit would produce COVID-19 vaccines together with Sinopharm.

South Africa: Aspen Pharmacare announced it could start production of Johnson & Johnson COVID-19 vaccines once all approvals are in place.

April 2021

Algeria: Pharmaceutical Industry Ministry announced that the Sputnik V vaccine would be produced domestically by the public group Saidal in partnership with the Russian laboratory. Saidal will also receive help from "a leading Indian laboratory specialised in the manufacture of vaccines".

Multiple challenges still need to be addressed



Intellectual property (IP) rights and technology transfers

WTO's Trade-Related Aspects of Intellectual Property (TRIPS) framework

TRIPS is the most comprehensive multilateral agreement on intellectual property (IP). As per the WTO definition, it plays a central role in facilitating trade in knowledge and creativity, in resolving trade disputes over IP, while assuring WTO members the flexibility to achieve their domestic policy objectives. It frames the IP system in terms of innovation, technology transfer and public welfare. The Agreement is a legal recognition of the significance of links between IP and trade and the need for a balanced IP system.

Many have advocated for a temporary TRIPS waiver of patent rights over COVID-19 products (medicines, diagnostics, medical equipment, and vaccines) - believing it could allow more widespread manufacturing worldwide, specifically in Africa.

South Africa and India have from the beginning been the most prominent advocates of this temporary waiver.

Developed countries and pharmaceutical companies opposed to this waiver argue that:

- IP protection is what made innovation, and vaccines, possible in the first place, given the highly capitalistic nature of that industry.
- Manufacturing capacity of most of the world's countries is not advanced enough to produce these types of vaccines.
- Two alternatives to the TRIPS waiver are already possible within current provisions, though not being currently used by developing countries: voluntary licensing agreements (VLAs) and compulsory licenses (CLs).

However, many argue that the need for patent monopolies is significantly diminished by the ample government financial support that the majority of vaccine developers have already received for the R&D stage.

Voluntary licensing agreements (VLAs) and Compulsory licenses (CLs)

VLAs

Arrangements whereby a patent holder may allow others to manufacture, import, and/or distribute its patented drug.

Pharmaceutical companies would prefer to rely on VLAs to increase production as they allow the patent holder to control who is producing their patented good and where they are able to sell the product.

CLs

Compulsory licenses are when a government allows someone else to produce a patented product or process without the consent of the patent owner or plans to use the patent-protected invention itself. In cases of extreme urgency, the current TRIPS agreement allows states to authorise CLs to facilitate generic manufacture of patented vaccines, under their own domestic law, as long as the scope and duration of the license is narrowly circumscribed.

However, when developing countries have made of use of CLs, they have often faced backlash from Western governments and pharmaceutical companies that own the patents and have been threatened with sanctions. For example, when Malaysia attempted to use a CL to increase affordability of a Hepatitis C medication, the US government and its pharmaceutical industry threatened to wield the power of sanctions through a Special 301 Report. As a result, WTO members have also been reluctant to develop more flexible CL policies.

The People's Vaccine Campaign and changing positions

The People's Vaccine Campaign, led by the People's Vaccine Alliance, a global coalition of organisations and activists including UNAIDS, Amnesty International and Public Citizen, argues that a COVID-19 vaccine should be made available for all as a global common good.

For this to be achieved there are three crucial steps: a waiver of IP protections on COVID-19 vaccines, including on their components and raw materials; a transfer of technical knowledge from vaccine makers in the global north to regional hubs or directly to manufacturers in the global south; and a vast subsidisation of manufacturing in lower-middle-income countries (LMICs).

When the WHO announced in mid-April 2021 that it was seeking manufacturers in LMICs who want to produce mRNA COVID-19 vaccines, it was inundated with proposals.

On 5 May 2021, in a sharp reversal of past policy, US President Biden came out in favour of a WTO proposal, submitted by India and South Africa with the support of over 100 countries, that would waive certain IP protections around COVID-19 vaccines. Other developed countries, with the notable exceptions of Germany and Switzerland, soon followed.

Despite this, the details of the COVID-19 vaccine waiver are still to be worked out and would require consensus among the WTO membership. Ngozi Okonjo-Iweala, the first woman and first African at the helm of the WTO, will have to broker such challenging negotiations. This could take months, years, or even prove to be impossible.

An additional point of contention will be that while the Biden administration has only indicated that it would be willing to waive patent rights for vaccines, the original proposal put forward by India and South Africa stated that such a waiver should be applied to all COVID-19-related medical products.
Sharing knowledge: the COVID-19 Technology Access Pool (C-TAP)

C-TAP was launched in May 2020 by the WHO in partnership with the Government of Costa Rica and 40 Member State co-sponsors with the Solidarity Call to Action, calling the global community to voluntarily share knowledge, intellectual property, and data necessary for the fight against COVID-19.

C-TAP aims to accelerate the development of products needed to fight COVID-19 as well as the scale-up of manufacturing and the removal of barriers of access in order to make products available globally in a timely, equitable and affordable manner.

C-TAP is implemented through various partners: the Medicines Patent Pool, Open COVID-19 Pledge, UN Technology Bank-hosted Technology Access Partnership and Unitaid.

Despite numerous attempts to persuade pharmaceutical companies to engage with the pool, C-TAP remains a highly promising, but underutilised tool. As of January 2021, the WHO confirmed that no technology or treatments had been shared via the pool.

Regulatory frameworks

While continental and regional regulatory reform related to COVID-19 vaccines is ongoing, continent-wide harmonisation under the African Medicines Agency (AMA) is not yet a reality and national regulators face capacity constraints. To ensure Africa's vaccine manufacturing capabilities are scaled up, a pan-African regulatory framework will be necessary.

3

Human skills and R&D

A few ongoing tech transfers have provided experience, but there are still skills shortages of pharmaceutical, biotechnology and industrial talent, driven by scarcity and the brain drain of local talent. For Africa to be able to manufacture its own vaccines, both for COVID-19 and long term, technology transfer and knowledge sharing will be key.

Africa will also need to ensure that government policies encourage investment into R&D and a robust manufacturing market exists to receive this technology.

4

Infrastructure environment

The infrastructure required for vaccine production, such as power and water at facility level and transport for domestic or regional export is still too unreliable in many African countries.



Access to finance, and partnerships with the private sector

There have been initial investments made in local vaccine manufacturing, including the use of non-traditional financing models such as public-private partnerships (PPPs) and joint ventures, and several partnerships and investments related to COVID-19 vaccine manufacturing have been announced recently. However, financing for local manufacturing in Africa is still limited.

SPOTLIGHT (Q)

The AMA: a key institution on the road to vaccine autonomy

The AMA, approved in 2019 at the 32nd AU Assembly, is a Specialised Agency of the AU with its own rules, membership, and resources to enhance the capacity of State Parties and Regional Economic Communities (RECs), to regulate medical products in order to improve access to quality, safe and efficacious medical products on the continent.

The main objectives of the AMA are:

- To coordinate on-going regulatory systems.
- To strengthen and harmonise efforts of the African Union-recognised RECs, Regional Health Organisations (RHOs), and Member States.
- To provide regulatory guidance.
- To complement and enhance collaboration and contribute to improving patients' access to quality, safe and efficacious medical products and health technologies on the continent.

The AMA builds on the strengthened capacity of medical products regulation in Africa and the harmonisation of regulatory systems, within the context of the African Medicines Regulatory Harmonisation (AMRH) Initiative.

As of March 2021, the treaty had been signed by 19 countries but only ratified by eight out of a required 15 countries. The absence of a body of this nature has been felt more acutely during the COVID-19 pandemic, while fake COVID-19 vaccines have already made their appearance on the continent. Through an Africa-wide regulatory body like the AMA, processes like 'market surveillance' and 'supply chain security' could be implemented to better protect patients.

c. Effective political commitment is crucial

Multiple former commitments and frameworks still unmet

Infectious diseases remain a great threat to Africa's aspiration to achieve its 2063 developmental blueprint 'Agenda 2063: The Africa We Want'.

The COVID-19 pandemic has shown Africa the urgent need to invest in its healthcare systems as a critical instrument in securing its economic development as it implements the African Continental Free Trade Area (AfCFTA) Agreement and other flagship projects of Agenda 2063.

Pre-existing African commitments and frameworks, such as the Abuja Declaration and the Africa Health Strategy 2016-2030 have not been enough to overcome some of the structural weaknesses in Africa's health systems. For instance, only a handful of countries have met the target of spending 15% of their government budget on health, in any given year since 2001, when AU member countries made this pledge in Abuja, Nigeria.

Additionally, the COVID-19 pandemic has revealed how fragile international cooperation can be when the world is collectively threatened and challenged by a common disease threat.

New Public Health Order: a key boost?

A New Public Health Order calls for cross-continental and global collaboration, cooperation, and coordination, and should be based on four pillars:

- Strengthened public health institutions.
- Strengthened public health workforce.
- Expanded and strengthened African manufacturing of vaccines, diagnostics, and therapeutics.
- Respectful, action-oriented partnerships.

The Partnership for African Vaccine Manufacturing (PAVM)

A major outcome of the 12-13 April AfCDC-AU conference on vaccine manufacturing is the launch of the PAVM. This will aim at achieving:

- Agenda-setting and coordination.
- Establishment of regional vaccine production hubs (one in each of the five geographical regions).
- Resource mobilisation and financing partnerships.
- Strengthening of regional vaccine regulatory institutions.
- Technology transfer and workforce development.



AU's goals for regional vaccine research and manufacturing hubs (2021)

- In addition to the short-term goal of administering COVID-19 vaccines to 60% of Africa's population by 2022, the PAVM aims to deal with the continent's general vaccine needs:
- Vaccines for known African pathogens: local production of 100% of vaccines needed for at least 1-3 emerging diseases such as Ebola, Lassa fever and Rift Valley fever by 2040.
- Vaccines for unknown global pathogens: local capacity to manufacture 30-60% of vaccines needed for a pandemic by 2040.
- Routine immunisation: local capacity for 20-60% of annual production of routine vaccines needed.
- 99% 40% 60%

AU/AfCDC's aspirations for 2040 related to Africa's vaccine supply (2021)

- Northern Manufacturing Hub
 Northern Vaccine Research Hub
- Western Manufacturing Hub
 Western Vaccine Research Hub
- Central Manufacturing Hub Central Vaccine Research Hub
- Eastern Manufacturing Hub Eastern Vaccine Research Hub
- Southern Manufacturing Hub Southern Vaccine Research Hub

Source: MIF based on AU & AfCDC

AU-CEPI partnership to boost African vaccine R&D and manufacturing

In the margins of the AfCDC-AU conference, the AU and CEPI announced the signing of a Memorandum of Understanding (MOU).

This collaboration, part of CEPI's longer term epidemic and pandemic strategy, aims at strengthening ties between CEPI, the AU and the AfCDC to enhance vaccine R&D and manufacturing in Africa for public health security.

The three organisations will leverage existing networks partnerships to:

- Strengthen pandemic and outbreak preparedness on the continent.
- Invest in vaccine R&D innovations, talent and technical know-how.
- Strengthen institutions that enhance enabling sciences for vaccine development.

SPOTLIGHT (Q)

AfCFTA: instrumental to make progress

After a six-month delay due to the COVID-19 pandemic, trading within the AfCFTA finally began on 1 January 2020.

The AfCFTA as a united coherent bloc has great potential to spur Africa's industry to help mitigate the effects of COVID-19, and those of future pandemics, in the following ways:

- Allowing the free movement of pharmaceutical and Personal Protective Equipment (PPE), as well as the free exchange of technical expertise.
- Facilitating the establishment of regional value chains in pharmaceuticals, and allowing African countries to leverage regional industrial hubs to scale up their own production.
- Encouraging local production of vaccines, generic medicines (for export on the continent), or pooled procurement of medicines. This is only made possible thanks to the economies of scale offered by the AfCFTA.
- Boosting intra-regional trade through harmonisation of standards as well as collective bargaining with foreign drug suppliers in the short to medium term and increasing investment in pharmaceutical production in the long run. By accelerating implementation of the Pharmaceutical Plan for Africa (PMPA) and establishment of the AMA, African countries can maximise the opportunity given by the AfCFTA.
- Strengthening Africa's ability to ensure TRIPS flexibilities are fully utilised in efforts to enable local production and access to essential medicines.

Insights from the discussions on the way forward

Forum session 1

Lessons from the pandemic: an urgent call to strengthen Africa's health capacities

- The recent dramatic spike in cases and death toll in India may be a window into a not-so-distant future for other parts of the world. While Africa has not yet seen the same scale of devastation experienced by other world regions, the impact of COVID-19 in Africa has still been profound in terms of lives, livelihoods, health systems and economies on the continent. Africa's leadership has been praised globally for responding early and in a coordinated manner to the crisis, however there is no room for complacency.
- The top priority is to get vaccines to African countries now at speed and scale. Without equitable access to these, the COVID-19 virus risks becoming endemic in Africa. Any country with excess doses must redistribute vaccines to contribute to the control of the pandemic globally.
- Basic health provision cannot be secured by relying on others. The stark inequities in the global distribution of COVID-19 vaccines are showing that Africa cannot rely solely on imports from the rest of the world. Just ten countries are responsible for 80% of vaccine exports globally and Africa imports 99% of its vaccines.
- The socioeconomic potential of the health sector should not be overlooked. Increased investment will have to be accompanied by a skilled health workforce to meet Africa's challenges.
- Investment to support the decentralisation of the production of vaccines and other pharmaceuticals is key to strengthing global health security. While the global architecture for vaccine production was built for around five billion vaccines a year, current requirements are up to 14 billion.
- Africa must be fully integrated in the global circuit of vaccine and wider medical research, development and manufacturing, feeding into best practices in the Global North and Global South. It is vital that the continent gets access to latest generation technologies (e.g. mRNA, immunotherapy) with the potential to help address some of Africa's long-standing health challenges.
- It is imperative to transform the international system of pandemic preparedness and response to prevent future disease outbreaks from becoming pandemics. More attention needs to be paid to prevention and preparedness, especially at the institutional level.

"We need vaccines and we need them quickly on the continent. Anyone that has excess doses, the time is now to redistribute those doses so that we can vaccinate our people at speed and scale. Otherwise, Africa will be moving towards endemicity of this virus, which wouldn't bode well for collective health security."

Dr John Nkengasong, Director, Africa Centres for Disease Control and Prevention (AfCDC) "Disinvestment in our technical institutions has really rendered statistical data on healthcare often an estimation rather than a fact."

Mandipa Ndlovu, Now Generation Forum Representative, Zimbabwe

"Africa has much to be proud of in its response to the pandemic, Leaders responded early and in a coordinated manner with swift implementation of public health measures. And when it comes to epidemics, early action is critical, no time to lose."

Prof. Peter Piot, Director, London School of Hygiene & Tropical Medicine

"The pandemic has underlined why it's so important to invest in Universal Health Coverage, based on primary healthcare and strong community engagement. [...] Global health security begins in our local clinics and health systems."

Dr Tedros Ghebreyesus, Director-General, World Health Organizaton (WHO)

"It is anomalous that a continent like Africa, with 1.3 billion people, imports 99% of its vaccines and 90% of its pharmaceuticals."

Dr Ngozi Okonjo-Iweala, Director-General, World Trade Organization (WTO)

"A rise in health expenditures across the continent could unlock \$89-90 billion dollars annually across the continent and it could unlock jobs, 10 to 15 million jobs."

Reeta Roy, CEO, Mastercard Foundation

Insights from the Now Generation Forum:

- The group spoke about the devastating consequences the pandemic has had on their physical, mental, social and economic wellbeing. It was noted that although the effects of COVID-19 are felt by most Africans, young people, women, girls and those in conflict situations are more severely impacted.
- NGF participants opposed Africa's excessive dependency on external actors for vaccines. There was a collective view that Africa's excessive external dependency is a product of several years of neglect of Africa's manufacturing industries.
- African countries should strengthen their basic health capacities by committing sufficient finances to the health sector, providing health infrastructure and adequately remunerating health professionals to check the brain-drain of Africa's medical human resources.
- A specific call to develop and utilise Africa's indigenous health systems
 was also made. Since many Africans utilise traditional medicines and
 traditional health professionals, it is important that the capacities of
 these indigenous channels are also developed.

"The COVID-19 pandemic has opened our eyes to the fact that health is a crosscutting issue. Thus, governments need to be very intentional when it comes to budget allocation and policies in the health sector."

Fiona Umulisa, Now Generation Forum Participant, Rwanda

Chapter 02. **Politics and** society: setbacks in democracy and rights, and new triggers for instability

SPOTLIGHT (9)

SDGs & Agenda 2063: already off track before COVID-19, progress likely to be derailed due to the pandemic

In Africa, the health and economic crises triggered by COVID-19 are posing a heightened risk to the achievement of the Sustainable Development Goals (SDGs) and of the African Union's (AU) Agenda 2063 which sets out a vision for "an integrated, prosperous and peaceful Africa, driven by its own citizens, representing a dynamic force in the international arena". This may lead to Africa losing up to a decade of developmental progress.

Even before the pandemic hit, Africa was mostly off track to reach the 2030 Sustainable Development Agenda: the continent is only slightly above halfway to achieving the 17 SDGs.

In addition, the pandemic is likely to widen the already existing financing gap for the SDGs as remittances, official development assistance (ODA) and portfolio flows have declined and are expected to remain subdued.

No African country is on track for 13 of the 17 SDGs and the majority of countries are off track for the majority of the SDGs

SDG13: only SDG for which the majority of African countries are on track

SDG3, SDG9, SDG 16: for more than ³/₄ of countries major challenges remain

COVID-19 is expected to have some negative impact on 16 of the 17 SDGs

An analysis by the Sustainable Development Goals Center for Africa (SDGC/A) and the Sustainable Development Solutions Network (SDSN) reveals that some negative impact of COVID-19 is expected on 16 of the 17 Goals. In addition, as the SDGs are mostly interlinked, knock-on effects might be seen across the range of SDGs.

Summary of COVID-19 impacts on the SDGs



African countries are at risk of failing at 'leaving no one behind' as they struggle to tackle various inequalities.

- All countries are still facing challenges in reducing inequalities with regards to income and wealth, access to quality public services and gender. For the majority, progress is stagnating, in particular regarding equal access to public services.
- COVID-19 is exposing and worsening pre-exisiting inequalities with the most vulnerable in society being hit hardest by its impact. Young people are affected disproportionately, especially when it comes to employment, and women are being confronted with additional barriers such as violence or unpaid care work. In gender equality only 4% of countries are on track. These results refer to the situation pre-COVID-19 and are likely to be exacerbated by the impact of the pandemic.

Goals related to peace, security and governance are also unlikely to be achieved due to COVID-19 delaying conflict management and resolution mechanisms and worsening pre-exisiting governance deficits on the continent. Source: The Sustainable Development Goals Cente for Africa (SDGC/A) & Sustainable Development Solutions Network (SDSN)

African schools closed for about 26 weeks on average with an increasing risk of dropouts

Worldwide, more than 91% of school children, around 1.6 billion children, were affected by school closures due to COVID-19. For the first time in history an entire generation of children globally had their education disrupted.

Over the course of the pandemic, most African countries had their schools closed in May and June 2020. As of April 2021, schools are fully open again in 42 African countries but still fully closed in Algeria, Equatorial Guinea and Eswatini.

On average, schools in Africa were closed or partially closed for about 26 weeks between March 2020 and March 2021, roughly equivalent to the global average

Progress in *Education* has been slowing over the past five years (2015-2019)

- The African average score for the Ibrahim Index of African Governance (IIAG) sub-category *Education* has increased by +1.7 over the past decade (2010-2019), but progress has been slowing since 2015.
- The continent has strengthened human resources in education, increased enrolment and completion rates as well as equality in education.
- The quality of education, however, has declined since 2010 and this indicator is among the ten most declined (out of 79) within the IIAG.

African countries: duration of school closures (March 2020 - March 2021)



Schools were fully or partially closed the longest in **Uganda** (50 weeks), followed by **Eritrea**, **Eswatini** and **South Sudan** (49 weeks each).

Uganda has seen the longest full closure of schools with 37 weeks, followed by Comoros (29 weeks) as well as Angola, Eswatini, Kenya and South Sudan (28 weeks each).

Burundi is the only country on the continent to not have closed schools at any point and **Djibouti** and **Mauritius** had their schools closed for less than 10 weeks.

Duration of full and partial school closures in weeks



Source: MIF based on UNESCO

School closures worsen food insecurity: more than 65 million children missing out on school meals in April 2020

For many children, school meals are a vital source of food and nutrition, often constituting their main meal of the day. Missing out on school meals can therefore have incremental impacts on children's health in both the short- and long-term as well as contributing to human capital deficits. At the peak of the first wave in April 2020, 65.4 million children in Africa were affected with most children missing out on school meals in Egypt (11.2 million), Nigeria (9.8 million) and South Africa (9.2 million). In 11 other countries at least one million children did not have access to school meals. Several countries made take home rations available to mitigate the impacts on the most vulnerable students.

Extended school closures due to the pandemic may lead to more school dropouts and worsen learning inequalities, in particular among the most marginalised and vulnerable families. This is exacerbated by the socioeconomic effects of the pandemic for children who might need to support income generation for their household.

In Africa, already 105.4 million children at primary and secondary school age were out of school in 2019, a rate of 23.7% in sub-Saharan Africa and of 9.7% in Northern Africa

African countries: risk of increase in out-of-school children and learning inequalities due to COVID-19 (2020)



9 African countries face an extreme risk and **12** countries a high risk of a rise in out-of-school children and learning inequalities.

Level of risk



Source: MIF based on Save the Children

COVID-19 is likely to exacerbate a pre-existing learning crisis

Even before COVID-19, Africa was facing a learning crisis. Students' minimum proficiency levels in sub-Saharan Africa are already the lowest globally with a learning deprivation gap of around 20%, double the global average rate. Due to COVID-19, sub-Saharan Africa is poised to potentially see the largest increase in both the learning deprivation gap and in learning deprivation severity.*

The average 26 weeks of school closures in Africa equal almost seven months, meaning that the 23 low-income countries in Africa could lose an average of 0.5 learning-adjusted years of schooling, dropping from an average of 4.3 years to 3.8 years.

Impact on human capital

According to data from the World Bank's 2020 Human Capital Index (HCI), reflecting the situation before the pandemic, Africa already has the world's lowest average human capital - meaning that a child born in Africa just before COVID-19 can expect to achieve on average only 41% of productivity as a future worker. Only two countries, Mauritius (0.62) and Seychelles (0.63), score above the global average of 0.56. It is estimated that in the majority of African countries there will be a drop between -3.07% and -4.00% in the HCI for the current cohort of school children due to COVID-19, which could wipe out the progress made by many countries over the last decade.

Impact of school closures is worsened by a shortfall in adequate remote learning opportunities and the digital divide

In 11 of 21 countries surveyed in the World Bank's high-frequency phone surveys, at least half of all respondents stated that children have engaged in some learning/ education activity since COVID-19-related school closures. While in Djibouti and Zimbabwe the percentage is at least 95%, in Chad, Ethiopia, Malawi and South Sudan less than one-third of children have engaged in learning activities.

According to the first round of the Survey on National Education Responses to COVID-19 School Closures, conducted by the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Children's Fund (UNICEF) between April and June 2020 across 33 African countries, most remote learning programmes across different levels of education are offered via TV, followed by radio.

- Burkina Faso, Cabo Verde, São Tomé & Príncipe and Senegal offer all four modes of remote learning (paper-based, radio, TV and online) across at least three levels of education.
- Kenya, Nigeria and Tunisia offer all but paper-based material.
- Comoros, Côte d'Ivoire and Togo do not offer any remote learning programmes.
- Niger offers only paper-based material.
- In Ethiopia, Gambia, Kenya and Senegal messenger apps like Telegram and WhatsApp are also used for distance learning.

* The learning deprivation gap means the average distance of a learning deprived child to the minimum reading proficiency level. Learning deprivation severity means the inequality among the learning deprived children.



The second round of the Survey, conducted between July and October 2020 and including 31 African countries, finds that most countries surveyed consider distance learning platforms to be fairly effective, with **online platforms generally considered the most effective** and take-home packages the least effective.

While more than half of the countries surveyed in the first round have provided teachers with instructions for remote learning, only one-third have actually trained them on the use of the platforms.

So remote learning might be able to curb some of the effects of school closures, but it falls short of being inclusive. There is a **large digital divide on the continent across and within countries** with regards to electricity access and the use of smartphones and computers.

Less than half of the population in sub-Saharan Africa (47.7%) was connected to the electric grid in 2018 and Afrobarometer surveys across 34 countries show that less than half of all respondents' electricity supply is reliable most or all the time (43.5%).

According to data from UNESCO and the International Telecommunication Union (ITU), 89% of learners in sub-Saharan Africa do not have access to household computers, 82% lack internet access and at least 20 million live in areas not covered by a mobile network. *Digital Access* is also the second lowest scoring indicator of the IIAG, showing this is still a major area of concern for Africa.

These shortfalls constitute a large challenge. Children without access to stable internet or electricity or with limited devices at home are being put at risk of being left behind.

Of the global 463 million schoolchildren (31%) who cannot be reached by remote learning due to a lack of policies supporting remote learning or a lack of household assets, at least 67 million are in Eastern and Southern Africa, and 54 million in Western and Central Africa, the two highest minimum shares of unreachable students globally. Most schoolchildren that cannot be reached live in rural areas.

In comparison with other regions, the share of students from pre-primary to upper secondary school that can be reached online for learning is the lowest in sub-Saharan Africa at only around 6%. The most students are potentially being reached via radio.

Internet access is often only available via mobile phones for which pricing is based on consumption rather than on a subscription basis, making it more expensive, so risks widening inequality. Subscriptions however are often not an option for households with irregular income or no bank account.

Besides an access divide, there is also a digital literacy divide. The minimum training that teachers in sub-Saharan Africa receive often does not include information and communications technology (ICT) skills and the restricted availability of electricity and mobile coverage hampers the use of digital devices and the development of digital literacy. Afrobarometer finds that 55% of respondents across 34 countries are likely unprepared or ill-prepared to assist members of their household within an e-learning environment.

Almost 50% of children in sub-Saharan Africa are unlikely to be reached by remote learning According to the second round of the Survey on National Education Responses to COVID-19 School Closures, more than half (19) of the 31 surveyed countries have put at least one measure in place to facilitate access to online distance learning, with most countries making learning platforms available through mobile phones and providing access to the internet at subsidised or zero costs. For example, in Morocco, three mobile operators offer access to all official distance education sites and platforms and in the Seychelles accessing and downloading content from the Ministry of Education and Human Resource Development's website does not use any mobile data.



Source: MIF based on UNESCO, UNICEF & World Bank

IIAG scores in the *Gender* sub-category had been bouncing back before COVID-19

Between 2010 and 2019, the African average score for the IIAG sub-category *Gender* has deteriorated by -0.2, driven by deteriorations in the indicators *Laws on Violence against Women* and to a lesser extent *Equal Civil Liberties for Women*.

Between 2015 and 2019, however, *Gender* followed a positive trajectory, improving by +0.2 due to increasing progress in the political power and representation of women and in their access to public services and a slower decline in the laws on violence against women.

Africa: *Gender* indicators, average trends & trend classifications (2010-2019 & 2015-2019)



The current pandemic is threatening recent progress in gender equality: it has severe consequences on women's health as well as economic and social wellbeing due to the intensification of prevailing inequalities and vulnerabilities.

Consequences for girls and women from the pandemic are likely to be aggravated by intersecting elements and impacts will, for example, be more severe for women and girls in rural areas, of lower socioeconomic status or with disabilities.

Girls at higher risk of dropout and less likely to benefit from remote learning

Already in 2019, there was a gap of 3.9 percentage points between the rate of out-of-school girls and boys in sub-Saharan Africa, with more than one-quarter of girls of primary and lower secondary school age not in school. The closures of schools as a result of COVID-19 risks widening the gender gap in education, particularly for the most vulnerable girls.

Out-of-school rates in primary and lower secondary school in sub-Saharan Africa (2019):



In the aftermath of the Ebola crisis, the number of girls out of primary school in Sierra Leone nearly tripled, from eight for every 100 girls before the Ebola outbreak in 2014 to 21 by 2017 Experiences from the Ebola epidemic also show that remote learning is creating disproportionate disadvantages for girls. According to a survey on online learning during the epidemic in Sierra Leone only 15% of girls reported taking part in home study, in comparison to 40% of boys.

The gender digital divide might restrain learning opportunities for girls. Across eight African countries, the proportion of adolescent girls with ICT skills is on average 3.4 percentage points lower than for boys. In all eight countries, boys use a computer more often than girls and in more than half the countries they use the internet more often as well. In all eight countries, more boys than girls with access to a computer at home have developed ICT skills.

Being out of school as a result of COVID-19 could negatively impact girls' socialisation and access to sexual and reproductive health services as well as safe spaces. Consequently, girls could become more prone to sexual violence and exploitation, female genital mutilation (FGM), forced marriage and early pregnancies. It is estimated that approximately **one million girls in sub-Saharan Africa may never return to school due to becoming pregnant during COVID-19 school closures**.

Women have less social protection and are at higher risk of poverty and food insecurity

The economic and financial effects of COVID-19 tend to be gendered as women dominate in the low-paying informal sector which is less legally and socially protected and suffers more disruptions during public health emergencies.

Approximately 92% of women in sub-Saharan Africa work in the informal sector. Women are therefore more likely to lack job security and other employment benefits such as social security, pension and health insurance which means they lose protection when they become sick or unemployed.

In four out of 33 African countries with data, the share of women in the informal sector is at least 10% higher than that of men.

In only three out of 33 African countries with data, more men work in the informal sector than women: Egypt, Mauritius and Seychelles.

Due to smaller capital buffers and lower-margin operations in the service sector, businesses owned by women are more likely to be affected than male-owned businesses.

According to research by ONE, 50% of women in Africa have taken on more family care responsibilities due to the pandemic.

Across eight African countries, the proportion of adolescent girls with ICT skills is on average 3.4 percentage points lower than for boys

Approximately one million girls in sub-Saharan Africa may never return to school due to becoming pregnant during COVID-19 school closures



African countries: reported increase in time spent on at least one unpaid domestic work activity (2020)

Across nine African countries, on average almost 10% more women reported an increase in time spent on at least one unpaid domestic activity since the start of the pandemic compared to men. Only in Kenya a higher proportion of men than women stated to have increased time spent on domestic work.

In Africa, women form more than 60% of the health workforce and vital service providers. With women comprising the majority of the health workforce, there is a higher probability that women will be exposed to COVID-19 frontline activities and challenges compared to their male colleagues.

In 2019, in the World Health Organization (WHO) Africa region 65% of nurses were female compared to 35% of male nurses.

In 13 out of 34 African countries with data between 2011 and 2019, more than 75% of all nurses are female. In Egypt, Seychelles and South Africa it is more than 90%.

The fall in economic growth rates and increase in poverty is expected to have a larger impact on vulnerable and marginalised groups such as women and girls.

Food security is a major challenge for women and girls in the face of increased poverty due to the closure of markets and decreasing incomes. Socio-cultural practices which foster gender inequality in households can result in women and girls experiencing a decrease in the quality and quantity of food they consume during crises situations such as COVID-19.

Living on less than \$1.90 a day in sub-Saharan Africa (2021):



COVID-19 restricts access to essential health services for women

COVID-19 is expected to reverse progress in maternal care and childcare in Africa with women less able to obtain maternal, child, sexual and reproductive health services. For example, since the pandemic began, the International Planned Parenthood Federation (IPPF) has shut down 5,633 of its static mobile health clinics and community-based care centres across the world with Africa recording the highest number of mobile clinics closed.

There have been concerns that these developments could bring about an increase in maternal death rates in Africa as occurred during past public health emergencies such as the Ebola outbreak.

African countries: change in maternal deaths (2019-2020)

It is estimated that there will be between 325,000 and 15 million unplanned pregnancies across the globe depending on how long COVID-19 preventative measures will be in place with sub-Saharan Africa to be notably affected. A WHO preliminary analysis of 22 African countries found that between February and July 2020 the maternal mortality rate increased in 10 countries with the largest increases recorded in Comoros, Mali, Senegal and South Africa.

Number of countries

- Increased in February-July 2020 compared to same period in 2019
- No change in February-July 2020 compared to same period in 2019

Source: MIF based on WHO

SPOTLIGHT (9)

The 'shadow pandemic': girls and women exposed to increased levels of sexual and gender-based violence

Laws on Violence against Women is the most declined indicator of the whole IIAG (out of 79) over the decade. Between 2010 and 2019, this indicator declined on average by -14.3 with 32 countries having deteriorated. At the African average level, it is also the 10th lowest scoring indicator in the IIAG.

Stay-at-home orders issued during the pandemic have triggered an increase in sexual and gender-based violence (SGBV) against women and girls across the world. This is happening at a time when access to support and emergency services to curb SGBV have declined due to the pandemic and its related restrictions.

Intersecting elements including age, socioeconomic status, disability and ethnicity have a higher likelihood of increasing the risk of SGBV during COVID-19.



Sahel countries: reported domestic violence incidents (June 2020)

Domestic violence across six Sahel countries soared from 40.63% before the pandemic to 52.18% during COVID-19, an increased rate of 11.55 percentage points.

Based on a survey of 1,056 women across six Sahel countries

Source: MIF based on Justice and Dignity for the Women of Sahel

According to surveys of the Mo Ibrahim Foundation's (MIF) Now Generation Network (NGN) in 2020 and 2021, 95% of respondents reported increased gender-based violence and crime as one of the main social and economic impacts of the pandemic and 86.7% of respondents believed that mounting violence and violence against women exacerbates the impact of COVID-19 to some or to a large extent.

Democratic and civic spaces on the continent in decline long before COVID-19

The 2020 IIAG highlighted an erosion of civil society space, participation and rights long before COVID-19.

Participation, Rights & Inclusion main results:

- The lowest-scoring IIAG category (out of four).
- The largest category decline in the past decade (2010-2019).
- More than half (29) of African countries deteriorated at an increasing pace in that category over the decade.
- *Participation* and *Rights* register the two largest deteriorations of the 16 IIAG sub-categories since 2015.
- Civil Society Space, Digital Rights, Freedom of Association & Assembly, Freedom of Expression & Belief and Media Freedom all feature among the ten most declined indicators (out of 79) for the decade.

Africa: Participation and Rights indicators, average trends & trend classifications (2010-2019 & 2015-2019)



a. Most elections held during the pandemic, yet with some limitations

All over the world, in the face of the pandemic, countries were met with the question of how to prepare for as well as conduct upcoming elections, or even to postpone them, due to public health risks.

 In Africa, most of the 20 national legislative and presidential elections scheduled for 2020 took place. Only Chad (for legislative elections), Ethiopia and Somalia postponed to 2021.

Chad: legislative elections postponed from December 2020 to October 2021, presidential elections held in April 2021 as scheduled.

Ethiopia: due to elect its House of Peoples' Representatives in June 2021 after the postponement in 2020 triggered a domestic crisis and a violent conflict in Ethiopia's Tigray region.

Somalia: originally rescheduled for February 2021, a further delay of the electoral process caused a political deadlock and violent demonstrations in the country. By end of May 2021, an agreement was reached to hold elections within the next 60 days.

- Somalia aside, no national elections scheduled for 2021 had been postponed as of May 2021.
- The large majority of African countries adhered to the electoral calendar and some even found innovative ways to safeguard the electoral process and citizens' safety.
- However, the COVID-19 pandemic did indeed weaken electoral processes in some countries.

Potential negative impacts of COVID-19 on elections

- Unconstitutional extension of mandates due to postponement
 of elections
- Derailed voter registration
- Reduced campaigning
- Potential bias due to unequal enforcement of COVID-19 rules
- Use of public health and safety measures as a disguise to restrict and suppress political opposition
- Decreased voter turnout
- No or fewer election observer missions
- Less transparent, but more expensive elections

Challenges associated with elections during COVID-19

- Election authorities need to increase transparency on decisions taken
- Access to the ballot for marginalised voters
- Increased use of technology versus digital divide
- Mobilising sufficient election funding and timely release of funds
- Adaptation of campaigns
- Public health risks at polling stations





Democracy despite COVID-19: Malawi's 2020 presidential elections

After Malawi's Supreme Court annulled the results of the country's 2019 presidential elections due to irregularities, a new round of elections were held in June 2020 even though since March 2020 a 'national disaster' linked to COVID-19 was in place. The poll was assessed as credible, while also ensuring public health safety for voters, and gave way to a transfer of power.

b. Limited trust in political leadership at risk of being further undermined

Public trust is key for an effective response to the COVID-19 crisis as **high trust societies tend to be more successful in fighting epidemics**. Without public trust, willingness to adhere to lockdown measures and support for vaccination campaigns are likely to be low which in turn might lead to coercive measures from the authorities, risking to undermine citizens' trust even further.

Already before COVID-19, African citizens trusted religious and traditional leaders more than elected leaders

According to Afrobarometer, across 34 African countries, only 46.8% of citizens trust their political leaders*, while trust in community leaders, such as traditional (55.8%) and religious leaders (69.4%), is much higher.

) Centr

Central African Republic and Ghana: dedicated poll workers responsible for ensuring adherence to public health and safety measures

Côte d'Ivoire: online checking of voters' registry

Egypt: staggered voting across several days

Ghana: virtual campaigning

Malawi: increased use of social media to distribute COVID-19-sensitive voter education materials using animation

Burundi:

- WHO officials expelled before the elections
- Few public health precautions while
- international observers told to quarantine for 14 days

Egypt: blocking of websites for allegedly spreading false information about the virus, including a news website by the opposition Socialist Popular Movement Party

Guinea:

- No observers present due to public health concerns
- Harassment of political opposition under emergency laws
- Low voter turnout

Mali: low voter turnout

Togo: opposition politician arrested under COVID-19 regulations

Uganda: arrest of opposition candidate Bobi Wine over the alleged violation of lockdown rules

*Average of trust in president, parliament and local government council.

African countries: trust in leaders (2016/2018)



Though fairly content with governments' response to COVID-19, African citizens are concerned about government abuse and corruption

African countries: satisfaction with government response to COVID-19 (August 2020)

Ghana		51%		3
Guinea		61	%	239
DR Congo	43	3%		39%
Uganda	55%	6		27%
Ethiopia		46%		35%
Zambia	37%		36%	
Zimbabwe	42	2%	31%	
Average	39%		33%	
Côte d'Ivoire	35%		37%	
Kenya	34%		38%	
Mozambique	4	6%	26%	
South Africa	42	.%	28%	
Liberia	43	%	26%	
Sudan	32%		34%	
Cameroon	24%		40%	
Tunisia	31%	3	30%	
Senegal	18%	38%		
Nigeria	18%	33%		-

According to a survey conducted by the Partnership for Evidence-Based Response to COVID-19 (PERC) across 18 African countries, 72% of respondents reported to be 'somewhat' or 'very satisfied' with their governments' COVID-19 response.

In DR Congo, Ethiopia, Ghana, Guinea and Uganda satisfaction is higher than 80%.

% of respondents Very satisfied



Source: Partnership for Evidence-Based Response to COVID-19 (PERC)

But satisfaction with the governments' pandemic response does not result in higher levels of trust towards authorities. Concerns are growing about governments' respect of rule of law, state violence, and corruption.

According to an Afrobarometer survey in Mauritius in February 2021:



According to Afrobarometer surveys in five Western African countries (Benin, Liberia, Niger, Senegal, Togo) in April 2021:



According to an online poll conducted during a webinar by the Kofi Annan Foundation, mistrust in authorities' respect of the rule of law during the pandemic in Africa reached 74%.

Respondents to MIF's second NGN survey show a general trust in state and non-state institutions when it comes to their overall COVID-19 response. Almost two-thirds of respondents trust their national governments' COVID-19 response somewhat or a lot (63.3%), although trust in international, multilateral institutions like the AU (64.1%) and the WHO (84.4%) as well as in civil society (83.2%) is higher. NGN survey participants, however, disagree with the view that their governments are making the best use of their available resources and have put citizens' interests at the centre of the crisis response. More than 90% of respondents think that corruption and embezzlement are exacerbating the COVID-19 crisis to some or to a large extent. 94.5% of NGN survey respondents think that corruption, misuse of funds and embezzlement are exacerbating the impact of COVID-19. While most reporting by traditional and social media about the governments' COVID-19 response is neutral, almost 25% of coverage is negative, often related to the harsh enforcement of lockdown measures or alleged corruption.

Africa: news coverage pertaining to COVID-19 public health and safety measures (August 2020)



Source: Partnership for Evidence-Based Response to COVID-19 (PERC)



Rising corruption concerns in relation to the COVID-19 pandemic

By September 2020, Transparency International had documented prominent COVID-19 corruption and malfeasance cases in Nigeria, Somalia, South Africa and Zimbabwe, while allegations were also raised in Kenya.

Kenya: government agency supplying medicine and medical equipment to Ministry of Health accused of embezzling hundreds of millions meant for COVID-19 response.

Nigeria: in a public procurement graft, the Federal Ministry of Health had spent \$96,000 on 1,808 ordinary face masks, which works out as \$53 a piece.

Somalia: officials at Ministry of Health put under investigation for and found guilty of diverting public monies for private gain.

South Africa: multiple allegations of corruption related to the country's pandemic stimulus package, including stolen money from the unemployment fund and improper procurement linked to the husband of the president's spokesperson. The country's Special Investigating Unit (SIU) is working on 658 alleged graft cases nationwide involving tenders related to, for example, personal protective equipment (PPE), ventilators, disinfecting equipment or hospital and quarantine sites worth around \$290 million.

Zimbabwe: Health Minister allegedly awarded a \$20 million contract to a firm in Hungary without going through the procurement registration authority and paid \$2 million to the firm in March 2020.

The COVID-19 pandemic has been used to justify repressive measures as a necessity in the response to the public health crisis. Already existing antidemocratic tendencies have been accelerated by introducing excessive measures or by keeping emergency provisions in place for an extended time period.

In April 2020, Egypt introduced amendments to its emergency law, giving president Al-Sisi and the security forces sweeping powers. Only five of the 18 amendments clearly relate to public health issues while measures such as the ban on public gatherings, the closure of schools, courts or goverment facilities are possible even in the absence of a public health emergency.

All 44 African countries under review by V-DEM but Botswana have violated at least one democratic practice as part of their COVID-19 response between March and December 2020.

Ten countries have engaged in major violations with Uganda having violated the most democratic standards (5 out of 7) in the course of the pandemic.

According to the Pandemic Violations of Democratic Standards Index by the Varieties of Democracy Institute (V-DEM), state responses to the COVID-19 pandemic can imperil democracy through:

- An abusive environment
- Derogation of non-derogable rights
- Discriminatory measures
- Limitations on the legislature
- No time limit on restrictions
- Offical disinformation campaigns
- Restrictions on media freedom



African countries: Pandemic Violations of Democratic Standards Index, maximum score (March-December 2020)

Benin, Cameroon, Central African Republic, Chad, Gabon, Morocco and Togo: higher levels of democratic violations during the last quarter of 2020 compared to the start of the pandemic.

Botswana, Burkina Faso, Lesotho, Malawi, Togo and Zambia: only countries to not have restricted media freedom.

Uganda: major violations in three democratic standards, more than any other country: abusive enforcement, discrimination and restrictions on the media.

Source: MIF based on V-DEM

Across Africa, V-DEM has identified violations in all the democratic standards included in their Index with more than two-thirds (38) of African countries having engaged in violations of media freedom and in more than half of (26) security forces having applied violence when enforcing emergency measures.

African countries: levels of democratic standard violations (March-December 2020)





Number of countries

African countries: change in Freedom House score (2019-2020)



For 21 African countries, the decline in their Freedom House score between 2019 and 2020 has been worse than the annual average change in score over the last decade (2011-2020).

Most declines on the continent between 2019 and 2020 happened with regards to freedom of expression and belief (9 countries), political pluralism and participation (8 countries) and electoral process (7 countries).





African countries: risk to quality of democracy due to COVID-19 responses (October to December 2020)

64% of experts surveyed by Freedom House think that COVID-19's impact on democracy and human rights will be present for the next three to five years

Violence against civilians by state security has increased due to enforcement of lockdown measures

Government violence against civilians: a concerning trend long before the pandemic

According to the 2020 IIAG, the sub-indicator Absence of Government Violence against Civilians:

- Has declined by -9.4 over the last decade (2010-2019) with the rate of deterioration accelerating within the latest five years.
- Over the past decade, 31 countries have declined while only 18 improved.



Risk of >0.2 and <0.3

High risk (>=0.35)

Source: MIF based on V-DEM

Events of state violence against civilians increased by +39% in 2020 compared to 2019. Almost 20% of all the violence committed by security forces against civilians within the first year of the pandemic had a direct link to it. COVID-19-related state violence against civilians peaked at the start of the pandemic, and in April 2020 more than 50% of all state violence against civilians was linked to COVID-19.



Africa: violence against civilians by state forces (February 2020-February 2021)



December 2020 - February 2021: less than 10% of all state violence against civilians events have a direct link to COVID-19.

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Civilians in 36 African countries experienced at least one event of COVID-19related violence by state security forces, resulting in more than 90 fatalities in total. Eight countries saw more than ten of such events.

In 19 African countries at least one-third of all violence against civilians committed by state forces within the first year of the pandemic was directly linked to it.

In Kenya and Togo almost three-quarters and in Angola, Liberia and Zimbabwe at least half of all state violence against civilians was COVID-19-related.

African countries: COVID-19-related violence against civilians by state forces & fatalities (February 2020-February 2021)



Most violent events against civilians by state security forces related to COVID-19 have taken place in Uganda (63), Kenya (43), Zimbabwe (29), South Africa (25) and Nigeria (21). Kenya suffered the highest number of fatalities through security forces (22), followed by Angola (12) and Uganda (11).

The levels of state violence against civilians in Angola, Eswatini, Guinea, Kenya, Liberia, South Africa, Togo and Uganda have at least doubled between 2019 and 2020 with at least one-third of all state violence against civilians during the first year of COVID-19 being attributable to the pandemic situation. **Angola:** almost 300 people detained in just 24 hours for violating state of emergency rules and at least four people died through police violence for allegedly not wearing face coverings.

Kenya: a teenager was killed on his balcony by a stray bullet during lockdown enforcement by the police.

Nigeria: in the early weeks of the pandemic, more people assumingly died through police violence than through COVID-19.

South Africa: military enforcement of lockdown measures resulted in police harassment, assault and arbitrary detentions.

Uganda: use of force and illegal raids on LGBTQ communities on the basis of breaking lockdown rules.

Zimbabwe: persecution of citizens attempting to embark on nationwide anti-government protests and military forces deployed in the capital to enforce compliance with lockdown rules.

COVID-19 as a pretence to crack down on opposition in Uganda and Zimbabwe

In Zimbabwe, Harare and Bulawayo, two districts with the lowest support for President Mnangagwa in the 2018 election, faced the largest increases in repression since March 2020. More than 75% of cases where security forces attacked civilians were recorded in opposition districts.

In Uganda, before the pandemic, degrees of repression were more or less the same in districts that voted for President Museveni and in districts that did not in the 2016 elections. With the introduction of lockdown in March 2020, state violence increased much more in opposition districts. In November 2020, police used teargas and live bullets against supporters protesting the detention of opposition presidential candidate Bobi Wine, killing at least 54 and injuring 45. Large pro-government rallies however, were still allowed.

State security responses to COVID-19 only worsening already high mistrust in the police

State forces' responses to the pandemic have brought to the fore long-simmering tensions over policing in countries such as Nigeria, Kenya and South Africa. Results from the 2020 IIAG's Citizens' Voices section show that trust in the police and military on the continent has on average declined by -1.1 since 2010. The #ENDSARS protests against police violence in Nigeria drew large international attention but according to Afrobarometer, negative views about the police as corrupt, untrustworthy and unhelpful are not only prevalent in Nigeria. Across 18 African countries, almost half of survey respondents (48%) consider the police to be corrupt and less than half (45%) say they trust the police. In Côte d'Ivoire, Ghana, Kenya, Nigeria, Sierra Leone and Uganda police are perceived to be far more corrupt than other government institutions. In Ghana, Kenya, Nigeria and Sierra Leone police forces are also the least trusted institutions.

Media freedom and information quality most at stake

Media and digital freedom already declining before the pandemic

- *Digital Rights* and *Media Freedom* feature among the ten most deteriorated IIAG indicators (out of 79) over the last decade for both the ten- and five-year periods.
- For both indicators the pace of deterioration has accelerated between 2015 and 2019 compared to over the decade.



Africa: Digital Rights and Media Freedom, average scores (2010-2019)

Media freedom restrictions linked to the COVID-19 pandemic are not an Africa-only phenomenon. According to V-DEM's Pandemic Violations of Democratic Standards Index, restrictions on media freedom in relation to the COVID-19 pandemic is the most observed violation of democratic standards globally.

In Africa, media restrictions have taken place in 38 countries between March 2020 and December 2020, more than for any other form of democratic rights violation.

The International Press Institute (IPI) has counted 77 press freedom violations linked to COVID-19 in sub-Saharan Africa, out of 473 globally.

In 34 countries, the media faced limitations when reporting on the government's response to COVID-19. In 14 of these countries, the media also faced restrictions with regards to general reporting about COVID-19. In nine countries, the media was restricted in their reporting about COVID-19, the government's response and non-COVID-19-related news.

Press freedom violations in relation to COVID-19

- Laws against 'fake news'
- Jailing journalists
- Suspending free speech
- Blunt censorship, online and off
- Threatening and harassing journalists, online and off
- Accreditation requirements and restricted freedom of movement
- Restricted access to information
- Expulsion and visa restrictions
- Surveillance and contact tracing
- Emergency measures to criminalise or restrict news gathering activities

African countries: limitations on media reporting in relation to COVID-19 pandemic (March 2020-December 2020)



Tanzania: forced closure of media outlets

In Tanzania authorities have closed down media outlets for their COVID-19 reporting. The Tanzanian Communications Regulatory Authority suspended Kwanza Online TV for a period of 11 months due to them posting an US embassy health alert on Instagram about the government's COVID-19 data. It also withdrew the online content delivery licence from the Mwananchi newspaper for six months for posting a video of President Magufuli in a crowded market after ordering social distancing rules. Congo Republic: state TV anchor suspended after asking a minister an inconvenient question about COVID-19. Liberia and Nigeria: presidency limited accreditations for press conferences to mostly pro-government media outlets. Madagascar: ban of radio phone-in programmes in which listeners could express their views about the pandemic and the government's response. Rwanda: reprimanding of journalists for covering COVID-19.

Type of limitations

- Limitations on media reporting about COVID-19, government's response to COVID-19 and non-COVID-19-related news
- Limitations on media reporting about government's response to COVID-19 and non-COVID-19-related news
- Limitations on media reporting about COVID-19 and government's response to COVID-19
- Limitations on media reporting about government's response to COVID-19
- Limitations on media reporting about non-COVID-19-related news
- No limitations on media reporting
- No data



According to the IPI's COVID-19 Tracker, the most common forms of press freedom violations in sub-Saharan Africa were arrests and criminal investigations against journalists and media organisations as well as verbal and physical attacks against journalists covering COVID-19.

In 22 countries journalists were harassed for reporting about the COVID-19 pandemic, either both verbally and physically (12 countries), physically (8 countries) or only verbally (2 countries).

Congo Republic and Mali: arrest of reporters in connection with a report on COVID-19.

Ghana: assault of journalists by soldiers enforcing lockdown restrictions.

Kenva: cameraman with local TV crew assaulted by police and journalist attacked by police when filming officers enforcing social distancing rules.

South Africa: two journalists covering antilockdown demonstration assaulted by protesters.

Zimbabwe: home raid and arrest of journalist after uncovering corruption in the government's pandemic response.

Type of harassment



- No harassment of journalists
- No data

There were 45 cases in the first year of the pandemic where journalists in Africa faced arrests or criminal investigations in relation to reporting about COVID-19 with most cases in Zimbabwe (14)

African countries: harassment of journalists related to COVID-19 (March 2020 - December 2020)
As elsewhere, 'fake news' and disinformation are common across the continent. Misinformation or disinformation surrounding the COVID-19 pandemic not only hampers an efficient response but also feeds growing distrust against government and health structures as well as misperceptions and stigma across groups.

According to fact-checking organisations in Africa, more than 1,000 misinformation reports had to be debunked since the start of the pandemic, often related to unproven treatments, false cures and antivaccine messages.

According to the NGN survey conducted by MIF in April 2021, almost two-thirds of respondents (64.4%) consider misinformation and fake news a large problem when it comes to fighting the pandemic. Less than 5% of respondents consider it a minor problem.

- Kenya, Libya, Nigeria: rumours about the virus not being real but a way for the countries' governments to embezzle money.
- Across 20 African countries, more than one-third of survey respondents (36.4%) believed that COVID-19 was a germ created by a government.
- Around 20% of respondents across 20 countries believed that Africans cannot get COVID-19.
- Somalia: 42% of a 3,000 people survey believed COVID-19 was a government campaign.
- Zambia: 69% of a 400 people survey believed daily tooth-brushing prevented COVID-19 and 43% believed drinking alcohol could prevent transmission.

The Africa Infodemic Response Alliance (AIRA) initiative: fighting misinformation

Launched by the WHO in December 2020, the Africa Infodemic Response Alliance (AIRA) aims to combat misinformation around the COVID-19 pandemic and other health emergencies in Africa. AIRA is the first initiative of its kind, bringing together 13 international and regional organisations and fact-checking groups. It applies the four pillars of infodemic management: i) identify information gaps and misinformation, ii) simplify technical knowledge, iii) amplify correct information, iv) quantify the impact of interventions. In 15 African countries, governments often engaged in official disinformation campaigns about COVID-19 that deviated from the official information provided by the WHO at the time.

- In Tanzania this was always or almost always the case due to the government's denial of COVID-19.
- Most disinformation was related to the official promotion of hydroxychloroquine as a key treatment for COVID-19, for example in Chad, Senegal and Togo, or to advertising a herbal drink from Madagascar as a cure and prevention for COVID-19, as seen in Congo Republic, Gambia and Liberia.

In most African countries (23 out of 44 reviewed), however, government information never or almost never differed from official WHO information.

'Fake news' laws as a potential tool of repression

While disinformation and 'fake news' constitutes a genuine problem, legal measures such as laws criminalising the spread of 'fake news' can restrict critical journalism as it is often within the prerogative of the government to decide what is to be considered false. The pandemic is providing governments with an excuse to make use of or put in place such laws.

According to the IPI, at least eight journalists from Nigeria, Rwanda, Somalia and Tanzania have been arrested under so-called 'fake news' laws.

In April 2020, Zimbabwe passed regulations that can lead to up to 20 years in prison and fines of \$5,000 for the sharing of false information about the lockdown or its enforcement. Penalties have been applied to at least three people that have shared allegedly false information via WhatsApp.

The definition of disinformation in Ethiopia's hate speech and disinformation law is so broad that authorities have the power to basically declare any piece of information as false.

3. THE PANDEMIC FURTHER FUELS ROOT CAUSES OF CURRENT INSTABILITY AND INSECURITY

a. Africa is the only continent where levels of violence rose in 2020 compared to 2019

Security situation on the continent: a long-standing prepandemic deterioration • Absence of Armed Conflict (-9.1) is the third most declined IIAG indicator (out of 79) at the African average level over the last decade (2010-2019). • Levels of forced migration have risen both over the last ten and the last five years. Africa: selected Security & Safety indicators, average scores (2010-2019) Score 100.0 95.0 90.7 89.9 90.0 92.8 85.0 80.0 WW 2011 2012 2013 2014 2015 2016 2017 2018 2019 Year Source: MIF Absence of Forced Migration Absence of Armed Conflict

Increased levels of violence in most hotspots in 2020

Africa is the only continent where levels of violence in 2020 were higher than in 2019. The number of battles, explosions and remote violence events as well as instances of violence against civilians committed by nonstate actors have all increased between 2019 and 2020.

There was a rise in all three forms of violence at the start of the pandemic, with overall levels of violence staying reasonably consistent across the year.



Five African countries with the most battle events (2020)

Country	Number of events in 2020	% of all battle events in Africa in 2020	% change from 2019
Somalia	1403	21.5	+24.0
DR Congo	1186	18.2	+65.4
Nigeria	844	12.9	+54.9
Mali	424	6.5	+129.2
Cameroon	386	5.9	+63.6

Five African countries with the most explosions/remote violence events (2020)

Country	Number of events in 2020	% of all explosions/ remote violence events in Africa in 2020	% change from 2019
Libya	706	32.2	+22.8
Somalia	554	25.3	-10.8
Egypt	279	12.7	-7.6
Nigeria	220	10.0	+152.9
Mali	134	6.1	+26.4

Five African countries with the most violence against civilians by non-state actors events (2020)

Country	Number of events in 2020	% of all violence against civilians by non-state actors events in Africa in 2020	% change from 2019
DR Congo	1037	18.3	+27.1
Nigeria	965	17.0	+56.9
Cameroon	395	7.0	+29.1
Mali	386	6.8	+38.4
Somalia	347	6.1	-20.2

The rise in both battles and explosions/remote violence at the start of the pandemic is mostly driven by events in Libya, where warring factions used the global distraction by the pandemic in March and April 2020 to increase violence and to advance their positions.

African countries: battles, explosions/remote violence & violence against civilians by non-state actors (2020)



In most cases, violent events occurred in environments already experiencing long-term instability. All countries worst affected by battle violence, except Mali, have been among the worst-hit in the past years as well. DR Congo, Nigeria and Somalia have faced large battle violence and non-state actor violence against civilians over at least the past decade. The five worst-hit countries in 2020 regarding explosions/remote violence have experienced high levels of this violence in previous years too.

SPOTLIGHT (9)

Attacks against healthcare workers amidst the pandemic

In 2020, there were attacks against healthcare workers across 28 countries in Africa.

- 42.1% of all conflict-related attacks against healthcare workers globally in 2020 happened in Africa.
- 17.0% of all COVID-19-related attacks against healthcare workers globally in 2020 happened in Africa.

Almost 20% of attacks against healthcare workers in Africa were a reaction to COVID-19-related health measures or directly affected the COVID-19 healthcare response.

- The largest number of pandemic related attacks took place in Nigeria (11 attacks), DR Congo and Egypt (9 attacks each).
- In nine countries* all attacks against healthcare workers were related to COVID-19.

In the first year of the pandemic, between February 2020 and February 2021, across nine African countries** 78 attacks impacted health facilities, 26 attacks impacted medical transport, and 53 attacks impacted medical supplies. The rising violence in Libya in spring 2020 damaged health facilities and 400 hospital beds and in Ethiopia's Tigray region only 13% of health facilities are functioning normally after violent conflict in the region at the end of 2020.

* Côte d'Ivoire, Guinea, Lesotho, Malawi, Senegal, Sierra Leone, South Africa, Tunisia, Zimbabwe

** Burkina Faso, Central African Republic, DR Congo, Libya, Mali, Nigeria, Somalia, South Sudan, Sudan



Protests and riots more frequent in 2020



More than 85% of African countries have seen at least one peaceful protest or violent riot event related to COVID-19 within the first year of the pandemic, with COVID-19-related protests and riots events peaking at the start of the pandemic in March and April 2020.

While levels of riots unrelated to COVID-19 have more or less remained constant over the first year of the pandemic, peaceful protest activity unrelated to COVID-19 experienced a large drop between February 2020 and April 2020 – possibly as a result of lockdown restrictions.

December 2020 - February 2021:

Less than 10% of all protests and riots have a direct link to COVID-19.



Algeria: lockdown led to a drop in political protest activity

The ban on street demonstrations under COVID-19 in March 2020 meant that as of April 2020 protest activity in Algeria – ongoing since 2019 led by the Hirak movement - dropped by over -100%. Numbers fell from over 250 protest events in February 2020 to only five non-COVID-19-related protest events in April 2020. Bans on protests have been left in place after the lockdown was eased and there have been reports of police violence against demonstration attempts.

Most COVID-related protests and riots took place in Northern Africa and South Africa, the two regions with the highest number of COVID-19 cases on the continent.

African countries: protests and riots related to COVID-19 (February 2020-February 2021)



Guinea: one of the first countries to see violent protests against lockdown measures.

Madagascar: protests by teachers demanding return of students to class.

Rwanda: the only protest that occurred in Rwanda in 2020 was COVID-19-related when refugees demonstrated against living conditions due to COVID-19 restrictions at the Gashora refugee camp outside Kigali.

Senegal: violent protests against a dusk-todawn curfew.

South Africa: protests across the country by nurses demanding extra protection.

Zimbabwe: night protests over severe food shortages since beginning of March lockdown.

5 African countries with highest number of COVID-19-related protests and riots (February 2020 - February 2021)

Country	Number of COVID-19- related protests and riots	% of COVID-19-related protests & riots of all protest & riot events in the country
Morocco	466	30.4%
Tunisia	414	20.9%
Algeria	240	10.1%
South Africa	238	13.0%
Uganda	87	20.1%

COVID-19 triggered protests and riots in countries with otherwise low protest and riot activity.

In five countries where protests and riots were less frequent in general, at least one-fourth were COVID-19-related.

Countries where small number of COVID-19-related protests and riots constitute at least 25% of all protest and riot activity (February 2020 - February 2021)

Country	Number of COVID-19- related protests and riots	% of COVID-19-related protests & riots of all protest & riot events in the country
Congo Republic	4	30.8%
Niger	12	30.8%
Gabon	10	29.4%
Senegal	23	28.4%
Тодо	12	25.5%

Congo Republic and Niger saw relatively few protest and riot events (13 and 39 in total, respectively) but 30.8% of these were linked to COVID-19.

At least 25% of all protest and riot activity in Gabon, Senegal and Togo was linked to COVID-19.

Togo has seen a more than +200% increase in riots and protests in 2020 compared to 2019 out of which 25.5% are COVID-19-related

Most common motives for non-violent COVID-19-related protests in Africa:

- Demand better protection for health workers
- Call attention to economic and food insecurity effects of lockdown measures
- Demand increased government support
- Seeking improvements in safety for population
- Opposing restrictions on physical movement

The UN's call for a global ceasefire goes unheard

On 23 March 2020, 12 days after COVID-19 was declared a global pandemic, the United Nations Secretary General (UNSG) António Guterres called for a global ceasefire in order to focus on the fight against COVID-19, echoed by the then AU Chairperson President Ramaphosa.

Research by the Peace Research Institute Oslo (PRIO) however indicates that levels of violence do not seem to have reduced after the ceasefire call.

According to the Armed Conflict Location and Event Data Project (ACLED), in only two African countries of the 18 facing conflict, actions towards a ceasefire were taken and if ceasefires occurred, they were often unilateral, not followed up by further action or unrelated to the call. Violence even increased in Libya, Mali and Mozambique.

Non-state armed groups like Al-Qaeda, Al-Shabab and the Islamic State announced non-adherence with the call, even calling for ramping up their campaigns.

On 26 February 2021, the United Nations Security Council (UNSC) unanimously passed a resolution calling for a "sustained humanitarian pause" to conflicts in order to make COVID-19 vaccination campaigns possible. According to the United Kingdom (UK), which tabled the resolution, 160 million people are at risk of being excluded from a COVID-19 vaccination globally due to living in a conflict zone.

By the time of writing, there has been little follow-up on the resolution, mostly due to a lack of vaccine availability.

Conflict resolution: facing many interruptions and the need to adapt

'Silencing the Guns', one of the flagship projects of the AU's Agenda 2063 aiming at "ending all wars, civil conflicts, gender-based violence, violent conflicts and preventing genocide", was the 2020 theme of the AU.

But the start of COVID-19 interrupted conflict resolution and management efforts. The extraordinary summit on 'Silencing the Guns' scheduled for May 2020 had to be postponed to December, delaying discussions on the progress on the 2016 Master Roadmap of Practical Steps to Silence the Guns in Africa by Year 2020 and on ways to address crisis hotspots on the continent. In November 2020, the deadline for the project was extended by ten more years.

According to the Small Arms Survey, **resource reallocation towards the COVID-19 response has already led to reduced resources for small arms control**, an essential element of the AU's Silencing the Guns Roadmap.

In many cases, such as in the Lake Chad Basin or the Sahel, international or national engagement in counterinsurgency were scaled back due to COVID-19.

- The African Union Peace and Security Council (AU PSC) suspended its work until the end of April 2020 and cancelled field visits to Lake Chad and the Sahel.
- British troops providing counterterrorism training in Kenya and Irish troops in the Sahel have been withdrawn in light of COVID-19.

In Kenya, Nigeria and South Africa military personnel usually engaged in counterterrorism operations were deployed to enforce lockdowns.

Most face-to-face mediation, negotiation and diplomatic efforts were rendered impossible by COVID-19 with scheduled meetings postponed, and moving into the virtual space. Peace talks in Central African Republic, Libya and Sudan all moved online.

Thirty-one multilateral peace support operations (PSOs) are currently deployed in Africa across 12 countries and three disputed areas (Abyei, Sinai and Western Sahara) while six missions span across borders (for example the Multinational Joint Task Force in Boko Haram affected areas or the G5 Sahel Joint Force in the border triangle of Burkina Faso, Mali and Niger).

Most of these peace support operations had to adapt, often engaging in the pandemic response, for example by distributing medical supplies in Darfur and Mali or by reorientating projects and resources to help local institutions and communities in their fight against the virus.

COVID-19 impact on and challenges for peace operations

Short term

• Health and security threats to their personnel:

Rumours in Central African Republic, DR Congo, Mali, Somalia and South Sudan that peacekeepers are spreading COVID-19.

The need to quarantine new personnel or personnel that caught COVID-19 and lack of adequate medical facilities.

• Suspension of staff rotation and deployment:

African Union Mission in Somalia (AMISOM): suspension of all rotations and deployments.

Delay in deploying AU troops to Sahel.

Withdrawal of staff:

AMISOM: civilian staff working from home and all non-critical staff moved from Mogadishu.

United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA): staff grouped into location-based and non-location based.

MINUSMA, United Nations Organization Stabilization Mission in the Democratic Republic of Congo (MONUSCO), United Nations - African Union Mission in Darfur (UNAMID): all have seen downsizing of missions between April and August 2020.

United Nations Mission in South Sudan (UNMISS): withdrawal of almost 500 staff between February and March 2021.

• Limiting activities to the most critical:

AMISOM: only essential operational tasks and movement of troops restricted European Union (EU) missions in Mali and Niger: scaling back of training of security forces and of local outreach.

Multinational Joint Task Force (MNJFT): only mission-critical operational tasks.

Medium-and long term

- Limited scope and downsizing due to resource constraints
- Limited ability to achieve mandated benchmarks and objectives
- United Nations (UN) peacekeeping funds may be reduced by -30% to -50% and limit operational capacity for next 12-18 months

Humanitarian aid: unmet rising demands, growing funding gaps, constrained operations

The gap between humanitarian requirements and funding is larger than ever.

On 25 March 2020, the UN launched its Global Humanitarian Response Plan for COVID-19 (GHRP) to address the immediate humanitarian consequences of the pandemic. The original plan called for \$2 billion for 54 countries but a revision of the GHRP in May and July 2020 raised the amount to \$9.5 billion and the number of countries to 63, the majority of which are African.

As of mid-February 2021, funding coverage for the plan has reached \$3.73 billion (39%), leaving a funding gap of around \$5.77 billion.

Southern and Eastern Africa is the region with the second largest funding gap (only 27% covered), after Latin America & Caribbean (23% covered).

With humanitarian efforts already facing funding gaps before COVID-19, the fear is now that the pressure on governments' budgets from the pandemic will widen the gap while at the same time operations might become more costly.

According to United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Global Humanitarian Overview 2021, 235.4 million, or one in every 33 people globally, will require humanitarian assistance and protection. This is an increase of +40.5% compared to 2020.

The gap between humanitarian requirements and funding is larger than ever

SPOTLIGHT (9)

Refugees and IDPs particularly vulnerable to the pandemic

In 2020, Africa hosted more refugees and conflict internally displaced people (IDPs) than at any time in the past ten years, while four of the world's six largest refugee camps are in Africa (Ethiopia, Kenya, Tanzania, Uganda).

By mid-2020, African countries were host to almost seven million refugees, more than one-third of the global refugee population, and in 2019, there were 19.6 million internally displaced people having fled conflict and 1.9 million people who remained displaced due to national disasters. In 2019, Africa hosted 42.7% of the global conflict IDP stock and more than one-third of the world's disaster-displaced (38.1%). In the first half of 2020 alone, almost three million people in sub-Saharan Africa were newly internally displaced due to conflict and 1.7 million due to natural disasters.

Refugee and IDP populations are particularly vulnerable to the COVID-19 pandemic. As of September 2020 however, there have not yet been major outbreaks in refugee camps even though the UN Refugee Agency had identified around 50,000 COVID-19 cases among people of concern globally by February 2021. But due to a lack of data and testing capacities many COVID-19 cases among displaced populations are likely to be undetected. The COVID-19 pandemic is expected to heighten displaced persons' needs and vulnerabilities, requiring more assistance than ever. As of October 2020, the United Nations High Commissioner for Refugees (UNHCR) is suffering a funding shortfall of \$283 million (38%) for its global COVID-19 response.

In Africa, 115.2 million people across 15 countries and four regional appeals* are expected to need humanitarian assistance in 2021

* This includes a regional appeal for the Horn of Africa and Yemen The COVID-19 pandemic has led to an intensification of restrictions on humanitarian operations and further reduced access to vulnerable populations.

Nine major humanitarian access challenges

- Inadequate occupational health infrastructure
- Reduced access to countries
- Restricted movement within countries
- Increased bureaucratic hurdles
- 'Critical only' programming
- · Disinformation campaigns regarding the virus
- Prohibitions on large gatherings
- Self-imposed precautionary measures by humanitarian actors
- Humanitarian exemptions

In a survey conducted by ACAPS at the end of March 2020 almost three-quarters of respondents reported an impact on the implementation of their humanitarian projects and 60% a reduced access by the population to the services offered. 20% of respondents said that their fieldwork stopped or was reduced to life-saving operations only.

23% of respondents also reported that staff have been exposed to some kind of reject, suspicion or violence linked to COVID-19. According to the Aid Worker Security Database (AWSD), there have been 181 attacks against aid workers across 21 African countries in 2020 with the largest number of attacks (19) happening in May and June.

Data from the Humanitarian Data Exchange (HDX) show that each of the UNOCHA country offices in 16 African countries with data faces between four and 12 access constraints (out of 15) due to COVID-19.

The most common restrictions are related to border closures and the suspension of flights which restricts the movement of personnel into a country. Most access constraints existed in Niger and the fewest in Burkina Faso and Burundi.

Fourteen countries experienced a delay in humanitarian operations and 13 faced additional costs due to COVID-19-related measures. In Cameroon and Libya operations were completely suspended.

African countries: humanitarian access constraints (December 2020)



Civil society organisations: key actors in the fight against the pandemic but severely impacted

- COVID-19 has impacted civil society at a time when the demand for their services soared.
- A report by Epic-Africa* highlighted that 98.0% of CSOs surveyed were affected in one or more ways. The effects were felt in the operations, finances and programme activities of CSOs in Africa.
- 84.8% of African civil society organisations (CSOs) have implemented new projects in response to the pandemic.
- However, the ability of CSOs to complement the efforts of the government in assisting citizens during the COVID-19 pandemic has been severely affected.

As of December 2020, **15 countries in Africa** are facing high to extremely high humanitarian access constraints, with **Eritrea** and **Libya** facing the most.

Ethiopia: COVID-19 prevention measures have interrupted supply chains for food and humanitarian aid across the country.

Libya: border closures due to COVID-19 are affecting aid passing through Egypt and Tunisia and few organisations could get curfew passes to move around during the pandemic.

South Sudan: heavy flooding, violence and COVID-19 measures are affecting access to people in need and effective delivery of aid.

Level of constraints



- Very high access constraints High access constraints
- Moderate access constraints
 - Low access constraints
- No significant access constraints

* Survey data collected from 1,015 CSOs in 44 African countries

c. Lack of prospects for youth and rising opportunities for extremist groups

The substantial indirect economic and social impacts of the pandemic have the potential to further fuel root causes of insecurity and instability on the continent.

Immediate negative impacts are multiple and interactive, such as additional stress on pre-existing crises, increased distrust towards state institutions, widened inequalities and marginalisation, worsened stigmatisation and scape-goating across groups or deepened social divisions due to resource competition.

In its Forum reports of 2017 and again in 2019 MIF warned that the lack of economic prospects combined with political disenfranchisement for youth could turn Africa's largest asset into a destabilising force. The current pandemic is further depriving Africa's youth of prospects. Combined with the sometimes excessive lockdowns and restricted freedoms, this may drive them to migration or extremist and criminal networks and activities.

Already an emergency before COVID-19, youth unemployment is worsened by the pandemic impact

Socioeconomic Integration of Youth

Between 2010 and 2019, the African average score for the IIAG indicator *Promotion of Socioeconomic Integration of Youth* worsened by -4.1 as 21 countries deteriorated. However, the negative trajectory has stalled since 2015.



The AU estimates that approximately 20 million jobs may be lost in Africa as a result of COVID-19. Young people are at a higher risk of losing their jobs due to COVID-19 because they are disproportionately employed in the informal sector and in other forms of work that are less protected. In addition, for **young persons who are still employed**, **working hours have been slashed**, **leading to a reduction in their wages**.

The situation has worsened for African youth who were searching for jobs before the pandemic. Due to job losses in various sectors of the economy, young people face greater difficulty in landing jobs, and good jobs even more so post-COVID-19. Marginalised youth groups, including young Africans living with disabilities, refugees or displaced youth are now encountering challenges because of COVID-19 as well as the existing obstacles that deny them access to decent jobs. 20 million jobs may be lost in Africa due to COVID-19 In June 2020, MIF surveyed its NGN to examine what COVID-19 means to young people in Africa. Results of the survey show that economic challenges are considered to be more severe than the health challenge. Participants consider unemployment to be the second biggest challenge during the pandemic (66% of the 143 respondents) after economic instability (79%). 100% of respondents also thought that COVID-19 would increase unemployment in Africa when they were asked about the major economic and social effects of the pandemic.



Rising opportunities for extremist groups

With COVID-19 as the main focus of governments and partners and with reduced capacity for peace and anti-terrorism operations, non-state armed groups have found a **power vacuum** to conduct attacks or step-up violent campaigns. This can be seen in the **heightened conflict activity in Libya at the start of the pandemic and increased attacks by violent extremist groups in Mozambique**.

COVID-19 also provides opportunities for radicalisation and recruitment into armed groups, linked to rising socioeconomic grievances, declining job opportunities in particular among the youth, and social isolation through lockdown measures as well as more time spent online.

Extremist and terrorist groups have integrated COVID-19 into their propaganda to justify their cause with the pandemic.

- Al-Shabab blames the AU for spreading the virus and being a crusader force.
- JNIM frames the virus as a punishment on France for their Sahel counterterrorism operations.
- Boko Haram considers the COVID-19 response measures a war on Muslims.
- Groups in Mozambique celebrate the impact of the virus on the West in their propaganda videos.

In weak governance contexts with low perceived legitimacy and trust towards the government, **non-state armed groups can position themselves as service providers**.

- After initial dismissal of the virus, Al-Shabab is now promoting public health and has opened up a COVID-19 clinic.
- The Islamic State branch in the DR Congo claims to provide medicine to fight the virus.

2021 Ibrahim Forum (3-5 June 2021) and Now Generation Forum (27 May 2021)

Insights from the discussions on the way forward

Forum session 2

Managing the pandemic fallout: setbacks in democracy and rights, and new triggers of instability

- The pandemic was an accelerator of pre-existing concerning trends in human development, democratisation and security.
- If Africa wants to maximise its demographic dividend, an increased focus on education, especially for girls and women, is key. As the continent with the youngest population globally a key strength the impact of COVID-19 on learning might be one of the least visible consequences, but one with grave consequences for a whole generation of Africa's youth.
- The response to the pandemic, and other future crises, should not lead to a hostile environment for democratic processes. Term extensions and the restriction of the democratic space and rights leads to disenfranchisement and the risk that citizens resort to other means to challenge their leaders.
- Beyond COVID-19 fatalities, there are concerns about the knock-on effects on people's welfare and security. With rising numbers of refugees and internally displaced people on the continent, it is vital to ensure that vulnerable communities are not left behind. Vaccine inequity can add to cracks in the social fabric, compounding problems of social inclusion and undermining trust in leaders and faith in democracies.
- On a wider note, comprehensive efforts and own resources are required for conflict prevention and resolution. Conflicts on the continent are often brewing long before erupting, and stronger conflict prevention and early warning capacity must be built. More comprehensive approaches are needed as military solutions alone are not enough. A focus on the required financial resources is key as support from donors is in decline.
- Governance progress should be even across all its pillars. Security and participation, rights and inclusion have been on the decline in Africa since long before the pandemic. Good governance is about ensuring these pillars are not left behind as Africa recovers from the pandemic.
- There is a clear need for inter-generational mobility and change on the continent, especially among young people. Young people are demanding a renewal of the social contract with their governments and they are increasingly taking matters into their own hands.

"The pandemic has reversed many of the development gains and made our task of achieving the SDGs by 2030 even more difficult. For the first time in two decades, we are seeing a rise in extreme poverty, informal workers have lost their jobs, school closures and digital divides are jeopardising hard-fought gains in learning and progress towards gender equality might be pushed back a generation."

Amina J. Mohammed, Deputy Secretary General, United Nations

"Although it is relatively easy to observe the number of kids who aren't going to school, or the number of schools that have shut their doors, it's much harder to quantify how far children are falling behind on their learning."

Laurence Chandy, Director of Global Insight & Policy, UNICEF

"Key priorities are a democratic space where rights are respected, where leaders are trusted, where active citizenship is exercised, and an enabling environment for the expression of different views and a culture of parallels and respect."

Elhadj As Sy, Chair, Kofi Annan Foundation

"The pandemic has been devastating for areas affected by conflicts and violence, and where healthcare systems are weak. But we can all agree that, beyond the predicted fatalities directed from COVID-19, we are all concerned about the knock-on effects, the secondary reverberating impacts on people's welfare and security at large."

Patrick Youssef, Africa Director, International Committee of the Red Cross

"COVID has been a complicating factor but (...) even before COVID, conflict resolution, conflict on the continent has fared no better. In fact, it was there before the pandemic, and it will continue post the pandemic because all the ingredients that give cause to these conflicts were there regardless of COVID."

Comfort Ero, Interim Vice President & Africa Programme Director, International Crisis Group Abiy Shimelis, Now Generation Forum Representative, Ethiopia

Insights from the Now Generation Forum:

- The NGF cohort discussed the inadequacy of remote learning opportunities, the digital divide in education on the continent and its unequal impact on rural children. The group stressed an urgent need for governments to prioritise investment in IT infrastructure to bridge the digital divide and ensure access to education for all, especially girls.
- The group spoke about COVID-19 and elections noting the limitations that the pandemic presented for the holding of elections. It was argued that to prevent the postponement of elections during subsequent emergencies, Africa should strengthen its institutions and also prioritise constitutional rule at all times.
- The NGF recommends a grassroots response to COVID-19 and other challenges affecting the continent. A bottom-up approach to governance is preferred to a top-down approach.
- Participants bemoaned the abuse of power by some African governments during the pandemic. Many reported that under the disguise of COVID-19 some countries violated democratic principles through enforcement of lockdown measures by state security and the threat to media information amongst other measures.
- Governments should urgently tackle the rising rates of unemployment. This could be done by modernising agriculture and boosting trade between African countries to create more jobs.
- The NGF called for the active participation of the youth in politics to effect real changes to governance systems in Africa and to promote the enactment of youth-focused policies.
 - "We should make sure that our recovery strategy comes from the people who are experiencing the challenges that were brought about by the pandemic."

Sepiso Dean Mwamelo, Now Generation Forum Participant, Tanzania

Chapter 03. COVID-19 economic impact: an opportunity to reinvent the current growth model



a. Africa enters recession for the first time in 30 years



Economic growth in Africa had been positive since 1991, but the onset of COVID-19 in 2020 led to negative growth on the African continent for the first time in 30 years*.

- Real Gross Domestic Product (GDP) declined by -1.9% in 2020, more than five points short of the previously projected +3.8% growth.
- In 2021, GDP is still projected to fall more than \$150 billion short of pre-pandemic projections, despite growth being projected to exceed previously predicted levels (+4.9% instead of +3.8%).

Impact is uneven across the continent

The immediate impact of COVID-19 on growth at continental average level masks varied situations at country level. The continent was home to some of 2020's worst hit countries, but also to some of the fastest growers.

- Twelve of the 27 countries worldwide that still managed GDP growth in 2020 were African: Ethiopia (+6.1%), Guinea (+5.2%), and Egypt (+3.6%) were globally among the top ten growers.
- Twelve African countries experienced GDP contractions equivalent to at least twice the global level (-3.3%): Libya (-59.7%), Mauritius (-15.8%), Cabo Verde (-14.0%) and Seychelles (-13.4%) saw the largest declines.

African countries: GDP per capita by size of decline (2019-2020)

	GD	GDP Per Capita (\$)		
Country	2019	2020	Change	
Seychelles	\$16,389.26	\$11,638.72	-\$4,750.53	
Libya	\$6,055.46	\$3,280.83	-\$2,774.64	
Mauritius	\$11,090.43	\$8,993.48	-\$2,096.95	
Equatorial Guinea	\$8,105.79	\$6,772.73	-\$1,333.07	
Botswana	\$7,979.01	\$6,780.72	-\$1,198.29	
Angola	\$2,974.13	\$2,012.15	-\$961.99	
Namibia	\$5,100.07	\$4,175.18	-\$924.89	
South Africa	\$5,977.95	\$5,067.15	-\$910.80	
Gabon	\$8,111.34	\$7,421.18	-\$690.16	
Algeria	\$3,939.54	\$3,262.58	-\$676.96	
Congo Republic	\$2,745.80	\$2,185.58	-\$560.22	
Eswatini	\$4,009.99	\$3,504.45	-\$505.54	
Cabo Verde	\$3,601.73	\$3,147.69	-\$454.03	
Zambia	\$1,272.24	\$981.31	-\$290.93	
Morocco	\$3,363.61	\$3,158.32	-\$205.29	
Nigeria	\$2,229.85	\$2,083.16	-\$146.69	
Lesotho	\$1,117.39	\$1,002.98	-\$114.41	
São Tomé & Príncipe	\$1,980.35	\$1,918.01	-\$62.33	
Madagascar	\$539.95	\$501.76	-\$38.20	
Mozambique	\$487.69	\$449.63	-\$38.06	
Uqanda	\$948.89	\$912.44	-\$36.45	
DR Congo	\$573.51	\$540.53	-\$32.98	
Cameroon	\$1,501.87	\$1,469.91	-\$31.96	
Chad	\$685.68	\$653.98	-\$31.70	
Diihouti	\$3.103.07	\$3.074.39	-\$28.69	
Liberia	\$669.27	\$646.27	-\$23.00	
Guinea-Bissau	\$810.56	\$789.88	-\$20.68	
South Sudan	\$309.72	\$295.66	-\$14.06	
Somalia	\$338.16	\$326.98	-\$11.17	
Mali	\$907.22	\$897.29	-\$9.93	
Rurundi	\$257.44	\$253.59	-\$3.84	
Sudan	\$776.55	\$775.04	-\$1.51	
	\$3 324.13	\$3 322.93	-\$1.20	
Comoros	\$1 362.42	\$1,361.86	-\$0.56	
Como leone	\$527.03	\$526.51	-\$0.51	
Chana Chana	\$2 220 82	\$2 222 91	\$2.08	
	\$816.36	<u>\$2,222,222</u> \$818,99	\$2.63	
Central African Republic	\$479.85	\$489.87	\$10,02	
	\$1 079.68	\$1,090,39	\$10,70	
	\$893.18	\$904.68	\$11,50	
Nigor	\$553.20	\$565.87	\$11.96	
	¢774.87	\$300.07 \$790.97	\$16.09	
Cambia	¢774 21	\$790.83	\$16.62	
Mauritania	¢1 953 87	¢1 971 45	\$17.52	
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Senegal	\$1,43U.21	\$1,433.31 61 250 87	ېدى.وى دى 60	
Benin	\$1,210.20	\$1,230.07	\$32.00 ¢74.67	
Kenya	\$2,004.42	\$2,059.05	\$34.05 ¢40.74	
	\$2,227.90	\$2,277.72	ې4۶./4 دمې مع	
Zimbabwe	\$1,293.01	\$1,585.04	<u>ک</u> ک۲.05	
Guinea	\$1,012.50	\$1,106.47	كەر.خەر مەر مەر	
Egypt	\$3,056.98	\$3,586.97	\$530.00	

Angola, Libya and Seychelles were among the world's ten worst hit countries in terms of percentage per capita decline.

No country in the world saw per capita GDP increase by a higher percentage than Egypt in 2020 (+17.3%).

The pandemic accelerates pre-existing decline in FDI and reduces remittances flows to a trickle

Following an already concerning decline of -10.3% in 2019, Foreign Direct Investment (FDI) could fall by a further -25% to -40%, according to the United Nations Conference on Trade and Development (UNCTAD).



Remittances represent the largest and most stable inflows to the continent, accounting for about one-third of total inflows in 2019. The World Bank expects a -23.1% decline in remittances in 2020, with repercussions on income, spending power and foreign exchange reserves.

Already high inflation is spiralling in a handful of countries

Already high pre-COVID-19, inflation at the continental level stood at +11.2% in 2020. While very high in comparison to other regions, it only represents a small increase of +1.7 percentage points compared to 2019.

However, in **Sudan and Zimbabwe inflation spiralled** as the fallout from the pandemic interacted with pre-existing weak monetary fundamentals.

Between 2019 and 2020, inflation rates jumped from +51.0% to +163.3% in Sudan and from +255.3% to +557.2% in Zimbabwe.

23.1% decline in remittances in 2020

African countries: inflation rate (2020)



Recovery expected to be slower than in other regions, falling short of pre-pandemic projections until 2024





The recovery is also expected to be uneven across the continent.

African countries: projected years to reach pre-COVID-19 GDP levels (2020-2026)



Some African countries could take seven or more years to reach pre-COVID-19 GDP levels

Source: MIF based on IMF

 * 7+: will not have recovered by 2026, latest data year available in current projections

African countries: GDP growth rate (2020 & 2021)



* Libya (+131.0%) data excluded from graph Source: MIF based on IMF

• Every country, except Comoros, is expected to return to growth in 2021 and the majority of the continent should see GDP recover to pre-pandemic (2019) levels by the end of the same year.

However notable differences exist between countries.

- For eight countries including Angola, Mauritius, Seychelles and South Africa it could take between three to six years for GDP to return to pre-COVID-19 levels.
- For Algeria, Libya, and Zambia it could take seven or more years to recover.

Growth 2021 (%)

Growth 2020 (%)

-15.8

0.0 +2.0 +4.0 +6.0 +7.6

+7.9



SPOTLIGHT (Q)

South African economy worst hit but better equipped

South Africa's economy experienced its worst ever downturn in 2020, with GDP declining by -7.0%, and GDP per capita falling by -\$910.80. No country on the continent saw a bigger discrepancy between projected GDP and actual GDP in 2020 with latest figures \$67.7 billion lower than projected in 2019.

The slowdown in global trade saw a drop in demand for some of the country's key exports. South Africa's large mining sector was hit hard, with production declining by -47.3% within the first month of the pandemic. The price of platinum, for which South Africa is the world's largest producer, dropped to its lowest since 2003.

As the virus ripped through the country, domestic lockdowns affected other sectors. Alcohol bans hit the country's large liquor sector, while the second wave of the pandemic coincided with peak tourist season.

South Africa already had the highest unemployment rate in the world in 2019, but the pandemic worsened this already perilous labour market with 13.6% of all working hours lost due to COVID-19. Furthermore, state debt is spiralling, and expected to reach 80% of GDP in 2021. Since the start of the pandemic South Africa has received two sovereign credit downgrades (to BB- with Fitch and Ba2 with Moody's) and taken its first ever International Monetary Fund (IMF) loan.

However, South Africa is better equipped than most African countries to deal with the pandemic's economic fallout. South Africa's pandemic fiscal stimulus package amounted to 5.9% of GDP, almost twice the African average (3.0%). Additionally, most of South Africa's government debt is owed in Rand (approximately 90%) and most is owned by local borrowers, giving the government a greater range of policy options to manage its debt burden and less risk from currency fluctuations.

South Africa saw a bigger discrepancy than any other African country between projected GDP and actual GDP in 2020 (\$67.7 billion)

South Africa's pandemic fiscal stimulus package amounted to 5.9% of GDP, almost twice the African average (3.0%)

b. Ongoing challenges exacerbated by the pandemic: unemployment, poverty, inequalities, food insecurity

The COVID-19 induced standstill has exacerbated the continent's current challenges. Lockdowns and travel bans worldwide have hit key sectors. Consequently, youth job prospects have shrunk even further, additional millions have fallen into poverty, food insecurity has soared, and inequalities have widened.

Lack of jobs: unemployment hits ten-year high

Satisfaction with economic opportunity and employment creation was already declining across much of the continent, as highlighted in the 2020 Ibrahim Index of African Governance (IIAG). The pandemic is likely to exacerbate these already concerning trends.

Though impressive, Africa's economic growth over the last decade ran behind demographic growth. Sub-Saharan Africa is only creating three million jobs annually, when 18 million are needed to absorb new entrants into the labour market.

Unemployment in Africa hit its highest level in ten years in 2020 at 7.3%



Many workers saw incomes decline and working hours lost.

- The International Labour Organization (ILO) estimates that 7.7% of working hours in Africa were lost in 2020 due to COVID-19.
- 77% of Partnership for Evidence Based Response to COVID-19 (PERC) survey respondents across 19 African countries declared a decline in income, with the figure as high as 93% in Uganda.

Accounting for 85.8% of total employment on the continent, the largest share of any world region, Africa's large informal labour force has been particularly hit.

- Employees in the informal sector often live hand to mouth.
- They are mostly unable to switch to home-based working.
- They are generally uncovered by social protection mechanisms or unemployment insurance to compensate for lost activity.

Widening inequalities

As highlighted by the 2020 IIAG, in the decade preceding the pandemic, socioeconomic barriers have worsened, and large segments of Africa's population have been marginalised due to poverty and inequality.

Over the past decade, the World Bank's Gini Index shows that seven of the world's ten most unequal countries on average, in terms of income distribution, are African.



Gini coefficient data is not collecting at the same frequency across all countries. Some have more data points than others and years do not always correspond. As such an average has been taken of all Gini Index data recorded across the period 2010-2019.

In 2019, the richest 10% of Africans captured 55.0% of the continent's income, the highest of any region for that year. The poorest 50%, accounting for 654.0 million people, only captured 8.5% of income.*

*The Middle East here is included as part of Asia. When treated as a separate region the top 10% in the Middle East hold a higher share of income (56.4%) than in Africa.



Africa: pre-tax income distribution (2019)



The pandemic has exposed and compounded the multiple inequalities present within African societies, both directly and indirectly through government response measures. Digital divide: in 2019, in 29 African countries, less than 10% of households owned a computer, while in 43 African countries, less than half of all households had internet access.

- The digital divide could exclude many from cash transfer programmes.
- The digital divide prevented many switching to home working as in other parts of the world.

Income: mitigation measures, such as exchange rate adjustments in Nigeria, caused the cost of living to rise for many of the poorest.

Gender: lockdown measures disproportionately hit sectors where women represent a larger share of the workforce such as hospitality.

Spiralling food insecurity

Food insecurity was already on the rise prior to the pandemic due to persistent conflicts and the onset of the continent's worst locust plague in several decades in 2018.

- In 2019 Africa already hosted over half of the world's food insecure and 36.4% of undernourished people.
- The number of undernourished people on the continent has been growing faster than in any other region, amounting to almost one-fifth (19.1%) of the continent's population in 2019.

The pandemic compounded this problem, disrupting supply chains, a disaster for Africa's net food importers. It also often prevented farmers from working their land, with agricultural production in sub-Saharan Africa expected to contract between -2.6% and -7.0% due to the pandemic. Furthermore, it reduced the purchasing power of vulnerable households at a time of surging food prices and limited market access due to lockdown policies.

Global food prices rose by +26.0% between March 2020 and March 2021 and have risen continually since July 2020.

Over 100 million Africans faced emergency or catastrophic levels of food insecurity in 2020, an increase of +60% from 2019.

Mali (+1033%), Chad (+883%), Burundi (+600%), Sierra Leone (+333%) and Cameroon (+250%) have seen the largest increases.

97.8% of respondents in the 2021 MIF's Now Generation Network (NGN) survey think that inequalities also exacerbate the impact of COVID-19 to some or a large extent.

In March 2021, food prices hit their highest globally since June 2014



Slide-back into poverty

Much progress had been achieved in the fight against poverty in recent decades, but the pandemic is threatening to reverse these gains, also jeopardising the Sustainable Development Goals (SDGs) and Agenda 2063 success. According to the World Bank, extreme poverty was on the rise in 2020 for the first time in over 20 years.

The African Development Bank (AfDB) predicts that approximately 70 million Africans will slide into extreme poverty over the course of 2020 and 2021.

The United Nations Economic Commission for Africa (UNECA) projects this figure could potentially be as high as 88 million, bringing the total number of extreme poor in Africa to 514 million, just short of 40% of the continent's population.

Between 70-88 million Africans could slide into poverty over 2020 and 2021

2. AFRICA'S GROWTH MODEL: STRUCTURAL VULNERABILITIES 142 LAID BARE BY THE CRISIS

a. Trade structure leaves African economies overly dependent on external demand and supply

The pandemic exposed vulnerabilities in the trade structures underpinning Africa's growth model.

Many African countries occupy positions at the start and the end of global supply chains. Exports are heavily concentrated around a few products, principally primary commodities - resources in a raw or unprocessed state such as crude oil, copper and cocoa. These are sent overseas for processing, while imports are dominated by manufactured goods sourced from outside the continent. Most countries are dependent on external supply of essential goods, from food to pharmaceuticals.

Primary commodities made up 76.7% of Africa's exports in 2019





Africa's exports tend to be highly concentrated among a few products, with UNCTAD's Product Concentration Index showing Africa's exports to be more than twice as concentrated as any other world region.

Source: MIF based on UNCTAD

The UNCTAD product concentration index shows the extent to which the exports of a country or region are highly concentrated among a small number of products. The closer a country/region scores to 1, the less diverse the product base.



African countries: primary export destination of goods (2019)



Source: MIF based on Observatory of Economic Complexity

For over 90% of African countries the primary export destination is outside the continent.

China (14 countries) and United Arab Emirates (10 countries) are the most common export destinations.

Only four African countries primarily export to another African country.

SPOTLIGHT (Q)

Burgeoning tourism sector set back by crisis

Prior to COVID-19, Africa had the second fastest growing tourism sector in the world, employing around 24 million people in 2019 and benefitting other sectors through spillover trade. In 2018 and 2019, it contributed to over 10% of total exports in 18 African countries, also acting as an important source of foreign exchange.



With the pandemic, international tourist arrivals in Africa in 2020 were down by almost -70% on 2019, and the GDP of tourist dependent economies declined by -11.5%.

With air travel demand not expected to reach pre-COVID-19 levels before 2023, industries dependent on international tourism may continue to struggle.

Prior to COVID-19, Africa had the second fastest growing tourism sector in the world




Source: MIF based on Observatory of Economic Complexity

With the onset of the pandemic, major export partners closed their economies, supressing demand for commodities and triggering a liquidity crisis for several African governments, as well as businesses operating on the continent.

According to the United Nations World Institute for Development Economics Research (UNU-WIDER), between 2009 and 2018, among African countries with data, an annual average of 23.8% of revenue came directly from natural resources. They are also a leading source of foreign exchange.

Reduced commodity demand saw prices for many commodities fall in the first half of 2020 and contributed to currency depreciations, as seen in Angola and Nigeria.

The lack of diversification left resource dependent countries little to fall back on. According to the World Trade Organization (WTO), the output losses reported in Africa in 2020 have been primarily spurred by oil and metal exporting countries, with more diversified economies such as Kenya and Tanzania expected to have a speedier recovery.

The impact was not felt evenly across Africa. Demand for fuels and non-precious metals tanked in the first half of 2020, and some agricultural commodities were hit, with tea and coffee (Robusta) prices hitting ten-year lows, but for exporters of precious metals such as gold, demand soared.

2009-2018: on average, almost one-quarter of government revenues in Africa came from natural resources

SPOTLIGHT (9)

Oil prices hit all-time low, gold prices all-time high



34% of African CEOs feel oil prices would 'significantly' or 'very significantly' affect their business's recovery plans

The pandemic resulted in a cut in demand for crude petroleum by one third of its typical level. Within the Organization of the Petroleum Exporting Countries (OPEC), of which seven African countries are members, the average barrel price dropped by over -50%, hitting all-time lows of \$12.22 per barrel on 22 April 2020. This had serious consequences for the continent's oil producers. In Nigeria, the continent's top exporter, crude sales account for more than half of government revenues and over 90% of foreign exchange. Crude oil accounts for 90% of revenues in Angola and 73% in South Sudan, while in Libya, hydrocarbons accounted for 96% of the budget between 2014 and 2018. Repercussions were also felt in the private sector with an Oxford Business Group Africa COVID-19 Chief Executive Officer (CEO) Survey showing that 34% of African CEO's feel oil prices would 'significantly' or 'very significantly' affect their business's recovery plans. This figure was as high as 65% in Nigeria, 60% in Algeria and 50% in Ghana.



On the other hand, the price of gold rose by almost +30% in 2020, hitting an all-time high, with an average price of \$1,969 per troy ounce in August 2020. Anxieties over currency volatility increased investor demand and triggered a gold rush among exporting nations. This rush allowed some of Africa's gold exporting countries to better cushion the financial blow of the pandemic. Tanzania's earnings from gold exports rose by +34% in 2020, helping offset the decline of oil exports and tourism.

However, this also triggered side effects such as additional smuggling and illicit financial flows. Zimbabwe's Ministry of Finance reported losing \$1.8 billion of mineral revenues, predominantly through gold smuggling. Additionally, the price hike has not trickled down to artisanal miners, with the boom creating a pool of new middlemen to funnel profits, rather than building on existing trading networks. Tanzania's earnings from gold exports rose by +34% in 2020, helping offset the decline of oil exports and tourism

148 c. Excessive dependency on external supply creates shortages of key goods

The pandemic led to disruptions and shortages in the supply of essential goods. Most key daily life goods such as clothing, food products, electronics, road vehicles and medical supplies are sourced from outside the continent.

Unlike other regions, Africa had limited regional supply chains to fall back on, with intra-continental trade accounting for less than 15% of total continental trade in 2019.

Supply chain disruptions led to food price spikes in many countries, while shortages also contributed to inflation in countries such as Zimbabwe.

Intra-continental trade accounted for less than 15% of Africa's total trade in 2019







3. MITIGATION POLICIES HAMPERED BY SQUEEZED FISCAL SPACE AND COMPLEX DEBT BURDEN

a. Monetary and fiscal policy: not much room for manoeuvre

Across the world the coronavirus pandemic has led countries to break away from the dominant fiscal and monetary policy orthodoxy, using both in an expansive counter-cyclical manner, pumping money into ailing economies to keep them afloat during lockdowns. However, in Africa this has been more challenging. Numerous barriers restrict African countries from following this path, while governments are less willing to risk a break from policy orthodoxy.

Furthermore, the crisis has created a liquidity crunch, in a context where fiscal and monetary capacity is already weak. As such, African countries have been unable to pursue the full range of mitigation measures seen elsewhere.

Lack of monetary flexibility reduces policy options

Across parts of the world, and particularly the Global North, much government spending has been monetised during the pandemic. New money has been created by central banks to fund COVID-19 response measures, either directly, or indirectly through methods such as quantitative easing (QE)*.

However, for several reasons, such policies are often less effective and carry greater risk for many African countries than for industrialised economies.**

Foreign currency spending

Many African countries have notable foreign currency expenditures, such as debt servicing, that newly created domestic currency cannot be directly spent on. High dependency on imports heightens risk of high inflation in case that new money causes the currency to lose value.

Import dependency

Perception cost

Perception cost for 'soft currencies'. Monetary expansion can trigger capital flight and restrict access to credit markets or concessional loans.

Many African currencies are considered 'soft currencies', where value is volatile and more reactive to monetary expansion or external market shocks such as COVID-19 than 'hard currencies' such as the British Pound or Japanese Yen.*** By increasing the money supply, African central banks run a greater risk of inflation and capital flight than their counterparts in the Global North.

Some African countries still monetised spending during the pandemic. Nigeria's weak fiscal capacity forced the central bank to finance much of the response through printing. However, inflationary pressures (inflation rate of +18.2% in March 2021) have been greater than those seen in industrialised economies implementing QE (e.g. Japan -0.2%, UK +0.7%), while the World Bank delayed the release of a \$1.5 billion loan due to concerns over the country's currency policy.

Mostly, the associated risks of monetary expansion have pushed central banks on the continent towards more conventional policies such as cutting interest rates, as most African central banks did, or waiving digital transaction fees.

* Quantitative easing is the process where central banks create new money to purchase assets, principally government bonds.

This is not to say these policies can never be effective in an African context and if targeted into productive activity would not necessarily trigger high inflation. There is a growing school of thought that some African central banks could and indeed should use money creation as a tool for growth and COVID-19 mitigation. However, there are more obstacles to this in emerging and developing economies. * This is not applicable to the countries using CFA Franc or Comorian Franc, where guaranteed conversion to the Euro protects the currency from fluctuations. However, this comes with stringent requirements that prevent a fully autonomous monetary policy for these countries.

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Limited fiscal space reduces capacity to respond

IMF data show fiscal revenues* in Africa averaged 22.2% of GDP in 2019, a lower rate than both emerging (27.2%) and advanced (35.0%) G20 economies, and less than half the 46.4% recorded in the Eurozone.

This average level masks substantial differences at country and regional level.

- Members of SACU (Southern African Customs Union) recorded average revenues of 32.6% of GDP.
- Members of ECCAS (Economic Community of Central African States) recorded average revenues of 19.5%.

SDG's annual financing gap for Africa already estimated at \$200 billion



African countries: fiscal revenue (2019)





Domestic resource mobilisation remains low due to weak tax bases

Weak tax bases are a major factor contributing to the limited fiscal space of many African countries. In 2018, the average tax-to-GDP ratio in Africa** was 16.5%, in comparison to 34.3% across Organisation for Economic Cooperation and Development (OECD) countries. Tax-to-GDP ratio only exceeded 25% in four countries: Morocco, Seychelles, South Africa and Tunisia.

Several issues underpin Africa's limited tax bases.

- Weak administrative capacity and low compliance with tax laws create challenges in the collection of tax.
- UNCTAD estimates that improving tax efficiency could raise tax revenue by +3.9% of GDP. Better control of corruption and effective enforcement of existing laws could reduce administrative inefficiencies and raise an additional \$110 billion per year in revenue on the continent.

The 2020 IIAG showed that while some progress in taxation capacity has been made at the African average level since 2010, this trend is threatened by a recent deterioration in the five years prior to the coronavirus pandemic.

- The prominence of the **informal economy** leaves many outside the tax pool.
- Tax exemptions have been used as incentives to attract FDI and spurred a downward trend in tax rates due to competition between African countries.
- Bilateral aid is often conditioned on tax exemption clauses, costing between 1-2% of GDP in foregone revenue.
- High levels of **capital flight**, both licit and illicit, are a huge drain on Africa's tax base.

Personal income taxes and social security contributions as percentage of total revenue: Africa 24.7%, OECD 49.9%

SPOTLIGHT (9)

Capital flight continues to bleed the continent

Capital flight is a major drain on the continent's revenues through lost taxes and royalties.

Losses from capital flight across 30 African countries between 1970 and 2015 outweigh the total stock of debt owed, plus the total foreign aid received over this period.

It also weakens the domestic currency value, increasing the cost of imports, government investment and debt servicing, while lowering domestic savings.

Illicit financial flows are one way through which capital leaves the continent, with trade mis-invoicing the most common strategy to evade customs duties, VAT and income taxes.

According to Global Financial Integrity (GFI), mis-invoicing has represented a total loss of \$107.6 billion per year across 42 African countries between 2008 and 2017. African average trade revenue lost from mis-invoicing between 2008 and 2017 = 21.4% of total trade, \$107.6 billion per year

Pandemic sees further revenue crunch

With other sources limited, taxes on goods and services are the primary source of tax revenues in Africa, accounting for 51.9% of total tax revenues in 2018, with VAT (value added tax) alone accounting for 29.7%. As such the slowdown in trade has hit revenues hard.

• The continent lost approximately \$360 million per month in reduced customs revenues during the first wave of the pandemic, and potentially as much as \$4 billion by the end of 2020.

Estimates over the full extent of revenue lost vary. IMF data suggest the continent lost about -12% of fiscal revenue between 2019 and 2020, while the African Union (AU) projects governments could lose -20% to -30% of their fiscal revenues from the crisis.

Weak mitigation packages and social safety nets

The impact on fiscal revenues is evident in the limited mitigation packages African countries were able to provide in comparison to other regions. Social safety nets on the continent were already weak, and this left many of the continent's poorest more vulnerable when the pandemic hit.

On average, African countries spent 3.0% of GDP on COVID-19 response measures, less than one-third of the global average of 9.2%.

African governments might lose up to 30% of fiscal revenues due to COVID-19

In 2019, Social Safety Nets was among the ten worst scoring IIAG indicators (out of 79), having shown zero progress over the decade at the African average level.



World countries: COVID-19 fiscal response measures (2020)

The discrepancies are even starker when per capita spending is considered.

- At about \$80 per capita on average, African additional fiscal spending was less than 200 times the average additional spend in the United States (\$16,096 per capita).
- Nigeria, the continent's largest economy, only spent \$6.75 per capita.



COVID-19 recovery in Africa is expected to require an additional \$285 billion in funding between 2021 and 2025

However, despite shrinking fiscal space, many countries found ways to expand social safety nets, leveraging new technologies and diverting funding into existing programmes.

74.7% of respondents of the 2021 MIF's NGN Survey think that the lack of social safety nets is exacerbating the impact of COVID-19 to a large extent.

As of February 2021, as many as 46 sub-Saharan countries had introduced a total of 166 new social protection policies.

36 African countries have provided citizens with COVID-19 related cash transfers while 18 have provided food assistance.



African countries: Social Safety Nets indicator scores (2019)

However, initiatives have often excluded many in need of assistance. Beyond fiscal constraints data gaps have hindered the effectiveness of social safety nets.

In Nigeria the total number receiving support only represented a tiny proportion of the 95.9 million living in extreme poverty. Many in need missed out owing to data gaps, with no national census in 14 years.

AfDB launched a \$3 billion Fight COVID-19 Social Bond, the largest \$ dollar denominated social bond ever



COVID-19 has triggered a liquidity crisis on the continent that is fast transforming into a sovereign debt crisis. Creditors fear that constrained fiscal revenues will see a wave of defaults, while debtors fear that if unable to meet debt obligations they will be locked out of future credit markets.



Debt already on rising prior to pandemic

Having increased in 41 African countries since 2010*, the African average central government debt to GDP ratio had reached 64.3% in 2019.

In 2019, 25 African countries exceeded the IMF maximum recommended ratio (55.0%), in comparison to seven in 2010.

However, African debt is not uniquely high. In absolute terms African debt is low, while in relative terms it is only just above the global average (56.7%).

In 2019, Japan (201.4%), Singapore (129.3%), US (92.6%) and UK (84.4%) all exceeded the African average debt-to-GDP ratio.

Rather, structural challenges in the composition of debt and unstable sources of liquidity make servicing debt uniquely burdensome for African governments.

At 201.4%, Japan's debt to GDP ratio is greater than that of any African country

Central government debt as % of GDP (2019) IMF max. recommended debt-to-GDP ratio Central government debt as % of GDP (2010)

* Libya latest data year is 2017. South Sudan baseline year is 2012.

External debt, mostly borrowed in foreign currencies

Domestic sources of credit can be limited in much of Africa and governments often turn to external creditors for financial support.

Most African external debt is held in foreign currency, with 'hard currencies' such as the US dollar or Euro preferred by creditors to local currencies.



Servicing debt in foreign currency creates unique challenges. In Zambia, 83.5% of external debt is held in US dollars. By contrast, in the UK, virtually all government debt, both external and domestic, is owed in pounds.

In Zambia, a sudden decline in the value of the Kwacha will increase the cost of debt servicing, while in the UK costs remain the same if the pound loses value.

Additionally, the UK is at less risk of default as it can raise taxes or create new money to meet its debt obligations, while Zambia is reliant on volatile sources of foreign exchange.

Complex array of creditors complicates Africa's debt situation

The situation is further complicated by Africa's myriad of creditors. In recent years, the composition of Africa's debt has moved away from traditional partners of the Paris Club and international financial institutions (IFIs) to private sector lenders and bilateral loans from China.



Privately held debt: more onerous financial conditions

Privately held debt accounted for 40.3% of total public (or publicly backed) external debt stock in 2019, more than twice the share it accounted for in 2000 (17.3%).

Privately held debt is more easily accessible and has less conditionality in terms of policy choices and fiscal indicators, but unlike most multilateral debt it is not concessional*, meaning higher interest rates and shorter maturities.

The growing share of privately held debt places a greater financial burden on African governments, with a rising majority of service repayments now made to this group.

Africa's excessive perception premium

African governments pay a 'perception premium', on private sector debt. Sovereign credit ratings agencies are often overly harsh in the perceptions of Africa and ratings can be out of sync with those given to non-African countries with similar macroeconomic indicators. During the pandemic, aid packages in Europe have been treated differently by ratings agencies to those by multilateral organisations to Africa.

Ratings agencies also fail to adequately distinguish between African countries with varied internal situations. Even Senegal, with largely peaceful transitions of power and an average growth rate of +6% over the past ten years, still has a junk status rating.

Consequently, African governments are paying interest rates between 5% to 16% on ten-year government bonds, while interest rates in Europe and North America are near zero or negative.

Concessional debt accounts for 21.6% of Africa's external debt stock in 2019 – the lowest in 24 years

Africa's debt repayments to private creditors in 2021 could equate to three times the cost of purchasing vaccines for the entire continent

SPOTLIGHT (Q)

China has become Africa's largest single bilateral creditor

In the last decade China has become Africa's largest single creditor. Chinese loans **are not conditional on policy choices**, and are based on the viability of individual projects, rather than on 'political risk', debt sustainability or fiscal indicators, making them easier to access. They have provided the continent with a much-needed injection of credit for infrastructure investment, supporting large projects that multilateral development banks would not.

59.9% of all Chinese loans to Africa between 2010-2019 went towards power, transport or water.

Though Chinese debt is not as financially onerous as private sector debt, interest rates are higher and maturities shorter than for concessional debt.

In 2019 only 5.8% of debt owed to China by African countries was concessional, in comparison to 25.9% from other bilateral lenders and 53.1% from multilateral lenders.



In 2019, only 5.8% of debt owed to China by African countries was concessional



African countries: bilateral loans received from China (2010-2019)

Angola: 30.1% of all bilateral loans. Received three times that of next biggest recipient (Ethiopia)

Djibouti: loans equate to 6.4% of Djibouti's GDP

Ethiopia: 8.8% of all bilateral loans

Kenya: 6.9% of all bilateral loans

Nigeria: 4.9% of all bilateral loans

Zambia: 7.4% of all bilateral loans

ource: MIF based on CARI

China also strongly favours bilateral lending to multilateral lending, allowing Chinese firms to engage directly in the delivery of projects – known as 'tied aid'. Most lending is carried out by state-owned commercial banks that operate as legally independent entities and not sovereign lenders. State-owned commercial banks require collateral for loans that sovereign lenders such as those in the Paris Club do not, while loans are often negotiated under opaque circumstances.

Four countries, Angola (30.1%), Ethiopia (8.8%), Zambia (7.4%) and Kenya (6.9%) account for over 50% of all Chinese loans to Africa between 2010 and 2019

Already rising debt servicing costs soar with pandemic

The growth of high-interest, non-concessional debt owed to the private sector and to a lesser extent China has seen the continent's debt burden skyrocket.

Even prior to the pandemic, **domestic resource mobilisation had been unable** to keep up with growing servicing costs.

Servicing payments have more than doubled relative to GDP, while fiscal revenues have declined relative to GDP.



Debt servicing has been eating into government budgets at an increasing rate.

Prior to the pandemic as many as 30 African countries spent more on repaying public debt than on healthcare. Gambia spent as much as nine times its health budget on debt servicing in 2019, while Angola and Congo Republic spent six times.

As foreign exchange earnings from sources such as commodities, tourism, and remittances dried up with the pandemic, countries found themselves unable to meet their debt obligations. Simultaneously, **domestic currencies plummeted against the dollar**, increasing the cost of debt.

Every non-pegged* African currency depreciated in value relative to the US dollar within the first seven months of 2020, with the exception of the Moroccan dirham.

Gambia spent nine times its health budget on debt servicing in 2019

US Dollar	: К	(wacha (ZK)	Kwanza (Kz)	Birr (ETB)	Naira (₦)	Shilling (KSh)
\$	=	-25.6%	-17.2%	-9.6%	-7.2%	-6.1%
* between January 2020 and 3	July 2020					
External Debt in USD (% total)	:	Zambia	Angola	Ethiopia	Nigeria	Kenya
External Debt in USD (% total) \$:	Zambia 83.5%	Angola 92.8%	Ethiopia <mark>84.0%</mark>	Nigeria 88.1%	Kenya 75.5%

* Countries in the CFA Franc Zones increased in value relative to dollar as they are pegged to the Euro. Other currencies such as the Djiboutian Franc and Eritrean Nakfa are pegged to the dollar directly so saw no change.

A stark choice: 'save lives' or 'pay toward debt'

In April 2020, Ethiopian Prime Minister Abiy Ahmed said Ethiopia had been presented with a stark choice - "do we continue to pay toward debt or redirect resources to save lives and livelihoods?".

The pandemic left countries unable to fund the COVID-19 response without risking defaults or restructuring that might lock them out of future credit markets.

- Zambia became the first, and so far only African country, to default on external debt in November 2020. This was Africa's first sovereign default in a decade.
- As of April 2021, Tunisia was on the brink of default, struggling to find new creditors with the IMF likely to withdraw support.
- Debt moratoriums temporarily saved Angola from default, while Chad, Congo Republic, Mauritania and Sudan are all under severe financial pressure.

Sub-Saharan Africa has seen more sovereign credit rating downgrades than any other region. Angola and Zambia have been downgraded twice, while Botswana, Ghana, Ethiopia, Kenya, Mauritius, Nigeria, Seychelles and South Africa are also among those to have seen downgrades during the pandemic.

Debt relief: current efforts falling short

The crisis has led to calls for creditors to provide relief measures. Africa's myriad of creditors makes this a challenge.

- Getting all relevant actors around the same table is difficult, with terms and conditions of much debt opaque.
- Creditors are reluctant to provide relief where they think payments will continue to be made to other creditors.
- Creditors hold different stances over the form of relief and forum for negotiation.
- Indebted countries are reluctant to seek relief or restructuring from private creditors where they think it could impact their credit rating.

As of April 2021, six low-income African countries are in debt distress, while a further 15 are at high risk of debt distress

The Debt Service Suspension Initiative (DSSI): an insufficient and short-term solution

Endorsed in April 2020 by the G20, the DSSI has suspended repayments due on bilateral loans made by the G20's members to some of the world's poorest countries. Initially due to expire in December 2020, the initiative has been extended twice, first to June 2021, and now December 2021.



African countries: Debt Service Suspension Initiative (April 2021)

Thirty-eight out of 54 African countries are eligible for the DSSI. Seven of them opted out due to fears it could damage their credit-rating and deny them new non-concessional loans.

DSSI critics suggest it does not go far enough and does not offer a solution for long-term solvency issues.

In a best-case scenario, the initiative would only cover 15% of governments' annual external debt service repayments, too small for meaningful impact. Even then, it has only delivered about one-quarter of its relief potential.

Private creditors have yet to voluntarily come to the table, leading to fears that bilateral and multilateral relief could end up funding repayments on private debt rather than the pandemic response.

- Only three DSSI participating countries globally had approached private creditors as of October 2020.
- The African Private Creditor Working Group rejected calls for blanket suspension.
- Large banks and speculators including Blackrock, HSBC, JP Morgan and UBS have refused to engage in debt relief, continuing to demand repayments from developing countries despite being expected to make big profits from developing country debt during the pandemic.

DSSI has only delivered onequarter of its total relief potential

Angola: stands to benefit most from DSSI with a potential \$3 billion in savings between May 2020 and June 2021





Source: MIF based on World Bank

China is reluctant to involve deals conducted by state commercial banks in the DSSI, insisting them to be private entities, who should negotiate independently.



Africa: Chinese loans by creditor (2010-2019)

The DSSI is not available to many middle-income economies with debt problems.

• Tunisia is not eligible despite being on the brink of default.

Despite playing an important role in facilitating the DSSI, multilateral institutions are absent from the initiative.

 Neither the World Bank nor IMF have suspended debt servicing repayments as part of the initiative.

The Common Framework for Debt Treatments Beyond the DSSI: only used by three African countries

In October 2020, The G20 launched the Common Framework (CF) for Debt Treatments beyond the DSSI.

The CF obliges all bilateral creditors to inform the IMF how much they are owed by highly indebted countries and to negotiate rescheduling jointly. It was agreed by all bilateral creditors, both Paris Club and non-Paris Club, such as China, India, Turkey and Saudi Arabia.

Debt treatments are initiated at the request of the debtor country on a case-by-case basis, with the broad participation of creditors and fair burden sharing. The CF addresses a broad range of sovereign debt challenges.

- It improves debt sustainability through restructuring.
- It resolves liquidity issues through payment deferrals.

However, the CF excludes middle-income countries facing liquidity crises, as it covers only DSSI eligible countries.

To qualify, countries must also have an IMF supported programme that supports the implementation of 'suitable economic policies' and 'structural reforms'. If countries do not already have a Fund-supported programme they must request one.

As of April 2021, only Chad, Ethiopia, and Zambia have formally requested restructuring through the CF.

Multilateral liquidity support: access restrictions reduce impact

Though not participating in the DSSI, IFIs have provided liquidity support. Globally, \$100 billion has been made available through the IMF's Rapid Credit Facility and Rapid Financing Instruments. IMF lending to Africa has increased from an annual pre-pandemic average of \$4.2 billion to more than \$24.9 billion since the start of the pandemic, while the IMF also approves grants for debt relief under the Catastrophe Containment and Relief Trust eligible to 22 African countries.

However, much IMF support is subject to conditions that do not account for the unique circumstances of the current crisis. UNECA proposes that the capacity of IMF's emergency facilities should be expanded and access conditions eased. This should be complemented by the immediate establishment of a Liquidity and Sustainability Facility (LSF), to lower borrowing costs by ensuring that short-term debt obligations can be met. Additionally, multilateral development banks (MDBs) could relax their risk management policy guidelines to increase their own lending capacity.

The need for liquidity: SDRs as an immediate solution

The preferred option of many African governments is the issuance of new Special Drawing Rights (SDRs), as was done after the financial crash of 2008.

SDRs are an international reserve asset that function as an artificial currency, freely exchangeable for hard currencies like US dollars. They are issued by the IMF, to all member countries on the basis of IMF quotas.

Non-conditional and with no impact on credit ratings, SDRs represent an attractive source of immediate liquidity for African governments, without adding to debt burdens. But until recently additional issuance was opposed by the US and India.

Special Drawing Rights

International reserve assets created by the IMF from a basket of five currencies: CNY ¥, EUR €, GBP £, JPY ¥, USD \$

IN SUPPORT OF:

Rapid injection of liquidity beyond that offered by the DSSI.

No impact on credit rating, maintain access to future credit markets. Not conditional on policy changes, structural reforms, or fiscal indicators. No repayment conditions. No maturity date, interest only when holdings fall below quota.

IN OPPOSITION TO:

Could be **used for unintended purposes**, unlike targeted loans/grants. **Most go to rich countries** who do not need them. **Easy credit** for countries in need of '**structural reform**'. **Easy credit** for countries **politically hostile** to one another

e.g. US/Venezuela, India/Pakistan.

Following the 2021 Spring Meetings, the IMF has announced the possibility of a new allocation of \$650 billion in SDRs, for implementation in August 2021.

The key question now is about how to reallocate unneeded SDRs from rich countries to address specific challenges and needs in poorer regions such as vaccine production, food security, green recovery and support for public services.

On the potential beneficiaries' side, transparency, strong accountability and governance could be key conditions to convince potential lenders.

UNECA suggests issuance should be tied to reallocation to vulnerable countries, either directly or through IMF coordinated programmes. Developed countries could recycle unneeded SDRs into a 'Public Good Trust Fund' to finance investments in public goods such as healthcare or other SDG related public goods. Funding would be directly allocated by Trust Fund administrators or given to governments with spending restrictions on specified public goods.

The Paris Summit on the Financing of African Economies in May 2021 made a promising start in this regard, introducing a "New Deal with Africa". French President Emmanuel Macron announced France would be redirecting all its own additional SDRs to Africa, while the Summit agreed to encourage other rich nations to do the same. This is with a view to reallocate \$100 billion in SDRs to Africa by October 2021, three times the \$33 billion the continent would receive without reallocation. Though this represents a move in the right direction, it is still short of the \$285 billion financing gap Africa faces to combat the crisis.

The IMF has announced the possibility of a new allocation of \$650 billion in SDRs at the global level

Based on the current allocation system, Africa would only get 6.8% of all newly allocated SDRs

The May 2021 Paris Summit on the Financing of African Economies: reallocate \$100 billion of the additional SDRs to Africa?

Forgiveness: time for a clean slate?

Critics have described current debt **relief measures as more symbolic than substantive**, with relief packages, moratoriums and restructuring simply "kicking the can down the road" until the next crisis.

Ugandan President Yoweri Museveni called on international bilateral and multilateral creditors to cancel Africa's debts, while non-governmental civil society organisations are **calling on large banks to cancel their debts to low-income nations**. Companies like Blackrock are making large profits from African debt during the crisis, despite controlling assets over twice the size of the continent's total economy.

Jubilee Debt Campaign claims that private creditors lent at high interest rates to poor countries, because **they claimed these loans were high-risk and now "the risk has come home to roost**, and lenders need to accept they cannot make large profits from these loans".

The issue is divisive. African governments, believing that debt relief measures will damage their credit portfolio and lock them out of the future markets, may be similarly concerned about forgiveness, while creditors such as China have reservations. For others, forgiveness is viewed as the only viable solution that can provide Africa with the resources to tackle the pandemic and pursue the development agendas.

Whatever is done, a comprehensive rethink is needed around debt structure and instruments to provide Africa with the platform for recovery and the development agendas. These must be built on strengthened fiscal capacity, improved debt sustainability assessments, and increased accountability to civic scrutiny.

"This is a new start, a new deal for Africa"

Senegalese President Macky Sall (Paris Summit on the Financing of African Economies, May 2021)

4. A UNIQUE OPPORTUNITY TO REINVENT THE GROWTH MODEL AND 'BUILD BACK BETTER'

COVID-19 did not create all the challenges Africa currently faces. But it amplified underlying issues and brought them to the surface. Satisfaction with governance was already declining prior to the pandemic. Africa was already off-track in its pursuit of the SDGs.

"Citizens' dissatisfaction and mistrust with governance delivery are growing. African states have an opportunity to demonstrate both their resolve to safeguard democracy and their ability to drive a new growth model that is more resilient, more equitable, more sustainable, and more self-reliant." (Mo Ibrahim)

Underpinning this is the "worrying pattern" highlighted by former UNECA head Carlos Lopes whereby Africa will "grow rapidly yet transform slowly, making it vulnerable to headwinds".

The headwind of COVID-19 confirmed this vulnerability, pulling the rug from underneath the continent's growth model and further setting back Africa's development agendas.

The pandemic laid bare the structural vulnerabilities present in the continent's economies, while the climate emergency looms heavy, making the need for structural transformation starker than ever.

By 2040 Africa will have the largest potential workforce in the world. While the previous decade's growth failed to provide Africa's potential workforce, particularly the youth, with enough relevant jobs and opportunities, the current crisis can provide the impetus to build back stronger in the coming decades.

It is a unique opportunity to transform Africa's jobless, inequitable, and fragile growth model into an African-owned model that is **self-reliant**, **resilient**, **inclusive** and **green**.

In order to achieve this, the continent must pursue a radical transformative agenda, leveraging its vast untapped potential while building on pre-existing areas of strength.

According to the 2021 MIF's NGN survey, the most important areas for building back better are: scaling up manufacturing capacity, expanding infrastructure and achieving regional integration. "The economic damage (...) triggered by COVID-19 can be transformed: from a threat to global growth, into an accelerator of global prosperity"

(Building forward together. UNECA. March 2021)

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a. Industrialisation and structural transformation: jobs, jobs

For too long, development strategies have focused on trade as an end in itself rather than a tool for structural transformation, while industrial policy has been more or less neglected.

Now is an opportunity to introduce broader economic policies with a view to structural transformation through industrialisation.

Manufacturing can help foster regional resilience through local supply chains while also creating jobs.

In light of a greater focus on regionalisation, 66% of African CEO respondents from an Oxford Business Group survey suggest the crisis could boost industry and manufacturing due to greater focus on regionalisation.

Africa is well positioned for manufacturing supply chains geographically and could present geopolitical benefits for western companies looking to diversify from Asia.

Governments might also look to introduce targeted policies that foster the growth of "industries without smokestacks" that bring similar economic benefits to manufacturing in terms of jobs and diversification.

Industries without smokestacks



b. Green recovery strategy: the only way to a sustainable future

Environmental concerns will be at the heart of the recovery, with the pandemic highlighting the dangers of over-reliance on fossil fuels.

Africa's biodiversity, global carbon sinks and renewable energy potential are all at the leading edge of a sustainable world recovery.

Though investment continues to be required, sustainable growth is now cheaper than ever, and with \$10 trillion in Environmental, Social & Governance capital looking for a return there is a unique opportunity to grow green African financial markets.

- Governments could issue bonds tied to SDG performance.
- Debt-climate or debt nature swaps could be a way to link debt relief to the green recovery.

Currently \$10 trillion in Environmental, Social & Governance capital looking for a return

A green stimulus strategy for Africa could focus on three key areas:

- Resilient infrastructure build on renewable energy.
- Food security sustainable and resilient food supply.
- Green jobs environmental resilience and rehabilitation.

Green infrastructure investment could help electrify the 600 million Africans still off-grid

Plans for the green recovery are already underway. The African Union is in the process of developing a Green Stimulus Programme to boost the recovery and support key sectors such as ecotourism and biodiversity. The Africa Finance Corporation - a pan-African infrastructure bank - plans to diversify its energy portfolio to attract investment, potentially floating a new green energy bundle on the London Stock Exchange.

c. The digital economy: an opportunity to leapfrog

The pandemic has provided further evidence of Africa's vast digital potential, with governments leveraging technology to adapt to the pandemic situation, for example through telemedicine services.

In the recovery, governments can draw on a young generation of digital entrepreneurs adapting to the new global conditions. **Over 640 tech hubs are active across the continent**. Tapping into this potential presents an opportunity to stimulate the economy and leapfrog to overcome existing challenges.

FinTech is a source of real promise and could be used to provide basic financial services to informal workers. Africa already has the world's highest number of mobile money accounts at 300 million, while 72% of Africans now use mobile phones regularly.

The digital technology can be particularly beneficial to women and youth.

However, digital leapfrogging is easier said than done. For Africa to truly realise its digital potential, the digital divide must be overcome, digital infrastructure must be expanded, investment in skills development must be scaled up and policies must be put in place that reflect the new digital reality.

Pathways for responsible Artificial Intelligence (AI) adoption

The COVID-19 pandemic boosted the development and use of AI in the medical sector, which proved useful in several applications, including contact tracing algorithms and systems for access control to spaces. At the same time, there are several practical challenges to AI adoption such as lack of quality data but also the digital divide, or the need for privacy. Governance pathways for responsible AI adoption involve approaches such as expanding digital infrastructure and literacy, data governance and data sharing frameworks, and strategic funding or partnerships to strengthen local startups and skills development. For example, publicprivate partnerships (PPP), industry-academia cooperation, or platforms supporting data science and applied social good projects (e.g. Google's AI for Social Good program, Leapr Labs/FAIR Forward fellowships, CMU Africa's Industry Innovation Lab). "We must scale up our investments – a trend already turbocharged by the COVID-19 pandemic. The digital economy is both a source of growth and a key competitive enabler of other productive sectors"

Ethiopian Prime Minister Abiy Ahmed

(Conference of African Finance Ministers at the 53rd session of UNECA, March 2021)

d. Social recovery: time for basic income support

The pandemic showcased the continent's lack of social safety nets. Going forward, transformation must be inclusive and leave no one behind.

Analysis from the Institute of Development Studies demonstrate the need for countries to establish firm foundations for comprehensive social protection.

One method proposed is basic income support. Evidence suggests that the provision of a 'temporary basic income' for people living in informal settlements through unconditional cash transfers is a potential approach to meeting basic rights such as food security.

A randomised controlled trial in Kenya identified a positive meaningful impact on consumption, food security, assets, revenue from self-employment, and psychological wellbeing, with a reduction in incidents of sexual and gender-based violence.

A universal cash transfer scheme for families with children under five in rural Zambia showed that by allowing people to meet their essential consumption needs, cash assistance could lead to the accumulation of productive assets and the diversification of livelihoods.

A recent United Nations Development Programme (UNDP) working paper calculated that it would be feasible to implement temporary basic income in sub-Saharan Africa with between 0.76% and 2.71% of the region's GDP.

The pandemic has highlighted the benefit such programmes could offer in times of crisis, with pressure building in countries such as South Africa to implement such a policy.

e. Redefining Africa's place in the world economy: regional integration is key

The pandemic laid bare the vulnerabilities of Africa's trade structures, making the introduction of the African Continental Free Trade Area (AfCFTA) all the more timely. The AfCFTA, paving the way to a single African market, can transform the continent's place in the world economy.

The AfCFTA can act as a vehicle for structural transformation, spurring intraregional trade and building continental supply chains. The pandemic showcased the dynamism and adaptability of African businesses. By establishing a list of essential goods and defining quotas for regional supply chains, the AfCFTA can build on this dynamism and foster resilience in key sectors.

- Domestic medical and pharmaceutical supply chains can make for a quicker, cheaper, and effective reaction to future pandemics.
- Linking up small scale farmers up with regional supply chains can improve food security.

However, committing to the removal of 90% of tariff barriers, as outlined by the AfCFTA, will not be enough to achieve this. Non-tariff barriers must be addressed, as well as issues such as transport infrastructure, burdensome customs procedures and security related challenges. Only with the political will to address these challenges and a good solid governance landscape can the AfCFTA realise its full potential, and the continent find a new place in the global economy.

In the long run, no recovery is sustainable without reliable domestic public revenues. Increased fiscal capacity is required beyond volatile resource taxes. Domestic resource mobilisation can be expanded through stronger tax administration, better enforcement of tax laws, formalisation of informal trade, and innovative taxes, such as the digital services tax being developed by the African Tax Administration Forum.

Perhaps most importantly, the drain of resources through illicit financial flows must be halted. Implementing the actions recommended under the OECD's Inclusive Framework on Base Erosion and Profit Shifting is a good starting point.

In order to make its funding more adequate, reliable, predictable and less dependent on partners as well as to ensure the implementation of its development and integration goals, the AU adopted the Kigali Decision on financing of the Union in July 2016. As part of these reforms the AU established a 0.2% levy on all eligible imported goods into the continent to finance the AU's budget. As of June 2020, still only 17 of the 55 AU member states were collecting the levy and often collected funds are not remitted in full to the AU. As of June 2020, \$176 million have been contributed to the Peace Fund, 68% of the expected funds.

UNECA proposed a road-map of precise, feasible actions by the public and private sector together, to restore liquidity, handle insolvency, and build the foundations for recovery, continuing the process of rebooting the system and delivering on Agenda 2063 and the SDGs.



UNECA: recovery roadmap (2021)

SPOTLIGHT (Q)

Balanced governance must underpin recovery

Africa's recovery must be built on the foundation of good and balanced governance. In the long run, economic transformation cannot be successful if it is not underpinned by a secure and participatory governance landscape, with a strong rule of law and respect for human rights.

However, results from the 2020 IIAG show that, over the decade 2010-2019, the continent has followed an uneven path in governance. Impressive progress has been achieved over this period in the *Foundations for Economic Opportunity* and *Human Development* categories. Strides have been made in infrastructure development, health and environmental sustainability.

At the same time, the continent saw worrying declines in *Participation*, *Rights & Inclusion* and *Security & Rule of Law*. Here, an increasingly precarious security situation drives the continental deterioration combined with concerning erosions in rights as well as civic and democratic space.

The pandemic threatens to worsen the already concerning trend in Security & Rule of Law and Participation, Rights & Inclusion. Addressing these trends is essential for the long-term success of a new growth model. Africa can only 'build back better' on the back of balanced governance

TICIPATION, RIGHTS CLUSION	SECURITY & RULE OF LAW	HUMAN DEVELOPMENT	FOUNDATIONS FOR ECONOMIC OPPORTUNITY	
		4	1	
		5	12	
29	22	8	2	
		2		
	1 5		16	
4	7	20		
5	4			
5			22	
3	14	14		
7				

Insights from the discussions on the way forward

Forum session 3

Looking ahead: a key opportunity to reinvent Africa's growth model

- A new growth model is needed that must be inclusive, sustainable and Africa-centred. The current models of growth and trade have not ripened Africa's potential. The pandemic showcases the need to dismantle the model of economic dependency and build up the continent's own supply chains.
- More needs to be done to mobilise the continent's internal and domestic resources. The creation of efficient taxation systems should be at the heart of policy choices and measures that stop illicit financial flows bleeding the continent must be strengthened.
- There must be a stronger African voice for partnerships that break from the obsolete donor-recipient model. While there is a clear need to bolster underwhelming international support, Africa should step up its role as equal partner on the global stage and co-creator of solutions to its problems.
- The on-lending of Special Drawings Rights (SDRs) is urgently required, while debt suspension has run its course. Middle-income countries on the continent which have been hit hard must be reached. Besides providing much-needed liquidity to African countries, SDRs can be used to reduce the cost of future debt through Repo Markets for African bonds.
- The African Continental Free Trade Area (AfCFTA) can act as the 'engine of recovery' on the continent, laying the foundations of African-centred growth models and reducing dependence on imported goods.
- The post-COVID recovery must tap into Africa's strengths, including Africa's vast digital potential and the continent's opportunities in sustainable energy that can shape a green recovery.
- Leadership and governance are of paramount importance. The continent has shown strong leadership in the response to the pandemic, but it needs to sustain this committed leadership for the recovery as well. Good governance is fundamental for a recovery that leads to a more sustainable, more equitable and Africa-centred future.
 - "Unless a new growth model is inclusive, unless that model lifts all boats, not simply some boats, unless that model reinforces social safety nets, it cannot be sustainable."

Dr Donald Kaberuka, Special Envoy on COVID-19, African Union

"We do have a blueprint for how we get out of this crisis: we grow out of the crisis by growing out sustainably."

Dr Vera Songwe, Executive Secretary, UNECA

"Governments have made choices; they have unfortunately cut away social protection service programmes to pay debt service interest. We are forcing economies to make choices they don't need to make because there are resources out there that could respond to both of those questions."

Dr Vera Songwe, Executive Secretary, UNECA

"The pandemic illustrates how profoundly dependent Africa is on the choices, the blunders, the actions and even sometimes the self-interests of others. I think we should look to dismantle Africa's dependency."

Rosa Whitaker, President & CEO, Whitaker Group

"There are abundant renewable energy sources that can be the engine for Africa's economic and social transformation."

Sandra Kramer, Africa Director, European Commission

"Crises are useful to understand what doesn't work and to instigate change. The old paradigms and empty commitments cannot be relied on. A different Africa must be developed, one that is self-reliant – boosting intra-continental trade and continental integration."

Dr Mo Ibrahim, Founder & Chair, Mo Ibrahim Foundation

"We need to have some level of sovereignty (...) in securing our basic needs (...) in terms of security (...) feeding ourselves, clothing ourselves."

Ma Soukha Ba, Now Generation Forum Representative, Senegal

Insights from the Now Generation Forum:

- To build back better, participants agreed that the continent should avoid replicating western models of economic growth. Rather, Africa should focus on building an economic model that is Africa-oriented, more resilient and works better for African countries.
- The NGF called on governments, as a matter of urgency, to embark on greater industrialisation of the African continent as a means of creating more employment opportunities, shifting Africa's dependency on external importation of goods and as a means of diversifying African economies.
- On financing, the group called on governments to focus on domestic resource mobilisation. While the NGF was in favour of mobilising more taxes and savings to finance Africa's economies, they warned that this is subject to addressing high levels of informality in the continent's economy.
- The NGF cohort advocated for changes in the way countries measure wealth beyond GDP, as this measure, according to the participants, leads to distorted policy choices that are not always targeting citizens' needs and neglect key issues such as sustainability. Preferably, wealth should be measured both at the individual and country levels.

"Africa needs to seize this opportunity to interact more amongst themselves and to look for possibilities within its own borders."

Fernandes Wanda, Now Generation Forum Participant, Angola

176 Acronyms

ACLED	Armed Conflict Location & Event Data Project	FCDO	Foreign, Commonwealth and Development Office
ACT	Access to COVID-19 Tools	FDI	Foreign Direct Investment
ACT-A	Access to COVID-19 Tools Accelerator	FGM	Female Genital Mutilation
AfCDC	Africa Centres for Disease Control and Prevention	G7	Group of Seven
AfCFTA	African Continental Free Trade Area	GBP	British Pound Sterling
AfDB	African Development Bank	GDP	Gross Domestic Product
Afreximbank	African Export-Import Bank	GFI	Global Financial Integrity
AFTCOR	Africa Taskforce for Coronavirus	GHG	Greenhouse Gases
AI	Artificial Intelligence	GHRP	Global Humanitarian Response Plan
AIDS	Acquired Immunodeficiency Syndrome	GPMB	Global Preparedness Monitoring Board
AIRA	Africa Infodemic Response Alliance	GPS	Global Positioning System
AMA	African Medicines Agency	H1N1	Influenza A virus subtype H1N1
AMC	Advance Market Commitment	HCI	Human Capital Index
AMISOM	African Union Mission in Somalia	HDX	Humanitarian Data Exchange
AMS	Academy of Military Science	HIV	Human Immunodeficiency Virus
AMSP	Africa Medical Supplies Platform	HSBC	The Hong Kong Shanghai Banking Cooperation
AU	African Union	ICBC	Industrial and Commercial Bank of China
AU PSC	African Union Peace and Security Council	ICT	Information and Communications Technology
AVATT	African Vaccine Acquisition Task Team	ICU	Intensive Care Unit
AWSD	Aid Worker Security Database	IDP	Internally Displaced Person
ВоС	Bank of China	IDS	Institute of Development Studies
CACOVID	Coalition Against COVID-19	IFF	Illicit Financial Flow
CDB	Chinese Development Bank	IHR	International Health Regulations
CDC	Centre for Disease Control	IIAG	Ibrahim Index of African Governance
CEO	Chief Executive Officer	ILO	International Labour Organization
CEPI	Coalition for Epidemic Preparedness	IMF	International Monetary Fund
CF	The Common Framework for Debt Treatments	IMG	International Medical Graduates
	Beyond the DSSI	IP	Intellectual Property
CFR	Case Fatality Rate	IPI	International Press Institute
CHE	Current Health Expenditure	IPPF	International Planned Parenthood Federation
CHW	Community Health Worker	IT	Information Technology
CIDCA	China International Development Cooperation Agency	ITU	International Telecommunications Union
CIGB	Center for Genetic Engineering and Biotechnology	JPY	Japanese Yen
CL	Compulsory Licenses	LMIC	Lower-Middle-Income Countries
CMU	Carnegie Mellon University	LSF	Liquidity and Sustainability Facility
CNBG	China National Biotec Group Company Limited	mAbs	Monoclonal Antibodies
CNY	Chinese Yen	MDBs	Multilateral Development Banks
COVAX	COVID-19 Vaccines Global Access	MDGs	Millennium Development Goals
COVID-19	Coronavirus Disease	MEF	Monitoring and Evaluation Framework
CSO	Civil Society Organisation	MERS	Middle East Respiratory Syndrome
C-TAP	COVID-19 Technology Access Pool	MHPSS	Mental Health and Psychosocial Support
DCVM	Developing-Country Vaccine Manufacturers	MIF	Mo Ibrahim Foundation
DSSI	Debt Service Suspension Initiative	MINUSMA	United Nations Multidimensional Integrated Stabilization
ECCAS	Economic Community of Central African States		Mission in Mali
ESG	Environmental, Social & Governance	MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
EU	European Union	MOU	Memorandum of Understanding
EUR	Euro		

MSF	Medecins Sans Frontieres	UNECA	United Nations Economic Commission for Africa
NCDC	Nigeria Centre for Disease Control	UNESCO	United Nations Educational, Scientific
NGN	Now Generation Network		and Cultural Organization
NGO	Non-Governmental Organisation	UNHCR	United Nations High Commissioner for Refugees
NIH	National Institute of Health	UNICEF	United Nations Children's Fund
OBG	Oxford Business Group	UNMISS	United Nations Mission in South Sudan
ODA	Official Development Assistance	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development	UNSC	United Nations Security Council
OPEC	Organization of Petroleum Exporting Countries	UNSG	United Nations Secretary General
PACT	Partnership to Accelerate COVID-19 Testing	UNU-WIDER	United Nations University World Institute for
PAVM	Partnership for African Vaccine Manufacturing		Development Economics Research
PCR	Polymerase Chain Reaction	USA	United States of America
PERC	Partnership for Evidence-Based Response to COVID-19	USD	United States Dollar
PFM	Public Financial Management	VAT	Value-added Tax
PHSM	Public Health and Social Measures	V-DEM	Varieties of Democracy Institute
PMPA	Pharmaceutical Plan for Africa	VLA	Voluntary Licensing Agreements
PPE	Personal Protective Equipment	WASH	Water, Sanitation and Hygiene
PPP	Public Private Partnership	WEO	World Economic Outlook
PRIO	Peace Research Institute Oslo	WHO	World Health Organization
PSO	Peace Support Operation	WTO	World Trade Organization
QE	Quantitative Easing		
R&D	Research and Development		
RDIF	Russian Direct Investment Fund		
REC	Regional Economic Community/ies		
RHO	Regional Health Organisations		
SACU	Southern African Customs Union		
SARS	Severe Acute Respiratory Syndrome		
SDGs	Sustainable Development Goals		
SDGC/A	Sustainable Development Goals Center for Africa		
SDRs	Special Drawing Rights		
SDSN	Sustainable Development Solutions Network		
SGBV	Sexual- and Gender-based Violence		
SII	Serum Institute of India		
SIU	Special Investigating Unit		
STP	São Tomé & Príncipe		
ТВ	Tuberculosis		
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights		
UAE	United Arab Emirates		
UBS	Union Bank of Switzerland		
UHC	Universal Health Coverage		
UK	United Kingdom		
UN	United Nations		
UNAIDS	Joint United Nations Programme on HIV and AIDS		
UNAMID	United Nations-African Union Mission in Darfur		
UNCTAD	United Nations Conference on Trade and Development		
LINDP	United Nations Development Programme		
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Chapter 01. Health: strengthening African health capacity is a priority

1. The pandemic evolution over the first year: Africa hit later and milder

a. Africa: only 3% of global cases, unevenly spread over the continent

Africa accounts for 3.0% of global confirmed cases and 3.8% of global reported deaths

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The first wave hit Africa later and milder, the second significantly stronger, with some countries already into the third one

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Chapter 03. COVID-19 economic impact: an opportunity to reinvent the current growth model

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Spotlight | Balanced governance must underpin the recovery

Mo Ibrahim Foundation (MIF) (2020). 2020 Ibrahim Index of African Governance. Variables used: Foundations for Economic Opportunity, Human Development, Participation, Rights & Inclusion, Security & Rule of Law. https://mo.ibrahim.foundation/iiag/downloads. Accessed 05 February 2021. The focus of this report is to present data-driven facts and figures on the impact of COVID-19 in Africa since the beginning of the COVID-19 pandemic in the continent in February 2020, through health, economic and socio-political lenses. This research publication does not intend, by any means, to be exhaustive. The topics and data selected are those that the Mo Ibrahim Foundation (MIF) finds the most relevant.

This report makes use of the latest available data from a wide range of sources. A reference list containing all the sources used for this document is provided at the end of the report. Sources used are not always the primary data sources.

Each graph is accompanied by its respective data source. Where necessary, additional notes on the data used are also provided throughout the report.

Data included in the report was checked for accuracy against information provided at source at the time of research (the last access date for each variable is provided in the references). In some cases, the numbers may not add up to the total due to rounding.

This report provides comparisons of regional averages. The composition of regions may vary according to source. When data in the report is presented disaggregated for Northern African and sub-Saharan African countries, this is done reflecting the choices made at source.

African averages are, in most cases, taken directly from source. When they have been calculated for the purpose of this report, they are unweighted. As not all sources provide data for the 54 African countries, some averages may not include data from all countries. Please see the sources for full details.

Data for Morocco may or not may include Western Sahara depending on the source.

The Ibrahim Index of African Governance (IIAG) is a composite index which gives a statistical measure of governance performance in 54 African countries, produced by MIF. The 2020 IIAG, its latest iteration, covers a ten-year time period from 2010 to 2019. Compiled by combining 237 variables from 40 independent African and international data sources, the 2020 IIAG is the most comprehensive collection of data on African governance. To distinguish the IIAG, all measures from the IIAG included in this report are italicised, as opposed to measures obtained from other sources. To download all IIAG resources and datasets, please visit: https://mo.ibrahim.foundation/iiag/downloads

The Foundation consults on a regular basis with its Now Generation Network (NGN), a group of over 350 young and mid-level career representatives from 54 African countries and a wide range of disciplines. This report contains relevant findings from two NGN surveys, the first one published in July 2020 with views of 143 respondents and the second one, unpublished, with views of 100 respondents gathered in May 2021). For more information about MIF's NGN, please visit: https://mo.ibrahim.foundation/ngn

Definitions for youth may vary according to source. MIF generally follows the African Union (AU) definition of youth including 15-to-35year olds. Data in this report explicitly on youth are sourced from two sources: Afrobarometer and the International Labour Organization (ILO). For the analysis of Afrobarometer data, the AU definition was applied although with the caveat that Afrobarometer survey respondents cannot be under the age of 18. The ILO defines youth as people aged between 15 and 24.

Unless indicated otherwise, epidemiologic statistics are taken from the COVID-19 Dashboard by the Center for Systems Science and

Engineering (CSSE) at Johns Hopkins University. The website relies upon publicly available data from multiple sources that do not always agree. Discrepancies may result for various issues such as the frequency of updating compared with other sources, as well as the inclusion of probable cases and deaths across sources.

Data retrieved from and derived using Oxford COVID-19 Government Response Tracker (OxCGRT). OxCGRT collects publicly available information on 20 indicators of government response. For a full description of the data and how it is collected and calculated, please visit https://www.bsg.ox.ac.uk/research/research-projects/covid-19government-response-tracker.

Data on COVID-19 vaccine doses administered and population coverage are taken from Bloomberg's COVID-19 Vaccine Tracker, unless stated otherwise.

The figures of the COVAX rollout in African countries are taken from the website that Gavi, the Vaccine Alliance, uses to update on progress: https://www.gavi.org/covax-vaccine-roll-out. Figures were correct at time of collection.

All the materials from the Virtual Conference on Expanding Africa's Vaccine Manufacturing, hosted by the AU and the Africa Centres for Disease Control and Prevention (AfCDC) on 12-13 April 2021, were shared directly with MIF's Research Team upon request.

Unless stated otherwise, all GDP and growth figures are taken from the World Economic Outlook from the International Monetary Fund (IMF), unemployment data and working hours data are based on the International Labour Organization (ILO) modelled estimates, and population statistics are taken from the 2019 revision of the World Population Prospects from the United Nations Department of Economic and Social Affairs (UNDESA). For population projections, medium variant estimates are used.

Dollars (\$) are US dollars unless indicated otherwise.

In some instances where the share of COVID-19-related events of protests, riots and state violence against civilians is being displayed using data from the Armed Conflict and Event Data Project (ACLED), only countries that had at least 10 total events per the respective event type between February 2020 and February 2021 are included or listed.

MIF is committed to making data freely available and accessible. We welcome and encourage any accurate reproduction, translation and dissemination of this material. The material must be attributed to the Mo Ibrahim Foundation, but not in any way that suggests that the Foundation endorses you or your use of the material.

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