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Trinidad Deiros Bronte*

COVID-19 in Africa: a still-controlled pandemic that threatens a possible future catastrophe

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Abstract:

The late arrival of SARS-CoV-2 in Africa, as well as the rapid and so far, effective reaction to contain it by most African governments, seems to have slowed down this pandemic on the continent. However, with 2,115 deaths and more than 60,000 cases, the spread of the virus is already exponential and Africa could become the next epicentre of a micro-organism that, according to the UN, threatens to infect 10 million people within three to six months, kill at least 300,000 and plunge 29 million Africans into extreme poverty. COVID-19 can set the continent back several years in terms of development if African countries do not obtain aid that their finance ministers have estimated at a minimum of USD 100 billion. If this disease is not defeated now, Africa could also become a reservoir for a pathogen that will sooner or later return to the north.

Keywords:

Africa, COVID-19, SARS-CoV-2, disease, coronavirus, pandemic, health systems, containment, economic crisis, poverty.

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Introduction. Deceptively reassuring figures

Front of the three million people infected and at least 211,000 killed by the SARS-CoV-2 virus worldwide, the data from the 52 African countries already reached by the pandemic, with 60,657 infected and 2,115¹ deaths, are relatively low—for a population of more than 1.3 billion across Africa—and seem to demonstrate the success of the rapid reaction of most African governments in preventing the arrival of the virus on the continent and slowing down its spread, at least according to the official data on a pandemic whose true size is difficult to estimate. This small number of cases—provided they are confirmed as true—could, in turn, corroborate the hope that the disease—known as COVID-19—caused by this new coronavirus will offer a more lenient version in Africa because of its warm temperatures—a theory without sufficient scientific basis—and the demographic advantage of an average age of less than 20 years, when old age is known to be one of the main factors influencing the mortality of the microorganism.

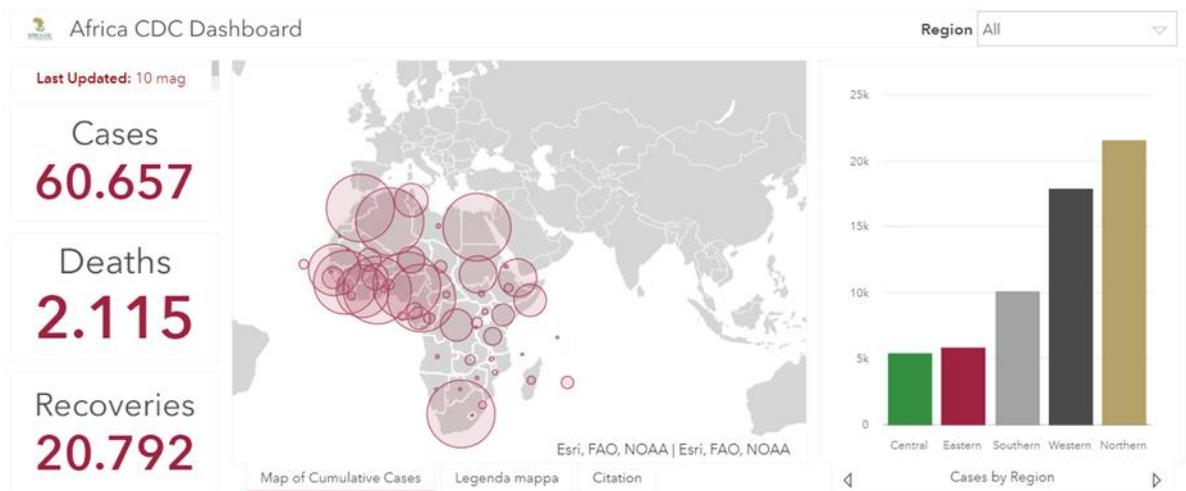


Figure 1. Africa CDC Dashboard. Source. AU's CDC Dashboard (op. cit.1).

¹ As of the closing date of this document, May 10, 2020. The country data in this document are updated as of this date with information from the African Union's Centre for Disease Control and Prevention available at: <https://africacdc.org/covid-19> Date consulted: 10.05.2020

However, the alleged leniency of the virus in Africa could be a mirage, explained by the late arrival of the pathogen on a continent that for once has benefited from its reduced global connectivity and limited air traffic². This delay suggests that the spread of the virus could be at an earlier stage of its evolution than in Europe and the United States.

The first case of a person infected by the microorganism detected in Africa was a Chinese citizen in Egypt on 14 February, two weeks after Spain reported its first two positive test on 31 January. In sub-Saharan Africa, the first coronavirus infection was reported on 28 February in Nigeria. Since that day, the spread of the virus has been extremely rapid; it took 16 days to reach 100 cases and another 10 days to reach 1,000. On 9 March only five countries were infected; 10 days later there were 34. Two months after the first case in Egypt, the Director of the World Health Organisation (WHO), Tedros Adhanom Ghebreyesus, announced on 17 April that in one week the number of cases had increased by 51%, while deaths had risen by 60%³. In May, between 2,300 and 2,400 new infections were added to the official figures every day.

With the sole exception of tiny Lesotho, all African countries are already suffering from the pandemic. The States with the most cases are South Africa (9,420). Egypt (8,964), Morocco (5,910) and Algeria (5,558). More «worrying»⁴ is the progression of the virus in countries such as Ghana (4,263), Nigeria (4,141), Cameroon (2,265 cases), Ivory Coast (1,667), the Democratic Republic of Congo (991), Somalia (997), Niger (815) and Burkina Faso (784).

² MARTÍNEZ ÁLVAREZ, Melissa et al. "COVID-19 pandemic in West Africa". *The Lancet Global Health*. 01.04.2020. Available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X-109X\(20\)30123-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X-109X(20)30123-6/fulltext) Date consulted: 09.04.2020.

³ Statement available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---17-april-2020> Date consulted: 17.04.2020.

⁴ WHO, WFP and AU deliver critical supplies as COVID-19 accelerates in West and Central Africa. WHO. 16.04.2020. Available at: <https://www.afro.who.int/news/who-wfp-and-au-deliver-critical-supplies-covid-19-accelerates-west-and-central-africa> Date consulted: 16.04.2020.

In at least 16 countries in Africa, the virus has reached the dangerous stage of community transmission where it is impossible to go back up the chain of infection and isolate people at risk. The continent's limited diagnostic capabilities also call for cautious analysis of possibly underestimated figures. Therefore, the WHO has warned that, in view of the spread of the pathogen on the continent, the «epicentre» of the micro-organism could soon move from Europe to Africa⁵.

A reaction that has slowed the epidemic

The “exponential”⁶ growth of the COVID-19 in Africa would have been much worse if most African States had not reacted promptly. Since January, these countries and their main supranational organization, the African Union (AU), have made a remarkable effort to coordinate among themselves. One of the results of this effort has been the extension of the capacity to diagnose the virus to 46 countries. In January, sub-Saharan Africa had only two laboratories qualified for testing the infection: the Institut Pasteur in Dakar, Senegal, and the National Health Laboratory Service in South Africa.

After the first case was declared in Egypt, the AU convened health ministers to a meeting in the Ethiopian capital, Addis Ababa, on 22 February. At this meeting, it was decided to set up a continental working group, the Africa Task Force for Novel Coronavirus (AFCOR)⁷, within the African Centre for Disease Control and Prevention, an AU body that aims to provide technical assistance to its members to improve their health systems.

This working group —led by Morocco, South Africa, Nigeria, Senegal and Kenya— has been organized around five pillars: entry controls in the countries; prevention and control of infection in health centres; clinical management of severe cases; diagnosis of the virus and, finally, risk communication and community participation.

⁵“Coronavirus: Africa could be next epicentre, WHO warns.” *BBC*, 17.04.2010. Available at: <https://www.bbc.com/news/world-africa-52323375> Date consulted: 17.04.2010.

⁶ “Coronavirus in Africa: what happens next?” *The Guardian*. 08.04.2020. Available at: <https://www.theguardian.com/global-development/2020/apr/08/coronavirus-in-africa-what-happens-next> Date consulted: 08.04.2020.

⁷ Press release available at: <https://au.int/en/pressreleases/20200222/statement-chairperson-preparedness-and-response-coronavirus-disease-africa> Date consulted: 15.04.2020.

The charismatic Ethiopian Prime Minister Abiy Ahmed⁸ has played a crucial role in the regional fight against the virus. On 16 March, Mr. Ahmed signed an agreement⁹ with Chinese business magnate Jack Ma, the co-founder and former executive chairman of Alibaba Group, to coordinate the logistics and transport of a major donation of medical equipment to African countries provided by Ma's foundations. The agreement provided for the delivery and transport to each state on the continent of 20,000 diagnostic tests, 100,000 masks and a thousand Personal Protective Equipment (PPE). In an impressive logistical deployment, in just six days, Ethiopian Airlines, the Ethiopian airline, delivered this material to 51 countries¹⁰ in an operation that also involved the World Food Programme, the African Union's CDC and the WHO.

By then, at the end of March, most African countries had followed the example of Senegal, which on 14 March announced the closure of schools and a ban on public gatherings. Also, the one of Ghana, which on 15 March banned travellers from high-risk countries; or of Uganda, which on 21 March closed its borders, the day after a first case was detected. States also established temperature controls at ports and airports and some of them (Morocco, South Africa, Rwanda, Uganda, Tunisia, Mauritius, Zimbabwe and, in April, Algeria) decreed total confinement of the population.

At the time they ordered their citizens to remain at home, Morocco (20 March) reported 66 cases and 3 deaths; Rwanda (21 March)¹¹, 17 cases and no deceases; and South Africa (26 March), 1,170 cases and no fatalities. In Europe, Italy had confined its population on 9 March when it already deplored 9,172 cases and 463 deaths, and Spain did the same on 14 March, when the number of infected rose to 7,773 and the number of deceases to 288¹².

⁸ DÍEZ ALCALDE, Jesús, *Prime Minister Abiy: from the Nobel to the Ethiopian and regional peace*. Analysis Document 34/2019 IEEE. 11.12.2019. Available at: http://www.ieeee.es/Galerias/fichero/docs_analisis/2019/DIEEEA34_2019JESDIE_Etiopia_ENG.pdf Date consulted: 16.04.2020.

⁹ Jack Ma Foundation press release available at: https://twitter.com/foundation_ma/status/1239581500791599105 Date consulted 15.04.2020.

¹⁰ Summary of the operation available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Update%20%236%20Reverse%20COVID-19%20%2829%20March%202020%29.pdf> Date consulted: 16.04.2020

¹¹ Communiqué of the Rwandan Prime Minister available at: <https://twitter.com/PrimatureRwanda/status/1241412264193937412/photo/1> Date consulted: 17.04.2020.

¹² Data from the Department of Homeland Security. Available at: [Opinion Paper 58/2020](#)

In a continent where 89%¹³ of employments are in the informal sector, with the consequent absence of unemployment, sickness or retirement benefits, many countries have had to make do with alternative measures to total confinement, aware of the impossibility of «confining an individual who cannot get food if he does not leave his home»¹⁴ in the words of Ivorian writer Armand Gauz. In places like South Sudan, where 90% of the population lives in shanty towns, ordering people to stay in substandard housing without water and sanitation could even be counterproductive¹⁵. For these reasons, countries such as Nigeria, Ghana and Kenya, among others, have simply decreed partial confinement and/or night-time curfews. More recently, in April, countries such as Morocco and South Africa made wearing face masks in public places mandatory.

While the reaction of the continent has been effective, some countries are becoming the exception that confirms the rule. For example, Tanzania, which did not close its airspace until April 14 and whose President John Magufuli has publicly said that the coronavirus can be cured by prayer, a statement similar to that of Burundian President Pierre Nkurunziza, who alluded to his country being protected because it had “put God first”.

The next phase of the virus: what does Africa face?

The countries that have been more affected by the infection in the initial phase of the virus are not the ones that international institutions are most concerned about. In States such as Morocco and South Africa, the significant figures of the pathogen show a “strong correlation” with their greater exposure to “international contacts, their percentage of urban population and the strength of their health system”¹⁶. These better

<https://www.dsn.gob.es/es/actualidad/sala-prensa/coronavirus-covid-19-15-marzo-2020> Date consulted: 17.04. 2020.

¹³ Africa's Pulse, volume 21, April 2020. *The World Bank*. Available at:

<https://www.worldbank.org/en/region/afr/publication/africas-pulse> Date consulted: 16.04.2020.

¹⁴ GAUZ, Armand, "Al coronavirus no le quedan viejos que matar en este continente". *Afribuku.com*. 21.04.2020. Available at: <http://www.afribuku.com/coronavirus-africa-gauz/> Date consulted: 23.04.2020

¹⁵ COMMINS, Stephen. "De la fragilité urbaine à la stabilité urbaine" Centre for Strategic Studies in Africa. 01.08.2018. Available at <https://africacenter.org/fr/publication/de-la-fragilite-urbaine-a-la-stabilite-urbaine/> Date consulted: 23.04.2020.

¹⁶ Mapping Risk Factors for the Spread of COVID-19 in Africa. 13.04.2020. Available at:

health systems, compared to those in the rest of the continent, are reflected in their ability to test and therefore in the number of cases detected. On the contrary, their respective confinements appear to have succeeded in curbing contagion, at least judging by the figures reported by both States to international institutions. In the case of South Africa, official data from the first days of May indicate a daily increase in new infections of between 200 and just over 400¹⁷, as well as a total number of deaths of 168¹⁸.

In fact, a mapping of the expansion of the COVID-19 by the African Centre for Strategic Studies¹⁹ points out that the most vulnerable countries to this new virus are those whose health systems are more precarious, which have a higher urban density, a high percentage of displaced and/or refugee populations, and/or which are immersed in conflicts. South Sudan, the Democratic Republic of the Congo, Nigeria, Sudan, Cameroon, Egypt, Ethiopia, the Central African Republic, Somalia and Chad are the countries most at risk, if the factors mentioned and others reflected in the following graph are taken into account:

<https://africacenter.org/spotlight/mapping-risk-factors-spread-covid-19-africa/> Date consulted: 15.04.2020.

¹⁷ Calculated by the author with data from the African Union SSC, comparing official figures from 5, 6, 7 and 8 May 2020.

¹⁸ The data on deaths come from the AU's CDC, while the method cited in Ibid has been used to calculate contagion.

¹⁹ Op. cit. 16.

Composite Country List of Key Risk Factors										
Country	Int'l Exposure	Public Health System	Density of Urban Areas	Total Pop. in Urban Areas	Pop. Age	Gov't Transparency	Press Freedom	Conflict Magnitude	Forced Displacement	Risk Total (out of 45)
South Sudan	2	5	5	3	2	5	5	5	5	37
DRC	3	5	3	5	1	5	4	5	5	36
Nigeria	5	5	2	5	2	4	3	4	5	35
Sudan	3	3	4	4	2	5	4	5	5	35
Cameroon	3	4	3	3	2	4	5	3	5	32
Egypt	5	1	3	5	4	3	4	2	4	31
Ethiopia	3	3	4	5	2	2	4	3	5	31
CAR	1	5	3	2	3	4	4	4	4	30
Somalia	1	5	1	2	2	5	4	5	5	30
Libya	3	3	1	2	4	5	4	4	4	30
Chad	1	5	5	3	1	5	4	1	4	29
Equatorial Guinea	4	5	3	1	3	5	5	1	1	28
Uganda	3	2	4	4	1	4	4	1	5	28
Algeria	4	1	2	4	5	3	4	1	3	27
Angola	3	4	4	3	1	4	4	1	3	27
Côte d'Ivoire	4	4	2	3	3	3	3	1	4	27
Mali	2	5	4	3	1	3	3	2	4	27
Morocco	5	1	3	4	5	2	4	1	2	27
Mozambique	4	4	3	3	1	4	3	2	3	27
Republic of Congo	3	3	4	2	2	5	4	1	3	27
Burkina Faso	2	4	3	3	2	2	3	3	4	26
Burundi	1	3	3	2	2	5	5	2	3	26
Djibouti	1	4	4	1	4	3	5	1	3	26
Kenya	4	2	1	4	3	4	3	1	4	26
Tanzania	3	3	3	4	2	2	4	1	4	26
Mauritania	1	4	4	2	3	4	3	1	3	25
Niger	1	4	4	3	1	3	3	2	4	25
South Africa	5	2	1	4	5	1	2	1	4	25
Togo	3	4	3	2	3	3	3	1	2	24
Zambia	3	3	3	3	1	3	4	1	3	24
Zimbabwe	3	2	2	3	3	4	4	1	2	24
Guinea-Bissau	1	4	4	1	2	5	3	1	2	23
Madagascar	2	3	3	3	3	4	3	1	1	23
Senegal	3	2	5	3	2	1	3	1	3	23
Comoros	1	4	3	1	3	4	4	1	1	22
Eritrea	1	2	2	2	3	5	5	1	1	22
Guinea	2	5	2	2	2	3	3	1	2	22
Ghana	3	3	2	3	3	2	2	1	2	21
Liberia	2	4	1	2	2	4	3	1	2	21
Rwanda	2	2	2	3	2	1	5	1	3	21
Tunisia	4	1	2	2	5	1	3	1	2	21
Eswatini	2	3	1	1	4	3	4	1	1	20
Gabon	3	2	2	1	3	3	4	1	1	20
Lesotho	2	5	1	1	4	2	3	1	1	20
Sierra Leone	1	5	2	2	2	3	3	1	1	20
The Gambia	2	3	3	1	3	2	3	1	2	20
Malawi	2	3	1	2	1	3	3	1	3	19
Botswana	4	2	1	1	4	1	3	1	1	18
Namibia	4	2	2	1	3	1	2	1	2	18
Benin	1	4	2	2	1	2	2	1	2	17
Cabo Verde	2	1	4	1	5	1	1	1	1	17
Mauritius	3	1	1	1	5	1	2	1	1	16
Seychelles	2	1	1	1	5	1	3	1	1	16
São Tomé and Príncipe	1	1	3	1	2	1	2	1	1	13

Figure 2. Analysis of the variety of risks. Source. Op. cit. 16.

A limited response: fragile or almost non-existent health systems

Among the risk factors mentioned above, there is a crucial one: the precariousness of some health systems which reduces or eliminates —depending on the country— the ability to respond to such a contagious disease, which causes so many cases, of which around 30% require hospital admission, while 4%²⁰ of patients develop serious complications and need to be treated in Intensive Care Units (ICU), often including intubation with mechanical ventilation.

While the best health system in sub-Saharan Africa, South Africa, has only 18 doctors per 10,000 inhabitants and around 3,000 ICU beds, West African countries have on average two doctors and less than five hospital beds²¹ for the same number of inhabitants. Others, such as the Central African Republic, have only 0.47²² doctors per 10,000 population.

Before the pandemic, Italy and Spain had 34 and 35 hospital beds per 10,000 inhabitants respectively, 41²³ doctors and, in the case of our country, 6,000 ICU beds²⁴. If the health services of both countries have been overwhelmed by this health crisis, it is easy to imagine how defenceless are countries such as Somalia —with just 15 ICU beds and without a single ventilator— to face possible peaks of this pandemic. The Central African Republic, which has only three ventilators, or even the giant Nigeria, which, with almost 200 million inhabitants, has only 169 of these devices²⁵. The United

²⁰ Scientific-technical information. Coronavirus disease, COVID-19. 04.04.2020. Ministry of Health. These data refer to Europe and could therefore vary if the youth of Africans is considered. Available at: https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/20200404_ITCoronavirus.pdf Date consulted: 16.04.2020.

²¹ Op. cit. 2.

²² Central African Republic key indicators. *World Health Organization*. Available at: <https://apps.who.int/gho/data/node.cco.ki-CAF?lang=en> Date consulted: 16.04.2020.

²³ Op. cit. 2.

²⁴ "Sanidad no concreta el número total de camas UCI activas". Redacción Médica. 01.04.2020. Available at: <https://www.redaccionmedica.com/secciones/sanidad-hoy/coronavirus-sanidad-no-concreta-el-numero-total-de-camas-uci-activas-1204> Date consulted: 16.04. 2020.

²⁵ MACLEAN, Ruth y MARKS, Simon. "10 African Countries Have No Ventilators. That's Only Part of the Problem". *The New York Times*. 18.04.2020. Available at: <https://www.nytimes.com/2020/04/18/world/africa/africa-coronavirus-ventilators.html> Date consulted: 18.04.2020.

Nations estimates that on a continent with a population of 1.3 billion people, at least 74 million coronavirus tests and 30,000 ventilators would be needed²⁶ to deal with this pandemic. According to the WHO, adding up the devices of 41 countries in Sub-Saharan Africa barely reaches 2,000²⁷.

In reality, little might be gained in having more respirators if there is a lack of oxygen to enable them to function, of medicines, electricity and running water, and, above all, of health personnel who specialise in intensive care. In Ivory Coast, for example, one doctor²⁸ estimates that the country has fewer than 200 trained professionals in that specialty.

In fact, the challenge on the African continent is posed not only in the phase of advanced health response, but even by the impossibility of alleviating in a short time structural deficiencies whose terms are as modest as the difficulty of preventing contagion when there is a lack of water and soap. Excluding North Africa, only 34% of African households have access to basic hand-washing facilities', while 56% of the population lives in slums²⁹.

In addition, the advantage of the youth of the Africans populations is also diminished by the high prevalence of diseases such as HIV/AIDS, tuberculosis and malaria—in Uganda, for example, there are 1.4 million HIV-positive people—which may worsen the prognosis in case of contagion of this new coronavirus. Around 40% of African children are malnourished and, moreover, this epidemic is already overlapping with others, such as Ebola and measles, in countries such as the DRC³⁰. It is therefore not surprising that

²⁶"Africa Dangerously Behind in Global Race for Virus Gear". *The Associated Press*. 24.04.2020. Available at: <https://www.nytimes.com/aponline/2020/04/24/world/africa/ap-af-virus-outbreak-scramble-for-gear.html> Date consulted: 24.04.2020.

²⁷ Ibid.

²⁸ BENSIMON, Cyril et al. "L'Afrique face au défi de son système de santé". *Le Monde*, 03.04.2020. Available at: https://www.lemonde.fr/afrique/article/2020/04/03/coronavirus-l-afrique-face-au-defi-de-son-systeme-de-sante_6035441_3212.html Date consulted: 16.04.2020.

²⁹ COVID-19 in Africa: Protecting Lives and Economies. United Nations Economic Commission for Africa (UNECA). 17.04.2020. <https://www.uneca.org/publications/covid-19-africa-protecting-lives-and-economies> Date consulted: 18.04.2020

³⁰ SMITH, SHANNON, "Managing Health and Economic Priorities as the COVID-19 Pandemic Spreads in Africa". 30.04.2020. Africa Center for Strategic Studies. Available at: <https://africacenter.org/spotlight/managing-health-economic-priorities-covid-19-pandemic-spreads-africa/> Date consulted: 09.04. 2020.

a 2016 study³¹ concluded that, of the 25 countries most vulnerable to infectious diseases, 22 were in Africa.

Moreover, although the virus is still under control, if it would thrive in megalopolises such as Lagos and Kinshasa, or in the camps for displaced persons on a continent that is home to 18 million people, the warnings about a looming disaster seem more realistic than pessimistic.

This coronavirus will not only kill directly, it will also kill indirectly through its impact on African extremely precarious health systems. There is already a precedent. It is estimated that the saturation of health services due to the 2014 Ebola epidemic in West Africa indirectly caused up to 10,600 deaths³² due to HIV/AIDS, tuberculosis and malaria, slightly more than the 10,500 deaths directly caused by this haemorrhagic fever.

A looming economic crisis

If there is still hope of containing the virus in Africa, what is already certain is that the continent will enter its first recession in the last 25 years, a particularly serious prediction in a region where one in three people live below the global poverty line³³. The economic crisis caused by the impact of the coronavirus will hit the continent on three fronts: the first is due to the contraction of Chinese demand and investment; the second is due to the global crisis, especially in terms of the fall in GDP in the United States and the EU and the collapse in the price of raw materials, especially oil; and the third is at regional and national level.

³¹ MOORE, Melinda et al. Identifying Future Disease Hot Spots. Infectious Disease Vulnerability Index. Rand Corporation. Cited in *ibid*.

³² PARPIA, Alyssa S. et al. Effects of Response to 2014-2015 Ebola Outbreak on Deaths from Malaria, HIV/AIDS, and Tuberculosis, West Africa. *NCBI*. 2016. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4766886/> Date consulted: 21.04.2020.

³³ HAMEL, Kristofer et.al. "Poverty in Africa is now falling-but not fast enough". Brookings. 28.03.2019. Available at: <https://www.brookings.edu/blog/future-development/2019/03/28/poverty-in-africa-is-now-falling-but-not-fast-enough/> Date consulted: 21.04.2020

The impact of the economic crisis on China is already being felt. The Asian giant, whose trade with Africa amounted to \$204 billion³⁴ in 2018, is the continent's main trading partner except for the Eurozone. China has also become its main state investor with 15% of total infrastructure investment, particularly in East Africa³⁵. The fall in the export of commodities, as well as the shortage of small businesses that supply themselves mainly with goods coming from that country, represents a serious threat to the sub-Saharan economies.

No less serious will be the impact of the global crisis, particularly in the United States and the euro area, on the African economy due to “the disruption of global supply chains, demand shocks (in sectors as energy, tourism, remittances), the slowdown in investment flows and the loss of jobs, supply side shortages and inflation pressures”³⁶. Foreign direct investment “has already diverted from emerging markets to perceived safer harbours in bond markets at the expense of African development opportunities”³⁷.

At regional level, due to the above-mentioned factors, the World Bank forecasts³⁸ that the three large economies of sub-Saharan Africa —Nigeria, South Africa and Angola— will experience a fall in GDP of between 6.9 % and 8 % in 2020, due to the collapse in the price of oil and industrial metals. Other countries that could be strongly affected by the depreciation of oil are Algeria, Libya, Republic of Congo, and Egypt.

The international institution has estimated that economic growth in Africa will fall from 2.4% in 2019 to a plunge of between -2.1 and -5.1% in 2020, with production losses estimated at between \$37 and \$79 billion. Countries dependent on mining and oil exports will be the most affected, while in states that do not have large natural resources, economic growth should slow down but remain positive.

³⁴ CARBON, G. y CASSOLA, C. "The Coronavirus Will Hit Africa Hard". *Institute for International Policy Studies*. 09.04.2020. Available at: <https://www.ispionline.it/it/pubblicazione/coronavirus-will-hit-africa-hard-25716> Date consulted: 11.04.2020.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Op. cit. 30.

³⁸ Op. cit. 13.

The World Bank believes that, as economic growth falls below the continent's average population growth rate (2.7%), without adequate measures to stimulate the economy and protect the most vulnerable, the COVID-19 will have a «profound impact on the well-being of large numbers of people». Among other repercussions, the continent is already facing the threat of hunger, resulting from the devaluation of local currencies combined with a rise in the price of basic foodstuffs. The serious food security crisis in Africa is also influenced by two natural disasters: the locust infestation in East Africa and the drought in the south of the continent.

The impact on security: a growing risk for the most fragile states

Even in the still controlled scenario of the coronavirus in Africa, resistance to the containment measures by populations living in poverty has already led to riots in South Africa, Rwanda and Zimbabwe³⁹. These protests have been harshly suppressed by the security forces. More serious has been the repression in Kenya, where Human Rights Watch has reported the deaths of six people at the hands of the police, allegedly for violating the night-time curfew⁴⁰. In Niger, meanwhile, the coronavirus has become the perfect excuse to arrest opponents and prevent public meetings, according to Amnesty International⁴¹.

The risk of political use of the crisis could also lead to the cancellation or delay of more than 20 elections, presidential and/or legislative, scheduled for this year in Africa. One country, Ethiopia, has already announced the cancellation of its parliamentary elections, scheduled for 29 August.

³⁹ NARANJO, José. "África sufre escasez, subida de precios y violencia por el coronavirus". *El País*. 22.02.2020. Available at: <https://elpais.com/sociedad/2020-04-22/afrika-sufre-escasez-subida-de-precios-y-violencia-por-el-coronavirus.html> Date consulted: 22.04.2020.

⁴⁰ "HRWHRW: La policía mata a 6 personas en Kenia durante toque de queda por COVID-19: *La Vanguardia*. 22.04.2020. Available at: <https://www.lavanguardia.com/vida/20200422/48677069575/hrw-la-policia-mata-a-6-personas-en-kenia-durante-toque-de-queda-por-covid19.html> Date consulted: 22.04.2020.

⁴¹ "Niger, des organisations de la société civile demandent aux autorités de mettre un terme au harcèlement des défenseurs de droits humains ». *Amnesty International*. 23.03.2020. Available at: <https://www.amnesty.fr/presse/niger-des-organisations-de-la-socit-civile-demande> Date consulted: 17.04.2020.

Although postponing elections may be justified, the temptation to use the virus “as a pretext for further delays and restrictions” cannot be ruled out. The pandemic will also obstruct the deployment of international electoral support and observation missions. It is also “likely that opposition parties will suspect irregularities, especially in countries where political confidence is low, there has been recent instability, the government enjoys questionable legitimacy or has a history of manipulating election calendars”⁴².

In such a young continent, but with countries often governed by the elderly — who are very vulnerable to this virus— leadership crises can arise from the spread of the virus and even the death of people in positions of political responsibility, which is already happening. In Nigeria, President Buhari's chief of staff is infected, while in Burkina Faso at least four ministers have been infected⁴³. The first casualty of the COVID-19 in Africa was the second vice-president of the Burkina Faso National Assembly, Rose Marie Compaoré.

Burkina Faso is also a good example of the risk that jihadist organizations present in the Sahel will deploy new offensives against “governments weakened”⁴⁴ by the fight against the pandemic. In fact, «groups active in the Liptako-Gourma region, which includes the borders of eastern Mali, northeastern Burkina Faso and western Niger»⁴⁵ have not heeded the global call for a ceasefire made by UN Secretary General António Guterres on 23 March on the occasion of COVID-19. This request has also not been echoed in the Lake Chad region, «where violence has intensified, led by Boko Haram and the armed forces of the countries involved». The conflicts in CAR and the DRC have not diminished in intensity either.

⁴² “COVID-19 and Conflict: Seven Trends to Watch”. *International Crisis Group*. 24.03.2020. Available at: <https://www.crisisgroup.org/global/sb4-covid-19-and-conflict-seven-trends-watch> Date consulted: 18.04.2020.

⁴³ "Au Burkina Faso : 2 nouveaux décès, des ministres contaminés". *The point*. Available at: https://www.lepoint.fr/afrique/l-afrique-face-au-coronavirus-kinshasa-en-alerte-apres-son-premier-deces-21-03-2020-2368120_3826.php Date consulted: 18.04.2020.

⁴⁴ Op. cit. 42

⁴⁵ The information and quotes in this paragraph and the following one come from NAVARRO, Ivan: "Impacto del COVID-19 en los escenarios de conflictividad armada en África Subsahariana". *Africaye.org*. 07.04.2020. Available at: <https://www.africaye.org/impacto-del-covid-19-en-los-escenarios-de-conflictividad-armada-en-africa-subsahariana/> Date consulted: 10.04.2020.

In Cameroon, the armed group Southern Cameroons Defence Forces (SOCADEF) did declare a ceasefire for 15 days so that the population could be tested for the coronavirus, while in Benue State, Nigeria, “representatives of 10 farming and livestock communities reached a peace agreement on 30 March that will be in effect during and after the COVID-19 pandemic”⁴⁶.

The risk of destabilisation of some African states is a concern for Western chancelleries. At the beginning of April, a confidential note⁴⁷ from a study centre under the auspices of the French Ministry of Foreign Affairs pointed out that this crisis “could be the straw that breaks the camel's back and destabilises or crumbles certain fragile regimes in the Sahel, or which are close to collapse in Central Africa”.

The crisis scenarios

Between 300,000 and 3.3 million dead

Among the various projections on the possible ravages of this pandemic on the African continent, the most detailed —and also the most alarming— has been included in a report⁴⁸ by the United Nations Economic Commission for Africa (UNECA), with data from Imperial College, London, which includes four possible impact scenarios, which are summarised in the following graph:

⁴⁶ Ibid.

⁴⁷ "L'effet pangolin en Afrique selon une note du CAPS" *Africa 3D*. 03.04.2020. Available at: <https://blogolivierpiot.com/2020/04/03/effet-pangolin-en-afrique-selon-une-note-du-caps/> Date consulted: 09.04.2020.

⁴⁸ Op. cit. 29.

Scenario	Infected	Requiring hospitalization	Requiring critical care	Deaths
A	1,222.3	22.5	4.4	3.3
B	841.9	16	3.1	2.4
C	520.3	9.9	1.9	1.5
D	122.8	2.3	0.5	0.3

Figure 2. Projected impact of COVID-19 in Africa at the end of the epidemic 2020 (in millions of people).

Source. UNECA (op. cit., 29).

*Scenario key:

A: Unmitigated (worst case) - no intervention

B: Mitigation using moderate social distancing - Optimal outcome when epidemic is mitigated through interventions to limit contacts in general population including social distancing (45% reduction in contact rate)

C: Suppression using intense social distancing (1.6) – introduction of intense social distancing measures that reduce the contact rate in the general population by 75 per cent once the 1.6 deaths per 100,000 per week trigger is reached

D: Suppression using intense social distancing (0.2) – introduction of intense social distancing measures that reduce the contact rate in the general population by 75 per cent once the 0.2 deaths per 100,000 per week trigger is reached

These estimates range from 1,222 million cases and 3.3 million death—in the most dramatic scenario—to 122 million infections, 2.3 million people who could require hospitalization and an estimated 300,000 deaths in scenario D, the best of the UN projections. The report also warns that this new disease will cause between 5 and 29 million Africans to fall into extreme poverty.

Since most African countries have adopted the measures described above early on, scenario A can be safely ruled out. This projection shows that the bulk of the African population—1.2 billion out of 1.3 billion—could be infected, which seems excessive in light not only of the measures taken, but also because a large part of the African population lives in isolated rural areas. This forecast even exceeds the infection rates calculated by epidemiologists such as Roy Anderson of Imperial College, who claims

that 60%⁴⁹ of the world's population could be infected with the disease if no distancing measures are taken.

Unfortunately, the other three scenarios, which predict a range of between 122 and 841 million infections and 300,000 to 2.4 million deaths, do not seem so unlikely, especially if Africa does not receive the financial and technical aid it needs. Even on a less pessimistic estimate than that of UNECA, the WHO has warned that, in just three to six months' time, 10 million⁵⁰ African could be infected with COVID-19.

In a new report published in the first week of May, the WHO has estimated that 190,000 Africans could die from the epidemic caused by this coronavirus in the next twelve months. The international organization has also warned that the disease could remain active as the embers of a fire on the continent for years⁵¹.

A final scenario, compatible with the previous ones, is that this virus becomes a new "invisible killer" in Africa. The limited diagnostic capacity of many countries, the symptoms similar to those of influenza or malaria, the isolation and neglect in which many African populations live and the lack of transparency of certain governments on the continent raise the possibility that this disease will have a "colossal but unknown"⁵² impact as already happened with the "Spanish flu" in Africa at the beginning of the 20th century.

In the face of all these dire predictions, more and more voices are being raised to point out an Afro-pessimistic bias in the future impact scenarios of the COVID-19 pandemic in Africa. One example is the letter signed by more than 50 African intellectuals, which

⁴⁹ ANDERSON, Roy et al: "How will country-based mitigation measures influence the course of the COVID-19 epidemic?" *The Lancet*. 09.03.2020. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30567-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30567-5/fulltext) Date consulted: 28.04.2020.

⁵⁰ "Africa coronavirus cases could hit 10 million in six months: WHO". *Al Jazeera*. 17.04.2020. Available at: <https://www.aljazeera.com/news/2020/04/africa-coronavirus-cases-hit-10-million-months-200417055006127.html> Date consulted: 17.04.2020.

⁵¹ BURKE, Jason y AKINWOTU, Emmanuel: "Coronavirus could 'smoulder' in Africa for several years, WHO warns", *The Guardian*. 08.05.2020. Available at: <https://www.theguardian.com/world/2020/may/08/coronavirus-could-smoulder-in-africa-for-several-years-who-warns> Date consulted: 10.05.2020.

⁵² LOPES, Carlos, "What Could the Economic Impact of COVID-19 be on Africa?" *Chatham House*. 09.04.2020. Available at: <https://www.chathamhouse.org/file/what-could-economic-impact-covid-19-be-africa> Date consulted: 11.04.2020.

under the title "Coronavirus: together we can come out stronger and united" denounces the "catastrophism" of these projections and urges "the mobilization of intelligence, resources and creativity of Africans to defeat the pandemic by COVID-19"⁵³.

Those who see an excess of pessimism in these scenarios also point out that the fight against this pandemic is behind unprecedented measures and initiatives in Africa, which seem to be succeeding in curbing the impact of the disease, but also could even set positive precedents for the future of the continent. For example, the fact that African governments have undertaken "the most important expansion of social assistance programmes since the post-independence period (...) with 44 countries having initiated more than 150 aid programmes"⁵⁴ ; the start of a new philanthropy among the continent's privileged people —such as Nigerian millionaire Aliko Dankote, who has brought together with other tycoons, banks and institutions \$65 million to fight the coronavirus in his country—or the excellent work of the African Union's Epidemic Monitoring Centre, an institution that has been instrumental in extending the diagnostic capacity of the new virus from the only two laboratories capable of doing so in January to the 46 countries that now have at least one laboratory trained to carry out COVID-19 tests.

Conclusions

The late arrival of the virus on the African continent, coupled with the rapid reaction of most African governments, appears to have slowed the impact of the new coronavirus on a continent that maintains relatively low numbers of infections and deaths, according to official data. However, while good data from countries such as South Africa —which has managed to flatten its case curve by confining its population— encourage hope, the vulnerability and precarious health systems of African countries also require preparation for the worst.

⁵³ Available at: <http://blog.africavive.es/2020/04/coronavirus-juntos-podemos-salir-mas-fuertes-y-unidos/>
Date consulted: 10.05.2020.

⁵⁴ DEVERMONT, Judd, "Covid-19 in Africa: The Good News and the Bad". Centre for Strategic & International Studies. 04.05.2020. Available at: <https://www.csis.org/analysis/covid-19-africa-good-news-and-bad> Date consulted: 10.05.2020.

That is why, in view of the United Nations' forecast that at least 300,000 people could die in Africa from this disease, which also threatens to condemn between 5 and 29 million human beings to poverty, it is essential to heed the African governments' call for help. At a meeting in March, their finance ministers estimated that at least \$100 billion would be needed to address the health needs posed by the virus, to implement social protection mechanisms for the most vulnerable and to safeguard the 30 million jobs they estimated may be at risk⁵⁵.

This request goes far beyond the insufficient commitment of the G-20 to suspend debt payments by poor countries until the end of the year or the IMF initiative to relieve the debt service of 25 countries, including several African States, through the Catastrophe Containment and Relief Trust, which has a maximum of \$500 million available for this purpose.

In the face of such a major threat, moratoria and partial relief from debt payment and/or service are not enough. When the now almost certain economic crisis threatens to undermine several years of development in Africa, at least debt service cancellation is needed, as well as the activation of international financing and fiscal stimulus mechanisms.

Both African intellectuals and humanitarian organizations, such as Oxfam, have called for the mobilization of international reserve assets; for example, the IMF's special drawing rights, to increase the funds available for the neediest countries. As the NGO points out, if one trillion dollars are mobilised in this way for the world's poorest countries, this measure would enable a state like Ethiopia to gain access to an additional 630 million dollars and increase its spending on health by 45%. It is also necessary to facilitate the import of medical equipment by African governments, which are starting from the bottom of the pile in the race to acquire such supplies on international markets.

⁵⁵ "African Finance Ministers call for coordinated COVID-19 response to mitigate adverse impact on economies and society". *UNECA*. 23.03.2020. Available at: <https://www.uneca.org/stories/african-finance-ministers-call-coordinated-covid-19-response-mitigate-adverse-impact>. Date consulted: 26.04.2020.

If the solidarity that should prevail between peoples is not enough to convince developed countries that it is essential to help Africa, it should be in their own interest to do so. Not in vain, as recalled by an open letter recently published by the Financial Times⁵⁶ signed by 18 world leaders—including President Pedro Sánchez— under the title "Only victory in Africa can end the pandemic everywhere": this virus "has no borders. Therefore, fighting it requires strong international leadership, guided by a sense of shared responsibility and solidarity. Indeed, only a global victory that fully includes Africa can put an end to this pandemic".

*Trinidad Deiros Bronte**
Journalist

⁵⁶ Available at: <https://www.ft.com/content/8f76a4c6-7d7a-11ea-82f6-150830b3b99a> Date consulted: 10.05.2020