

# AFRICA'S

GOVERNANCE RESPONSE TO

# COVID-19

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# FOREWORD

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I have been working on African issues in different capacities for some 30 years – as an academic, in the policy-making space, and as foreign policy practitioner. But I didn't see the phenomenon that is COVID-19 coming.

The reason for this is in our assumptions, or paradigms – that is, assumptions we make about the external world as something that exists independent of us. We are part of this reality as a biological life form. We can only experience the external reality via our senses. Through these senses, we build what we consider to be a body of knowledge; in some cases, this body of knowledge

poses as science. We live in the realm of doubt and probability because, factually, we don't really have a full picture of what is out there – the full picture of the facts of a reality that exists outside and independent of our senses.

These assumptions are reflected in the tools we have developed to assist our senses make better and proper sense of the factual reality and the future, another domain that is not fully understood by humans, and is still in the domain of the unknown. These tools range from our microscopes and telescopes, to formulae and theories we have to help our senses process and make sense of external reality. For us who work for bodies like the African Union, we have analytical and forecasting tools that we use to determine and generate data about the physical facts of our world. We analyse these data and try to make projections into the future and so forth.

The problem with assumptions is that, in as much as they empower our senses to enable us to engage the external reality in a better way, they also create blind spots for us. Assumptions are like a vehicle – a beautifully built vehicle.

We sit inside it and drive on the highway. But this vehicle has blind spots. Its structure and your sitting position in may prevent you from seeing certain things; even things that could be of danger to you and your car. We make up for this weakness in our cars by turning our necks to check the blind spots. However, in life we don't always turn our necks. We take our assumptions for granted and as being self-evident. We miss so many things because of the many blind spots; we miss even those things that pose an existential danger to us.

Our assumptions are not fixed. Some are scientifically determined; others are the product of our socialization and culture; and others are derived from our religious beliefs. These assumptions are also not fixed across time. They change with time. In many cases, such changes come because of a cataclysmic change in the world, or within countries. These can be a world war, a famine, or a flood like in the ancient period (Noah's flood).

The end of the Cold War at the beginning of the 1990s was one such cataclysmic change, one that led to not only the end of the former Soviet Union, but also led to the creation of new states in Eastern Europe. The independence of South Africa was also a product of this historical moment.

We are now at another turning point in history due to COVID-19, and the APRM will be affected, particularly its methodology and tools. Motivated by a duty to contribute to how Africa can respond to this pandemic, the African Peer Review Mechanism (APRM) thought it would be worthwhile to establish how its member states are acting to combat the spread of the virus and to deal with its impact on their people and economies. This report therefore seeks to provide comprehensive information on COVID-19 and the various governance

responses, measures and strategies, that have been implemented by member states. More importantly, the report seeks to facilitate evidence-based policy responses to the crisis and to enable information sharing.

The report employs a scientifically sound, horizon-scanning consolidation of trends with a view to mapping out the multi-sectoral policy responses across the continent. Its primary methodology was the collection of data through APRM national structures and desk-study the context and responses to the pandemic in all African states across all five regions.

The report notes that the outbreak of COVID-19 has compelled governments and multilateral agencies across the globe to reflect on the nature and effectiveness of public institutions.

The report concludes with a set of recommendations for consideration by the African Union (AU), member states and the APRM

Prof. Eddy Maloka  
Chief Executive Officer  
APRM Continental Secretariat



# PREFACE



Humanity is facing an unprecedented health crisis, one that has taken the lives of thousands of people around the world and has repercussions for all socio-economic sectors. This crisis has transformed our everyday habits and behaviour over the past four months. The cause of this health crisis is a virus called "COVID19," which originated in a Chinese city and has spread all over the world exponentially. Even today, the Corona virus which is prevalent in the world continues its ravages and specialists in Epidemiology and public health predict the end of the health crisis for several years

to come. Each region and country in the world is organizing to curb the spread of this virus and to mitigate its socio-economic impacts by taking a series of measures. In Africa, the specialized institutions and organs of the African Union as well as the Regional Economic Communities (RECs) are coordinating with the governments of member states to overcome this pandemic and to relieve the populations of the negative effects.

In this regard, the African Peer Review Mechanism (APRM), an AU specialized institution in governance, is working hard in a coordinated manner with the African Union Commission and Africa CDC to propose adequate solutions to member states, for a robust response to this pandemic which has profound implications on governance. The APRM as a self-assessment instrument on governance in Africa must also do its introspection in light of this unprecedented situation to adapt and to improve its tools and methodological approaches in order to respond in advance, and to propose solutions to member states in terms of resilience to shocks and disasters of this type.

This preliminary report on the response of AU member states to COVID-19 is the contribution of the APRM to the collective effort to counter the spread of the virus and to mitigate its effects in Africa. The report gives an overview of the health situation in AU member states, and particular in terms of lethality, morbidity and mortality due to the coronavirus, as well as the various measures and strategies put in place by AU Member States to counter the effects of this pandemic. After a scientifically conducted analysis, based on the reality of the facts reported by the Regional Economic Communities (RECs) and the countries, the report presents recommendations on matters of governance that the member states should

implement individually and/or collectively to achieve the following: curb the spread of the virus, mitigate its effects, and prepare for a response in the event of a disaster such as this in the future.

This report will also be included in all the knowledge products developed by the AU organs and governments of member states on this subject in order to guide decision-making for the response and to guide reforms in governance in Africa.

The report is addressed primarily to AU organs, the REC's, Pillar of the AU, and the governments of the member states. Secondly, the report is addressed to the general public, particularly to academia/researchers and all those who are interested in governance in general.

Finally, I would like to thank all those who contributed to the preparation of this report, starting

with the CEO of the APRM Secretariat, Professor Eddy Maloka, who has spared no effort to carefully supervise the technical production of this report despite the difficult situation marked by the total lockdown imposed in South Africa. My thanks also go to all my fellow members of APRM Panel of Eminent Persons who, through their very relevant comments, have improved the quality of this report. Finally, I would like to thank the members of the working group from selected APRM member countries for their support in drafting this report. I invite member states to take ownership of the recommendations contained in this report and implement them effectively.



Prof. Fatima Zohra Karadja  
Chairperson of the APR Panel of Eminent Persons

# ACKNOWLEDGEMENTS



This preliminary report on the governance response to COVID-19 by African Union member states was prepared under the overall leadership and guidance of Professor Eddy Maloka, chief executive officer of APRM. Technical oversight was provided by the APRM Panel of Eminent Persons chaired by Prof. Fatima Zohra Karadja, Algeria (North Africa) and Ambassador Ombeni Sefue, Tanzania (East Africa), vice chairperson, APR Panel of Eminent Persons.

The findings also benefitted from the input of the APRM Task Force on Studies of the Governance Response to COVID-19 by African Union member states, which comprises the following country representatives: H.E. Omar Defallah, focal point and minister of APRM Chad (Central Africa), focal point. Ms. Yoliswa Makhasi, South Africa (Southern

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# ACRONYMS & ABBREVIATIONS

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ACDC	:	African Centre for Disease Control
AfCFTA	:	Africa Continental Free Trade Agreement
AfDB	:	African Development Bank
AFTCOR	:	Africa Task Force for Coronavirus
APRM	:	African Peer Review Mechanism
ARC	:	African Risk Capacity
AU	:	African Union
AU Bureau	:	African Union Bureau
AU PSC	:	African Union Peace and Security Council
AU STC	:	AU Special Technical Committee
AUC	:	African Union Commission
BoP	:	Balance of Payments
CAR	:	Central African Republic
CBR	:	Central Bank Rate
CCRT	:	Catastrophe Containment and Relief Trust
CEN-SAD	:	Community of Sahel Saharan States
COMESA	:	Common Market for Eastern and Southern Africa
COVID-19	:	Severe Acute Respiratory Syndrome Coronavirus 2: SARS-CoV-2
DRC	:	Democratic Republic of Congo
EAC	:	East African Community
ECCAS	:	Economic Community of Central African States
ECOWAS	:	Economic Community of West African States
EU	:	European Union
G-20	:	Group of 20
GDP	:	Gross Domestic Product



# ACRONYMS & ABBREVIATIONS

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GIZ	:	Deutsche Gesellschaft für Internationale Zusammenarbeit
IFIs	:	International Financial Institutions
IGAD	:	Intergovernmental Authority on Development
IMF	:	International Monetary Fund
IMRA	:	l'Institut Malagasy de Recherches Appliqués
MoA	:	Memorandum of Understanding
NTTFC	:	National Transport Facilitation Cell
PACT	:	AU Partnership for Accelerated
RAN	:	Resilient Africa Network
REC	:	Regional Economic Communities
RFI	:	Rapid Financing Instrument
RTTFC	:	Trade and Transport Facilitation Cell
SADC	:	Southern African Development Community
SFIs	:	Supervised Financial Institutions
SMEs	:	Small and Medium-Scale Enterprises
UIF	:	Unemployment Insurance Fund
UMA	:	The Arab Maghreb Union
UN CEPA	:	United Nations Committee of Experts on Public Administration
UN SDG	:	United Nations Sustainable Development Goals
UNSG	:	UN Secretary General
WAHO	:	West African Health Organization
WFP	:	World Food Programme
WHO	:	World Health Organisation
WoGA	:	Whole of Government Approach

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## ABOUT THIS REPORT

This preliminary report presents outcomes of a study conducted to examine Africa's governance response to the new coronavirus, SARS-CoV-2, (herein referred to as COVID-19 or the pandemic). It presents a summary of the immediate measures, and medium-term and long-term policy responses to COVID-19, which was designated a pandemic on 11th March 2020. Specifically, the report presents:

- National level responses to COVID-19 in AU member states
- Continental and regional level responses to COVID-19
- Key global enablers
- Recommendations on pivotal governance responses to COVID-19 for the African Union and member states



# EXECUTIVE SUMMARY

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The APRM undertook the study in fulfilment of its mandate stipulated in the AU Assembly Decision Assembly/AU/Dec.631(XXVIII) on “Revitalisation of APRM, to track implementation and oversee monitoring and evaluation in key governance areas on the Continent”. The aim of the study was to place governance at the centre of the response to COVID-19.

According to the Africa Centre for Disease Control (Africa CDC), the scale and magnitude of the COVID-19 pandemic in Africa constitutes a cause for concern. At the time of publishing this report, North Africa was the most affected region, followed by West Africa and then Southern Africa. East and Central Africa were considered as the regions with the fewest confirmed cases. Lesotho and The Comoros were then cited as the only countries in Africa with no reported cases.

The purpose of this preliminary report is to provide content that can be used to enrich the debate on the governance response to COVID-19 on the continent. The report is not the final statement on the question of an effective governance response to the pandemic. It seeks to support the articulation of evidence-based governance responses in member states and to facilitate sharing of tested approaches on the governance response to COVID-19. Additionally, the report provides a basis for the assertion that an effective governance response would enhance the effectiveness of efforts in the public health, biomedical, economic and social spheres.

Accordingly, therefore, this report explores the implications of immediate measures taken to contain COVID-19, which has placed operational constraints on institutions across public and private

sectors, groups, and individuals that are increasingly being marginalised in their engagement. These limitations have also affected certain aspects of democratic processes and the wider civic life in countries where social containment measures have been introduced.

Consequently, the quality of governance as understood in normal times may be diminished and the risk of further marginalising underrepresented groups may be heightened as the world contends with the COVID-19 pandemic. The Report further highlights the implications of such immediate measures on elections, parliamentary processes and public accountability institutions.

The report also examines the processes whereby measures are imposed and implemented by AU member states at national levels. AU member states have either deployed existing legal and institutional mechanisms or established new ones to respond to the pandemic. The mechanisms thus introduced focus on i) legal and institutional measures; ii) disease prevention and containment measures; iii) social and humanitarian measures; and iv) fiscal and monetary measures. The report investigates the effectiveness of these measures, in terms of the following: ensuring desirable outcomes, impacting the enjoyment of human rights, ensuring equal treatment of citizens, and facilitating the accountability of government to the public.

At the continental and sub-regional levels, the report examines how Africa has responded to COVID-19, including the “Africa Joint Continental Strategy for COVID-19 Outbreak”, centralised provision of technical support, multilateral approaches to resource mobilisation, and peace and security governance. As regards the sub-regional level

responses, the report provides a detailed account of the multilateral measures implemented by the – AU and RECs: ECOWAS, IGAD, EAC, SADC, COMESA.

Global enablers identified in the report have been characterised as either positive or negative, and presented within the framework of political and economic governance with additional focuses on the gendered impact of COVID-19 and the peace and security community (practitioners, humanitarians and peacekeepers), which has expressed concern about the fact that the immediate measures taken in response to the pandemic have implications for livelihoods and conflict. The report therefore recommends that national, regional and continental actors re-evaluate, in concrete terms, the design of and approaches to existing conflict management tools and systems at all levels so that they can adapt rapidly to non-traditional threats such as pandemics, climate change and cybersecurity.

The recommendations have accordingly been presented in three categories: i) Recommendations for the AU; ii) Recommendations for member states; and Recommendations for APRM. Immediate measures focus on generic actions and initial responses of the state to COVID-19 and the medium-term recommendations present the

legislative, policy and institutional arrangements necessary for strengthening accountability, effectiveness and inclusiveness of the responses.

At the level of the AU, the report recommends, among other things, that member states sign and ratify the African Risk Capacity (ARC) Treaty, which provides a framework for disaster early warning and contingency planning, and disaster insurance for participating states; and that the AU should build risk management financing and resiliency planning into their annual budgetary processes.

As regards the Member States, the report recommends, among others, that governments should establish inclusive national response governance and institutional and legislative mechanisms for disaster management; governments should also decentralise responsibilities and capacities for disaster management whilst implementing containment measures within a framework that respects the rule of law and the human rights of citizens.

The recommendations for the APRM include a call for the Mechanism to undertake research on state resilience and disasters to inform its interventions and to review the APRM framework to integrate disaster preparedness and management, including revising its base questionnaire to address the governance of disasters.

# SECTION 01



ONAVIRUS  
TEST

2019-nCoV  
☐ Negative ☐ Positive

Result for Co

gative

# THE COVID-19 PANDEMIC AND GOVERNANCE IN AFRICA

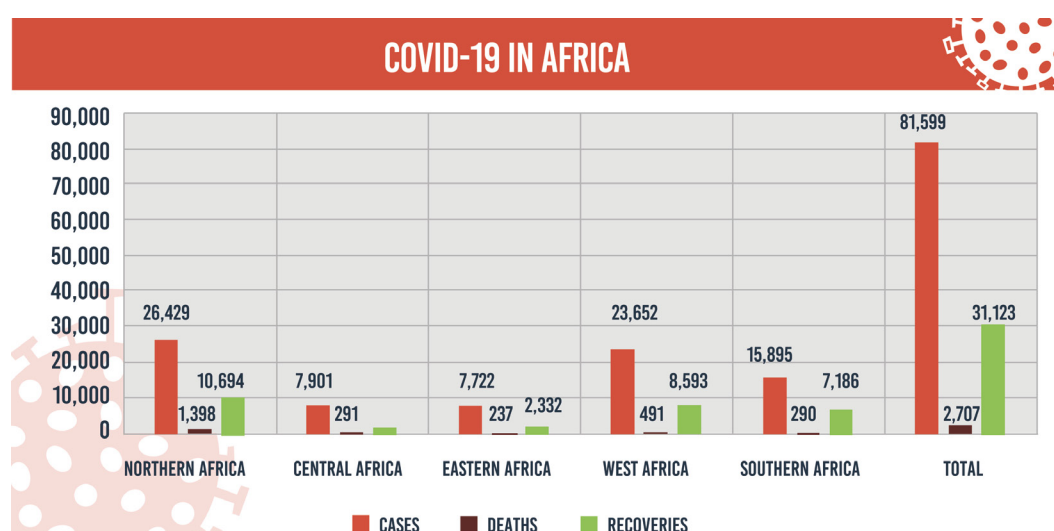
The first case of COVID-19 in Africa was reported in Egypt on 14 February 2020. Since then, 54 countries in Africa have reported more than 81,613 cases and about 2,707 deaths from the new coronavirus by 16th May 2020. Although African countries have resources to pay for the reagents, they are unable to purchase them because of restrictions on export of medical materials in most countries. The epidemiology of the epidemic in Africa presented below, therefore, may offer a mere indication of the actual situation. From a governance response perspective, such a challenge requires multilateral interventions in mediating and reshaping international cooperation in times of crises. Cooperation across Africa is starting to happen, and Africa CDC has a plan to distribute one million test kits by mid-May 2020 across the continent.

These circumstances notwithstanding, Africa CDC continues to collect and consolidate statistics on the incidence and prevalence of Covid-19. Table in Annex 1: Covid-19 Epidemiology in Africa as well

as of Covid-19, and no death to date. the figures below, presents the trends in Covid-19 epidemiology in Africa as of 16th May 2020. It is important to underline that these data will keep changing everyday as governments report new cases of Covid-19 infections, deaths and recoveries. The data are presented by regions of the African Union.

Among the regions on the continent, North Africa is the most affected region by the coronavirus pandemic, in terms of total number of confirmed cases, with 32.38 per cent of the total confirmed cases on the continent, followed by West Africa and Southern Africa, with 28.98% and 19.48% respectively. East and Central Africa, with 9.48% and 9.68% respectively, are the regions with less confirmed cases as of 16th May 2020 (Figure 1). Similarly, North Africa remains the region with the highest number of deaths, contributing 51.64% of the total deaths from Covid-19 in Africa. Lesotho is the only country in Africa with one reported case of Covid-19, and no death to date.

Figure 1: Regional Distribution of COVID-19 Infections, Deaths and Recoveries



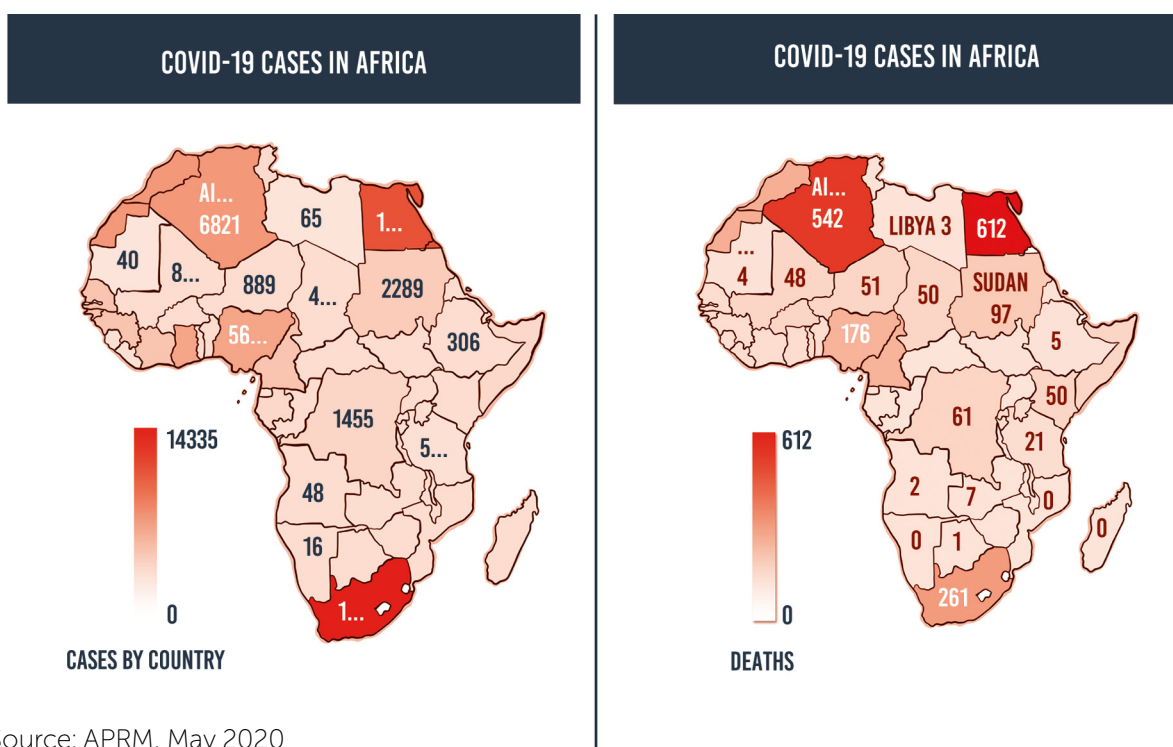
Source: APRM, May 2020



The distribution of infections, deaths and recoveries per country is presented in figure 2. You will observe that the countries with the highest infection rates and deaths are spread almost uniformly across geography and economic groups (low, lower-middle and upper middle

income). You will note, however, that while Egypt and South Africa have comparable infection rates, Egypt has more than double the number of deaths (fatality rate as calculated from deaths as a percentage of the total number of reported infections).

Figure 2: Distribution of COVID-19 Infections and Deaths per Country – 16 May 2020



According to WHO, the total tests conducted in Africa up to 16th May 2020 are 1,409,732, out of which 5.79% are Covid-19 confirmed cases. This may suggest that Africa has a Covid-19 prevalence 5.79% at the current rate of transmission and rate of testing across the continent. This low rate observed on the continent compared to the other regions of the world, is the result of early measures taken by African countries individually and collectively to break the spread of the pandemic. These measures include quarantine and partial/total lockdown among others clear. These freedoms have now been rolled back and limited as

countries pursue public health and safety goals needed to curb the pandemic. But some countries have opted for a different approach to dealing with the Covid-19 threat. Countries such as Sweden, Iceland, Belarus, Japan, South Korea and Taiwan have not imposed any lockdown. There is strong evidence to suggest that despite their continued openness, their results have been as good and, in some cases, better than those of countries on lockdown. And these countries have achieved these results without having to endure the huge socio-economic cost being experienced across the world.

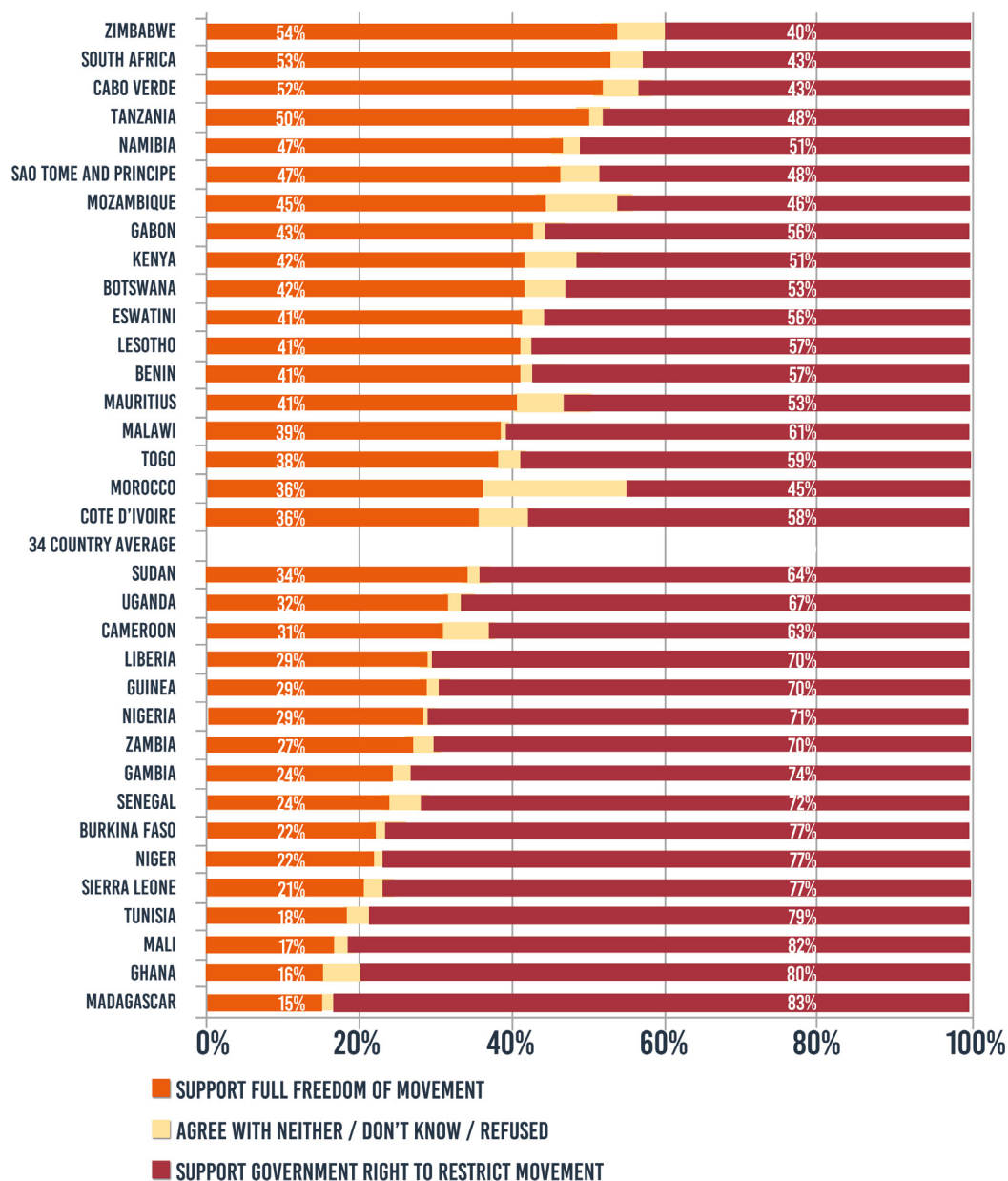
## Democracy, Freedoms and Emergency Measures

As pertinent governance questions arise regarding the balance between human freedoms and public health and safety concerns in relation to Covid-19, the world, including Europe and North America, continue to suffer steady economic and social decline as a direct result of the 'lockdown' policies, which constrain movement in the populations and constricts the movement of goods and provision of the full spectrum of services. The implications for economic, civil, political and social freedoms are clear. These freedoms have now been rolled back and limited as countries pursue public health and safety goals needed to curb the pandemic. But some countries have opted for a different approach to dealing with the Covid-19 threat. Countries such as Sweden, Iceland, Belarus, Japan, South Korea

and Taiwan have not imposed any lockdown. There is strong evidence to suggest that despite their continued openness, their results have been as good and, in some cases, better than those of countries on lockdown. And these countries have achieved these results without having to endure the huge socio-economic cost being experienced across the world.

This immediate policy measure of 'Lockdown' is of interest to Africa, where living conditions and the state of economies presents great implementation and human rights challenges. Accordingly, this report, presents below (Figure 3), citizen perceptions on the legitimacy of quarantine and lockdown. The data in the figure is from an Afrobarometer survey on the perceptions of citizens in African countries regarding the legitimacy of the quarantine and lockdown measures and policies.

Figure 3: Citizen perception on the legitimacy of quarantine and lockdown



Source: Afrobarometer, 2020

The results indicate that although a majority of African citizens do not consider as legitimate the quarantine and lockdown measures as reported from a country-average of 62% undertaken in 34 African countries (Figure 3). These quarantines and partial/total lockdowns in Africa countries may have produced positive results in curbing the spread of the Covid-19 pandemic, but the toll is huge on inequality, as it puts pressure on daily livelihoods and access to basic services such as commodity markets, water and toilet facilities. Access to these services requires that citizens leave their houses or compound on a daily and regular basis.

A challenge for governance of the epidemic is determining the form and duration that this policy may be applied without a significant rollback in development gains, livelihood and/or infringement of fundamental human rights. To date no quantitative benchmarks have been established by multilateral institutions, in either public health epidemiological terms or national

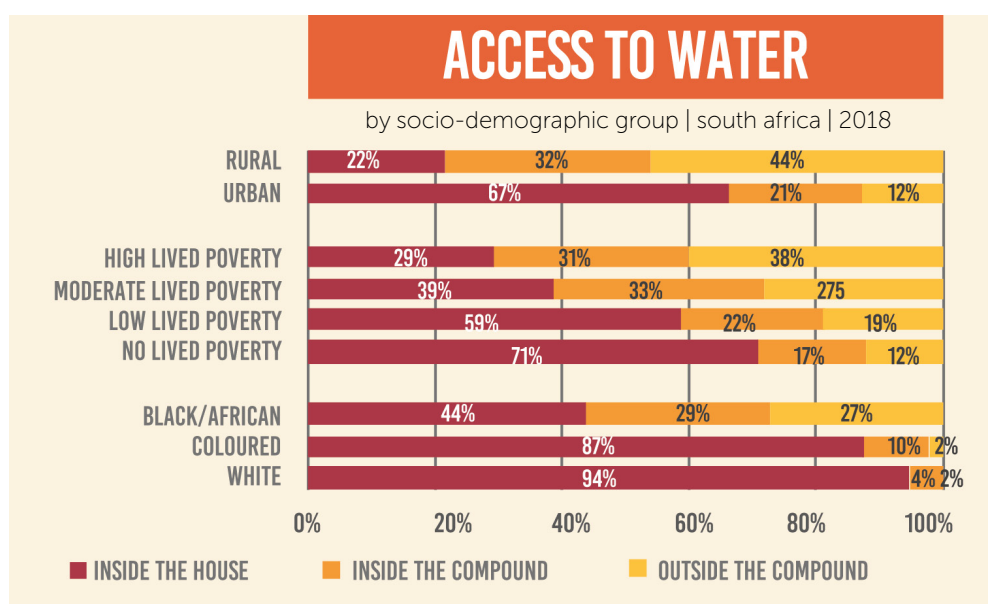
economic terms, to guide countries in the phased implementation of these measures. The application of the policy remains experimental and the political ramifications for Africa may be serious if the proportion of the population in favour of lockdowns diminishes due to pressures the policy imposes on livelihoods.

Figure 4: Case Study of South Africa

**South Africa case study (Afrobarometer survey 2020).**

*In South Africa, for example, about half of the citizens do not have piped water (47%) or toilet facilities (51%) in their homes. In fact, 44% of rural dwellers said they must leave their compound to access water. And while people are encouraged to work from home during the lockdown, only 58% enjoy a supply of electricity that works more than half the time. Access to basic services is unequally distributed among different groups. While two in three urban residents (67%) have piped water in their homes, only one in five rural residents (22%) do.*

Figure 5:

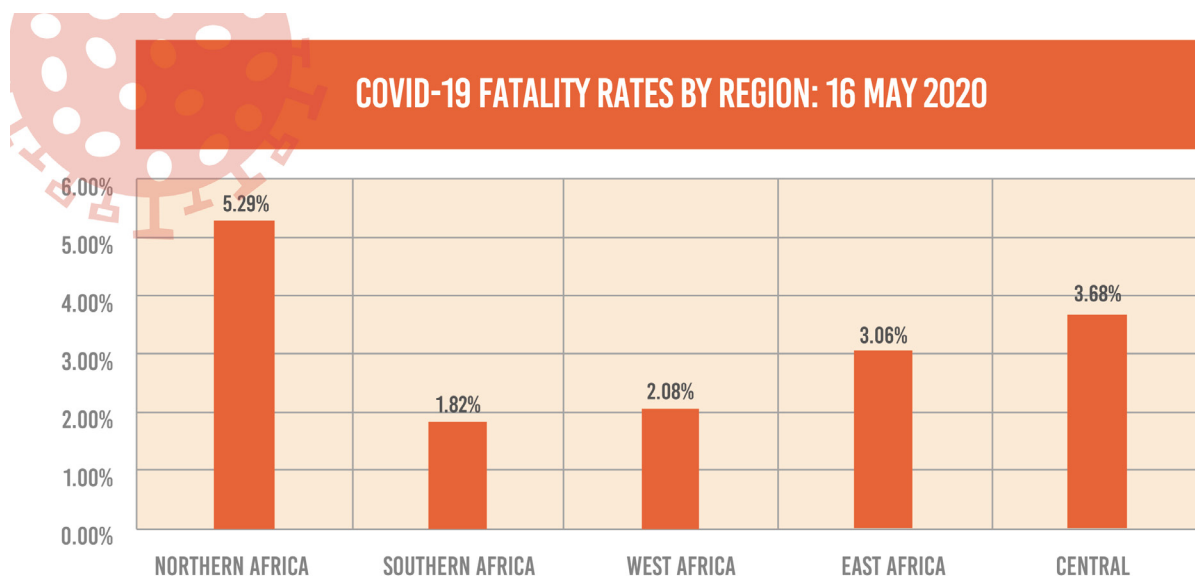




The regional patterns of fatality rate are also important in examining the opportunities for improving multilateralism and international cooperation as key governance responses to Covid-19. Fatality rates present unique and varied political pressures to countries which may often translate into protectionism or nationalism. The average fatality rate for Africa as at 16th May 2020 was 3.32%. However, it is important to highlight that the fatality rate differs significantly between the regions and even more significantly between

countries. Northern Africa remains the region with the highest fatality rate (5.29%), followed by Central Africa (3.68%). But Southern Africa registered the lowest Fatality Rate (1.82%), followed by West Africa (2.08%) (figure 5). The fatality rate is the total number of deaths as a percentage of the total number of confirmed cases at a given time in a geographical region or jurisdiction.

Figure 5: COVID-19 Fatality Rates by Region of Africa

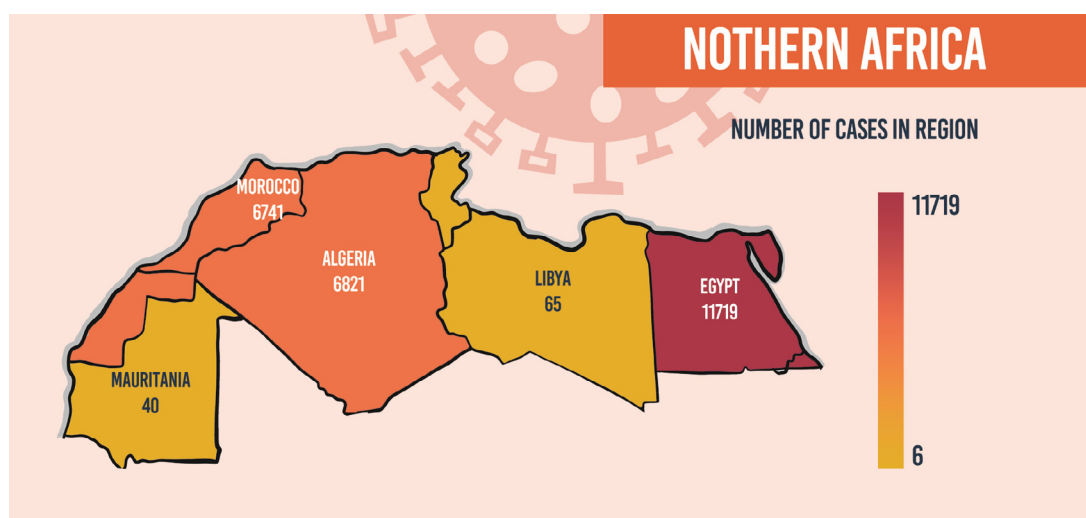


## 1.1 North Africa

The first case of coronavirus in Africa was detected in Egypt in February 2020. The virus thereafter detected and reported in Algeria and other countries

in the region, and later detected in the rest of Africa. As of 16th May 2020, the number of confirmed cases per country, in North Africa is presented in figure 6.

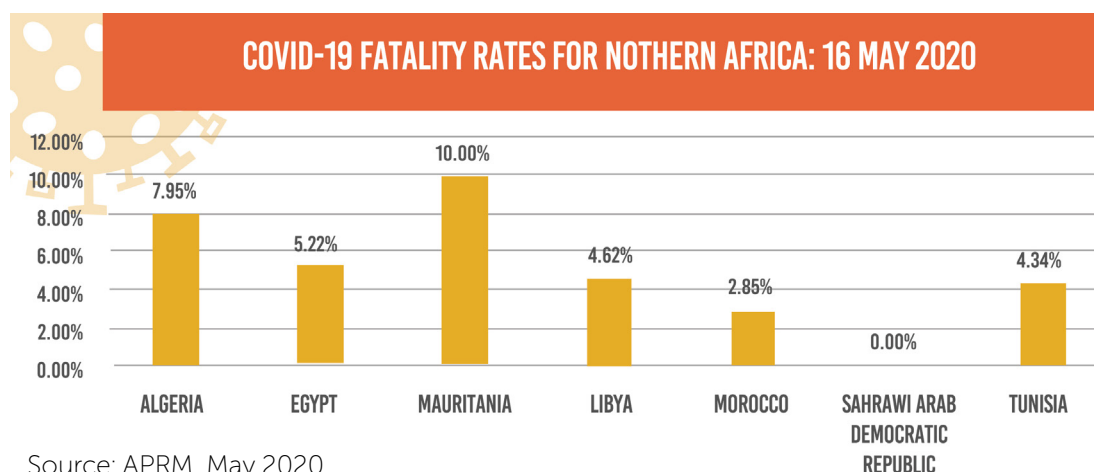
Figure 6: COVID-19 Infection Cases in North Africa



Egypt remains the country with the highest number of confirmed cases (11,719) and deaths (612), followed by Algeria with (6821) confirmed cases and (542) deaths associated with the virus. More people are recovering from the virus in Morocco (3,487) than Algeria

(3409) and Egypt (2,950) (see Table 1 in Annex 1). The fatality rate in North Africa indicates huge differences across the states in the region (Figure 7). Mauritania has the highest fatality rate (10%) followed by Algeria (7.95%) and Egypt (5.22%).

Figure 7: COVID-19 Fatality Rate in North Africa



Source: APRM, May 2020

## 1.2 Central Africa

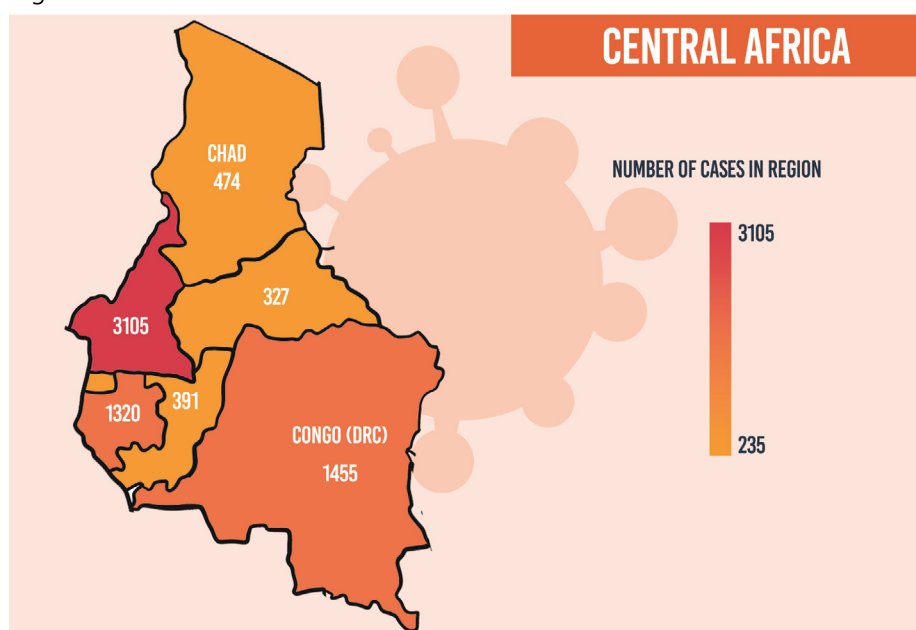
According to the latest data by the WHO and Africa CDC, the situation in Central Africa remains fluid as countries confirm cases as and when they occur. As of 16th May 2020, the Central Africa region had registered a total of 7,903 confirmed cases,<sup>1</sup> distributed as follows. Cameroon has registered the highest cases of Covid-19 in the region, with 3,105 confirmed cases, 140 deaths and 1,567 recoveries. The Central African Republic has 327 confirmed cases, no deaths and 13 recoveries (Figure 8). The Republic of Chad registered 474 cases 50 deaths and 111 recoveries. Congo-Brazzaville has since registered

391 cases, 15 deaths and 87 recoveries. DR Congo has registered 1,455 cases, 61 deaths and 270 recoveries and Equatorial Guinea has a total of 594 cases, 7 deaths and 22 recoveries. Gabon has 1320 confirmed cases, 11 deaths and 224 recoveries. And finally, Sao Tome and Principe has registered 235 cases with 7 death sand 4 recoveries<sup>2</sup>

<sup>1</sup> <https://africacdc.org/Covid-19/>

<sup>2</sup> <https://africacdc.org/Covid-19/>

Figure 8: COVID-19 Infection Cases in Central Africa

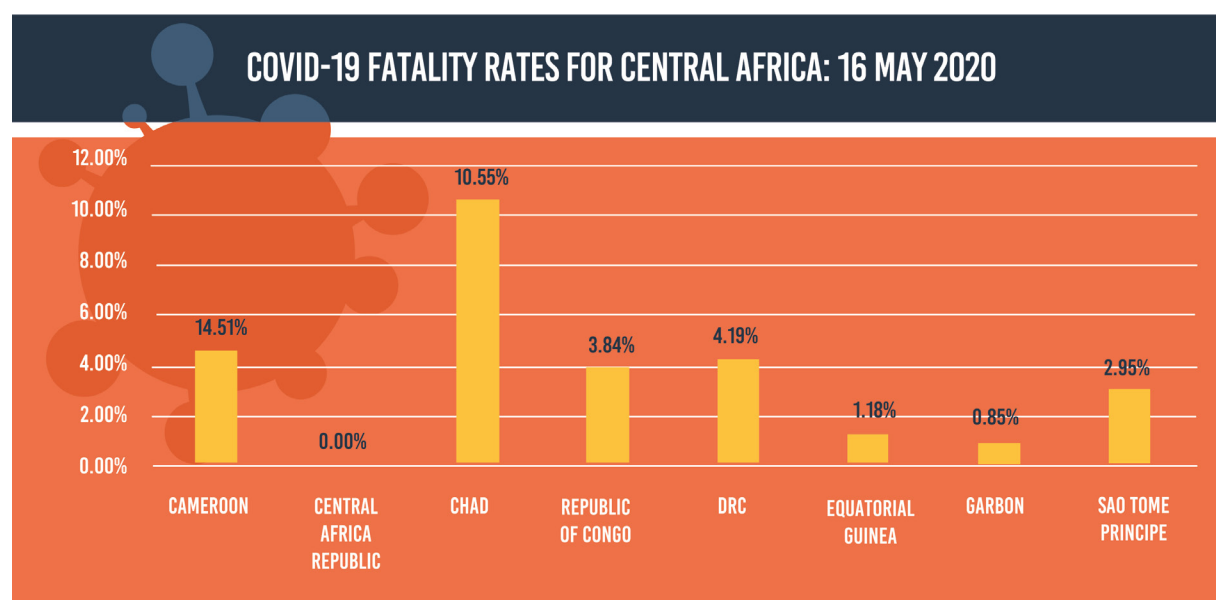


Source: APRM, May 2020

While Central Africa has registered the second least number of cases on the continent, it has the second highest fatality rate. Within the region, Chad has the highest fatality rate (10.55%) followed by Cameroon (4.51%) and DRC (4.19%). Central Africa Republic did not register any Covid-19 related death up to 16th May 2020. It is important, however, to factor in

the peculiar security conditions pertaining to this region. These circumstances place a disproportionately greater burden on public resources and demand a unique balance of priorities regarding human security challenges emanating from the pandemic versus those emanating from conflict and terrorism.

Figure 9: COVID-19 Fatality Rates for Central Africa



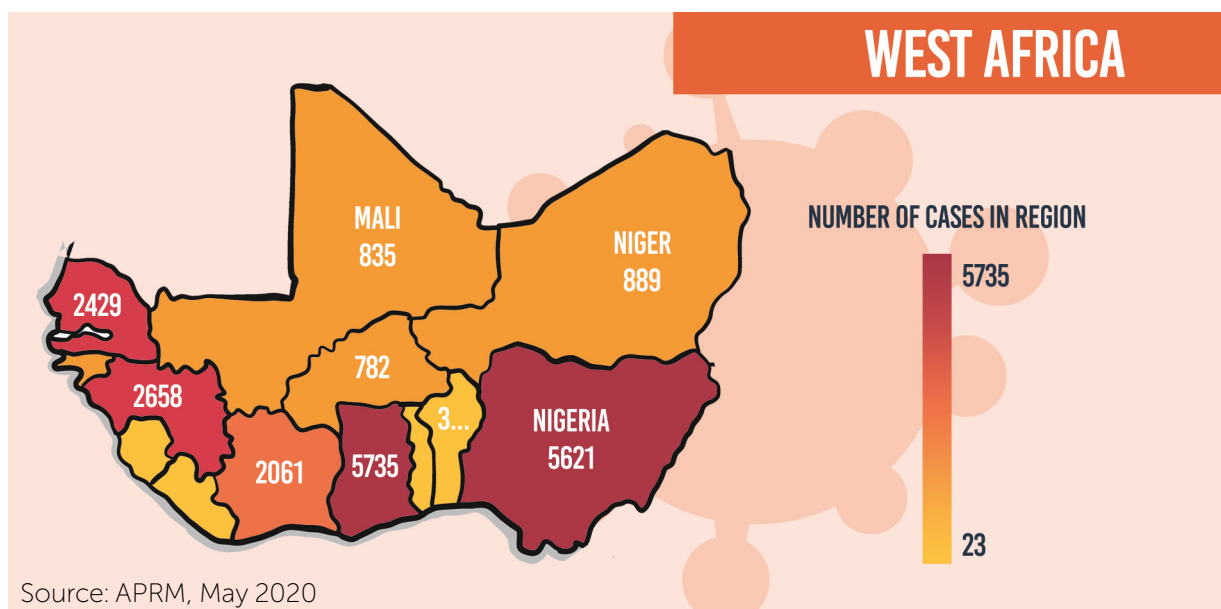
Source: APRM, May 2020

## 1.3 West Africa

The West Africa region is also confronted, in selected parts, with the triple human security threats in the form of conflict, migration and the pandemic. The region's proximity to Europe and the rest of the world, and its high population density all impact on the trends of the pandemic in the region, which now has the second highest rates of infection in Africa. As of 16th May 2020, West Africa had

registered a total of 23,652 cases, distributed as follows. Ghana has registered the highest cases of Covid-19 in the region, with 5,735 confirmed cases, 29 deaths and 1,754 recoveries, followed by Nigeria with 5,621 confirmed cases, 176 deaths and 1472 recoveries. The country with least cases is The Gambia, with 23 confirmed cases of Covid-19, 1 death and 12 recoveries.

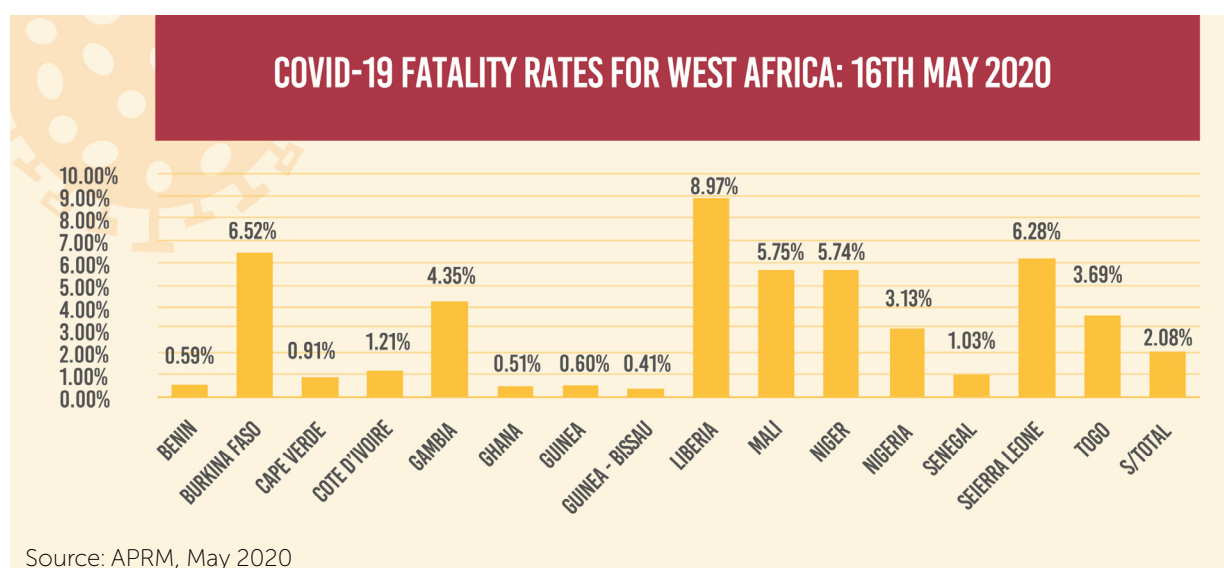
Figure 10: COVID-19 Fatality Rates in West African Countries



West Africa has registered the second highest number of infections, but the second lowest rate of fatality. This may be due to established capacities stemming from experiences in dealing with the Ebola crisis. The country with the highest fatality rate in the region is Liberia, with (8.97%), followed by Burkina Faso (6.52%) and Sierra Leone (6.28%).

These rates may suggest limited capacities of the health sector in these states. Seven countries out of the fifteen countries of the West Africa region have registered less than 2.00% fatality rate. These countries are Guinea Bissau (0.41%), Guinea (0.60%), Cabo Verde (0.91%), Ghana (0.51%), Senegal (1.03%), Cote d'Ivoire (1.21%) and Benin (0.59%).

Figure 11: COVID-19 Infection Rates in West African Countries



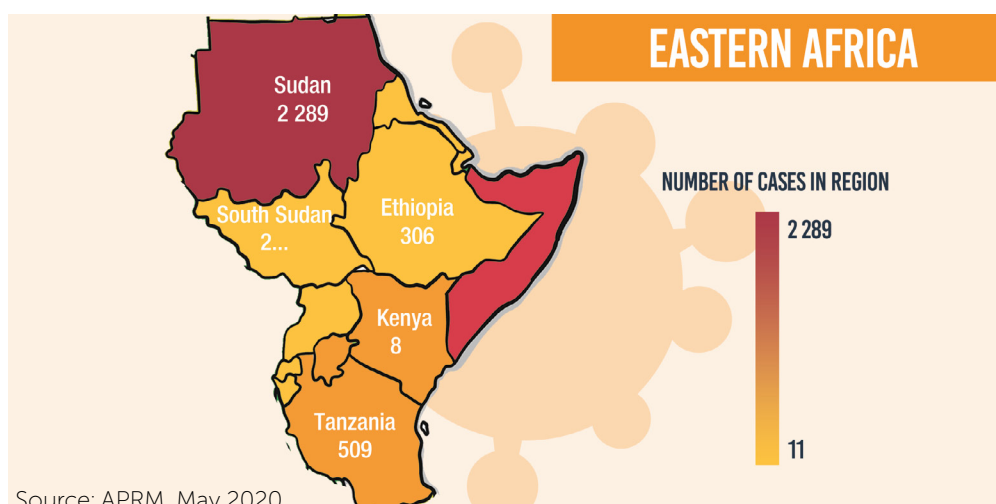


## 1.4 East Africa

The East Africa region, despite its broad human security challenges, has registered the least cases of Covid-19 infections. As of 16th May 2020, East Africa had registered a total of 7734 cases, distributed as follows. Sudan has registered the highest cases of Covid-19 in the region, with 2,289 confirmed cases, 97 deaths and 222 recoveries,

followed by Somalia, with 1357 confirmed cases, 55 deaths and 148 recoveries, and Djibouti with 1331 confirmed cases, 4 deaths and 950 recoveries. The countries with less cases are Seychelles and Burundi with 11 cases, no death and 10 recoveries and 27 cases, 1 death and 7 recoveries respectively.

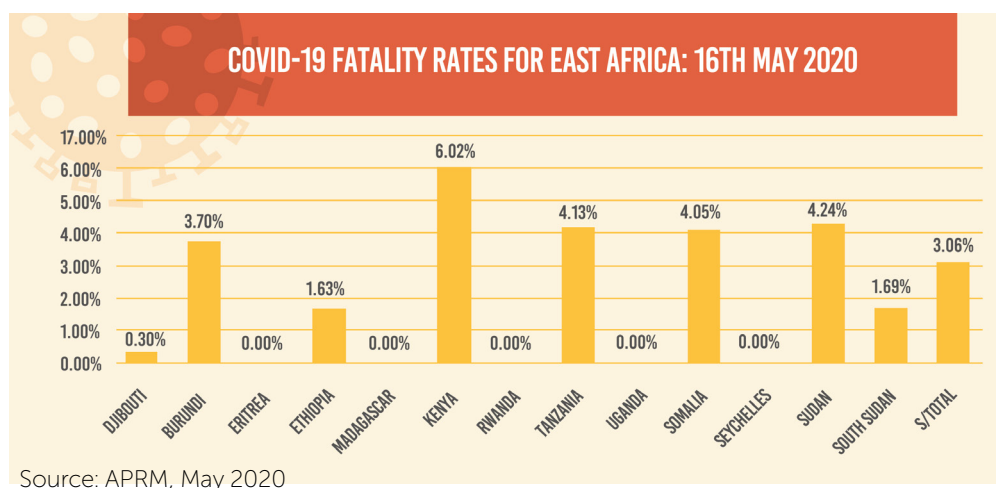
Figure 12: COVID-19 Cases in East African Countries



The region has the third highest fatality rates on the continent. Within the region, Kenya is the country which registered the highest fatality rates (6.02%), followed by Sudan, which registered 4.24%, and Tanzania with 4.13%. More than 50% of the

countries in the region have registered less than 2.00% fatality rate. These countries are South Sudan (1.69%), Uganda (0.00%), Rwanda (0.00%), Seychelles (0.00%), Eritrea (0.00%), Madagascar (0.00%), and Djibouti (0.30%).

Figure 13: COVID-19 Fatality Rates in East African Countries

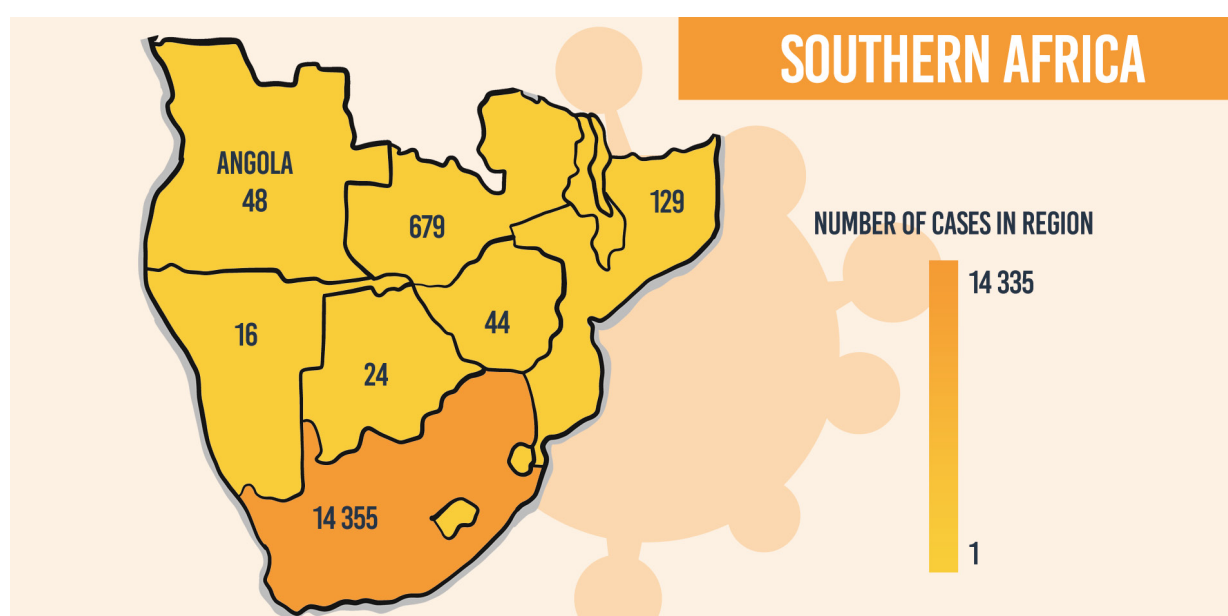


## 1.5 Southern Africa

As of 16th May 2020, only Lesotho remains as the country in the region with only one reported case of COVID-19. In Southern Africa, the highest number of Covid-19 confirmed cases has been reported in South Africa, which registered 90.31% of the total number of infection cases in the region. The following map gives the repartition of case ,

within the region. The other countries of the region have less than 10% of the total confirmed cases of Covid-19 in the region. South Africa is the most globally connected country in the region, with ports that have relatively much higher traffic with the rest of the world in comparison to other countries.

Figure 14: COVID-19 Infection Cases in Southern Africa

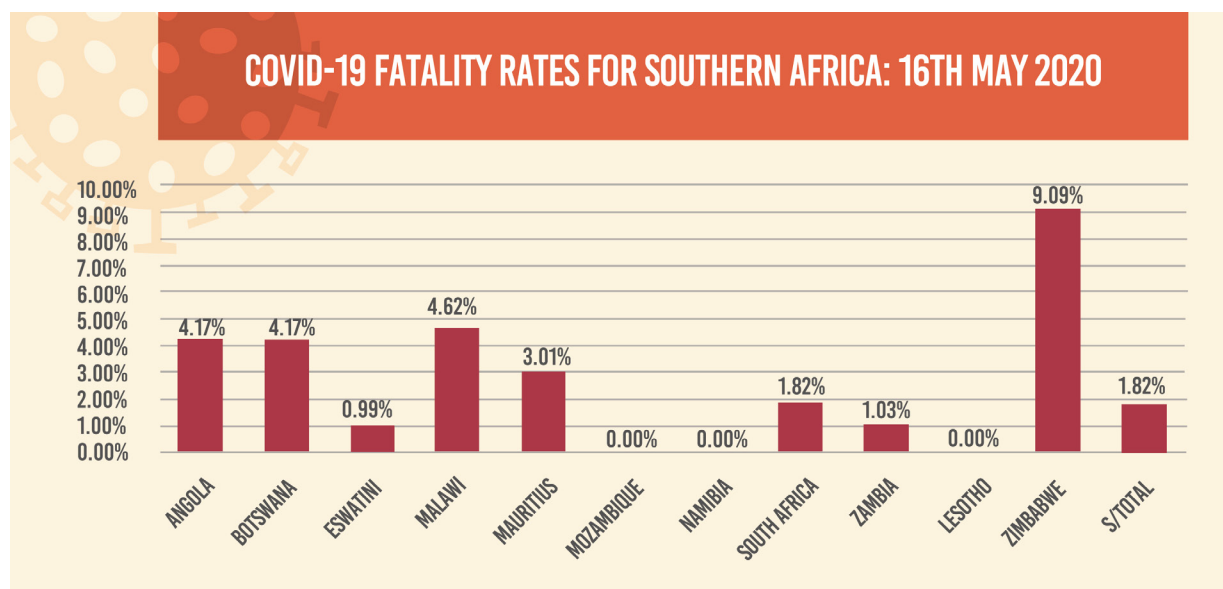


Source: APRM, May 2020

As a region, however, southern Africa has the lowest fatality rate (1.82%). This can be explained by several factors, which include better developed health infrastructure in South Africa (the country with the highest case load) and an early response. But an accurate assessment of the factors is only scientifically feasible in the mid-term. Within the region, Zimbabwe is the country with the highest fatality rate (9.09%), followed by Malawi (4.62%). These high fatality rates owe to the small number of

cases that are mostly captured (tested) when persons report signs and symptoms or present themselves at medical facilities sick. There is no broad testing. Currently, fifty per cent of the countries of the region have less than 2.00% fatality rate. These countries are Lesotho, Zambia, Eswatini, Namibia, Mozambique, and South Africa. Despite the highest confirmed cases of Covid-19, south Africa is among the countries with low fatality rate (less than 2.00%).

Figure 15: COVID-19 Fatality Rates in Southern African Countries



Source: APRM, May 2020

## 1.6 The Pandemic and Governance

As measures to contain COVID-19 place operational constraints on companies, organisations and institutions across both the public and the private sector, individuals are increasingly being constrained in their engagement and participation in the political and economic sectors of their respective countries. The limitations have also affected certain aspects of democratic processes and the wider civic life in countries where social containment measures have been introduced. Consequently, the quality of governance as understood in normal times has diminished. The risk of further marginalization of underrepresented groups may be heightened as the world and Africa grapple with the COVID-19 pandemic.

Table 1 below shows ten countries in Africa that are scheduled to have presidential elections in

2020 as prescribed under their respective constitutions. There is good reason to believe that the COVID-19 pandemic may impact the conduct of democratic elections in Africa due to lockdowns and other social distancing measures which have been imposed by almost all countries. For example, Burundi, which is scheduled to hold its general elections on May 20, has warned that international observers will be placed under mandatory 14-day quarantine due to Covid-19<sup>3</sup>. But, as Table 1 shows, to date, only Ethiopia has postponed its scheduled election. Pandemic-related concerns are not far-fetched or unfounded. For example, when the Republic of Guinea held its legislative elections in March 2020, some of the officials in the national election management body were infected by the virus, and at least one case was fatal.

Table 1: African Presidential/Legislative Elections in 2020

Country	Type of Election	Date (2020)/ status	Covid19 confirmed cases
Togo	Presidential	22 February - Concluded	199
Burundi	Presidential and Legislative	20 May	27
Malawi	Presidential	July	58
Ethiopia	Parliamentary	16 August (postponed due to Covid-19)	261
Seychelles	Presidential	December	11
Tanzania	Presidential and Legislative	4 October	509
Cote d'Ivoire	Presidential and Legislative	31 October	1857
Guinea	Presidential	October	2298
Burkina Faso	Presidential and Legislative	November	766
Ghana	Presidential and Legislative	7 December	5127
Central African Republic	Presidential and Legislative	27 December	179
Niger	Presidential and Legislative	27 December	854
Somalia	Parliamentary	December	1170

Source: Electoral Institute for Sustainable Democracy in Africa (EISA), 2020 African Elections Calendar (updated December 2019) <https://www.eisa.org.za/calendar2020.php>, accessed May 14, 2020. WHO Africa Update 13.05.20

Further, COVID-19 and the resultant containment measures have also created major disruptions to businesses and have resulted in the large-scale shutdown of economic activity. Responsible business conduct as well as the role of the private sector in Africa to contribute towards the response to COVID-19 on the continent remains a pivotal focus of corporate governance in Africa. Currently,

response to the pandemic in state-owned enterprises and the private sector. Most African countries that have been reviewed by APRM are yet to develop frameworks to guide responsible business conduct and corporate social responsibility in the context of COVID-19 there is no continental framework to guide the.

## 1.7 Gendered Governance Response

Whilst responses to pandemics, particularly COVID-19, have been widely discussed, the gendered dynamics and impact, remain inadequately explored<sup>4</sup>. Gender dimensions are socially, economically, politically and physically constructed and motivated.<sup>5</sup> Considering how the African continent dealt with pandemic outbreaks such as the Ebola and Zika viruses, there is great necessity to rethink the governance-gender nexus pertaining to the response of countries to current and future pandemics.

The intersection between gender and governance is important vis-à-vis i) the decision-making processes and the likely impact of not giving consideration to gender assumptions and dynamics; ii) the incorporation of a gendered perspective in establishing governance mechanisms for disaster preparedness and response to pandemics; iii) and the use of a inform policy and the epistemic assumptions on gendered lens to governance.

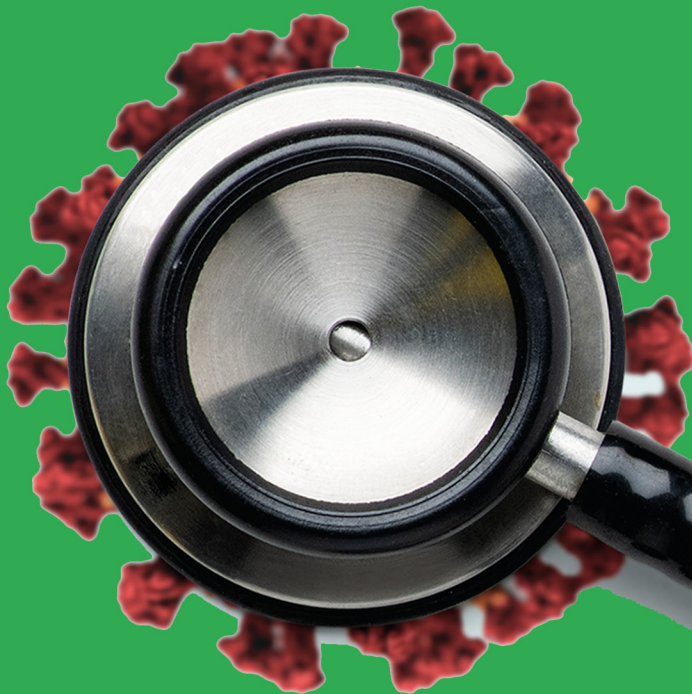
<sup>3</sup> <https://savannanews.com/burundi-election-observers-quarantined-for-14-days-11-days-from-election/>

<sup>4</sup> Harman, Sophie (2016) 'Ebola, gender and conspicuously invisible women in global health governance', *Third World Quarterly* 37(3): 524–41 doi: 10.1080/01436597.2015.1108827.

<sup>5</sup> Julia Smith (2019) Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, *Gender & Development*, 27:2,355–369, DOI: 10.1080/13552074.2019.1615288



# SECTION 02

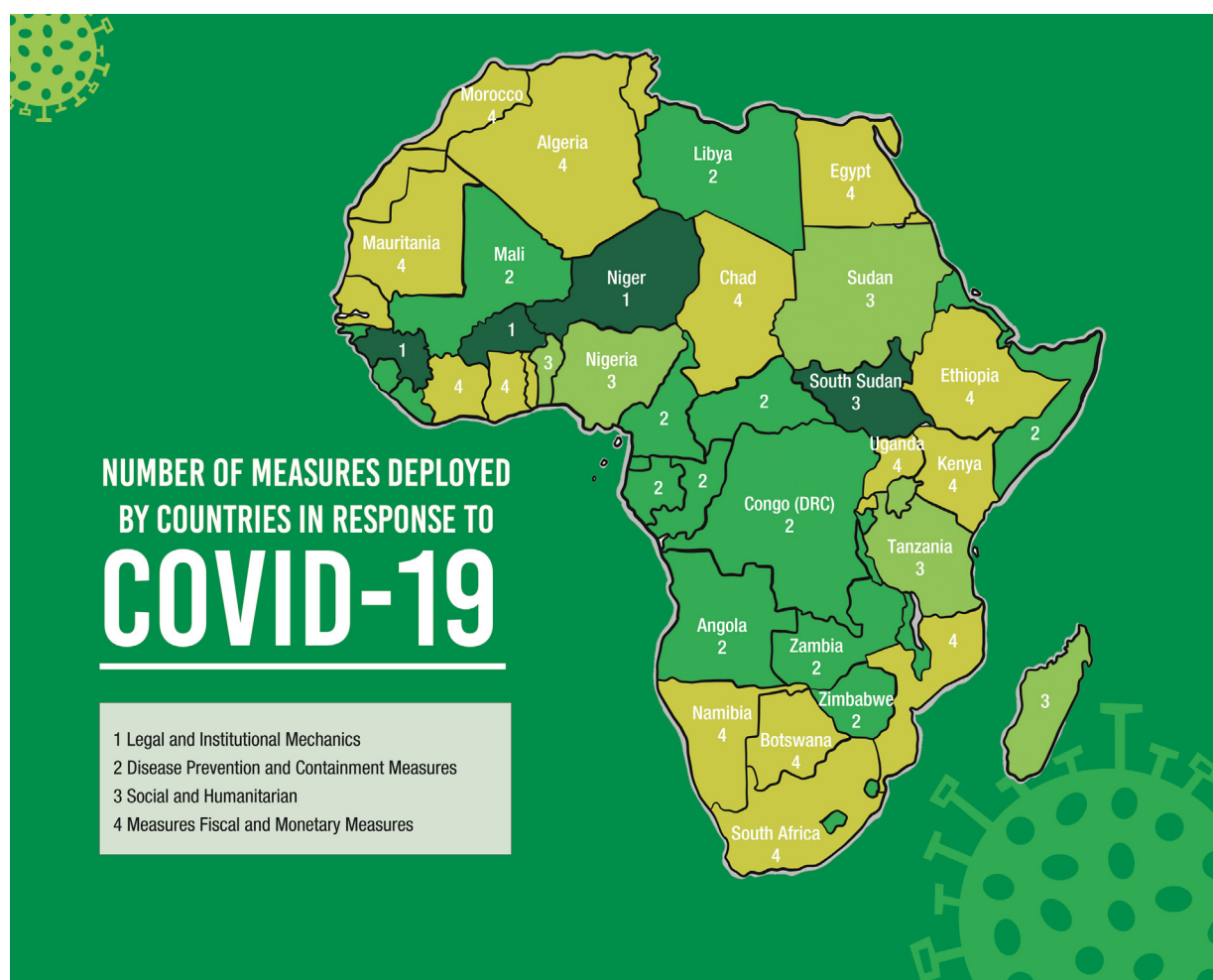


# SPECIFIC NATIONAL LEVEL RESPONSE TO COVID-19

At the national level, AU member states have either deployed existing legal and institutional mechanisms or established new ones to respond to the pandemic. These mechanisms have administered various response measures, which fall in four categories: 1. legal and institutional mechanisms, 2. disease prevention and containment measures, 3. social and humanitarian measures, and 4. fiscal and monetary measures. From a governance perspective, it would be useful to examine the processes by which these measures are imposed and implemented (for instance, are

these processes participatory?), whether they are effective in terms of ensuring desirable outcomes, how they are impacting the enjoyment of human rights, whether they ensure the equal treatment of citizens, and whether they facilitate the accountability of government to the public. Figure 16 below is an overview of the degree to which various member states of the AU have implemented the four measures and policy responses. The figure shows that apart from a few countries (numbered 1), most have instituted all four categories of measures (numbered 4).

Figure 16: Scope of measures by Member States



## 2.1 Legal and Institutional Mechanisms

The legal and institutional mechanisms deployed by African states in the management of the COVID-19 crisis have included national scientific commissions, monitoring committees, emergency committees and inter-ministerial committees. Several countries have also developed preparedness and response plans. Further, some countries, such as Malawi and South Africa, have laws (national legislation) on disaster preparedness and management, although it is not clear thus far whether or how they are deploying these laws to manage the COVID-19 pandemic. For the most part, African states have established ad hoc legal and institutional mechanisms to respond to the pandemic.

For example, Algeria has used its national scientific commission to manage the COVID-19 pandemic, while Mozambique has established an advisory technical and scientific committee. Other countries such as Morocco, Nigeria, Togo and Tunisia have established strategic monitoring committees, crisis committees or coordination mechanisms. Yet other countries such as Chad, the Republic of Sudan, Lesotho and Uganda have developed preparedness and response plans. Some countries have also established ministerial or inter-ministerial committees to coordinate their responses to the pandemic. In Uganda's case, the Ministry of Health is spearheading the implementation of the country's Preparedness and Response Plan. In Djibouti the Ministry of Health is enhancing its preparedness to deal with the pandemic by building its capacity for surveillance, testing and quarantines. It is also building the capacity of health workers. The Republic of Sudan has developed a Multi-Hazard Emergency Health Preparedness Plan, which is

coordinated by a high-level emergency committee. Chad has established a Health Monitoring and Safety Unit, which the Presidency coordinates.

The rule of law and the role of public institutions in a country's preparedness and resilience in the context of the current Covid-19 is pivotal. The manner in which national public institutions have acted with effectiveness, transparency, sharing information and accountability in Africa reflects a stronger societal value inclination towards inclusiveness. Although African countries have been constantly criticized for being poorly governed, Africa's governance responses to Covid-19 indicates, to a great extent, a much better degree of institutional preparedness than had been assumed earlier.

This positive comparative difference between developed and developing countries notwithstanding, it is apparent that many member states lack the requisite legal and institutional mechanisms to handle crises of the magnitude of COVID-19. In order to be effective, legal and institutional mechanisms need to be inclusive and consider the needs of all stakeholders, particularly the vulnerable members of society. These mechanisms should also be accountable to the public for their decision-making, including reporting on the use of public resources and informing the public of their policies and actions. Public participation and accountability are also critical as they help to build social trust, without which affected publics may not comply with measures instituted to manage the pandemic and its impact. There is strong evidence that the one-size-fits-all model of quarantine/lockdown models may not be the foremost effective response to the pandemic.

## Box 1: Surgical Masks in Benin

## BENIN

Benin has been proactive in preventing the spread of COVID-19 pandemic in the country. Instituted measures include:

- Setting-up of an ad hoc inter-ministerial committee for the management of the health emergency associated with the COVID-19 pandemic and a committee of experts on COVID-19;
- Activation of the National Health Crisis Committee (CNCS) and the strengthening of health surveillance at all points of entry to our country, particularly at the Cotonou Airport and Port;
- Thirty million masks (surgical masks) were acquired by the Government during the period and made available to the population at subsidized pharmacy prices. In addition, the public transport operators were implored to provide their employees and passengers with appropriate masks or bibs;
- Decision by the Government to authorize the provision of chloroquine at a subsidized price to pharmaceutical pharmacies throughout the country and to the essential drug dispensing units of public health facilities with a view to optimizing therapeutic care in the best safety and control conditions. This therapy has been recommended on the basis of scientific evidence and evidence-based findings by the Government appointed expert medical committee;
- Decision taken to systematically screen communities at risk, in particular medical and paramedical personnel, security and defence forces personnel and the prison community (effective since 27 April 2020).



## 2.2 Disease Prevention and Containment Measures

Preventive and containment measures have included total or partial lockdowns, which have either been applied to entire countries or only parts thereof. The duration of these lockdowns also varies, and ranges from ten days (in Libya, for example) to indefinite (in South Africa, for example, although here the government periodically scales down the applicable preventive and containment measures). These lockdowns entail the closure of schools, the banning of public gatherings (including religious gatherings in most cases, Tanzania being an exception), and restrictions of movement and the closure of all businesses, save for providers of what the government declares to be "essential services," which have included critical workers, transport services, essential food and medicine production and retail operations, health workers, and those who maintain key infrastructure such as power, water and sanitation. Some countries have also established thresholds for public gatherings. In Zambia, for example, a meeting of less than 50 people is not considered a public gathering.

It should also be noted that what amounts to essential services may vary from country to country. In some countries, such as Egypt and Kenya, the

preventive and containment measures also entail dusk-to-dawn curfews, which again are either imposed nation-wide or only in regions or localities considered to be most affected. Countries such as Algeria have imposed total lockdowns in their most affected areas or provinces, while permitting free movement in other areas. Conversely, countries such as Egypt and Ethiopia have imposed nation-wide curfews. Unlike most countries, Tanzania has imposed the least restrictions on its citizens. Here, government and private enterprises continue to operate normally.

Invariably, the prevention and containment measures have either been preceded, or accompanied, by declarations of national states of emergency (or national disaster, as in the case of Malawi and South Africa, or national alarm as in the case of Equatorial Guinea). The result is that most countries are under both states of emergency and lockdowns.

Countries have also closed their borders, particularly with a view to reducing their exposure from high risk countries. In addition, countries such as Uganda have suspended refugee reception services.



## Box 2: Prevention and Containment Measures in Egypt

### EGYPT

Since the first recorded case, the government of the Arabic Republic of Egypt has stepped up efforts to enhance infection prevention, and provide mechanisms for testing patients through the establishment of 27 laboratories across the country and an additional four university laboratories.

The Government has also scaled up the Infection Prevention & Control (IPC) program with WHO, to prevent transmission & ensure patients & health workers are protected, expanding capacity to conduct tests.

Recurring 15-Day sterilization campaigns are carried out in cities and villages to stop the virus spread and setting up eight isolation hospitals with the capacity of 2000 beds with 1000 ICU beds and 400 ventilators. This is in addition to setting up field hospitals for the admission of mild and asymptomatic cases.





### Box 3: Moratorium on retrenchments in Namibia

#### NAMIBIA

Since the first recorded case on 13 March 2020, the Government of Namibia has moved swiftly in implementing measures to counter the spread of the virus. National efforts to contain the virus began by the declaration of State of Emergency on 17 March 2020 and adaptation of other containment measures. These include establishment of isolation treatment facilities, 14 days mandatory quarantine, community awareness campaign, a call centre to report suspected cases of COVID 19, as well as contact tracing, and a once-off grant payment to the most vulnerable.

Despite having one of the lowest infection rates so far of the continent, the Government of Namibia has rolled out economic stimulus and relief package to mitigate the socio-economic impact of the pandemic. These include direct support to business, household and labour market support to hardest hit sectors namely travel, tourism, aviation and construction, food and water subsidy. In addition, the government has directed the private sector to ensure no retrenchments of workers takes place during the lockdown period.

The government has also unveiled plans for free water and food subsidy during the lockdown aimed at ensuring that all Namibians have access to food and portable water during the lockdown and in order to ensure public hygiene is maintained.



Other commonly used containment measures are quarantines (the systematic isolation of infected persons or those suspected to be infected), the tracking and tracing of the contacts of infected persons (for which South Africa is using mobile technology), the encouragement of social distancing, encouraging citizens to wash their hands frequently, and the wearing of protective and preventive equipment such as face masks. With respect to handwashing, Sierra Leone has installed handwashing stations in many of its health facilities, markets and schools.

Typically, in most countries, persons arriving from areas or countries highly affected by the virus are obliged to undergo a two-week quarantine (one month in the case of the Republic of Sudan). These quarantines are administered in different ways. In some cases, the affected individuals are required to self-quarantine. In other cases, they are quarantined in government facilities or hotels, either at their expense or at the expense of the government. Thus, in Kenya and Ethiopia, affected travellers are quarantined at their expense. A common challenge, however, is that the affected travellers may not be able to afford the quarantine expenses. Further, requiring infected persons to meet the quarantine costs may be counterproductive as it could discourage people from getting tested.

Invariably, countries have tasked their security forces (including the police and armed forces) to enforce the prevention and containment measures, with varying outcomes and impacts.

Another challenge for member states has been ensuring the availability and accessibility of personal protective equipment. Egypt has sought to resolve this challenge by tasking its state-owned enterprises linked to the military to produce the required preventive and protective equipment.

Similarly, Mozambique has sought to redirect its industrial sector toward the production of goods required for the prevention and mitigation of the pandemic.

As far as treatment of those suffering from COVID-19 is concerned, Cameroon has established specialized treatment centers in its regional capitals. Senegal is also spearheading the development of affordable (\$1) testing kits, working with its research institutions.

The disease containment and prevention measures have implications for citizens' enjoyment of human rights. For example, quarantines may have adverse impacts on the ability of vulnerable groups to earn a living (since they are likely to lose their jobs as they cannot go to work) and access basic necessities such as food and healthcare. Such groups also often do not have access to social security, and so measures such as quarantines are likely to have harmful consequences for them.

These measures should therefore be imposed and implemented within a framework that respects the rule of law and the human rights of citizens. In this respect, the International Covenant on Civil and Political Rights permits states to take measures that derogate from their obligations under this Covenant in emergency situations (Article 4). However, the Covenant only permits such derogations where a state officially proclaims a state of emergency and the measures it proposes are proportional, meaning that they are strictly required by the exigencies of the emergency. Further, the Covenant prohibits derogations from certain fundamental rights, including the right to life, prohibition of cruel or inhuman punishment, and the principle of legality. In contrast, the African Charter on Human and Peoples' Rights does not allow member states to derogate from their

treaty obligations during emergency situations.

In countries, such as Kenya and Malawi, the courts have therefore ruled that declarations of states of emergency must be made within the framework of the law, and that the use of force in enforcing curfews is unreasonable and security forces need to respect citizens' rights to life and dignity. These courts are also insisting that individuals who are being

temporarily held in quarantine are to be treated at all times as free agents, except for the limitations necessarily placed upon them in accordance with the rule of law and on the basis of scientific evidence. Thus, the containment and prevention measures should not constitute punishment. Further, member states need to ensure that these measures are implemented in a manner that does not undermine livelihoods, particularly of vulnerable populations.

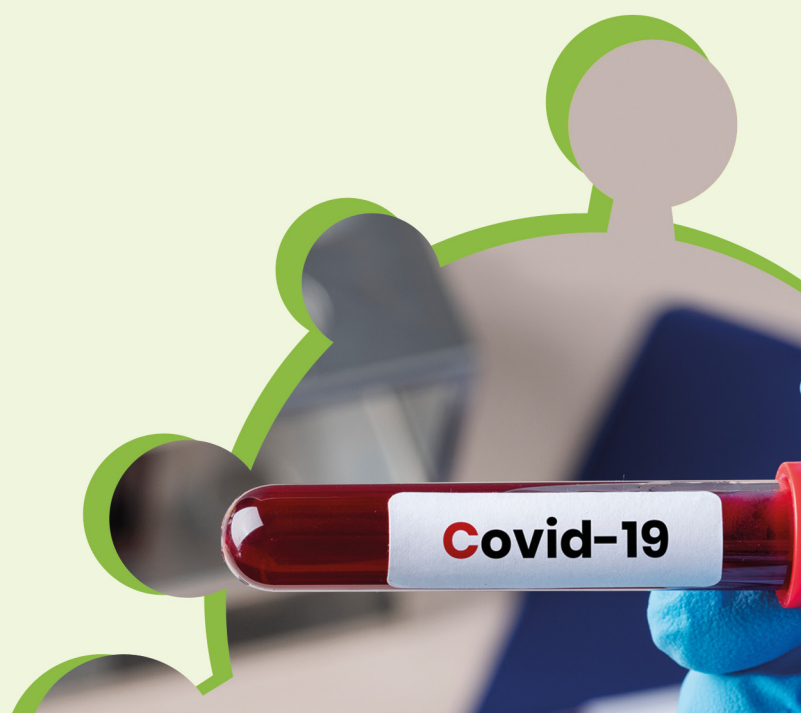


## Box 4: Mobile screening laboratories in Togo

## TOGO

Togo has been proactive in combatting the spread of COVID-19 pandemic in the country by instituting, for example, the following measures:

- A two-week suspension, with effect from Friday 20 March 2020, of all flights from high-risk countries-- Italy, France, Spain and Germany;
- The issuance by the president of the Republic of a decree establishing an inter-ministerial body to manage the health crisis caused by COVID-19, known as the National Coordination for Response Management in Togo (CNGR Covid-19). This body is responsible for ensuring inter-ministerial coordination of the implementation of government decisions, their preparation and execution, the centralization and analysis of all information on the pandemic, the design of early warning and response strategies, and the planning, programming and monitoring and evaluation of response interventions;
- The establishment of a local response management committee which reports to the national coordination body;
- The dedication of a hospital (CHR Lomé Municipality) to patient care, as well as a hotel in the capital for quarantine;
- The creation of a five-thousand-man strong special anti-pandemic force;
- The establishment of mobile laboratories for screening within the country;
- The launch of a cash transfer programme for the most vulnerable, called NOVISSI; and
- The introduction of specific support measures to sustain agricultural production and ensure food self-sufficiency, and the establishment of a National Solidarity and Economic Recovery Fund of 400 billion CFA francs.



## 2.3 Social and Humanitarian Measures

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Various countries have established special funds to help them manage the social and humanitarian impacts of the pandemic. Several, such as Sao Tome and Principe, have received grants from international institutions like the World Bank to fund their emergency responses. Similarly, Kenya received funding from the World Bank, as a contribution to its COVID-19 Emergency Response Project Fund. Zimbabwe also launched a domestic and international humanitarian appeal for USD 2.2 billion to cater for the pandemic, including critical health spending, water and sanitation, hygiene, food security and social protection. Mali has dedicated some USD 10.4 million to dealing with the pandemic. Togo has established a USD 663 million National Solidarity and Economic Relief Fund to support agricultural production and ensure food security.

Countries such as Angola, Djibouti, Mozambique and the Republic of Sudan have substantially increased their healthcare spending to respond to the Coronavirus and are granting tax exemptions for humanitarian aid and donations. South Africa has established special funds to cater for workers with an income below a certain threshold for the duration of four months, assist SMEs under stress, particularly the tourism and hospitality sectors, and help the most vulnerable members of society to absorb the economic impact of the pandemic.

Morocco and Tunisia have tasked their national social security institutions with responding to the vulnerabilities introduced by the pandemic. Their strategic monitoring committees referred to above support employees who are registered with national security institutions. They also assist the vulnerable, particularly those in the informal sector, who are vulnerable to shocks regarding economic, social or medical protection. Egypt has extended social protection to support vulnerable families. Ghana has suspended the payment of utility bills for a period of three months, which terminates in June 2020. It has also established a Coronavirus Alleviation Program, which is a social protection initiative that seeks to support vulnerable households and SMEs.

Some governments, such as Botswana and Lesotho have issued subsidies to supplement the wages of workers in the private sector affected by measures such as lockdowns. The Republic of Sudan is considering boosting its social safety net by USD 1.5 billion within three months. It has also announced a significant increase in the salaries of public sector employees, and dedicated funds to support families affected by lockdown measures. Togo has launched a money transfer program to help citizens most affected by the crisis. It is also providing vulnerable social groups with free water and electricity for a period of three months.

## Box 5: COVID-19 Fund for SMEs in Ghana

## GHANA

Soon after the confirmation of its first COVID-19 case on 12 March 2020, the Republic of Ghana, under the leadership of Nana Akufo-Addo, put in place a series of measures to curb the spread of the COVID-19 virus. These measures include banning travel into Ghana; restrictions on movements; resourcing research and testing laboratories; and social interventions. On 30 March 2020, the president announced the imposition of partial lockdown for an initial period of two weeks from March 30. After its extension by one more week, the lockdown was finally lifted on 19 April. Additional measures include the local production and supply of personal protective equipment, enhanced surveillance, including intensive contact tracing and laboratory testing, and intensive public education.

The government established a COVID-19 National Trust Fund aimed at assisting the needy and the most vulnerable in the society. The Ghanaian private sector also set up a COVID-19 Fund worth GHc100 million to complement the efforts of government. As part of its support to small and medium enterprises, the government has allocated the amount of GHc600 million (about \$109 million) in soft loans to small and micro enterprises (SMEs) to sustain the country's affected industries.

The President initiated a national dialogue with key national stakeholders, namely opposition political parties, organised labour and health professionals among others, to jointly discuss a coordinated approach to the fight against the deadly virus.





## 2.4 Fiscal and Monetary Measures

AU member states are implementing various fiscal and monetary policies to manage the pandemic and its economic impacts. Thus, Egypt announced a USD 6.13 billion package, part of which is intended to support its health and tourism sectors. Egypt has also postponed the payment of real estate tax for three months, lowered energy costs for industries, lowered interest rates by 300 points, and postponed debt repayments by six months for firms and individuals alike. Similarly, Tunisia has established an emergency package plan that entails the postponement and exemptions of debt payments, and the rescheduling of taxes for low-income individuals. Angola has postponed the filing of taxes. The Reserve Bank of Malawi deferred interest rate payments and imposed a three-month moratorium on interest and principal repayments for loans for microfinance institutions and financial cooperatives. Namibia has launched an Economic Stimulus and Relief Package to meet increasing expenditures in health, wage subsidies, income grants, and guarantees to support low interest loans for small and agricultural businesses and individuals. Senegal has dedicated some USD 490 million for its economic sectors directly affected by the pandemic, including tourism, transport and agriculture. Part of these funds are being used to pay the salaries of retrenched staff.

South Africa's revenue administration has accelerated reimbursements and tax credits and allowed SMEs to defer certain tax liabilities. Cote d'Ivoire is facilitating the postponement of debt repayments particularly for SMEs. The Gambia Revenue Authority has extended the filing and payment of 2019 taxes by two months. Likewise, Senegal has escalated tax refunds to companies, deferred payment of taxes for small and medium enterprises up to 15 July 2020 and provided support through the renewal of all fixed-term

contracts. The South African Reserve Bank has also reduced the lending rate by 100 bps to 4.25 percent and instituted measures to ease liquidity strains in funding markets, while its government has launched a unified approach to enable banks to provide debt relief to borrowers. Kenya's central bank has lowered its policy rate by 100 bps to 7.25 percent and lowered commercial banks' cash reserve ratio by 100 bps to 4.25 percent. It has also increased the maximum tenor of repurchase agreements from 28 to 91 day, announced flexibility to banks regarding loan classification and provisioning for loans that were performing on March 2, 2020 but were restructured due to the pandemic. Further, it suspended the listing of negative credit information for borrowers whose loans became non-performing after April 1 for six months and encouraged commercial banks to extend flexibility to borrowers' loan terms.

Similarly, The Bank of Uganda has reduced its Central Bank Rate (CBR) by 1 percentage point, directed Supervised Financial Institutions (SFIs) to defer payments, provided liquidity to commercial banks, purchased treasury bonds held by microfinance deposit taking institutions and credit institutions, and granted exceptional permission to the SFIs to restructure loans of corporate and individual customers. It has also issued guidelines for the SFIs on credit relief and loan restructuring. The Gambia's central bank has increased its monitoring of commercial banks' forex net open positions and committed to maintaining flexible exchange rates to absorb balance-of-payments (BOP) shocks. Many of the central banks are also increasing their financial surveillance.

Countries have established special funds to manage COVID-19 and its impacts. Thus, Tunisia has established a special fund for businesses that

the pandemic has affected significantly, while Botswana has established a relief fund and seeks to stabilize businesses and ensure the availability of strategic supplies. Lesotho has set up a Contributory Fund and is using it to pay a subsidy to affected textiles workers, pay business rentals in May 2020 and defer certain taxes until September 2020 as well as improve credit facilities for SMEs. Zambia has established an emergency fund to strengthen its preparedness and enhance public security during the pandemic. Ethiopia is planning to support enterprises and job creation in urban areas and industrial parks. It is also working to expand its Urban Productive Net Program in collaboration with the World Bank. Cote d'Ivoire has established a USD 490 million fund to support communities and corporations. Ghana has established a USD 1.5 million National Trust Fund.

Countries are also bolstering their financial and banking sectors. In this vein, various central banks have sought to ease liquidity conditions by reducing reserve requirements for banks and easing payment system transactions. Angola's central bank, for example, has reduced the rate on its seven-day permanent liquidity absorption facility by 3 percent, and provided about 0.5 percent of its GDP as liquidity support to banks and created a liquidity line equivalent to USD 186 million for the purchase of government securities from non-financial corporations. Zimbabwe has reverted to a multicurrency system, reducing the bank policy rate from 35 percent to 25 percent, reducing the statutory reserve ratio from 5 percent to 4.5 percent, and increasing private sector lending facility from ZW\$1 billion to ZW\$2.5 billion. Its central bank has also moved from a managed floating exchange rate system to a fixed exchange rate management system. The Bank of Uganda is providing exceptional liquidity assistance for a period of up to one year to financial institutions that need it, ensuring that the contingency plans

of supervised financial institutions guarantee the safety of customers and staff, instituting measures to minimize the likelihood of sound businesses going into insolvency due to lack of credit, and waiving limitations on restructuring of credit facilities at financial institutions that may be at risk of going into distress.

Yet another significant set of measures relates to taxation. In this respect, governments have imposed various tax relief measures. Kenya's measures include full income tax relief for persons earning below the equivalent of \$225 per month, and reductions of the top pay-as you earn rate from 30 to 25 percent, the base corporate income tax rate from 30 to 25 percent, the turnover tax rate on small businesses from 3 to 1 percent, and the standard VAT rate from 16 to 14 percent.

To minimize the use of bank notes, the governments of various AU member states such as Cote d'Ivoire, Kenya, Mozambique, Uganda and Zambia have persuaded mobile money operators to either reduce or remove user fees and charges for periods of about three months. These countries have also lowered fees and charges for other digital financial transactions.

## 2.5 Innovative Responses

Besides the four responses discussed above (categories 1 to 4), there are cases of innovation happening across the African continent that should be recognised. Among these is, for example, the Senegalese Ministry of Health, that, in collaboration with the Virology Laboratory of the l'Institut Pasteur de Dakar, created the \$1 COVID 19 diagnostic testing kit. This innovation has enabled the government to rapidly detect infections in ten minutes without exorbitant costs<sup>6</sup>.

## Box 6: Repatriation of nationals in Seychelles

## SEYCHELLES

In mitigating the impact of the outbreak on its citizens, the Government of Seychelles established a strong political and public health leadership focusing mainly on early monitoring of international and regional trends, continuously producing and updating advisories for people not to travel to affected areas, developing an effective multi-sectoral inter-sectoral outlook developed over recent years. The country's response also relied on a robust health system, with a strong integrated disease surveillance and response infrastructure, as well as close collaboration with key partners, i.e. Department of Foreign Affairs, Department of Employment, Attorney General Office, Police and Military.

The country's overall response benefitted from an existing National Department for Disaster and Risk Management with a National Disaster Master Plan and infrastructure, which quickly kicked in to reinforce the health sector response. Additionally, the Department of Foreign Affairs and its satellite embassies mobilised international assistance and facilitated importation and transportation of vital medical supplies, consular services, and repatriation of Seychellois nationals. To ensure compliance with precautionary measures, a broad sensitisation campaign was launched with support from artists and other opinion leaders.

Some African governments such as South Africa, Uganda, Kenya and Liberia have provided incentives to support local industries to re-tool and produce affordable protective and infection prevention products. This has also fostered the use of 3D printing of medical masks and mass production of facemasks. Similarly, some governments have adopted country-specific, context-specific coding of threat level alerts for COVID-19. The alert level defines the parameters of authority. This is a critical measure for transparency and accountability of the state. The Government of South Africa, for instance, has responded to the pandemic by centralising information updates through the establishment of a governmental information portal and regular nationwide briefings on COVID 19 <sup>7</sup>.

6 <https://www.aljazeera.com/news/2020/04/senegal-trials-1-COVID-19-test-kit-200428132313740.html>; Tunisia -<http://www.santetunisie.rns.tn/images/plan-preliminaire.pdf>; Soa Tome and Principe- <http://ms.gov.st> ; [https://www.moh.gov.zm/?page\\_id=6366](https://www.moh.gov.zm/?page_id=6366); <https://www.moh.go.tz/en/>; <https://moh.gov.rw/index.php?id=188>; <https://www.health.gov.mw/index.php/downloads/category/7-covid19-information>(Accessed 28.04.2020). <https://sacoronavirus.co.za/2020/04/28/update-on-COVID-19-28th-april-2020-with-media-presentation/>

## Box 7: Production of ventilators in Nigeria

## NIGERIA

At the regional level, President Muhammadu Buhari, president of the Federal Republic of Nigeria was designated to champion the ECOWAS regional coordination of the COVID-19 response. At the national level, Nigeria has implemented a vast array of initiatives to contain the spread of Covid 19, including the constitution and inauguration of the Taskforce Committee on COVID -19 to coordinate national efforts to combat the spread of the virus and ensure efficiency and effectiveness in line with the Nigerian Action Plan on Health Security. The establishment of the National Centre for Disease Control (NCDC) is a commendable practice in Nigeria's response infrastructure.

The NCDC was mandated to lead the prevention, detection and response to infectious disease outbreaks and public health threats, and to maintain a network of specialized and reference laboratories for pathogen detection, disease surveillance and outbreak response. The establishment of multi-sectoral National Emergency Operation Centres (EOC) to coordinate the National response activities, the production of face masks by local textile industries and local ventilators as well as disease dictator machines by ministry of science and technology strengthened the country's response to the pandemic.





# SECTION 03



# CONTINENTAL AND SUB-REGIONAL RESPONSES

## 3.1 Innovative Responses

When the WHO declared COVID-19 an international public health emergency on 30th January 2020, Africa, through its regional institutions - the AU and the REC - moved swiftly to take strong action to stop the spread of the virus on the continent. They adopted a united, coordinated approach based on the values of Pan-Africanism and solidarity.

It is the contention of this report that a regional response is critical in the fight against COVID-19, and that this response should be based on international solidarity and Pan Africanism. Because of the nature of its epidemiology, this virus cannot be effectively and successfully fought and contained through an inward-looking, national strategy, with countries acting as isolated individual entities, each working on its own and standing alone. In the face of COVID-19, exclusive and narrow nationalism has limitations as a strategy. For their response to succeed, countries have to deploy their national measures in coordination and concert with their neighbours and other actors in the international community. This virus respects no physical boundary and knows no nationality. Nationalism is undeniably important, but it can take a country only so far. Therefore, Africa's continental response should be appreciated, commended and encouraged.

The regional response to COVID-19 is a dimension of global governance. Regional organisations can develop and deploy mechanisms and instruments to guide, facilitate and support the efforts of their member states. Regional governance tools and meetings convened by these regional bodies are

essential to a well-coordinated regional, collective response that is necessary to complement and reinforce responses at national level. Africa offers examples of best practice that can be emulated by other regions in the world.

### a. Joint Strategy

First is the "Africa Joint Continental Strategy for COVID-19 Outbreak" adopted by African health ministers in February 2020. The Joint strategy has two goals namely: i) prevent severe illness and death from COVID-19 infection in Member States; ii) minimize social disruption and economic consequences of COVID-19 outbreaks. To achieve these goals the strategy seeks to coordinate efforts of member states, AU agencies, the WHO, and other partners to ensure synergy and to minimize duplication and to promote evidence-based public health practice for surveillance, prevention, diagnosis, treatment, and control of COVID-19.

The AU response to the corona outbreak is managed by the Africa CDC through two major operational units: Africa Task Force for Coronavirus (AFTCOR) and Africa CDC's Incident Management System. This level of organisation and coordination is indeed remarkable, considering that Africa CDC has only been launched three years ago

Since then, the AU and the Africa CDC have been an important convening power of coordination and joint standard setting for AU member states. In addition to the emergency meeting of health ministers, African ministers of finance held a virtual meeting in March to discuss the likely fiscal consequences and strategies to tackle them. Weekly webinars are organised, bringing together clinicians from across the continent to exchange information and experiences. This is very useful, given the fact that several countries across Africa have wide



ranging and vast experience in managing infectious disease outbreaks and epidemics.

### **b. Centralised Provision of Technical Support**

Second, Africa CDC has provided important technical expertise and support to African countries as part of Africa Joint Continental Strategy for COVID-19 outbreak through the Africa Task Force for Coronavirus (AFTCOR) in six technical areas: surveillance, including screening at points-of-entry; infection prevention and control in healthcare facilities; clinical management of persons with severe COVID-19 infection; laboratory diagnosis and subtyping; risk communications; and supply chain and stockpiling. Another important area has been the expansion of laboratories testing capacities for COVID-19. According to the WHO, only two countries had laboratories that could test for COVID-19 at the beginning of the outbreak (January 2020). Today, 48 African countries have such laboratories. Africa CDC with the WHO have led the expansion of testing capacities across the continent by providing testing kits and training health workers. Commendably Africa CDC plans to scale up testing capacity on the continent to ensure that at least 10 million tests are conducted in the next four months through the AU Partnership for Accelerated COVID-19 Testing Initiative (PACT).

### **c. Multilateral Approach to Resource**

#### **Mobilisation**

Third and critical for effective implementation, the African continental joint response in fighting COVID-19 pandemic has been the resources mobilisation. Early in March, the current AU Chair, President Cyril Ramaphosa of South Africa, convened a virtual meeting of the AU Bureau of Heads of State, which in addition to South Africa currently comprises Mali, Kenya, the Democratic Republic of the Congo, and Egypt. The heads of state were joined by the chairperson of the AU Commission and the director of Africa CDC. The

AU Bureau inter alia decided to establish an African Coronavirus Fund to which the AU Bureau immediately contributed 12.5 million USD as seed funding. The private sector including African banks have also signed up to the fund, with pledges amounting to US\$ 61 million dollars as of 29 April 2020. An advisory board consisting of public and private sector representatives has been established to oversee management of the Fund, together with an experts' panel (special envoys), composed of committed African personalities with experience in fund-raising.

Africa's joint response to COVID-19 has also been orchestrated within the coordinated efforts of RECs. Accordingly, on 29 April 2020, a teleconference meeting of the AU Bureau of Heads of State and Government was held with the heads of state, chairpersons of the AU RECs with the purpose of apprising the chairpersons of the RECs of the AU about the actions and initiatives undertaken by the AU in response to the spread of the coronavirus pandemic on the continent. The Meeting also provided a platform for the Chairpersons of the RECs to brief the Bureau about regional measures taken in response to the COVID-19 pandemic. At the meeting, the heads of state and government endorsed the call for debt cancellation and the implementation of a comprehensive relief package for African countries in response to COVID-19. The heads of state and government reaffirmed their solidarity with Sudan and Zimbabwe and called for the lifting of sanctions against these countries in order to provide these fraternal republics the fiscal space to focus their resources and efforts in combatting the spread of COVID 19.

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<sup>8</sup> Communiqué of the Teleconference Meeting of the Bureau of the Assembly of the African Union (AU) Heads of State and Government with Chairpersons of the Regional Economic Communities (RECs) of the African Union held on 29 April 2020

#### d. Peace and Security and Governance Nexus

The peace and security community is concerned with the immediate governance measures and policy responses taken to contain the pandemic. These include the public restrictions on movement of persons, disruption of supply chains and closure of businesses and workplaces, all of which threaten livelihoods and impact on access to humanitarian assistance and security services by communities in the peripheral of major economic hubs. These measures and policies, therefore, arguably weaken the resilience and coping capacities of the said communities and in both the medium to long term, consequently deepening social fractures and conflicts. These challenges are most pronounced in Libya, Somalia and Eastern Democratic Republic of the Congo. Equally true is that the onset of COVID-19 has also hampered the implementation of peace and security agreements and arrangements, further exacerbating state fragility in conflict countries.

In recognition of this the UN and Regional Organizations called for a global ceasefire and cessation of hostilities on 23 March 2020 through a press release of the UN Secretary General (UNSG), Antonio Guterres. The aim was to facilitate the diplomatic and humanitarian actions needed for the delivery of lifesaving aid and, above all, crystalize the capacities of the world around one common fight and battle. The UN General Assembly adopted the UNSG call on 2 April 2020, which was also supported and endorsed by member states, civil society and others. According to the UNSG's report made, public on 3rd April, "a substantial number of parties to conflict have expressed their acceptance of the call", in such places as Cameroon, Central African Republic (CAR), Libya, South Sudan, and Sudan (and beyond Africa too). Additionally, the UNSG pointed out through his Twitter page that

"Peace is not just the absence of war. Many women under lockdown for COVID 19 face violence in spaces where they should be the safest: in their own homes. The UNSG urges all governments to put women's safety first as they respond to the pandemic". Unfortunately, it seems that the global clarion call for peace remains a challenge when it comes to implementation. In some cases, declarations made by the parties in conflict were quickly violated, the fighting continuing to increase in most theatres of conflict despite the fear of COVID 19, most notably in Libya, Eastern DRC, in the Sahel region and CAR.

On the continent, the AU Peace and Security Council (PSC), the chairperson of the Commission, the commissioner for peace and security and other AU policy organs produced preliminary statements on the security situation amid the pandemic. The PSC, which devoted its 918th meeting on 14 April 2020 to the "Impact of the Novel Coronavirus Disease Outbreak on Peace and Security in Africa", reiterated its call to those members of the 'international community' who have imposed sanctions and other punitive measures on some African countries, to immediately and unconditionally lift the sanctions. This would allow those countries to devote their efforts and resources to fighting the COVID-19 pandemic and regenerating their economies. The PSC's call is in line with the call made by the UNSG on 10th February 2020 at the AU Assembly of the Union, demanding that Sudan be removed from the US list of state sponsors of terrorism. The call was in recognition of Khartoum's positive strides to return to the international fold. It is important to highlight here that sanctioned countries are technically ineligible for debt relief and financing from the IMF and the World Bank. The lifting of sanctions should be part of the global strategic approach to combat the pandemic.

The PSC has also clearly emphasized the need for peace efforts to remain active to address the persistent surge in terrorist activity, criminal network activities, and trafficking, all of which have capitalised on the distraction from the pandemic. Hotspots include Somalia and the region controlled by Boko Haram in the Sahel. There is an express need to also address the spread of insecurity into new areas, such as the Islamic terrorists in Mozambique. In general, it appears, thus far, that the AU response to COVID-19 has predominantly focused on epidemiologic and economic recovery and a great deal more is yet to be directed at reconfiguring governance and security risks and impacts.

#### **a. Private Sector Response**

The AU and the Africa CDC have launched a public-private partnership with the Afro-Champions Initiative, known as the Africa COVID-19 Response Fund. The partnership aims to raise an initial US\$ 150 million for immediate needs to prevent transmission and up to US\$ 400 million to support sustainable medical response to the COVID-19 pandemic by pooling the resources required for the procurement of medical supplies and commodities; supporting the deployment of rapid responders across the continent as well as providing socio-economic support to the most vulnerable populations in Africa. The Africa COVID-19

#### **b. APRM Initial Response**

Response Fund is a financial instrument to mobilise and manage funds from the private sector in Africa. governance response to COVID-19. It has since launched virtual dialogues with member states and regional economic communities to provide a platform for sharing experiences on national governance responses to the epidemic. The APRM has encouraged country reporting on this crisis through the voluntary national reviews. The Mechanism is currently, on an ongoing basis, offering data on governance of COVID-19 through its platform on Agenda 2063 and other themed communities.

In addition to this study, the APRM has also revised its study on United Nations Committee of Experts on Public Administration (CEPA) Principles of effective governance for sustainable development (effectiveness, accountability, and inclusiveness) of UN SDGs Agenda 2030 Aspiration 16 & AU Agenda 2063 Aspirations 1 and 2. The study shall now embed an assessment of national executives and parliamentarian's awareness and policy-making approaches in dealing with COVID-19. Thus, the study shall accordingly respond to the Africa joint continental strategy for COVID-19 outbreak through promoting evidence-based public health practice for surveillance, prevention, diagnosis, treatment, and control of COVID-19.

## 3.2 Sub- Regional Level Response

The AU is comprised of eight RECs,) recognised as the building blocks of the African Economic Community, which was established in 1991 under the Abuja Treaty and provides the overarching framework for continental economic integration. These are: The Arab Maghreb Union (UMA); the Economic Community of West African States (ECOWAS); the East African Community (EAC); the Intergovernmental Authority on Development (IGAD); the Common Market for Eastern and Southern Africa (COMESA); the Southern African Development Community (SADC), the Economic Community of Central African States (ECCAS), and the Community of Sahel Saharan States (CEN-SAD). These RECs are not only key building blocks for economic integration, but they are also implementing arms of the AU. Accordingly, the RECs are an indispensable and pivotal institutional mechanism for the regional governance response to COVID-19 in Africa.

Since the declaration of the pandemic in January 2020, RECs across all five regions have responded differently to the fight against COVID-19. As Table 2 shows, some have held regional meetings for coordination, developed strategies and set standards

for their members, while others have disseminated information on COVID-19 and developed policy response options for their member states. The regional governance responses have varied based on the differences in mandates of the RECs. These responses fall into three categories – the political (summits of heads of state and government), the public health (through coordinated efforts of ministers of health), and the economic (regional measures adopted to facilitate the flow of goods and services related to the fight against the pandemic). **Table 2 illustrates the RECs' governance response to Covid-19 across the following four areas:**

- a) **Convening:** Did the REC hold meetings bringing together its member states?
- b) **Coordination:** Does the RECs have a centrally coordinated strategy and response?
- c) **Communication:** Has the REC set guidelines for and called for implementation of awareness programmes?
- d) **Solidarity:** Has the REC established a fund, supply of human resource such as medical professionals, etc?
- e) **International Outreach:** Did the REC engage with international partners?

Table 2: REC Response to Covid-19 in Africa

RECS	MEASURES AND STRATEGIES				
	Convening	Coordination	Communication	Solidarity	Int Out-reach
ECOWAS	1	1	1	1	1
SADC	1	1	1	1	1
COMESA	0	1	1	1	1
ECCAS	1	1	0	1*	1**
EAC	1	1	1	1	1
CEN-SAD	-	-	-	-	-
UMA	0	1	1	1	1
IGAD	1	1	0	1	1
UMA	0	1	0	1	1
IGAD	1	1	0	1	1

1 = Yes, 0 = No;

\*Making progress (e.g. ECAS is finalizing the drafting of the strategic plan, also finalizing the PARCIC project in which solidarity actions are included)

= No Information

#### a. ECOWAS<sup>9</sup> response

Before the advent of COVID-19, several member states of ECOWAS were in the midst of combating an equally serious threat in Boko Haram. In this REC, the fight against COVID-19 is coordinated by the West African Health Organization (WAHO), a regional Agency charged with the responsibility of safeguarding the health of the peoples in the West African sub-region through the initiation and harmonisation of the policies of member states, pooling of resources, coordination and cooperation among the member states for a collective and

strategic fight against the health problems of the sub-region.<sup>10</sup> Established in 1998, WAHO is the highest regional policy-making body responsible for directing the overall response. It has extensive experience in regional health sector governance, including the management of infectious disease outbreaks such as Ebola which ravaged the sub region in 2014. WAHO therefore provides the multilateral legal and institutional platform for the coordination of both the biomedical and public health response, as well as the governance response to COVID-19.

<sup>9</sup> ECOWAS is composed of 15 member states Benin, Burkina Faso, Cape Verde, Cote d' Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Sierra Leone, Senegal and Togo

<sup>10</sup> WAHO. <https://www.ecowas.int/institutions/west-african-health-organisation-waho/>. Retrieved on 8 April 2020.

On 14 February 2020, a few days after the declaration by WHO of COVID-19 as a Public Health Emergency of International Concern, WAHO convened an emergency meeting of the ministers of health of ECOWAS on preparedness and response to the outbreak of COVID-19, the first region in Africa to do so. WAHO has since developed operational guides for the fight against COVID-19 pandemic in the ECOWAS region; and an online training for healthcare workers on the use of these guides was held between 6-12 April 2020.

To buttress these efforts, the ECOWAS Authority of Heads of State and Government, under the chairmanship of H.E. Mr. Issoufou MAHAMADOU, president of the Republic of Niger, and current chair of the ECOWAS Authority of Heads of State and Government, held on 23 April 2020 a videoconference summit on the situation and impact of the coronavirus. The ECOWAS Summit appointed H.E. Muhammadu Buhari, president of the Federal Republic of Nigeria as Champion to coordinate the COVID-19 response and eradication process. In addition, the Heads of State and Government set up a Ministerial Coordination Committees on Health, Finance and Transport to coordinate regional efforts to fight the pandemic, under the supervision of the champion.

The ECOWAS Summit of Heads of State and Government took a number of decisions in terms of the fight against COVID-19 including inviting member states to make their contribution to the African Union Solidarity Fund and strengthen cooperation between the African CDC and the WAHO in order to make support to the ECOWAS member states more effective.

In terms of stabilisation and economic recovery, key decisions include developing, jointly, a response plan taking into account the fight against

the spread of the pandemic and a post-pandemic economic recovery plan; and issuing long-term treasury bills and bonds to finance critical investment needs, to support the private sector and revive economies

## **b. IGAD <sup>11</sup> Response to COVID-19**

The Intergovernmental Authority on Development (IGAD) which covers the eastern northern states.

It must be pointed out that COVID-19 impact is compounded by serious pre-existing challenges in the region, such as the worst desert locust invasion affecting Somalia, Kenya and Ethiopia, with devastating consequences for food security and livelihoods. The conflict in the South Sudan is another factor, as well as the fragile political transition unfolding in Sudan.

In their response to COVID-19, the leaders of IGAD convened an extraordinary Summit of Heads of State and Government of the region on March 30, 2020, via Video Conference to deliberate on a regional strategy. This Summit resolved, among other things, to formulate an IGAD Regional Response Strategy to address pandemic diseases, particularly COVID-19; establish an IGAD Emergency Fund for the control of pandemic diseases, strengthen health systems in the region; and mobilise support from IGAD medical professionals in the diaspora.

<sup>11</sup> IGAD comprises of Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda.

<sup>12</sup> The East African Community (EAC) is a regional economic community of 6 Partner States: Burundi, Kenya, Rwanda, South Sudan, the United Republic of Tanzania, and Uganda.



Following the Virtual Extraordinary Summit of Heads of States, the ministers of health and the ministers of finance of the group held their virtual meetings on 8th and 9th April 2020. This meeting took several decisions, the most important of which included availing funding from domestic resources for increasing disease surveillance and strengthening the institutional set up; and endorsing social protection and jobs programs in response to the pandemic through social assistance programs, social insurance, cash transfer and supply-side labour market interventions. IGAD has also called for support to suspension of sanctions on Sudan, South Sudan and Somalia to enable them access concessional and grant funding from International Financial Institutions (IFIs).

### **c. East Africa Community <sup>12</sup> Response to COVID-19**

The EAC governance response is coordinated within the Legal and Institutional Framework for Co-operation in Science, Technology and Innovation contained in the Governance of Science, Technology and Innovation of the Community, developed in 2012. On 25th March 2020, the EAC, Ministers Responsible for Health and EAC Affairs met to share knowledge and information on the COVID-19 outbreak, deliberate on the COVID-19 pandemic, map containment strategies to stem any further spread of the disease in the region, and develop a clear plan to mitigate against impacts caused by COVID -19 pandemic in the region.

Under the Mobile Laboratory Project, on 15th April 2020, the Community deployed nine mobile laboratories and Coronavirus test kits to all EAC Partner States in a bid to detect and respond to highly infectious diseases such as COVID-19.

### **d. Southern Africa Development Community (SADC) <sup>13</sup>**

On the 6th of April 2020, the Council of Ministers of the Southern African Development Community (SADC) convened an emergency virtual meeting. Among other things, the ministers adopted the regional guidelines for the harmonisation and facilitation of movement of critical goods and services across SADC during the COVID-19 pandemic.

The guidelines are aimed at, among other things, limiting the spread of COVID 19 through transport across borders; facilitating the implementation of transport-related national COVID19 measures in cross-border transportation; and facilitating flow of essential goods such as fuel, food and medicines.

Furthermore, the guidelines call for the simplification and automation of trade and transport facilitation processes and documents, information sharing and provision of guidance on the services to be provided by governments, transport operators and transport operators associations during the COVID-19 pandemic.

In addition to the guidelines adopted by the Council of Ministers, the SADC Secretariat has developed a booklet containing recommendations to member states around, among other things, scaling up COVID-19 testing, and maintaining essential health services during COVID-19 outbreak.

The SADC Secretariat has put in place a Regional COVID 19 Trade and Transport Facilitation Cell (RTTFC) in order to assist member states with the coordination of cooperation in implementing trade and transport related measures during the COVID-19 pandemic. Members states have also been encouraged to set up a national transport facilitation cell (NTTEC).

#### e. COMESA

As a regional trading bloc, COMESA has implemented its own collective response to the COVID-19 pandemic, with its member states establishing uniform standards to minimize the disruptions being experienced in the supply chain for essential goods. Eighty percent of workers in the bloc are employed in the informal sector, where all segments of value chains, from plants, logistics of distribution, to the role of shops and restaurants, have been disrupted. COMESA has called on member states to work together in bridging the gap

between policy intentions and implementation outcomes. To this end, COMESA has developed guidelines to restore faith in the commitments made by member states on cooperating in customs and border management, procedures and activities by simplifying and harmonizing their trade documentation and procedures. Further, COMESA has mapped out the trade sector response in its member states in the area of trade facilitation and business support. These assessments are considered against the preventive measures put in place by the member states.

<sup>13</sup> SADC has a membership of 16 Member States, namely; Angola, Botswana, Comoros, Democratic Republic of Congo (DRC), Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.



# SECTION 04





# GLOBAL GOVERNANCE ENABLERS

A conducive global environment is critical to countries in times of crises. In responding to the COVID-19 pandemic, African countries must navigate global factors, some of which are positive presenting opportunities to exploit, and others

to access international capital markets for sovereign bond issuance. Angola, Nigeria, Côte d'Ivoire, Benin and negative posing challenges to confront. These global enablers can enhance or hamper the ability of countries to effectively address the challenges of the pandemic. This Report dwells on one global enabler, that of global financial markets.

## 4.1 Global financial markets

Since the beginning of the COVID-19 crisis, nine member states have been downgraded – Angola, Botswana, Cameroon, Cape Verde, Democratic Republic of the Congo, Gabon, Nigeria, South Africa and Zambia, and six more have had their sovereign rating outlook changed to negative. Because of this, no African country has managed

South Africa had to abandon their plans to issue Eurobonds as the yield costs doubled following the COVID-19 induced rating downgrades. Trends indicate that this is magnifying the impact of COVID-19 economic shocks. In times of crises like the COVID-19 pandemic, financial markets have a natural way of discounting risk when fundamentals are conspicuously changing.

TABLE 3: COVID-19 INDUCED SOVEREIGN DOWNGRADES

Country	Previous rating	Current rating	Date
Angola	Fitch (B) negative S&P (B-) negative	Fitch (B-) stable S&P (CCC+) stable	Mar 06 2020 Mar 26 2020
Botswana	S&P (A-) stable	S&P (BBB+) stable	Mar 27 2020
Cameroon	S&P (B) negative Fitch (B) stable	S&P (B-) stable Fitch (B) negative	Apr 10 2020 Apr 22 2020
Cape Verde	Fitch (B) positive	Fitch (B-) stable	Apr 17 2020
DR Congo	S&P (B) stable	S&P (B-) negative	Apr 08 2020
Gabon	Fitch (B) stable	Fitch (CCC) n/a	Apr 03 2020
Nigeria	S&P (B) negative Fitch (B+) negative	S&P (B-) stable Fitch (B) negative	Mar 26 2020 Apr 06 2020
South Africa	Moody's (Baa3) negative Fitch (BB+) negative S&P (BB) negative	Moody's (Ba1) negative Fitch (BB) negative S&P (BB-) stable	Mar 27 2020 Apr 03 2020 Apr 30 2020
Zambia	S&P (CCC+) stable Moody's (Caa2) negative Fitch (CCC) negative	S&P (CCC) negative Moody's (Ca) stable Fitch (CC) n/a	Feb 21 2020 Apr 03 2020 Apr 16 2020

SECTION

05

**CLOSED**

*Due to*

**CORONAVIRUS**

# RECOMMENDATIONS

## 5.1 Recommendations for the African Union

1. AU must advise member states on modalities for conducting elections during the pandemic in a manner that ensures credible, free and fair elections during the pandemic. The principles obtaining should also be integrated into the Guidelines for AU Electoral Observation and Monitoring Missions. The Commission should support member States establish electronic elections systems.

2. The AU should revise Agenda 2063 to emphasize disaster preparedness and management in its member states.

3. The AU should develop a continental framework on disaster preparedness and management and encourage its member states to incorporate this framework in their national and local development frameworks.

4. The AU should encourage its members states to sign and ratify the African Risk Capacity (ARC) Treaty, which provides a framework for disaster early warning and contingency planning, and disaster insurance for participating states. Member states

are also encouraged to invest substantially into the ARC Insurer.

5. AU should develop guidelines for multinational enterprises to support responsible business conduct to ensure that a coordinated and structured platform for business and government and/or AU collaboration is put in place beyond COVID-19.

6. The AU should establish a Continental Solidarity Fund to assist member states when large-scale disasters such as COVID-19 occur and coordinate the management of such disasters.

7. The AU should assess the scientific, technological and institutional capacities of its member states, including their capacities for vaccine research and development, with a view to contributing to enhancing their ability to prepare for and manage disasters.

8. The AU should fast track the adoption of a policy framework of mechanisms for "APRM Support to Member States in the Area of Credit Rating Agencies" currently awaiting final validation by the AU Special Technical Committee of Ministers of Finance, Monetary Affairs and Regional Integration; and it should call for a moratorium on rating downgrades of developing countries based on the COVID-19 outlook.



## 5.2 Recommendations for Member States

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### a. Immediate Governance Measures

1. Member states should establish multistakeholder national response governance bodies.
2. Member states should ensure that their COVID-19 prevention and containment measures are implemented within a framework that respects the rule of law and the human rights of citizens.

### b. Medium-Term Governance Measures

1. Member states that do not have national disaster-related legislation and a relevant institutional mechanism, should consider these measures for implementation as best practice.
2. Member states are encouraged to increase their investment in institutional capacity central to an effective governance response to COVID-19.
3. Public institutions and the private sector should accelerate South-South cooperation for knowledge sharing, technology transfer in health care, and epidemics research
4. Member states should incorporate disaster planning in their national and local development planning frameworks.
5. Member states should decentralize responsibilities and capacities for disaster management and ensure coordination and cooperation between the local and national levels.

6. Member states should adopt a human rights approach to disaster preparedness and management and ensure their governments consider the potential consequences of their disaster policy decisions and actions for the enjoyment of human rights by all concerned.

7. Member states should establish mechanisms for ensuring that their governments are accountable for disaster decision-making, including in the use of public finances devoted to the emergencies that disasters create.

8. Member States should, as far as is possible, invest in developing the infrastructure and scientific, technological and institutional capacities to research and forecast hazards, vulnerabilities and disaster impacts, including developing capacities for vaccine research and development.

## 5.3 Recommendations for the APRM

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1. Undertake research on state resilience and disasters to inform its methodology and processes.
2. Review APRM framework to integrate disaster preparedness and management, including revising its base questionnaire to address the governance of disasters.
3. Develop monitoring and evaluation tools for evaluating the attainment of good disaster governance.

## ANNEX 1: COVID-19 EPIDEMIOLOGY IN AFRICA AS OF 16TH MAY 2020

	Country	Cases	Deaths	recoveries	Tests/	Cases/1M pop
1.	Egypt	11719	612	2950	135,000	115
2.	Algeria	6821	542	3409	6500	156
3.	Morocco	6741	192	3487	85,004	183
4.	Tunisia	1037	45	807	39,778	88
5.	Libya	65	3	28	3,633	9
6.	Western Sahara	6	-	6	-	10
7.	Mauritania	40	4	7	2015	9
	<b>North Africa</b>	<b>26429</b>	<b>1398</b>	<b>10694</b>		
8.	South Africa	14355	261	6478	439,559	242
9.	Mauritius	332	10	322	69773	261
10.	Zambia	679	7	183	15,811	37
11.	Mozambique	129	0	43	5,735	4
12.	Zimbabwe	44	4	17	27,059	3
13.	Angola	48	2	17	6,136	1
14.	Malawi	65	3	24	1,762	3
15.	Namibia	16	0	13	2,074	6
16.	Botswana	24	1	17	11,495	10
17.	Eswatini	202	2	72	4,160	174
18.	Lesotho	1				
	<b>Southern Africa</b>	<b>15895</b>	<b>290</b>	<b>7186</b>		
19.	Cote d'Ivoire	2061	25	987	15,260	78
20.	Ghana	5735	29	1754	171,642	185
21.	Burkina Faso	782	51	604	-	38
22.	Nigeria	5621	176	1472	32,942	27
23.	Niger	889	51	689	5,816	37
24.	Mali	835	48	479	3,264	41
25.	Senegal	2429	25	949	24,599	146
26.	Togo	298	11	99	12,510	36
27.	Gambia	23	1	12	1341	10
28.	Cabo Verde	328	3	84	892	591
29.	Guinea	2658	16	1133	10,304	203
30.	Guinea Bissau	969	4	26	1500	494
31.	Liberia	223	20	116	-	44
32.	Sierra Leone	462	29	106		58
33.	Benin	339	2	83	25471	28

	Country	Cases	Deaths	recoveries	Tests/	Cases/1M pop
	<b>West Africa</b>	<b>23652</b>	<b>491</b>	<b>8593</b>		
34.	Djibouti	1331	4	950	17,106	1350
35.	Rwanda	289		178	48,239	22
36.	Kenya	830	50	301	36,918	15
37.	Ethiopia	306	5	113	53,029	3
38.	Uganda	227		63	72,161	5
39.	Burundi	27	1	7	284	1
40.	Sudan	2289	97	222	-	52
41.	South Sudan	236	4	4	3,356	21
42.	Tanzania	509	21	183	-	9
43.	Eritrea	39		39	-	11
44.	Seychelles	11		10	-	112
45.	Madagascar	283		114	5,670	10
46.	Somalia	1357	55	148		86
	<b>East Africa</b>	<b>7722</b>	<b>237</b>	<b>2332</b>		
47.	Cameroon	3105	140	1567		117
48.	DRC	1455	61	270	-	16
49.	Congo	391	15	87	-	71
50.	Gabon	1320	11	244	7,445	593
51.	Equatorial Guinea	594	7	22	854	423
52.	Chad	474	50	111	-	29
53.	Sao Tome and Principe	235	7	4	175	1075
54.	CAR	327		13	3,498	68
	<b>Central Africa</b>	<b>7901</b>	<b>291</b>	<b>2319</b>		
	<b>Total</b>	<b>20278</b>	<b>1008</b>	<b>4900</b>		

Source: W.H.O at <https://www.worldometers.info/coronavirus/> (accessed on 30 April 2020)

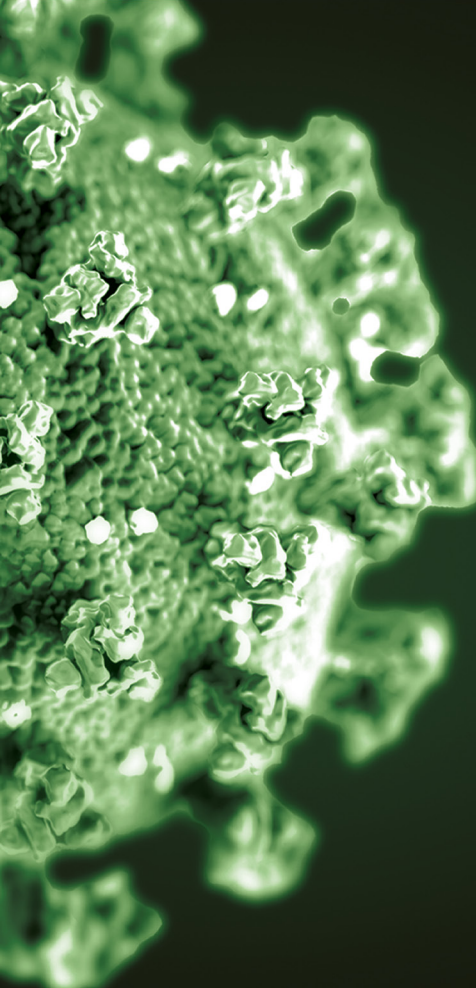
## ANNEX2: SOVEREIGN CREDIT RATINGS SCALE

Moody's	S&P	Fitch	
Aaa	AAA	AAA	Prime
Aa1	AA+	AA+	High grade
Aa2	AA	AA	
Aa3	AA-	AA-	
A1	A+	A+	Upper medium grade
A2	A	A	
A3	A-	A-	
Baa1	BBB+	BBB+	Lower medium grade
Baa2	BBB	BBB	
Baa3	BBB-	BBB-	
Ba1	BB+	BB+	Non-investment grade speculative
Ba2	BB	BB	
Ba3	BB-	BB-	
B1	B+	B+	Highly speculative
B2	B	B	
B3	B-	B-	
Caa1	CCC+	CCC+	Substantial risk
Caa2	CCC		Extremely speculative
Caa3	CCC-		Default imminent with little prospect for recovery
Ca	CC	CC	
	C	C	
C	D	D	In default
/			
/			

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