

## **IN FOCUS**

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# Coronavirus Disease 2019 (COVID-19): Impact in Africa

Sub-Saharan Africa ("Africa") has confirmed far fewer COVID-19 cases and deaths per capita than many other regions to date, but a second, deadlier wave of cases has hit many African countries since late 2020. Confirmed cases remain concentrated in a handful of countries, led by South Africa (**Fig. 1**). South Africa also has conducted the most COVID-19 tests in absolute terms, and in late 2020 discovered a new, more virulent variant of the virus that has spread worldwide. Africa's estimated case fatality rate surpassed the global average in early 2021, possibly due, in part, to the emergence of new virus variants.





Source: CRS graphic, based on analysis by Research Assistant Sarah Collins of data from WHO Coronavirus Disease (COVID-19) Dashboard.

Some experts attributed Africa's relatively low confirmed caseloads in 2020 to the early implementation of robust containment measures, along with the region's youthful populations and other factors. Poor transportation infrastructure, limiting international and domestic travel, may also have slowed transmission in the region. Cases also are likely underreported due to testing capacity constraints and some countries' refusal to track or share data.

The pandemic has further weakened Africa's already fragile health systems, sickening thousands of local health workers and disrupting efforts to respond to other diseases and public health challenges. Preventive measures, such as social distancing and frequent handwashing, are challenging in areas with limited access to clean water and sanitation, including in crowded urban settlements, prisons, and camps for displaced persons and refugees. (Africa hosts over a quarter of the world's refugees, per U.N. data.)

The pandemic's regional economic impact has been severe, due to a drop in global demand for key natural resource exports (e.g., fossil fuels and certain minerals), the disruption of global trade and tourism, and the impact of local lockdown measures. Remittances from African workers abroad have also declined. In late 2020, the International Monetary Fund (IMF) predicted that as a region, Africa would see a 3% economic contraction that year, the biggest recession in decades, with a limited rebound to 3% growth in 2021. The World Bank and World Food Program (WFP) predict dire implications for already widespread poverty and food insecurity in the region.

#### **African Government Responses**

**Public Health Responses.** Despite capacity challenges, many African governments quickly ramped up disease surveillance, case isolation, contact tracing, and behavior change campaigns in early 2020, drawing on lessons from managing past outbreaks of other infectious diseases (e.g., Ebola and tuberculosis). By mid-March 2020, most had restricted air travel, border crossings, large gatherings, nonessential businesses, and, in some cases, domestic transit. Some imposed curfews. Starting in late April, many African countries began to loosen constraints on religious services, markets, transportation, and education. Some (e.g., South Africa and Rwanda) later re-imposed restrictions amid case spikes; others continued to lift restrictions while urging continued protective measures such as masks.

Several countries have pursued innovative responses to the pandemic. For example, Senegalese institutions have worked with a British firm and private foundations to develop and produce an inexpensive rapid COVID-19 test kit. Rwanda and Ghana are using drones to deliver medical supplies to rural areas, and Rwanda has used robots to take patient vital signs in clinics. South African cell phone firms have supported the creation of a telemedicine system.

The African Union's Africa Centres for Disease Control and Prevention (Africa CDC, founded in 2015 with U.S. and Chinese support) has helped build local capacity to detect and respond to COVID-19 by training lab, medical, and immigration personnel, and by providing test materials and personal protective equipment. In mid-2020, Africa CDC launched the non-profit Africa Medical Supplies Platform to support pooled purchases of medical supplies and COVID-19 vaccines. This effort aims to reduce costs, ease procurement, and overcome global trade and supply disruptions. Several African countries began administering vaccines in early 2021, though South Africa's rollout was complicated by the new variant.

**Economic Responses.** Many African governments have reallocated budget resources and instituted economic stimulus measures. Some have provided aid for their most vulnerable citizens—supported, in some cases, by U.N. agencies, private firms, local civic groups, and diaspora members. Most African governments, however, lack sufficient domestic resources to import medical supplies, cushion local economies, and build up food stocks sufficiently. Many African leaders have appealed for new donor aid and/or debt relief in the context of the pandemic.

**Governance Implications.** Several African heads of state have invoked emergency executive powers to respond to COVID-19, with varying degrees of legislative approval. Some have imposed restrictions on political and civil society activity, and state security forces enforcing lockdown measures in some countries have been accused of human rights abuses. A few countries (notably Ethiopia) have postponed elections, citing COVID-19; fear of infection may have inhibited electoral turnout in others (such as Guinea and Mali in early 2020). Officials in some countries have been accused of corruption and misuse of public health funds (e.g., in Democratic Republic of Congo, Kenya, and Zimbabwe). The risk of gender-based violence also has reportedly risen amid lockdowns.

#### Selected U.S. and Global Responses

**U.S. Assistance.** To date, the State Department and U.S. Agency for International Development (USAID) have publicly announced over \$488 million in COVID-19-focused health, humanitarian, and economic aid for African countries, along with ventilator donations for multiple African countries. The Department of Defense and U.S. Centers for Disease Control and Prevention (CDC) also have provided support. Most preexisting U.S. bilateral aid for Africa has funded health programs, focused primarily on HIV/AIDS (**Fig. 2**).

#### Figure 2. U.S. Bilateral Aid to Africa by Sector Funds Appropriated to State Department and USAID, FY2019



**Source:** CRS graphic, based on public budget documents and sectoral allocations provided by USAID in February 2020. **Note:** Does not include funds administered on a global basis.

**Other Global Responses.** The World Health Organization (WHO) has sought to help coordinate and assist COVID-19 response efforts in Africa. The WHO, WFP, and African Union have established air logistics hubs to fly equipment, supplies, and personnel across Africa. The WHO has also worked with Africa CDC to build African countries' health care, disease surveillance, and lab capacities.

As of January 2021, the IMF had approved nearly \$17 billion in COVID-19-related financial assistance for 38 African countries, alongside roughly \$408 million in debt service relief through mid-April 2021. The Group of 20 (G-20) has suspended debt payments for the world's poorest countries, many in Africa. Officials in China—a G20 member and key creditor in Africa—have cited debt suspension agreements with at least a dozen African countries. Some African governments are also in talks with private creditors, although this can raise the risk of a sovereign credit downgrade.

The European Union (EU) pledged in 2020 to reallocate \$2.2 billion in existing aid to support COVID-19 response in Africa, with some EU member states making similar bilateral pledges. The government of China, Chinese firms, and politically connected Chinese philanthropists have provided medical supplies, technical assistance, personnel, and training, and have pledged to aid with vaccination. Russia agreed in February 2021 to provide 300 million doses of its Sputnik V vaccine via the African Union.

#### **Outlook and Issues for Congress**

The pandemic has adversely affected longstanding U.S. policy goals in Africa, including improving health and food security, encouraging trade and investment, and promoting democracy. COVID-19 also has complicated U.S. aid implementation, military cooperation, commercial access, and oversight. China and Russia, meanwhile, appear to view COVID-19 as an opportunity to bolster their influence and image in Africa vis-à-vis Western countries.

African governments have struggled to access critical supplies to fight COVID-19. Regional leaders have called for greater equity in global access to vaccines and therapeutics, and for increased financial assistance. To date, U.S. economic aid in response to the pandemic has been largely channeled through international financial institutions such as the IMF, though several countries have received U.S. bilateral economic aid tied to COVID-19. U.S. aid and support for multilateral financial assistance for certain African countries are subject to legal restrictions due to human rights, human trafficking, or other concerns.

The pandemic is also influencing political stability and governance in some African countries, affecting electoral processes as well as freedoms of assembly and expression. Rising economic hardships may fuel unrest, including in countries already facing protests, insurgencies, and/or Islamist militant threats. Governments undergoing volatile political transitions (e.g., Sudan and Ethiopia) have come under increased strain. COVID-19 also has sickened and killed some African senior officials and opposition figures.

President Trump's criticisms of the WHO—headed by a former Ethiopian official—for alleged bias toward China spurred pushback from many African leaders. The Biden Administration has restored U.S. participation in the WHO, and has pledged support for COVAX, a multilateral initiative co-led by the WHO that seeks to promote equitable global access to COVID-19 vaccines. Some countries in Africa began receiving vaccines via COVAX in early 2021. The impact of U.S. actions on the course of the pandemic in Africa, and on African perceptions of the United States, remains to be seen.

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