

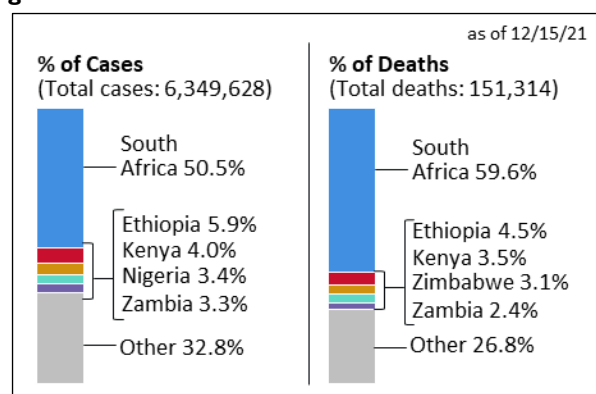
Updated December 22, 2021

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

In December 2021, the World Health Organization (WHO) warned of a “fourth wave” of COVID-19 cases across much of Africa, notably in southern Africa. This followed South Africa’s genomic identification and notification to international health authorities of the new “Omicron” variant, first detected in Botswana. Public fatigue with infection control measures, the Delta variant, and low vaccination rates helped drive earlier waves of cases in many African countries in 2021. Omicron’s rapid spread prompted countries around the world (including the United States) to restrict travel from southern Africa, which African leaders decried as punitive and discriminatory.

Overall, confirmed cases and deaths in sub-Saharan Africa (hereafter, “Africa”) have been lower than in other world regions and concentrated in a few countries, with the majority in South Africa (**Figure 1**). As access to testing has been low in many countries, some health experts posit that actual caseloads and mortality may be higher.

Figure 1. Total Confirmed Cases and Deaths in Africa



Source: CRS graphic based on WHO COVID-19 Dashboard data.

Impact. The pandemic has exacerbated health system challenges in many African countries, infecting health workers and disrupting routine health services, such as childhood immunizations and malaria and tuberculosis treatment. Some infection prevention measures have been difficult to implement in areas such as crowded urban settlements, prisons, and humanitarian settings. Still, many countries’ quick initial responses, youthful populations, and other factors may have averted worse scenarios to date.

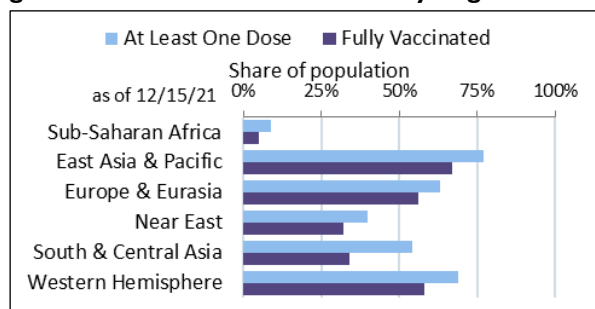
The pandemic’s economic impact in Africa has been severe. It initially caused a drop in global demand and prices for African natural resource exports (especially oil and some minerals), disrupted trade and tourism, stemmed remittances from African workers abroad, and prompted local lockdown measures. Some African economies began to rebound in 2021, but the region is recovering more slowly than others due, in part, to African governments’ limited stimulus resources. The effects of increased poverty, food insecurity, and school closures (often without virtual options) are likely to endure.

Vaccine Distribution and Access

African countries have obtained far fewer COVID-19 vaccine doses per capita than other world regions (see **Figure 2**) due to limited financial resources to obtain doses, delays in donor-pledged deliveries, mass procurement of vaccines by wealthier countries, and supply chain constraints. In addition, India, a major source of vaccine production for developing countries, restricted vaccine exports for much of 2021 to meet domestic demand. Vaccine supplies have increased in recent months, but logistical challenges, shortages of syringes and other commodities, and donations of nearly expired doses have hindered vaccinations. Some African countries also have faced significant vaccine hesitancy. In addition to the humanitarian toll of the virus in Africa, some experts assess that the scale of unmet needs in the region may facilitate virus mutations.

Among African countries with over a million people, Botswana (47%), Lesotho (29%), Rwanda (28%), and South Africa (26%) had fully vaccinated the largest share of their populations as of mid-December, according to WHO data. At the other end of the spectrum, fewer than 1% were fully vaccinated in Burundi, the Democratic Republic of Congo (DRC), and Chad, and fewer than 2% in Africa’s largest country, Nigeria. Eritrea has not released data.

Figure 2. Global Vaccination Rates by Region



Source: CRS graphic based on WHO COVID-19 Dashboard data.

Notes: Regions follow State Department definitions (with the addition of the United States to Western Hemisphere).

African governments have secured COVID-19 vaccine doses via the multilateral COVAX initiative, direct purchases, and bilateral donations. The United States has donated the largest number of doses to African countries of any government, followed by China. The World Bank and Afreximbank (a regional trade financing institution) have financed pooled purchases by the African Union (AU).

In late 2021, amid ongoing challenges with vaccine supply chains, COVAX reduced its COVID-19 vaccine provision target for Africa for 2021 from 600 million doses to 470 million. In November, the AU and COVAX assailed “the majority” of vaccine donations to Africa to date as having

been “ad hoc, provided with little notice and short shelf lives,” significantly complicating vaccination efforts.

African Government Responses to COVID-19

Public Health Responses. The AU’s Africa Centres for Disease Control and Prevention (Africa CDC, founded in 2015 with U.S. and Chinese support) has helped build African countries’ capacity to detect and respond to COVID-19. The Africa CDC also helped launch the nonprofit Africa Medical Supplies Platform and African Vaccine Acquisition Trust (AVAT) to support pooled purchases of medical supplies and vaccines.

Many African governments quickly ramped up COVID-19 surveillance and control measures in early 2020, drawing on lessons from managing other disease outbreaks. Many countries began to loosen restrictions on travel, schools, and businesses in mid-2020, but some later reimposed them (in several cases repeatedly) in response to case spikes.

Several countries have pursued innovative pandemic responses. Senegalese institutions, for instance, developed 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 supported the creation of a telemedicine system. South African researchers are now working to develop their own vaccine, backed by the South African government and donors.

Economic Responses. Most African governments reallocated budget resources, instituted economic stimulus measures, and/or provided targeted aid to vulnerable citizens in response to the pandemic. The International Monetary Fund (IMF) and G20 creditor nations, among others, supported these actions through concessional loans and debt service deferments. This aided health and stimulus measures but raised debt sustainability concerns. At least 12 African countries reportedly have debt totaling more than 70% of their respective GDP, raising sustainability concerns. Zambia defaulted on its debt repayments in 2020.

Governance Implications. Economic hardships and anger at restrictions fueled unrest in some countries in 2021 (e.g., Senegal) and arguably provided a pretext for crackdowns by some states. Ethiopia postponed elections in 2020, while infection fears may have lowered turnout in others that proceeded as scheduled. The pandemic has imposed new challenges on governments already facing political tensions, insurgencies, and other threats. Some African leaders have invoked emergency powers to respond to COVID-19, and state security forces in some countries have been accused of human rights abuses while enforcing lockdown measures. Officials in multiple countries (e.g., Cameroon, DRC, Kenya, Uganda, South Africa, and Zimbabwe) have been accused of corruption and misuse of public health funds. Top state and opposition leaders in several countries have reportedly died of COVID-19.

U.S. Responses

Foreign Assistance. The U.S. Agency for International Development (USAID) has allocated over \$1.57 billion in COVID-19-focused aid for Africa, in addition to vaccine and ventilator donations. USAID also has invested in health system strengthening in support of vaccine administration and other capacities. The above figure does not include U.S.

support for international financial institutions, which have provided billions of dollars in emergency lending to African countries in response to COVID-19. The Departments of State and Defense, and the U.S. Centers for Disease Control and Prevention, also have supported COVID-19 responses in Africa. More broadly, some 75% of U.S. nonemergency bilateral aid for Africa generally supports health programs, primarily focused on countering HIV/AIDS.

Vaccines. The United States has donated vaccines from its domestic stocks and purchased additional doses to donate to African countries, in coordination with COVAX and the AU. As of mid-December 2021, the United States had provided over 97.7 million vaccine doses to 43 African countries. In October 2021, the Administration stated that it would enable the AU to procure 33 million Moderna vaccine doses by deferring U.S. delivery.

The Administration has committed to support vaccine manufacturing in Africa, although intellectual property rights protections and limited local manufacturing capacity have hindered progress. The U.S. International Development Finance Corporation (DFC) is helping finance vaccine production by firms in South Africa and Senegal. These deals involve “fill-and-finish” operations, in which vaccine components manufactured abroad are compounded and the finished vaccines—or, alternately, vaccines fully manufactured abroad—are then packaged and shipped to recipients. The Administration supports the concept of a temporary waiver of the 1995 World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) for COVID-19 vaccines, in part to facilitate production in Africa. (See CRS In Focus IF11858, *Potential WTO TRIPS Waiver and COVID-19*.)

Outlook and Issues for Congress

The pandemic has adversely affected long-standing U.S. policy goals in Africa, including support for health and food security, poverty alleviation, regional stability, trade, democracy, and good governance. COVID-19 also has complicated U.S. aid programs, military cooperation, commercial access, and oversight of U.S. programs. China and Russia, meanwhile, have sought to leverage the pandemic to bolster their influence in Africa. The U.S. decision in November 2021 to single out eight African countries for a travel ban in response to the Omicron variant arguably strained diplomatic relations, although other countries imposed similar restrictions.

African leaders have called for greater equity in access to vaccines and therapeutics, as well as economic aid; WHO Director Dr. Tedros Ghebreyesus has decried “vaccine apartheid.” Some Members of Congress argue that more can be done to support vaccine donations and local production, including technology transfers. Others seek to focus U.S. efforts on domestic pandemic challenges and/or note that the United States has donated more vaccine doses than any other country. Some Members may wish to assess the efficacy and scope of U.S. vaccine donations, and other U.S. efforts to counter the pandemic, including in the context of appropriations or other legislative proposals.

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