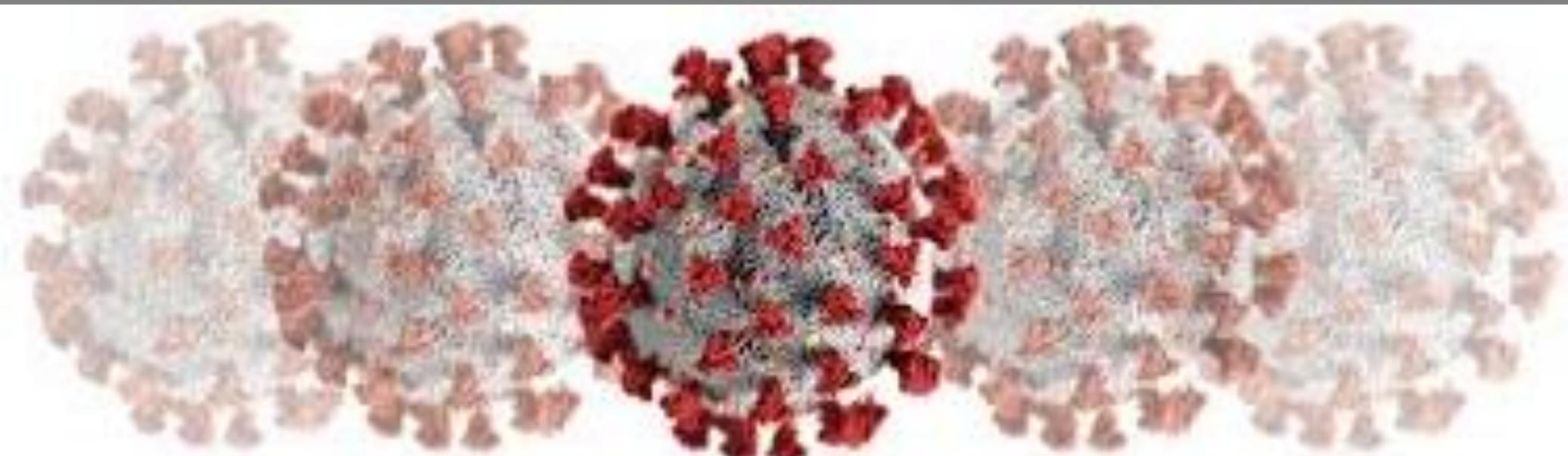




TONY BLAIR
INSTITUTE
FOR GLOBAL
CHANGE

Covid-19 in Africa – and Africa Beyond Covid-19

May 2020





Introduction

Covid-19 has presented governments across the world with unprecedented challenges and is reshaping many policy debates.

A major question remains unanswered: How should African (and other low-income) countries respond to the virus while maintaining other life-saving health services and protecting poor and vulnerable people from the social and economic impacts of social-distancing measures and of the wider global economic crisis?

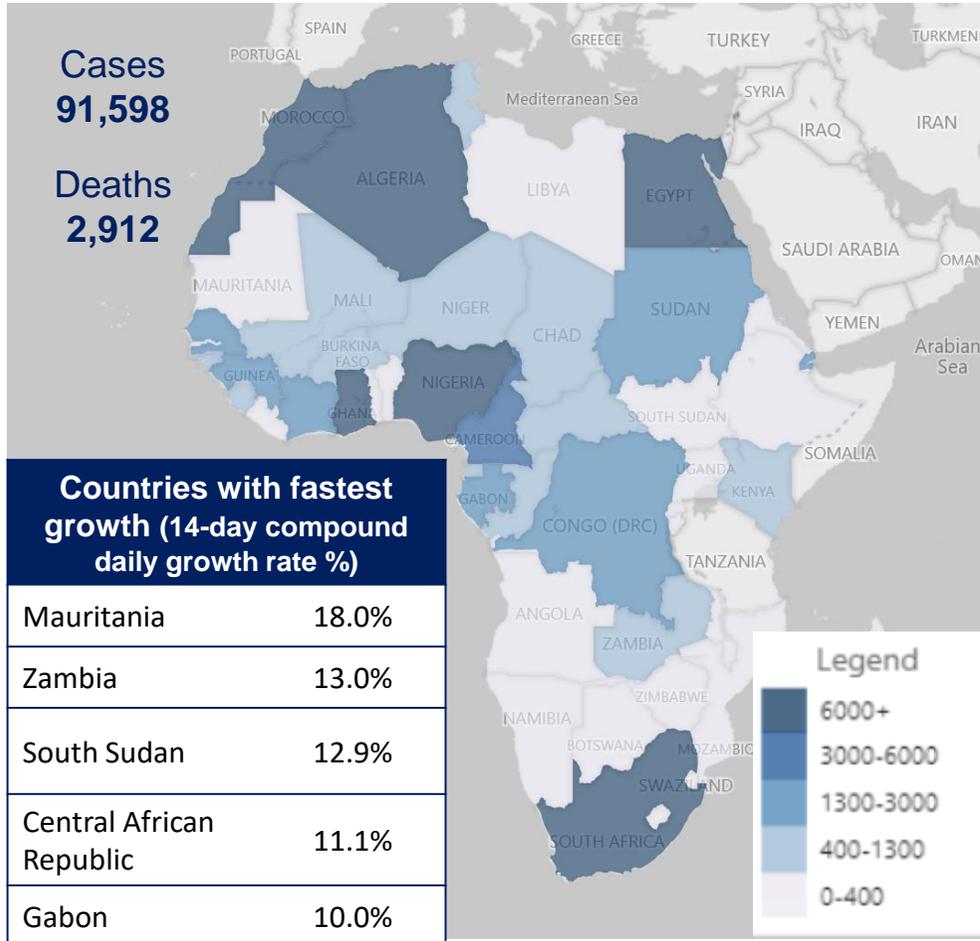
In this document we explore:

- The spread of the virus in Africa, and the challenges of low testing and poor data
 - Policy options beyond lockdowns
 - Dealing with multiple crises: wider health care, food security, global recession
 - The pathway African governments and the international community should take in pursuit of three critical objectives:
 1. Safeguarding as many lives as possible – from Covid-19 and other diseases and conditions
 2. Safeguarding livelihoods and the economy – which are severely affected by containment measures and the global recession
 3. Ensuring Africa remains globally connected and open for business – especially if the virus remains endemic
-

Section 1: Covid-19 in Africa

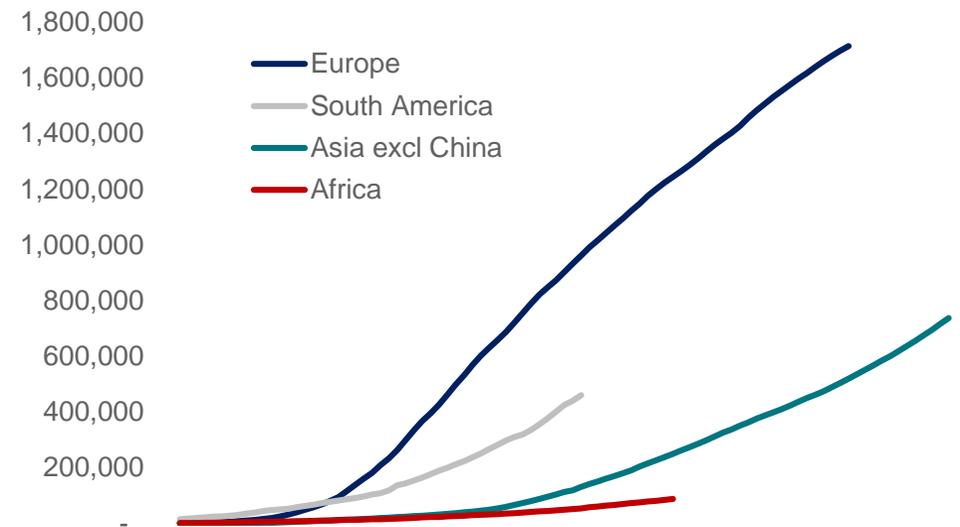


Covid-19 is spreading significantly but seemingly slowly across Africa



While much of Asia and Europe experienced exponential growth early on in their outbreaks, that pattern is not evident yet across all of Africa.

It has taken **16** days for cases to double from 45,000 to 90,000 across Africa, whereas it took Europe four days and Asia (excluding China) seven days to do the same.



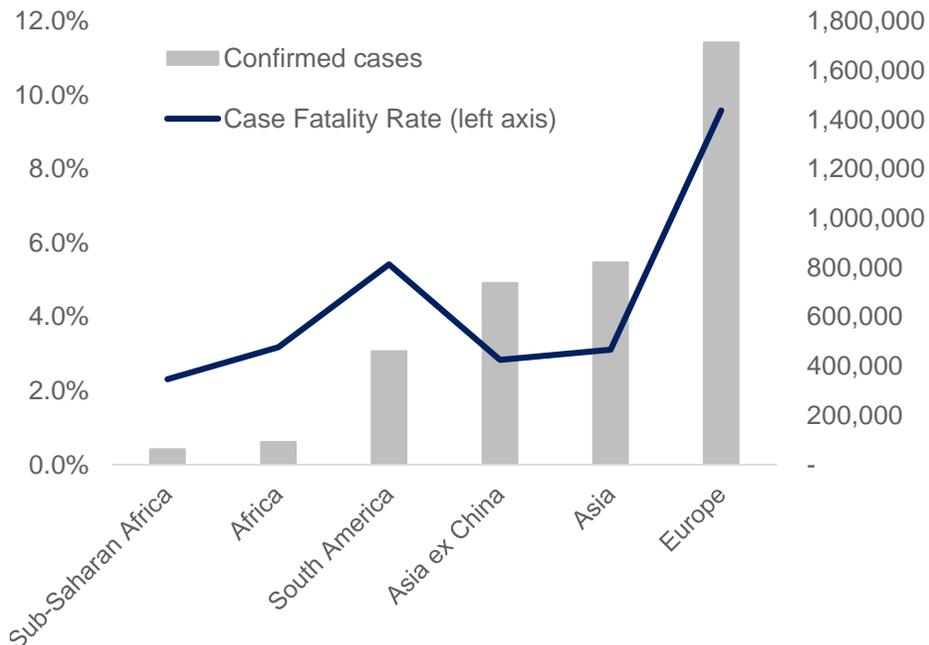
Cumulative cases, 5 weeks since the first case was recorded



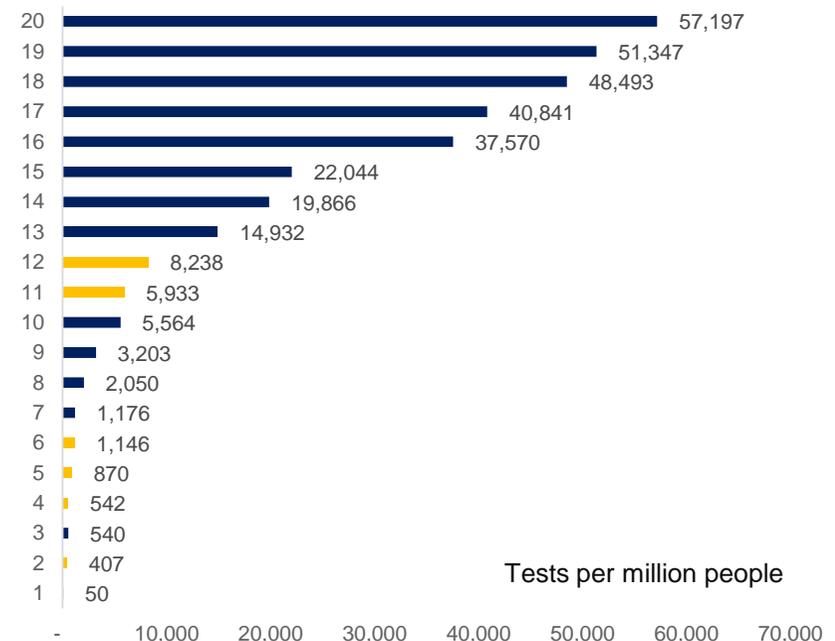
Low levels of testing mean the true picture remains unknown; anecdotal evidence suggests cases are growing but the disease may be less severe

In West Africa for example, Ghana claimed several weeks ago that 93% of cases are mild or asymptomatic, and other African countries are seeing rates around 80-90%. There is little data on this more broadly in other regions, but many studies suggest 50-70% of cases may be asymptomatic in Europe, China, the US and elsewhere.

The case fatality rate is comparable to Asia but appears lower than Europe.



Comparisons are difficult for a range of reasons, including different testing regimes. The gap in case fatality rate between Africa and Europe, for example, is at least in part explained by some African countries testing all contacts of confirmed cases. This produces a higher proportion of cases for every death compared to Europe, where most countries have only been testing symptomatic people.

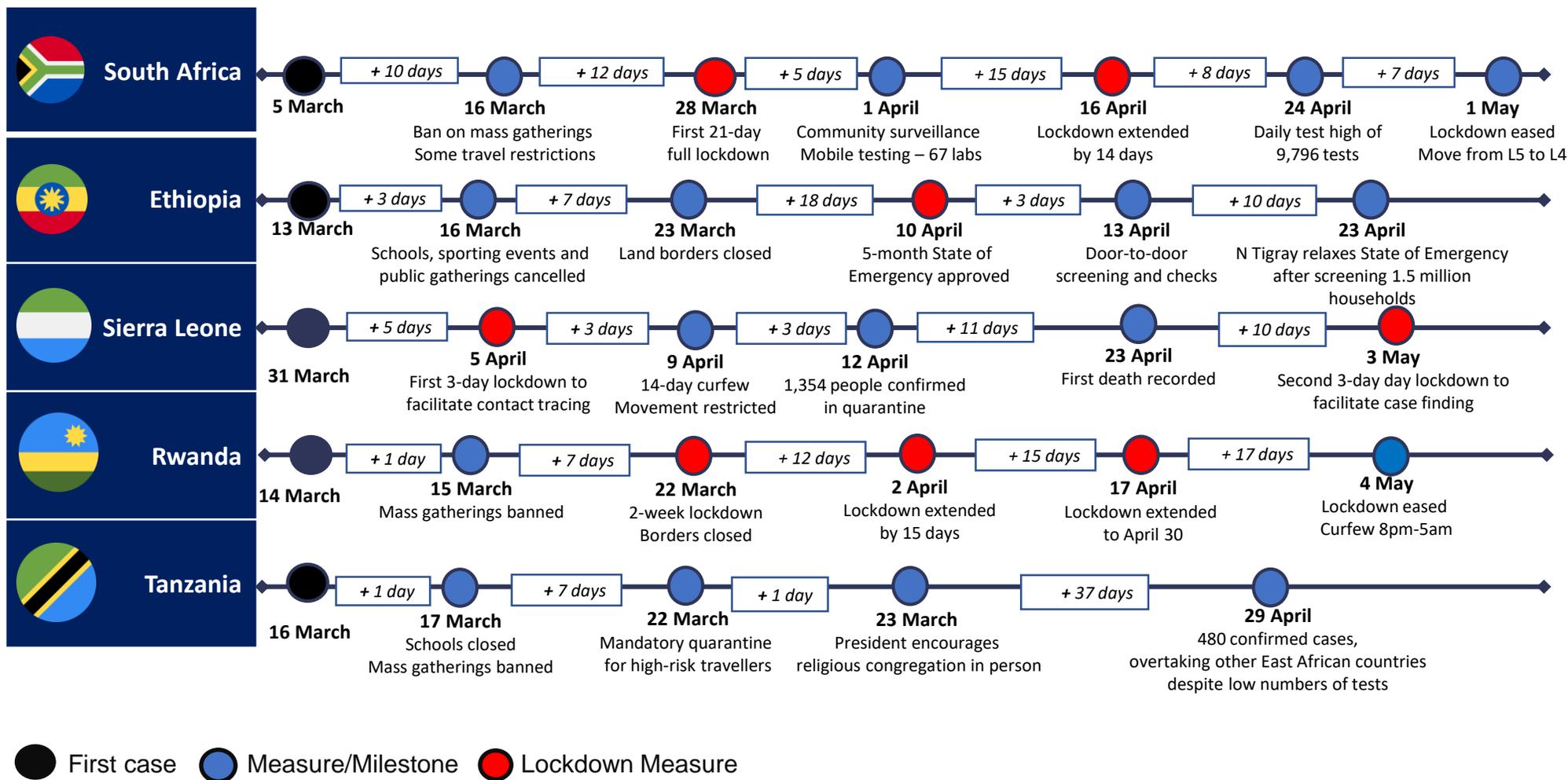


Sources: Africa CDC data is used for all African data. Other regions draw on Our World In Data database for case and death statistics and Foundation for Innovative New Diagnostics (FIND) for testing data.



Governments have generally – but not universally – implemented early lockdowns followed by gradual easing

Key Measures and Dates





As a result, policy measures across Africa vary significantly

	Community Surveillance /Testing	Trace All Contacts	Stay at Home Required	Ban Mass Gatherings	Close Schools	Close Non-essential Work	Close International Borders	Restrict Internal Travel	Ban Transport
 South Africa	●	●	●	●	●	●	●	●	●
 Ethiopia	●	●	●	●	●	●	●	●	●
 Sierra Leone	●	●	●	●	●	●	●	●	●
 Rwanda	●	●	●	●	●	●	●	●	●
 Tanzania	●	●	●	●	●	●	●	●	●

● Not Implemented ● Partial Implementation ● Full implementation



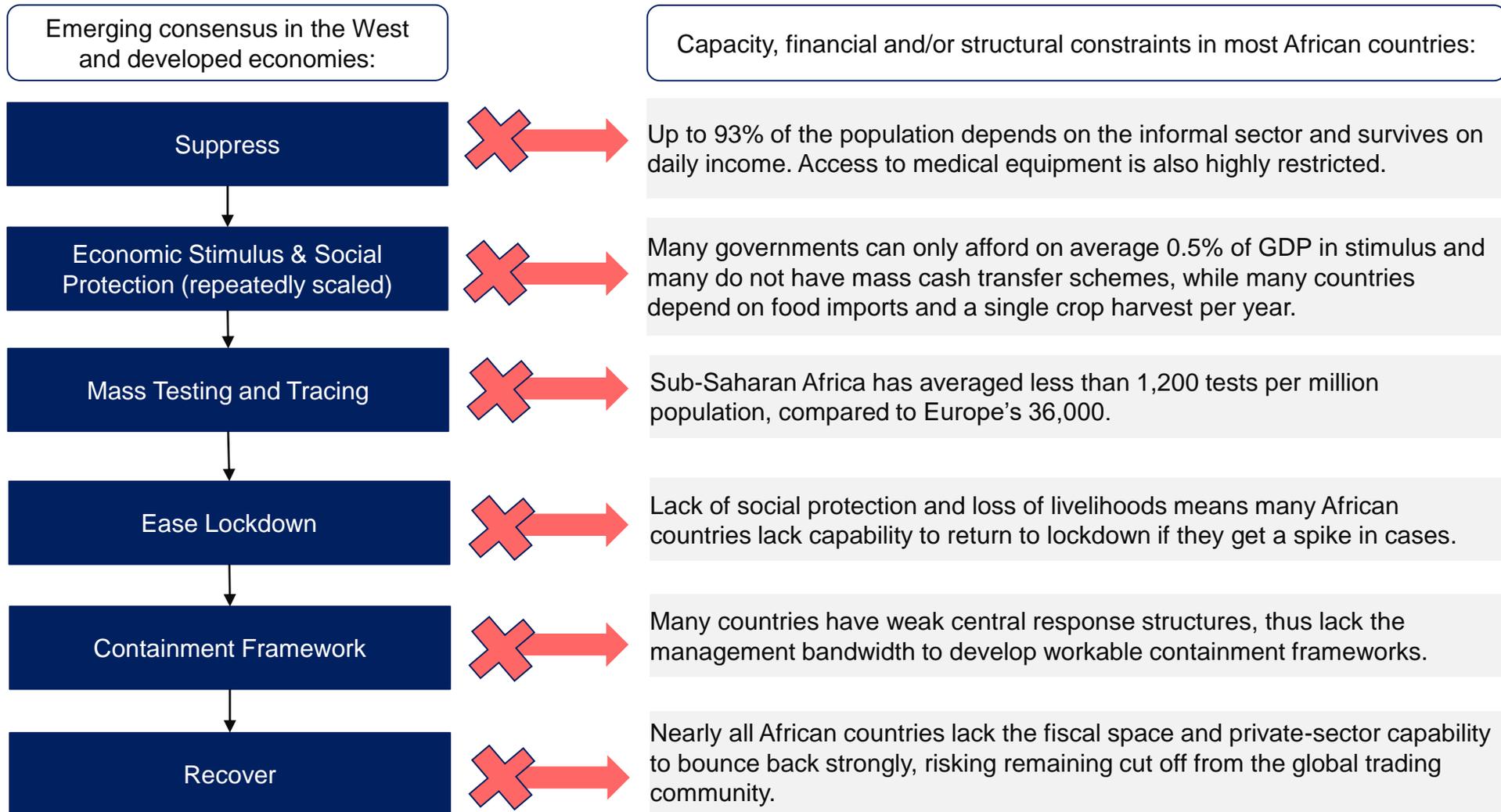
As countries deploy different approaches to Covid-19, we observe four broad categories emerging:

	Early and effective	Cautious optimism	Best efforts, limited capacity	Slow response
	<ul style="list-style-type: none"> Acted fast to put restrictions and crisis response in place Widescale testing has found many cases, and confirmed widescale community transmission Economic stimulus and social safety nets mobilised quickly High numbers of cases due to wide testing but may see a decline faster than other countries due to response measures 	<ul style="list-style-type: none"> Acted fast to put restrictions and crisis response in place Low case numbers but low rates of testing; testing now increasing significantly Economic and social safety nets in place but some gaps These countries need to scale up testing to rule out missed transmission, with a focus on health workers 	<ul style="list-style-type: none"> Acted fast in closing borders but crisis response has been slow and/or inadequate Inadequate testing due to constrained capacity; case numbers rising Weak economic response and limited social safety nets These countries are behind transmission and may not be able to catch up 	<ul style="list-style-type: none"> May have closed borders but otherwise does not have effective crisis response in place Limited testing with high positivity rates showing ongoing widespread transmission Weak or no economic and social policy responses in place These countries may face herd immunity as an inevitability if they do not improve crisis response
Examples	South Africa	Kenya	Sierra Leone	Tanzania

Section 2: The biggest problem with Covid-19 in Africa is that Covid-19 isn't the biggest problem



It's increasingly clear that African (and other low-income) countries can't follow the path of Western governments





In particular, lockdowns and economic recession are already causing damage

Recent analysis highlighted that one-third of all jobs in Africa – formal and informal – could be affected by Covid-19.

- Within the formal sector, of 140 million jobs, 9-18 million jobs are estimated to be at risk of being lost, with a further 30-35 million at risk of salary reductions.
- Within the informal sector, up to 100 million jobs of an estimated 300 million across the continent are considered vulnerable.

This impact on livelihoods is exacerbating an already severe food and nutrition crisis.

- In West Africa and the Sahel, 17 million people will need rapid food assistance, and 50 million people risk falling under the “crisis” category.
- In East Africa the number of food-insecure people is set to rise from approximately 20 million to between 34-43 million. This is compounded by the effects of the current swarms of desert locust that could lead to dramatic crop loss in parts of Ethiopia, Kenya and Somalia, as well as recent flooding.

Agricultural production is particularly affected:

Low yields, low crops resilience

The World Bank estimates that agriculture production in 2020 might contract up to 7% in Africa.

Income dependency on export of raw materials

The flower sector in Kenya has already plummeted, threatening 150,000 jobs and a \$1 billion industry.

Insufficient food reserves

Nigeria currently holds 38,000 tonnes of rice reserves for a consumption of 6-7 million tonnes (per year).

Low access to markets

In Zimbabwe, tonnes of fresh fruits and vegetables have been left rotting: The products cannot reach markets because of the lockdown.

Limited in-country value addition

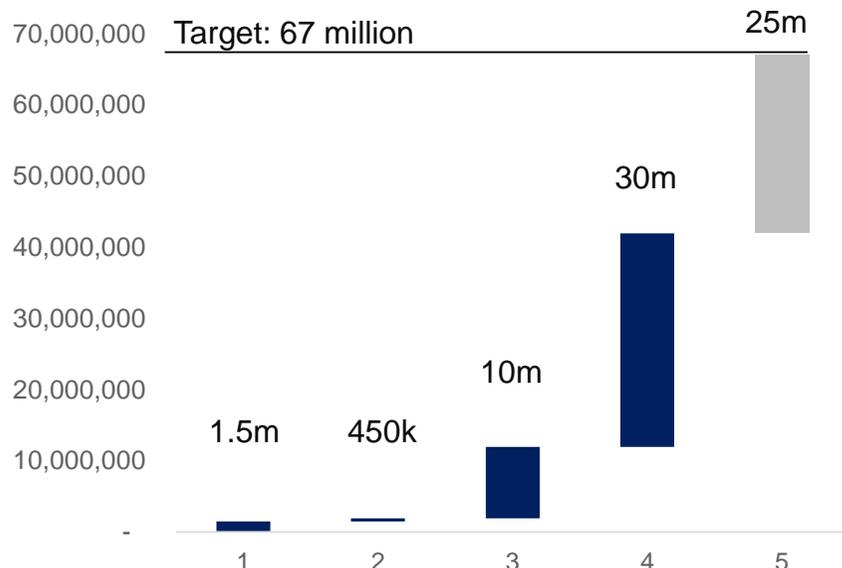
Closure of chocolate factories in Europe, like Mars's (the world's largest), will hurt farmers in Ghana and Côte d'Ivoire.



African governments lack the supplies and capacity for mass testing

Testing is clearly lagging in most of Africa, despite huge efforts in some countries such as South Africa and Ghana. **Across sub-Saharan Africa, fewer than 1,200 tests have been carried out per million people**, compared to over 50,000 in the countries taking testing to scale such as Italy, Denmark and Israel.

To achieve this high rate of “mass testing” being seen in Europe and elsewhere, Africa would need to conduct 65.5 million more tests. Even accounting for known supplies in the pipeline, there is a supply gap of 25 million tests to achieve this.



Even with necessary supplies, most countries **face human resource and laboratory constraints to testing**. Several countries in West Africa have already recruited university students into diagnostics and still can't move beyond 300-500 tests per day. At this rate, it will take these countries almost five months to reach even 10,000 tests per million people.

With this diagnostics reality, African governments also need to **rationalise their use of limited testing capacity**:

- Testing strategies should prioritise health workers to ensure they are protected and feel safe at work.
- Governments could reconsider the need to test asymptomatic people before releasing them from quarantine and limiting which contacts are tested.
- Pooled sample testing may be deployed where appropriate – Ghana has done this successfully.
- With supplies running low, governments may also choose to record “probable” cases instead of administering PCR tests.

Governments can also utilise **antibody testing**, which is cheaper and easier to administer, to give peace of mind to health workers and gather further information on where transmission has taken place. This will be valuable data in planning to reopen countries to the global economy and with prioritising the rollout of an eventual Covid-19 vaccine.



Other diseases are likely to be a bigger killer

The leading causes of mortality in Africa are (non-Covid-19) communicable diseases. Diverting resources to Covid-19 will adversely impact preventable mortality.

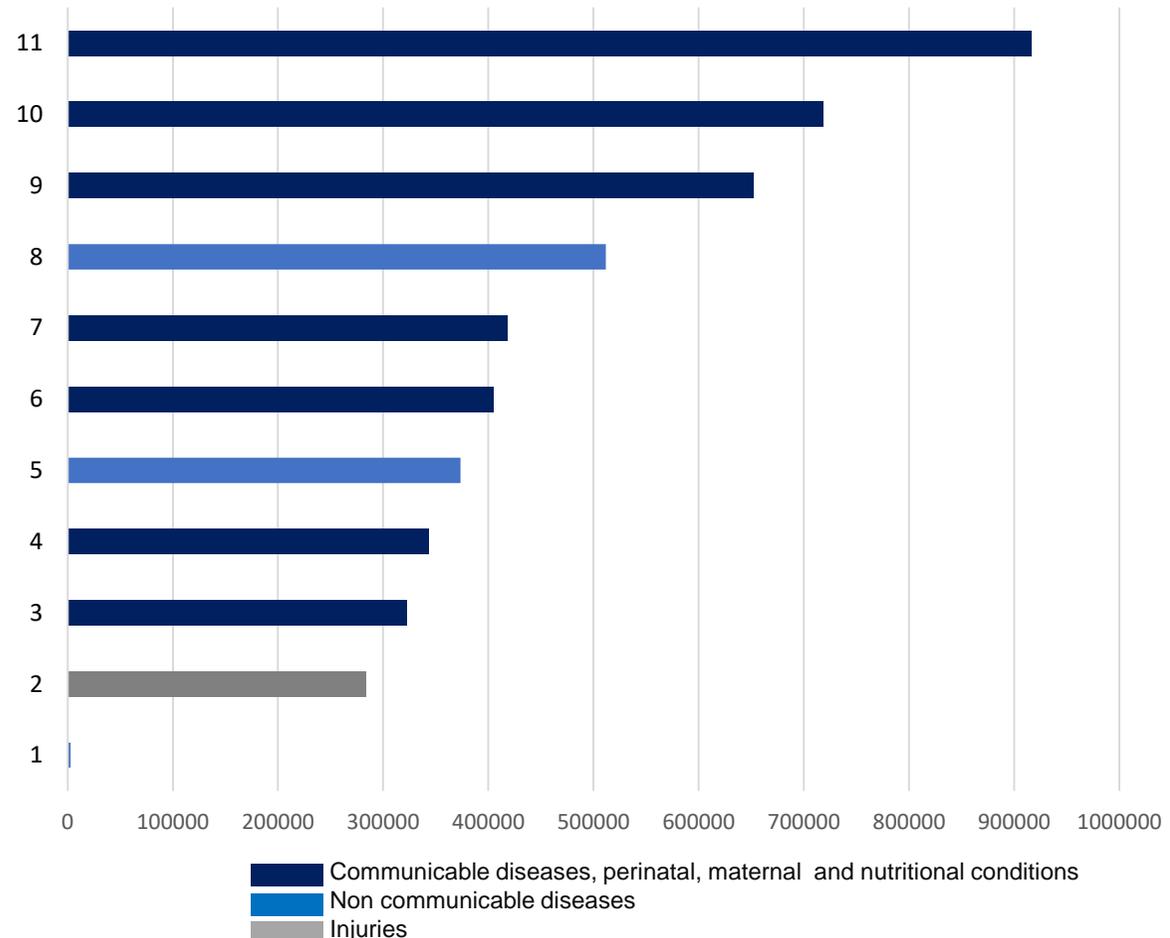
Severe disruptions to insecticide-treated net campaigns and access to antimalarial medicines could **double the number of malaria deaths in sub-Saharan Africa this year** according to new [analysis](#) released by WHO and partners.

Routine vaccinations have been suspended in many countries, leaving countries with weak health systems vulnerable to resurgence. **UNICEF reported a 70-80% reduction in vaccine shipments** since March, due to high freight costs, with many countries in sub-Saharan Africa risking running out of stocks.

Globally, it is estimated that 1.4 million more people could die of TB, due to it being undiagnosed and untreated during the Covid-19 crisis, in part as diagnostic machines are repurposed for Covid-19 testing.

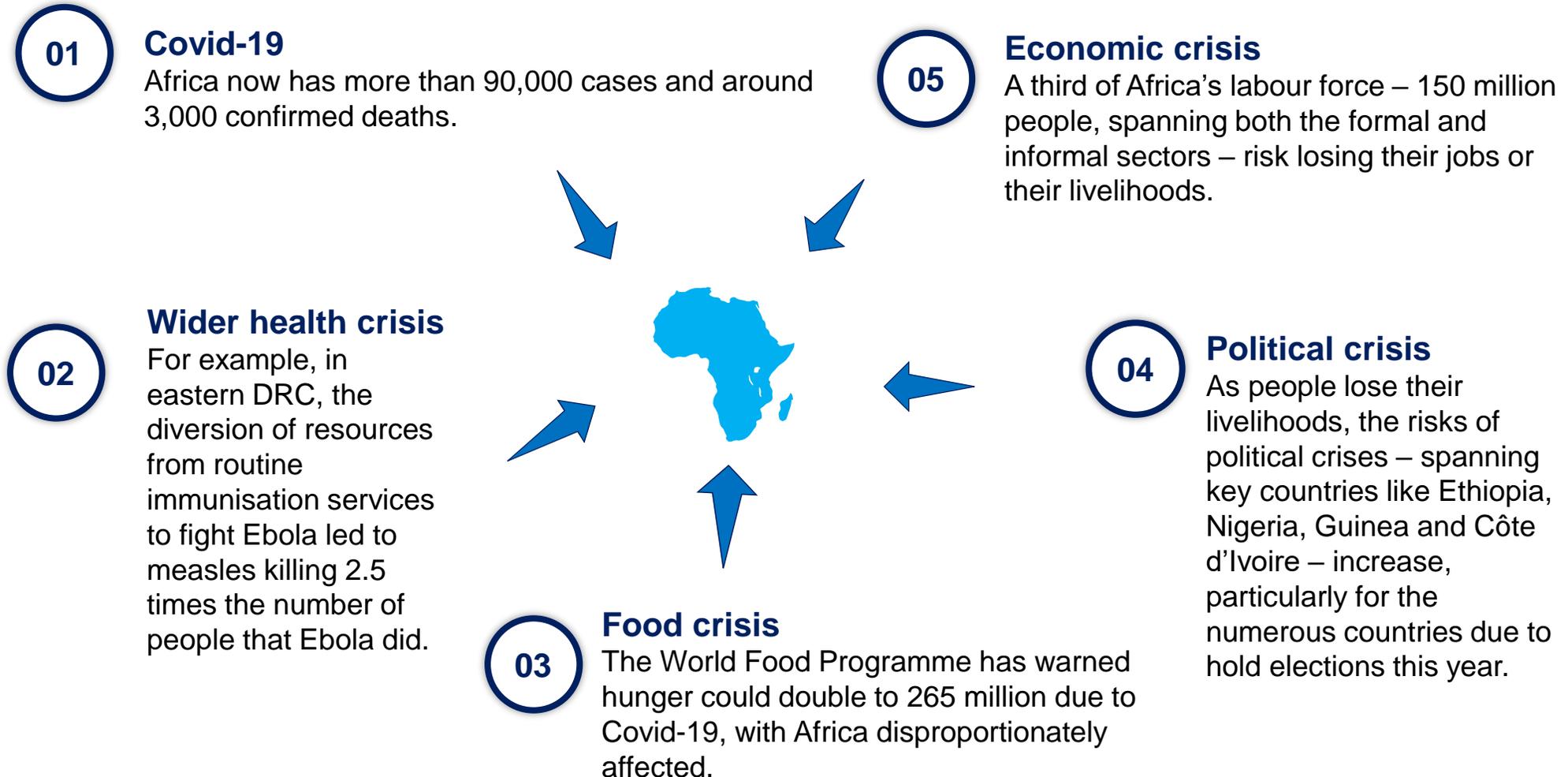
The WHO and UNAIDS are suggesting **500,000 more people may die of AIDS-related illnesses in sub-Saharan Africa in 2020 and 2021**, more than double current rates, without efforts to overcome disruptions to health services and supplies.

Leading causes of death in Africa





African governments will have to grapple with multiple crises



Section 3: A pathway beyond Covid-19 – what should African countries do?



Strategic framework

African governments do not have the luxury of dealing with COVID-19 above all else. They should maintain three clear overarching objectives:

1. Safeguarding as many lives as possible – from Covid-19 and from other diseases and conditions
2. Safeguarding livelihoods and the economy – which have been severely affected by containment measures and the global recession
3. Ensuring Africa remains globally connected and open for business – especially if Africa becomes a reservoir of Covid-19



With limited resources, difficult trade-offs will be necessary

We propose five steps African governments should take:

- 1 Plan for post-lockdown** Prepare the health system and health workers for Covid-19, keep basic essential services running, mobilise society for behaviour adaptation and plan economic stimulus including social protection, e.g. via cash transfers. Government capacity will determine to what extent these can be delivered.
- 2 Map containment plan** Set a framework for economic and society openness, depending on Covid-19 trajectory, spanning gatherings, schools, travel and transport, borders, retail, economic sectors, food and agriculture.
- 3 Maintain health services** Evaluate vulnerabilities and drivers of mortality and prioritise the necessary core services accordingly, including preventative measures such as vaccinations, and ensure strong infection prevention and control at facilities to protect health workers.
- 4 Tackle food security** Prioritise among six food access and agriculture support policies, including making a clear ask to the international community.
- 5 Protect livelihoods and the wider economy** Invest senior time to develop a strong plan to mitigate the impact on livelihoods (including via cash transfers), preserve the economy and set a basis for recovery, including with a clear, targeted ask to the international community. Regional cooperation will also be critical (e.g. on trade).



1. Plan for post-lockdown



Governments must get Covid-19 surveillance, contact tracing, and testing strategies and systems in order. Use lockdowns to make contact and map all cases and their contacts. Consider whether sufficient capacity exists to keep up with the contact-tracing required, and whether there are technologies available to facilitate this.



Prepare the health system and protect health workers. Is there sufficient PPE for health workers for the next six weeks, and is there enough coming in the pipeline? Are there enough isolation and ICU beds and have health workers received Covid-19-specific training?



Protect vulnerable groups and maintain non-Covid-19 health care. How should health facilities minimise exposure while maintaining general health care? What are the clinical guidelines in health facilities for prioritising critical care? How will groups vulnerable to Covid-19, such as the elderly, be shielded from the virus? What will be the role of community health workers?



Plan economic stimulus and social protection measures to protect livelihoods. Even after lockdowns are lifted, African economies must still face the demand shock caused by the wider global crisis. Scaling up existing social-protection mechanisms and making cash transfers and food widely available, while looking at support for employment-sustaining businesses, including access to finance, are key ways to support livelihoods.

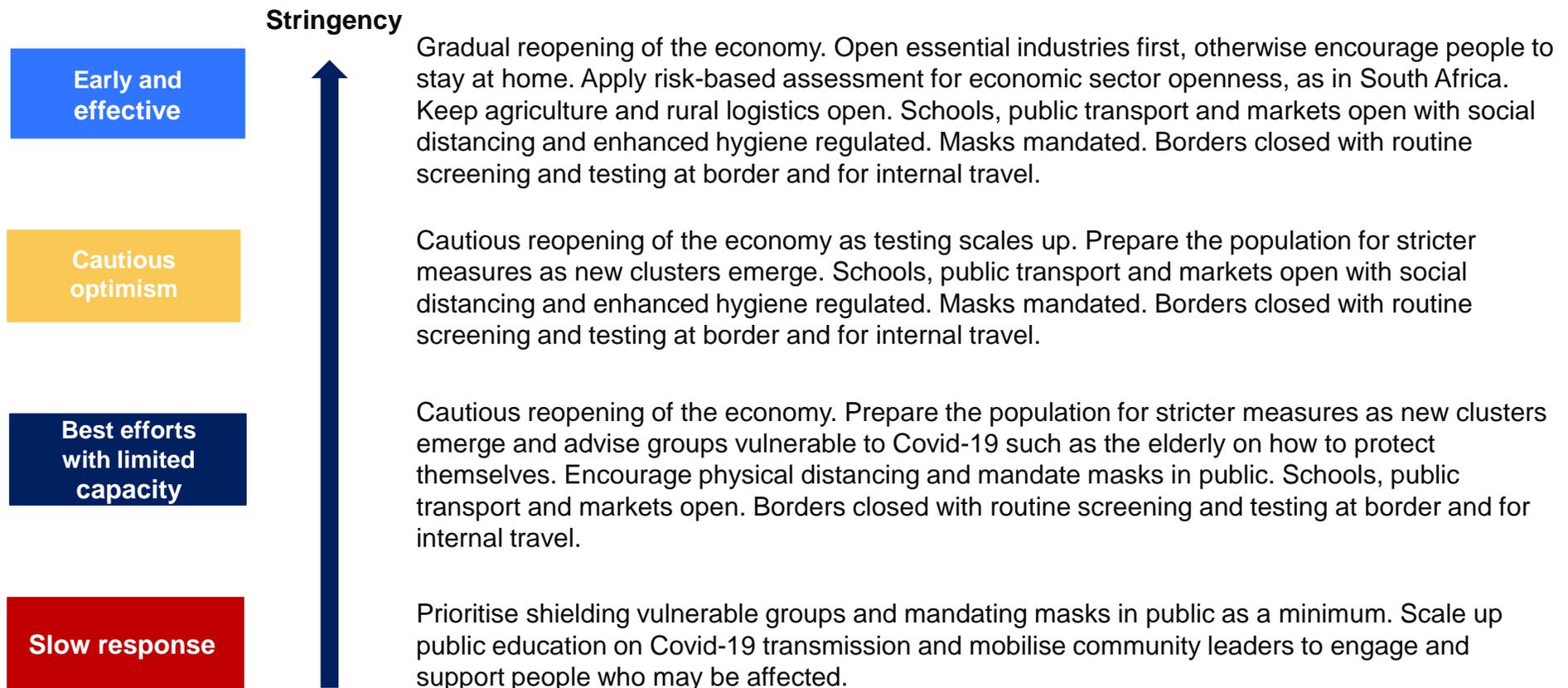


Engage citizens and communities on ongoing social-distancing approaches that will apply after lockdown and mobilise local leaders to promote behaviour change. What baseline evidence is there on the level of community acceptance of social-distancing measures? What will be the measures for public transport, markets, schools, offices and places of worship?



2. Map a detailed framework for containment: Countries will have different options depending on their current trajectory and capacity

While recognising that prolonged lockdowns are not feasible across sub-Saharan Africa, governments with higher capacity can maintain more stringent social-distancing restrictions to limit the spread of Covid-19, as they can deliver the significant financial and other assistance required to protect lives and livelihoods. Mobilising behaviour change through effective public communications and community engagement will be critical in all contexts.





3. Maintain essential non-Covid-19 health care: Deaths from other causes may dwarf Covid-19 deaths if basic health care is not maintained

The Situation:

African countries already face a disproportionate share of the global disease burden. Globally, in 2019, almost 2 million people died of malaria and TB alone. With resources diverted to Covid-19, medical supply chains disrupted and people fearful of seeking health care at a time of public-health crisis, millions may die of non-Covid-19 causes if essential health services are not maintained.

The Covid-19 health response must be balanced against the wider health-care needs of the population. In weak health systems, this will likely mean shielding and isolating at home to free up the system for core non-Covid-19 health care.



Limit the impact of Covid-19 on the health system by protecting health workers and where possible designate separate Covid-19 care facilities.

1. Scale up infection prevention and control (IPC) at health facilities, which will help with both Covid-19 and non-Covid-19 health care
2. Ensure adequate PPE and testing for health workers
3. Re-arrange patient flow for existing facilities to protect non-Covid-19 patients, or where possible separate Covid patients into dedicated facilities



Continue to resource core essential services such as maternal and child health, routine vaccinations, TB screening and malaria prevention.

1. Evaluate vulnerabilities and drivers of mortality and prioritise the necessary services accordingly, including preventative measures
2. Mobilise and strengthen Community Health Workers (CHWs)
3. Maintain comprehensive data collection to identify progress & gaps



Assure the public of the safety of seeking health care and use the crisis to maintain stronger services.

1. Continue to mobilise CHWs to ensure widespread acceptance and access to services
2. Maintain innovations and improvements in IPC, critical care and oxygen therapy to the benefit of routine services



4. Tackle food security: Many African countries face an impending food crisis

The Situation:

Irrespective of Covid-19 suppression measures, many African countries that are net food importers face a food crisis as **global supply chains** are disrupted due to global travel restrictions, export restrictions by some large food exporting nations and severe logistics delays. WFP estimates 300 million people are food insecure in developing countries (166m in Africa alone) that are at risk due to these disruptions. Governments need to manage this and also the impact on food availability in-country of their own Covid-19 measures:

1. **In-country logistics** are disrupted both for agro-inputs like fertiliser and farmer connections to markets.
2. **Farm and food processor production capacity** is declining – particularly as we head to the dry season in many countries
3. **Incomes of the informal sector** – 75% of people in Africa – have fallen, reducing demand and increasing panic (e.g. looting).

Covid-19 measures need to be calibrated against food security policy options available to governments:

01	 <p>Food aid</p>	Scale food aid: locally via food aid for poorest and most affected communities (e.g Covid-19 hotspots) & globally (e.g WFP).	02	 <p>Reserves</p>	Build up strategic grain reserves of at least 6-9 months. Bulk procurement for country to negotiate prices down.
03	 <p>Local food</p>	Set agro-inputs, farming, post-harvest handling and food processing as essential services. Adapt to social distancing and give stimulus for these industries.	04	 <p>Logistics</p>	Designate all logistics as essential services, address disruptions, support industry to adapt, minimise border delays and expedite tech trucking solutions.
05	 <p>Markets</p>	Keep informal markets open but adapt for social distancing. Scale tech solutions for market linkages for farmers. Track food prices.	06	 <p>Imports</p>	Lobby key source countries to minimise export restrictions and transit/shipping countries to adapt and minimise freight costs.



5. Protect and revive the wider economy and livelihoods

The Situation:

African countries face multiple economic shocks and pressures

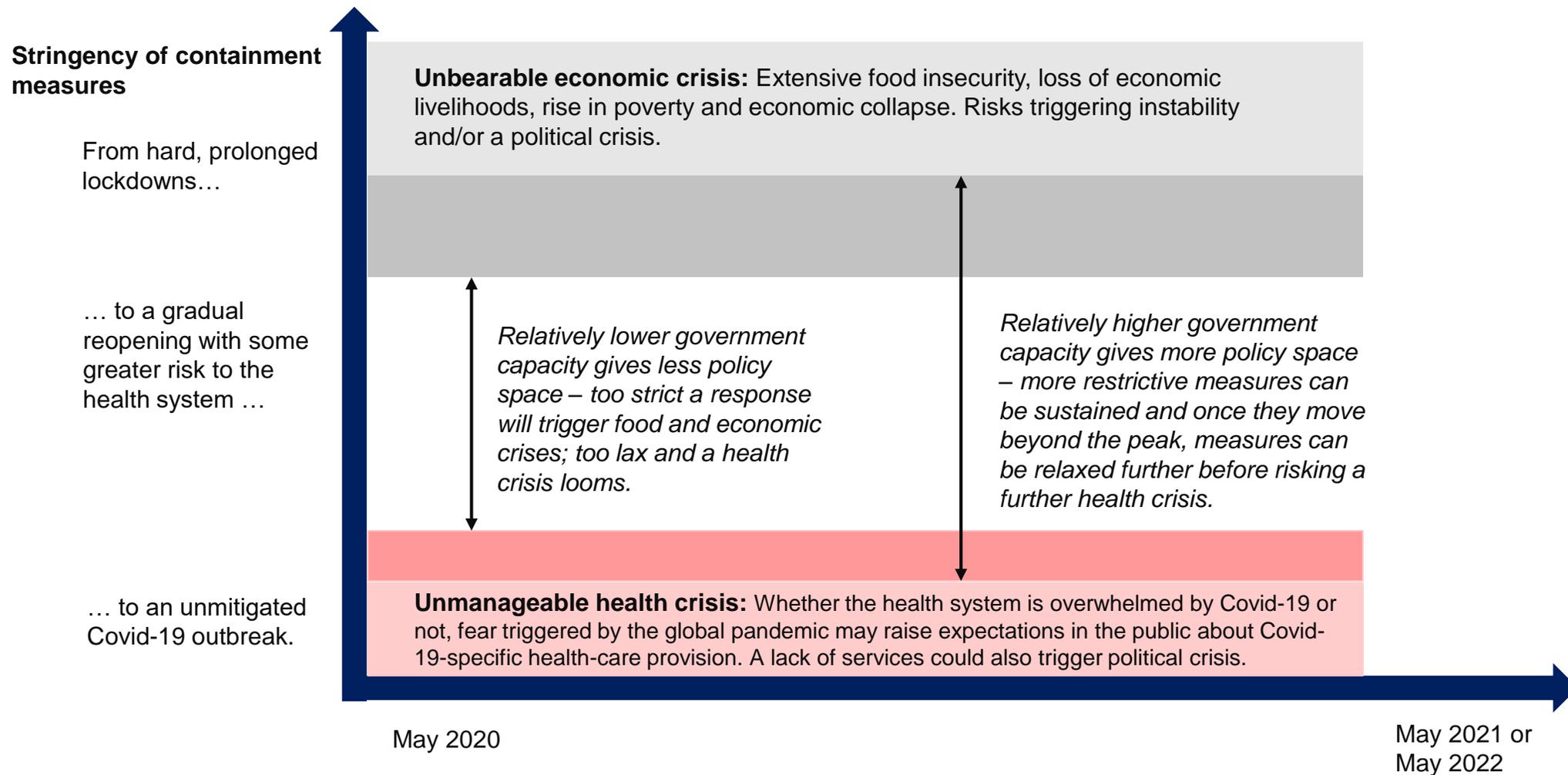
1. **Commodity price decline:** The price of oil was at \$15 per barrel at the end of April. Many countries rely on commodity exports.
2. **Global travel and supply chain restrictions** as a result of Covid-19 global suppression measures: Liquidity constraints worsened.
3. **Local Covid-19 suppression measures**, such as lockdowns
4. Rising debt distress and **limited fiscal and monetary space** for stimulus: Ethiopia's stimulus is 0.15% of GDP vs Germany's 17.3%.
5. **Distraction of international community**, which is focused on its own Covid-19 crisis.

Covid-19 measures need to be calibrated against economic revival policy options available to governments. Each of these is much harder to do than in developed countries because resources are highly constricted:





The policy space available will depend on government capability, especially the ability to adapt and move quickly



Section 4: The international community must step up too



How the international community can directly **support the African health response**

Given the resource constraints, support to African countries by the international community is essential. At this stage support to the health sector should prioritise support for a foundational amount of **Covid-19 coping infrastructure**:

- 1 **Expedite PCR testing**: The WHO, Global Fund, UNICEF and Africa CDC in particular must urgently operationalise pooled procurement and plan rapid distribution of diagnostic supplies. Financing must be expedited.
- 2 **Ramp up antibody testing** to complement limited PCR testing in order to identify immunity in health-care and essential workers for service continuity, and travellers. This can also be managed through pooled procurement.
- 3 Provide financial and human resources to **support ongoing Covid-19 crisis response**, including resources to isolate likely cases and mobilisation of community structures and systems for local support
- 4 **Ensure routine health-care and immunisation continues**, unblocking current issues with logistics for immunisation supplies. Where possible **use the infrastructure for these** (e.g. via GAVI, Global Fund etc) and community health workers **to conduct Covid-19 screening and tests**.
- 5 **Scale up therapeutic trials in Africa** (e.g. such as the London School of Hygiene and Tropical Medicine trials in Nigeria) **and prepare to scale effective drug production** on the continent.
- 6 WHO, Global Fund, UNICEF and Africa CDC should **troubleshoot and scale up equipment procurement mechanisms beyond testing, with PPE a priority**.
- 7 **Scale up investment in local production of PPE, therapeutics, medical equipment and eventually vaccines**.
- 8 **Ensure vaccine trials take place in Africa** to account for genetic differences that may affect efficacy and side effects
- 9 **Ensure effective vaccine(s) when available are made available equitably, as called for at the World Health Assembly**.



How the international community can **support the broader crises Africa faces**

01

G20 Leaders

1. Leadership on global coordination challenges in Covid-19 global response – spanning health, food, supply chains, fiscal space, debt relief and development assistance to African countries.
2. Increase budget for development assistance, including increasing SDR capacity, so stimulus packages can reach at least 8% of GDP and all six access-to-food options can be implemented.
3. Be explicit in calling out export restrictions by major countries, especially of medical equipment, food and other essential items. Avoid protectionism and maintain travel routes.

02

Development and aid community

1. Increase provision of budget support to be responsive to resourcing needs of government stimulus packages (which include health responses). Prioritise countries based on humanitarian crisis map.
2. Fully back government response structures, to ensure singular country approach – not parallel disjointed efforts. Design flexible and adaptive support mechanisms.
3. Designate a lead donor for each aspect of the response that African countries need support on.
4. Set up responsive modalities of support for rapid response to gov't needs in key areas of health and economic responses (e.g. medical equipment, case management, cash transfers and access to food).
5. Increase effort to support key industries and sectors, e.g. technology, manufacturing, agriculture.

03

Development finance institutions

1. Engage in African country resource-mobilisation efforts, e.g via Covid-19 bonds or other.
2. Step up liquidity support facilities for financial sector.
3. Set up investor and business crisis-support facilities.
4. Be pro-active in seeking investment opportunities (e.g. in medical equipment manufacturing, technology solutions agriculture).

04

International private sector

1. Seek investment opportunities, especially in countries with effective responses.
2. Pro-actively engage governments – particularly the more effectively organised ones - to explore business solutions to Covid-19 response problems.
3. Engage in dialogue with governments to help them understand specific fixes they can prioritise.



A longer-term agenda for recovery and pandemic resilience

As the world comes to terms with the pandemic, recovers and re-opens the global economy, a new normal will emerge – in international travel and freight, disrupted global value chains, limited liquidity for higher risk markets, altered demand for global commodities, different appetites for trade and changed political landscapes.

It is also possible that African countries remain a reservoir for a “smouldering” epidemic, as stated by WHO Regional Director for Africa Dr Moeti.

African governments and the international community need to focus on a step change in relationships not a backwards step in development. Initial areas of priority that we suggest here are:

- 1 **“Open-for-business” infrastructure:** Base elements needed to ensure Africa is not shut off by the world. This includes plans to assist with tracking and data collection on the Covid-19 outbreak in the country, evidence by either PCR testing, antibody testing or agreed-upon medical data collection methods, vaccine roll-out (when available) and crisis-management response structures for quick “standing up” in the future.
- 2 A focus on **strengthened health and quality education systems**, utilising key features of the Covid-19 response such as infection prevention and control, and building on localised solutions and technologies.
- 3 **Strengthened continental blocs** – such as the African Union – to drive intra-African coordination and also the engagement with the G20 and other global economic coordination bodies.
- 4 A major focus on **agriculture transformation**, including the capacity of Africa in particular to be self-sustaining in food and export to the world.
- 5 A major focus on the **climate-smart industrialisation and technological transformation** of African economies, building on the opportunities medical equipment and agro-processing create due to Covid-19.