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

As Congress considers the global impact of COVID-19, some Members may examine the implications for sub-Saharan Africa (“Africa”). Most African health systems struggle with low capacity, trailing world averages in per capita numbers of doctors, ventilators, oxygen cylinders, and hospital beds. Although lessons from past pandemics (e.g., recent Ebola outbreaks) led some countries to quickly ramp up disease surveillance and behavior change campaigns, overall state capacity tends to be low.

Countries with high rates of health conditions that can compromise immune systems—such as HIV/AIDS, tuberculosis, diabetes, and malnutrition—may face particular challenges in curbing COVID-19 morbidity and mortality, notwithstanding Africa’s youthful populations. Measures such as physical distancing and frequent handwashing may not be viable for those without access to clean water and sanitation, or living in crowded conditions such as in informal urban settlements, prisons, or camps and other settings for displaced persons. As of 2019, more than 24 million Africans were displaced by conflicts and disasters, and Africa hosted 26% of the world’s refugees, according to U.N. figures. Efforts to counter other diseases, including polio and measles vaccinations and anti-malaria campaigns, have been disrupted due to COVID-19 control.

The pandemic is severely affecting African economies. Global prices for key commodity exports (e.g., oil, natural gas, and certain minerals) have cratered. Job-rich sectors such as transportation and tourism are largely suspended. Informal workers have lost already meager incomes due to COVID-19 control measures. Global trade and supply chain disruptions have led to rising prices for basic goods. In April, the International Monetary Fund (IMF) projected that African economies would contract by 1.6% overall in 2020, the most severe regional recession in decades. The World Bank has estimated that 23 million more Africans may fall into extreme poverty due to the pandemic.

The World Food Program (WFP) warned in March that diminished local purchasing power, spikes in global food prices due to export restrictions and speculation, and supply chain disruptions could cause dire hardships in Africa. Food insecurity was already extensive as of early 2020, including in conflict-affected areas of the Sahel and East Africa (which is also facing locust infestations), and in drought-afflicted parts of Southern Africa.

African Government Responses

African governments have imposed a range of restrictions on population movements and activities. Most have banned large gatherings and closed schools, places of worship, and/or local markets. Nearly all countries have restricted international travel and border crossings. Some have restricted internal travel and/or access to areas with large

caseloads (e.g., Burkina Faso, Niger, Kenya, Democratic Republic of Congo). Several have imposed curfews.

Many African heads of state have invoked emergency powers, including, in a few cases, the authority to issue legislative decrees (e.g., Senegal, where parliament endorsed the move). State security forces have injured or killed civilians while enforcing lockdowns in some countries (e.g., Kenya, Nigeria, and Uganda). Control efforts have resulted in restricted media access, and some crackdowns on COVID-19 “fake news” have raised concerns from press freedom advocates (e.g., Ethiopia, Somalia, Uganda). Residents have reacted violently to lockdowns or the placement of treatment centers in some countries (e.g., Niger, Côte d’Ivoire, South Africa). Such dynamics may deepen the challenge of ensuring compliance with health measures, and could spur future unrest.

Most African governments have allocated new budget resources for their health systems. Senegal is developing an innovative cheap and rapid COVID-19 test kit. Many governments have pledged tax relief and/or targeted financial or food aid for their poorest or most vulnerable citizens (e.g., Kenya, Rwanda, Senegal, South Africa), some of which are supported by U.N. agencies, local firms and civic organizations, and diaspora groups. Some countries have imposed trade restrictions in response to the pandemic (e.g., a ban on fuel exports from Angola). Governments have also cut top officials’ salaries (e.g., in Kenya, Malawi, Rwanda, South Africa).

Nonetheless, many African governments lack sufficient domestic resources to import medical equipment, cushion local economies, and build up food stocks. Prior to the COVID-19 crisis, many African governments were already reliant on donor aid for budget support and/or funding for infrastructure, health, and education projects. African leaders have appealed for international aid and debt relief to support health and economic responses to COVID-19.

Selected U.S. and Global Responses

Health Aid. For more than a decade, about 70% of U.S. annual bilateral aid for Africa—about \$5.3 billion in FY2019—has supported health programs, primarily focused on HIV/AIDS (Fig. 1, below). The State Department and U.S. Agency for International Development (USAID) administer these funds, and the majority of U.S. global health assistance generally. Other federal entities such as the U.S. Centers for Disease Control and Prevention (CDC) also support related efforts, as well as U.S. emergency responses to global disease outbreaks and pandemics.

“The United States has committed more than \$100 billion over the past 20 years to support public health on the African continent—by far the largest donor nation. [...] And those investments... have built the

foundation for Africa to begin to battle this coronavirus.” – Administration telephone press briefing on COVID-19 in Africa, April 22, 2020

As of May 1, the State Department and USAID had announced about \$239 million in health, humanitarian, and governance aid to support COVID-19 response in Africa, including public health information campaigns, lab capacity, disease surveillance, water and sanitation, and infection control in healthcare settings. This is on top of funds for global activities or other federal entities.

The World Health Organization (WHO) has facilitated deliveries of medical and personal protective equipment (PPE), and has sought to coordinate aid and guide response efforts. In April, the WFP, WHO, and African Union (AU) established an air logistics hub in Ethiopia to fly equipment, supplies, and trained personnel across Africa, and to help medically evacuate responders. The WHO is also working with the Africa Centres for Disease Control and Prevention (Africa CDC), an AU agency established with U.S. and Chinese assistance, to build countries' healthcare, disease surveillance, and lab capacities. (The Trump Administration suspended U.S. funding for the WHO in mid-April.)

The government of China, along with Chinese firms and the prominent Chinese tycoon and philanthropist Jack Ma, have provided test kits, PPE, ventilators, technical assistance, personnel, and training to multiple African countries. The European Union (EU) pledged in April to reallocate \$2.2 billion in existing aid to support COVID-19 response in Africa, alongside a similar bilateral pledge from France.

Economic Aid. As of May 1, the State Department and USAID had allocated limited bilateral aid specifically to address economic effects of COVID-19 in Africa (\$2.7 million for Ethiopia). In April, the IMF approved emergency loans for 18 African countries, with few conditions attached, along with debt service relief for 19 African countries. The Group of 20 (G-20) suspended debt payments for the world's poorest countries, many in Africa. The extent to which China's loans are included is uncertain.

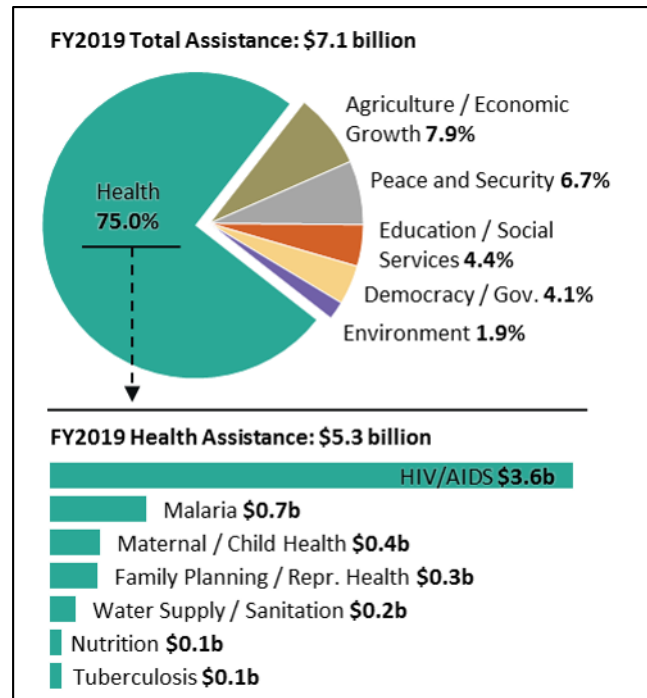
Issues for Congress

COVID-19 poses challenges for bipartisan congressional policy objectives in Africa. These include improving health, addressing humanitarian needs, encouraging free trade, bolstering food security, promoting democracy, and countering China's influence. The pandemic appears likely to complicate U.S. aid delivery and project implementation, military cooperation, commercial access and trade, and oversight. Ultimately, COVID-19 may alter policymakers' priorities, and it could reshape Africa's development and security landscape. Congress may consider whether to modify U.S. aid in response—for example, reorienting food security and economic growth programs in a global context of reduced trade, or adjusting security assistance to bolster African militaries' medical capacity or urban crowd control.

U.S. economic relief for African countries suffering from the impact of COVID-19 may be channeled primarily through international financial institutions (IFIs) such as the IMF, World Bank, and African Development Bank (AfDB), for which Congress appropriates substantial funding. U.S. support for debt relief (whether multilateral or bilateral) or credit for certain countries, such as Zimbabwe and Sudan,

may be limited by longstanding U.S. policy concerns and legislative restrictions. U.S. bilateral aid for certain African countries is also subject to legislative restrictions due to concerns about human rights conditions and other issues.

Figure 1. 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 to CRS by USAID in February 2020.

Note: Does not include funds administered on a global basis.

The pandemic could have a lasting impact on regional governance and stability. Control measures may strengthen authoritarian governments and erode checks and balances in democratic ones, by constraining civil society and opposition activities and disrupting parliamentary and justice system functions. Elections may be delayed, as in Ethiopia, or marred by low turnout due to fears of infection. Economic hardships and food price spikes could spark new unrest or conflicts in a region where state-society relations were already fraught. The advanced age of some African leaders may place them at particular risk from COVID-19, raising the prospect of succession crises.

U.S.-China rivalry in Africa has been a focus for the Trump Administration and some Members of Congress. China's current emphasis on health aid appears intended to deepen its already extensive ties with the region. The Trump Administration's assertion that the WHO (headed by an Ethiopian national) aided China's COVID-19 "cover-up" has spurred sharp pushback from many African leaders. Pro-China narratives may be undermined, however, by the poor treatment of some Africans living in China during the pandemic, the reported poor quality of some donated equipment, and jockeying over debt relief. Other countries seeking influence, military ties, and commercial access in Africa (e.g., France, Russia, Turkey, India, Gulf states) are likewise confronting COVID-19 challenges of their own.

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