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Novel 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, hospital beds, ventilators, and oxygen cylinders. Although lessons from past disease outbreaks (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. Confirmed caseloads in Africa have been relatively low to date, but may be underreported. The pandemic has disrupted efforts to prevent and contain other diseases, including polio, measles, malaria, and HIV/AIDS.

African countries with high rates of health conditions that affect immune systems—such as HIV/AIDS, tuberculosis, diabetes, and malnutrition—may face particular challenges in curbing COVID-19 morbidity and mortality, despite youthful populations. Infection control measures such as physical distancing and frequent hand washing may not be viable for those without access to clean water and sanitation, or living in crowded urban settlements, prisons, or camps and other settings for displaced persons. As of 2019, more than 24 million Africans were displaced due to conflicts and disasters, and Africa hosted 26% of the world’s refugees, according to U.N. figures.

African economies have been severely affected. 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, and remittances from African workers abroad have withered. Informal workers have lost meager incomes due to COVID-19 control measures, and prices for basic goods have risen. 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 estimated that 23 million more Africans could 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 trade 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

Starting in March, most African governments imposed restrictions on international air travel, border crossings, large gatherings, and, in some cases, domestic travel. Many closed schools, places of worship, and local markets; some imposed curfews. (An exception is Burundi, where officials have allowed large campaign rallies ahead of elections slated for May 20.) Since late April, some African

governments have begun to loosen restrictions on religious services and markets; a few have reopened schools.

Most African governments have allocated new budget resources for their health systems, and many 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 targeted aid efforts have been supported by U.N. agencies, private firms, local civic organizations, and diaspora groups. Some countries have imposed trade restrictions (e.g., a ban on fuel exports from Angola). Some governments have also cut top officials’ salaries (e.g., Kenya, Malawi, Rwanda, South Africa).

Several countries have pursued innovative pandemic responses. Senegal is developing a cheap and rapid COVID-19 test kit, while Rwanda and Ghana have pioneered the use of drones to deliver medical supplies to rural areas. Nonetheless, many African governments lack sufficient domestic resources to import medical equipment, cushion local economies, and build up food stocks. African leaders have appealed for international aid and, in some cases, debt relief in light of the impact of COVID-19.

In responding to the pandemic, some African governments 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 crackdowns on COVID-19 “fake news” have raised concerns from press freedom advocates (e.g., in Ethiopia, Somalia, and Uganda). Residents have rioted against lockdowns or the placement of treatment centers in some countries (e.g., Côte d’Ivoire, Niger, and South Africa).

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 managed by other 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. The WFP, WHO, and African Union (AU) have established regional air logistics hubs 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.

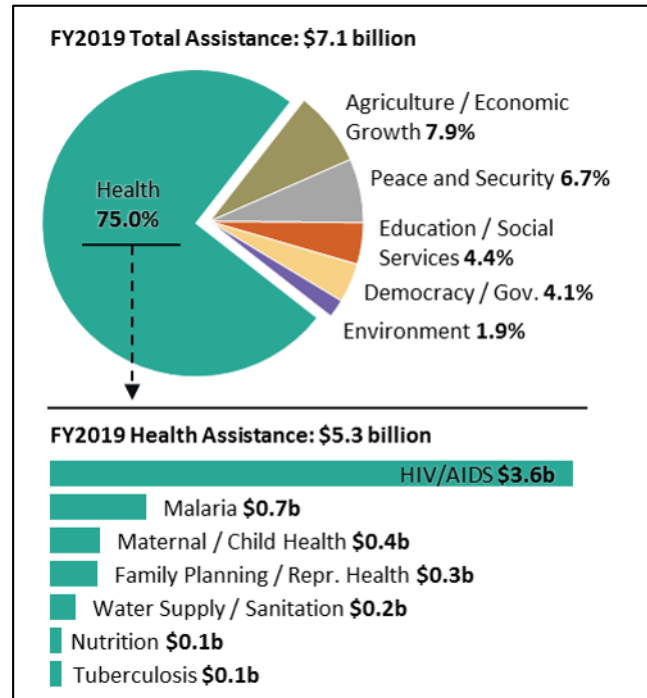
Economic Aid. As of May 1, the State Department and USAID had allocated limited bilateral aid to address economic effects of COVID-19 in Africa (\$2.7 million for Ethiopia). As of May 11, the IMF had approved emergency loans—with few conditions attached—for 25 African countries, and debt service relief 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. Some African governments are also in talks with private creditors.

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—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 such as the IMF, World Bank, and African Development Bank, for which Congress appropriates substantial funding. U.S. support for debt relief 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 human rights concerns 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.

Control measures may strengthen the region's authoritarian regimes and erode domestic checks and balances in more democratic ones, for example 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. At the same time, some governments may be weakened. Insurgent and terrorist groups may seize new opportunities (although the full impact on their strength remains to be seen), and economic hardships could spark new unrest or conflicts. Some African leaders may be at particular risk from COVID-19 due to their age or health conditions.

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. The poor treatment of some Africans living in China during the pandemic, the reported poor quality of some donated equipment, and uncertainty over debt relief may undermine pro-China narratives in Africa, however. 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.

Alexis Arieff, Coordinator, Specialist in African Affairs

Lauren Ploch Blanchard, Specialist in African Affairs

Nicolas Cook, Specialist in African Affairs

Tomas F. Husted, Analyst in African Affairs

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