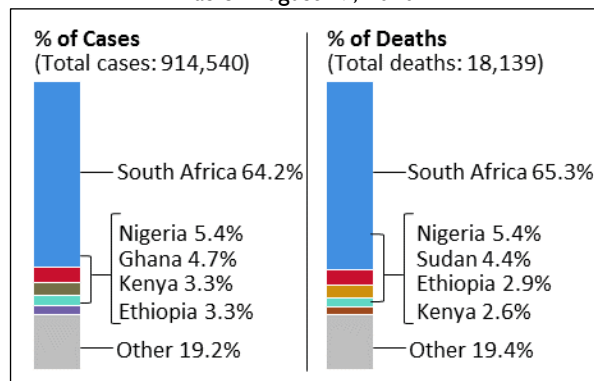




## Coronavirus Disease 2019 (COVID-19): Impact in Africa

As of August 2020, confirmed COVID-19 cases and deaths per capita in Sub-Saharan Africa (“Africa”) continued to lag other regions. Cases also remained concentrated in a handful of countries, led by South Africa (**Figure 1**)—which has conducted the most COVID-19 tests by far—although cases were rising quickly in many locations. In general, World Health Organization (WHO) scientists have predicted that COVID-19 may spread more slowly in Africa than in some regions due to social and environmental factors, including poor transportation infrastructure. At the same time, cases are likely underreported, as testing has been hampered by capacity constraints and the refusal of a few governments to track or publish data. Low death rates may be attributable to Africa’s young populations, although the full effects of COVID-19 comorbidity with conditions such as HIV/AIDS and malnutrition remain to be seen.

**Figure 1. Total Confirmed Cases and Deaths in Africa as of August 17, 2020**



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

The pandemic has further weakened Africa’s already fragile health systems, sickening thousands of local health workers and disrupting efforts to prevent and contain other diseases such as HIV/AIDS, tuberculosis, malaria, measles, and polio. Preventive measures such as distancing and frequent handwashing may not be viable for those without access to clean water and sanitation, or in crowded urban areas, prisons, or camps for displaced persons and refugees. As of late 2019, more than 24 million Africans were displaced due to conflicts and natural disasters, and Africa hosted 26% of the world’s refugees, according to U.N. figures.

The regional economic impact of the pandemic has been severe, due to a drop in global demand for key African natural resource exports (such as oil, natural gas, and certain minerals), the disruption of global trade and tourism, and the impact of local lockdown measures. Remittances from African workers abroad have also withered. The International Monetary Fund (IMF) and others expect the region to register its sharpest economic contraction in decades. The World Bank estimated in June that 26 to 39 million more Africans could fall into extreme poverty due

to the pandemic (+6-9%). The World Food Program (WFP) has warned of a “hunger pandemic” in Africa, where food insecurity was already widespread.

### African Government Responses

**Public Health Responses.** Despite capacity challenges, many African governments quickly ramped up disease surveillance, case isolation, contact tracing, and behavior change measures in early 2020, drawing on lessons from managing other infectious disease outbreaks (e.g., Ebola and tuberculosis). In March 2020, most countries imposed restrictions on air travel, border crossings, large gatherings, nonessential businesses, and, in some cases, domestic transit. Some imposed curfews. Starting in late April, many African governments began to loosen constraints on religious services, markets, transportation, and the education sector. Some countries have since re-imposed some restrictions in response to spikes in cases (e.g., South Africa), while others have continued to reopen gradually.

Several countries have pursued innovative responses to the pandemic. For example, Senegalese institutions have collaborated 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. South African cell phone firms have supported the creation of a telemedicine system.

The African Union’s Africa Centers 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, medical equipment, and other health commodities (e.g., personal protective equipment or PPE). In June, the Africa CDC launched the non-profit Africa Medical Supplies Platform to support pooled purchases of medical and sanitary materials, with the aim to reduce costs, ease procurement, and overcome trade and supply disruptions.

**Economic Responses.** Most African governments have reallocated budget resources, instituted economic stimulus measures (e.g., tax relief or loan guarantees), and initiated targeted aid for their most vulnerable citizens. U.N. agencies, private firms, local civic organizations, and diaspora groups have supported some efforts. Many central banks have acted to increase liquidity. Overall, however, most African governments lack sufficient domestic resources to import medical equipment, cushion local economies, and build up food stocks. A number of African leaders have appealed for new donor aid and/or debt relief to support pandemic response and economic recovery.

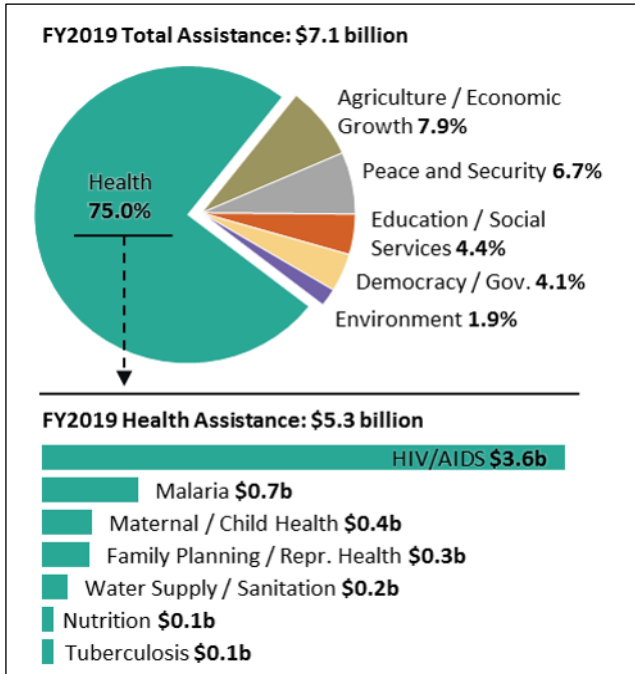
**Governance Implications.** Several heads of state have invoked emergency executive powers to respond to COVID-19. Security forces have injured or killed civilians in some countries while enforcing lockdowns or responding to protests spurred by pandemic-related hardships (e.g., in

Kenya, Nigeria, South Africa, and Uganda). Control efforts have resulted in restricted media access, and crackdowns on COVID-19-related “false news” have raised concerns from press freedom advocates (e.g., in Ethiopia, Somalia, and Uganda). 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).

**Selected U.S. and Global Responses**

**U.S. Assistance.** As of July 29, 2020, the State Department and U.S. Agency for International Development (USAID) had announced over \$464 million in health, humanitarian, and economic assistance to support African responses to COVID-19. The Department of Defense and U.S. Centers for Disease Control and Prevention (CDC) have also provided support. Most U.S. bilateral aid for Africa supports health programs, focused on HIV/AIDS (Figure 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 WHO has sought to coordinate aid and guide 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, and to help medically evacuate responders. The WHO is also working with the Africa CDC to build African countries’ health care, disease surveillance, and lab capacities. (The Trump Administration suspended U.S. funding for the WHO in April 2020 and pledged in May to withdraw from the organization.)

As of August 2020, the IMF had approved pandemic-related emergency loans for 33 African countries and separate debt service relief for 22 African countries. The Group of 20 (G-20) has suspended debt payments for the world’s poorest countries, many in Africa. The extent to

which China’s loans are included remains uncertain. Some African governments are also in talks with private creditors.

The government of China, along with Chinese firms and the prominent Chinese tycoon and philanthropist Jack Ma, have provided medical and PPE supplies, 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.

**Outlook and Issues for Congress**

COVID-19 has adversely affected bipartisan U.S. policy goals in Africa, such as improving health and food security, encouraging trade and investment, promoting democracy, and countering China’s influence. The pandemic has also complicated U.S. aid implementation, military cooperation, commercial access, and oversight. Ultimately, the pandemic may reshape Africa’s development and security landscape and could alter U.S. policy priorities and aid.

African governments have struggled to access critical supplies to fight COVID-19 amid global competition, and leaders have raised concerns about future access to vaccines and therapeutics. Aid groups and African officials also have questioned the potential impact of the U.S. withdrawal from the WHO on the agency’s public health work in Africa, including routine vaccine campaigns and emergency responses to other disease outbreaks. African leaders have also called for 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, for which Congress appropriates U.S. funds. U.S. support for multilateral debt relief or credit for certain countries (e.g., Zimbabwe and Sudan) has been limited by longstanding U.S. policy and legislative restrictions.

The pandemic could affect regional political stability and governance trends. Many countries have imposed new restrictions on civil liberties and/or disrupted parliamentary and judicial functions. Elections may be delayed—as in Ethiopia—or marred by low turnout. An inability to contain COVID-19 and/or respond effectively to its economic shocks may further undermine the popular legitimacy of governments already facing protests, insurgencies, and/or Islamist militant threats. Governments undergoing seismic political transitions (e.g., in Sudan and Ethiopia) have come under increased strain. Some observers suspect that Burundi’s president became the world’s first head-of-state fatality from COVID-19 when he died in June 2020—although “cardiac arrest” was the official cause.

Meanwhile, several foreign governments seeking to increase their influence in Africa, including China, appear to view COVID-19 as an opportunity to do so. The Trump Administration’s assertion that the WHO (headed by a former Ethiopian official) aided China’s COVID-19 “cover-up” spurred a sharp pushback from African leaders. At the same time, the poor treatment of some Africans living in China during the pandemic, the reportedly poor quality of some Chinese donated equipment, and uncertainty over debt relief may undermine pro-China narratives in Africa.

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