



COVID-19 and the African Union

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06 Apr 2020

6 min read

PUBLIC HEALTH INTERNATIONAL ORGANIZATION



Africa represents the third wave of the spread of COVID-19, but its impact may significantly undermine the reform, programmes and operations of the African Union.

COVID-19 infection rates in Africa are still lagging far behind East Asia, Europe and North America, but the virus has now arrived in most African countries. The number of confirmed cases, with **approximately 5000 confirmed cases** by end-March is still low for a continent of approximately 1.2 billion people. In comparison, Norway, with a population of 5.3 million had approximately the same number of confirmed cases by the end of March. In both Africa and Norway the actual number of cases are estimated to be much higher. Nevertheless, projections are that **the number of cases will grow exponentially in Africa** over the next 100 days, as it did elsewhere.

The slow onset, and the early lessons emerging from China, Europe and elsewhere, enabled African countries, on the advice of the African Center for Disease Control (CDC) and the World Health Organisation (WHO), to act much earlier and much more decisively to close their borders and to introduce social distancing measures than countries elsewhere did, when they had similar levels of confirmed cases.

From the time when the corona virus was first detected in Wuhan in December 2019, the African CDC worked with the WHO to advise and build the capacity of African governments and public health agencies, to prepare for the eventual arrival of the virus. Most recently it has coordinated the distribution of the **20,000 laboratory diagnostic test kits, 100,000 medical masks, and 1,000 protective suits and face shields that Jack Ma's Alibaba Foundation** has donated to African countries.

The African CDC has not only become the most visible face of the African Union (AU) in this pandemic, but it has demonstrated how valuable the investment in such a specialised agency can be. By pooling expertise at the multilateral level, the AU can provide technical assistance to all its member states, play a critical role in supporting coordination among them, and help to mobilise support on their behalf with international partners.

When the overall number of infections increase, the case load of patients that need medical care **will significantly disrupt** already weak health systems. **Economic forecasts in most African countries are already being downgraded by at least 2-3 percentage points for 2020.** With large proportions of people self-employed in the informal economy, COVID-19 containment measures are likely to have an immediate impact on livelihoods. These effects in the health and economic sectors will expose and compound pre-existing social, political and environmental vulnerabilities, especially in conflict-affected countries and regions. In some cases this may lead to social unrest or violent conflict.

"Several of the AU's initiatives, such as the Silencing the Guns campaign and the implementation of AfCFTA will be affected."

However, it is also important to keep in mind that **many of the previous public health worst-case scenarios related to Ebola and the HIV/Aids epidemics have not materialised**, partly because although governance is weak in most African countries, social and community resilience is generally robust.

From the onset, Africa countries have recognised that they will not be able to cope on their own with the potential magnitude of this pandemic, and they have turned to the AU, the United Nations and others for assistance with coordination, prevention, preparedness and containment. **African Health Ministers met already in February to start coordinating the African response.** Similarly, African Finance Ministers met virtually in mid-March to coordinate their response to the COVID-19 pandemic. Amongst others they have called for a debt interest payments waiver to increase liquidity, so that African countries can be in a better position to increase health spending and stimulate their economies.

Yet, the travel restrictions and social distancing measures introduced by the AU and African countries to prevent and contain the spread of the virus are now also starting to significantly disrupt the ability of the Union to help contain the pandemic. On 13 March the Commission announced a suspension of all AU meetings until further notice. The AU is an intergovernmental body that is reliant on member state direction and engagement. The suspension of meetings and travel will have a considerably effect on the work of the Union. For example, several of its high-level strategic initiatives, such as the Silencing the Guns campaign, AU reforms including the roll-out of new a 0.2 percent import levy, and the implementation of the African Continental Free Trade Agreement (AfCFTA), will be affected. It is unlikely that the extraordinary summit scheduled for May in South Africa will go-ahead, and its postponement will cause delays in both the Silencing the Guns campaign and the AfCFTA time-table. **The commencement of trading within the AfCFTA was slated for 1 July 2020, but will now most likely have to be postponed.**

The work plan and daily functioning of the AU Commission has also been significantly affected. The Commission's headquarters and its offices across Africa have been locked down and only essential staff, on a rotational basis, are allowed access. All operations and travel have been suspended for two weeks, but this is likely to be extended until further notice. AU staff is working from home on those aspects of their work that can be done remotely, but frequent electricity cuts and unreliable internet access in many countries makes that difficult.

The measures taken to prevent the spread and contain the virus will also, however, limit and hinder the AU's capacity to prevent and manage new and existing conflicts. **The African Union's Peace and Security Council (PSC) has suspended its work until at least mid-April.** The pandemic is only likely to have further spread by then, so the PSC will have to adapt to the new reality and find alternative ways to meet. **The UN Security Council, facing similar limitations, has resorted to meeting remotely, using technical rollovers when mandate renewals are due and voting in writing when needed.** The PSC is managing several ongoing operations and have a number of critically important issues on its agenda. For example, following the AU Summit in February, the PSC was working on an initiative to deploy a 3,000 strong AU force in the Sahel. Other key issues include the AU operation in Somalia, the implementation of the peace agreement in South Sudan and the withdrawal and replacement of the joint AU-United Nations mission in Darfur.

The AU's peace support operation in Somalia (AMISOM) is continuing to undertake essential operational tasks but it has also implemented measures aimed at preventing and containing the spread of the virus. All rotations, and new deployments have been suspended. Civilian staff outside Somalia are working from home and non-critical staff were moved out of Mogadishu. In the AMISOM headquarters in Mogadishu essential staff work in decongested offices and from their rooms. There are limitations on the size and number of meetings that can be done remotely. Staff that have arrived in mission before travel was suspended or who are otherwise suspected of having COVID-19 are isolated until medically cleared.

The global response to the spread of COVID-19 in Africa has thus far reflected the recent shifts in the emerging global order and its implications for Africa. The US, India and the Gulf states have been largely absent thus far, and this is unlikely to change as both the US and India is managing their own COVID-19 emergencies. Africa was on the top of the EU agenda until February, but in early March the migration crisis with Turkey and subsequently COVID-19 - with Europe now at the epicenter of the crisis - seems to have overwhelmed the EU agenda for the time being. China, on the other hand, seems to be over the worst and is now in a position to help the rest of the world (as opposed to January when they received help from EU and others). China has visibly stepped up its **medical diplomacy** and has been very active in sharing its COVID-19 containment experience, as well as distributing medical supplies and equipment to countries in Africa. COVID-19 may be the trigger for China to also become a major humanitarian actor in the future.

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Overall, the AU and its members have been relatively quick to take measures to prevent and contain the spread of COVID-19, also in its peace support operations. These actions will probably save many thousands of lives. However, these steps will also have an adverse effect on the AU's work plan and operations.

The AU cannot wait until the crisis is over. No one knows at this stage when the social distancing prevention and containment measures can be relaxed, but if Africa follows the global pattern, the number of people infected in Africa will exponentially increase over the coming weeks and months, and it is thus unlikely that these measures can be relaxed for several months. There is an urgent need for the AU and its members member states to develop new ways of working that are less reliant on travelling and physical meetings. This will be a challenging transition for an intergovernmental organisation whose programmes are currently dependent on step-by-step member state inputs, validation, approval and funding. A potential alternative is for member states to change the way they achieve oversight, by switching from physical meetings to written inputs and remote meetings.

The AU Commission must revisit its work plan to determine which programmes, in light of COVID-19, are critical to continue over the coming months, and which programmes can be temporarily suspended so that funds and staff can be re-allocated to COVID-19 related programming. This means the Commission will need to make tough decisions to suspend some activities and to re-organise themselves around a smaller portfolio of strategically important and mission critical priorities.

(Main image: John Nkengasong, Director of Africa-CDC, speaks during a press conference on COVID-19 at African Union (AU) headquarters in Addis Ababa, Ethiopia, on 10 March 2020 - Michael Tewelde/AFP via Getty Images)

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