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African regional responses to COVID-19

COVID-19

By Alfonso Medinilla, Bruce Byiers and Philomena Apiko

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COVID-19 has firmly set foot on the African continent, affecting all African countries. Any failure to contain the virus in one country ultimately threatens the safety of others. This 'weakest link' characteristic calls for a coordinated response across countries. Yet, the volume of analysis of international and national responses stands in contrast to what has been written or discussed about regional responses, particularly in Africa.

This note summarises and reflects on the different roles played by the African Union and a sample of the continent's regional organisations in shaping collective, coordinated regional responses. It finds that the AU has played an effective role in communicating about and shaping African responses, with technical legitimacy provided through the Africa CDC. The AU has also been able to inspire collective action in a unified call for international solidarity.

At the regional level, responses reflect a spectrum of cooperation and complexity – rising from information sharing; to 'nudging' and guiding; to active coordination of state responses, to collective action. Different RECs are managing to operate at different levels, depending on their regional and institutional histories, structural features such as the size and coherence of the REC, as well as the political economy dynamics of the countries in its region. Existing regional response capabilities also partially reflect a problem-driven response to the past West African Ebola crisis.

One can expect that the COVID-19 crisis will have a similar effect on regional health cooperation, yet its long term impact on African integration more broadly remains to be seen.

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Acronyms

AfCFTA	African Continental Free Trade Area
AfDB	African Development Bank
Africa CDC	Africa Centres for Disease Control
AFTCOR	Africa Task Force for Coronavirus
AU	African Union
BCEOA	Central Bank of West African States (Banque Centrale des Etats de l'Afrique de l'Ouest)
BMZ	Federal Ministry of Economic Cooperation and Development (Germany)
BOAD	West African Development Bank (Banque ouest-africaine de développement)
COMESA	Common Market for Eastern and Southern Africa
COVID-19	Corona Virus Disease 2019 (2019-nCoV)
DTIC	Department of Trade, Industry and Competition (South Africa)
EAC	East African Community
ECDPM	European Centre for Development Policy Management
ECHO	Extension for Community Healthcare Outcomes (Africa CDC)
ECOWAS	Economic Community of West African States
EU	European Union
G20	Group of Twenty
GDP	Gross Domestic Product
IGAD	Intergovernmental Authority on Development
IMF	International Monetary Fund
NCDC	Nigeria Centre for Disease Control
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PPE	Personal Protective Equipment
RCC	Regional Collaborating Center
RCSDC	Regional Centre for Surveillance and Disease Control (ECOWAS-WAHO)
REC	Regional Economic Community
SADC	Southern African Development Community
SRHR	Sexual and Reproductive Health and Rights
STC	Specialised Technical Committee (AU)
TB	Tuberculosis
Tralac	Trade Law Centre
UNECA	United Nations Economic Commission for Africa
US CDC	United States Centers for Disease Control and Prevention
WAHO	West Africa Health Organisation
WHO	World Health Organisation
WFP	World Food Programme

1. Introduction

There is widespread recognition that the novel coronavirus is a global challenge. In order to contain the virus and address its devastating secondary effects, global collective action will be needed. Viral outbreaks do not respect borders, and the inability of one country to limit contagion will negatively impact its neighbors and others over time, making the pandemic a 'global public bad'. This 'weakest link' characteristic –meaning that any failure to contain the virus threatens the safety of everyone else– calls for a coordinated response to the viral outbreak. As such, the pandemic is also a stress-test for collective action at the continental and regional levels.

Yet, in contrast to the vast literature on international and national responses that has quickly emerged, far less has been written or discussed about regional responses, particularly in Africa. While within countries societies are being asked to minimise contact and isolate while maintaining vital services –ranging from localised 'recommendations to national lockdowns– the same goes for what we see between countries, with ports and borders closing except for necessary services. The difference is that regional organisations have less authority, and often cumbersome processes to agree on what or whose rules to follow. That risks becoming a coordination problem with serious health and economic consequences.

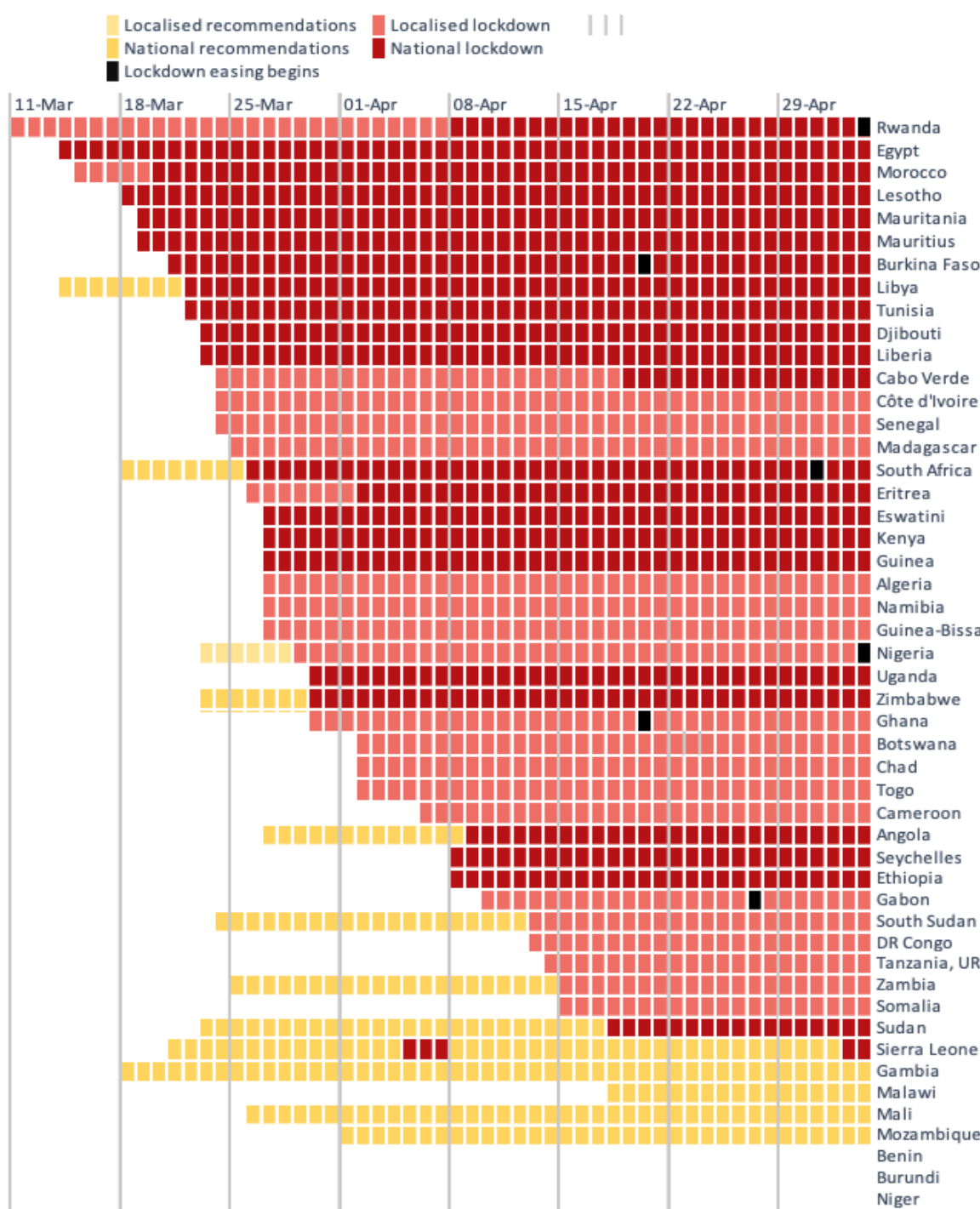
This note summarises and reflects on the different roles played by the African Union and a sample of the continent's regional organisations in shaping collective, coordinated and cooperative health responses, and in addressing the economic impacts of the pandemic. It discusses the various initiatives taking place at the continental and regional levels to understand what role these bodies are playing in addressing COVID-19, and relates these to past ECDPM work on the political economy dynamics of regional organisations. The insights drawn are important for understanding the ongoing response, but regional cooperation and coordination will also be important as countries and regions begin to exit from lockdown.

1.1. African containment measures

COVID-19 is a global pandemic, yet the progression of the virus is different in every part of the world. With over 4 million cases confirmed world-wide, reported infections in Africa remain comparatively low. Infection rate figures appear to be evolving differently in Africa, and recorded COVID-19 fatalities remain considerably lower than elsewhere, leading some to suggest that the continent may yet be spared from the worst ([Pilling 2020](#)), pointing to the young population of the continent, warmer weather and even the prevalence of BCG vaccinations against tuberculosis. Yet with over 80,000 confirmed cases affecting all countries on the continent on 18 May 2020 (Africa CDC), it is clear that the continent will face a serious health crisis. Figures started rapidly rising late April 2020, when Africa experienced a jump of more than 40% in just over a week ([Burke 2020](#)). In May 2020, the WHO further warned for mass casualties and overwhelmed health systems over a longer period of time if countries fail to take a proactive approach to the crisis ([WHO 2020](#)).

Several African countries were seen to react quickly, issuing travel bans and quarantine measures to stop the virus from getting a hold on the continent ([World Bank 2020b](#)). The first measures taken by African governments were to restrict cross-border movement and limit flight travel. Though countries began implementing physical distancing and other measures to contain the spread of the virus once it became clear that the pandemic would not be stopped at the border, the speed and depth of these has varied. Rwanda was the first to react, imposing a localised lockdown in the second week of March ([Mugabi 2020a](#)). Others quickly followed suit (see Figure 1). Malawi declared a national emergency, banned public gatherings and closed down schools on 24 March 2020, before any cases were recorded in the country ([Kondowe 2020](#)), though the lockdown was then overturned by the courts after rights groups complained of its impact on the poor and most vulnerable ([Pilling & Cottering 2020](#)). South Africa's neighbour Botswana, imposed similar measures as of 2 April, after just three cases of COVID-19 were recorded.

Figure 1: African lockdowns, by date of application, stringency and geographic coverage (4 May 2020)



Source: Based on data collected by officials at the ECA subregional offices and from University of Oxford, Blavatnik School of Government, Oxford COVID-19 Government Response Tracker. Available at www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker. Data use policy: Creative Commons Attribution CC BY standard.

Note: Lockdowns here are defined as restrictions on internal movement. If no new information is available, existing lockdowns are assumed to be in place as last reported.

Source: [UNECA 2020c](#)

South Africa stands out, not only for the speed of its local outbreak, but also for the measures it has taken to contain it. President Cyril Ramaphosa invoked a “state of national disaster” on 16 March 2020 (62 recorded

cases) and imposed a nation-wide lockdown from 26 March 2020, after the number of cases rose from 62 to 402 in little over one week. In April 2020, the country further ramped up its efforts and rolled out mass screening and testing, including with mobile and (privately-run) drive-through testing sites ([IOL 2020a](#)). In Senegal a laboratory has used its AIDS and Ebola experience to develop a \$1 COVID-19 testing kit ([Al Jazeera 2020](#)).

As of mid-May 2020, countries are slowly moving to relax the stringent measures that were taken in March and April 2020. Yet experts and the Africa CDC calls for caution and warns against assuming that African countries have seen the worst ([Pilling 2020](#)). Low levels of testing may be obscuring the full impact of the virus on the continent, making relaxation a risk ([Ravelo 2020](#)).

Overall, most African states reacted quickly to the threat of the virus, not least given the challenges they face in treating cases. But that is not the only challenge.

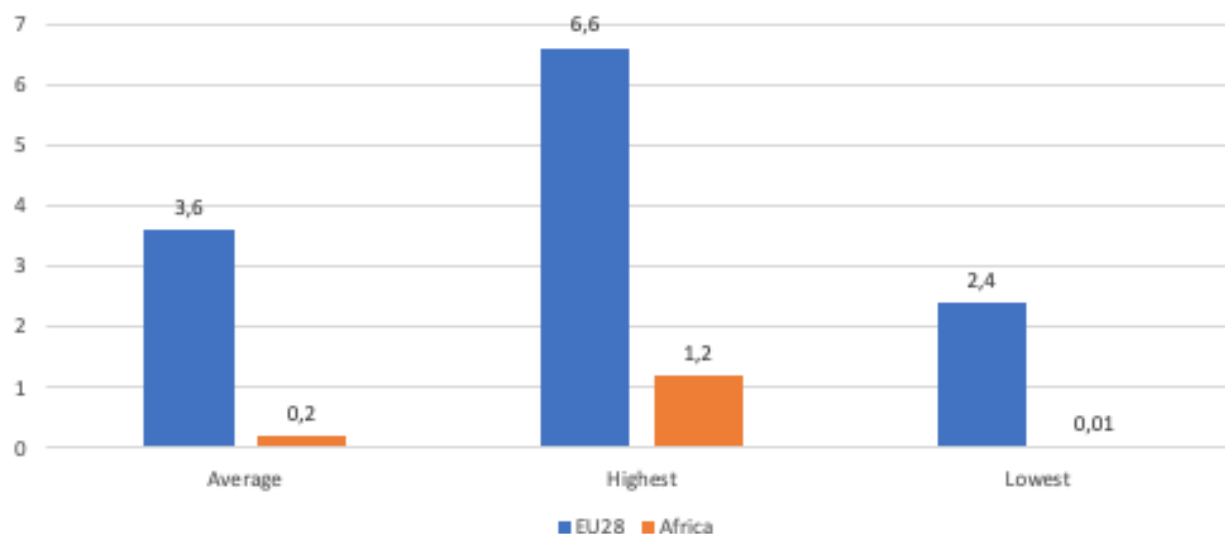
1.2. Key challenges

African countries face a number of specific challenges in addressing a respiratory pandemic, implementing containment measures in African societies, and dealing with the accompanying global economic shock. The following three factors are key in shaping African preparedness and containment strategies in the coming weeks and months.

1. **Weak health systems and equipment shortages:** while Africa's major health indicators (life expectancy, mortality and morbidity) have improved enormously over the past two decades ([UN 2019](#)), the emphasis in many countries has been on fighting specific health threats (child mortality, maternal health and SRHR, malaria, TB, Ebola and HIV/AIDS) and on improving access to elementary health services ([WHO 2018](#)). Overall access to quality services however is low, especially in rural areas¹. National health systems are generally underfunded and understaffed ([WHO 2013](#)), and access to specialised care is highly unequal, exemplified by the common practice of African elites seeking health care abroad ([Musvanhiri 2017](#)). This leaves many African health systems thoroughly unprepared for dealing with a respiratory illness, and worse a pandemic. Thus far, African health systems have not been overrun, yet experts warn that a prolonged COVID-19 outbreak, would lead to thousands of hospitalisations, which would severely strain the health capacities of countries. ([WHO 2020](#))

As the world scrambles to produce and acquire the necessary personal protective equipment (PPE) and ventilators. Figures coming out of African countries are worrying at best. At the start of the crisis for example the Central African Republic had just three mechanical ventilators to serve a population of 4.7 million ([NRC 2020](#)). As the US and even European countries are competing for ventilators and other equipment ([Dettmer 2020](#)), fears are that even if finance can be made available to buy them, African countries' health systems will be at the back of the queue for lifesaving equipment. EU export restrictions in place in late April on medical equipment put countries in northern and Sub-Saharan Africa at risk given their reliance on EU suppliers (Bown 2020). African countries were also among the countries to have least lowered import barriers to COVID-19 medical supplies and medicines (Stellinger et al. 2020). In addition, most African countries lack the technical medical expertise, such as pulmonologists and respiratory therapists, needed to operate ventilators ([Obaseki et al. 2015](#)).

¹ In 2015, the ILO calculated that 83% of Africa's rural population have no entitlements to health care and that as much as 77% of the population has no access to healthcare due to the absence of health workers ([ILO 2015](#)). While significant efforts have been made to expand access to health care across the continent's rural communities, this mostly focuses on basic health services, not the specialised care that is needed for managing a respiratory pandemic like COVID-19.

Figure 2: Number of physicians per 1000 people (EU28: 2016; Africa: 2015)²

Source: [OECD 2019](#); [WHO 2018](#)

2. **Containment measures and managing mobility:** In Africa's major cities and many informal settlements, the challenges of enforcing physical distancing are significant. Not only do people live closely together, the use of shared infrastructure and sanitation also accelerates the spread of infectious diseases. Furthermore, in the absence of a suitable social safety net, it is unfeasible for a large part of the population to stop working, particularly the millions of Africans working in low-income jobs and the informal sector, leading some to conclude that social distancing is therefore considered to be a luxury few can afford ([Noko 2020](#)). In April 2020 43 out of 55 African countries closed their borders, and while many countries allow goods to pass, these measures are having a severe effect on sectors and communities that rely on cross-border value chains and trade as well as on migrant workers³. Containment measures can also lead to return movement of migrant workers, potentially accelerating infection rates. For example, migrant mine-workers in South Africa sought to return to their home countries such as Mozambique, when the lockdown was announced there ([AIM 2020](#)).
3. **Economic vulnerability and limited fiscal space:** Emerging economies, including in Africa, had already seen unprecedented capital outflows of around \$100billion by the beginning of April 2020 ([Georgieva 2020](#)). Further, oil prices began to fall sharply before the Covid-19 crisis began hurting hydrocarbons exporters like Nigeria, Angola and Algeria. Slowing global trade has also impacted demand and transport for other exports from Africa, while measures to contain the virus have at least partially closed most borders between African economies - given the reliance of most economies on regional trade and transport for access to key imports or to export markets through ports and transport corridors, this risks undermining necessary cross-border trade. Further, remittances and tourism, other vital sources of foreign currency, have also fallen sharply. All of this has left many developing countries in an extremely vulnerable situation, with economic growth expectations slashed, falling revenues, rising unemployment and weakening currencies. The African Union calculated the economy is set to contract by 0.8% to 1.1%, with an estimated 20 million jobs at risk.

² Highest/lowest indicates the countries with the highest or lowest ratio in the region.

³ Cocoa production in Côte d'Ivoire for example, heavily relies on migrant workers from neighbouring Burkina Faso, who are being returned and unable to get to work ([Steinwehr 2020](#)).

The World Bank projected that economic growth will decline to between -2.1 and -5.1% in 2020 from 2.4% in 2019, leading to the first African recession in 25 years ([World Bank 2020a](#)). The economic effects coupled with the disruption of agri-food supply chains (due to labor shortages, transport and mobility problems) also risk increasing food insecurity, especially in food importing economies.⁴

Most African governments lack the fiscal space to respond adequately to protect businesses, jobs and provide social safety nets to the most vulnerable members in society in the way that developed country governments have been able to. What is clear, is that on a continent with limited social safety nets, the direct cost of COVID-19 containment measures, combined with the global slowdown and worsening macroeconomic situation, will be high. Thus far, African countries have only been able to adopt stimulus packages worth on average 0.8% of GDP, in comparison to an average of 8% in developed countries ([Okonjo-Iweala et al. 2020a](#)). The IMF and World Bank estimate that Africa's funding gap in 2020 is \$114 billion, of which official creditors have mobilised \$57 billion to date, including \$18 billion each from the IMF and the World Bank ([IMF and World Bank 2020](#)).

1.3. A place for regional responses?

While the immediate responses in Africa were very much led by national governments, as elsewhere in the world, a key question is whether and how regional responses, and regional organisations, have been able to help address the above challenges and thus their role in the recovery.

While the situation and measures taken are evolving very quickly, the three challenges above are likely to remain key in the short and medium term, while the economic effects and measures to address them will extend into the longer term. All of the above have implications for ongoing regional integration and cooperation –potential delays to trading under the African Continental Free Trade Area (AfCFTA) being a case in point– but equally might *benefit* from regional collective action, in the health response and a future lockdown exit, and economic response. As Baldwin and Evenett (2020) put it in their edited volume on COVID-19 and trade policy: “Trade is not the problem; it is part of the solution”. Regionally coordinated exits from lockdown may also be an important long-term strategy to avoid recurring waves of the pandemic.

The remainder of this paper looks at how the AU and some of the regional organisations have responded and the implications going forward.

2. Continental and Regional responses in Africa

Regional and continental cooperation are difficult in the absence of clear incentives to cooperate. While that is the case everywhere, political economy dynamics within and between African states further undermine or slow down implementation of regional commitments - that has been the lesson from on-going attempts to promote regional market integration and cooperation in fields ranging from peace and security, to governance and gender (see e.g. [Byiers et al. 2019](#)). Regional responses are further challenged by the urgency to respond, the dearth of knowledge on the virus itself, the dramatic undersupply and high cost of the necessary materials and containment measures, and the fact that all countries simultaneously face internal economic crises. The incentive to find a coordinated response among countries clashes with the political need to respond nationally.

⁴ In April, ECOWAS warned that the number of people at risk of food insecurity and malnutrition could increase from 17 to 50 million people between June and August 2020 ([OCHA 2020](#)).

That said, solidarity has been a founding principle for regional and continental cooperation initiatives in Africa, and regional bodies and the African Union have been playing a growing role. As African countries see their rates of infection rise, regional mechanisms are being activated across the continent. The following sections discuss the African continental COVID-19 response, and then those of Regional Economic Communities (RECs), looking at their differing levels of ambition and the challenges of aligning incentives and actions.

2.1. The African Union

With over 80.000 cases on the continent mid-May 2020, and the vast majority of countries facing growing outbreaks, the narrative among African leadership has changed from protecting the continent against an 'external' disease to managing this pandemic at home and limiting the human and economic costs of the disease.

The AU reacted quickly to the unfolding pandemic in February 2020. On 3 February 2020 the Africa Centres for Disease Control (Africa CDC), a specialised technical institution of the AU, established an Africa Taskforce for Novel Coronavirus (AFTCOR) to oversee preparedness and response towards the virus ahead of any cases being registered on the continent ([Africa CDC 2020b](#))⁵. On 5 March 2020, less than three weeks after the first confirmed case on the continent in Egypt, the AU issued a Joint Continental Strategy for the COVID-19 outbreak, setting out its objectives as being to: i) "coordinate the efforts of Member States, African Union agencies, World Health Organization, and other partners to ensure synergy and minimize [sic] duplication"; and ii) "promote evidence-based public health practice surveillance, prevention, diagnosis, treatment, and control of COVID-19" ([African Union 2020a](#)).

Following these initial steps and ambitious objectives, the AU's role quickly further developed, and today, the African Union is working on three fronts:

1. **Surveillance, emergency preparedness, and response:** With the Africa CDC, the AU is working to take a lead role in the direct emergency support and the scientific aspects of a continental pandemic response.
2. **Continental assistance and joint funding for member states:** The AU leadership is calling for a comprehensive and coordinated continental approach, including through work with regional economic communities "to promote implementation of Africa CDC guidance, particularly regarding borders and trade" (AU, 2020a), and is raising funds for a continental response mechanism.
3. **A collective appeal to the international community:** African member states and the AU are presenting a joint appeal to the international community for global solidarity and external support.

This three-track approach will likely characterise the AU's approach moving forward. It may also have a significant effect on the future priorities for AU action, both internally and externally.

⁵ AFTCOR supports cooperation in sharing information and best practices, building technical capacity, coordinating detection and control at borders. It comprises joint working groups between Africa CDC, WHO, and technical experts from member states across 5 pillars: surveillance / points-of-entry screening; infection prevention and control; clinical management of severe infections; laboratory diagnostics and subtyping; and risk communication ([Africa CDC 2020d](#)).

Africa CDC: crisis management and health as a continental priority

The AU's joint continental strategy for the COVID-19 outbreak puts the Africa CDC front and centre. Combined with the AFTCOR it presents an expert-led continental approach to the pandemic.

The prominent role of the AU in public health and disease control is recent. The Africa CDC was launched only in 2017⁶, in the wake of the West African Ebola epidemic that killed over 11.000 people. In the current crisis, it has rapidly gained considerable stature and attention, playing a key role in engaging with the WHO and providing regular updates to its member states, as well as helping to boost testing capabilities on the continent.

The mandate of the Africa CDC is to develop a continental, homegrown mechanism for surveillance, monitoring and testing during diseases, epidemics and emerging pandemics, including Ebola, but also Malaria, TBC, and HIV/AIDS. Since the start of the pandemic, Africa CDC has profiled itself in a number of ways:

- 1) **Surveillance and centralising information:** ability to take measures against COVID-19 is heavily influenced by information and evidence, and the Africa CDC are playing a key role in centralising this. It produces regular updates on the state of the pandemic and issues guidance on managing outbreaks.
- 2) **Collaborating with WHO and member states:** The Africa CDC sought complementarity with the WHO even before the pandemic through a 2017 framework agreement ([Uche Ordu 2020](#)), and a joint action plan for health security in 2019 ([WHO 2019](#)). In February 2020, the Africa CDC director was also appointed as WHO special envoy on COVID-19 preparedness and response. The Africa CDC also hosts regular virtual meetings of its coordinating committee of health ministers of all member states.
- 3) **Boosting testing capabilities and training:** The Africa CDC reportedly played a key role in quickly improving testing capacity of laboratories across the continent, supplying essential equipment to 48 African countries, but also providing training. The Africa CDC holds weekly webinars for the medical community of practice on COVID-19.
- 4) **Distribution, procurement and response capacity:** More recently the Africa CDC is also distributing medical equipment to its member states. It was the conduit of the highly publicised donations of equipment by the Jack Ma foundation⁷ ([Africa CDC 2020a](#)), facilitated by the prime minister of Ethiopia Abiy Ahmed. In the second half of April 2020 the AU and Africa CDC launched the Partnership to Accelerate COVID-19 Testing: Trace, Test & Track (CDC-T3) ([Africa CDC 2020c](#)). CDC-T3 is a multi-stakeholder initiative to establish warehousing and distribution hubs across Africa, coordinate the pooled procurement of diagnostics material, support the testing of one million Africans in the coming months, and support the deployment of one million community healthcare workers to support contact tracing.⁸ In May 2020, the Africa CDC also set up a digital purchasing system linking African governments with Chinese suppliers of both diagnostics and equipment such as face masks and gowns ([Munshi 2020](#)). Pooling African purchases aims to achieve sufficient scale to compete and better negotiate prices in a global market faced with undersupply and towering demand, where small orders are being ignored.

⁶ The idea of the Africa CDC comes originally from a decision of a Special AU Summit on HIV/AIDS, TB and Malaria in 2013.

⁷ The Jack Ma Foundation and Alibaba Foundation sent three in kind donation to the Africa CDC between Mid-March and late April 2020, including PPE, test kits and several hundreds of ventilators ([Africa CDC 2020a](#); [ALIZILA 2020](#))

⁸ CDC-T3 is led by Africa CDC but foresees a key role for private sector actors in subsidiary initiatives, with AfroChampions, a pan African business leadership network acting as a strategic partner ([Africa CDC 2020c](#)).

Having a specialised entity has allowed the AU to give a face and scientific legitimacy to the continental COVID-19 response. The Africa CDC is present in international media, and its director is part of the AU's global advocacy campaign, giving medical legitimacy to the continental agenda, much like is happening in countries across the world.

Though health was on the agenda prior to the outbreak –“healthy and well-nourished citizens” was highlighted as one of the goals of the first ten years of the continent's Agenda 2063 ([African Union 2015](#): 7)– it has not been part of the continental priorities emphasised of the recent AU reform process ([Medinilla & Teevan 2020](#)).⁹ The COVID-19 pandemic has brought health to the fore, and the Africa CDC has quickly become a key tool to position the African Union as a crisis manager on the continent. Funding commitments for the Africa CDC have rapidly increased, both from African member states and external partners.¹⁰ On 22 April 2020, the AU reported commitments of USD 5.5 million from four bureau members to the Africa CDC, and pledges of USD 32 million, of which USD 25 million from the AfDB, totalling USD 37.5 million ([African Union 2020c](#)). Before the outbreak, the World Bank had already approved a USD 10m grant to the Africa CDC ([Uche Ordu 2020](#)).

Nonetheless, there are challenges ahead. Much of the continental infrastructure for health cooperation and rapid distribution and rollout of testing is yet to be established, and will require concerted efforts at all levels. The Africa CDC relies on five recently established regional coordination centres (RCCs). With the exception of West Africa, these are not embedded in the RECs, nor does their coverage overlap with REC memberships. Instead, they are standalone entities following the geographical regions of Africa, with direct links to national health systems.¹¹ While a continental framework has been developed in the past few years, it is used differently in different regions, partly depending on existing regional dynamics on the continent.

As discussed below, REC CDC-RCC engagement varies. The REC discussion below highlights the clear reference made to the Africa CDC-RCC systems in the SADC and EAC responses, while in West Africa, the West African Health Organisation (WAHO), a specialised agency of ECOWAS takes the centre stage in rolling out a regional COVID-19 response. When the Africa CDC was launched, ECOWAS members had already created a Regional Centre for Surveillance and Disease Control (RCSDC) under the WAHO, in partnership with the Nigeria Centre for Disease Control in Abuja. The West African RCC was therefore embedded in the existing RCSDC structure ([Ihekwaezu 2017](#)) with broadly the same membership - other RCC memberships do not overlap with REC memberships. This shows a degree of pragmatism, aided by the fact that ECOWAS was already advanced in creating its regional health mechanisms. The Director General of WAHO is also considered a key resource person at the continental level. Nonetheless, given this context, some question whether ECOWAS members have an interest in empowering the continental channel, particularly in terms of joint procurement and fundraising as this overlaps with the existing regional institutional framework ([Herpolsheimer 2020](#)).

Aside from the logistical and coordination challenges, the effectiveness of continental crisis management will depend on the quality and responsiveness of national health systems. As continental and global response mechanisms are gathering pace, efforts will be needed to equip national health systems, requiring major injections of finance both in the short and long term.

⁹ Some efforts to increase domestic financing for health have been taken at the continental level, with the first 'Africa Leadership Meeting: Investing in Health' held in February 2019 with commitments made to increase investments in public health and achieve universal health coverage ([African Union 2019](#)).

¹⁰ Before the outbreak, the World Bank had already approved a USD 10m grant to the Africa CDC ([Uche Ordu 2020](#)). More recent contributions and partnerships include DFID (EUR 2.26m) ([Africa CDC 2020b](#)); UNDP ([UNDP 2020](#))

¹¹ The regional coverage of the RCCs is presented here: <https://africacdc.org/regional-collaborating-centres/>

Continental assistance and joint funding for member states

Early on in the COVID-19 outbreak, the current African Union chairperson, South African President Cyril Ramaphosa, quickly sought ways to raise funds for a collective continental effort. On 26 March 2020, the Bureau of the Assembly of the African Union Heads of State and Government (South Africa, DRC, Egypt, Kenya and Mali) agreed to establish a Continental Solidarity anti-COVID-19 Fund. As an emergency fund to deal with the current COVID-19 outbreak, its objective is to draw on voluntary contributions from Member States, thus in principle not interfering with the AU's regular budget and its ongoing efforts towards self-financing.¹² The Bureau members initially agreed to immediately contribute US \$12.5 million as seed funding and called on other AU Member States, the international community and philanthropic entities to also contribute ([African Union 2020b](#)), a call echoed by most of the RECs to their member states.

The fund has been launched by the AU, Africa CDC, and the AfroChampions Initiative, a set of public-private partnerships bringing together a range of business and political figures, co-chaired by former South African President Thabo Mbeki and Nigerian businessman Aliko Dangote. The fund aims to raise the following: USD 150m “to prevent transmission”, USD 170m “to prevent deaths”, \$30m to prevent social harm and for cross-cutting measures (prevention campaigns, supply chain management), and USD 50m for economic support to vulnerable populations ([AfroChampions Initiative](#); [CGD 2020](#)). By 22 April 2020, a total of USD 23.5 million had been committed and or pledged to the fund, and an additional USD 37.5 million to the Africa CDC ([African Union 2020c](#)).

The AU will supervise the operationalisation of the fund, including the appointment of a Board of Trustees,¹³ and a legal framework outlining the governance and operational structure to ensure the transparency and accountability of the Fund ([African Union 2020c](#)). The Fund's priority areas of intervention and action include, procurement of medical supplies and commodities; supporting the deployment of rapid responders across the continent as well as providing socio-economic support to the most vulnerable populations in Africa ([Africanews 2020](#)). The AU's joint strategy and funding drive supports the AU's positioning as a provider of assistance to its member states beyond the technical mandate of the Africa CDC.

While the establishment of the Africa COVID-19 Response Fund is a promising initiative, there are a number of questions regarding the scope, but especially the execution of the AU led COVID-19 response. The exact details of allocation modalities and process of implementing the fund are yet to be shared publicly, including how it aligns with and/or supports the work that the Africa CDC is already doing. The same stands for the exact legal framework outlining the governance and operational structure of the fund. One of the key questions that has been left unanswered is how the AU and the Africa CDC will harmonise and coordinate so as to avoid a duplication of efforts in implementing the proposed aims of the Fund and CDC-led activities.

As the AU begins to provide assistance to affected member states it will need to carefully coordinate and ensure complementarity with ongoing regional and national initiatives, and the rapid influx of bilateral external funding. Given the rapid, and almost day-to-day developments it is difficult to give a full overview of ‘new’¹⁴ flows of funding to the fight against COVID-19 in Africa, yet it is clear that bilateral external funding far exceeds the amounts channeled through the AU COVID-19 response fund: a recent Devex report tracked 96 specific (non-reimbursable) assistance actions in West and Central Africa since January, for a total

¹² For more information on efforts towards financing the African Union, see; Pharathlathe and Vanheukelom 2019 and Apiko and Miyandazi 2019.

¹³ The governance structure of the AU Covid-19 response Fund Board of Trustees is made up of member states (1 member representing each region i.e. Eastern, Central, Western, North, Southern Africa, and the Minister of Health and Population Egypt, and AU Specialized Technical Committee (STC) chair on Health Population and Drug Control), the private sector (represented by-Afreximbank, Dangote Group, Afro-Champions) and AU representatives (represented by the AU Social Affairs Commissioner).

¹⁴ For a discussion on EU support in response to COVID-19 see [Jones et al 2020](#).

amount of USD 2.1 billion, with Nigeria counting for more than USD 1.3 billion of that amount ([Rovira & Alcega 2020](#)). Finally, it remains to be seen how member state contributions of the continental fund affect their regular AU membership contributions, with a risk that these will be seen as substitutes by some member states.

Global advocacy and collective positioning on debt relief/access to finance

The AU has positioned itself, not just at the technical level (Africa CDC) but also diplomatically, particularly in the mobilisation of external resources and calls for international solidarity. This began early in the crisis with the support of the UN Economic Commission for Africa (UNECA), which convened a first virtual conference of African finance ministers on 19 March 2020 to exchange ideas about how African governments were responding to the social and economic consequences of COVID-19 ([UNECA 2020a](#)). On 31 March 2020, African finance ministers launched an appeal for a USD 100 billion stimulus package, of which 44 billion would go towards debt relief for African countries ([UNECA 2020b](#)).

South Africa, current chair of the African Union and the only African member of the G20, also played an important role in coordinating African financial mobilisation ahead of the G20 on 15 April 2020. This included teleconference meetings of the African Union (AU) Bureau of Heads of State and Government. In a further step to bolster the AU's collective approach, on 12 April 2020, South African President Cyril Ramaphosa appointed Dr Ngozi Okonjo-Iweala, Dr Donald Kaberuka, Mr Tidjane Thiam and Mr Trevor Manuel as Special Envoys of the AU to mobilise international support for Africa's efforts to address the economic challenges African countries will face as a result of the COVID-19 pandemic. Their initial focus was the G20 meeting of finance ministers and central bank governors on ([M'Bida 2020](#)), ahead of which they (and other high-profile African figures such as Vera Songwe, Executive Secretary of UNECA) actively advocated for a strong response from the G20, including a two-year moratorium on all external-debt repayments, both interest and principal, and the undertaking of a comprehensive debt-sustainability assessment ([Okonjo-Iweala et al. 2020a](#)).

The AU leadership is also making use of its partnership with European powers to back its global appeal for support. France's president Emmanuel Macron in particular has backed the African calls for debt suspension, and has made efforts to direct international attention to the challenges of the continent ([Abboud & Pilling 2020](#)). Macron also took part in the 3 April 2020 meeting of the AU Bureau.¹⁵

The resulting debt relief package agreed at the G20 included the suspension of interest payments for low-income countries through to the end of 2020, where 41 of the 76 countries included are African. However, the French treasury estimates that the relief to Africa will amount only to an estimated \$12 billion, well below what Africa needs at this stage. At the same time, the United States blocked the proposed increase in Special Drawing Rights at the IMF that was supported not only by the African Union, but also strongly advocated for by the Europeans ([Shalal 2020](#); Africa Confidential 2020). The IMF nonetheless doubled its emergency lending capacity, which can be granted without conditionality, raising the available funds to \$100bn. But given crises in many large emerging markets elsewhere in the world, only a part of this will be available to meet African needs. ([Politi 2020](#)).

Following on from the G20, African global advocacy has not slowed down. The AU envoys co-authored another op-ed on 20 April 2020 laying out a roadmap for what they see as the next steps in order to ensure substantial financial support. This includes not only a focus on the G20 and Bretton Woods institutions, but also an evolving plan to restructure privately held debt ([Okonjo-Iweala et al. 2020b](#)).

¹⁵ See this appeal cosigned by the EU, AU and several key member states on both sides: <https://www.elysee.fr/emmanuel-macron/2020/04/15/only-a-global-victory-that-fully-includes-africa-can-bring-this-pandemic-to-an-end.en>

Some efforts have also been made to target China ([Johnston 2020](#); [Kinge & Yu 2020](#)), which is the single largest creditor of Africa, holding around 20 percent of the continents' government debt ([Sun 2020](#)). While China will participate in the G20 package and as a member of the IMF and World Bank, additional measures will most likely be looked at on a case-by case basis weighing different options such as debt reduction, refinancing, restructuring (*Ibid*), while debt forgiveness will only be seen as a last option ([Kinge & Yu 2020](#)).

The AU as unifier

Overall, while the global arena is very much dominated by member states and heads of state/government the African Union leadership quickly mobilised behind a common position and message for international solidarity and debt suspension. The Chair and Bureau of the AU Assembly also quickly assumed their continental leadership role and are engaging in both traditional and public diplomacy to support their objectives. While there is little incentive for member states to disagree with the appeal, there is an implicit recognition that the African continental level is best placed to channel these efforts, and AU member states have thus far presented a unified message. Regional Economic Communities have invariably also emphasised their support to the AU's initiative.

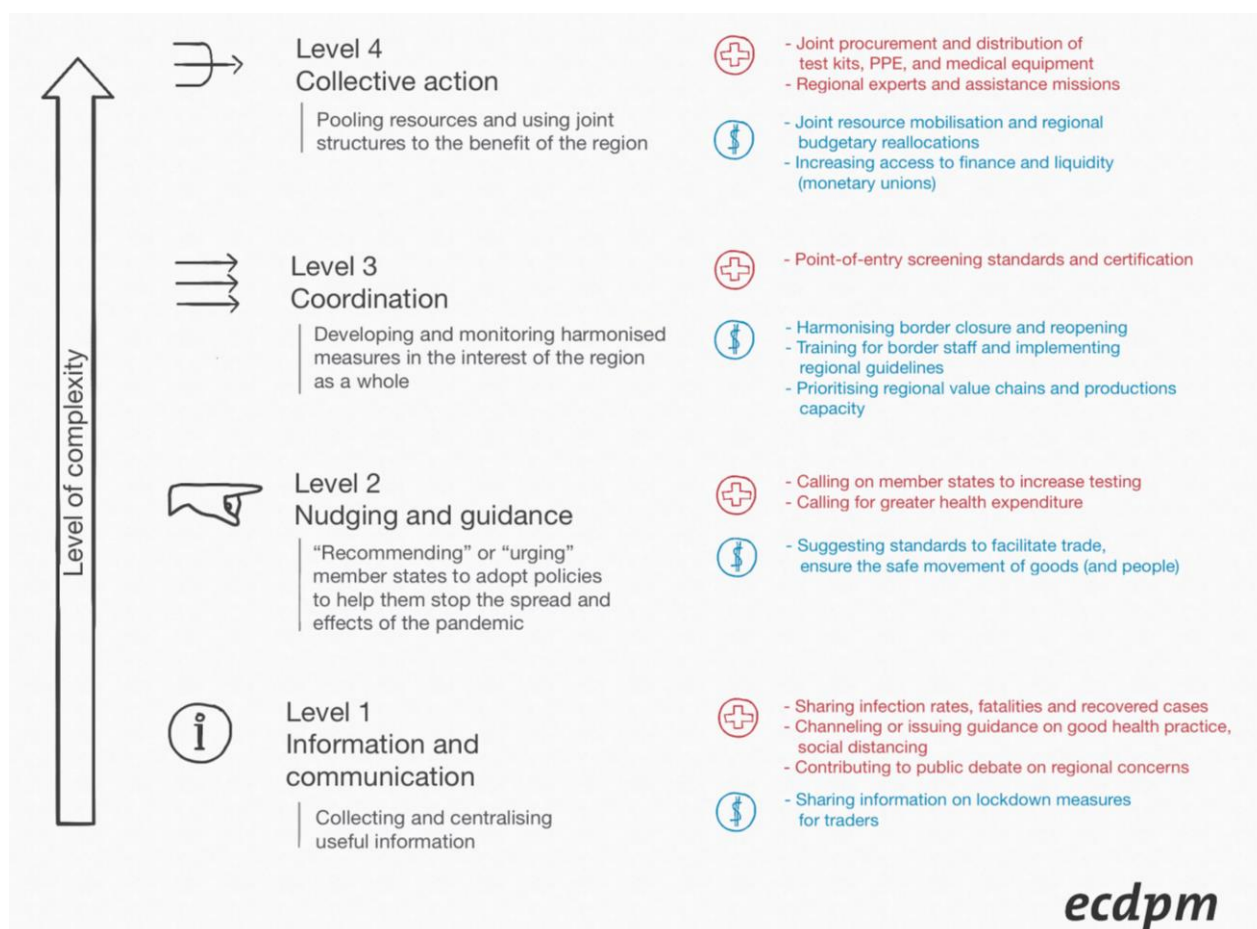
It is too early to predict how this process will play out, and to a large extent, this is out of the hands of the African Union members themselves. However, the AU's role in providing the continent with a centralised source of information, acting as a conduit for boosting testing capacity, and carrying out global advocacy all reflect positively on its ambitions to be a more active and representative player on the continent and in multilateral affairs. Looking to the future, the legitimacy obtained through the current crisis may also bolster its relations with member states on other agendas where, to date, there has been reluctance to allow the AU to take a strong lead.

2.2. Regional responses

While the AU response has been gaining visibility, both on the continent and globally, the AU-recognised RECs and other regional organisations have also been responding at the regional level. The primary concern at all levels has been to limit and slow down the spread of COVID-19 with an adequate health crisis response. Though ultimately the responsibility of individual states and amid calls for country responses to be context-specific, the cross-border nature of the pandemic and its effects, and the different attitudes to public health and infectious diseases across countries and regions has led to different regional approaches. These vary in ambition but, as for all regional initiatives, also take place in a context of limited supranational power over member state actions. This makes their role a balancing act, to offer support to member states through different means while coordinating with the continental efforts, though most action takes place at a national and local level. This forces regional organisations to identify where there is a need and added value for regional action versus those best dealt with on a country basis or at the continental level.

Looking across the main REC responses, we identify four levels of engagement around COVID-19. These are: information and communication; nudging and guidance; coordination of actions; and collective action. As illustrated in Figure 3, the level of complexity of working among multiple countries rises with the level of cooperation. However, as with other regional agendas, coordination may be hardest to achieve in practice, falling as it does between regional efforts to urge, recommend and request member states to do certain things, and a clear joint interest towards the outside world, where we see real regional collective action.

Figure 3: Four 'levels' of REC responses, from most basic to most complex



Source: Authors

While some RECs are operating at all levels of cooperation, others are playing a more limited role. The reasons for this task division relate to the different regional experience with, and reactions to, past disease outbreaks and epidemics, but also the nature of the REC and how it has developed through time as a result of the politics that have played out in the past between and within countries. Each regional group thus starts from a different level of preparedness and set of institutional structures.

This section summarises some of the main regional initiatives underway across the four levels of regional cooperation. Each of the levels are discussed with respect to both technical public health related activities, and the economic and political measures for managing the social and economic effects of the disease. We illustrate this with examples from the RECs, indicating how and why approaches appear to vary.

Level 1: Information & communication

The most basic regional response has been that of REC secretariats providing information on COVID-19 cases in their member states, and issuing basic recommendations on how states can mitigate the spread of the disease. Information and communication have been cited widely as core elements of engendering trust and therefore compliance with lockdowns at state level, suggesting this also an important task for regional bodies to play.

Across the RECs, efforts range from SADC's regular bulletin and statistics updates, to updates on a dedicated webpage on the EAC Secretariat webpage, to a COVID tracker dashboard like that of the IGAD Secretariat and the West African Health Organisation (WAHO). Where these statistics can feed into regional

strategies, this is clearly a useful role for regional bodies to play. At the same time, up to date statistics using country reporting have been available globally since the start of the crisis ([John Hopkins University 2020](#)). The African CDC also aggregates COVID figures on a daily basis and has recently revamped its continental COVID-19 dashboard.¹⁶ This raises the risk of duplication of efforts at multiple levels, and indeed across multiple memberships.

Data is only as reliable as the countries and institutions that provide it. Testing varies widely across member states, but also the speed and consistency of reporting can create bottlenecks. The Africa CDC has established links with each of the regions in Africa but not the RECs as such. The SA-RCC has been able to use the Extension for Community Healthcare Outcomes (ECHO) platform, set up by CDC within Southern Eastern and Central Africa, to improve data and information-sharing in real time, helping regional preparedness and response, a role that was reportedly tested during recent outbreaks of listeriosis (2017-2018 South Africa) and Cholera (2018 Zambia, Zimbabwe and Malawi) ([United States CDC 2019](#)). In central Africa, the Economic Commission for Central African States (ECCAS) declared their ambition to provide regular statistics on the evolution of the pandemic in the region but cited difficulties in receiving statistics from member states (ECCAS 2020).

Several other RECs reacted quickly to coordinate information sharing and communication channels at the start of the COVID-19 pandemic. The EAC Secretariat issued an alert to all partner states on 27 February 2020, recommending them to step up disease surveillance and control measures at the international airports and other points of entry to avoid the outbreak from spreading within the region ([EAC 2020a](#)). The EAC Secretariat has also set up a Regional Coordination Committee with Risk Communication and community engagement. As such, information from and for partner states can again build on the coordination frameworks previously in place.¹⁷ The SADC Secretariat was also quick to act on the news of the novel virus by issuing a Regional Advisory on Coronavirus on 29 January to inform the SADC Secretariat staff and the public in member states on how to identify the symptoms of the disease, the mode of contamination and the precautionary measures to apply ([SADC 2020b](#)). Though not necessarily bad to duplicate this role, this essentially implied relaying information from the WHO and CDC.

Institutionally, ECOWAS has arguably been best prepared to assume a regional information and communication role. The West African Health Organisation, the specialised health agency of ECOWAS that gained prominence during the 2014-2015 Ebola outbreak issued its first COVID-19 recommendations to member states as early as 27 January, when the outbreak was still largely an Asian concern ([WAHO 2020a](#)).¹⁸ WAHO provides regular, mostly daily, updates on its website and has a risk communication mechanism in place since before the outbreak. WAHO also shows the importance of media engagement on the pandemic and the role of expertise in public debate. Much like the Africa CDC, WAHO, and in particular its director general are very present in ECOWAS and international media ([Herpolsheimer 2020](#); [Houmfa and Guensburg 2020](#); [Schwikowski 2020](#)), combining expert advice with public advocacy for external support. This illustrates the importance of communication as part of a wider regional and continental strategy.

¹⁶ The Africa CDC Dashboard now also includes a regional breakdown based on RCC figures, representing the (non-overlapping) 'geographical' regions of Africa, which is different from 'political' REC membership which tends to be larger with significant overlaps.

¹⁷ See EAC webpage COVID-19 resources <https://www.eac.int/covid-19>.

¹⁸ West Africa has a recent history with infectious disease outbreaks, having lived through the deadly Ebola epidemic which hit Liberia, Sierra Leone and Guinea particularly hard in 2014-15. Other recent Ebola outbreaks include Uganda in 2007-2008 and DRC today.

In the absence of a wider regional COVID response, the information and communication role of RECs loses some relevance. Understandably, as a trade-focused REC with 21 members (all members of other RECs) the COMESA response to COVID was initially limited to such information and communication combined with advocacy around trade facilitation. Somewhat later than other RECs, on 28 April 2020, COMESA held an extra-ordinary meeting of the Trade and Customs Committee of Member States, calling on Member States to “rally Member States to conform to uniform standards to minimize disruptions in the supply chain for essential goods” ([COMESA 2020c](#)). The COMESA health focus has been so-far limited to providing regular reporting on country cases and levels of testing in member states, etc. ([COMESA 2020a](#)), as well as the measures in place in member states ([COMESA 2020b](#)). An extraordinary meeting of the COMESA Council of Ministers on May 14 2020 also agreed to create an online platform for exchange of information on availability of essential products within the COMESA Member States, another regional information service that will nonetheless be useful if and when it comes to fruition ([COMESA 2020d](#)). COMESA’s focus on information in its response reflects both the focus of the REC, and its specialisation on trade issues, contrasting with other RECs that have been able to go further towards collective responses.

Beyond this, virtual meetings of regional heads of state provide a forum for sharing of different challenges and approaches. South African President Ramaphosa hosted a virtual meeting of a group of SADC heads of state, including neighbouring members who were available at short notice, where the aim was to share information on how each country is addressing the pandemic ([IOL 2020b](#)).

Takeaways:

- Communication and transparency are widely seen as key to engender trust among populations, and help create a basis for consistency in how measures are applied. Regional approaches to communications have taken this seriously as witnessed in different regional high-level statements.
- Though providing information on what economic restrictions and other measures are in place in member states can be useful for maintaining trade relations, COVID-related health statistics are arguably better provided by other bodies such as the CDC, unless they form the basis for REC-wide planning and collective action in addressing the pandemic.

Level 2: Nudging and Guidance

A level of complexity up from providing data and information, REC Secretariats and their Ministerial communiqués also encourage member states to take steps to stem the spread of the COVID-19 virus. Though arguably ‘nudging themselves’, the actions are considered here as ‘nudging’ or ‘guidance’, given that states are the real drivers of COVID-19 responses and able to take different approaches. Though member states have used regional bodies to “urge”, “encourage” or “call on” their peers to put in place policies to limit the spread of the disease at a domestic level through social distancing, ramping up testing and making available hygienic equipment, this falls short of coordinating approaches. In other cases, REC secretariats also issued mostly technical guidance and recommendations to their member states on how to deal with the outbreak.

In late March 2020 a Joint Statement of the Ministers of Health and the EAC on the COVID-19 preparedness and response within the region outlined 12 areas for attention by member states ([EAC 2020b](#)). Among these were containment strategies and encouragement of partner states to invest in public health systems to ensure resilience and health security. When they met in March 2020, SADC Ministers of Health also urged all Member states to put in place national preparedness and response Plans, as well as contingency and emergency funds to address gaps in prevention, impact mitigation and other interventions and to institute peer review mechanisms to validate countries self-assessment reports on readiness. The SADC peer review

system is meant to ensure information exchange and the sharing of best practices among members, again therefore aiming to ‘nudge’ member states towards effective responses. Periodic SADC updates further suggest and urge member states to harmonise decision-making and share information with the regional level ([SADC 2020a](#)).

ECOWAS Member states were also encouraged to allocate at least 15% of their annual budget to strengthen health care systems ([ECOWAS 2020a](#)). This follows on an earlier ECOWAS commitment made in 2014, and refers back to the 2001 African Union Abuja declaration ([WHO 2011](#)). Though the COVID-19 pandemic may trigger a change, in the short run this regional goal has been difficult to attain, especially given that many countries are facing not only severe economic shock (e.g. Nigeria and the drop of oil revenue) but are also fighting internal and regional insecurity at great cost, with some countries spending upwards of 10% of their budget on military expenditure alone ([Bisca 2019](#)). The nudging role therefore has its limits in terms of how far states can and do comply, even if the calls come from their own heads of state.

Though arguably this guidance role would again seem to be well played by the continental CDC, regional differences in approaching the virus raise particular risks for neighbouring countries. The approach of Tanzania is particularly controversial. While the disease appears to have hit even at the centre of the government, with several high profile deaths including the Justice minister, President Magufuli has persistently downplayed the effects of the virus, urging businesses, and even places of worship to remain open ([Mugabi 2020b](#)). He more recently claimed the testing kits supplied by the Africa CDC were unreliable, and produced false positives, an assertion that was promptly rejected by the continental agency ([Paravicini 2020](#)). Arguably, reiteration of CDC messages by RECs and their heads of state might encourage peer pressure, though in the case of Tanzania this has yet to bear fruit.

Finally, regional statements and communiqués invariably refer to the need to contribute to the African Union Solidarity Fund. By way of example, the ECOWAS extraordinary session of the authority of heads of state and government ‘invited’ the ECOWAS member states to make their contribution to the African Union Solidarity Fund - the word ‘invite’ again showing the limits of what regional bodies can achieve with their member states but underlying the attempt to nudge their peers to act in the wider regional and continental interest.

Takeaways:

- Though responses are primarily national, countries are using the RECs to encourage their peers to adopt similar measures to address the pandemic. This ‘nudging’ falls short of all out calls to coordinate responses.
- REC secretariats are also using their infrastructure to issue technical guidance to member states. Like data collection, there may be overlap with the role played by the CDC in disseminating guidelines on approaches to take, though arguably RECs are closer to their member states to reiterate and contextualise this.
- This ‘nudging’ role is enough for some areas where full harmonisation does not directly affect other countries in the region, such as investment levels in health, while attempts to bolster alignment with continental approaches make sense.
- Yet, while regional agreement on what should be done is relatively easy to get, it involves little obligation to follow through and implement common or harmonised measures.
- The approach by Tanzania further illustrates the weakest link character of regional disease control, and the dangers of not having a more harmonised regional approach when the problem analysis is not fully shared among member states.

Level 3: Coordination

As alluded to, there is a fine line between encouraging member states to adopt approaches to the COVID-19 virus, and actually formulating and implementing regional coordinated responses. Where the former is about encouraging all member states to act in the interest of their populations, the latter seeks coordinated or harmonised approaches in the interest of the region as a whole. As the IGAD Call to Action states, there are concerns about “unsustainable and potentially counterproductive uncoordinated global responses and unconnected country-specific measures to combat the COVID 19 pandemic” (IGAD, 2020). This underlines the need for coordinated approaches across states.

Looking across the RECs, coordination efforts have taken the form of institutional mechanisms, regional COVID strategies and guidelines - not least to minimise the effect on trade flows. Though arguably the most relevant role for regional bodies to play, regional coordination faces the greatest challenge when faced with national interests. This puts countries at risk of undermining each other in their health and economic responses, and lowering the role of RECs to nudging and guiding, rather than coordinating in practice. In some cases, countries will seek to bypass this by working through smaller (sub-regional) groups of states, in order to avoid regional blockages. As the crisis progresses, regional coordination efforts will evolve, but will likely also reveal further coordination problems, as regional agendas intersect with national and potentially even continental approaches.

As discussed above, given past experience of regional epidemics, ECOWAS and SADC in particular have specific health institutions in place that they have been able to use and build on in coordinating their COVID-19 responses. SADC member states re-activated the Technical Committee for Coordinating and Monitoring the Implementation of the SADC Protocol on Health, and expanded its terms of reference, to include assessing and advising on health, social, economic and immigration matters.

In ECOWAS, the ability to use the WAHO has been a clear benefit, as it allowed coordination to pick up early on, and the agency’s leadership played a key role in facilitating the discussions between member states ([ECOWAS 2020b](#)). In the wake of the Ebola epidemic, ECOWAS members also set up a Regional Centre for Surveillance and Disease Control, initially hosted by the Nigeria CDC in Abuja ([NCDC 2016](#))¹⁹. Having this infrastructure in place, part of which is grafted on that of the regional hegemon Nigeria, gives ECOWAS a different starting place for coordinating member states actions. Building on this, the Heads of State and Government set up Ministerial Coordination Committees on Health, Finance and Transport on 23 April, to coordinate regional efforts to fight the pandemic, appointed Nigerian President Muhamadu Buhari as regional champion to oversee the regional response ([ECOWAS 2020a](#)). Similar to ECOWAS, the EAC Heads of State designated the Ministers responsible for Health, Transport and East African Community Affairs to be the focal persons for the regional COVID-19 response under the leadership of the Ministers of Health ([EAC 2020c](#)).

Regional coordination efforts invariably also involve the preparation of regional response plans, some of which are more detailed than others. While these plans may give an insight in the operational capacity of RECs, it is difficult to compare these across different organisations. What is clear however is that RECs are trying to tackle immediate health actions as well as regional cooperation to ensure long-term recovery.

¹⁹ Since its establishment until January 2018, the Director General of the Nigeria CDC has doubled as the Acting Executive Director of the ECOWAS RCSDC.

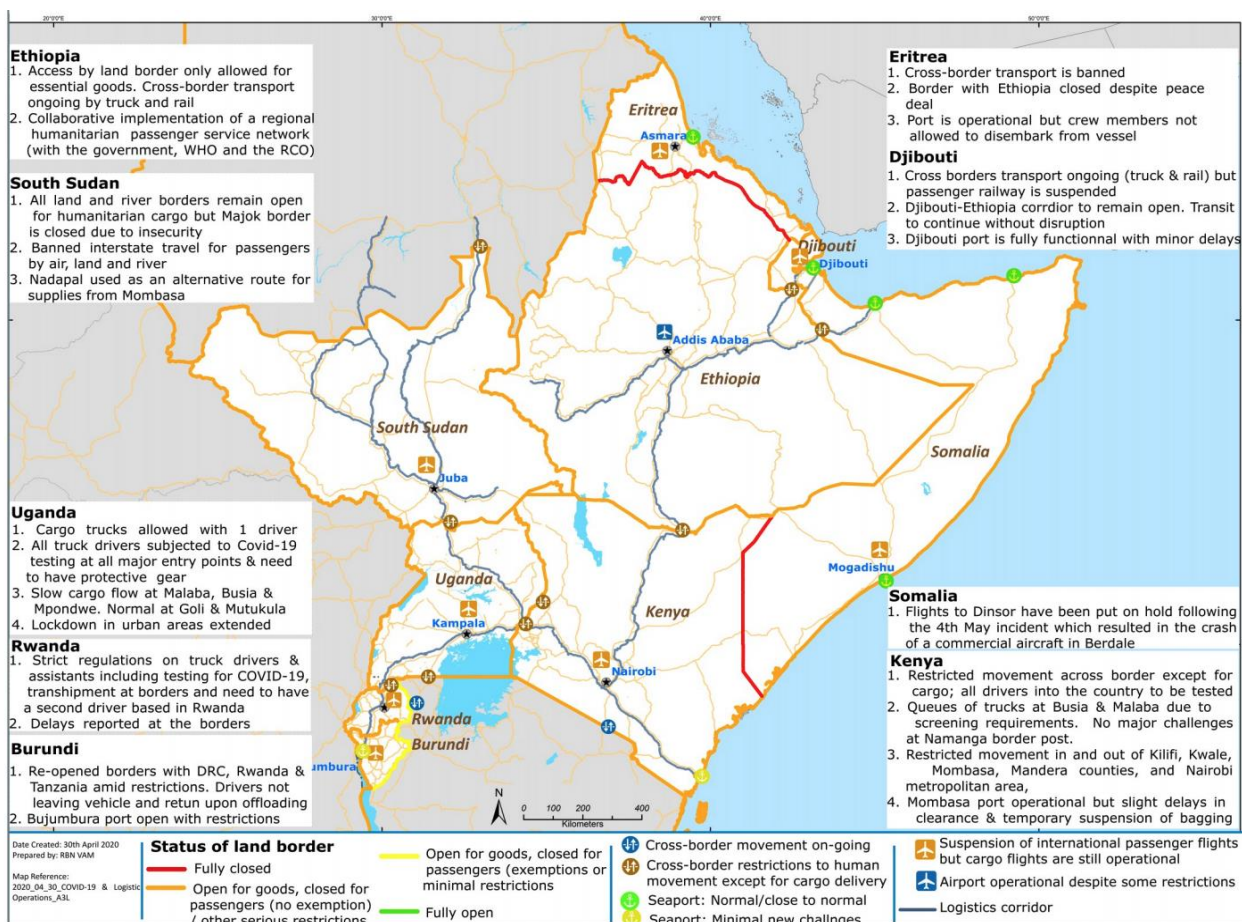
At the 23 April 2020 summit, ECOWAS heads of state also called for the development of a joint response plan as well as an economic recovery plan, as well as an update of WAHO's COVID-19 plan of action. By mid-May 2020, however, none of these documents are available to the public. Late April 2020, the EAC Secretariat outlined a comprehensive and costed COVID-19 response plan ([EAC 2020d](#)), with proposed interventions in risk communication, procurement of PPE and essential medical supplies, supporting member states surveillance capacity, facilitating mobility, and mitigating the impact of the pandemic on vital economic and social sectors of the region. On the economic side, the EAC Secretariat has also proposed that partner countries undertake an array of incentives aimed at boosting resilience of firms and cushioning low income households. They include reduction of imports tariffs on essential goods and inputs to boost access to basic goods ([Business Daily 2020](#)).

A more recent consultative meeting of four of the six EAC Heads of States “directed partner states to prioritize regional value/supply chains to support local production of essential medical products and supplies including masks, sanitizers, soaps, coveralls, face shields, processed food, ventilators as part of efforts to combat covid-19 in the region” and “directed partner states to support agro-processing and value chains as an import substitution measure and establish special purpose financing schemes for small and medium enterprises” (emphasis added, [EAC 2020c](#)). The EAC Heads of State have further called for the development of a regional mechanism for COVID- 19 testing, certification and monitoring of trucks drivers and decided to adopt a harmonised system for certification and sharing of COVID-19 test results ([EAC 2020c](#)).

Regional coordination, in fact the goal of many regional integration and cooperation initiatives, is notoriously difficult in a context where countries face different political constraints and incentives at home. Member states, through the RECs, are calling for harmonisation and coordinated responses, while positioning regional institutions as coordinators that have oversight over the full array of national efforts to the benefit of a region. At the same time, the same countries are faced with a clear incentive to prioritise unilateral responses and to prioritise coordination with direct neighbours, though this can also present challenges.

In the EAC, while member states called for the development of a regional response plan in the first place, in a more recent communiqué, they directed ministers to ensure regional complementarity with national response plans ([EAC 2020d](#)), illustrating the difficult balancing act between the regional intentions and national needs. Similarly, while in principle countries have an interest in managing border closures, and especially re-openings at a regional level, in practice it often proves more feasible to coordinate this locally and bilaterally, an issue EAC heads of state also took note of in their most recent meeting ([EAC 2020d](#)). Figure 4 below, illustrates that border restrictions are ultimately defined locally.

Figure 4: Overview of cross-border movement and border closures in Eastern Africa as of 6 May 2020



Source: [WFP 2020](#)

The COMESA secretariat called on its member States to develop uniform standards for COVID-19 responses, adding that “a collective response to the COVID-19 by regional member States [...] will minimise the disruptions being experienced in the supply chain for essential goods” in ([COMESA 2020c](#)). A subsequent COMESA extraordinary Council of Ministers, on 14 May, further approved a harmonised set of regional measures and practices to be applied across the 21 COMESA countries, ([COMESA 2020d](#)).

COMESA arguably faces a particular challenge in coordinating responses, due to its large membership, with 21 states, all members of other RECs, again explaining the more limited ambition of its response vis-à-vis other RECs. But the biggest challenge for member states may in fact be who to coordinate with, and on what. While different RECs and regional private sector bodies call for a regionally coordinated response to cross-border trade, overlapping membership can complicate harmonisation of measures. Taking Kenya, Uganda and Ethiopia, all three are part of COMESA, while Kenya and Uganda are in EAC, which is calling for a similar harmonisation in a much smaller group. Yet the three are also members of IGAD, which arguably less focused on trade, is nonetheless in the process of developing its own comprehensive response plan that includes the “economic implications of the COVID19 pandemic” ([IGAD 2020](#)). The harmonised COMESA guidelines reportedly make reference to those of the EAC, SADC and AU, a worthy attempt to address this concern, though implementation is also a concern.

More broadly, the challenge all RECs face, however, is to also put these broad agreements to coordinate into practice. RECs are aware that implementation depends very much on willingness and ability of their

member states to follow through on regional commitment. The COMESA Secretary General for example called on its member states to “stand together in bridging the gap between policy intentions and implementation outcomes” ([COMESA 2020c](#)).

Coordination also depends on the power dynamics among member states in a given REC. Presumably conscious of the need to have Nigeria on board to help drive ECOWAS initiatives forward, member states appointed Nigerian president Muhammadu Buhari as the region’s “champion to coordinate the COVID-19 response” ([ECOWAS 2020a](#)). Ethiopian prime minister Abiy Ahmed is implicitly seen as an African and regional champion both in the AU and IGAD (IGAD, 2020).

In other regional blocs, coordination runs up against political problems due to member state differences in approach to the pandemic. In the EAC, attempts to hold a Heads of State Summit of the relatively small regional body have thus far been unsuccessful, and regional leaders are voicing concerns with the COVID-19 policies of Tanzania, which has failed to take measures at the same pace of its no less than 8 neighbours. Zambia closed its land border with Tanzania, following remarks from president Magufuli that test kits were giving false positives, with “fruits and inanimate objects” testing positive in the country’s main laboratory, the latest in a series of COVID-sceptic statements. Regional leaders have expressed frustration with Tanzania’s handling of the crisis ([Kagire 2020](#); [Kiruga 2020](#)), and the President’s absence from regional fora, including SADC, which he currently chairs. Yet, in recent days, countries are moving forward in different regional settings. On 12 May 2020, the EAC managed to hold a virtual Heads of State consultative meeting on regional responses to COVID-19 with absences from Tanzania and Burundi - a sub-regional group that has previously been referred to as the ‘coalition of the willing’. The meeting addressed the emerging incidences of cross-border truck drivers as a high-risk carrier population and “directed the ministers responsible for health, trade, transport and EAC affairs to finalise and adopt an EAC digital surveillance and tracking system for drivers and crew on COVID-19 for immediate use by partner states” ([EAC 2020c](#)).

This pragmatic approach to working with sub-regional willing coalitions may also be why early May 2020 saw a conference of Heads of State of South Africa ‘and its neighbours’ called by President Ramaphosa where he explicitly mentioned President Magufuli responding that a SADC summit would be too complicated and that he himself would not be able to attend, leaving South Africa to connect with its direct neighbours and Angola.

Takeaways:

- REC statements and their private sector representative organisations are calling for coordinated regional responses on both health and trade dimensions, with regional secretariats activating or creating regional structures to coordinate member state actions. Several regional response plans are either available or under development.
- Regional coordination however is only as strong as its constitutive parts, and when moving from nudging/guidance to coordinated action, regional organisations are faced with the same coordination challenges as in other areas of focus in getting states to implement.
- While efforts are made at the REC level, political leaders are using bilateral and subregional arrangement when progress at REC level is unfeasible. This appears to be pragmatic though may not be sustainable to maintain and indeed promote trade in the longer run.

Level 4: Collective Action

The final level of regional responses observed is of regional collective action. This is the hardest to achieve on paper, requiring member states to empower common institutions and structures to act to the benefit of all members. Notable examples include joint procurement and distribution of essential equipment; joint fundraising; and initiating joint stimulus measures to support economic recovery. Prior experience with cross-

border public health threats, the availability of institutional channels, and the perceived need for regional responses among governments appear to be deciding factors in whether rapid collective action is possible. That said, questions remain whether regional efforts are able to reach critical mass in the short run, particularly in the field of joint procurement of medical equipment.

In West Africa, the Ebola experience arguably bolstered political will in the region to build functioning regional health institutions, thus facilitating a regional collective response to the current threat.²⁰ WAHO had been criticised during the Ebola outbreak for its late response in sending experts ([Ojomo 2016](#)), providing adequate information early on, and failing to ramp up testing capacity at the beginning of the epidemic ([Mbow & Yabi 2014](#)). This time, in late March 2020, when West African COVID-19 infection rates were still limited, ECOWAS had already allocated funding for WAHO to purchase and distribute testing kits, PPE, and a limited number of ventilators for the region's member states. As of 5 April 2020 WAHO had distributed 35,000 test kits to member states with an additional 240,000 kits and 120 ventilators under order²¹ ([ECOWAS 2020a](#)).

Though ECOWAS managed to facilitate purchases of medical equipment, the level remains limited. To put this into perspective, South Africa alone had conducted over 275,000 tests on 6 May 2020 ([Our World in Data 2020](#)), and is aiming to produce 10,000 ventilators locally ([Business Tech 2020](#)). Testing across the region also remains extremely low. In Nigeria, the continent's most populous country for example, total testing on 12 May 2020 stood at 0.14 per 1000 people, a fraction of the 6.23 in South Africa or the 30.89 in Germany ([Our World in Data 2020](#)). Fears of the dark number are growing as confirmed cases in the Northern Kano State nearly tripled in a matter of days, after the government increased testing efforts following reports of 'mysterious deaths' late April 2020 ([France 24 2020](#)). In addition, while a test-and trace strategy is officially in place, it is severely hampered by shortages of diagnostic tests, leading the Nigerian CDC Director to launch a public call on social media ([Ihekweazu 2020](#)).

Few other regional bodies have moved into collective joint procurement thus far. The EAC in April 2020 started the deployment of 9 mobile laboratories to member states, and training member state staff on their use ([EAC 2020e](#)). This builds on an earlier Ebola-focused project financed by the German development bank in 2019 ([BMZ 2019](#)). The EAC secretariat also facilitated the distribution of 100 test kits to all its member states, and announced orders of an additional 500 ([Tralac 2020](#)). These are modest figures at best, yet the EAC Covid response plan has a significant procurement component of over USD 70 million for Infection Prevention and Control (IPC) materials ([EAC 2020d](#)), showing a clear ambition of the EAC secretariat to expand this role in the coming months, finance allowing.

Having the ability to pool procurement however does not necessarily mean that this will be used. The SADC secretariat has urged its member states to use the SADC Pooled Procurement Services for pharmaceuticals and medical supplies in order to better respond to global shortages and predatory pricing which are pushing African buyers out of the market ([Nkengasong 2020](#)). It is also seeking funding from the AfDB for this joint approach. Thus far, however, countries appear to be "shopping solo" ([Sachiti 2020](#)), as their first incentive is to focus on their own supply. The situation is further complicated by the regional market dynamics. Most countries in the region are highly dependent on imports, and the only significant producer of PPE has recently applied export control regulations for certain goods including hand sanitiser, certain face masks, and a range of other medical products ([DTIC 2020](#)). While regionally pooled procurement (or continentally through the

²⁰ See following link on other Ebola outbreaks/ <https://www.cdc.gov/vhf/ebola/history/chronology.html>

²¹ ECOWAS reported that by 5 April 2020 WAHO had purchased and distributed: "30 500 diagnostic test kits; 10 000 Personal Protective Equipment (PPE) (Coveralls, Aprons, gowns, gloves, goggles, boots); and 740 000 prescription tablets [of the controversial drugs] Chloroquine and Azithromycin". Orders have been placed for "240,000 diagnostic kits; 240,000 extraction kits; 250,000 viral sample transport equipment; 285,100 Personal Protective Equipment (PPE); 268,1000 masks for medical personnel (face masks, surgical masks, full face masks); 120 ventilators; and several thousand litres of alcohol gel and disinfectants."

Africa CDC platform) could be an answer to global shortages, by improving the negotiating position of member states, and making use of diplomatic channels (as is the case with African Union), those same shortages may also restrict countries' ability to think and act as a region.

Other signs of regional collective action are joint efforts to secure the necessary finance to head off the crisis - the emphasis in IGAD statements has been very clearly on finance for a COVID-19 collective response. IGAD Finance Ministers met on 13 April 2020 leading to a Call for Action that called on all member states to make funding available from domestic resources for increasing disease surveillance and scaling up the response to the COVID-19, as well as a request to the health private sector in the region to collaborate and contribute to an emergency fund ([IGAD 2020](#)). That meeting also established a high-level joint task force comprising members from the ministries of Finance, Health and IGAD Secretariat to "communicate and mobilize more resources in an effective and coordinated manner to respond to COVID-19" (*Ibid.*). Though this appears a weaker regional response, the meeting of Ministers was also joined by EU Commissioner for International Partnerships Ms Jutta Urpilainen, which could bolster the level of response likely to come from external partners and allow for other forms of collective action responses.

Beyond joint funds and the regional search for finance, some regions are also engaging in or calling for collective action for an economic response to the crisis. The ECOWAS April 2020 summit decisions put a lot of emphasis on the economic recovery. Heads of state decided to support the AU's initiative in negotiating debt relief with the international community and to "deploy significant liquidity" through central banks in order to support the private sector and enable microfinance institutions to also support the informal sector (ECOWAS 2019b). While this call is clear, ECOWAS is unlikely to be the primary coordination unit for these actions, and in fact 8 of the 15 ECOWAS members also appear to already be taking such measures as part of the UEMOA monetary union. The Central Bank of West Africa States (BCEAO) took measures on 19 March 2020 to increase the liquidity of banks, facilitate access to affordable credit for governments and companies as well as reducing the cost of mobile payments to limit the effects cash payments can have on viral transmissions. On 25 March 2020 the West African Development Bank (BOAD) also approved a total of 120 billion FCFA in concessional loans, and further approved a suspension of capital payments of 76.6 billion until the end of the year (BCEAO 2020; Financial Afrik 19 April 2020).

The different levels of coordination of the RECs and regional subgroups is also brought to the fore in central Africa. The Central Bank of the Central African Economic and Monetary Community (CEMAC) subgroup of ECCAS states released the equivalent of EUR 4.5m to assist the CEMAC member states at the end of April 2020 ([Pibasso 2020](#)), while in March 2020, CEMAC Health Ministers adopted a plan to manage the availability of medicines and the strengthening of surveillance measures at points of entry (air, sea and land), while their central bank announced a decrease in the costs of electronic transactions within CEMAC, with a view to promoting the use of digital payments and social distancing ([Herman et al. 2020](#)). This stands in contrast to ECCAS announcements that suggest the REC is still at the early stages of gathering information, planning to create a regional strategy and to organise a Heads of State Summit.

The EAC secretariat is also working on an EAC recovery strategy. However, it also calls upon Partner States to immediately commence developing National Economic Recovery Plans, again giving life to the suggestion that ultimately states are in the lead ([Adam 2020](#)).

Takeaways:

- Past experience and existing channels allowed ECOWAS to initiate collective action responses at an early stage, particularly in terms of providing equipment and technical support. Though WAHO reacted quickly to the shortages of necessary supplies and equipment, available figures suggest a rather modest distribution for a region with a combined estimated population of 381 million.

- Other regions, including the EAC and SADC are also moving towards joint procurement, yet will likely be faced with the same resource constraints and global shortages as the continental and national agencies, while member states' first incentive will be to secure supply for domestic use. External funding will therefore likely be a defining factor for the success of these REC initiatives.
- As at the AU level, and given closely aligned interests, RECs are managing to promote collective action around joint financing programmes, and in some places, economic responses through existing joint financial institutions.

3. Key findings

A key finding from work on regional cooperation and integration in Africa is the following: in contexts of weak enforcement, regional ambitions are only implemented when found to be in the (sometimes narrow) interest of those in power. An important question now is whether the COVID-19 pandemic, a global public bad, alters the incentives, prospects and scope for regional and continental cooperation in Africa. Though the situation is changing on a daily basis, in the past weeks and months a number of notable trends have emerged from the regional and continental African response, presented and discussed in this paper.

The African Union: continental support and a unified global appeal

1. The AU's CDC has rapidly risen to prominence and has become the flagship of the continental level's crisis management role, providing an example of an institution that came about in response to a problem - in the wake of the 2014-15 West African Ebola outbreak - and which, partly as a consequence of those origins, has been given the capacity, legitimacy, and means to perform its role.
2. The AU is taking the lead on providing up to date data and information to states on addressing the COVID-19 disease while leading continental collective action by providing assistance to member states through joint procurement and needs-based distribution of medical and protective equipment.
3. Further, the African Union leadership has launched a continental response fund, accompanied by a global appeal to the international community for an ambitious debt relief and economic stimulus agenda. So far both appear to be gaining traction. Member states are further presenting a clear unified message as the AU seeks to mobilise its partnerships and diplomatic capital behind the continent's recovery.
4. Though this provides a mostly positive picture, the scale of support to states from the continental level has its limits - much will remain to be done by states themselves, though the AU can continue to provide information and encourage collaborative approaches where possible among member states.
5. In the longer term, COVID-19 raises questions around the prospects for the recent AU reform process and self-financing agenda, as well as the prospects of the African Continental Free Trade Area, initially scheduled to start trading as of July 2020. While arguably a tool to further develop the resilience of African economies post-COVID by promoting regional value chains and boosting intra-African trade, the immediate challenges relate to national and regional responses to the pandemic, where the future economic response will also need to build on continent-wide collective action.

Regional responses: first steps towards coordination and collective action

The above elements of the AU response are also seen to varying degrees at the regional level. Looking more closely across REC responses, we characterise regional activities according to four levels of cooperation,

with rising levels of complexity for country collaboration. These are: i) information provision by REC Secretariats; ii) 'nudging' and guidance from REC Secretariats to member states; iii) coordination of member state responses by the REC Secretariat, and iv) collective action by the REC in the name of all member states.

1. The scale and ambition of regional responses vary across RECs. The ECOWAS response, working at all four levels, seems considerably more ambitious than COMESA, which mostly focused on information provision, or IGAD, where collective action to raise finance has been the focus. This variation can be linked to the nature, history and cohesiveness of each REC and its broader trajectory, but also to past cross-border epidemics that have triggered institutional responses.
2. While at the continental level, countries have shown a remarkable degree of unity, both in their support to the role of the AU and its leadership, regionally, it may be more difficult for policies and actions to converge. Regional cooperation moves the COVID-19 response much closer to direct national interests, which are ultimately about ensuring economic survival and domestic supply of medical equipment. Countries are using the RECs and regional infrastructure where feasible, but will prioritise subregional or unilateral action if that serves their direct interests - this is especially a challenge for regional coordination of member state actions.
3. Cognisant of the need for champions and to have swing states on board, ECOWAS has explicitly named Nigeria's President Buhari to lead the regional COVID response. IGAD implicitly does the same for Ethiopia's Prime Minister Abiy Ahmed, heightening the chances of maintaining regional momentum. In the same vein, the AU Chairperson Cyril Ramaphosa has appointed four special envoys to mobilise international financial support for the continental agenda.
4. Though regional collective action would appear the hardest to achieve on paper, where all member states act as one, in practice coordination may prove to be the hardest nut to crack, particularly in facilitating trade in a safe manner and harmonising approaches between countries and RECs. At the same time, this is also the area where the added value of RECs is clearest, and where there is least overlap with the actions taken at the continental level.
5. Coordination is key for maintaining trade and supply routes as the continent seeks to contain the spread of the virus, yet this will be equally important as countries exit from lockdown, as regional coordination will be key to avoid that new outbreaks in one place negatively affect others
6. Though the AU and RECs are playing an active role, ultimately, what RECs and the AU can offer is somewhat limited relative to the scale of the needs across countries, and as recognised in more than one regional strategy, the onus is on national governments.

Implications

If ongoing initiatives can maintain current levels of political traction, this may offer hope for the role of regional organisations in helping countries emerge from the growing health and economic crises in the medium term. However, countries and regional organisations are addressing the COVID-19 pandemic in the midst of other serious regional concerns: drought in West and parts of Southern Africa, locusts and recent flooding in East Africa; insecurity in the Sahel and elsewhere.

Looking forward, the role of regional organisations will undoubtedly skew towards minimising further pandemics, but also relaunching economies in a safe and sustainable way. The EAC COVID-19 response plan explicitly acknowledges that "to sustain the lives of the peoples of East Africa, the movement of goods and services in the region have to continue uninterrupted". The regional organisations will therefore be key in the post-pandemic economic recovery.

Although the new Secretary general of the AfCFTA Secretariat, Wamkele Mene, has proclaimed the AfCFTA as 'Africa's stimulus plan', the balance between health and economic concerns seen at the national level will also be key regionally. Some of the health and tracking measures imposed now, may have benefits that help smooth trade flows in the post-COVID era. Nonetheless, the political economy dynamics that have hindered full implementation of regional agreements in the past, particularly in terms of regional industrial strategies, for example, where narrow national interests trump regional commitments, will still play a role.

All this suggests that in addition to ensuring complementarity with continental crisis management initiatives, RECs should focus on i) finding ways to harmonise and incentivise implementation of guidelines on public health and trade facilitation within and between RECs, ii) continuing collective action on finance and external partner engagement and iii) looking towards politically feasible economic recovery strategies and where RECs have a specific added value. Further, RECs can follow what different member states are doing in response to COVID-19 and share lessons within their regions.

The next question to be addressed is to what degree COVID has altered the interests and incentives of leaders around regional cooperation and continental integration - that is a larger research agenda that remains to be addressed.

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**HEAD OFFICE
SIÈGE**

Onze Lieve Vrouweplein 21
6211 HE Maastricht
The Netherlands *Pays Bas*
Tel +31 (0)43 350 29 00
Fax +31 (0)43 350 29 02

**BRUSSELS OFFICE
BUREAU DE BRUXELLES**

Rue Archimède 5
1000 Brussels *Bruxelles*
Belgium *Belgique*
Tel +32 (0)2 237 43 10
Fax +32 (0)2 237 43 19

info@ecdpm.org
www.ecdpm.org
KvK 41077447