



AFRICA PROGRAM OCCASIONAL PAPER

The COVID-19 Pandemic in Africa: Impact, Responses, and Lessons from Ghana, the Democratic Republic of the Congo, and Rwanda

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The outbreak of the novel coronavirus (COVID-19) has caused widespread disruption of lives the world over. In response, governments have elevated the pandemic to the level of national security and instituted measures to mitigate its spread and impact.¹ In Africa, the spread of infections across the continent has pushed African governments to initiate extraordinary responses. These include mandatory quarantines, social distancing, border closures, travel restrictions, bans on social and religious gatherings, and curfews.

While these measures have partially contributed to Africa's relatively low infection rate, they have adversely affected the socio-economic and political landscape of most states across the continent. According to the World Bank, as a result of the pandemic, economic growth in Sub-Saharan Africa in 2020 will decline from 2.4 percent, as initially projected, to between -2.1 percent and -5.1 percent.² As a result, the region will likely experience its first recession in 25 years.³ Politically, preparations for scheduled elections in 2020 in several countries are under threat. Moreover, some African leaders are instrumentalizing COVID-19 to perpetuate their incumbency, including by shrinking the space for political participation and dissenting views.

In light of the foregoing, this paper examines the impact of COVID-19 and response strategies in Africa with a specific focus on three countries—Ghana, the Democratic Republic of the Congo (DRC), and Rwanda. Ghana's relative political stability, the DRC's protracted conflicts, and Rwanda's experience as a post-conflict state that has touted economic development collectively offer a comparative cross-section of COVID-19's

impact in Africa. The paper also identifies lessons that could be learned from these countries' responses to enhance resilience against future pandemics.

COVID-19 Pandemic in Africa: Risks, Vulnerabilities, and Trends

Africa confirmed its first case of COVID-19 in Egypt on February 4, 2020.⁴ By April, the continent had recorded 19,895 confirmed cases, including 1,017 fatalities and 4,642 recoveries, in 52 African states.⁵ As of mid-August, Africa's COVID-19 numbers had spiked to 1,084,904 confirmed cases, 24,683 deaths, and 780,046 recoveries.⁶ The World Health Organization (WHO) has warned that the COVID-19 tide is rising quickly on the continent. Having gone nearly 100 days before reaching 100,000 cases, it took the continent only 18 more days to reach 200,000 cases.⁷

A notable trend emerging in the spread of the pandemic in Africa reveals a rising number of cases in rural villages, where about 59 percent of Sub-Saharan Africa's population lives.⁸ Africa's rural communities tend to lack basic public amenities such as healthcare, roads, water, education, and effective local governance. In particular, their weak healthcare infrastructure increases the risk of COVID-19 among rural populations. This poses a significant challenge to mitigation efforts by limiting screening, testing, and contact tracing that could help contain the spread of the pandemic in rural Africa.

Additional risk factors for the spread of COVID-19 in Africa are congestion in major cities, high population density in slums, and poor urban planning. These vulnerabilities will likely worsen in the near future as rural-urban migration in Africa continues to rise.⁹ Africa's slums and urban communities are over-crowded and suffer from poor sanitation, acute water shortage, and other inadequacies in basic social services.¹⁰ This contributes to the spread of COVID-19 by hindering social and physical distancing, handwashing, and restrictions on human movement. More broadly, inadequate testing equipment, lack of national data, and poor address systems in most African countries also hinder pandemic responses, such as contact tracing and screening, designed to curb the spread of the disease.

Politically, some of the continent's leaders have used populist, religious, and political rhetoric aimed at masking their governments' inadequacies and inefficiencies in fighting COVID-19. For example, the late Pierre Nkurunziza, the former President of Burundi, proclaimed that "God has cleared the coronavirus from Burundi's skies"¹¹ while Tanzania's President John Magufuli cast doubt on the efficacy of COVID-19 tests and declared the country "coronavirus-free" thanks to prayers by citizens.¹² Such posturing by leaders undermines mitigation efforts.

Some African regimes have made notable attempts to instrumentalize COVID-19 in order to perpetuate their incumbency. Eighteen African countries were scheduled to hold elections in 2020;¹³ of these, six have conducted their polls so far, with 12 more yet to be held.¹⁴ Several countries have postponed elections due to COVID-19.¹⁵ Changing electoral calendars due to COVID-19 could trigger constitutional crises and potential conflicts in some African countries.¹⁶ Moreover, some incumbents are using COVID-19 as a reason to curtail campaign activities of opposition parties, while ruling parties continue to campaign under the guise of performing government activities. Additionally, COVID-19 mitigation measures pose significant challenges to electoral management bodies, international election observers, civil society organizations, and political parties. This could provide opportunities for some African regimes to manipulate electoral processes and perpetuate incumbency.

Crisis Impact: Evidence from Ghana, the Democratic Republic of the Congo, and Rwanda

Health

As of the third week of August 2020, Ghana had recorded 43,505 coronavirus cases, 41,532 recoveries, and 261 fatalities, with 1,712 active cases;¹⁷ the DRC had recorded 9,589 cases, 8,480 recoveries, and 234 fatalities, with 875 active cases;¹⁸ and Rwanda had recorded 2,200 cases, 1,558 recoveries, and eight deaths, with 634 active cases.¹⁹ In terms of COVID-19 mortality rates among the three countries, Rwanda has the lowest while Ghana has the highest. However, Ghana has the highest recovery rate, largely due to improvements it has made in testing and healthcare facilities.

The pandemic has exposed shortcomings in the healthcare systems of all three countries:

1. In Ghana, COVID-19 has strained access to primary healthcare owing to weaknesses in the national healthcare system and fears of contracting the virus in health centers. To date, 2,065 frontline health workers in Ghana have been infected.²⁰ Consequently, many pregnant women and people with pre-existing health conditions are hindered from accessing healthcare due to coronavirus-related pressures on the country's healthcare system.²¹ Moreover, the virus' collateral impact on children, youth, and women already affected by poverty and social exclusion is a major concern.²²
2. The DRC's ill-equipped healthcare system had already been devastated by Ebola, cholera, and measles.²³ These diseases have put pressure on the country's limited healthcare facilities, and the subsequent COVID-19 outbreak has further constrained access to healthcare, particularly in rural communities.
3. In Rwanda, due to its lack of essential health facilities, the government's top priority in fighting the pandemic has been containment.²⁴ The engagement of grassroots organizations and local governments, increased digitization of healthcare surveillance and delivery, expanded laboratory testing, food delivery, and coordinated prevention measures have helped the country record one of Africa's lowest COVID-19 death rates.²⁵ This, coupled with strict enforcement of lockdown measures, has contributed to Rwanda's relatively low number of cases.

Socio-Economic

In Ghana, the pandemic has driven down the country's projected economic growth rate for 2020, from an initial projection of 6.8 percent to 1.5 percent—which would be the country's lowest annual growth rate in 37 years.^{26,27} The informal sector, which is dominated by women, has been adversely affected by the lockdown. With crude oil exports having contributed significantly to Ghana's economy over the last decade, the country will be hit particularly hard by the global decline in commodity prices.²⁸ Workplace closures and travel bans have also weakened the national economy. Between March and June 2020, for example, Ghana's tourism and hospitality industry—the country's third-highest foreign exchange earner—was estimated to have incurred losses of USD\$170 million.²⁹ Due to the pandemic, 77.4 percent of Ghanaian households have experienced a decline in income since mid-March, when restrictive measures were first introduced.³⁰

The DRC is also experiencing severe economic shocks from COVID-19. The pandemic has weakened commodity prices, lowered government revenue, and put significant pressure on foreign exchange

earnings.³¹ Economic growth in 2020, originally projected at 5.4 percent, has dropped to -1.9 percent.³² The price of copper has dropped by 25 percent since the onset of the pandemic, triggering five billion dollars in lost revenue.³³ In addition, pandemic-driven funding gaps in humanitarian agencies' operations threaten the livelihoods of millions of people forcibly displaced by the country's long-standing conflicts and the recent COVID-19 pandemic.³⁴

In Rwanda, COVID-19 has greatly slowed economic activity. The International Monetary Fund (IMF) estimates a revenue shortfall of 4.2 percent of the country's GDP. It estimates that implementation of the country's COVID-19 response plan will cost the country 3.3 percent of its GDP.³⁵ Rwanda's 2020 projected economic growth rate of 8.0 percent has been revised downward to 5.1 percent, and the inflation rate is expected to increase from 2.4 percent in 2019 to 6.9 percent in 2020.³⁶ At least 57.5 percent of small- and medium-sized enterprises (SMEs) operating across different industrial sectors closed operations between March and April due to COVID-19.³⁷ The government moved quickly to develop an economic recovery plan. This allowed Rwanda to successfully tap the IMF Credit Facility and obtain a concessional loan from the African Development Bank to help mitigate the pandemic's economic impact.

Political

Ghana's preparations for its December 2020 presidential and parliamentary elections have been impeded by COVID-19. Despite legal challenges and public protests that pre-election voter registration could expose registrants to COVID-19 infection, the National Electoral Commission went forward with the registration exercise. Since then, reports of overcrowding and lack of adherence to COVID-19 protocols at voter registration centers, and politically-motivated violence in some locales, have raised concerns of a possible spike in COVID-19 infections. Although the government has begun to ease pandemic-related lockdown measures, it has retained restrictions on mass political rallies and gatherings. While Ghana has a solid record of election fidelity, some observers are concerned that the incumbent government is exploiting COVID-19 mitigation measures to disadvantage the opposition in the lead-up to the December elections.

In the DRC, pandemic crisis management has become a field for political competition. Competing political actors within the ruling coalition are using the crisis to weaken each other, resulting in contradictions within the national response and sparking internal political wrangling. This, together with COVID-related food price hikes and border closures, could further aggravate the country's fragile stability.

Most African countries have used police and military to help enforce COVID-related lockdowns. In Rwanda (among other countries), this has resulted in abuses of civilians, including activists, journalists, and opposition leaders, by security forces.³⁸

Conclusion

The coronavirus pandemic has significantly impacted the health, socio-economic, and political landscape of Africa. The experiences of Ghana, the DRC, and Rwanda reveal both similarities and differences in the degree of impact and the response strategies. These case studies provide useful lessons for other African countries seeking greater resilience against COVID-19. Below is a brief summary of the most effective response strategies, as well as key shortcomings, gaps, and lessons:

Successful COVID-19 Responses and Lessons Learned

Movement Restrictions

Ghana, the DRC, and Rwanda implemented movement restrictions, lockdowns, border closures, contact tracing, testing, and quarantines to mitigate the virus' spread. While border closures have hurt the three countries' economies, they have nonetheless contributed to their relatively low death rates and high recovery rates.

Public-Private Collaboration

The three countries' response strategies included collaboration between the government and private sector, which buffered the pandemic's economic and health impacts. This underscored the need for African governments to enhance public-private partnerships in resolving the continent's myriad challenges.

Government Partnership with International Players

Ghana, the DRC, and Rwanda have engaged international actors, especially the WHO, World Bank, and IMF, to enhance their COVID-19 responses. WHO has provided scientific and technical support to enhance the countries' capacity to address the pandemic, while the World Bank and IMF have provided economic support. This international support has helped the recipient countries enhance testing capacity, obtain personal protective equipment, and increase public awareness of COVID-19 mitigation measures.

Economic Stimulus

The stimulus plans of the three countries are aimed at boosting growth in order to ease the pandemic's economic impact.

Digitization

Rwanda's digitization of key elements of its healthcare system in relation to COVID-19 offers a useful lesson for strengthening healthcare systems in Africa. Rwanda's use of robots to boost testing capacities in medical facilities while reducing health workers' exposure to disease demonstrates the country's adaption of technological innovation to enhance its COVID-19 response. This includes the use of drones to deliver medical equipment, personal protective equipment, blood, and other necessities to healthcare centers.

Decentralization

Decentralization of COVID-19 responses is meant to control the spread of the pandemic in rural communities by empowering local governance administrations. However, limited state capacity in most African countries has resulted in weak healthcare infrastructure at the local levels. This has undermined effective decentralization of COVID-19 responses, especially in Ghana and the DRC. In Rwanda, on the other hand, the engagement of grassroots networks and establishment of district task forces to coordinate responses at the local government level has galvanized COVID-19 mitigation measures in rural communities.

Gender Disaggregation

Women have been disproportionately affected economically by COVID-19 in Africa. Despite this, national responses have devoted insufficient attention to the specific vulnerabilities of women. Given the significant role women play in Africa's socio-economic development, disregarding the gender gap in COVID-19 responses has the potential to exacerbate the continent's already entrenched gender inequalities.³⁹

Given the foregoing lessons, African states and development partners should consider the following:

1. Strengthen Africa's health infrastructure and health service delivery by providing adequate state support to domestic/traditional medical research, and collaborating with international pharmaceutical companies to enhance domestic production.
2. Provide incentives to women-owned small- and medium-sized businesses, as well as socio-economic protection for women engaged in Africa's informal economy.
3. Increase access for females to healthcare and health-related information in order to mitigate their economic vulnerability to the pandemic, especially in Africa's rural communities.

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Cover Image: Portrait of African health worker wearing surgical face mask and attending to a child patient also wearing a homemade mask for protection in covid-19 pandemic season-concept on child healthcare. Credit: Shutterstock/ Yaw Niel. ID: 1788540479. Source: <https://www.shutterstock.com/image-photo/portrait-african-health-worker-wearing-surgical-1788540479>.

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