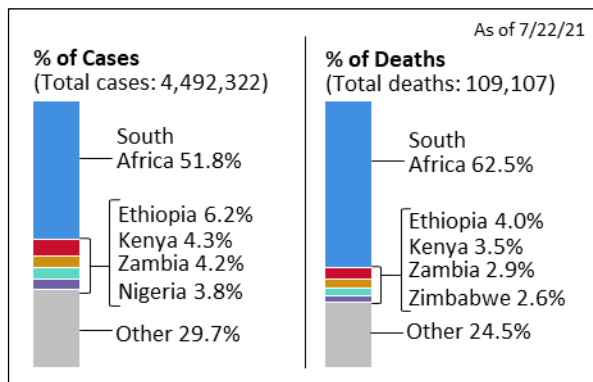




Coronavirus Disease 2019 (COVID-19): Impact in Africa

Sub-Saharan Africa has confirmed fewer COVID-19 cases and deaths per capita than other regions, but many countries have faced a deadlier third wave of cases since mid-2021. As of July 2021, southern African countries had the highest per-capita caseloads (and had also administered the most tests). Public health experts have expressed acute concerns about the regional surge in both cases and deaths, which they attribute to the spread of the highly transmissible Delta variant and public fatigue with infection control restrictions. Most governments in Africa have struggled to secure vaccines. Total cumulative confirmed cases and deaths remain concentrated in a handful of countries, led by South Africa (Fig. 1). Studies suggest that case data may be underreported in many countries, and experts warn that asymptomatic transmission may have hidden the scope of the spread while allowing for potential virus mutation.

Figure 1. Total Confirmed Cases and Deaths in Africa



Source: CRS graphic based on data from World Health Organization (WHO) *Coronavirus Disease (COVID-19) Dashboard*.

Impact. The pandemic has exacerbated health system constraints in many African countries, infecting over 115,000 health workers and disrupting routine health services such as childhood immunizations. Some infection prevention measures have been difficult in areas with limited access to clean water and sanitation, including crowded urban settlements, prisons, and humanitarian settings. Still, many countries’ quick initial responses to the pandemic, youthful populations, and other factors may have averted worse public health scenarios to date.

Falling global prices and demand for key natural resource exports (especially oil and certain minerals), disruptions in trade and tourism, reduced remittances from African workers abroad, and local lockdown measures severely affected African economies in 2020. The World Bank estimated in April 2021 that COVID-19 had pushed up to 40 million more Africans into extreme poverty. The World Food Program reports that the pandemic is contributing to a rise in severe food insecurity in parts of Africa. Economic hardships and anger at state-imposed restrictions have

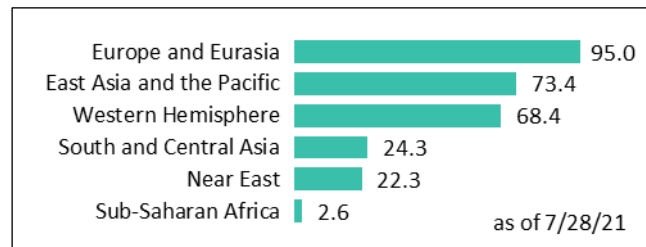
fueled recent protests and unrest in several countries (e.g., Senegal and South Africa).

Vaccine Distribution and Access

Fewer COVID-19 vaccine doses have been administered per capita in sub-Saharan Africa than in other regions (Fig. 2). As of mid-July 2021, about 52 million people in Africa (including North Africa) had received at least one vaccine dose (representing about 1.6% of the world’s vaccinated people) and about 20 million (1.5% of Africa’s population) were fully vaccinated, according to the World Health Organization (WHO). Among countries with over a million people, Mauritius, Zimbabwe, and Eswatini have reportedly obtained the most doses per capita in sub-Saharan Africa. South Africa has obtained about 6.1 million doses, or about 11 per 100 people. Eritrea has not sought vaccines; in a shift, Tanzania and Burundi began to do so in July 2021.

African governments have secured COVID-19 vaccine doses via the multilateral COVAX initiative, direct purchases, and bilateral donations. China has reportedly donated the most doses bilaterally (at least 3.4 million total for 24 sub-Saharan African countries); the United States has donated more doses overall but has channeled them through COVAX. The World Bank and Afreximbank (a regional trade financing institution) have helped finance pooled purchases. As of July 30, COVAX had shipped at least 27.3 million vaccine doses to sub-Saharan African countries. COVAX currently aims to provide 850 million doses to Africa (including North Africa) by April 2022—enough to vaccinate 30% of eligible countries’ populations—after India’s restrictions on exports of Indian-manufactured vaccines delayed planned deliveries in early 2021. The emergence of new variants, vaccine hesitancy, logistical challenges, receipt of nearly-expired vaccines, and other factors have further constrained vaccination campaigns.

Figure 2. Vaccine Doses Administered per 100 People



Source & Notes: CRS graphic based on WHO data. Regions follow State Department definitions. Total number of doses administered, including single- and two-dose regimens.

African Government Responses to COVID-19

Public Health Responses. The African Union’s Africa Centres for Disease Control and Prevention (Africa CDC, founded in 2015 with U.S. and Chinese support) has helped build African countries’ capacity to detect and respond to COVID-19. The Africa CDC also helped launch the nonprofit Africa Medical Supplies Platform and African

Vaccine Acquisition Task Team (AVATT) to support pooled purchases of medical supplies and vaccines.

Many African governments quickly ramped up COVID-19 surveillance and control measures in early 2020, drawing on lessons from managing other infectious disease outbreaks. In March 2020, most countries restricted air travel, border crossings, nonessential businesses, large gatherings, and, in some cases, domestic travel. Many countries began to loosen constraints by mid-2020, but some have re-imposed them in response to case spikes.

Several countries have pursued innovative pandemic responses. For example, Senegalese institutions are working to develop an inexpensive rapid COVID-19 test kit. Rwanda and Ghana are using drones to deliver medical supplies to rural areas, and Rwanda has used robots to take patient vital signs in clinics. South African cell phone firms supported the creation of a telemedicine system.

Economic Responses. Most African governments reallocated budget resources, instituted economic stimulus measures, and/or provided targeted aid to vulnerable citizens in 2020. The International Monetary Fund (IMF) and G20 creditor nations, among others, supported these actions through concessional loans and debt service deferments. Many African countries have taken on new sovereign debt, raising debt sustainability concerns. Some African governments have appealed for additional economic aid and/or debt relief. Several have entered talks with private creditors, though the risk of a credit rating downgrade may have made others hesitant to do so.

Governance Implications. The pandemic has affected stability and governance in many African countries, influencing electoral processes, respect for civil liberties, essential service delivery, and state legitimacy. Ethiopia postponed elections in 2020, citing COVID-19, while infection fears may have lowered turnout in 2020 elections in Guinea and Mali. The effects of the pandemic have strained fragile governments facing political tensions, insurgencies, and other security threats. Some longstanding democracies whose pandemic responses have been relatively effective also have seen unrest. Some African heads of state have invoked emergency powers to respond to COVID-19, and state security forces in some countries have been accused of human rights abuses while enforcing lockdown measures. Officials in several countries (e.g., Cameroon, Democratic Republic of Congo, Kenya, Uganda, and Zimbabwe) have been accused of corruption and misuse of public health funds. Top government and opposition figures in several countries have reportedly died of COVID-19, although not all cases were confirmed.

U.S. Responses

Foreign Assistance. The State Department and U.S. Agency for International Development (USAID) have allocated at least \$542 million in COVID-19-focused health, humanitarian, and economic aid for sub-Saharan African countries, along with ventilator donations for several. The Department of Defense and U.S. Centers for Disease Control and Prevention also have supported COVID-19 response in Africa. Most U.S. non-emergency bilateral aid for Africa (77% of FY2020 appropriations) supports health programs, primarily focused on HIV/AIDS.

Additional U.S. global pandemic preparedness programs support health system strengthening in some countries.

Vaccines. The Biden Administration has pledged \$4 billion for COVAX. In May 2021, the Administration also pledged to donate at least 80 million COVID-19 vaccine doses from the U.S. stockpile, of which over 18.4 million have been provided to 24 sub-Saharan African countries to date in coordination with COVAX and the African Union. In June, the Administration pledged to purchase and donate 500 million more vaccine doses to developing countries, including in Africa, by mid-2022.

The Administration also has committed to support vaccine manufacturing in Africa. The U.S. International Development Finance Corporation (DFC) is helping finance vaccine production by firms in South Africa and Senegal. These agreements involve “fill-and-finish” operations, in which vaccine components manufactured abroad are compounded, and the finished vaccines—or, alternately, vaccines fully manufactured abroad—are then packaged and shipped to recipients. The Administration also supports the concept of a temporary waiver of the 1995 World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) for COVID-19 vaccines, in part to facilitate vaccine production in Africa, as proposed by South Africa, among other countries. (See CRS In Focus IF11858, *Potential WTO TRIPS Waiver and COVID-19*.) U.S. firms, such as Mastercard, also have pledged financial support for Africa’s vaccination efforts.

Outlook and Issues for Congress

The pandemic has adversely affected longstanding U.S. policy goals in Africa, including improving health and food security, alleviating poverty, supporting regional stability and security, promoting trade, and encouraging democracy and good governance. COVID-19 also has complicated U.S. aid implementation, military cooperation, commercial access, and oversight of U.S. programs. China and Russia, meanwhile, appear to view COVID-19 as an opportunity to bolster their influence in Africa vis-à-vis Western countries.

African leaders have called for greater equity in access to vaccines and therapeutics, along with economic aid; WHO Director Dr. Tedros Ghebreyesus has decried “vaccine apartheid.” Some Members of Congress argue that more can be done to support vaccine donations and local production (including technology transfers, beyond “fill and finish” operations), while others emphasize domestic response and/or note that the United States (as of early August) has donated more vaccine doses than any other country. The United States has channeled most of its COVID-19-related economic aid through multilateral institutions such as the IMF, aside from a few bilateral programs. Members of Congress may examine the impact of U.S. actions on the course of the pandemic and perceptions of the United States in Africa, including in the context of FY2022 foreign aid appropriations measures and legislative proposals regarding global pandemic response.

Alexis Arieff, Coordinator, Specialist in African Affairs
Lauren Ploch Blanchard, Specialist in African Affairs
Nicolas Cook, Specialist in African Affairs
Tomás F. Husted, Analyst in African Affairs
Sarah R. Collins, Research Assistant

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.