



Peace & Security Council Report

Special focus: COVID-19 in Africa

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The African Union's structures and mechanisms put to the test

Since the outbreak of the coronavirus at the beginning of the year, the African Union (AU) has been active in coordinating responses across Africa and has been praised for its quick reaction to the pandemic.

While the number of confirmed cases was still relatively low in the beginning of March 2020, compared to other parts of the world, African governments were already ordering nationwide lockdowns, restricting travel and preparing for large-scale health emergencies.

This response was largely owing to the examples already visible elsewhere in the world, but the leadership of the AU has certainly been felt to a greater extent than that of other multilateral institutions worldwide.

Amid uncertainty and despite huge logistical constraints, the AU has reacted quickly. On February 22 the Africa CDC first convened a meeting on how governments could be assisted in responding to COVID-19

In some African countries there have been concerns about the role of security forces that have been given a free hand to impose restrictions, as well as haphazard measures and 'imported solutions', but most of the measures have been seen as in line with global best practice.

Quick reaction by the AU

Amid uncertainty and despite huge logistical constraints, the AU has reacted quickly. On February 22, when little was yet known about the spread of the disease, the Africa Centres for Disease Control and Prevention (Africa CDC) in Addis Ababa first convened ministers of health for a meeting on how governments could be assisted in responding to COVID-19.

It has since given regular updates, including online press conferences with the latest figures for Africa, provided training for health workers, distributed test kits and helped to distribute healthcare equipment donated by China.

Meanwhile, South African president Cyril Ramaphosa has held several video summits with African leaders to discuss responses and strategies to help Africa cope with the financial losses suffered during the pandemic. He appointed four special envoys to deal with this task, including former South African finance minister Trevor Manuel, the head of the AU Peace Fund

Current PSC Chairperson

Her Excellency Catherine Mwangi, ambassador of Kenya to Ethiopia and permanent representative to the African Union.

PSC members

Algeria, Benin, Burundi, Cameroon, Chad, Djibouti, Egypt, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Senegal

Donald Kaberuka, former Nigerian finance minister Ngozi Okonjo-Iweala and prominent Franco-Ivorian banker Tidjane Thiam.

The AU's visibility and early lessons

Still, not all AU departments and organs have been quick off the mark, notably when it comes to communications. Media – even in Africa – still defer to sources other than the Africa CDC for the continent's most credible assessments. This is unfortunate, since there has clearly been close cooperation between governments and between the Africa CDC, the World Health Organization (WHO) and other institutions such as the United Nations (UN) Economic Commission for Africa (UNECA).

As was the case with the Ebola epidemic in 2014, which led to the upscaling of the Africa CDC, valuable lessons are likely to emerge from COVID-19 for the continental institution.

One of these lessons will certainly be that physical distance is not an excuse not to meet. The various video conferences between heads of state convened by Ramaphosa, as well as ministerial meetings on an AU and regional level, certainly cost a fraction of the price of a regular summit. The UN Security Council only started its virtual meetings in mid-March, amid much controversy.

PSC holds virtual meetings

The AU's Peace and Security Council (PSC) also saw a pause in its activities last month, but has scheduled at least five virtual meetings for April, under the chairing of Kenya.

For now, even though AU Commission Chairperson Moussa Faki Mahamat has also supported the call by UN Secretary General Antonio Guterres for a global ceasefire during the pandemic, conflicts on the continent have not shown any sign of abating. It is therefore crucial for the PSC to continue its meetings and coordination of peacekeeping.

The COVID-19 pandemic itself is globally recognised as a peace and security issue, leading to much criticism of the UN Security Council for its lack of leadership in this regard. The PSC held a meeting on the pandemic on 14 April when it received briefings from the WHO,

the Africa CDC and UNECA. No statement was available yet at the time of going to print.

Meanwhile, on the equally important socio-economic impact of the pandemic, AU organs and agencies such as the AU Development Agency–Nepad (AUDA-Nepad) have been involved in advising and modelling scenarios for the continent's governments to help them prepare for the future.

Preparing for known unknowns

The AUDA-Nepad has in the past few weeks helped the AU Commission to draw up a comprehensive strategy for Africa, with a focus on healthcare, food security, education, skills development and training, employment and national planning and data systems. How to prepare for the number of 'known unknowns' around the virus is contained in a White Paper published by the agency in the beginning of April.

In preparation for the April spring meetings of the IMF and World Bank, AUDA-Nepad also worked with African ministers of finance on issues such as the request for a global bailout for Africa and debt relief.

The AUDA-Nepad has helped the AU Commission to draw up a comprehensive strategy for Africa

So far, African leaders have lobbied for debt relief from the G20 and others. On 15 April, the G20 announced that it would freeze the debt repayments of the world's poorest nations, including those of 40 African countries.

An AU coronavirus fund has also been set up by the AU bureau and has received over \$20 million.

AUDA-Nepad CEO Ibrahim Mayaki told the *PSC Report* it is still extremely difficult to know what the exact economic impact of COVID-19 will be on Africa, given that projections for the European Union, the United States and others have changed dramatically in the last two months.

Yet it is important for Africa to ensure it has the necessary ‘fiscal space’ to ensure the provision of adequate health services, as well as to compensate for job losses.

Since 60% of employment opportunities in Africa are in the informal sector, there will have to be massive assistance to people in these sectors. Africa also imports \$50 billion worth of food every year and will thus suffer greatly owing to the disruption of trade, says Mayaki.

Importantly, African responses to COVID-19 should be adapted to local conditions and include community leaders, who should be empowered to drive responses by governments, he says. This is another reminder of the crucial role of the AU and its institutions in the weeks ahead.

The African Risk Capacity (ARC), a specialised agency of the AU, has developed an insurance policy for countries that focuses on outbreaks and epidemics, with coverage of up to \$200 million. The policy was geared at Ebola, meningitis, Lassa fever and Marburgh virus disease.

African responses to COVID-19 should be adapted to local conditions and include community leaders, who should be empowered to drive responses by governments

The coverage was supposed to come online later this year, but the agency quickly shifted gear to look at how the work that had already been done on these diseases could be applied to COVID-19. This focuses, in particular, on an assessment of each African government’s readiness to deal with epidemics.

Risk profiling

According to ARC Director General Mohamed Beavogui, the agency is teaming up with the Africa CDC, the UN and others to adapt the modelling and risk profiling that is being done elsewhere in the world to African conditions. This will look not only at the capacity of governments to deliver health services but also at food security during and after the pandemic. In addition, it will help governments to do contingency planning.

Beavogui says funding for his organisation that ordinarily would have been used for travel can now be channelled into assisting with the modelling.

Mistakes are certainly being made, particularly when it comes to adopting responses that are not adapted to the specific contexts of African countries, and the worst may be yet to come. However, this is an ideal opportunity for the AU and its various structures to showcase their convening power on the continent.

22 February

THE FIRST MEETING
OF AFRICAN MINISTERS
OF HEALTH

COVID-19: Ramaphosa takes charge at home and on the continent

South Africa's President Cyril Ramaphosa, chairperson of the AU for 2020, convened a teleconference meeting of the continental organisation on 3 April 2020 to discuss Africa's response to the coronavirus (COVID-19) pandemic.

This was the second such meeting with the current AU Bureau, comprising Ramaphosa, Egypt's Abdel Fattah el-Sisi, Mali's Ibrahim Boubacar Keita, Kenya's Uhuru Kenyatta, and the Democratic Republic of Congo's (DRC) Felix Tshisekedi. The format of the meeting was extended to include Rwanda (Paul Kagame), Ethiopia (Abiy Ahmed Ali), Senegal (Macky Sall) and Zimbabwe (Emmerson Mnangagwa).

Another virtual meeting with business leaders from across the continent was planned for 22 April to discuss the economic impact of the pandemic on AU member states.

At the 3 April meeting, the bureau received presentations from Dr Tedros Adhanom Ghebreyesus, the Director General of the World Health Organization (WHO); Dr John Nkengasong, Director of the Africa Centres for Disease Control and Prevention (Africa CDC), and President Emmanuel Macron of France.

As COVID-19 continues to spread in Africa and many have predicted a massive impact on the continent, South Africa is taking resolute steps both domestically and continentally to curtail the spread of the virus. In this endeavour, existing continental mechanisms and entities such as the Africa CDC are instrumental.

South Africa taking action at home

While it still had just under 1 000 positive cases and zero deaths related to COVID-19, South Africa opted for a total lockdown of the country and the roll-out of strict measures to prevent the further spread of the virus and to offset its socio-economic impact.

According to the government, these measures are in line with current international best practice to 'flatten the curve' of infections, particularly to protect South Africa's large number of vulnerable and immunocompromised people. They also help to buy time to build up emergency healthcare capacity ahead of what the government believes will be an unavoidable rise in the number of infected individuals.

Since the beginning of the lockdown, the government has periodically reviewed and tweaked measures to cater for the needs of certain vulnerable sections of the population. This was, for instance, the case for social grant recipients, who were allowed to collect their monies in advance and for a period of one week during the lockdown.

The government has also revised its broader strategy by implementing mass testing of vulnerable clusters and potential high-risk areas. Examples to date include mass testing conducted in Alexandra township in Johannesburg after the first positive case was found in the area, and a similar move in a KwaZulu-Natal province hospital where 48 staff were reported to have tested positive.

These measures have been followed by the rolling out of mass testing across all nine provinces of South Africa following a continued rise in the number of infections despite the nationwide lockdown.

South Africa is taking resolute steps both domestically and continentally to curtail the spread of the virus

The lockdown and many of its measures can have both positive and negative implications for public safety, including state abuses, which the government has to address as part of its public outreach during this period. In spite of these challenges and many other structural ones, South Africa has certainly taken a strongly proactive and preventive rather than a curative approach to dealing with the crisis. If it is properly and sustainably implemented, this could prove efficacious in the management of the pandemic.

South Africa's response to the pandemic, although one of many on the continent, is among the most comprehensive thus far. While this is a demanding and critical task domestically, Ramaphosa has not neglected his duty as chairperson of the AU and seems to have

taken the same clinical approach in rallying and consolidating a continental response to COVID-19.

South Africa's role in Africa's response

The continent's response to COVID-19 has been spearheaded by the Africa CDC, which was officially launched in January 2017 after the Ebola crisis had surfaced in parts of West and Central Africa in 2014. It has since supported the DRC in fighting the Ebola outbreak that began there in 2018 and the measles epidemic that started in 2019.

The crucial role played by the Africa CDC is reinforced by South Africa's using its position as chair of the AU to convene member states to create the necessary political buy-in for how the continent is to deal with COVID-19. Ramaphosa called the first AU Bureau meeting on 26 March 2020, which was also attended by the AU Commission chairperson and the head of the Africa CDC.

A continental coordinated response is important to arrest the rapid spread of the COVID-19 pandemic

At the meeting Ramaphosa noted that 'a continental coordinated response [is] more important than ever before in order to arrest the rapid spread of the COVID-19 pandemic'. The outcome of the meeting led to the establishment of an African anti-COVID-19 fund to which member states of the bureau contributed \$12.5 million in seed funding. A further \$4.5 million was pledged in support of the work of the Africa CDC.

The convening of the AU Bureau paved the way for the G20 meeting where Africa presented its request for support from international financial institutions in the fight against the pandemic. South Africa, as the only African member of the G20 and chair of the AU for 2020, relayed the determinations made during the AU Bureau meeting to the G20 meeting, particularly around Africa's need for financial and material support.

Ramaphosa subsequently called for a follow-up AU Bureau meeting to assess progress made with regard to the resolutions taken at the previous meeting and by the G20. The 3 April meeting resolved 'to establish continental ministerial coordination committees on Health, Finance and Transport to coordinate support for the comprehensive continental strategy'. The meeting also 'noted that the Sahel region need special attention in the light of terrorist activity' and pledged 'solidarity with the countries in this region who have to fight the twin scourge of terrorism and COVID-19'.

Overall, Africa's response to COVID-19 thus far and South Africa's role in this are noteworthy. This is particularly so because in the midst of this pandemic wreaking havoc the world over, where other blocs have shown little solidarity with their neighbours Africa is showing strong signs of solidarity. As these efforts are being deployed, Africa's collective commitment to finding solutions to an African challenge is also being put to the test.

\$4.5 million

DONATED TO THE
AFRICA CDC

COVID-19 compounds security threats in West and Central Africa

Despite low infection rates at first, Africa has seen, for a few weeks now, a rise in the number of people infected with COVID-19. Some experts predict that the peak of the pandemic is yet to come.

African countries have been alerted about the risk if they do not tackle the problem head on. Faced with this pandemic, the challenges on the continent are known: poor sanitation; weak or non-existent healthcare infrastructure, not only to prevent the spread of the virus but also to treat it; lack of resources to prevent the spread of the virus (e.g. access to clean water); and difficulties in effectively implementing measures to restrict movement (such as partial or total lockdowns).

COVID-19 not only complicates the existing peace and security challenges in many countries but also constitutes an additional security problem for those already dealing with crises. As of 13 April 2020, West Africa had recorded the second highest number of people that tested positive for COVID-19 in Africa, after North Africa.

Elections go ahead

In West Africa, Guinea and Mali held elections in spite of the political and security situation in both countries, compounded by the imminent threat of COVID-19. In the first case, calls to annul contested legislative elections and a problematic referendum to amend the constitution were not heeded by the government of Alpha Conde. The polls took place on 22 March. Conde (82) has faced strong opposition to his plan to remove the constitutional clause that prevents him from running for a third term.

In Mali, legislative elections went ahead on 29 March despite the fact that many areas of the country remain highly unstable. Only three days before the elections one of the country's main opposition leaders, Soumaila Cissé, went missing with his team while campaigning in Mali's central region. They are still missing and are said to have been kidnapped by armed groups.

In both countries the number of people that tested positive for COVID-19 has since risen. To prevent the spread of the virus, Mali imposed a curfew four

days before the legislative elections while Guinea declared a state of emergency four days after the controversial elections and referendum, which were marred by violence.

Although Guinea and Mali are not the only countries in the world to have held elections in the shadow of the virus, political or electoral considerations superseded concerns over the spread of COVID-19.

These elections could face a serious challenge in terms of the legitimacy of representatives elected in polls with a reportedly low turnout. Questions will also arise about how the elections may have contributed to the spread of the virus, given the seeming inability of governments to ensure that people adhere to prevention measures, including respecting social distancing and providing water and/or hand sanitisers at polling stations.

Despite UN calls for ceasefires to halt the spread of COVID-19, fighting has not stopped

Meanwhile, Burundi is set to hold presidential elections on 20 May. President Pierre Nkurunziza, who controversially ran for a third term in 2015 and has since clung to power by cracking down on dissent, is likely to be replaced by the ruling party's candidate, Evariste Ndayishimiye. There has been no indication that the elections will be postponed.

Fighting terrorism in Chad, Nigeria, Burkina Faso, Niger

Despite United Nations (UN) calls for ceasefires across the world to halt the spread of COVID-19, fighting has not stopped in many parts of the continent, nor have terror attacks. On 23 March, Boko Haram reportedly killed around 92 Chadian soldiers and wounded 47 people in the village of Boma, in Chad's Lake province, near the border with Nigeria and Niger.

On the same day Nigeria's army is also believed to have suffered a heavy blow, with 70 soldiers killed.

In retaliation, Chad launched a massive military offensive – operation *colère de Boma* – which, it says, has dislodged Boko Haram from the Lake Chad area. The Chadian army got permission from the governments of Niger and Nigeria to track Boko Haram on their national territories. By all accounts, this appears to be a full-on military offensive to try to annihilate Boko Haram.

Burkina Faso, the country with the third highest number of COVID-19 cases (as of 15 April 2020) in West Africa, has also not had any respite from terrorists. It remains the target of terror attacks and has tried to quell threats throughout the month of March. Among the latest reported events, 19 people were killed in an attack carried out on 28–29 March.

Niger has not been spared either. The country suffered and countered several terror attacks during March.

Bigger worries for Central Africa?

Places with ongoing conflicts are probably where the virus could strike the hardest, given the chaos, poor sanitation and the absence of healthcare systems. The Central African Republic (CAR) is, from this point of view, probably the least able to offset the possible spread of the pandemic on its territory, including in its capital Bangui and surroundings. In addition, as COVID-19 made its way onto Central African soil, fighting between rival armed groups continued to rage in the country.

Places with ongoing conflicts are probably where the virus could strike the hardest

Another exposed country, Cameroon, has the highest number of COVID-19 cases (as of 15 April) in both West and Central Africa. Yet the conflict in its north-west and south-west regions has known no reprieve. While the Southern Cameroons Defence Force agreed to an initial 14-day ceasefire, the Ambazonia Governing Council, which leads the Ambazonia Defence Forces, refused to suspend fighting.

Similarly, the Democratic Republic of Congo (DRC) has been prey to instability and conflict particularly on its eastern flank, where it has also battled the Ebola epidemic for the past two years. Although the arrival of COVID-19 in the country coincides with the impending end of the Ebola crisis, an ongoing measles epidemic has caused over 6 000 deaths in the past year, according to the World Health Organization.

Dealing with this pandemic while continuing to fight terrorism and stemming other conflicts is a herculean task

On the other hand, the DRC might be able to leverage its experience in fighting viruses, particularly given that it has appointed the head of the Ebola response team, Prof. Jean-Jacques Muyembe, to lead the fight against COVID-19.

More ominous for the broader Central Africa region is that oil-producing countries, which had slowly been recovering from a slump caused by a dip in crude oil prices in 2014, will again be hit by the recent dramatic drop in oil prices. This is going to make it much harder not only to contend with the pandemic in the coming weeks but also to absorb the economic aftershock of COVID-19.

Strong continental action needed

COVID-19 thus constitutes an additional security challenge for many countries in West and Central Africa. Dealing with this pandemic while continuing to fight terrorism and stemming other conflicts is a herculean task.

The continent is now mobilised to find a common strategy to fight the pandemic and come to the rescue of Africa's most vulnerable states, including those facing crises in the Sahel. Ultimately, in this fight Africa cannot afford to wait for salvation to come from abroad. In addition, the continent's collective response will only be as good as the commitment of individual governments and other national stakeholders to tackle the issues at home.

Towards a regional response to COVID-19 in the Horn

Since COVID-19 was first reported in the region in March 2020, states in the Horn of Africa have been taking drastic measures to curb the spread of the pandemic. While they are doing what is possible to mitigate the epidemiological and economic ramifications of the pandemic, little is said, however, about its impact on peace and security.

The Intergovernmental Authority on Development's (IGAD) COVID-19 strategy, announced following a virtual Extraordinary Summit on COVID-19 on 30 March 2020, also does not explicitly acknowledge the peace and security implications of the pandemic.

IGAD does in its statement warn against 'unconnected country-specific measures to combat the pandemic'. This is particularly important as the region represents a security complex, with interwoven conflict dynamics. The impact of COVID-19 will therefore take on a regional dimension. Border closures and siloed responses will not contain it – it can only be overcome through a coordinated regional response.

Border closures and siloed responses will not contain the virus – it can only be overcome through a coordinated regional response

Peace and security challenges that are likely to emerge as a result of the pandemic are linked to new and unforeseen threats associated with the COVID-19 pandemic; its impact on existing conflict dynamics in the region; and the extent to which it is disrupting ongoing peace processes in the region, with the potential for escalating conflict.

Emerging peace and security threats

The first emerging security challenge related to COVID-19 stems from the lack of clarity on the mechanisms for enforcing COVID-19 response measures. Some of these limit or suspend civil liberties and at times criminalise 'normal' activities. Such disjointed measures have already led to the use of excessive force and violence by those tasked with enforcing response measures. Such violence undermines measures that are meant to save lives, and further fractures an already tense relationship between law enforcement and poor communities hard hit by lockdowns and curfews.

Punitive economic measures

The second source of emerging insecurity stems from the economic impact of response measures such as lockdowns, restrictions on mobility, and

30 March 2020

IGAD EXTRAORDINARY
SUMMIT ON COVID-19

border closures. These have caused an economic downturn, price spikes of basic goods and a lack of work in the informal sector, which supports many in the region.

Some countries are taking steps to mitigate the worst effects of these measures. However, if people's lives become impossible, this may erode public confidence in state institutions and the measures being taken to prevent the spread of the virus.

Disjointed measures have led to the use of excessive force by those enforcing response measures

The inability of governments to provide adequate provisions for workers in the informal sector has amounted to the criminalisation of their activities in the context of lockdowns. Such situations have led, in some cases, to tensions between sections of the population and state security forces tasked with enforcing the lockdowns. In some instances the resulting hardships among workers are fuelling criminality, and driving some to resort to looting food and commodities out of sheer desperation, as has been witnessed elsewhere on the continent.

The risk of politicising the pandemic

The third potential source of instability linked to COVID-19 is the politicisation of the pandemic. While there are clear indications that some governments in the region are exploiting their response to COVID-19 for political gain, the same can be said of opposition parties. Some opposition parties have developed propagandist campaigns in parallel with their political activism, using the crisis to compete for influence and public support.

In response, Ethiopian Prime Minister Abiy Ahmed and Ugandan President Yoweri Museveni have warned against political opportunism during the pandemic. Museveni stated that 'politicians who try to distribute food for cheap popularity' resulting in large gatherings 'would be arrested and charged with attempted murder'. Toxic political rhetoric during the pandemic is divisive and further polarises already tense political contexts, at a time when people should be coming together.

Finally, the fourth potential source of insecurity for communities is the pardoning of thousands of inmates to reduce the spread of the virus in overcrowded prisons. Ethiopia has released more than 4 000, Kenya nearly 5 000 and Uganda more than 2 000 inmates who have served part of their sentences. Given the fact most prisons in the region do not have reform programmes, there are fears that their release could lead to a spike in the crime rate in cities.

Conflict dynamics in the face of COVID-19

Meanwhile, the region continues to experience enduring peace and security challenges, which have been compounded by the threat posed by the pandemic. This includes the al-Shabaab threat in Somalia.

4 000

INMATES RELEASED
BY ETHIOPIA

Important elections are also planned to take place in Somalia in 2020, fuelling tension and violence. Election campaigns that draw large crowds will also affect COVID-19 prevention measures.

In Ethiopia, the immediate political and security challenge posed by COVID-19 is related to the indefinite postponement of the planned general elections for August 2020. While many agree the measure was necessary, some opposition parties claim it was taken without adequate consultation with stakeholders. Without elections, the country will face a constitutional crisis when Parliament's mandate ends in six months.

The government also declared a state of emergency due to the pandemic, barely six months before the end of its term in office. Analysts are apprehensive of the sweeping powers a state of emergency gives the government, in a context where parts of the country are administered by military command posts owing to instability. This has fuelled accusations that the government is taking advantage of the pandemic to tighten its grip on power and illegally extend its tenure.

Thus, the politics surrounding response measures are having an adverse effect in Ethiopia, in an already tense political landscape characterised by toxic ethnic polarisation that has previously led to conflict in various parts of the country.

Meanwhile, South Sudan, which has just emerged from a protracted civil war, continues to experience inter-communal clashes as well as conflict with breakaway rebel groups. This hinders efforts to put in place transitional security provisions and has led to local power vacuums. All of this will hamper prevention efforts and the response to COVID-19.

COVID-19 disrupts peace processes

Sudan's political transition is anchored in ending the protracted conflicts in Darfur, South Kordofan and Blue Nile regions. Negotiations that were expected to be finalised in April through 'indirect' talks have been postponed to May due to COVID-19 risks.

As a result, the Sudan Liberation Movement led by Minni Minnawi (SLM/MM) has suspended involvement in the negotiations, claiming lack of consultation in postponing the process. The SLM/MM also argues that direct discussions are necessary to reach agreement on

contentious issues such as power sharing and security arrangements, while mediators insist on holding indirect talks due to COVID-19.

This has inevitably delayed the signing of a comprehensive peace agreement. Other processes are also delayed, specifically forming the National Legislative Council and appointing civilian state governors, which were expected to follow the signing of a peace agreement.

A crucial inclusive peace process among local communities, meant to proceed from the political settlement, might also be deferred indefinitely because of the pandemic. These issues are already divisive and have the potential to derail Sudan's transition process.

Negotiation between Ethiopia, Sudan and Egypt over the filling of the Grand Ethiopian Renaissance Dam (GERD) is another process that cannot resume due to COVID-19. The delay continues to divide political opinion in the Horn, and has ignited regional rivalries following a resolution by the Arab League in support of Egypt's claims.

Negotiation between Ethiopia, Sudan and Egypt over the filling of the Grand Ethiopian Renaissance Dam cannot resume due to COVID-19

While Sudan voiced concern, it was supported by Djibouti and Somalia, the other members of the Arab League in the Horn, which has garnered them strong criticism from Ethiopia. In countries such as Sudan, the dynamics around the GERD is impacting local processes as actors in the Sovereign Council remain divided over the issue.

Regional rivalries emerging around the GERD negotiations are also hampering a collective response to the pandemic, given the suspicions and tensions it has created among states.

In the face of the cross-boundary impact of COVID-19 on peace and security across the Horn of Africa, a concerted regional response is needed to mitigate its destabilising effect and overcome emerging security challenges.

COVID-19 responses in Africa must include migrants and refugees

Migrants and displaced people across Africa are particularly vulnerable to COVID-19 transmission. Governments should resist nationalist responses that could put vulnerable people more at risk and exacerbate the spread.

According to the International Organization for Migration, the COVID-19 outbreak is the largest mobility crisis the world has ever seen, with 209 countries affected to date – 52 in Africa. What started in the global north has rapidly moved into and across the continent.

Migration has changed extraordinarily in a short time. Opportunities for movement have reduced drastically. Many African countries have adopted strict migration measures aimed at, among other things, reducing entry into their territories through border closures, suspension of visa processes and implementation of severe travel restrictions.

Border closures, while broadly effective against the pandemic, carry some risks. These include increasing or changing irregular migration patterns and, in turn, potentially increasing transmission and reducing states' abilities to trace it.

Lessons from Afghanistan

Afghans returning from Iran, one of the earliest COVID-19 epicentres, provide a bleak warning to African states. Approximately three million Afghans live in Iran. An estimated 200 000 have returned to Afghanistan since Iran's coronavirus outbreak because many fear the disease and have lost work.

Some returning Afghans have used regular border channels, while many more are believed to be moving irregularly. Conditions are chaotic and rushed. Border agents are registering people, checking temperatures and providing information, but more than half of Afghanistan's confirmed cases are returnees from Iran and the pandemic is spreading to regions where they are going.

South Africa has the most COVID-19 cases in Africa. It is also a regional migration hub, with an estimated 4.2 million migrants, primarily from neighbouring countries. Its immediate neighbours have substantially lower case loads and weaker health and governance systems to manage the virus.

As part of a nationwide lockdown, South Africa has closed ports with neighbouring countries. As many as 23 000 Mozambican mineworkers are estimated to have rushed across the main border crossing at Ressano Garcia in the days before the closure. Mozambican officials claimed all returnees were greeted by the health brigade and washed their hands on entry.

An estimated 13 500 Zimbabweans also returned home in that three-day period and were asked to self-isolate. On the first morning of South Africa's lockdown, Home Affairs Minister Dr Aaron Motsoaledi visited the Beitbridge border post into Zimbabwe after seeing queues stretching for up to 7 km of people who hadn't managed to cross before the lockdown began. The Zimbabweans were granted passage to return home.

Many African countries have adopted strict migration measures aimed at reducing entry into their territories

Fears of these returnees transmitting COVID-19 in their home countries are high. Border closures don't mean people stop trying to cross them, and often lead to an increase in irregular travel methods, which could heighten exposure and complicate health screenings and contact tracing. Many borders in Africa are notoriously porous and migrants cross illegally.

The potential impact on displaced people

Many immigrants work in informal markets, have family members who rely on remittances and are not eligible for economic relief provided by the state. Health risks are also high for irregular migrants who stay put. Research by the Institute for Security Studies shows that they often fear authorities, including healthcare professionals. Many try to remain invisible and have low knowledge of their health rights. These migrants are less likely to seek care if symptomatic.

Concerns are also growing among aid agencies and service providers about the potential impact of COVID-19 on displaced people in Africa. Africa hosts more than 25.2 million refugees and internally displaced people. Most African refugee appeals are chronically underfunded and most displaced people are hosted in poor countries with already under-resourced health systems.

Africa houses four of the world's six largest refugee camps (in Uganda, Kenya, Tanzania and Ethiopia). These camps are ideal spaces for transmission of the coronavirus. They are overcrowded and lack adequate water, sanitation and hygiene facilities.

Many inhabitants have fled war or strife and have compromised immune systems as a result of malnutrition, high stress and other comorbidities. Healthcare facilities are basic; mechanical ventilators and intensive care beds are very rare. In these settings, social distancing or isolation will be extremely difficult.

Displaced people outside formal refugee camps are perhaps even more vulnerable

Kakuma and Dadaab refugee camps in Kenya together accommodate 411 000 refugees (194 000 and 217 000 respectively). Movement between Kakuma, Dadaab and Nairobi was suspended in response to COVID-19. Four people from Kakuma are currently in isolation due to fears of exposure. A Somali-American grandfather had a high fever after he arrived from the United States to visit his family on 16 March.

Detainees face a higher risk

Displaced people outside formal refugee camps are perhaps even more vulnerable. Many of these refugees are in makeshift camps or urban slums. These communities tend to be highly transient, poorly resourced and situated away from any source of official support. They rely on local charities for survival, many of which are now closed due to the pandemic and government-ordered lockdowns.

Detainees in immigration detention centres also face a higher risk of contracting and spreading the virus due to crowded conditions and a limited ability to take precautions. Many African migrants are held in detention on the continent. In Libya for example, thousands have been locked in horrific conditions for extended periods, some even for months. These migrants should be released and moratoriums on immigration detention implemented to help prevent the spread of COVID-19.

In their responses, governments should consider the possible unintended consequences of measures like border closures on transnational transmission of the virus. Refugee camps and detention centres must urgently be protected and provided with adequate hygiene and health facilities to prevent catastrophic outbreaks. Governments should ensure that prevention, testing and treatment is available to all, regardless of nationality or immigration status.

25.2 million

REFUGEES AND IDP'S
IN AFRICA

PSC Interview: Amid great uncertainty, Africa needs to prepare – Dr Mayaki

The COVID-19 pandemic is having a serious impact on African economies and societies, even though the actual numbers of those infected with the virus are still relatively low. The *PSC Report* asked Dr Ibrahim Mayaki, CEO of the African Development Agency (AUDA)-Nepad, what is being done to assist African countries during the crisis.

What will be the economic impact of the coronavirus on Africa?

We don't know yet. Nobody knows yet, even in France, Germany, the United States (US) ... no-one really knows. We saw figures that came out of the US to support the economy two months ago that seemed totally unrealistic. And suddenly today they are seen as realistic because the economic impact is so huge.

So for Africa, even though we don't know what the economic impact will be, we need to prepare. And in order to prepare we need to increase our fiscal space so that we can take adequate measures.

Since the structural adjustment programmes we haven't given the health sector the necessary priority

Firstly, it is essential to tackle the health dimension of the crisis. It is not only about ICU [intensive care unit] beds, but you also need equipment, supplies, etc. Clearly there will be huge costs. We also need non-COVID hospitals and facilities. This is necessary because since the structural adjustment programmes [imposed in the 1980s by the World Bank and International Monetary Fund, or IMF] we haven't given the health sector the necessary priority.

This is also a reminder that development is not only about financial capitalisation but also about social sectors.

How will the informal sector be affected?

The second thing is we must also start thinking how many jobs we will lose. We do know that 60% and more of our economies are in the informal sector and these are workers who have a daily salary. The informal sector has

been cushioning poverty in many of our countries. So if we lock down the informal sector the poverty situation will become very critical. So we really need the fiscal space to respond.

Small and medium enterprises that are the main providers of jobs in our economies also need to be supported. All these measures need to be financed in the very short term and that's why we requested debt relief from the World Bank and IMF.

What can be done about food security?

Global value chains have been disrupted. The price of 1 kg of cargo has been multiplied by three or four, which is serious if we know that we are importing up to US\$50 billion worth of food every year, according to the FAO [Food and Agriculture Organization]. It reminds us that we need to think in terms of our own regional value chains because the global value chains are being disrupted and many countries will try to protect themselves.

There is clearly a huge disconnect in the world when it comes to trade. If you look at the competition around PPEs [personal protective equipment] where you have Americans buying on Chinese tarmacs products that are supposed to go to France ... If you ask Italy and Spain they will tell you that the EU [European Union] has not been very good at coordinating a common response, they are competing with each other. And even within countries they are competing with each other over who is going to get more masks or products. So this global context teaches us once again the imperative to really think regionally.

National solutions will not be enough. We really need to think about the acceleration of the implementation of the AfCFTA [African Continental Free Trade Area] and invest in our own regional value chains.

There has been some criticism that African governments are simply importing responses that won't work for Africa?

But everyone is using imported solutions from China and elsewhere. If you switch on your television you see experts and epidemiologists from the EU and the US quoting papers from China ...

Many countries will improvise because if they don't take decisions they will be criticised for being inefficient and irresponsible

They will keep on doing this, because nobody really knows how to deal with this virus. If it were Ebola we would have known what the procedures are, from Sierra Leone to Guinea to the DRC [Democratic Republic of Congo] to Côte d'Ivoire, but now we are facing an unknown enemy. So many countries will improvise because if they don't take decisions they will be criticised for being inefficient and irresponsible.

So it's true that some measures might not be adapted, but it must be seen within the context of high uncertainty where everybody is importing solutions from everybody else.

It is clear that some of the measures like social distancing are difficult to implement in Africa, but at the same time it is people who are spreading the virus, so social distancing is absolutely a necessity. In the 16th century during the plague in Milan social distancing was practiced ... even at that time, people instinctively knew to practice social distancing.

What can Africa do differently?

The fundamental point is how can governments really empower communities. If we empower communities we find ways of explaining the need for things like social distancing. The voices of community leaders are better and more credible than those of governments and state institutions. That is another way to view development.

What is the AU doing to help African countries in their response to COVID-19?

The AU and the Africa CDC [Africa Centres for Disease Control] have been working relentlessly on epidemics

since the Ebola outbreak, so they weren't surprised by COVID-19. This allowed the AU to very quickly get an African response drafted by the commission and then other organs responded as well.

President Cyril Ramaphosa [AU chair] has been in close contact with Moussa Faki Mahamat, the AU Commission chairperson, and has held several meetings with leaders to discuss the outbreak and responses. He has also led the efforts to obtain debt relief from the IMF, World Bank and the G20. We hope this will work.

It is also well known that South Africa is being praised for the way it has handled the outbreak. South Africa and India are used by the WHO [World Health Organization] as examples of good practices. You didn't wait to have hundreds of cases to have a lockdown. This will work better than in countries that started late.

RECs [regional economic communities] will also be brought on board. It's clear that nobody is sleeping now. People are working 18, 20 hours a day.

What can be the role of the AUDA-Nepad?

The AUDA-Nepad has aligned its strategies to those of the Africa CDC. We reviewed all our workplans and linked what we are doing on the ground to a strategic response framed by the AU Commission and the Africa CDC.

The AU and the Africa CDC have been working relentlessly on epidemics since the Ebola outbreak, so they weren't surprised by COVID-19

We also assisted with the strategic response from the AU. This has a health dimension, but it also has an educational dimension, such as e-learning for example, creating industrial capacity around food systems, employment, etc. We have also developed a White Paper on COVID-19 that sets out areas where the AUDA-Nepad can assist.

We are in constant interaction with the commission, which is coordinating efforts. These efforts are not well known, but the AU has been extremely active.

About the PSC Report

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The Institute for Security Studies (ISS) partners to build knowledge and skills that secure Africa's future. Our goal is to enhance human security as a means to achieve sustainable peace and prosperity. Using its networks and influence, the ISS provides timely and credible analysis, practical training and technical assistance to governments and civil society.

Contributors to this issue

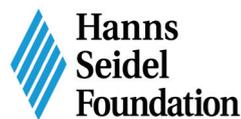
Mohamed Diatta, ISS Addis Ababa researcher
Liesl Louw-Vaudran, ISS senior research consultant
Andrews Attah-Asamoah, ISS senior research fellow
Shewit Woldemichael, ISS Addis Ababa researcher
Aimée-Noël Mbiyozo, ISS Pretoria senior researcher

Contact

Liesl Louw-Vaudran

Consultant to the *PSC Report*
ISS Pretoria
Email: llouw@issafrica.org

Development partners



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