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# THE POLITICAL ECONOMY OF COVID-19 IN AFRICA

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The COVID-19 pandemic has created chaos, panic, and hopelessness for people across the world. For the first time in recent years, with few exceptions, infectious disease has ravaged the global north more than the south, defying [modern stereotyping of contagious diseases](#). Since there is no known cure or vaccine for the disease that started in China in December 2019, many countries have adopted lockdowns, testing regimes and social distancing to truncate the spread. African countries have followed suit with various shades of social distancing and lockdowns, thereby afflicting social and political stresses on its people. This write-up briefly assesses how Africa is absorbing the shocks from the disease and policy imperatives. It argues that without creativity, contextualisation and civil participation in political decisions, African countries will struggle to resuscitate after the pandemic.

There are debates about whether and how the disease will affect Africa. One School of Thought posits that poverty, inefficient healthcare systems, and crowded urban populations will make the virus spread faster with more devastating consequences than happened elsewhere; whilst another School argues that [high temperatures](#), the median age of 20 and the history of resilience to other epidemics like Ebola and HIV/AIDS are skewed to the continent's advantage.

At the time of writing, [Africa had confirmed relatively few](#) infections and deaths. Admittedly, the radical lockdown and social distancing measures on the continent are meant to avert health crisis, and rightly so. Though knowledge about the disease is evolving, it is estimated that only about [20% and 3-5% of COVID-19 patients](#) will require hospitalisation and ICU respectively; and if these numbers are applicable in Africa, disaster will strike. Very few African countries have resilient healthcare systems that can deal with such a situation. Even South Africa, the most sophisticated country on the continent today, is already reeling under the strain,

as there is a lack of adequate ventilators that has also [evoked ethical questions](#). Without the full rigours of COVID-19, countries are already struggling to keep pace with other equally deadly seasonal diseases, like the [Cerebrospinal Meningitis](#) in northern Ghana and [Lassa Fever](#) in Nigeria, which often get complicated with associated stigma. There is also the crisis of war in Sudan, internally displaced populations in Cameroon and Ethiopia and increased urban poverty in Kenya and Nigeria. For these reasons, and with the hope of avoiding the kind of catastrophe being caused by the disease in Europe and America, governments have locked down their countries and adopted biting restrictions on movement.

These policies will cause significant harm for the following reasons. First, the informal sector that employs more than [75% of urban dwellers](#) – petty trading, craftwork, and transport – will completely be crippled. This involves the most vulnerable members of society, women, migrants, and minority groups. Ghana's Finance Minister presented a [typical scenario of a dead economy](#) within two weeks of his country's lockdown. Already, the pre-COVID-19 annual finance gap for the small-scale enterprises (SMEs) in Africa was USD331 billion. This will now be exacerbated. Many of these SMEs are neither registered nor organised, thus, operating without reliable data to benefit from government support programmes. Moreover, financial inclusion is already a big challenge (few bank or mobile account holders), thus any attempt to provide direct support to individuals and households will fail.

Linked to the first is the second, where livelihoods of the masses are wiped out leading to hunger, as reported in [Lagos after Day One of lockdown](#). People live in penury under lockdown, which also has implication on health and resilience of the immune system. Distribution of basic needs by governments and NGOs have rather undermined the social distance strategies through stampedes and clashes with police. Ghana recently reversed a partial lockdown of two cities after two weeks, a demonstration of the inherent bottlenecks of the strategy.

Third, the activation of sweeping State of Emergency powers to legitimise the restriction of movements is harming political stability and [democratic freedoms](#). Death toll has [soared in Kenya from curfew](#) crackdown, and journalists in Guinea-Bissau have been harassed under lockdown laws. [With few exceptions](#), civil society voices have widely been muted by concerns of the rapid spread and the need for immediate action. With Africa's history of post-colonial [authoritarianism and abuse of power](#), this is a worrying phenomenon as there are fears that such COVID-19-related emergency powers will not be reversed timely and responsibly afterwards. This is likely to affect gains in democratic transitions in Africa.

Fourth, the crisis has generally created a [recipe for corruption](#) on the continent. Rather than take advantage of the global meltdown to expand their economies, African governments are parading the IMF and World Bank [for credit facilities](#), which lends itself to misapplication. An [extravagant launch](#) of a COVID-19 tracker in Ghana has attracted widespread criticisms as a misplaced priority. Similar news about how COVID-19 funds are misappropriated reverberates the continent. But the challenges presented above can either be turned around or averted. The following are some recommendations and forward-looking reflections. First, moderation between social distancing, staying at home, using nose masks when outdoors, and practicing effective personal hygiene must be recommended for citizens. People should be allowed to go about their regular daily activities with caution, without the burden of being harassed by security agencies.

Second, extensive public education about the dos and don'ts of social networking and contacts with objects should be prioritised, particularly in local languages. People must know what to do when they develop symptoms. [Stigma](#) should be discouraged and myths disabused since these can derail efforts at getting sick people to report early and self-isolate. The Ghana Health Service, for instance, uses a COVID-19GH short code to circulate SMS information using the hashtag *#SpreadCalmNotFear*, among others. This needs to be replicated and pushed vigorously on all media platforms across the continent. Edifying stories of recovered patients should be shared alongside other messages to inculcate a positive attitude towards recovered persons.

Third, Civil society must not only concentrate on advocacy around the socio-economic impact of the COVID-19; they must be proactive in pushing for accountability and transparency in the demand and use of emergency powers at this time. Human rights must be preserved even in such a crisis.

Fourth, the nature of post-COVID-19 international partnerships has emerged as an important topic that is evolving. Whether Africa will [redefine its post-colonial relationships with the West](#), reassess its Sino-Africa partnerships, or simply [focus on domesticating its economy](#), the future appears set for a revolution. But as has been witnessed already in the disappointing sweeping moments of independence in the 1950s and 1960s, expectations need to be measured.

Fifth, this crisis [presents an opportunity for African countries](#) to improve agriculture and revive their industries. [Two-thirds of economically active people](#) in Africa are employed in agriculture. Thus, even as the global supply of goods and services has been strained, agrarian communities can still produce food to meet the value chain needs of the populations. This will be in sync with the [African Union's Africa Continent Free Trade Area](#) Agreement (AfCFTA). Already, [Ghana](#) and [Nigeria](#) have begun producing healthcare equipment that would otherwise be imported. Factory specifications have been modified to meet domestic needs, as reported in [Kenya](#) and [South Africa](#). These are indicative of resilience and adaptability and must be expanded to include the agro-industry and other non-health sectors. This means that governments must continue to engage with stakeholders to explore ways of supporting the private sector. Finally, in the post-COVID-19 era, governments must prioritize the development of national databases for individuals and households, something that has been found missing during this crisis, but which would be a useful tool for engaging with citizens in such crisis. This will have the added advantage of achieving total financial inclusion of citizens for better planning in the future.